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THE  
HOMŒOPATHIC PHYSICIAN

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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WALTER M. JAMES, M.D.

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CONGRATULATIONS TO THE  
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THE

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A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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

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## EDITORIAL.

CONIUM.—Comparatively few notes from Dr. Lippe's lectures upon Conium have been obtained by the editor, and so he is unable to give any extended comparisons unless he were to copy extensively from his own note-book. But that is not the purpose of these editorials. As frequently stated, the purpose has been to reproduce as much as possible from Dr. Lippe's lectures the comments made by him, and which the editor was fortunate enough to record.

One of the most remarkable of the symptoms of Conium is the vertigo. The patient is attacked with vertigo when lying in bed. If he turn to one side or the other he has vertigo as if the bed were floating. This is, indeed, the keynote of Conium. It is an old and reliable indication for Conium, and must be well known to most of our readers. It resembles Silicea, which has vertigo when turning the head *to the left* while lying down. A distinguished lady, who had done much to advance the cause of Homœopathy, sent for the writer to treat her for a vertigo of this character. She had to lie very still on a couch with the head turned somewhat to the right. Any attempt to turn it to the left would cause a violent vertigo and the impression that the walls and ceiling were falling in upon her. Though perfectly well aware that it was a delusion, she could not help uttering a little scream. The editor gave her

Silicea<sup>200</sup>, and brought about prompt relief. In speaking of it afterward she said: "While I have always understood the great possibilities of Homœopathy, I certainly was much astonished at the quickness and permanence of the relief I experienced in this case."

The Conium vertigo is a sense of floating of the bed when turning the head to either side. A distinguishing characteristic of Conium is the intoxication from small quantities of wine. In commenting upon this symptom, Dr. Lippe said that the law of the similars ought to aid us in selecting the proper wine for certain patients to whom it was a benefit. In the Rhine countries we are impressed with the large number of cases of stone in the bladder. There appear to be more of these cases in that region than anywhere else in the world. In these districts hock wine is produced, and so we find hock wine a good remedy in certain cases of gout. Hungarian wines contain small portions of Phosphorus. Hungarian wines are useful for people who are exhausted by severe brain work. Burgundy also is a good wine for people exhausted by too much brain work.

Whisky will cause acidity of the stomach. Whisky drinkers sometimes die of cancer of the pyloric end of the stomach. Dr. Lippe remembered a case of cancer of the stomach greatly relieved by a teaspoonful of whisky at dinner. People who are troubled with acidity of the stomach, and who have not received benefit from medicine, have been cured by a table-spoonful of whisky at dinner.

Madeira wine will cause palpitation of the heart. For those who suffer from heart affections Madeira is the proper wine to drink. Madeira has a wonderful effect in such cases. Madeira is also a good wine to be taken by gouty people. To prescribe a wine properly we ought to learn its sick-making power.

Some persons have a longing for champagne. In such cases the desire should be gratified. A small quantity will sometimes enable a patient to turn a corner, so to speak, toward recovery.

Wines must, of course, be prescribed in very small quantities to do good to those for whom they are indicated.

Conium has intoxication from small quantities of wine,

and *Cactus-grandifloris* and Zinc have headache from small quantities of wine.

The following comparisons are added by the editor, some obtained from Dr. Lippe and some from other sources :

*Rhododendron* has pain in forehead and temples when lying in bed, made worse by drinking wine.

*Tabaccum* has sensitiveness to the smell of wine. The fumes of it almost intoxicate.

*Cactus-grand.* and Zinc have headache from wine. Zinc has headache from even the smallest quantities of wine.

*Bovista*, *Conium*, and *Rhododendron* have intoxication from small quantities of wine.

*Belladonna* increase of dyspnœa from wine.

*Gelsemium*, eye-symptoms made worse from wine.

*Silicea*, wine in small quantities causes ebullitions and thirst.

*Bryonia*, heart-burn from a glass of wine in the evening.

*Kali-muriaticum*, wine and beer intoxicate easily.

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## VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, LONG ISLAND.

(Continued from December number, page 501.)

There is little more to notice in Sir John Simon's testimony. He affirms his belief in the statement made by him in 1857, that "On the conclusion of this artificial disorder (*vaccinia*), neither renewed vaccination nor inoculation with small-pox, nor the closest contact and cohabitation with small-pox patients, will occasion him to betray any remnant of susceptibility to infection," except that he would modify it to the effect "that the person might, without fear, expose himself to any risk of infection" (Q. 174, p. 7, *ubi sup.*), and that his language in 1857, when he stated "that a person once vaccinated is protected from small-pox because he has in fact had it," "was figurative language" (Q. 185, p. 8), and that instead of regarding vaccination as equivalent to an attack of small-pox, he would rather

say "analogous." (Q. 183.) He also states that all the kinds of cow-pox now spread throughout the country from all the different vaccine matters, and including "spurious cow-pox, sporadic cow-pox, and ordinary cow-pox," are all one and the same specific disease. (Q. 306, 7, 8, 9, and 310, p. 13, *ubi sup.*) One is at a loss which most to admire, the profound ignorance of this renowned vaccinationist or his impudent mendacity. It will soon be apparent that in both he is a worthy disciple of his master—Jenner.

The testimony of Dr. William Ogle is chiefly noteworthy in that he furnished the "juggled statistics" before referred to. There is, however, one point in his evidence worth noting. He shows that the incidence of deaths from small-pox with regard to age has changed among the vaccinated, and "that vaccinated persons under fifteen are enjoying some greater protection than vaccinated persons above fifteen, and that this protection is not enjoyed by those who are not vaccinated." (Q. 365, 367, p. 17, *ubi sup.*)

Unhappily, however, the deaths, *from all causes*, of persons under fifteen, which had been slowly but steadily diminishing from 1700 to 1840, have remained *stationary* since the encouragement and enforcement of vaccination, and the suspicion arises, which will be found abundantly confirmed hereafter, that vaccination saves children under fifteen from dying of small-pox only by killing them before small-pox gets in its work! Dr. Ogle, following a lead set for him by Sir John Simon, endeavored to show that vaccination had not been rigidly enforced in England until the Act of 1871, but when confronted with the report of the Committee of 1871, based almost exclusively on statements and statistics furnished by vaccination officials, he says (Q. 475, p. 21, *ubi sup.*): "If that be so, my language would have to be modified."

In Q. 492, p. 22, *ubi sup.*, he is questioned as to the report of the Registrar General of England, and which was apparently prepared by himself, and in it a very great fall in the death-rate from typhus, enteric and continued fever is noticed and ascribed chiefly to improved sanitary conditions, but in the



case of small-pox he ascribes it to vaccination! (Q. 617, p. 27, *ubi sup.*)

In the *Forty-third Annual Report of the Registrar General*, also prepared by Dr. William Ogle, he had made the statement that "before vaccination came into use few persons escaped having small-pox at some time or other in their lives. The great majority had it when young, and of these a large proportion died," but when questioned with regard to this statement in 1889, it turns out that he had "no figures to deal with" and made it on "general literature and the accounts of outbreaks in former times." (Q. 562, p. 24, *ubi sup.*) But Dr. Ogle's unwilling admissions are of more value than his direct evidence. He admitted that "if you could keep out the small-pox virus or isolate it when you have it, you could stamp it out" (Q. 645; and Q. 648) "entire isolation would be the most effective thing for suppression which you could possibly have." He also states (Q. 655) "that the protection afforded to a person attacked by small-pox" (against a subsequent attack) "is greater, and possibly considerably greater, than that afforded by vaccination." He also dwells on the difficulties attendant on isolation, but as he also admits he had no personal knowledge of the subject, and as the experience of Leicester has shown the facility and small cost in expense and annoyance with which it can be secured, what he says on this subject is not worth further notice.

Dr. Richard Thorne Thorne, the assistant medical officer to the Local Government Board, proposed to deal with the facts with regard to small-pox since the Committee of 1871, and to show "that the facts of the small-pox epidemic which was raging when the last committee was sitting, when they came to be examined, afforded a very good illustration of the advantages of infantile vaccination and the need for its universal application." His evidence starts in with the report of Dr. Seaton, in 1874, which is a marvelous example of the illogical absurdity expressed by the phrase, "*post hoc, ergo propter hoc.*"

Dr. Thorne, adopting Dr. Seaton, lays great stress upon "the marks," and, like the other official witnesses, claims the falling

off of small-pox for vaccination. He also claims as a great advantage the fact that the falling off in deaths from small-pox in the vaccinated occurs chiefly in children under five years of age. He, too, admits the influence of improved sanitation in causing a fall in the death-rate from zymotic diseases generally, but in the case of small-pox ascribes the fall to vaccination! He adduces, as illustrations of the efficacy of vaccination, the alleged escape of all vaccinated hospital nurses. He also cites (Q. 770) the immunity, or alleged immunity, of the London postmen, all of whom are required to be revaccinated on entering the service; but when he is examined on matters with which, above all others, it was his duty to be familiar, the most remarkable thing to be observed is his absolute ignorance. He knew nothing as to the origin or nature of the virus implanted into the blood of the innocent victims of the vaccination rite. (Q. 800-5.)

Having adopted as part of his evidence Dr. Seaton's report of 1874, and "accepted his facts and figures" (Q. 806), he can give absolutely no idea how Dr. Seaton arrived at the opinion that the annual death-rate from small-pox in England during the last century was 3,000 per million of the population.

Asked (Q. 810) whether Scotland and Ireland, concerning which countries the report of Dr. Seaton contained several tables, were to be considered well-vaccinated countries before 1871, he is obliged to confess he knows nothing about them. About the past history of vaccination (Q. 897) he knew nothing.

In the report of Dr. Seaton, which he had put in as part of his evidence, Dr. Seaton had stated as a "cause of imperfect vaccination" "ignorance of the rules laid down by Jenner as essential for the efficient performance of vaccination." Dr. Thorne's attention being called thereto (Q. 845), and being asked how many marks Jenner had advised, he was forced to confess he did not know.

Denying any but an insignificant influence to sanitation in the decline of infantile small-pox, he is confronted with a table in Dr. Seaton's report of 1874, showing a death-rate from small-

pox in the rural districts of children under five of 13.6 per cent. of all small-pox deaths, while in small towns it was 26.3 per cent., but is unable either to account for it or to reconcile it with his unsanitary theory.

Questioned as to Mr. Marson's hospital statistics which he had put in (Q. 831-8), he is utterly unable to explain their incongruity with the conclusions he had sought to draw from them, and though Dr. Marson had stated that "patients were never entered as vaccinated in the register unless the account of the vaccination was a tolerably clear one," he refuses to admit that doubt as to the cicatrix "may have been due to the obscuration of the cicatrix by the abundance of the eruption," because he was shrewd enough to see that such an admission, though palpable to the merest medical tyro, would have entirely destroyed the value of the Marson statistics for the purposes of the vaccinationists. But perhaps the sublime ignorance he displays as to the connection of erysipelas with vaccination is the most astounding evidence of the utter quackery of the procedure and of its advocates.

(Q. 3948.) He does not consider the presence of erysipelas at any time an integral part of the local manifestation of the disease, and although Jenner has insisted upon the presence of some degree of erysipelas as essential to real, as distinguished from his spurious vaccinia, he, Dr. Thorne, knew nothing about it or about Jenner's "investigations." He knew nothing of Dr. Pfeiffer's experiments with regard to the relation between vaccination and erysipelas. (Q. 3956.) He, the chief medical officer of the English Board of Health (or of disease?) knew nothing; nothing as to the history of vaccination; nothing as to its pathology; nothing as to age incidence; nothing as to the susceptibility of individuals attacked or of those who escape; nothing as to the statistics furnished by himself; nothing as to the history or character of the "lymph" employed; nothing as to the effects of unsanitary conditions; nothing as to complaints made of injury from vaccination; nothing as to disaster upon disaster which "the Local Government Board" had been forced to investigate! He also

gave some very remarkable statistics with regard to the small-pox epidemic on board the "Preussen," but as these were all proved by official documents to be entirely untrue, it is only worth nothing as illustrating the recklessness of assertion on the part of these official falsificators. And here we may leave Mr. Richard Thorne Thorne, M. B., as a noteworthy example of official arrogance, ignorance, and dishonesty.

One of the most curious witnesses called in support of vaccination was Dr. John H. Rauch, Secretary of the Illinois State Board of Health. His competence as a diagnostician of small-pox may be judged from the ease with which a noted convict fooled him, by the use of Croton Oil, into supposing the man had small-pox. The convict had taken Dr. Rauch's measure correctly, and, as he hoped would be the case, he was transferred to the hospital, whence he very readily escaped. It is a striking commentary upon our political methods that the same influence which had placed Dr. Rauch in the position of Sanitary Superintendent of the city of Chicago, for which he proved to be incompetent, very shortly after pitchforked him into the still more important position of Secretary to the Illinois Board of *Disease*. He claimed to have prevented small-pox by vaccinating everybody who needed relief after the great fire, also by vaccinating the school children. His results do not bear out his conclusions. He stated (Q. 1033) that the number of cases up to six years of age was as 19 to 100 of cases of all ages, but during the eleven years of school life from six to seventeen years of age it was 17 to 100. That under six years of age the mortality was 21.5 per cent., and from six to seventeen years, 18.7 per cent.

This was cold comfort to the vaccinationists, who had been claiming the death-rate under five years of age to have been formerly 80 per cent., and more recently 56.5 per cent. of the total. (See Q. 883-8.) He made up for this by being very positive that vaccination alone had prevented a plague of small-pox in Illinois, and that having had 250,000 vaccinations under his immediate supervision, nothing worse than a few cases of "pretty bad ulcers" had ever occurred. (Q. 1076.) As

to the number of "punctures" to secure immunity he was delightfully uncertain. (Q. 1077-9.)

He expresses the orthodox belief that small-pox could be exterminated if vaccination and revaccination were universally carried on. He had never seen a case of invaccinated syphilis. Being asked, "If you were told that fever had diminished under improved sanitary arrangements, and that small-pox had also diminished, should you be inclined to think that the same influences which had diminished the prevalence of typhoid had had anything to do with diminishing the prevalence of small-pox?" he replied, "The conditions are entirely different." (Q. 1097.) When it came to examining this ex-United States army physician on the cases of syphilis, reported by Dr. J. Jones, of the Confederate army, he was as ignorant of what he ought specially to have known as Mr. R. Thorne Thorne had proved, but when Sir James Paget asked him questions upon Dr. Jones' facts, indicating by his question the answer desired, he at once asserted knowledge he had previously denied. (Q. 1131.) He detailed the steps he had taken to force vaccination upon the people after the great fire in Chicago of 1871, but is forced to admit that there were no cases of small-pox in Chicago before the fire (Q. 1139), and that there was a large amount of overcrowding by reason of the fire; yet he does not agree with Dr. Elder, of the Indiana State Board of Health, who describes small-pox as a filth disease, owing its existence and prevalence to filth and unhygienic surroundings.

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## THE ARTISTIC SPIRIT IN MEDICINE.

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

(Read before the Brooklyn Hahnemannian Union.)

In Homœopathy, as in other branches of art, science, or religion, many obstacles beset the path of one who sets before himself a high ideal and strives to attain it.

The natural inertia of the flesh, the desire for ease, the aversion to hard work, the ease with which routine habits are formed, the lack of appreciation of our best efforts, the temp-

tations of wealth and pleasure which flatter and promise so much if we will only yield certain vital points, all demand unceasing vigilance and struggle as the price of victory.

The impatience, the short-sightedness, and the ingratitude of the ordinary patient who is so often longing in his heart for the palliative "flesh-pots of Egypt," and demanding the forbidden meat at our hands, is disheartening to one who is conscientiously trying to promulgate truth, and apply Hahnemannian principles in the treatment of the sick.

To have one's most brilliant cures unrecognized and lightly dismissed with the remark, "Oh, he wasn't very sick that time!" while the blundering idiot who has been calling three times a day on a patient next door for the last three weeks in a case that ought to have been cured with one prescription, is lauded as a wonderful doctor because he "pulled the patient through such a long and severe illness," is not calculated to arouse a high degree of enthusiasm, especially as the other fellow collects a smiling hundred dollars to our wry-faced ten after it is all over.

It is true there is also a *per contra*; that another class of patients are grateful, appreciative and kind, pay their bills promptly and cheerfully, and regard the doctor as their best friend. Making all due allowance, however, there is still a margin of need left, not only for "counting our blessings," but for diligently cultivating any elements or method by which a higher interest is awakened in our minds, and enthusiasm generated sufficient, at least, to keep us in the straight and narrow way of law and duty.

To use one's profession merely to gain wealth, fame, social or political position is ignoble, and inevitably results in destroying all interest in the higher phases of the profession, as well as technical facility therein. In art and science, as in religion, we must "seek first the Kingdom of God and His righteousness." This becomes not only practical, but easy, when we remember that "the Kingdom of God is *within*," and that "seeking it" is simply listening for and being guided by the behests of that "still small voice" within, which is ever prompting us

to give embodiment and expression to the highest, the purest, the truest, and the best there is in us, in whatever sphere we may be. In doing this we are simply fulfilling the highest law of our being, and the reward is certain. When we are doing this with all our hearts, in our profession, as well as in our daily life, we may expect, and confidently rest in the assurance that the "all things" needful to our well-being shall be "added unto" us.

It may be well for us, therefore, to try to point out, suggestively, some of the higher phases and relations of our art, in order that they may inspire us with new interest and enthusiasm. Over against the discouraging things which force themselves upon our attention we will set some of the privileges and pleasures, and try to point out how the practice of our art may be made the means of our highest development.

The highest delight possible to man arises from the conscious exercise, in their legitimate spheres, of the powers and faculties with which he is endowed, for the purposes of his own highest development and the uplifting of his fellows.

There is no pleasure to be compared to that experienced by the true artist who has mastered the fundamental principles of his art, as he habitually makes practical application of those principles in the spirit of this high ideal, and witnesses the results.

What more legitimate or natural, therefore, than to recognize and cultivate the true artistic spirit in our work—the spirit which follows "art for art's sake," and which finds its highest and keenest delight in exercising the skill already acquired in constantly striving, by ever-improving methods, to attain its highest ideal?

There is something admirable even in disease. Nature is orderly, even in her disorders. A symptom-picture of disease does not spring full-formed into existence. It is a thing of orderly growth and development. Nature wields a delicate brush and pencil. Like a great artist, she first sketches in outlines, lightly, suggestively, in lines meaningless to the vulgar, but eloquent of what is to be to the trained eye of the artist.

Here she places a touch of color, there a stroke to indicate the perspective. Slowly or rapidly, according to circumstances, the creation grows until it stands complete, a harmonious whole, giving intelligible expression to an idea.

In this fact lies one source of satisfaction and enjoyment in the homœopathician's life. The pleasure derived from watching and studying the development of a symptom-picture, in the expectation of finding the curative, is closely akin to the enjoyment of an artist watching the growth of a picture on the easel under the master's hand, or in studying the finished canvas as he analyzes its features or copies it.

The homœopathic artist sits before Nature's easel—the human organism—watching a symptom-picture grow little by little until it takes on form and coherency, and assumes characteristic features; or, he is before the finished picture, an already developed case, perhaps a chronic case, and it becomes his duty to go back into the history of the case and analyze it, tracing its development step by step to the present. This he does by a process of examination which must be conducted according to the rules of evidence, and which requires, for its successful accomplishment, the exercise of profound knowledge of the laws of the human mind.

A true natural symptom-picture is a unity in which there is consistency, coherency, and character. The homœopathic artist is always guided by this fact in making his examinations. He searches until he finds this unity. If possible, he makes no prescription until he has not only found the complete image, but also its perfect correspondent in a remedy.

He can not only afford to wait and watch in patience, knowing this to be the shortest road to success, but he can do so gladly and confidently in the conscious possession of power to heal when all the facts have appeared and he has found the corresponding remedy according to the law of similars. Patience is only possible where confidence exists. Confidence is the result of faithful work, intelligently continued until mastery of the principles involved has been attained.

No one but a Hahnemannian ever sees a true, natural symp-



tom-picture, and he only in his old and trusted families, who have learned wisdom and do not resort to the domestic case for every trifle. Other cases are so confused and changed by the action of inappropriate remedies that they have lost largely their natural characteristics, and have become a composite picture, blurred and vague, into which the natural and artificial symptoms enter in varying proportions.

It is in the examination of a patient by a Hahnemannian physician, as of a witness by a lawyer, that the most important, the keenest, the subtlest, and finest work is done. It is this that requires the most skill, the most delicacy and tact, and the most patience. For this reason it is the most delightful. Upon this all the rest depends. With the results of a partial or unskillful examination a master of the art of prescribing can do but little better than a tyro. Of two equally fine prescribers, the best examiner will be most successful in practice. Failures are often attributed to mistaken prescribing which are really due to poor or unsuccessful examining, but an unsuccessful examination is not always due to a fault in the examiner. The fault may be in the patient.

I recollect a case which had passed without benefit successively through the hands of Dr. Hering, Dr. Lippe, and Dr. David Wilson, of London, to finally come under Dr. Wells' care and be cured by him, not, as he explained to me, because he was able to prescribe any better than these celebrated men, or was a more skillful examiner, but simply because he was more fortunate in finding some symptoms they had failed to get. Something in this patient's relation with him, some question, some suggestion, some touch of sympathy so subtle as to be almost indefinable, brought out from the patient's subconscious memory facts long forgotten or not consciously observed until in Dr. Wells' presence, the possession of which enabled Dr. Wells to find the remedy and effect a cure.

To make a homœopathic examination successfully requires a knowledge of the laws by which the human mind and memory operate. The examiner must be able to unlock the halls of the patient's memory, by question and suggestion, until there shall

be brought up above the threshold of consciousness those facts and experiences of the past which have been recorded upon the tablets of the subconscious memory, but which have been overlooked or forgotten through inattention or lapse of time. The ability to do this, to draw out from a patient such facts and experiences, to bring out those peculiar symptoms—"trifles light as air," and as elusive—upon which a successful prescription so often depends, stamps a man as an artist even more emphatically than the ability to select the curative after this has been done. Such ability is in some measure a natural gift, but even then it can best be perfected by a systematic study of psychology.

The physician must learn that no experience in life is ever lost; that no impression made upon the soul, through the medium of any of the senses, is ever effaced. All is indelibly recorded upon the subconscious memory. The power of recollecting it at will may be lost, but some time, unexpectedly, perhaps many years afterward, it comes back. During the delirium of fever, in dreams, while undergoing the experience of drowning, in the hypnotic condition, experiences long past the power of ordinary recollection to recall are once more firmly grasped.

Sound its keynote and the whole structure of the great Brooklyn bridge will vibrate in unison with it. Recall, by suggestion, to the patient's mind the keynote of fact or circumstance, and by the operation of the law of association of similar ideas you open up a train of symptoms or facts in his experience which will give you the basis for a prescription and the mastery of the case. Fail to do this, and you are left in the dark. The patient gets little help from you.

"The noblest study of man is man." Study of the laws of the human mind, so far as known, investigation of psychic phenomena, observing and recording all facts bearing upon the question of how to be able, at will, to come into such *rapport* with patients, in obscure cases, as to draw out these hidden symptoms is a most delightful and fascinating occupation. The field of psychology has just been fairly entered upon. Old

ideas and theories which have cramped and limited the study of psychology are being rudely shaken and shattered by recent investigations. The new psychology, which is a spiritual, a dynamic psychology, as distinguished from the older materialistic system, is coming to the front. Unprejudiced study of the phenomena of hypnotism, telepathy, spiritism, mental suggestion, "mind cure," "christian science," "faith cure," hysteria, and psychic phenomena in general by men of high attainments and true scientific spirit, has done more to advance the science of psychology in the last ten years than in a century before.

All this is fertile and productive ground for the Hahnemannian, for it familiarizes him with the phenomena and laws of the human mind, and so enables him to make a better examination of his patients. As a field of study it is so interesting, so fascinating, that he may find relaxation and keenest pleasure while he is making solid scientific attainments. In it, oftener than in any other, is the old adage verified that "truth is stranger than fiction." It is the subject of the day and age, and in working upon it he is brought into relation, personal or otherwise, with the brightest and most progressive minds of the day while he is qualifying himself for the highest duties of his own profession.

If exercise makes a strong man, if fighting makes a good soldier, if struggles against temptation toughen the moral fibre, then may the Hahnemannian build himself up in the faith by combatting the errors and evils of the day in medical practice.

There is need enough for lifting up a high ideal before our own school. Too many of its members are in darkness. There is too much ignorance of its philosophy, too much carelessness, too much routine prescribing, too much running after old school fads and fancies, too little HOMŒOPATHY. There is too little recognition of the grand possibilities in straight Hahnemannian Homœopathy, of what is actually being done in curing the "incurably sick," and in saving many from mutilation by the surgeon's knife. It is too often taken for granted that a sickness must "run its course." Too often the physician is content to

supinely accept the false and pernicious doctrine underlying the phrase "self-limited disease," and with superficial examination and prescriptions pilot the patient through long and weary weeks of illness, which might be cut short in the beginning if he would make himself master of the art of prescribing and apply himself to the case.

To their shame be it said, there are those in our own ranks, as well as in the old school, who deny the possibility of cutting short or *curing* a "self-limited disease," and whose only answer to the logic of facts is to deny the diagnosis, the *non credo* of small minds. It is a disgrace to a profession which calls itself "learned," and which professes to heal the sick, that such a term as "self-limited disease" is to be found in its vocabulary. It is a confession of ignorance and incompetency; ignorance of the law of cure, and incompetency to find it. This being so it becomes our duty, and privilege as well, to persistently proclaim the truth and to demonstrate in actual practice that there is something more than is commonly supposed in the first paragraph of Hahnemann's *Organon*: "The physician's highest and only calling is to restore health to the sick; which is called *Healing*." This means something more than merely to nurse and coddle a patient through a long illness and collect a large bill at the end of it. It means that it is his duty and privilege, being possessed of the law of cure, to cut short and obliterate in its early stages an acute disease, even though it may be catalogued as "self-limited" in the text-books. This has been, is being, and can be done, in numerous cases from whooping cough to typhoid fever.

It is a significant, if pitiable, fact that a leading light in the medical world has lately declared, "we do not pretend to *cure*, we only *treat* the sick." It is also significant that the clearest sighted, the most progressive, and most honest minds of the old school of medicine are leaving the domain of therapeutics and entering surgery, hygiene, and sanitary science. Acknowledging their failure to cure, they say "we will improve conditions; we will prevent." Preventive medicine vies with "serum therapy" and the "microbe theory" in its claims to being the

question of the day. As between these elements it is most devoutly to be hoped that preventive medicine, in so far as it depends upon hygiene and sanitary science, may win. It is at least neutral, clean, and wholesome.

The abominations of "serum therapy" are a stench in the nostrils of an outraged community. It is the era and apotheosis of filth. Syphilis, or "great pox," and its analogues, small-pox, cow-pox, horse-pox, and chicken-pox, scrofula, tuberculosis, cancer, hydrophobia, leprosy, cholera, diphtheria, scarlet fever, and measles are all being, or will be made to yield the essence of their filth in order that our health (?) boards may be able to control and treat us if we are sick, or render us "immune" if well. Already endowed with most extraordinary and tyrannical powers, they are constantly reaching out for more.\* We are already largely at the mercy of a set of mercenary, unscrupulous, politico-medical demagogues, who have not hesitated in many instances to violate by force of arms, if necessary, the privacy of our homes or the sacredness of our persons in carrying out their nefarious schemes.

Against all this, as Hahnemannians, we set our faces like a flint. To this evil, selfish, materialistic philosophy, as applied in medicine, we oppose the pure, spiritual, dynamic philosophy of Hahnemann! It is like leaving a dismal tangled swamp, reeking with poisonous vapors and filled with loathsome reptiles, and coming out into the pure air, bright sunshine, and refreshing breezes of the fertile uplands to get upon the Hahnemannian plane in medicine. Here is no uncertainty, no wavering, no vague and misty speculation, but pure inductive reasoning from accurately observed facts, strict individualization, clear and positive statements, lofty ideals based upon right conceptions, and all made practical by a method logically de-

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\* Since this article has been put in type the newspapers have announced that the New York City Health Department has listed Tuberculosis as "an infectious and communicable disease," and has taken the first steps toward taking control of such cases and isolating them in great public institutions or hospitals. For many years the way has been gradually paved for taking this step, by which enormous power and patronage are gained.

duced from a study of the principles themselves, the whole confirmed by uniform success in practice for nearly a century.

Man is considered in his intellectual and spiritual as well as physical aspects. Life, which permeates his physical organism, conditioning every function, is identified with the infinite and universal life of God and its relation to environment defined. Disease is shown to be primarily simply a loss of harmony in the action between the component parts or planes of man's being, a purely dynamic disturbance, which is to be overcome by dynamic means, applied in accordance with a clearly defined and universally applicable remedial or harmonizing principle.

The seeker after truth has but to open his eyes to see. Examples of spontaneous restoration to health by the natural-divine method are seen almost daily. Analogies are too numerous to mention. Let him read the introduction to *The Organon*, with his mind open to the real purpose and aim of that masterly production, and learn there of the multitude of facts and observations, culled from the literature of the ages, which inducted Hahnemann into the knowledge of the law of cure.

Too often has the controversial form in which that production is cast been allowed to obscure the real meaning and purpose of the material there used. Let him remember that Hahnemann had the whole world of medicine to fight single-handed. Little wonder that the smoke of battle sometimes obscures the field of truth. Let him read the history of Hahnemann's personal experiments and demonstrations, conducted in accordance with the strictest requirements of scientific research that no error might creep in. Let him read the records of Hahnemann's self-sacrificing fellow-workers in this righteous cause, as they labored to perfect "an art whose end is the saving of human life." *Let him read the provings themselves*, in which these noble men and women, for the love of suffering humanity, not only suffered, but laid bare before the world their inmost thoughts and feelings, scorning the contumely and ridicule they knew would be theirs for a time. Let him read all this and feel the glow of enthusiasm mount and spur him on to emulation.

The high potency is the logical and necessary sequence of the dynamic philosophy of life and disease upon which the science of Homœopathy is based.

Similarity, or the principle of Assimilation, conditions all action throughout the universe. To assimilate is to become like or similar. All growth, all nutrition, all development, all action depends upon this. Similars unite, attract, repel, act and react. *Similia Similibus Curantur*. The form of the remedy must correspond to the form of the disease process. As the cause of the disease and the disease process itself are both dynamic in character, it follows that the remedy must also be dynamic in character and form. The remedy must not only be able to excite a similar action in the healthy organism, but in order to cure it must be raised by potentiation from the material to the dynamic plane upon which the cause of the disease is acting.

It may be said that crude medicines act curatively also, but experience shows that they act much more slowly and with greater pain and difficulty. "Aggravations" are more severe. In this case the organism itself attempts to potentiate the drug and raise it to the proper degree of curative power. The diluting media are the fluids and tissues of the body. The superfluous and useless material must be eliminated by vital processes. It is obnoxious to the organism, and the process of elimination is a painful one. Vitality is thereby wasted, the patient weakened, and the disease prolonged by thus forcing the organism to do for itself what should be done by art. The high potency saves time, suffering, and strength, because it is already raised to the same plane of action as that of the disease.

Read the history of the development of the idea of potentiation, that capstone of the noble structure which Hahnemann was erecting, and see in all this the struggle of a noble soul, divinely inspired, up out of the mists of ignorance and materialism which surrounded him into the light of transcendent truth, and reading, be yourself inspired.

Patiently, carefully, testing every step, Hahnemann evolved his marvelous Art of Healing; an art the like of which the

world had never seen before; an art based upon the eternal laws of motion by which the teeming universe is governed. It germinated from a seed-thought in the mind of the master, planted while he laboriously translated the records of the meager knowledge of the action of Cinchona from the English of Cullen into his own tongue. It sprang up and sturdily grew into a mighty tree. It is growing yet.

As a system of philosophy, as well as of medicine, Homœopathy stands a complete, consistent, artistic whole. Every part fits into and corresponds with every other part. Each is essential to the whole and may not be left out without loss and injury.

Here, then, is a sphere in which the mind of the healing artist may revel. Here is a method by which the orderly operations of nature may be systematically and delightfully observed and studied. Here is a framework upon and around which the results of a lifetime in gathered facts and experiences may be arranged and classified. Here is room for self-culture and development of all the faculties, altruistic as well as egoistic. The powers of observation, perception, and conception; of analysis, synthesis, and comparison; of imagination; of reason, judgment, and memory, as well as the benevolent affections, all come into play in every case treated. In the oft-repeated, conscientiously accurate use of these faculties they may be enlarged and developed until they harmoniously unite and eventuate in the great all-inclusive faculty of INTUITION, through which we enter into true Seership—the open vision of the Truth.

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### THE NEW YORK HOMŒOPATHIC UNION.

The regular monthly meeting of the New York Homœopathic Union was held November 19th, 1896, at 62 West Forty-ninth Street, New York, the President, Edmund Carleton, M. D., in the chair.

Members present: Doctors Finch, Gerrard, Gillingham, Littell, Munson, Richards, Vondergoltz, and Young.

The Secretary, Dr. Wilcox, sent a letter of regret, being unavoidably detained.



Dr. Young was appointed Secretary *pro tem*.

Reading from Hahnemann's *Chronic Diseases* was then taken up (pages 170-173, Hempel's edition; pages 133-136, Tafel's edition).

Dr. Finch—Hahnemann uses the word "specific" here in a specific sense; that is to say, the remedy is selected according to specific indications in the case under treatment.

Dr. Vondergoltz declaimed against the use of specifics for diseases. Each individual case must be differentiated.

Dr. Finch related the case of a boy suffering from intermittent fever, contracted while living in a damp, unhealthy cellar. The doctor cured this case without causing the boy to be removed from the cellar; and he continued to live in the cellar for years afterward in health.

Dr. Carleton—If a case of intermittent fever is really cured while the patient continues to live in the unhealthy locality, thenceforward that patient has immunity from the malady. Homœopathy only can do this, and we have many clinical cases in verification.

Dr. Vondergoltz—Recently had a patient suffering from intermittent fever complicated with massive doses of Quinine, Iron, Arsenic, and other drugs. He "took" the case carefully, and found the symptoms corresponding to Cinchona. He gave that remedy, in potency, apparently with complete success.

Dr. Carleton—Probably Cinchona was the original similar. Next spring there may be some return of the symptoms; but it will be a clear case then, and the properly selected remedy will work a perfect cure.

Dr. Gillingham considers the symptoms of the Apyraxia the most important of all, and makes his remedy tally with them. In *Natrum-muriaticum* cases the *time of attack* is characteristic.

Dr. Young—Had a case of twelve years, periodically returning, and always worse during each gestation, and found *Lycopodium*, indicated for both chronic and acute state. *Eupatorium-perfoliatum* was rather similar; but the vomiting between chill and fever was *sour* instead of *bitter*. *Lycopodium* cured the entire case. In his estimation intermittent fever re-

quires as much skill and judgment in prescribing as any sickness to which the human system is liable.

Then followed a general discussion of Hahnemann's statement that symptoms which appear last are the first to disappear under appropriate treatment, while the old, original symptoms are last to go, and when they are gone the patient is well. The word "suppressed" in Hempel's translation was judged to mean "disappeared," but the case is *wholly* cured only by antipsorics. A number of members have often made this succession: Sulphur, Calcarea, Lycopodium.

Dr. Gillingham recalled his remarks made last spring, that he had learned from Dr. Bayard that Sulphur is chronic Rhus, and Calcarea is chronic Sulphur. He instanced one striking verification of this in a case of rheumatism, resulting in a brilliant cure.

Dr. Young worked out, according to Bœnninghausen, a case of chronic rheumatism, worse from motion. The result was always Sulphur. That remedy caused a steady diminution of the symptoms. One symptom, not in the schedule, remained unimproved by Sulphur. It is this: worse when going downstairs.

Also a case of Bright's disease, complicated with a diseased heart and tobacco poisoning. It was a perfect picture of Rhus. Sulphur being chronic Rhus, he gave it with success, thus bearing out Dr. Gillingham's statement.

Dr. Finch told of an old lady having dropsy, due to an ovarian trouble. She was a confirmed Opium eater. Her customary quid was a chunk about the size of a hickory nut. It was an Apis case. He gave the remedy, and for a time did not dare to stop the Opium. When she was somewhat improved he tried to stop the Opium, but without success, as she became about crazy, and he was obliged to allow her to resume eating Opium. Apis cured the dropsy all the same.

There was much interesting discussion of the following paragraph:

"About the period when the cure is half completed, the psoric miasm begins to become again latent; the symptoms

decrease more and more, until at last mere vestiges of the psoric miasm are perceptible to the acute observer. But these, too, must be eradicated, for the least remains of a germ may eventually reproduce the disease.”\*

“If we were to rely upon the disease curing itself, as common people, and even the better classes of the public do, we should be very much mistaken. For little by little a new chronic disease is developed out of the remaining portion of the psoric miasm, and gradually conquers the organism.” The consensus of opinion was that this stage in the treatment of a case is the most critical of all, requiring the nicest judgment on the part of the physician, when even the slightest error would result in mischief almost impossible to repair.

Dr. Vondergoltz mentioned the difficulties he encountered in the treatment of chronic gynæcological cases. When put upon suitable hygienic regimen they would become constipated. They would then become clamorous for relief from the constipation. This, as well as other symptoms, would be cured by the appropriate remedy, but he found it difficult to keep them from resorting to palliatives for constipation. It is best not to stop bad habits all at once, but do it gradually.

Dr. Carleton—Yes; Hahnemann said stop gradually.

Dr. Finch—If they stop coffee they become constipated. They take coffee again and the constipation disappears.

The meeting then went into consideration of clinical cases.

Dr. Vondergoltz presented the following report, made by his assistant, Dr. L. Beecher, 43 West Sixtieth Street :

Mrs. V., aged thirty-five years, came to my private dispensary seven months ago. One year previously she had both ovaries removed by an eminent old school surgeon. Since then she has been obliged to wear tube and rubber pouch to hold urine from right kidney. The surgeon had told her she would have to wear this arrangement always, or until he had removed the right kidney, and offered to perform this second operation, which she declined. Every month, she said, she had a gather-

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\* “In the same way a polypus in the water, though several of its branches may have been cut off, produces new branches in the course of time.”

ing of bad-smelling pus, exuding from the small fistula in abdomen, just above the ureter and into which the rubber tube was inserted. She had a great many Sulphur symptoms, and I gave her Sulph.<sup>30</sup>, which she took for a week, every day. She then returned to me, and said that all of her general symptoms were much better, except that the itching on her body was intense. I then gave her Sulph.<sup>200</sup>, the highest I had.

The following week she came to the dispensary, and said that the urine had entirely ceased running from the tube into the bag, but came through the normal passage, and in sufficient quantity to show that both kidneys were acting. This astonished me greatly, as I had not undertaken to cure this seemingly surgical case.

For two weeks the urine passed from her normally, and then it went back to its former conditions—*i. e.*, one kidney (left) acting normally, the urine from the other (right) passing into the tube and bag. I was greatly mystified, and arranged an interview for her with Dr. Eric Vondergoltz at his office, where he examined her carefully, and then prescribed Sulphur again—this time in the thousandth potency, one powder to be taken immediately.

I did not see her for nearly four months afterward. Last week she came to my dispensary, and said that for three months past the urine had been passing normally from both kidneys, and the rubber tube and bag were useless. She felt herself quite cured.

Physical examination by Dr. Vondergoltz: "Woman emaciated; abdomen flat; skin yellow; in the linea alba a scar about two and one-half inches long; at the lower end of the scar a fistulous opening, all skin around bluish-red and excoriated. After having removed the inserted tube I was able to penetrate, with a Kelly sound, far up to a certain point to the right; while leaving the sound there, through the sound the urine, relatively clear, was dripping out. The patient was very sensitive; never mind; I succeeded in establishing the fact that the urine and pus were not issuing from the bladder, as the strictest examination and washing out of the bladder did not reveal the

least of particles or pus, so abundantly issuing from the fistulous opening. As it is implicitly my usage to give a remedy to see the action, so in this case also, my dosage, 1,000, was regarding her nervous character. I, myself, recommended to have this done so soon as possible."

This case and its treatment greatly interested all present.

Dr. Young—Have any of you cured complete fistula?

Chorus—Oh! yes.

Dr. Young and Dr. Carleton related cases of fistula cured by the homœopathic remedy, without operation.

Dr. Vondergoltz gave the history of a recto-vaginal fistula, cured with *Asafœtida*. He worked the case out according to Bœnninghausen, and found all the symptoms under the remedy named.

Dr. Gillingham—That remedy brings to mind a case I cured last summer. Across the street from me lived two single ladies, one of them very large. Her age was thirty-six. About half-past five one morning I was aroused from sleep by screams issuing from her apartment. Soon her servant came, running, to summon me in attendance upon Miss Laura. I found her sitting by the window, alternately screaming and gasping for breath. I sternly commanded her to stop screaming, and boxed her ears, but to no purpose. I managed to elicit the fact that she felt terribly distended with gases. What I saw was that she was constantly endeavoring to get more air. I quickly put some pellets of *Carbo-veg.* on her tongue. Soon she became easier, and said that she had had intense abdominal distension for a number of days; and that she had not menstruated for four months. I went home and studied the *Materia Medica*, and was struck with the similarity to *Asafœtida*. She was a little improved next visit, but not easy. I learned that she had passed a large quantity of flatus. The following conversation ensued:

"Did you notice any particular odor to the flatus?"

"You gave me *Asafœtida*."

"No."

"Yes. After you left this morning I went to the closet and passed an enormous amount of gas, and it smelled of *Asafœtida*."

She was put upon *Asafœtida*<sup>200</sup>, in water, every two hours. The next day menses appeared, and she was soon well.

Dr. Young—Which cured—*Carbo-veg.* or *Asafœtida*?

Dr. Vondergoltz—What shall I give a school teacher, aged twenty-eight, the victim of many physicians, who has persistent neuralgia of the left trigeminus; sharp pain, accompanied with a sucking sensation in the cheek? She has dyspepsia, but eats; always tired; sleeps well; lives properly; is a slender person, and likes hot applications. She has retroflexion, and prolapsus of left ovary. She is excitable. Symptoms worse from thinking of them. Her father died of syphilitic gummata of the skull. I worked out the case a number of times, and always found *Nuxvomica* the remedy, and *Pulsatilla* next to it, though palliative.

Three remedies were suggested by different members: *Calphos.*, *Phos.*, *Sepia*.

Dr. Richards contributed the following history:

A maiden lady of forty-eight. Six sisters died of phthisis; father of fistula; mother of melancholia. Her life has been one of invalidism. Bad fall when three years old. Tearing pain in limbs, worse at night, cannot bear limbs against each other, gets only cat naps; slight cough. Takes cold easily. Fond of sweets. Large, blue hæmorrhoids; rectum wholly inactive; strains terribly at stool, and afterward exhausted. Yellow skin, covered with sticky sweat. Hot flashes. Urinates three or more times every night. Has always worn pessary. Examination of chest shows it to be all right. Examination of abdomen and pelvis shows retroflexion, with adhesions; ovary hardly to be felt, owing to hard ligaments; os uteri hard and contracted. Working the case out according to Bœnninghausen, *Rhus-tox.* proved to be the remedy, which has greatly benefited the patient. Now improvement has ceased, and the question is, whether medicine can do much more until the retroflexion is corrected.

Dr. Carleton—Probably not.

It being ten o'clock, the meeting adjourned.

CHARLES H. YOUNG, M. D.,  
*Secretary, pro tem.*

## PALLADIUM.

(A paper read before the Omaha Homœopathic Medical Society.)

BY HORACE P. HOLMES, M. D., OMAHA, NEB.

I wish to call your attention to-night to a remedy that has not been discussed at any of the meetings of this society, nor has it been up for consideration at any meeting I have ever attended. We seldom see any mention of it in the homœopathic literature of the day, and yet it shows from its pathogenesis and clinical results that it should be classed with our well-known remedies, and be in almost daily use in our practice. I refer to Palladium.

Palladium is a metal found in connection with Platina, and its provings show it to be closely related to that metal as a remedy. The *American Homœopathic Pharmacopœia* says: "When the solution of crude Platinum, from which the greater part of that metal has been precipitated by sal ammoniac, is neutralized by Sodium-carbonate, and mixed with a solution of Mercuric-cyanide, Palladium-cyanide separates as a whitish, insoluble substance, which, on being washed, dried and heated to redness, yields metallic Palladium in a spongy state. The Palladium may then be welded into a mass, in the same manner as platinum."

Not only does the origin of Palladium show its close relationship to Platina, but its provings brought out so many similarities that it becomes necessary to carefully differentiate between the two. Dr. Hering suggested its use where Platina had seemed to be indicated, yet failed on account of the mental symptoms not being in accordance.

Dr. Hering made a proving of the metal in 1850 in which thirteen persons took part, and this proving was not published until twenty-eight years after, when it appeared in the November, 1878, number of the *North American Journal of Homœopathy*. We do not find it in its regular sequence in the *Encyclopædia of Pure Materia Medica*, but we do find it in the last volume of the set. Here we find six pages devoted to it, in-

cluding over 150 symptoms. By far the best pathogenesis, as would be expected, is found in Hering's *Guiding Symptoms*, where it covers nearly sixteen pages. Most writers have referred to but two features in its use: the mental and ovarian symptoms.

My attention was called to this remedy through its seeming indications in cerebral anæmia, neurasthenia, and the accompanying features of those who are overworked mentally. A feature common to my own case when mentally tired, of being very irritable, and "wanting to knock people's heads off," showed its personal application. There is great mental fatigue in the evening, averse to any mental exertion, time drags slowly, exceedingly irritable. Here the remedy is to be compared with Phosphoric-acid. It is also to be compared with Pulsatilla, in that the patient's feelings are easily injured and she cries easily. With the irritability there may be very strong language used, as in Anacardium and Veratrum-alb. Palladium has the symptom: headache disappears when fixing the attention on it; this is common to Camphor and Cicutia. The opposite condition calls for Ignatia, Oxalic-acid, and, possibly, Piper-methysticum. We find the patient is so tired that he reels when coming into the room, which shows the extent of the cerebral exhaustion and the similarity to Phosphoric-acid.

The symptom—sensation as if the brain were swung from behind forward, as if the brain were shaken—I have verified on myself after taking a dose of the 200th. The characteristic headache is across the top of the head from one ear to the other. Nitric-acid has this same symptom. The headache is better from lying down and from sleep, which shows its neurasthenic character. Epiphegus has the same relief from lying down and sleep.

A queer symptom, which Hering has seen fit to incorporate under this symptom, is "no desire for beer." One instinctively looks for no desire to steal or commit arson. However, the prover probably had his beer appetite with him, as a rule, but while under the influence of the provings this desire was lacking.



There are nausea, belching of tasteless wind, and acid eructations. Here we have another similarity to Pulsatilla. There is derangement of the stomach and whitish stools, which shows liver complications.

The abdominal symptoms are not only unique in some respects, but they show the remedy likely to be indicated in bilious colic, common colic, or enteralgia, and ovarian troubles. "In intervals peculiar pain \* \* \* in intestines, first in left and then less marked in right side; it somewhat resembles bites, as if an animal were snapping and tearing off small portions from inside." This reminds one of one of the shapes that sat at the gates of hell in *Paradise Lost*, who "seemed woman to the waist, and fair," and whose hell-hounds would—

"When they list, into the womb  
That bred them they return, and howl and gnaw  
My bowels, their repast."

The urinary symptoms are similar to Lycopodium. There is frequent urging to urinate with scanty urine; bloody urine; urine with red, sandy deposit, staining the vessel red.

It is in the female sexual organs that this remedy has already found its chief sphere of action. All the provings and clinical experiences thus far fixes it as a right-sided remedy. The right ovary is affected. There is swelling, soreness and induration of right ovary, with shooting pains from navel to pelvis. The right ovary is sore to pressure, with bearing-down pains. The pain is worse from standing and motion, and better from rubbing and from lying down. The mental symptoms are usually present with the ovarian trouble. With the ovaritis there may be frequent urging to urinate. There is heavy weight in pelvis, and bearing down is a prominent symptom. There is soreness in abdomen after menstruation, with fear and apprehension that something horrible will happen. Yellow leucorrhœa, and also transparent, jelly-like leucorrhœa, worse before and after catamenia.

The chest symptoms are usually right-sided; there are stitches in the chest; worse from taking a deep inspiration,

and better from walking in the open air. This reminds us of Bryonia. There is aching, lameness, and numbness in the limbs, again on the right side, and shows poor circulation and rheumatic indications. There is tendency for the arms to go to sleep.

Wakefulness until two o'clock in the morning is a confirmed symptom.

The pains are better from rubbing, rest, sleep, warmth, and open air; and worse from standing, motion, mental exertion, and excitement.

Cinchona has antidoted the diarrhœa, and Belladonna and Glonoine the headache. Platina is its complement.

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### NITRIC-ACID FOR ITCHING OF NOSE.

159 WEST 48TH ST., NEW YORK,  
December 8th, 1896.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

The November number of your journal is received.

You have overlooked one or two items in your editorial on Nitric-acid. Cina has more itching of nose, and stronger than any other remedy. In Nitric-acid the itching does not, I think, cause nose-bleed. In Cina the child's nose itches so that it rubs until it causes bleeding (Hepar, Croton-tig., Asaf.). Under Croton-tiglium, when there is itching it hurts to scratch. Nitric-acid has sensation as if sharp splinters were run in at the slightest touch; even of the sheet. Hydrast-can. has sensation of dropping at posterior nares, very strongly. See *Guiding Symptoms*, Vol. VI, page 57, tenth and eleventh lines from the top; also Allen's *Encyclopedia*, Vol. IV, page 618, first line, and page 619, fourth line. Nitric-acid should also be thought of in Syphilides faciei. The patient has fair skin and dark hair.

J. W. THOMSON.

## THE MARCH OF DIPHTHERIA IN THE SOUTH- WEST OF FRANCE.

(Proceedings of Biological Society of Paris, November 21st, 1896.)

### SUR LA MARCHE DE LA DIPHTÉRIE DANS LE SUD-OUEST DE LA FRANCE.

M. Guiraud.—L'étude des courbes de mortalité et de morbidité des affections contagieuses révèle une série de faits utiles à connaître.

Cette étude nous montre, entre autres, que ces courbes se renouvellent, que tous les quinze ou vingt ans on voit se reproduire les mêmes caractères de gravité ou de bénignité de la maladie contagieuse.

C'est ainsi, par exemple, que dans le sud-ouest de la France, la diphtérie, depuis 1892, a atteint un minimum inconnu depuis longtemps, mais qui est celui que l'on a enregistré vers 1880.

Comment ne pas compter avec ces évolutions dans l'appréciation des procédés de thérapeutique, comme avec les soins accessoires, antiseptiques ou autres, naguère inusités, comme avec les méthodes de diagnostic qui font rentrer aujourd'hui dans le cadre de la diphtérie tous les cas légers jadis laissés en dehors? —*La Semaine Médicale*, Nov. 25th, 1896.

#### TRANSLATION.

The march of diphtheria in the southwest of France.

Dr. M. Guiraud.—The study of the variations in the mortality and virulence of contagious diseases reveals a series of facts worthy of attention.

Such study shows us, among other things, that these waves or variations repeat themselves, that every fifteen to twenty years we see repeated the same benign or grave character of the contagion. Thus, in the southwest of France, diphtheria since 1892 shows a minimum of virulence and mortality unknown for a long time, but which is the same minimum as that recorded toward 1880.

How are we to value these evolutions in our appreciations of the present therapeutic procedures, accessory, antiseptic, etc., formerly unknown?

How are we to regard the present diagnostic methods, those which cause to be entered under the name of diphtheria all light cases formerly left out?

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## THE USE OF BEER BOTTLES FOR SAMPLES OF URINE.

PHILADELPHIA, November 14th, 1896.

*To the Pennsylvania Bottlers' Protective Association of Philadelphia:*

GENTLEMEN:—As you are the people to appeal to against the use of bottles for any other purpose but what they are intended for such as beer, porter, etc., and being in a position to know that they are used over again for other purposes, I take the liberty to request you to emphatically notify the public through our newspapers that the law would be rigidly enforced, should it be violated.

We have occasion, through analytical work, for urine, to get urine from people and sick rooms for such work, and it is a surprising fact that fifty per cent. of the urine brought to us is in beer bottles, which is certainly repugnant to any person of culture or education; certainly people who do this are not cognizant of the fact that those bottles may come back on their own table.

So, for the sake of all of us, we would request that this universal practice should be fought until it is eradicated.

Hoping you will interest yourself in this matter you will oblige the public at large and some that are interested in the health of the community.

N. B.—Make a canvass of all the physicians in town and see how many bottles of that kind are brought to them by these thoughtless people.

\* \* \* \*

(Copy of Letter.)

## BOOK NOTICES.

THE PHYSICIAN'S VISITING LIST FOR 1897. Forty-sixth year of its publication. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. Price for twenty-five patients per week, \$1; fifty patients, \$1.25; seventy-five patients, \$2; one hundred patients, \$2.25.

This list is the standard of the medical profession, and is used by nearly every physician of prominence in the neighborhood in which he practices. Some alterations have been made in its arrangement which have enhanced its value.

In the front pages there are some valuable reference tables and other items of information. Thus there is a table of the metric system of weights and measures, with tables for converting the English system into the French. There are elaborate dose tables, directions for resuscitation from asphyxia and apnœa, comparison of thermometers, and tables for calculating period of pregnancy. Apart from the daily record of visits there are pages for memoranda in general, for record of births; for addresses of patients, obstetric engagements, cash accounts and bills rendered. This same visiting list has been brought to the attention of the readers of this journal every year, and we do so again this year with pleasure.

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## NOTES AND NOTICES.

MARRIED.—Dr. MARO F. Underwood and Miss Anna C. Lawler were married on New Year's Eve, 1896. Their address will hereafter be 1302 West Street, San Francisco, Cal.

DR. JOHN STORER wishes to announce that, in connection with his general practice, he is now prepared to treat, as a specialist, all diseases of the eye and ear, including the proper fitting of glasses. Office, 16 Revere Street, Jamaica Plain. Hours: 8 to 9 A. M.; 1 to 2.30, and 6.30 to 7.30 P. M. Sundays, 12 to 1 P. M.

STAMFORD HALL.—At Stamford, Conn., Dr. Amos J. Givens has a well-appointed sanitarium for the treatment of nervous and mild mental diseases, with separate apartments for narcotic and alcoholic habitues.

Dr. Givens is a well-known member of our profession, and physicians may, with the utmost confidence, place their patients in his care.

THE OBSERVER.—Increasing and pressing financial troubles due to the long business depression compelled E. F. Bigelow to make an assignment, October 9th, 1896, to Edward H. Wilkins, of Portland. This meant that available resources were not in hand or could not be collected to meet all

over-due and urgently demanded bills, necessitating a surrender, as the law provides, of all personal and real estate into the hands of a trustee to dispose of for the benefit of the creditors. You may understand, theoretically, what it means to have taken away all the accumulations of years of hard work, except the few things exempted by law, but no one who has not been through it can actually understand and realize it.

Though the principal part of the causes resulting in this assignment were not in *The Observer*, but the allied branches of a large printing and publishing business, yet *The Observer*, of course, was carried down with the rest and its publication discontinued. This left all advance payments on *Observer* subscriptions as liabilities, and so reported by Mr. Bigelow to the Probate Court in the list of liabilities at time of assignment. Each subscriber is a creditor entitled to hand in claim against the estate, same as any other creditor, for the amount due on unexpired advance-paid subscriptions. Notice to that effect was given by postal-card to each subscriber by the commissioners appointed to receive and examine claims against the estate.

On December 18th, 1896, the good-will, outfit, back numbers, stationery, etc., of *The Observer* were purchased of the trustee by Mrs. E. A. Pelton, of Portland, who is the mother of Mrs. E. F. Bigelow. Mrs. Pelton has appointed E. F. Bigelow as agent and managing editor of *The Observer* and the magazine will be continued practically as before, except with many plans and reasonable expectations of improvement for 1897. [*The Observer* is a scientific journal which has been frequently reviewed in these pages, during the past year. See March number, p. 153, July number, p. 336, and October number, p. 452.—ED.]

THE FUNK & WAGNALLS COMPANY, of 30 Lafayette Place, New York, propose to send to any physician, free of charge, a great reference work of nearly one thousand large royal octavo pages, bound substantially and expressly in card-manilla paper, delivered free at his own door, on a condition so tempting that such is possible only, on their part, because of future business. This book is regularly catalogued and listed at \$6.50, bound in tan sheep. Now, by manufacturing in very large quantities, they are able to use a first-class paper, printed with the same degree of accuracy and finish, and have the same kind of binder's work, as to folding, collating, sewing, etc., and, by using card-manilla paper as a cover, send the book to the physician without the cost of one penny, on the simple condition that he will agree to subscribe for a periodical that is especially valuable to him as a professional man, at a subscription price of *even less than one-half* the above-named price of the book, which is to be sent him. For particulars of this astonishing offer, write to Messrs. Funk & Wagnalls for a circular of information.

## NOTES ON THE TREATMENT OF FÆCAL FISTULÆ.

Abstracted from the *Medical Record* of October 24th, 1896.

At the thirteenth annual meeting of the New York State Medical Association, which was recently held in New York City, Dr. Frederick Holme Wiggin, of New York County, presented a paper with the above title. The chief cause of the occurrence of fæcal fistula was stated to be the delay in resorting to operative measures to which patients suffering from typhlœnteritis, or strangulated hernia were frequently subjected while their ailment was carefully diagnosed. The view recently advanced by a writer on the subject under consideration, that the best treatment for this condition consisted in its prevention, was concurred in. But in the case in which this mishap had occurred, it was pointed out that if the opening was of small size, was located near or below the ileo-cæcal valve and no obstruction to the fæcal current existed, operative measures might be deferred, as in most instances the opening would close in a short time spontaneously. On the other hand, if the bowel opening was of large size, was situated laterally, or some distance above the ileo-cæcal valve, and was accompanied by the escape of a large proportion of the contents of the bowel, operative procedure for the closure of the opening should be speedily undertaken.

The histories of three cases, successfully treated by surgical measures were cited. In two instances, the patients were inmates of the Hartford (Connecticut) Hospital, and were operated upon by Dr. Wiggin, by reason of an invitation which was extended to him by the medical board of that institution, after several previous unsuccessful efforts to close the bowel openings had been made. The occurrence of the fistulous opening was due in the first case to failure, and in the second case, to delay in resorting to surgical treatment of typhlœnteritis, from which disease both patients originally suffered. In the third case, the bowel opening was caused either by the pressure of the gauze used to drain the abscess-cavity, or by an ulcerative process which originated from within the gut. In the first case, as the opening in the bowel was of large size, irregular in shape, and the gut was thickened and friable, the diseased portion of the bowel containing the opening, about four inches in length, was excised, and the divided ends joined by the suture method of Maunsell. In the second and third cases, the bowel openings were situated in the head of the colon, and were in both instances closed by means of several rows of sutures, after which the omentum was drawn over the former site of the fistula, and retained in position by sutures.

In describing the technic employed, the writer laid much stress upon the following points, viz.: the thorough disinfection of the parts, including the interior of the bowel, with hydrozone, the closing of the intestinal opening, when possible, before the breaking up of the peritoneal adhesions, and the opening of the general cavity, the removal of any existing obstruction to the fæcal current, the disinfection of the bowel surface with a solution of hydrozone, before and after the placing of the sutures, the control of oozing from the cicatricial tissue by the same means and the closure by a single row of silk-worm gut sutures without drainage of the abdominal wound after the

## NOTES ON THE TREATMENT OF FÆCAL FISTULÆ.

washing of the peritoneal cavity with saline solution, some of which is allowed to remain.

In concluding, the writer stated that ever since September, 1893, when he had proved the value of hydrogen dioxide as an effective antiseptic, which in proper solution did not unduly irritate the peritoneum, when followed by a six-tenths per cent. saline solution, he had had little reason to fear the danger of causing septic peritonitis from the accidental escape of pus or fæcal matter while operating; and that when this complication had occurred, it had been invariably successfully met by the use of hydrogen dioxide in the manner described in the paper. He advised the excision of the diseased portion of the gut in those instances where it had become much thickened and friable, and expressed the belief that with a clearer understanding of the objects to be attained by operation—*i. e.*, the restoration of the integrity of the intestinal canal, as well as the closure of the opening in the bowel—future operations for the cure of fæcal fistula would more frequently result successfully than they had in the past.

The paper was discussed at some length by Dr. H. O. Marcy, of Boston, and Dr. Joseph D. Bryant, of New York County, who commended it, and in the main, they indorsed the writer's views.



action: *Coccul.*, as if from pain: *Stramon.*; stupid expression: *Hyosc.*; sunken features: *Zincum*; anxious, hippocratic —: *Arsen.*; expression of fear and terror: *Stramon.*; wild expression of features with fullness and redness of face: *Bellad.*

**Cheeks**; yellow, with central deep flush: *Baptis.*; — reddened: *Bellad. Hyosc. Mur. ac. Stramon.*, and hot: *Bellad. Rhus tox.*; — red and burning: *Bryon.*; — burning hot, with circumscribed redness: *Arsen. Mur. ac.*, in afternoon: *Lycop.*, with delirium: *Lachnanth.*; one — red, the other pale: *Chamom.*; alternately red and pale: *Veratr.*, — red, even blue: *Bellad.*

**Face**; dark red with snoring: *Opium*, with a besotted expression: *Baptis.*; — red, with heat: *Veratr.*; — red and cracked: *Zincum*; — red and bloated: *Opium*; — blue: *Carb. veg. Laches. Veratr.*; — bluish red, with feeble intermitting pulse: *Veratr.*; — brown, bluish, black: **!** *Arsen.*; — black and cracked: *Laches.*; — shining and puffed up: *Bellad.*; — red and bloated: *Opium*; pale, waxy complexion: *Zincum*; — sunken and pale, with pointed nose: *Coccul.*; — waxy, white or yellow: *Silic. Zincum*; — yellow: *Lycop.*, and dirty color: *Mecur.*; — yellow and pale: *Bryon.*; — suddenly yellow and pale, after the first week (generally fatal): *Lycop.*; — pale; sickly aspect: *Kali carb.*, as after long illness; with great uneasiness, and sunken eyes, with blue circles around them: *Sulphur*; sick look, mostly in the evening; hollow, sunken eyes, with blue circles: *Phosphor.*; — pale, ashy: **!** *Phosphor.*; ashy color with wild delirium, alternating with restlessness, wants to be

somewhere else; dry tongue, smoky nose, diarrhœa, prostration, subsultus tendinum and deafness: *Chlorum*; — pale, dingy, or earth-colored, and sunken: *Arsen. Phosphor.*, and cold: *Carb. veg.*; — collapsed: *Camphor*; — sunken: *Colchic. Laches. Mercur. Zincum*; — pale, and expression dull: *Secale*; nose pointed, eyes sunken: *Coccul. Phosph. ac.*; — yellowish and sunken: *Lycop.*, with sharp nose, and hollow eyes, with dark circles around them, with insensibility and indifference: *Cinchon.*; — and eyes sunken: *Cinchon. Mercur. Phos. ac. Phosphor. Sulphur*; — pale, cold, cadaverous, sharpened nose and sunken cheeks, blue circles around the eyes: *Veratr. alb.*; deathly appearance of —: *Mercur.*; hippocratic —: *Arsen. Carb. veg. Cinchon. Colchic. Phosphor. Secal. Zincum*; cadaverous aspect, and extreme prostration: *Colchic. Veratr.*, while heat of body is retained: *Mercur.*; petechiæ on —: *Bellad.*

**Jaw**; rigidity of the muscles: *Baptis.*; pain in joint of lower —: *Baptis.*; — falling: *Arsen.*; — dropping: *Baptis. Laches.*; — hanging down: *Laches. Lycop. Mur. ac. Opium.*; — hanging during the coma: *Laches.*; — sunken: *Secale*; lower lips hanging: *Opium*; trembling: *Arnica.*

#### OUTER MOUTH.

Mouth open: *Mercur. Phosphor.*, to the widest extent: *Colchic.*; distortions: *Bellad. Camphor. Opium.*

**Lips**; trembling: *Stramon. Sulphur*; — and tongue pale: *Phosph. ac.*; — bright red: *Sulphur*; — dark red, and dry: *Bellad.*; — bluish red, black or brown:

*Arsen.*; — dry and brown: *Nitr. sp. d.*; — covered with brown slime: *Colchic. Arsen.*; crusts on the —: *Arsen.*; — blue: *Carb. veg. Cinchon.*; — dry and blackish: *Arsen. Bellad. Bryon. Laches. Phosph. ac. Rhus tox. Veratr.*; — covered with black slime: *Arsen. Cinchon. Phosphor.*; — as if parched by thirst: *Arnic.*, with dryness of the palate: *Phosphor.*, and brown or black: *Rhus tox.*; crusts on — and tongue: *Arsen.*; —, gums, and teeth covered with brown or black slime: *Arsen.*; —, teeth, and tongue covered with a thick, brown coating: *Colchic.*; — dry, parched and covered with brown or black crusts: *Arsen. Rhus tox.*; — dry: *Mur. ac.*, and cracked: *Arsen. Bellad.*, and brown: *Bryon.*, and hard: *China*; — cracked: *Colchic. Pulsat. Sulphur*, and sore: *Stramon.*; — dry and black: *Veratr.*, and bleeding: *Laches.*

**Corners of mouth**, sore: *Arsen. Arum triph.*; pain as if cut; excoriation and cracks, ulceration, with pains as of excoriation: *Mercur.*; — and upper lip raw and sore from acrid ichorinous discharge from nose: *Arum triph.*; eruption around lips: *Phosph. ac.*

**Teeth**; grinding: *Arsen. Colchic.*; grating: *Hyosc.*, — covered with brown or black slime: *Arsen.*; sordes on —: *Baptis.*, and lips: *Stramon.*; — covered with a thick brown coating: *Colchic.*, brown slime: *Hyosc.*; — covered with a dark mass: *Hyosc.*, brown mucus, deposited on —: *Sulphur.*

**Gums**; at the beginning, swollen and bleeding: *Mercur.*; — spongy, separating and bleeding on the slightest touch: *Carb. veg. Mercur. Phosphor.*; — and teeth covered with brown or black slime: *Arsen.*; — covered with brown mucus: *Rhus tox.*

**Taste**; and smell very acute: *Mur. ac.*; — insipid, pappy, and slimy: *Mercur.*; pappy — in the mouth: *Coccul.*; — bad: *Baptis.*, foul, nauseous, viscous, flabby, soap-like: *Mercur.*; food is without taste: *Nux vom.*; tastes neither food nor drink: *Rhus tox.*; food tastes like straw: *Stramon.*, like nothing: *Arsen.*; — bitter: *Bryon. Laches.*, of things eaten: *Pulsat.*

**Speech**; stammering: *Arsen. Bellad. Carb. veg. Lycop. Secal. Stramon.*; — as if the tongue were too heavy, stuttering: *Veratr.*; unintelligible —: *Arsen.*; — lisping and stammering: *Bellad. Opium. Stramon. Veratr.*; — muttering and mumbling; it costs him great effort to speak the words plainly: *Coccul.*; impeded —: *Phosph. ac.*, from a dry, hard glazed tongue: *Arsen.*; falters and hesitates in speaking, aversion to the effort: *Sulphur*; only answers with indignation: *Pulsat.*; — difficult, weak, indistinct: *Secal.*; indistinct —: *Hyosc.*; nasal —: *Laches.*, from dryness in the throat: *Byron.*; speaks slow and weak as if the organs had an impediment to overcome: *Secal.*; as if they could not move the tongue: *Carb. veg.*; reluctant —: *Bellad.*; — difficult: *Phosph. ac.*, with heaviness of the tongue: *Laches.*; — from difficult respiration, and great debility: *Bellad.*; can only speak loud with great effort: *Opium*; inability to speak loud: *Nux vom.*; lisping: *Arsen. Bellad. Stramon.*: loss of —: *Colchic. Hyosc. Veratr.*, and of consciousness: *Mercur.*: with subsultus: *Secal.*; organs as if paralyzed with lisping and stammering: *Stramon.*; complete aphasia: *Bellad.*; inability to talk and to put out the tongue, which is cracked, sore, and ulcerated: *Apis.*; hasty —: see *Mind.*

**Tongue** ; trembling and hard to put out : *Gelsem.* *Laches.* ; — trembles when put out : *Bellad.* *Laches.* *Secal.* ; — trembling : *Arsen.* || *Bellad.* *Gelsem.* || *Laches.* *Lycop.* *Secal.*, when protruding : *Laches.* *Stramon.*, and dry and cracked : *Arsen.* ; — sometimes spasmodically thrust to and fro between the teeth : *Lycop.* ; — comes out dry and black with a snapping noise, and goes like a pendulum : *Lycop.* ; — trembling in the attempt of protruding : *Secal.*, or the tip remains under the lower teeth, or lip, and does not come out : *Laches.* ; can hardly put the — out, it trembles : *Gelsem.* ; cannot put the — out : *Gelsem.*, *Hyosc.* *Laches.*, or if he does, it trembles : *Lycop.* ; after the — is put out with difficulty, can hardly draw it in : | *Hyosc.* ; — protruded with difficulty : *Colchic.* *Laches.* ; — does not move rightly : | *Bellad.* ; cannot move the — at will, even if conscious : *Mur. ac.* ; — stiff, like a piece of wood : *Arsen.* ; — heavy, stiff and numb : *Colchic.* ; — as if stiff, difficult motion while swallowing : *Laches.* ; — immovable from dry black crusts : *Phosphor.* ; sensation as if — was too thick, while speaking : *Nux vom.* ; — heavy, with stammering as if drunk : *Bellad.* *Laches.*, and immobility, with difficult speech, scarcely movable : *Carb. veg.* ; paralytic weakness of — : *Bellad.* ; — paralyzed : *Baryt. c.* *Hyosc.* *Laches.* || *Mur. ac.* *Opium.* *Stramon.* ; — paralyzed on the right side (turns to the left) : *Bellad.* ; — as if burnt, and insensible, coated : *Pulsat.*

Tongue dry : *Bellad.* *Chlorum.* *Ginseng.* *Hyosc.* *Lachnanth.* *Laches.* | *Mur. ac.* *Natr. mur.* *Nux mosch.* *Opium.* *Phosphor.* *Phosph. ac.* *Stramon.* *Veratr.* ; — and

lips dry: *Phosph. ac.* See Lips. Very dry —, nose, and lips: **!** *Phosphor.*; burning — and lips; looks like burnt leather: *Hyosc.*; — rattles like leather: *Mur. ac.*; — dry and hard: *Mercur.*, and glazed: *Arsen.*, and stiff as a piece of board: *Arsen.*, and cracked: *Bellad. Hyosc.*, and red: *Laches.*, and trembling: *Arsen.*; great sensation of dryness of —, with excessive thirst, drinks but little at a time: *Arsen.*, and great thirst, drinking much: *Bryon.*; — not coated, with desire for drink: *Rhus tox.*; dryness of — without thirst: *Opium. Pallad.*; — as if burnt, and yet no thirst: *Magn. mur. Pulsat.*; — dry, with diarrhœa: *Phosphor.*, and debility: *Natr. mur.*, in the morning: *Sulphur*; — red: *Hyosc. Lachnanth. Rhus tox.*; — bright red: *Colchic.*; — covered all over with raised papillæ: *Ant. tart. Bellad.*, and dry: *Arsen. Baptis. Bellad. Laches. Lycop. Rhus tox.*; — dry and cracked: *Arsen. Hyosc.*, and hard: *Hyosc. Rhus tox.*, and hot: *Bellad.*, and glistening: *Kali bichr. Laches.*; — dry and dark red: *Baptis.*; — raw, painful, inflamed in middle: *Gelsem.*

Tongue clean, or only lightly coated: *Gelsem. Mur. ac.*, with gastric and other derangements: *Cina. Digit.*; — clean and dry: *Stramon.*; — dry, with thirst: *Rhus tox.*; — dry, red, and hard: *Bryon. Hyosc.*; — almost clean, with hard, bright red edges, and cracked lips: *Opium.*

Tongue smooth, not very dry: *Phosph. ac.*, and white: *Bellad.*, and glossy as if deprived of its papillæ: *Terebinth.*

Tongue rough and dry: *Stramon.*, and cracked, and dark brown: *Bryon.*; — brown or blackish: *Mercur.*;

— sticks to the roof of mouth: *Nux mosch.*; — covered with a thick tenacious paste, like a layer of putty spread over it: *Bryon.*

Tongue brown: *Baptis. Hyosc.*; — colored brown and black: *Secale*, and dry: *Hyosc.*, and hard: *Rhus tox.*, and parched, as hard as a board, with diarrhœa: *Rhus tox.*; crusts on — and lips: *Arsen.* See Lips. — brownish: *Nux vom.*; — pale: *Carb. veg.*; — lead-colored: *Arsen. Carb. veg.*; — bluish, or pale: *Carb. veg.*, and small: *Mur. ac.*; — blue, pale or sticky: *Carb. veg.*; dark colored —: *Bryon. Staphis.*; blackish —: *Mercur. Veratr.*; — black: *Arsen. Laches. Opium. Rhus tox. Secal.*, and cracked: *Cinchon. Veratr.*, with deep edges: *Nux vom.*; — raw and burned: *Cinchon.*, and dry: *Arsen. Laches. Lycop. Opium. Phosphor. Rhus tox.*; — furred very lightly: *Mur. ac.*; — and mouth covered with a muddy paste: *Carb. veg.*; hard thick phlegm on —: *Rhus tox.*; — dry, brown, as if burned: *Arsen. Lycop.*; — full of thick dirt, or hardened phlegm: *Rhus tox.*; thick and gray coating on —: *Mercur.*; grayish-white slime on —: *Phosph. ac.*; — as if coated with a skin: *Phosphor.*; — sticky and dirty: *Lycop.*, and moist: *Carb. veg.*, and yellow: *Pulsat.*; thick white, or dirty white coating on —: *Bryon.*; — furred in the beginning: *Coccul.*; thick dirty-white coating on —: *Mercur.*, and stools of greenish mucus: *Nitr. ac.*; white coating with sore spots on —: *Nitr. ac.*; — has a red margin and white centre: *Bellad. Gelsem. Sulphur*; — furred in the middle and behind, not on edges: *Bryon.*; — dry, with a brown streak in the middle: *Arnic. Baptis.*; two white stripes on a red ground: *Bellad.*; — yellow-

ish-brown, dry in centre: *Stramon.*; white coating on sides of —: *Caust.*, in centre: *Bellad. Bryon. Gelsem. Phosphor. Sulphur*; sore spots on —: *Nitr. ac. Tarax*; mapped —: *Arsen. Lycop.* | *Natr. mur.* || *Tarax.*; — yellow: *Bryon.*, and sticky: *Pulsat.*, and rough, or dry, with whitish-yellow coating: *Baptis. Coccul.*; — yellow and red: *Pulsat.*, yellowish, later brown and dry: *Bryon.*; gray coating, and cracked: *Pulsat.*; — brown: *Hyosc.*, and dry; mostly in the centre: *Baptis.*; — grayish-white: *Phosph. ac.*; — thickly covered: *Colchic.*, and cracked: *Bryon.*; brownish, cracked crusts on —: *Phosph. ac.*; — covered with dark brown sordes of an offensive odor; foul —, covered with a thick layer of yellowish or brownish fur: *Bryon.*: remaining after *Bryonia*: *Nux vom.*

Tongue cracked: *Apis*, and parched: *Carb. veg.*; — as if scalded: *Veratr. vir.*; — as if burnt: *Arsen.*, and rough, dry, and dark brown: *Bryon.*; — thick: *Nux vom.*, and too red, dry, and swollen: *Veratr. alb.*; — swollen and dry: *Stramon.*; small atrophied —; substance altered: *Mur. ac.*; — indented from the teeth: *Ant. tart.*; soft — with imprints of the teeth: *Kali hydr. Mercur. Rhus tox. Stramon.*; shooting in the —: *Bryon.*; — red, raw, painful and inflamed in the middle: *Gelsem.*; — sore, red, with elevated papillæ: *Arum triph.*; — painful, as if chapped and burning: *Mercur*; — covered with black crusts: *Phosphor.*, with vesicles: *Apis*; white coated — with sore spots: *Nitr. ac.*; — has a coating, which on removal, leaves sore spots: *Tarax*; — cracked, sore, and ulcerated: *Apis. Baptis.*, fissured, dry: *Carb. veg.*

Tip of tongue remains under lower teeth, or lip,



when attempting to put it out: *Laches.*; clean and pointed —: *Kali carb.*; heat and dryness of —: *Carb. veg.*; — dry: | *Nux vom.*, and red: *Bellad.* (*Rhus tox.*); undefined redness of —, and redness of the borders: *Ant. tart. Bellad. Rhus tox. Sulphur*; — red, in the shape of a triangle: *Rhus tox.*; a whitish coating on one side: *Rhus tox.*, on both sides: *Caust.*; — red and cracked, or cracked and bleeding: *Laches.*; — as if burnt and rough: *Phosphor.*; fissures on the —: *Laches.*

**Dryness**; of mouth: *Chlorum.*, and tongue: | *Mur. ac.*, and food tastes like straw: *Stramon.*; — in forepart of mouth, and on tip of the tongue in early stage: *Nux vom.*; — of mouth and fauces: *Phosph. ac.*; — from the fauces into the nose: *Bellad.*; — of mouth and throat: *Magn. mur. Nux mosch. Nux vom. Phosph. ac. Pulsat.*, at night: *Coccul.*, in the morning, as if from the use of spirituous drinks the evening before: *Nux vom.*; sense of — or actual —, afternoons and after midnight: *Rhus tox.*; — and thirst: *Arnic. Baptis. Bryon. Laches. Rhus tox. Secal. Veratr.*; severe —, and not relieved by drinking: *Phosphor. Rhus tox.*, drinks large quantities at a time: *Arnic. Bryon.*; — without thirst: *Bryon. Magn. mur. Nux mosch. Pulsat.*; — but not much thirst, water does not relieve: | *Phosphor*; feeling of —, or actual — without thirst: *Bryon.*, but has to moisten the mouth: *Stramon*; — of mouth and throat: *Magn. mur. Pulsat.*; — in the evening, so great, that the tongue sticks to roof of the mouth, yet without thirst: *Nux mosch.*

**Mouth**; sticky, no thirst nor appetite: *Gelsem.*; — intolerably sticky: *Phosphor.*; — filled with a

slimy mucus: *Mercur*; accumulation of frothy, soap-like saliva in — and throat, almost choking: *Bryon.*; — full of thick viscid saliva: *Baptis.*; salivation: *Hyosc.*; buccal cavity raw and sore: *Arum triph.*; hemorrhage from nose and —: *Carb. veg.*; raw — and throat: *Arum triph.*; the whole inside as if raw: *Stramon.*; aphthæ: *Baptis.*; small and bluish, with putrid acid stench: *Mur. ac.*, putrid: *Nitr. ac.*, sour: *Sulph. ac.*; coma: *Camphor. Helleb.*

**Smell**; offensive —, morning and evening: *Hyosc.*, and tongue very dry in the morning: *Sulphur*; metallic odor: *Mercur*; fetid breath: *Arsen.* | *Arnic.* *Baptis.* *Mercur.*; putrid odor: *Arnic.* *Arum triph.*, morning and night: foul smelling slime covers the tongue, in the morning on waking, with dryness of mouth and throat: *Pulsat.*; — putrid, like carrion: *Nux vom.*; cadaverous —: *Hyosc.*

### THROAT.

Gurgling when drinking; the fluid rolls audibly down into the stomach: *Arsen.*; the drink rolls audibly down the throat, as though it were poured into an empty barrel: *Hydr. ac. (Coccul.)*; the fluid rolls audibly down the throat, and stools and urine pass off involuntarily: *Moschus*; spasms of the pharynx: *Bellad.*; choking sensation from the stomach up into the throat, with oppression in the chest, better from belching: *Ignat.*; chokes even with half a spoonful of water; inability to swallow: *Baptis.*; difficulty in swallowing liquids: *Bellad.*; difficulty in swallowing: *Apis*; swallowing very slow: *Helleb.*; complete

inability to swallow : *Stramon.*; intense burning in throat : *Veratr. vir.*

**Dryness :** *Bryon. Nux mosch. Secale*; — hardly permits swallowing : *Phosphor.*; — in throat and on tongue, without thirst : *Pallad.*; — of palate : *Phosphor.*; — only of the palate : *Stramon.* For mucus and phlegm, see Larynx.

**Sore throat :** *Baptis.*; — with deafness : *Laches.*; chewing or swallowing food, or drinking causes suffering from the raw mouth : *Arum triph.*; efforts to swallow produce violent pain; tonsils enlarged; uvula inflamed and elongated : *Baptis.*; swollen glands of throat and neck : *Arum triph.*; angina faucium : *Mercur.*

**Appetite ;** too great during convalescence : *Pulsat.*; hunger in convalescence, commences to eat, but does not enjoy it, everything is so bitter : *Pulsat.*; when the — will not return in convalescence : *Sulphur. Psorin.*; loss of — : *Bryon. Nux mosch.*, with fullness of the stomach : *Nux mosch.*; loss of —, and prostration : *Rhus tox.*; would not eat nor drink, but without any nausea : *Iris vers.*; repugnance to all ingesta, tastes neither food nor drink : *Rhus tox.*; in a hasty way, they push back the food they wanted : *Bellad.*; asks for food, but refuses it when offered : *Phosphor.*

**Thirst :** *Bellad. Hyosc. Mercur*; much — : *Hydr. ac.*; great — : *Carb. veg. Mur. ac. Stramon.*; unquenchable — : *Natr. mur.*; inextinguishable — : *Colchic.*, with a red, dry tongue : *Camphor*; does not want anything but drink : *Opium*; — with a dry tongue : *Bryon. Rhus tox.*; — not relieved by drink : *Rhus tox.*;

constant — for water: *Phosphor.*; — day and night, for cold drinks, especially for water; *Mercur.*; — for cold water: *Arsen.*; — for cold drinks: *Bryon.*; — with dry lips, and a bright red tongue: || *Bellad.*; — afternoon and evening, with cold sweat: *Veratr.*; continual —, wherein the patient only wets his lips and cannot drink much: || *Arsen. H.*; water molests the stomach: *Sulphur*; water does not taste well: *Natr. mur.*, is not pleasant: *Calcar. Sambuc.*; burning — but does not drink much: *Bellad.*; spitting out of liquids put into the mouth: *Baptis.*; continual —, but only wets lips, cannot drink much, every swallow becomes disgusting: *Arsen. Lycop.*; violent — day and night, does not drink often, but much at a time: *Bryon.*, large quantities: *Hyosc.*; does not ask for water, but when offered takes it hastily: *Opium*; hasty drinking: *Hepar s. c.*; — with nausea or vomiting: *Arsen.*; continual — with nausea: *Natr. mur.*; — mostly in the evening, with aversion to water: *Nux vom.*; water does not taste well: *Natr. mur.*; — with heat, from 3 to 6 P. M.: *Phosphor.*; inextinguishable —, trunk hot and extremities cold: *Colchic.*, burning in head and coldness of trunk: *Arnica*.

**Thirstlessness**; with dry tongue: *Magn. mur. Opium. Pallad.* | *Pulsat.*; — with dry mouth: *Nux mosch.*; no desire to drink, yet much burning heat: *Hyosc.*

Wants acids: *Arsen. Bryon.*, alcoholic drink: *Arsen.*, wine: *Bryon. Coffea*; desire for refreshing acid things, fruit, wine, white-beer: *Mercur.*

**Eating**; after —, sour taste: | *Nux vom.*; diar-

rhœa immediately after —: *Phosphor.*; great chilliness after taking anything to eat, or drink: *Tarax*; after —, chilliness: *Arsen.* *Arum triph.* *Calc. ostr.* *Carb. veg.* *Caust.* *Ipec.* *Kali carb.* *Nux vom.* || *Tarax.* *Zincum.*

**Drinking**; hurts in the throat: *Hydr. ac.*; water molests stomach: *Arsen.* *Phosphor.* *Sulphur*; after — the fluid makes a rumbling noise in the abdomen, as in an empty barrel: *Hydr. ac.*; after —, immediately distention and pain in bowels: *Nux vom.*; after — rumbling: *Mercur.*; — with haste, rumbling in bowels: *Arsen.*; after — water, abdomen bloated and sensitive: *Mancin.*; after —, cold fingers: | *Tarax.*

### GASTRIC SYMPTOMS.

**Hiccough**: *Arsen.* *Nux mosch.*; with sighing: *Secalé.*

**Belching**: *Coccul.*; empty —: *Bryon.*

Struggles with frequent squeamishness: *Arsen.* *Bryon.* *Calc. ostr.* *Lycop.* *Phosphor.*

**Nausea**: *Coccul.*; retching: *Bryon.*; — and vomiting with painful sensibility of epigastrium: || *Bryon.*

**Vomiting**: *Bryon.*; — and retching: *Arsen.*; — lessened by swallowing water, but when it gets warm in the stomach, it comes up again: | *Phosphor.*; — water with sour taste: | *Phosphor.*; — food and other things: *Calc. ostr.*; — phlegm and food: | *Veratr.*; — water and green slimy fluid, not that which was eaten: *Arsen.*; — watery, bilious, and slimy masses with great pain: *Phosphor.*; — thick, black bile mixed with tenacious, bilious mucus, as if decom-

posed; a quart at a time: *Secal.*; — after bile and mucus, black bile and blood: *Veratr.*; — when moving: **|** *Bryon.* **|** *Sulphur*; — and watery diarrhœa: *Veratr.*; — with burning heat: *Chamom.*; — after delirium: *Secal.*; — with headache: *Kali carb.*

**Scrobiculus**; sinking, weak feeling in —: *Ignat.*; great soreness to touch, or in motion: *Bryon.*; — bloated: *Carb. veg.*

**Stomach**; illness and discomfort: *Phosphor.*; fullness in —: *Nux mosch.*; full feeling in —: *Baptis.*; from — to hip, sharp pain: *Bryon.*; — sensitive: *Phosphor.*, and burning: *Arsen.*; — sensitive to external pressure: *Arsen. Secal.*, to touch: *Mercur.*, even the bed-covering causes pain: *Laches. Sulphur*; — sensitive to pressure: *Arsen. Carb. veg. Colchic. Nux vom.*; — pains: *Opium.*; the least pressure is insupportable; excoriating pain in the epigastrium from touch and cough: *Bryon.*

**Epigastrium**; throbbing, pulsating: *Pulsat.*; painful sensibility: *Secal.*, of — to pressure: *Bryon. Colchic. Laches. Nux vom.*, to touch: *Mercur.*; tenderness and pain in —, remaining after touch: *Bryon. Nux vom.*; fullness in — with tension, and embarrassed respiration: *Mercur.*; distention with painful sensitiveness to touch: *Nux vom.*

**Liver**; region of — sensitive: *Phosphor.*, to touch: *Sulphur*; pain in —: *Mercur.*; painful sensibility: *Bellad.*; region of — puffed and engorged: *Mercur.*; in Hepatitis after *Bryon.*, *Laches.*, or *Lycop.*: **|** *Mercur.*

**Spleen**; rumbling in region of — after *Calcarea*: *Lycop.*; — enlarged: *Cinchon. Coccul. Phosph. ac.*

*Rhus tox.*; — swollen, and painful to pressure: *Arsen.*; hardness of —: *Cinchon.*

**Abdomen**; heaviness in upper part: *Natr. c.* *Nux mosch.*; pain as if diarrhœa would set in: *Bryon.* *Cinchon.* *Veratr.*; sensation in — as if all were raw; distention immediately after drinking: *Nux vom.*; pinching, grasping in —: *Pulsat.*; colicky pains with looseness: | *Veratr.*; frequent liquid stools: *Arsen.*; violent colic with gagging: *Nitr. sp. d.*; colic worse in the morning: *Bryon.* *Podolph.* *Sulphur*; burning in —: *Arsen.*; great soreness, and bloatedness of —: *Apis*; — very sensitive, and painful to touch: *Phosphor.*, and distention with hardness; rumbling in — as if there would be diarrhœa: *Veratr.*; sensitiveness in — aggravated after drinking water: *Mancin.*; incipient, or fully developed intestinal affection; indicated in the inflammatory stage, if diarrhœa has already set in, or Bryonia was not sufficient: *Rhus tox.*; ileo-cæcal region very painful to touch: *Arsen.* *Mercur.* *Phosph. ac.*, left iliac region: *Baptis.*; pain as from excoriation, or as if inflamed in the hypogastrium, especially when touched, with weakness: *Phosphor.*; intestinal ulceration, and hemorrhage: | *Nitr. ac.*; sensation of heat in —: *Lachnath.*; surface of — hotter than the rest of the body: *Colchic.*; cæcal and peritoneal inflammation: *Bellad.*; the whole — compressed: *Rhus tox.*, drawn in: *Plumbum*, sunken in towards spine: *Bellad.*; hardness of —: *Arnica.*, with much flatulence: *Phosphor.*, and painful if pressed: *Opium*, *Secale*, and swelling as if from pent-up flatus: *Sulphur.*

**Soreness to touch**; in abdomen: *Apis.* *Chamon.*

*Hamam.* | *Laches.* || *Nitr. ac.* *Phosphor.* *Phosh. ac.*; — in precordia : *Mercur.*; — in region of liver : *Arsen. Mercur.* *Rhus tox.*; below the navel if pressed on : *Mercur. Phosphor.*

**Flatulence**; fermentation in the bowels, with subsequent diarrhœa, and discharge of putrid flatus: *Carb. veg.*; loud gurgling noise in the ileo-cæcal tract, dry tongue, heat, delirium on going to sleep: *Ginseng.*; rumbling in the bowels, especially in the upper part: *Cinchon.*; rolling and gurgling as if from much —: *Arsen.* || *Carb. veg.* | *Phosphor.*; rolling and grumbling: *Nux mosch. Sulphur.*

**Rumbling**: *Coccul.* | *Hyosc. Nux vom.*; — during, and after drinking: *Phosphor.*; — each time after drinking, or before every stool: *Mercur.*; — before stool: | *Phosphor. Phos. ac.*; — mostly in the evening in bed, or at night: *Bryon.*; — as if diarrhœa would set in: *Phosphor. Veratr.*; — before diarrhœa: *Laches.*; — painful; very offensive flatus: *Phosphor.*; — with diarrhœa, and pinching and grasping pains: *Pulsat.*; — with painless diarrhœa: *Phosphor.*; — with diarrhœa of decomposed blood smelling horribly: *Carb. veg.*

**Tension**: *Cinchon. Colchic. Opium. Secal.*; — from accumulated gas, though much is discharged: *Phosphor.*; — with restless sleep, or heaviness in the upper part of abdomen: *Nux mosch.*; very full and hard abdomen: *Phosphor.*

**Distention**; with hardness: *Arnic. Bryon. Cinchon.* | *Coccul. Colchic. Laches. Opium. Sulphur. Veratr.*, and painful sensibility to touch: *Mercur.*: — as if from flatulence: *Carb. veg. Nux mosch.*; —



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

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EDITORIAL.

CONIUM.—There is very little to be added from the comments of Dr. Lippe to what has been already said of Conium.

These comments are as follow :

Induration of the parotid gland after contusion.

Cancer of the lips following a contusion. Cancer of the lips from the pressure of the stem of a pipe in smoking. This may be regarded as a kind of contusion.

Involuntary deglutition when walking in the wind. This is Dr. Guernsey's keynote.

This reminds us of a few wind symptoms which any one may meet with in the materia medica, but which none have collected together for instant reference.

Cold wind causes dull colicky pain around the navel, Kali-bichrom.

Walking in rough wind causes pain in left occipital protuberance, Muriatic-acid.

Walking against the wind aggravates hoarseness, Nux-moscheta.

Walking against the wind causes sensation of soreness in the brain, China or Cinchona.

Riding in cold wind causes aggravation, Rumex-crispus.

Walking against the wind causes stoppage of breathing, Calcareo-carb.

Great dread of wind, Chamomilla.

Wind causes aggravation of ulcers, Chamomilla.

Walking in cold wind causes headache, Muriatic-acid.

Riding against a cold west wind caused cold in the head, followed by croup, Kali-bichromicum.

Windy weather causes increase of dyspnoea, even when well protected and in a warm room, Arsenicum.

Under Conium there is alternate flowing and stopping of urine. This is one of its great characteristics. It is Dr. Guernsey's keynote.

Dr. Lippe related a case of diabetes in which there was nine per cent. of sugar present in the urine. The patient discharged immense quantities of urine. There was at the same time swelling and suppuration of the left parotid gland. The patient would waken from sleep in a profuse perspiration and would be unable to fall to sleep again. The perspiration stood up in great beads and saturated the bed-clothes. In this case the foregoing symptoms were perfectly relieved, though Dr. Lippe did not expect the patient to get well. The remedy was given in the thirtieth potency in water, and as he was in extreme danger it was continuously administered for a day or two. Later, when improvement began to flag he was given a dose of the two hundredth potency. He was thus kept up for over two weeks, and when he then began to sink a dose of the seventy thousandth potency was given. This sustained him for awhile, but ultimately he died. In critical cases, when the properly-selected remedy fails to benefit the patient for more than two or three days, we may reckon upon certain death. If, however, its beneficial action last more than a week or continue several weeks, we may look for his ultimate cure.

Conium has bleeding of the gums like Mercurius and Carbo-vegetabilis.

Conium has heartburn, beginning as soon as the patient lies down. The burning comes up the throat and compels him to get up.

This is another of Dr. Guernsey's keynotes.

Conium has spasmodic pains in the stomach, and this is similar to *Calcarea-carbonica* and *Silicea*.

Conium has swelling of the testes from contusion. *Pulsatilla* also has swelling of the testicles.

Conium has dysmenorrhœa, with sharp pains about the heart.

Conium has loose cough with inability to expectorate. He must swallow what is loosened by coughing. *Causticum* and *Kali-carbonicum* have this loosening of phlegm which cannot be raised.

Conium has red spots on the calves, turning yellow or green as if from contusion. *Arnica* has this symptom also.

Conium catches cold from slight exposure of the feet. This is similar to *Silicea*.

Dr. Guernsey's keynotes are the following :

Violent itching of the vulva followed by pressing down of the uterus; the urine flowing and stopping at every emission. Violent itching after the menses. Induration from injuries. Large pimples on the mons veneris, painful to the touch. Cutting pain between the labia on micturition. Severe stitches in the vulva. Violent itching of the vulva. Shriveling of the mammary glands and increased sexual desire. Much trouble with vertigo when lying down and turning over in bed. Urine flows and stops and flows again at each emission. Burning, sore, aching sensation in the uterus. Bitter taste in the mouth and thirst. Pulse unusually slow, or intermitting. *Leucorrhœa* of white acrid mucus causing burning, smarting sensation. *Leucorrhœa* like milk, painful and excoriating with induration and prolapsus uteri at the same time. Breasts become sore, enlarged, and painful at every menstrual period. Prolapsus complicated with induration, ulceration, and profuse *leucorrhœa*. Suitable to women of tight rigid fibre and easily excited. Stitches in the vagina and pressing from above downward. *Dysmenorrhœa* with shooting pains in left side of the chest. Drawing in the legs during the menses. Painful abdominal spasms. At every menstrual period the breasts become large, sore, and painful. Pricking, stinging pains. Is aroused from

sleep by the pains. Induration and enlargement of the ovary with nausea, vomiting, eructations of wind and expectoration of phlegm. Lancinating pains. Acrid, white, slimy leucorrhœa. Labor-like contractions. Pains in the iliac regions. Stitches from abdomen to the right side of chest. Constant and ineffectual urging to stool. Globus hystericus. Heat and burning in the rectum during stool, and tremulous weakness afterward. Stitches in the anus between the stools. Frequent and ineffectual urging to stool, or a small quantity only each time. Stinging in neck of uterus. Scirrhus of any part. Terrible nausea and vomiting in women who have scirrhus nodes during pregnancy. Spasmodic labor pains with rigidity of os uteri. Hardness and distention of abdomen with frequent sour eructations. Violent fits of coughing, mostly during the night. Parotid and submaxillary glands are swollen and hard as a stone. Lips and teeth covered with black crusts. The patient has hot skin and is delirious.

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### HOMŒOPATHY *versus* ALLOPATHY.

GEO. J. AUGUR, M. D., OAKLAND, CAL.

I use the term allopathy, though recognizing the fact that those of that school reject the appellation as a term of opprobrium, because given to them by Hahnemann, rather than for the reason that they do not recognize in its definition the true explanation of their theory.

The *Century Dictionary*, prepared under the superintendence of Prof. William Dwight Whitney, of Yale, defines allopathy in medicine as a therapeutic method characterized by the use of agents producing effects different from the symptoms of the disease treated—while in smaller type it states, "The name is incorrectly applied in distinction from Homœopathy to the traditional school of medicine, which opposes the homœopathic theory." Notwithstanding this high authority, I recognize the term as just and comprehensive as applied in the main to that school. In support of their position of the incorrectness of the term allopathy, there is frequently cited the action of emetics in

some kinds of indigestion and Rhubarb in some kinds of diarrhoea, tending to show that the old-school practice is not confined to the limited sphere of prescribing drugs which in their action produce effects contrary to those noticeable in the disease for which the drug is administered. While I admit that every well-informed allopathic physician knows well that Ipecac and Rhubarb have a double action, what allopathic physician gives Ipecac alone to cure vomiting, or Rhubarb alone in diarrhoea, uncombined with astringents or opiates? The nearest approach to this is made by Dr. J. Lewis Smith, an established authority on diseases of children, when in certain conditions of diarrhoea he recommends a prescription composed of Magnesia-sulph., Tinct. Rhu., Syr. Zingiberis and Aqua-carui, but immediately following this he says: "The effect of laxative medicine employed for the purpose of correcting the functions of the gastrointestinal surface is uncertain, we must rely on astringents and opiates. Much harm is often done and precious time lost by prescribing laxative mixtures when opiates and astringents are required." I think this illustration proves the correctness of the term allopathy, though used by them to prove the contrary.

It has been claimed that the homœopath in the treatment of disease confines himself to the amelioration of symptoms, while the allopathic physician, more scientific (?) in his method, applies his remedies to the morbid condition constituting the disease.

With all due respect to my former colleagues, many of whom are honestly ignorant, while more are dishonorably prejudiced; it would be more proper, nay truthful, to reverse the statement and then apply it to the two schools; for if our remedies do not reach the morbidly-altered vitality represented by symptoms according to the law of similars, rather than one or more symptoms of this altered state, who will explain why, when the proper remedy has been selected, one symptom after another, amounting in many instances to twenty or more, disappear, until perfect health is restored? How can perfect health be restored if the disease is not reached through symptoms? We deal with symptoms, it is true, but only as signs representing a pathological condition, which taken collectively enable the con-

scientific follower of the true healing art to select the drug which will produce a condition of ill-health closely allied in symptoms to the disease he is called to treat.

If we homœopathic physicians treat symptoms and not the primary cause of the symptoms, and our remedies are simply an apology for doing some remedial good, while nature does the work, will some of those wise gentlemen tell me why and how, in some cases of dysmenorrhœa when the suffering is most intense, immediate relief is given; or how, in a case of amblyopia or amaurosis due to spinal irritation accompanied by photophobia and lachrymation, with paralysis of some of the orbital muscles, and intense cerebral pain, and muscular tremor of the arms; or how, in a case of vesical neuralgia, after months of suffering in spite of the best allopathic skill, immediate relief was given followed by ultimate cure: The treatment being the single remedy and high potency?

I might cite numerous other cases as having fallen to my lot to treat, but the above is sufficient to illustrate my point, that Homœopathy when practiced according to the teachings of Hahnemann is more scientific, and more capable of reaching the true pathological condition, and restoring the damaged organ to the normal condition constituting perfect health than the so-called rational treatment, a name incorrectly applied to our opponents. In seeking to search for and remove the cause, upon which claim the appellation "rational" is made, they, it is true have in their ranks many scientific investigators; but do they alone comprise the scientific world as applied to medicine in microscopical and pathological research? I think not.

Koch's tuberculin, about which great discovery the so-called regular profession at one time made such a great ado, now is scarcely mentioned by them, though the homœopaths, it is authoritatively stated, employed potentized tubercular bacilli years before Koch was heard of, and continue to do so now. The same may be said of Pasteur's great discovery for the cure of hydrophobia by inoculating with the poison of the mad dog. What one among those of the old school who has gained repute for medical disclosures used by them can compare with Hahne-

mann in the greatness of his discoveries ; in the originality of the principle involved and its scientific application ? What one of them can compare with him as the excogitator of a system of medicine, or even of a therapeutic measure discovered by means of the microscope, or in the search for pathological germs, or in the field of chemical analysis ? A system which, on the one hand, has caused so much comment, so much adverse criticism, so much united effort to crush ; while on the other it has brought to its support from among those who once denounced it more ardent supporters, both from the medical profession and educated laity, and has ameliorated more suffering without physical and mental perturbation, and which has been a greater boon to humanity in the prolongation of life. As for their treatment being rational, is it rational, say nothing of scientific, to give such large doses of dangerous drugs to jeopardize the patient's life ?

Is it in accord with good reason, in cases of continued fever, no matter what the cause may be, to give Phenacetine or some other coal-tar derivative, in such doses as to produce cyanosis ? Is it right to give Aconite to a child in doses which threaten collapse ? Look at the effect of Aconite, or *any* nerve or arterial sedative in allopathic doses given for its antipyretic effect ! Does it so act upon the diseased condition as to favor restoration to health ? Can any remedy of this kind be right that is given in doses sufficiently large to cause cyanosis, a condition of imperfect circulation and oxygenation of the blood ? Can any sedative given in doses to produce its physiological effect, and thereby lower an abnormal temperature several degrees, be of therapeutic advantage ? In just the proportion that the temperature is rapidly lowered by the physiological action of a drug, in just that degree must the nervous system be depressed, and in proportion to the nervous depression must the vital powers be incapacitated to throw off the disease, and the resisting power ever after lessened. In support of this position let us review the action of sedative medicines, according to a leading allopathic authority, which says : "Sedatives are medicines which depress nervous force. Some affect nervous

force in general ; others confine their action to particular nerves. They are mostly energetic and dangerous agents. For the time being they destroy nervous power, and remove nervous control." Let us see the effect of a special sedative on the vagus nerve. It would probably by its action on the rhythmical action of the heart cause it to beat abnormally slow and irregular. It would be likely by its action on the lungs to diminish the desire for breath, and lessen the irritability of the pulmonary mucous surfaces. I presume it was from reasoning in this way that a man of deep thought, one of the visiting physicians at one of the leading allopathic hospitals in the East, during my term of service there, gave it as his opinion that sedatives in pneumonia given with the view of reducing temperature, were absolutely harmful, and to my personal knowledge, rather than subject the patient to the usual risks attending the old school mode of treatment, he treated a severe case of this disease with simply colored water.

What physician who is familiar with the lasting benefits derived from infinitesimal doses of medicine administered according to the law of similars, and who consequently must believe in their dynamic force, is prepared to doubt the permanent injury to nerve centres by derangement of their molecular construction? A fall upon the head can entail serious consequences by simply producing a commotion in the brain-substance, without any organic change as pathologists are led to infer being recognizable. In such cases, according to Erichsen, a permanently irritable state of the brain may be left ; the patient yet capable of the ordinary duties of life, but becoming readily excited, though not to an inordinate intensity, by slight excesses in diet or by the use of stimulants or by mental emotion. If, therefore, permanent injury to the brain can follow without a localized organic change being discoverable, is it less reasonable to suppose that drugs like Antipyrine, Acetanilide, and other medicines of a kindred nature, given in repeatedly large doses, so that the effect of the drug is noticeable first by the functional change in the circulatory and respiratory organs, which is primarily brought about by derangement of the nervous system,



can and do produce a molecular change in the nerve centres which is injurious and lasting in its effects? Shall we claim that because the drug falls short of producing death by its physiological action, therefore no lasting trace of its effect remains, because, forsooth, it is not recognizable on the surface? Such conclusions, it seems to me, would be illogical and devoid of deductive reasoning.

Aside from the permanent injury of the nerve centres, there are other phenomena dependent upon the generating and controlling force of these centres and their branches which act as carriers, by virtue of which centres and their capacity to generate healthful and inhibitory impressions depends the normal and physiological action of every organ in the body. If the impression given off from a nerve centre is abnormal then must the nutritive changes in the organs to which its branches are distributed be abnormal. Let the lungs, heart, liver, kidneys, and alimentary canal become changed in the performance of their functions from the normal and what would be the consequence? Take the alimentary canal, for instance, not only does it preside over the function of digestion in its peculiar way, transforming albuminoid substances into peptones, but also gives birth to "alkaloidal poisons," and toxic substances resulting from intestinal putrefactions. While the stools eliminate the greater part of these poisons, which are expelled with them, the intestinal mucous surface absorbs a part, which in turn is taken up by the blood and eliminated by the kidneys. Now, let the nerve-supply to this canal alone become deranged, if it were possible, and the result would probably be manifest first in the changed condition of the digestive secretion, while this in turn would be followed by defective digestion, increasing in consequence the amount of alkaloidal poisons normally present, and decreasing in quantity the assimilable properties, as a result the percentage of toxic principle in the blood would be augmented beyond the power of the excretory organs to throw off, and this in turn would react upon the nervous system, entailing various systemic derangements. Recognizing, as we must, the nervous system as an "intermediary" in the production of disease, and

disturbances of nutrition as the causative agent in a large number of chronic diseases, what is more rational, if we wish to maintain a high standard of health, to preserve without injury the intermediary link—the nerves—that the process of vital cell-life—comprising nutrition—may not become permanently deranged. To avoid the one and preserve the other Homœopathy will do more than any other system of therapeutics has done or can do.

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### FOR HIGH POTENCIES.

(From the *Zeitschrift des Berliner Vereins homœop. Aerzte.*)

's muss annersch wer'n.—WÜHLHUBER, 1848.

In the July number of the *Zeitschrift des Berliner Vereins homœopathischer Aerzte* (Vol. XIV, p. 279), the philosopher of the American Institute of Homœopathy in the beginning of his article: "Mikrodosisten oder wo ist die Grenze?" (Microdosists, or where is the limit), utters his inability to understand what, in the article "the lone molecule in the 12th centesimal potency" may be meant by the mass from which the molecule is derived which produces the colored lines in the spectroscope. Now molecule is particle of a mass (*moles*, hence the diminutive molecule) of which it forms an integrant part. *Ergo*, as he himself says, "with the molecule or atom the mass ceases to be," and consequently also the spectroscopic lines—*i. e.*, the spectroscopic lines represent the mass from which the molecules or atoms are derived. Since the philosopher himself placed the limit of attenuation at the 12th centesimal, which indeed surpasses even the spectroscopic test, the proofs which it furnishes of the presence of medicinal matter can have no value for high potencies.

The insinuation of "continuing the potentiation of the medicinal force after the cessation of the presence of molecular matter," is not admissible, because such assertion has never been made. The medicinal force of a material dwells in this as the carrier of it aside from its molecularity, which is the firm stand-

point which the antagonists of high potencies claim. This firm standpoint, however, begins suspiciously to shake, since the fundamental doctrine of it seriously goes against the fundamental laws of motion, as has been shown elsewhere. The potentiation has no need of this crutch, which forms the firm standpoint for physics and chemistry till something better shall have been discovered than this molecular theory. The calculations of the greatest mathematicians of our time have not at all been decried as psychological trifling, as the philosopher says only the uncertainty has been pointed out, which offers these labors as proofs of the absurdity of potentiation when it steps over the uncertain and wavering limit of the 12th centesimal. "This shall represent exact knowledge," may the philosopher apply to himself. The efficaciousness of the high potencies cannot be cast out by the adaptation of the calculations of even the greatest mathematicians, since it has nothing more to do with the molecularity of matter than that this carries the medicinal force put into it and preserves it. Therefore the whole armamentarium of the materialistic philosophers with their elaborate calculations and astounding observations may be arrayed and by them given as proof of their great erudition, but it cannot change anything in the question to be answered. Mere denial changes nothing, because it is no proof. Even the vilest criminal dies rather than to confess his guilt. The true way is the philosophical one of induction. If this, in science, is the only infallible instrument for discovering the truth in difficult questions, why should it be discarded and lose its value when the science of homœopathics is concerned?

Instead of traveling this indeed difficult and often tedious path, the adversaries of the high potencies, though they claim the name of homœopathists, follow the lead of those who, under the pretense of being scientific, combat potentiation, or try to kill it by silence. But this stratagem begins to lose its force, because "the sparrows on the roofs already talk about it," and at last, after more than fifty years, the high potency of Hahnemann—for he was the first to prepare and give it its name—has penetrated the thick skin of the scientific rhinoceros

so that it stands at bay and precipitates itself directly upon its enemy. But there is no enemy. The high potency acts in the clumsy body of the monster against its will. In one word, the high potency exists and has come to stay.

The Hahnemannian way of induction, therefore, is the only one which can be used to answer the question. This is the way of experiment which Hahnemann has recommended in the words: "*macht's nach, aber macht's. genau nach*" (do as I did, but exactly so). The experiment demands first, that we procure the pure medicinal substances, and then carefully subject them to comminution, according to the rules which he has given. Now how could Hahnemann have found that this comminution develops greater medicinal force than was present in the original substance, or that on the contrary it makes out of poisons remedies? Perhaps by consulting the microscope or the spectroscope, which in his lifetime did not yet exist! Or by calculations of the greatest mathematicians of his time relating to the infinitesimals which compose the medicinal matter? Or by the occult sciences cultivated by the Middle Ages? Nothing of all that! He simply gave his remedies to the healthy person and observed their actions in them, and wrote them carefully down. This was one part of the induction, by which he learned the pure actions upon the healthy, and by it he created the pure *materia medica*. Progressing in these experiments, he certainly arrived at the limit appointed by one of his epigones to be the 12th centesimal potency. But knowing nothing of this future limit, he continued his potentiation and arrived at the 30th centesimal, which, for a wonder, is acknowledged by all good disciples of Hahnemann, though they rail against the transference of medicinal force by means of and upon inert vehicles. Here he had reached already a scale of 30 degrees, and was enabled to institute comparisons which moved him to recognize in the 30th centesimal potency sufficient strength to serve as well for proving the remedies upon the healthy as for healing the sick. This, then, was the second part of his induction. If the potencies which he obtained by comminution and elimination of the substance

containing the medicinal force were able to distune the life-force, they must also be capable of healing, where applied to the sick according to symptom-similarity. The result taught him the correctness of his induction, and the thousands after him blessed his memory, because he has taught them to prepare the remedies in such a manner that they exert their healing power, which is expected from them, without doing any harm. This is the homœopathic proof of the efficaciousness of the homœopathic healing potencies.

What objections can the opponents make to this homœopathic argument? Why do they not go to work themselves—if they want to honor the truth (p. 261)—in order to convince themselves that, as they say, “the most irrevocable, the most overwhelming proofs are extant for the efficaciousness of the infinitesimal doses,” as the thousands and thousands of experiments of the high potentialists teach since Hahnemann’s time? The proposition that every homœopath should make one to three experiments with high potencies on chronic patients is acceptable, but at the same time it shows the insufficiency of such slow and reluctant progress. Why not make experiments in acute diseases? There are always plenty of such cases on hand, and they promise a more speedy and multiple experience, apt to strengthen the confidence in high potencies. The proposition, alas! looks too much like an effort to render the cause of high potencies a chronic disease of Homœopathy. We, who have not long enough to live till all the homœopathic skeptics have made their yearly one to three experiments on chronic patients for their own satisfaction cannot wait for them. It, indeed, seems that even the arguments in favor of high potencies are only turned to their disadvantage. That along with them, even macrodosia is favored, shows what may be expected of such impartial homœopathists, namely—nothing. After the neuro-analytical experiments of high potencies which denote a new era in homœopathics which proved the efficaciousness of the 4,000th centesimal potency, nothing followed but a fending off: “Wozu?” (to what purpose). One was content with one’s success with low potencies. The splendid experiments were grudgingly acknowl-

edged, and later on ignored and silenced in the homœopathic ranks, and afterward the allopaths blamed for it. And yet the neuro-analytician was on their own side, for he declared before the Association of Naturalists and Physicians in Salzburg that with the neuro-analytical proof of the efficaciousness of the 4,000th potency (cent.) the divisibility of matter must be extended that far. He, therefore, evidently was on the side of the materialists, and could, perhaps, not judge differently on his standpoint as naturalist. But as a physician he had to consider that his neuro-analytical reaction did not support the infinite divisibility of matter, but signified the reaction of the life-force of the analyst to the immaterial dynamic potency. This reaction can, according to electro-magnetic neural analysis, be indicated by any high potency high above the 4,000th centesimal. This, however, oversteps the limit of the present science, and is therefore also under the ban of deadly silence, for it undermines likewise the fundamental elements of this science just as much as the proof of the incompatibility of the molecular theory with the fundamental laws of motion.

The capital which the opponents of high potencies still draw from the notion of infinite divisibility of matter, is alas! like the Confederate money in this country, not worth anything. This idea, which still haunts the homœopathic materialists, has long been given up by the high-potentialists. *Sunt certi denique fines*. Theoretically, it is long ago discarded by the molecular theory, for this indicates a limit to the minuteness to which the matter can arrive, though also here reigns the same uncertainty as with us about the limit of the efficaciousness of high potencies. But with *their* uncertainty we have here nothing to do. We already get rid of the matter when we commence potentiation, for we do not potentiate the matter, but the inert vehicle which by the potentiation we render medicinally active. The medicinal force is not subject to the laws of physics and chemistry, but to the laws of the life-force which these departments of science, including physiology, have thrown out of their temples. From the Hahnemannian life-force which comprises the whole organism, they have come down to the nerve-cell which

now is to explain all phenomena of life. Poor creatures! would Hahnemann exclaim. We, then, do not need the concept of infinite divisibility of matter for the explanation of the high potencies, and rather propose an infinite divisibility of force which it will not be so easy to deny than that of matter. The Hahnemannian use of matter as vehicle, carrier or menstruum of the force assigns the proper place to it. It refutes the senseless assertion that the force could not be separated from matter, and that it was against all reason to speak of transference of force (p. 259). If the advocate for and against high potencies who denies it would hit his head against an open door as it sometimes happens in the dark, he no doubt would become aware of something like transference of force. For his motion against the door is reiterated by the shock which this exerts. The force with which he hits the door is transferred upon it for the moment, and, since the door cannot escape, is given back by it and re-transferred. The doubt of the transferability of force is most astonishing, for every motion in the world is necessarily a transference of force. Motion is nothing in itself, it will always be a transference of force upon matter. Why should it then be different with the medicinal force? The physical and chemical force is not a medicinal force. This medicinal force is something *sui generis*, and has only relation to the life-force, by which alone it is to be recognized, the matter being only the vehicle for it. This, of course, is incomprehensible to those who deviate from Hahnemannian principles in order to hasten after the modern natural science. The ideas laid down in the first thirty paragraphs of *The Organon* are antiquated in their minds, and no more adequate to the refined notions of the *fin de siècle*. As if ever true ideas could lose any of their value and freshness!

And yet the philosopher of the American Institute and the advocate for and against are of one mind that it must become "otherwise" (p. 279), and that the infinitesimal doses must be cast out into utter darkness (p. 276), where there is wailing and gnashing of teeth. So far, then, has it come at the end of this glorious Hahnemannian century that the high potencies must go the way of all flesh, as the physico-chemical school has

done with the life-force. One should not think it possible that men who are constantly talking of science and scientificness, could so recklessly violate the rules of science and of decency that they think of doing away with questions the solution of which is so strange and impossible to them, by simply throwing them out and killing them by silence afterward. That is a beautiful *remedium* (§ 277) of an evil which drags itself along ever since the schism of Trinks without leading to anything else than to thrash the same old empty straw over and over again. Do they not even think of it that, if driven to the wall by the high potencies, they declare for macrodosis, they give the greatest aid and comfort to the enemy, the macrodosis of which is not at all to be compared to that in Homœopathy? Do they not remember how many fall victims to that allopathic macrodosis, the inoculation of morbid matters included; and has the advocate for and against to offer against the just demand to abolish this poisonous macrodosis nothing else than to claim that the infinitesimal doses must be thrown out of Homœopathy? (§ 276). The rage against high potencies is so great that they forget altogether that the doses of the homœopathic materialists are still small in proportion to the allopathic doses, may they be ever so incomparable to the high-potential doses? But according to our conceptions the magnitude of the doses has nothing to do with their efficaciousness, since this follows not the matter but the medicinal force carried by it, and depends upon the necessary proportionality of the remedy to the life-force, which again depends upon the symptom-similarity of the remedy, and the sensitivity of the life-force. Should chemistry be held responsible for it, however, then it militates against the Hahnemannian doctrine and is a *confusio idearum*. This indeed means to allow to the spirit of party too much play-room, with which the high-potentialists have nothing whatever to do. They alone stand upon the firm ground of the Hahnemannian homœopathics which we recognize and acknowledge in the first part of *The Organon*. To our knowledge Hahnemann has not yet been abolished by the enemies of high-potencies, though they have kept nothing from his doctrine than the symptom-



similarity, and even this stronghold is curtailed and called in question and discredited if it finds its application in the high-potency question.

Then they doubt their own observations, and, according to the adage: "*Was ich denk und thu, trau ich andern zu*" (what I think and do, I do think of others too) also those of others. Then they betray by their provings with nothing as they expect milk-sugar to be, the provers and themselves and explain the phenomena and symptoms in others not proved by them, by suggestion, credulity, of both prover and observer and general skeptics which they think to escape by throwing themselves in the arms of physics and chemistry and even mathematics, in departments of science of which they themselves confess not to be experts, from which though they expect the salvation for homœopathic posology. These "*Wühlhubers*" (revolutionaries) in Homœopathy in their rage, hurry to the hostile camp, and the "*anders werden*" (becoming otherwise) relates only to the emasculation of the homœopathic body in order to make it acceptable to general medicine—*i. e.*, to the allopathy or physico-chemical school of medicine. What can the molecular theory have to do with the homœopathic healing art and science? Nothing. They are two quite different fields which the two schools, the homœopathic and the physico-chemical, are cultivating. The one should not be mixed with the other. The homœopaths should not forsake the Hahnemannian doctrine which makes potentiation complementary to the symptom-similarity. If one reads the tirades of these impartial advocates for and against, and what these outspoken opponents of potentiation put in the mouths of high potentialists, one should think they would understand that matter in all its bearings. But not at all. They confess themselves, without blushing, that practically they know nothing about it, as the American teachers at the American colleges did, who—22 of 28—declared publicly in the session of the American Institute last year that they teach nothing about high potencies because they know nothing about them, and do not know the laws according to which they are to be administered. Among

these were not even the great lights of this institution, who wisely let their light shine in the background. And in Germany it is not different also, with very few most honorable exceptions. After all the learned disquisitions they arrive at the same conclusion, and even go further, to get the whole high potency question, *par ordre du mufti*, out of the world. Oh! the Pharisees and Scribes who strain at the gnats and swallow camels!

“Microdosists, or where is the limit?” So asks the philosopher of the American Institute. How wonderful! After having placed the boundary-post at the 12th centesimal, he asks the microdosists—for of the others he can naturally not expect an answer—where is the limit? The limit of what? Of the matter? That limit he himself already has settled with the aid of the greatest mathematicians of our times. Has he, as the advocate for and against (p. 275) apprehended, sawn off the branch upon which he was sitting, and suffered therefrom an unkind fall? The homœopathic argument, which he had neglected by shifting the question upon a strange field, that of the physico-chemical school, has made him forget that the branch is connected with the tree. When this tree grows, how can he predict where the limit of its growth will be? The trees certainly do not grow into the heaven, they have quite a distinct limit. Such is also the case with the matter, the limit of which has not yet been found in spite of all calculations and theories. And so it is also with the limit of the medicinal force, the limit of which we still seek, for in the 13,000,000th potency of Lachesis the action of this remedy is still distinctly recognizable. Some opine that there is no such limit, but I cannot admit this as long as the experiment shows action. My opinion is that there is such a limit, and that we must potentiate till no more action can be discerned. The philosopher, following the experience of the physico-chemical school, has stopped at the 12th centesimal. Of that, what lies beyond this limit, he is not entitled to judge if he has not made the experiment. His doubt and refutation, then, has no value, and cannot stop the continued development of homœopathics in this direction. The adversaries forget or

neglect that the similitude is just as well necessary for the dose as for the symptoms. The dose must be similar to the reaction of the organism or its life-force. Everywhere where Hahnemann speaks of symptom-similitude he makes the least possible dose the condition of a successful result. The high potencies confirm the Hahnemannian doctrine. This cannot "*anders werden*" (change).

We will now look a little nearer at the wisdom of the advocate for and against high potencies (p. 276):

"The materiality of the high potencies is still unproved." Naturally it will remain so in all eternity, because a potency is only a force which is carried by the inert material vehicle, but not matter itself.

"Force without matter exists nowhere in nature." Of course not, because the force needs matter as a supporting vehicle, the mechanical force as well as the physical and chemical, and besides also the medicinal force.

"The medicinal force is dependent exclusively upon the chemical constitution of the medicinal body, it is ingrown in it." This assertion is denied by the potentiation and disproved by the action of the high potencies on the healthy and sick, according to the homœopathic argument. Behold here the physico-chemical foundation of this so-called Homœopathy! Hahnemann has already in his lifetime condemned it relentlessly as the origin of the pernicious mingling sect. The high potencies have justified his teaching gloriously, and hiding under the wings of the science which at the present time is carried on by the materialists, cannot make it otherwise.

"This medicinal force cannot be separated from the medicinal body nor transferred upon other bodies." This is a mere opinion contradicted by every fact before our eyes. For forces are constantly transferred from one body to another, as well in mechanics as in physics and chemistry. That forces can also be separated from medicinal substances and transferred upon other inert substances in Homœopathy Hahnemann has already taught us, and already the few potencies up to the 12th potency, which these gentlemen on the other side acknowledge,

prove the correctness of his observation. For nowhere have they shown that it was the chemical force of the last Mohican of a molecule in this potency which effected a proving or cure. The chemical force, is, of course, only that force which by the affinity of the matters effects their separation or combination, processes which again proceed by a transference of forces. However, the *modus operandi* of low potencies, even of the 30th centesimal, which they acknowledge has nowhere and never been tried by these homœopathic materialists, except by that bastard of Homœopathy—the Schüssler method, and by the efforts of Grauvogl. How do they explain the chemical action of even that notorious 12th centesimal potency in which possibly still a (calculated) molecule of the original substance may linger? This, these chemical philosophers must explain and demonstrate clearly, before they dare to throw the high potencies overboard.

“The observation of successful healing after homœopathic therapeutic doses cannot admit a safe conclusion backward upon the previously-used remedy as cause.” This sentence is utterly false. If according to this assertion other experiments in physics and chemistry are to be judged of, they would be of just as little value as the therapeutic successes are said to be. The examination of a body by the chemist can certainly teach only by the result (the chemical success) what it is. The advocate says (p. 269): “an empirical fact is no proof.” How can that be? The success is a fact and a fact furnishes always a proof. This the advocate proves himself. Since he has not to show any successful healing after therapeutic doses of high potencies, he doubts that others like him could not have had such successes, and this doubt again is just as little a proof, since it is founded upon no fact. The abuse with the “*post hoc ergo, propter hoc*” comes again here likewise to the fore, and yet we don’t know anything *propter hoc*, when we have not experienced it *post hoc*. Or will the advocate not acknowledge the supreme value of the experiment, because it tries to find out what previously was unknown? There is no surer proof than the homœopathic argument based upon empirical facts, in order

to admit the conclusion backward from the action of a remedy, high or low potency, upon the organism, a proof which of course must have also scientific validity, for the science is, it is to be hoped, not an exception to the common logic? Of many remedies, we know through the provings of Hahnemann on the healthy, that they have ever-recurring, distinctly-recognizable symptoms. If these symptoms occur in the sick, they will disappear after the administration of the similar remedy. This is the only art-cure that may exist which at the same time satisfies the scientific requirement if, provided that the experiment was pure.

With artificial, self-made difficulties as the advocate creates in order to discredit such results, nothing can be gained. A good homœopathic physician knows well to discriminate between art-cure and cure by nature. But with the expression art-cure also frequently an improper meaning is connected, inasmuch as it is understood by this term that the cure has been effected homœopathically, according to the allopathic rules. After all, all art-cures are but cures of nature, and since THESE fulfill the desired purpose, to restore health, they are worth just as much as the art-cures, which have been effected at the expenditure of an enormous pathological erudition. Works of art are not created according to the prescribed rules and laws of science, but they originate out of the spirit of the artist, poet, sculptor, painter. It is just the same with the healing artist. If the materia medica were perfect and easy of access, every one would be enabled to see at a glance how art and science united in the production of the success gained empirically or by art. The greatest scholars have not always at the same time been the greatest artists.

This conclusion backward from the high-potency to the constitution of matter is of the highest importance. For through it the Hahnemannian potentiation, of which the high-potencies are only the necessary consequence, has become a philosophical instrument, which finds its application and use in all departments of knowledge. Hahnemann was far ahead of his time, and, though misunderstood, even by many of his adherents, still

reaches far into the coming centuries. How long shall it last, till the medical profession accepts the conception of things as Hahnemann represents, and makes it the motive of its medical action, if active and intelligent members in our own ranks do not shrink from the impudence to extend their clinched fist to the progress, and to force it to be content with the satisfactory results which this Hahnemannian conception vouchsafes in thought and action. May these adversaries try ever so much to calumniate the cause of high potencies, to abuse and ridicule it, they will never succeed to kill it. It is too late for that. Majorities and despotic power can indeed retard the progress of the spirit for a time, but the truth breaks through the restraint again victoriously, because it passes from spirit to spirit, according to the eternal law of transference of force.

*Ceterum censeo macradosiam esse delendam.*

B. FINCKE, M. D.

BROOKLYN, N. Y., September 29th, 1895.

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## A CURIOUS VARIETY OF GRIPPE.

FREDERIC PRESTON, M. D., CHESTER, PA.

(Translated from *La Semaine Medicale* of December 16th, 1896.)

A disease, the nature of which remains undetermined, but which, from descriptions given, presents more or less the symptoms of a nervous grippe of an unusual nature, is epidemic in the little village of Aransa (province of Lérida), Spain, situate on the southern slope of the Eastern Pyrenees, near the Valley of Andora, at 1,500 meters above sea level, in a very salubrious climate.

The epidemic appeared in June last, and within four days 100 of the 300 inhabitants of the village were attacked.

The principal symptoms of the affection are extreme restlessness and piercing pains at the epigastrium, prostration, and sleeplessness. Temperature, respiratory and digestive organs remain normal. Relapse very frequent. During a certain time adults only were attacked; but since August infants also became

victims; the disease presenting symptoms resembling tetanus and meningitis, and resulting, frequently, fatally. During this time the virulence of attacks was somewhat diminished in adult cases, some persons being completely re-established in health, while others still continued to show the symptoms in milder form. During the month of August there was a recrudescence of the disease, and the affection took on a graver character. *Cases of sudden death were noted when the victim was tranquilly conversing, or pursuing his ordinary occupation, or even during sleep.* Others were seized with violent convulsions, followed by hemiplegia, and succumbed after a long and painful illness.

All the means employed against this bizarre affection were powerless, with the exception of change of residence. It is only necessary to quit the village, and inhabit a neighboring locality, to be rapidly cured. But on returning to the contaminated village the illness returns at once.

The medical inquest instituted to establish the nature of the infection, has given no results, except it be to establish the fact that the disease is *not* propagated even in the immediate neighborhood, and that the subjects removed from Aransa were cured, only to relapse when returning to the village.

It may be added that at this date (December 16th) the disease has no tendency to abate, notwithstanding a considerable fall of temperature.

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## THE BUBONIC PLAGUE.

Recent dispatches from London say that two cases of the bubonic plague have developed there—the same disease which since 1894 has been ravaging certain parts of China, says the *New York World*. This is only another reminder to us here in America that these Eastern epidemics only too frequently girdle the earth before they have run their course, as did la grippe, which first was heard from in an alarming form in distant Russia, but which soon reached over our shores with the disastrous results which are still so fresh in mind.

We are exposed on two sides to invasion by the bubonic plague, which is nothing more nor less than the "black death," which in 1665 killed 100,000 Englishmen and produced the London horrors De Foe so graphically describes. It may reach us by the Golden Gate from China and it may come by any one of our Atlantic ports should the disease really become rooted in Europe. Already two cases of it have occurred on one of the Pacific Mail steamers on the way from China to San Francisco. Two Chinese stokers were stricken and died of the disease shortly after the vessel sailed, and both were buried at sea.

It is said on good authority that the bubonic plague has been more or less prevalent in certain parts of China ever since the seventeenth century, when it gained such terrific headway that it swept all Europe and nearly depopulated Marseilles, to say nothing of the De Foe horrors it wrought in London. The disease took pestilential form in Canton about two years ago. There is a wide, open ditch about a portion of the city into which all the refuse and exuvia of the swarming population is emptied. It is the placid Chinese theory that the tide washes the festering mass away. The tide does nothing of the kind, and the filth remains there in the blistering sun to the depth of two or three feet, a breeding place for myriads of rats and other foul vermin.

It is a curious fact that in all violent outbreaks of the bubonic plague rats seemed first to be seized with it, and their death in great numbers always preceded by a few days corresponding ravages among human beings. The rats swarming out of the extra-mural ditch about Canton and dying by thousands was the first warning that the Chinamen had that an epidemic of the disease was upon them. They burned red paper, tried to fool the gods by changing the date of the new year, and died by the thousand convinced that they had taken all the sanitary precautions within the power of man.

From China the disease got to Formosa and the Malay Peninsula. The Japanese, with their modern learning and freedom from the idiotic superstitions which afflict the besotted Chinamen, made a strong and intelligent fight against the deadly



invader and kept him comparatively at bay. But the disease crept into India, and among certain groups of the natives there has spread with frightful rapidity. A press dispatch from Bombay last week reported 2,094 cases and 1,494 deaths up to date. Europeans and such natives as were able to get away were leaving the city by thousands. The newspapers were threatening martial law unless the natives obeyed the sanitary regulations.

In India, as in China, the advent of the plague was heralded by an epidemic among rats, which were found dead by the hundreds in and about the native dwellings. In some instances rats, evidently suffering from the disease, swarmed, swollen and dying, into rooms where were human beings. They reeled and staggered and wandered aimlessly about as though in the same delirium which marks a certain stage of the disease in man.

A feature of the disease is the suddenness of attack and the awful rapidity with which one stage follows another until death ensues. The first symptom is usually a chill, as in ague. Then follows an acute nervousness and mental disturbance, with a fever that sends the temperature up from 100 to 107. The patient staggers like a drunken man. Headache, a burning thirst and intense pain in the upper part of the abdomen follow.

A sticky perspiration exudes from the pores, and then follows the glandular swellings from which the disease takes its name.

These last occur in the groin or neck, or, very frequently, under the armpits. The swelling is oval and egg-like in shape, and the more of them there are the less dangerous is the attack. Sudden, stab-like pains shoot through the body, and this gave rise to the superstition among the Turks that the man with the plague is wounded by the arrow of an invisible devil.

Dark spots—whence comes the name of the “black death”—appear on the skin of the victim just before dissolution. These spots were called “the token,” and their appearance was the signal of abandonment of all hope in the Middle Ages, and the

victim was then and there scared to death by being told that all was over.

An eminent Japanese bacteriologist, Prof. Kita-Soto, who studied in Europe under Koch, has discovered the microbe of the "black death," and his discovery was confirmed by Prof. Gersin, formerly attached to the Pasteur Laboratory in Paris. The bacillus is short, thick, easy of culture, and when inoculated on guinea pigs, kills them in twenty-four hours. Specimens of bacilli-infected glandular swellings taken from victims of the disease, have been forwarded to Paris, and it is hoped a vaccine may be obtained that will prove efficacious.—*The Public Health Journal, January, 1897.*

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

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, Friday evening, July 3d, 1896.

Members present: Drs. J. M. Selfridge, A. McNeil, M. T. Wilson, G. J. Augur, W. E. Ledyard, C. M. Selfridge, M. F. Underwood, and George H. Martin.

The meeting was called to order at 8.30 o'clock by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and after corrections by Drs. J. M. Selfridge and Augur, were approved.

Dr. McNeil presented an amendment to the Constitution providing for senior and junior membership. On motion of Dr. Martin, seconded by Dr. Wilson, the amendment was unanimously adopted.

Dr. J. M. Selfridge commenced the reading of *The Organon*, at Section 160.

Dr. Augur—A young man from Stanford University came to me some time ago suffering with a skin disease which he had contracted from sleeping in a bed that had been occupied by another young man with the same disease. My patient had been suffering a month or two with the trouble. I gave him

one dose of *Sulphur*<sup>200</sup>. Two weeks later I received a letter from him stating that he was much worse ; that the itching was driving him crazy ; the skin was peeling off in layers, fine, white, powdery scales, the tissues underneath being red, raw, and angry, particularly around the scrotum. I sent him one dose of *Psorinum*<sup>50,000</sup>. He received benefit very soon, and in ten days was cured.

Sections 161-168.

Dr. McNeil—The fact that in the course of six, eight or ten days after the administration of the medicine in chronic diseases an aggravation occasionally occurs, shows the importance of not repeating the dose too frequently. We should give one or two doses and then wait for the action. It is striking to see here how Hahnemann with the few remedies he had could do such good work. We have had many more remedies without doing much more than he did with the few. I confess that I have never been able to cure in the manner which he delineates here.

Sections 169-171.

#### DISCUSSION.

Dr. McNeil—The habit of alternating remedies is utterly without excuse.

Dr. Augur—It frequently happens that we might have to use two or three remedies, but not in the manner that we understand as alternation.

Dr. McNeil—There is one point that should be remembered when changing from one remedy to another, and that is whether the second remedy will follow the first one well or not. We have inimical and complementary remedies, and this fact should not be forgotten when giving the second remedy.

Dr. J. M. Selfridge—The second remedy should not be given simply because it will follow the first one well, but a new picture of the case must be taken which must correspond to the characteristic symptoms of the new remedy.

Dr. McNeil—An article written by Bœnninghausen, I translated for the International Hahnemannian Association in 1893,

in which he lays it down as a general rule that a drug should never follow itself. In cases where the drug has *relieved*, without *removing* any of the symptoms, the drug should be repeated.

Dr. J. M. Selfridge—Do we understand that if you are treating a chronic disease, and the patient is relieved, that you are not to repeat the dose?

Dr. McNeil—We would repeat the dose if the symptoms all remained, but were somewhat relieved. If the drug entirely removes any of the symptoms, a new picture is presented which calls for a new drug.

Dr. Ledyard—This strikes me as being remarkably important. If one or more symptoms are cured, the picture of the case cannot be as it was at first.

Dr. Underwood—The testimony of modern homœopaths would hardly bear out this statement of Bœnninghausen's. I will relate a case for illustration: A case of mine in which *Sulphur* was the remedy. I gave one dose, and in a week every symptom had disappeared, but other symptoms came up. I checked the case up and found no drug to finish the cure. I looked up *Sulphur*, and it completely covered the case again. I did this a third time, gave *Sulphur* and cured.

Dr. McNeil—In Indiana, during the winters of 1873 and 1874, the epidemic remedy was *Mercurius*. In every acute disease the patient was sweating, a warm, profuse sweat. In one case of pneumonia the patient was literally steaming. I gave *Mercurius* and cured. The next winter *Mercurius* was the epidemic remedy again, but the patients were not sweating. The salivary glands seemed to be more in action this winter. In looking up a case for a new remedy and we find that the old remedy still covers it, it should be given.

Dr. Augur—If a symptom disappears while giving the first remedy may it not come back again? A young lady patient of mine had suffered with indigestion for years. I gave her *Pulsatilla* at intervals of six weeks for three months. At times she would be absolutely free from symptoms, and then they would return again. I think if I had changed the remedy

in this case I would not have had the good results that I did have.

The meeting was then declared adjourned, to meet again the third Friday in July at Dr. Martin's office, when the reading of *The Organon* would be commenced at Section 172.

W. E. LEDYARD, B. A., M. B., etc.,  
Secretary.

Reported by Eleanor F. Martin, M. D.

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

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, Friday evening, August 21st, 1896.

Members present: Drs. J. M. Selfridge, W. E. Ledyard, A. McNeil, C. M. Selfridge, M. T. Wilson, M. F. Underwood, George H. Martin. Visitors: Drs. C. V. C. Scott and Caroline L. Guild.

The meeting was called to order at 8.15 by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and after corrections by Drs. J. M. Selfridge and McNeil, were approved.

The question of admitting women as members was postponed until the next meeting.

Dr. J. M. Selfridge commenced the reading of *The Organon* at Section 182 continued to 185.

#### DISCUSSION.

Dr. Ledyard—I should like to ask if any of the physicians here have had any experience in antidoting by potentizing the crude drug that was used internally or locally, or both internally and locally, and giving it internally?

Dr. Martin—I have had a good deal of experience in syphilitic cases where Iodide of Potassium and Mercury were used. When large doses of these drugs were used I have given them in small doses internally, and have had good results.

Section 186.

## DISCUSSION.

Dr. Ledyard—In regard to local treatment in eye troubles. Several cases I have lately seen, seem to impress me with the fact, that in one case, cataract in both eyes resulted from local treatment. In two cases, opacity of the cornea was apparently produced in the same way. One case of granular lids which were cauterized by an oculist, has had opacity of the cornea every since. I know of another case in which, two weeks after an injury to the right eye, the eye-ball was enucleated and an opacity subsequently appeared on the left cornea after local treatment.

Dr. J. M. Selfridge—I have not a doubt but that local applications to the eyes are injurious. I have known Nitrate of Silver used, strong, to remove granulations of the lids. I have also had cases in which no treatment had been used at all, and yet there were opacities of the cornea.

Dr. Ledyard—I mean to suggest that this may be one of the causes of opacity of the cornea. There are medicines which produce this condition, such as *Argentum-nitricum*, *Calcarea-ostrearum*, *Atropine*, etc.

Dr. C. M. Selfridge—Would you not give *Arnica* for injury to the eyes?

Dr. Ledyard—Yes, if the symptoms called for it.

Dr. Wilson—Would you use the remedy locally?

Dr. Ledyard—It would not be necessary to use it locally.

Dr. C. M. Selfridge—I met an old Indian who had been struck in the eye by the tail of a fish, resulting in opacity of the cornea. He had *Arnica* symptoms and I gave him six or eight powders of *Arnica*<sup>200</sup>, three a day. His sight returned in a week.

Dr. McNeil—I had an epileptic, thirty years of age. At twenty years of age he had, what he termed, "sore eyes." The eyes got better after considerable local treatment. He then had an epileptic fit every four weeks, then closer and closer together, until he had them several times a day. Nature or the vital force had manifested the trouble at the eyes. This mani-

festation was suppressed by the local treatment and went to the brain. Such cases are not very rare.

Dr. Martin—I knew of a family of three children with eczema capitis. Two of the children were treated locally by allopathic physicians, and they both died in convulsions. I treated the third one. It was the worst case of eczema capitis I have ever seen. The little one is now a healthy child. I believe the first two children died from the “skin phase” of the disease being suppressed.

Dr. J. M. Selfridge—I had a similar case in which tar ointment was used. The child became drowsy and showed symptoms which frightened the mother. She washed the ointment off and brought the child to me and I cured it.

The meeting was then declared adjourned until the first Friday in September, when the meeting would be held at Dr. Martin’s office, commencing *The Organon* at Section 187.

W. E. LEDYARD, B. A., M. B., etc.,

*Secretary.*

Reported by Eleanor F. Martin, M. D.

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

The regular semi-monthly meeting was held at the office of Drs. J. M. & C. M. Selfridge, 1068 Broadway, Oakland, Friday evening, September 18th, 1896.

The meeting was called to order by the President at 8 P. M.

Members present: Drs. J. M. Selfridge, G. J. Augur, M. F. Underwood, M. T. Wilson, W. E. Ledyard, and, as a guest, Mr. J. E. Huffman.

The minutes of the previous meeting were read, corrected, and approved.

Sections 187, 188, and 189 of *The Organon* were read and discussed as follows:

Dr. Underwood alluded to a case in which the menses had been suppressed for forty years. He wished to know if they

were likely to return. During these years, after enjoying perfect health for thirty-seven years, for the last three years she has had rheumatism of a very painful character. He considered that if the menses returned the rheumatism would be cured.

Dr. Ledward mentioned a case of asthma following the suppression of itch with German (or green) soap. The soap was applied when the patient, a girl, was in her "teens;" the itch disappeared, its disappearance being followed by asthma, which, after years of treatment, continues on and off in a very modified form.

Dr. J. M. Selfridge reported the case of a lady, who, after sitting on the wet grass, had chills every other day. This was followed by heat and sweat, with thirst during all stages.

Quinine<sup>200</sup> was given, during two or three attacks, with no apparent effect.

Then one drop of  $\Theta$  in one-half a glass of water, a dose every two hours.

Then had a chill every day, alternately early and late. Gave Natrum-mur.<sup>200</sup> in morning after perspiration. Chills then came later. Then called Dr. McNeil, who suggested Pulsatilla, which failed to relieve.

On restudying the case he concluded Natrum-mur. to be the remedy, which was given in the CM potency, and still no relief.

Then it was noticed that there was a profuse sweat from the waist up. Calc-c.<sup>200</sup> was given, two doses, one hour apart.

The afternoon chill then disappeared.

On account of the sour sweat on the head Silicea<sup>200</sup> was given. This simply deferred the chill.

A return to Calc-c.<sup>200</sup> was followed by a cure.

On motion the Club adjourned, to meet again on the first Friday in October, at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco.

W. E. LEDYARD, B. A., M. B.,

*Secretary.*



## NEW YORK HOMŒOPATHIC UNION.

EDITOR HOMŒOPATHIC PHYSICIAN :—Owing to the illness of our Secretary it will be impossible to furnish a complete report of the regular monthly meeting of the New York Homœopathic Union, which was held on the 21st instant. One hour was devoted to consideration of Hahnemann's *Chronic Diseases* (pp. 184 *et seq.* Hempel).

In contrast with the old method of treating mixed psora and syphilis with Guaiacum followed by Sarsaparilla, followed by Mezereum, Dr. Finch spoke of the sequence often seen in homœopathic practice, namely : Sulph., Calc., Lyc., or Sulph., Sarsap., Sepia. Many cases then require a dose of Mercury.

Dr. Young—Swan's degree of strength marked M (of any remedy), does not act after Bœricke & Tafel's 200th centesimal has been exhausted.

Dr. Powel—After a higher potency of one maker's scale has ceased to act, a lower potency of another maker's scale may act.

According to recent custom the next hour was spent upon clinical reports and discussions. Dr. Vondergoltz being prepared with manuscript, read the following cases :

CASE No. 479.—Miss J. G., twenty-six years old. Menses with thirteen and a half years ; regular for three days up to sixteenth year. Since then patient is suffering.

August 22d, 1896.—Metrorrhagia for ten years. Blood clotted ; when lessened thin, copious leucorrhœa, Thuja ; metrorrhagia was stopped till August 26th. Sac-lact.

September 12th.—Patient has a black, fœtid hemorrhage every second day ; felt miserably ; unnatural hunger. Phosphorus.

September 24th.—Feels as if everything would fall out ; bleeding. Sec-cor.

October 3d.—Patient feels well. S-l.

October 10th.—Only one show of blood ; feels well. S-l.

October 17th.—Some drops of blood on the diaper. China.

October 24th.—Piercing pains in the left ovarian region ; stitching down the leg ; very depressed. Chamomilla.

October 31st.—Nausea. Ipec.

November 7th.—Sabina symptoms.

November 13th.—Much better. Sac-lact.

December 4th.—Crocus symptoms.

January 7th, 1897.—Patient was perfectly free from metrorrhagia for the whole month ; no pain ; feels cured. Patient ordered to return to office as soon as a single drop of blood will be noticed. (January 21st, 1897.)

[Patient told that she was treated and operated for her continuous metrorrhagia by Dr. Hanks at the Women's Hospital, where she stayed for nine weeks ; was further operated by Dr. Florian Krug, at the German Hospital, and further was operated twice at Mount Sinai by Dr. Brettschaur, and then treated privately for three months by Dr. Brettschaur, etc.]

As I made the examination I was decided, if my treatment (as fully expected by me) would fail, to perform the vaginal hysterectomy as last resort.

*The Physical Examination revealed the following:* Uterus in retroflexion, small ; cavity four inches deep, movable ; endometrium soft, seems to be granular. The endometrium bleeds from the least touch. Cervix is patulous, open ; so that with a reflector I can see far up to the flexion.

*Re-examination*, September 24th.—Uterus in retroflexion, os cervicis closed, consistency of organ harder, endometrium harder.

*Re-examination*, October 24th.—Uterus is easily brought in ante flexion in knee-chest posture, by air pressure from open vagina, uterine cavity three inches deep.

*Re-examination*, January 7th, 1897.—Uterus in ante flexion,  $2\frac{1}{2}$  inches deep, not sensitive to touch, perimetria free.

January 7th.—Patient discharged cured, so far from hemorrhage of the uterus for ten years. For the longest time free from hemorrhage all the time was eight days.

*Physical Examination of the whole organism:* Patient is built in a strong bone frame ; muscles are weak and anæmic ; skin of the whole body looks yellow. The type of the whole

appearance is masculine, especially the face and chest. The breasts less developed than in any male; arms and legs are comparatively well-developed; heart, lungs, and all other organs in good order.

*Obstetrical Record*, CASE No. 476.—Mrs. St., forty-six years old, fourteenth pregnancy expected August 14th to 18th, 1896. I was called August 15th, 5 P. M., on account of beginning bleeding. As I examined patient I found cervix closed, but soft; foetus in transverse position. As patient was in bad temper, anguish, restless, etc., I gave Chamomilla<sup>30</sup>. As I called at 8 P. M., patient was quiet, bleeding was stopped, no labor-pains.

Eleven P. M.—I was hurriedly called, a hemorrhage had suddenly begun. As I came, patient was nearly exhausted; cold, moist face, etc. I sent immediately for Dr. S. to give Chloroform, as I saw that the woman must be delivered immediately.

As soon as Dr. S. came and the patient was under the narcosis, she was put in transverse position for version of the foetus with extraction. After having cleaned and sterilized the vagina as quickly as possible, I examined preparatory. The cervix, still closed, was gradually dilated. I forced my hand up, and found as cause of the arterial bleeding the insertion of the placenta in the inner os cervicis. The velamina of the foetus were unruptured; as I ruptured these a gush of water and blood burst forth. I grabbed now for the feet, and after having both well down and versed the foetus, I extracted the child. I then loosened the placenta, and removed it, together with the water-bag. As the bleeding did not stop, I examined with hand and curette, and found that the outer layer of the water-bag was in toto retained. After having loosened it I was able to produce this velamen as an entirety, the uterine cavity fitting cast. Immediately the hemorrhage stopped. The weak and anæmic patient was now dressed and cleaned, and so finally got the desired rest. I left her with one dose Arnica at 3 A. M.

August 16th, 9 A. M.—Patient comparatively well.

August 17th—Patient shows symptoms of loss of blood—China.

August 18th to 20th—Patient improves gradually.

August 21st—Patient feels really well for the first time.

August 22d—Patient got up for the first time.

August 29th—Well. Discharged.

Dr. Clark had a case of menorrhagia, which he treated with a number of remedies, prescribing according to the character of the flow. At length he found these constitutional symptoms: cold flesh, but patient could not bear to be covered. *Secale*<sup>200</sup> in water, every hour, soon stopped the blood, but nausea ensued. Next month the same. He then gave a dose of *Secale*<sup>1000</sup>, and all symptoms were soon cured.

Dr. Baylies mentioned a case of miscarriage, having a black, stringy discharge. *Crocus*<sup>40m</sup> ameliorated but did not cure. The same with a higher degree of strength. The patient had damp, cold feet, and could sleep better with them out of bed. Sulphur did not relieve. Neither did *Secale*. Then *Crocus*<sup>em</sup> ameliorated. Physical examination had been refused. This the doctor now insisted upon (at the end of thirty-one days). Detritus was removed mechanically. Three days later, a flow of bright blood came on. At the same time he noticed fidgetty feet. A dose of Zinc cured all symptoms.

Dr. Young thought that the homœopathic physician should rely upon carefully applied materia medica.

Drs. Clark, Finch, Powel, Carleton, and others joined in the discussion. It then being ten o'clock, Dr. Vondergoltz was called upon to close the debate, in the course of which he remarked that there is nothing new under the sun. An old German book has recently come to light, in which the position now accorded to Trendelenberg is recommended.

Other clinical reports were necessarily postponed to next meeting.

Adjourned.

Yours truly,

EDMUND CARLETON.

62 West Forty-ninth Street, New York,  
January 23d, 1897.

## BOOK NOTICES.

THE ARENA for February, 1897, will have the following table of contents :

"The New Education," Hon. W. T. Harris, LL. D., U. S. Commissioner of Education; "Art for Truth's Sake in the Drama," James A. Herne; "The Civic Church," Paul Tyner; "Recompense:" a Poem, Charles G. Miller; "Our Arid Lands," Judge J. S. Emery, National Irrigation Commissioner; "Emerson's 'Sphinx,'" Charles Malloy; "The Telegraph Monopoly:" Part XII, Prof. Frank Parsons; "Giosue Carducci," Mary Sifton Pepper; "Pneumatology, Science of Spirit," Lucy S. Crandall; "The Problem of the Novel," Annie Nathan Meyer; "Should Hawaii be Annexed?" John R. Musick; "William Morris:" a Sonnet, O. E. Olin; "The Effects of Nicotine," Prof. Jay W. Seaver, A. M., M. D., Yale University; "The National Council of Women," Mary Lowe Dickinson, President National Council of Women; "A Court of Medicine and Surgery;" a Symposium, Henry O. Marcy, A. M., M. D., LL. D.; Hon. Elroy M. Avery, Ph. D., LL. D.; Edward M. Grout; Thaddeus B. Wakeman; Landon Carter Gray, M. D., and others; "On the Threshold: A Psychic Experience," Genevieve Thorndike Clark; Book Reviews: "Life Work of Thomas L. Nugent," "An American Idyll;" "The Duke and the Humanitarian;" "Deborah, the Advanced Woman;" "Life's Gateways."

The Arena Publishing Company, Copley Square, Boston, Mass. \$3.00 a year. Single copies, 25 cents.

THE INTERNATIONAL MEDICAL ANNUAL, for 1897. A complete work of reference for medical practitioners. The conjoint authorship of forty-one distinguished American, British, and Continental authorities. Has the largest circulation of any medical periodical (not a newspaper) published. E. B. Treat, Publisher, 5 Cooper Union, New York. The Publisher says of it :

"We feel some pride in asserting that no medical work of such a widely international character has been previously issued by the medical press in any country, which offers so much at so small a price. The kind reception and success accorded to the *Annual*, the largeness of which alone, has rendered it possible for us to spare no expense in its production; while the editorial staff have devoted a large amount of time and labor in so condensing the literary matter as to confine the volume within a reasonable size without omitting facts of practical importance.

"We bespeak the continued patronage of the profession that we may thus still further extend the *Annual's* circulation and usefulness."

## THE AMERICAN ANTIQUARIAN AND ORIENTAL JOURNAL.

Address Stephen D. Peet, Editor, 175 Wabash Avenue, Chicago, Ill., or Good Hope, Ill.

THE AMERICAN ANTIQUARIAN AND ORIENTAL JOURNAL begun its XIXth Volume in January, 1897. The volume will contain, among other things, a series of articles on the Ancient Cities of Central America, by Dr. Maler, the distinguished archæologist of Germany; also a series of articles on the Cliff Dwellings of Arizona and New Mexico, both fully illustrated. Dr. Cyrus Thomas will continue his articles on Indian Migrations. Notes on recent discoveries in Egypt, by Dr. Wm. C. Winslow, D. D., of Boston; and on the Holy Land, by Prof. T. F. Wright, of Cambridge; on European Archæology, by Dr. D. G. Brinton.

It is the design of this magazine to furnish information on archæology in all lands, so that it will be especially useful to those who take only one archæological journal. \$4.00 per year.

AUTOSCOPY OF THE LARYNX AND THE TRACHEA. (Direct examination without mirror.) By Alfred Kirstein, M. D., Berlin. Authorized translation (altered, enlarged, and revised by the author) by Max Thorner, A. M., M. D., Cincinnati, Ohio, Professor of Clinical Laryngology and Otology, Cincinnati College of Medicine and Surgery; Laryngologist and Aurist, Cincinnati Hospital, etc. With twelve illustrations. One volume, crown octavo, pages xi-68. Extra cloth, 75 cents, net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 West Forty-second Street, New York; 9 Lakeside Building, Chicago.

This interesting little monograph describes an improved method of examining the larynx without the use of a mirror. All physicians naturally take for granted that it is absolutely necessary to use a mirror in examinations of the throat because of the evident fact that the light must turn an angle in coming to the eye.

The author of this book shows that this general opinion is not strictly true. He describes the method of placing the body and depressing the tongue so that a straight line is formed from the vocal cords to the observer's eye, and then with a small incandescent electric lamp of about the size of a pea and having a half-candle power, a sufficient illumination is produced to enable the operator to look directly at the vocal cords and into the larynx even as far down as the sixth ring, and that too without the inversion and consequent confusion of viewing the image in a mirror.

The method of accomplishing this admirable result is told with great clearness and detail in this little book, and thus it is an indispensable adjunct to

the library of every physician who contemplates accurate examination of the larynx. It is even possible, with this apparatus, to photograph the larynx; and this would be valuable as a record for the practical laryngologist.

**THERAPEUTICS OF THE EYE.** By Chas. C. Boyle, M. D., O. et A. Chir. Surgeon to the New York Ophthalmic Hospital; Professor of Ophthalmic and Aural Therapeutics in the College of the N. Y. Ophthalmic Hospital, etc., etc. Published by Boericke, Runyon & Ernesty, 497 Fifth Avenue, N. Y. Mailed upon receipt of price: Cloth binding \$3.50 net; half morocco \$4.50 net.

This book is cordially recommended to the homœopathic profession for its treatment of eye diseases from the homœopathic standpoint.

It is very different from the usual productions of this kind claiming to teach the principles of the new school.

It is strictly homœopathic, and gives the leading indications of the best remedies for eye troubles with great clearness.

It is divided into three parts. The first part gives the pathogenesis of the remedies each under its own name.

The second part, called "Applied Therapeutics," gives the leading indications of the most important remedies under the name of the anatomical part and function. Thus we have chapters on the conjunctiva, the cornea, the iris and ciliary body, the retina and optic nerve, the vitreous body, the lens, the sclera, the lids, and the lachrymal apparatus. Then we have indications for disturbances of vision, for glaucoma, for disturbances of the action of the muscles, and for pain. Asthenopia is treated of in the giving of indications for remedies very copiously.

The third part contains a repertorial index which is at once a repertory to the remedies and an index to the book. This index is very good, yet it is lacking in one thing, and that is a system of cross references. Thus under the letter "D" we have "dim vision," and the indications here are very full. Then under "Vision" we have a sub-division "dim" which is very scant. Here there should be a cross reference to "Dim Vision," that the reader might instantly get all there is in the book on this point. Such cross references which we have noticed the need of in one or two places, would add greatly to the value of the book. The printing is very handsome and in approved homœopathic style.

This style is now regarded as indispensable to homœopathic text-books that are expected to be of daily use to the active practitioner.

The volume contains 404 pages, of which the pathogenesis of the remedies occupies 150 pages. The "Applied Therapeutics" includes 164 pages, and the repertory the remaining 80 pages. Surgical treatment is not considered, and need not be, as that can be found in so many other books which neglect purely medicinal treatment.

## NOTES AND NOTICES.

### HAHNEMANN.

Brave Hahnemann! Around thy lustrous name  
A halo clings. Great healer of mankind,  
Traduced by bigots, and by quacks maligned,  
Each cycle still unto thy growing fame  
Doth add the splendor of a brighter flame.  
To thy clear eye and patient student mind  
The Herculean labor was assigned:  
God's law to read; its message to proclaim.  
And well, O faithful servant, brave and true,  
Didst thou perform the heavy task imposed;  
And well may countless thousands to thee raise  
The meed of gratitude and praises due.  
The healing streams which thy brave hand disclosed,  
Shall keep thy name green in the earth always.

Alton, Mo.

OSCAR MACDONALD BROOKS.

DR. EDWARD F. BRADY has removed from Kansas City, Mo., to 3525 St. Louis Avenue, St. Louis, Mo. Dr. Brady has practiced medicine in Kansas City for eleven years. His specialty is mental and nervous diseases, and he finds that St. Louis furnishes a wider field of usefulness.

### HIS KIND OF A PATH.

“There was an old doctor, a-long ago,  
Who hired a fellow to shovel his snow,  
But instead of a shovel he gave him a hoe,  
For he was a hoe-me-a-path, you know.”

*L. A. W. Bulletin.*

THE Missouri Institute of Homœopathy, which after the American Institute, is one of the most influential societies in our school, will hold its next annual session in Kansas City, Mo., April 22d, 23d, and 24th, 1897. The present outlook for a large attendance and a profitable session is most encouraging. For more particular information application should be made to Dr. Edward F. Brady, 3525 St. Louis Avenue, St. Louis, Mo.

HAHNEMANN ASSOCIATION OF NEW YORK held its third annual meeting and banquet at Windsor Hotel, on Thursday evening, December 3d, 1896.

President, Francis E. Doughty, M. D.; First Vice-President, Charles McDowell, M. D.; Second Vice-President, Edward Chapin, M. D.; Third Vice-President, D. J. Roberts, M. D.; Recording Secretary, H. D. Schenck, M. D.; Corresponding Secretary, S. H. Vehslage, M. D.; Treasurer, A. G. Warner, M. D.; members of the Executive Committee, J. Lester Keep, M. D., A. B. Norton, M. D., M. Deschere, M. D.



with diarrhœa : *Cinchon.*; — and rumbling : *Coccul.*; — before diarrhœa : *Laches.*; — and constipation : *Lycop.*; — mostly in the afternoon : *Carb. veg.*; — with pain, as if bruised, and in the loins, when touched : *Phosphor.*; — with pain on pressure : *Hyosc.*; — in the region of the navel, with severe pinchings, painful as if from pent-up gas; very offensive flatus : *Rhus tox.*

**Bloated** : *Apis. Cinchon.*, not painful : *Helleb.*; swelling excessive : *Arsen.*

**Meteoristic distention** : *Arsen. Lycop.*; with rumbling, gurgling, and painless, watery, grayish diarrhœa. : *Phosph. ac.*; — with loud rumbling and gurgling in the intestines : *Carb. veg.*

Tympanitic distention : *Hyosc.*

**Tympanitis** : *Opium*; — in the morning : *Cinchon*; — and sensitiveness of abdomen, aggravated by drinking water : *Mancin.*; — with pain in the back : *Colchic.*

**Eruptions**; on abdomen roseola spots : *Arnic. Hyosc.*; white miliary eruption : *Apis*; petechiæ : *Bellad.*

Loins pain as if bruised : *Phosphor.*; tearing : *Rhus tox.*

Groin sore, with involuntary diarrhœa : *Chamom.*

During the time of the crisis, when papescent stools, afford relief : *Arsen. Carb. veg. Mur. ac. Rhus tox.*

**Diarrhœa**; occasional — : *Baptisia*; watery — : *Arsenic. Colchic. Hyosc. Leptand. Mercur. Mur. ac. Opium*; — more at night : *Pulsat.*; — every half hour, each time after grumbling in the bowels, without

pain : *Sulphur* ; — continues after the eruption : *Chlorum* ; painless —, abdomen bloated, hemorrhages, and slowly progressing convalescence : *Cinchon.* ; painless — with much rumbling noise : *Phosphor.* ; profuse —, stools streaked with blood, like flesh-water, and the tongue dry : *Phosphor.* ; colliquative — : *Secale* ; frequent and frothy, with tenesmus, even at night : *Sulphur* ; — excessive ; sour stools : *Calc. ostr.*

**Stools** ; whitish-gray : *Bellad. Phosph. ac.* ; — grayish : *Carb. veg.* ; — gray : *Phosphor.*

**YELLOW**, watery, and slimy : *Phosph. ac.* ; watery, or yellowish-brown, bloody, and cadaverous odor ; tongue brown, parched and hard : *Rhus tox.* ; yellow : *Bellad.*, watery and small : *Arsen.*, and slimy : *Cinchon. Phosph. ac.* ; liquid yellow, fetid, twelve to fifteen in twenty-four hours : *Nuphar* ; thin, yellowish, badly smelling with rumbling in bowels : *Phosph. ac.* ; sudden, thin, yellow, frothy, almost without fetor : *Rhus tox.*

**GREENISH**, watery, with mixed flocks : *Veratr.* ; greenish mucus : *Nitr. ac.* ; dark green and frothy : *Mercur.* ; green, slimy, acrid, with great tenesmus, sensitive abdomen : *Nitr. ac.* ; greenish-yellow : *Mercur.*

**BROWNISH** : *Carb. veg.*, soft : *Arsen.*, floating on the water : *Mercur.* ; brown, or white : *Arnica.* ; blackish-brown : *Veratr.*

**BLACKISH** : *Cinchon.* ; every hour : *Stramon.* ; black from decomposed blood : *Phosphor.* ; like coffee-dregs : *Arsen.*, only in the morning : *Podoph.* ; blackish, offensive stools with severe pain : *Colchic.*

**BLOODY** : *Apis. Arsen. Carb. veg.* ; dark : *Phosphor.* ; pitch-like, sticky : *Mercur.*

OFFENSIVE; fluid, with white flakes: *Colchic.*; like rotten cheese: *Bryon.* (*Hepar s. c.*); whether formed, or loose: *Laches.*; of decomposed blood, form and appearance of charred wheat straw, in larger or shorter flat pieces, together with portions more or less ground up, with hemorrhage and nose-bleed: *Laches.*; thin, and extremely offensive: *Laches.* *Opium.* *Psorin.* *Secal.* *Sulphur*; thin, very offensive with glairy slime, sometimes great urging: *Mercur*; fetid: *Baptis.*; dark, tarrying, mixed with bloody mucus; jaundiced condition: *Leptand.*; hemorrhage, with fetid stools, followed by great prostration: *Kreosot.*

PUTRID: *Carb. veg.* *Secal.*; black, burning, excoriating with restlessness and colic: *Arsen.*; colliquative: *Nux mosch.*; putrid, watery, with cutting and drawing pains in the abdomen and loins, extending to the thighs: *Nux vom.*; greenish, dark brown, odor like foul ulcers: *Arsen.*

GANGRENOUS, and bloody: *Phosphor.*

FOUL: *Apis.* *Arsen.*; like carrion: *Stramon*; cadaverous smell, involuntary, brownish, grayish, or bloody: *Carb. veg.* *Rhus tox.*

**Involuntary stools**; almost sudden, black-brown, every three hours: *Bryon.*, unnoticed: *Arnic.* *Arsen.* *Baptis.* *Bryon.* *Carb. veg.* *Cinchon.* *Colchic.* *Hyosc.* *Kali carb.* *Mur. ac.* *Opium.* *Phosphor.* *Phosph. ac.* *Psorin.* *Pulsat.* *Rhus tox.* *Secal.* *Sulphur.* *Zincum*; frequent — after meals, with rolling and rumbling in bowels: *Camphor*; — and urine: *Arnic.* *Bellad.* [ *Mur. ac.* *Psorin.* [ *Rhus tox.* *Sulphur*; — when flatus escapes: *Nux mosch.*, thin: *Veratr.*; — painful, foul, bloody: *Apis.*; — fre-

quent: *Zincum*, and painful: *Apis*; — after constipation, or hard stool: *Nux mosch.*; offensive —: *Colchic.*, like carrion: *Carb. veg.*, — black-brown: *Byron.*; — thin, yellow: *Cinchon.*; — yellowish, mixed with phlegm: *Phosph. ac.*; — watery: *Colchic. Mur. ac. Nux mosch.*; — with white flakes: *Colchic.*, pieces of epithelium: *Zincum*; — at night in sleep: *Pulsat. Rhus tox.*; — with stupefaction: *Arnica*.

Paralysis of sphincter ani: *Hyosc.*

**DIARRHŒA**; at night: *Rhus tox. Veratr.*; — with pressure in the abdomen, as if from gas: *Arnica*; — after midnight: *Arsen.*; — early in the morning: *Sulphur*; — during cholera epidemics: *Veratr.*; — and bellyache, morning and evening: **¶** *Kali carb.*; — with great epigastric oppression, black: *Dulcam. Mercur*; — with headache, and pain in all the limbs: *Rhus tox.*; — with bitter sour belching: *Baptis. Pulsat. Phosphor.*; — with empty belching: *Rhus tox.*; painful —, with great sinking of the forces: *Calc. ostr.*

**BEFORE THE STOOL**; pain in the abdomen: *Bryon. Laches. Rhus tox.*; rumbling: *Mercur. Phosph. ac.*; distention: *Arnica*; weakness in abdomen, like fainting: *Veratr.*

**WITH THE STOOL**; colic pains: *Arsen. Colchic.*; cutting; after sour things: *Ipecac.*; pinching pain, worse at night: *Pulsat.*; pain during, and after stool: *Veratr.*; painless stool: *Phosphor. Sulphur*; meteorism and loud rumbling: *Phosphor.*; tense abdomen: *Veratr. Verbasc.*; rumbling: *Arnica*; tenesmus: *Nitr. ac. Sulphur*.

Frequent, small stools, excoriating the external parts: *Nux vom.*

Tearing pains in the limbs, during rest: *Rhus tox.*

Great weakness: *Arsen.*; weakness, which compels to lie down, especially in the morning, or at night: *Bryon.*; weakness, pale face, cold sweat on forehead: *Veratr.*; feeble, stupid, insensible state, taciturn mood: *Phosph. ac.*

AFTER THE STOOL; much exhausted, with griping in abdomen: *Mercur.*; colic is gone: *Rhus tox.*; great weakness: *Phosphor.*; prostration: *Sulphur.*

He has six discharges like diarrhœa, then he faints; first he had heat and warm sweat, then cold on the face and feet, with white tongue: *Sulphur*; with chill: *Veratr.*; if the diarrhœa does not cease when the rash comes out: *Calcar.*

**Flatus**; putrid, offensive: *Arsen. Rhus tox. Sulphur*; fetid: *Nux mosch.*; copious escape of — with constant distention: *Carb. veg.*; much —: *Sulphur*; discharges of — without relief of tension: *Phosphor.*

**Blood**; in streaks: *Phosphor.*; bleeding from anus: *Arnica.*, bright, and does not clot: || *Nitr. ac.*, clotting and black: *Alum p. s.*; hemorrhage from intestinal ulceration: *Arsen. Mur. ac. Nitr. ac. Phosph. ac.*; fluid, bright red — from the rectum by the pound, fourteenth day, after a diarrhœa, and sensitiveness of regio iliaca dextra, seventh day, faintness with the slightest motion: *Nitr. ac.*; reduced by hemorrhages to the verge of the grave: *Carb. veg.*; black —: *Mur. ac.*; — of a tar-like consistency, in large quantities: *Hamam.*; — and pus, meteorism, somnolency: *Carb. veg.*

Slimy discharges: *Cinchon. Mercur. Nitr. ac. Phosph. ac. Rhus tox.*

Bilious discharges: *Mercur.*; yellow or green discharges.

**Constipation**; alternating with looseness of bowels: *Arsen.*, or offensive watery diarrhœa: *Opium*; no diarrhœa: *Helleb.*; no stools for a long time: *Apis*; costive: *Baptis.* *Bryon.* *Hyosc.* *Lycop.*; “dog stools:” *Phosphor.*, six days: *Pulsat.*; — and vertigo, sour, or bitter eructations: *Nux vom.*

If constipation still exists, and hence the intestinal ulceration has not yet commenced, and if the sudamina and petechiæ have already broken out during the inflammatory stage: *Bryon.* If not costive, do not give *Carb. veg.* JAHR.\*

**Bladder**; violent pain, and sensitiveness to the touch in region of —, passing of water, urine yellow, without sediment: || *Lycop.*

**Urine**; frequent urination in small quantities: *Coccul.*; copious —: *Colchic.* *Mur. ac.* *Stramon.*; diminished —, and burning: *Arsen.*; difficult urination, with constant desire: *Secal.*; — dark: *Nux vom.*; saturated: *Bellad.* *Glonoin.* *Hyosc.* *Stramon.*; — scanty; small quantities of dark brown —: *Pulsat.* *Sulphur.* *Veratr.*; pains when urinating: *Canthar.*; pains in bladder, — has red sediment: | *Lycop.*; suppressed —: *Canthar.* *Colchic.* *Secal.* *Stramon.*, or retained: *Arsen.* || *Hyosc.* *Stramon.*, as if from a closing of the bladder, or loss of its power: *Opium*; — passes involuntarily,

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\*I have not yet lost a single patient, in whom, up to the time of the crisis, when the paper-stools afford relief, the bowels remained costive. JAHR.

I said the same more than twenty years ago, and can repeat it now; hardly in the *third week* the non-appearance of a stool is to be regarded. *The same applies in child bed.* C. HG.

is turbid, like horse urine: *Apis*; unconscious flow of —: *Apis*; involuntary: *Arsen. Colchic. Helleb. Hyosc. Lycop. Opium. Phosphor.*; — is passed unconsciously in bed: *Mercur.*; involuntary all night: *Arnica. Arsen. Bellad. Hyosc. Rhus tox*; — copious, involuntary: *Stramon. Veratr.*; paralysis of sphincter vesicæ and ani: *Hyosc.*; involuntary stool and —: *Bellad.*

WHILE URINATING; stool escapes: *Mur. ac.*

WATERY: **||** *Mur. ac.*, clear, transparent and acid reaction: *Mur. ac. Phosph. ac.*; alkaline and offensive: *Baptis.*; clear, very high colored: *Nux mosch.*

DARK RED; without sediment, brownish-red, brown with burning: *Pulsat.*

BROWN: *Bryon. Pulsat. Arsen. Sulphur. Veratr.*

DARK: *Carb. veg. Mercur. Nux vom.*

First clear, then white as if mixed with chalk: *Mercur.*

**Turbid**: *Carb. veg. Arsen.*; — like horse urine: *Apis*; — after standing: *Sulphur*; — and white sediment: *Phosphor.*; — and reddish; dark colored: *Carb. veg.*; greenish, or dark brown, when passed, and does not become clear on standing: *Arsen.*; after depositing a sediment, not clear: **|** *Phosphor.*

**Urine**; more albumen in —: *Rhus tox.*; — coagulates, like milk: **|** *Phosph. ac.*; white sediment in —: *Mercur. Phosphor.*; — colors linen slightly red: *Bellad.*; — leaves, if voided in bed, a red, sandy stain, like brick dust: *Lycop.*: — leaves a whitish sediment on the parts, legs and sheets: *Mercur.*; — has a gray sediment: *Pulsat.*; — first clear, then white as if mixed with chalk: *Mercur.*

**Smell**; like violet roots: *Phosphor.*; strong —:

*Carb. veg.*, like horse urine: *Apis*, sharp, disgusting: *Phosphor.*, very offensive: *Baptis. Sulphur*; strong ammoniacal —, turbid, deposits white sediment: *Phosphor.*; fetid —: *Baptis.*; intolerable stench, and involuntary: **Arsen.**

**Genitals**; great excitement, nymphomania threatens: **Phosphor.**; bleeding from — with no relief: *Rhus tox.*; threatened miscarriage: *Sabin. Secal.*

**Speech**; nasal, indistinct: *Laches.*; the few words he says, he whispers; but not irrelevant: *Nitr. sp. d.*; — unintelligible, lisping, stammering, as though the tongue were too heavy: *Arsen.*; voice light and weak: *Veratr.*; — weak and trembling, or hoarse, coarse, or crowing: *Arsen.*; cries until the — is lost, or he becomes hoarse: *Stramon.*; voice hoarse and hollow: *Secale. Spongia*; laryngotyphus: *Kali hydr.*; catarrhal affection of larynx, with rough voice: *Hepar s. c.*

**Sighing**: *Bryon. Opium. Secal.*; inclined to sigh; expands whole chest in —, with chill: *Ipecac.*

**Breathing**; audible and accelerated: *Colchic.*; — more frequent: *Mur. ac.*; — rapid and labored: *Mercur.*; — interrupted: *Phosphor.*; intermittent, with moaning: *Opium*; — irregular, and intermittent: *Colchic.*; — slow: *Helleb.*, deep drawn, and sighing: *Opium*; sighing, groaning, and moaning, and a peculiar, sour smell of the body, with, or without sweat: *Bryon.*; — short and anxious, oppressed, rattling: *Arsen.*; — short, with anxiety, and vertigo: *Phosphor.*; — short, cough, cold hands and feet, wants fire in the room: *Carb. veg.*; — short after each cough: *Phosphor.*; rattling —: *Hyosc.*, and moaning sounds in chest, and loud sounds through the nose:



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

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

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EDITORIALS.

MEMBERS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION will please take notice that the editor of this journal is Chairman of the Bureau of Materia Medica.

It is very desirable to have a good showing of this bureau at the next annual meeting, to be held in June next. Materia medica is the great weapon of our cause, and should be developed more than any other subject with which we have to deal. The best work of the annual meeting should therefore be in the line of pathogenesis of drugs. Every member who has anything of value upon this subject should send it at once to the editor at his office, 1231 Locust Street, Philadelphia, Pa.

Owing to the great demand upon his time by reason of his practice, as well as the care of the journal, it will be impossible to send a special letter to each of the members. He therefore takes this method of appealing to their interest in the cause.

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APOLOGY.—The editor regrets that, having been much overworked this month, he has had neither the time nor the energy to write the usual materia medica editorial. These editorials require much time and much mental concentration for their preparation. They would not be published at all if the profession did not care for them. But the commendations received encourage us in their continued production.

## VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I.

(Continued from page 9.)

No one who has not waded through a mass of testimony, some of it irrelevant, much of it ambiguous, and much more that is contradictory, can realize the difficulty of extracting that which deserves notice from the rest. In studying the enormous volume of testimony given before the Royal (British) Commission of 1889, parts of it which may not at first seem to deserve notice, in the light of evidence given at a future date are seen to be important. I trust the readers of *THE HOMŒOPATHIC PHYSICIAN* will accept this as an apology for sometimes retracing my steps to take up the testimony of persons already passed under review.

In 1857 and again in 1871 Sir John Simon said: "On the conclusion of this artificial disorder, neither renewed vaccination, nor inoculation with small-pox, nor the closest contact and cohabitation with small-pox patients will occasion him to betray any remnant of susceptibility to infection;" but in 1889 he says:

Q. 174. "If I were now writing the passage I should probably not go farther than to express my belief that the person might, without fear, expose himself to any risk of infection." And again (Q. 175) "My meaning was only as to the *immediate time*. I have no fresh knowledge what immediate vaccination would do, nor as to immediate inoculation with small-pox."

(Q. 177) He believes a vaccinated person is practically in the position of one who has had the small-pox, and (Q. 179) he does not know how soon after primary vaccination it is possible to re-vaccinate successfully, but (180-181) believes that ninety per cent. of the re-vaccinations of recruits entering the army are successful.

Some points of Dr. Ogle's testimony, to which I omitted to

refer, ought, I think, to be presented to the readers of THE HOMŒOPATHIC PHYSICIAN.

That gentleman states (Q. 346) that in 1871 the deaths from small-pox reached practically as high a level as in 1838, viz., 1,015 per million living.

It is to be remembered that this small-pox mortality followed in the teeth of many years of compulsory vaccination, wherein the vaccinations amounted to ninety six per cent. of the births and over ninety per cent. of the entire population of Great Britain were vaccinated. In 597 Dr. Ogle gives the opinion that vaccination is not so great a protection against small-pox as a previous attack of small-pox itself would be.

Then, surely, *compulsory inoculation* must, logically, be preferable to compulsory vaccination! M. Picton (626-635) draws from him the admission that small-pox has diminished *more than other diseases* in the "healthy" districts, and though Dr. Ogle discriminates between what the Registrar-General terms "healthy districts" and those in which sanitary improvements have been carried out (632-635), he admits (637-8) that the prevalence of small-pox in unsanitary districts, such as Liverpool, "certainly was connected with unsanitary conditions."

In Q. 509-515 Dr. Ogle says that the death-rate of adults from small-pox above the age of forty-five has increased, while the decline from fever has been common to all ages, but soon admits "that the decline (in fever) was greater among children than it was at other ages."

Before leaving the testimony of Mr. Richard Thorne Thorne, M. B., who proved himself to be the great "know-nothing" of the local Government Board, there are a few points deserving further notice.

He stated (Q. 820) that in pre-vaccination days from 80 to 90 per cent. of small-pox deaths occurred in children under five years of age. In the Registrar-General's returns for 1881-87, there were 3,099 deaths from small-pox of persons *returned as unvaccinated*, but of these only 1,210, or 39 per cent., were under five years of age (Q. 890). These facts do not fit in with Mr. Thorne's theories, and he is unable to explain them. The

truth is they indicate what has been elsewhere proved, that the statistics of vaccinated or unvaccinated are wholly unreliable.

At Q. 901 Dr. Collins introduced a passage from Miss Florence Nightingale's *Notes on Nursing*, which is like an oasis of common sense in the desert of worthless statistics and ridiculous verbiage wherewith the medical vaccinists "darken counsel with words without wisdom." It is as follows: "I have seen with my eyes and smelt with my nose small-pox grow up in first specimens, either in close rooms or in overcrowded wards, where it could not by any possibility have been caught, but must have begun. Nay more, I have seen diseases begin, grow up, and pass into one another. I have seen, for instance, with a little overcrowding, continued fever grow up, and with a little more typhoid fever, and with a little more, typhus; and all in the same ward or hut."

Mr. Thorne, in Q. 744, had spoken of the effectiveness of vaccination being in part dependent upon the number of scars, but in answer to Q. 912-3, says he does not regard cow-pox as a local disease, but as affecting the whole system; he was unable to answer whether or not the cow-pox disease would be made more severe or acute by the same amount of matter being distributed over four incisions than it would be by that matter being put into one (Q. 914), and in Q. 915 he makes the startling confession that "We really know absolutely nothing as to the effect of the specific poisons upon the blood!"

At Q. 918 he says: "We attach the very greatest importance to the quality of the lymph," but admits (921) that even under the microscope good lymph is not distinguishable from bad; and we shall hereafter see that all the vaccinists admit that there is no way of telling "good vaccine" from bad *save by its effects*. Finally (1011-13), Dr. Thorne concedes that *isolation* has been effectual in preventing the spread of the disease, although in Q. 927 he says: "I believe that apart from that one influence of crowding together either on area or within dwellings, the influence of sanitary circumstances is so insignificant that it is hardly worth naming in connection with the subject that is now before the Commission."

In answer to Q. 495, and again in Q. 516, Dr. Ogle considered that the death-rate from symotic diseases or from typhoid should be compared with that from small-pox to determine whether the decline in either case was owing to sanitation or to vaccination, but, according to Dr. Thorne (Q. 875), such a comparison is utterly valueless for that purpose.

The next witness was the Surgeon-General in the service of the government of India, Dr. John Pinkerton, who had served in the vaccination department for thirteen years, during six of which he was Superintendent of Vaccination in India.

Dr. Pinkerton stated (Q. 1,229) that when he went to Scinde in 1863 "nearly the whole population were marked with small-pox, young and old; except the very young, the youths and old people were all marked." He also said (Q. 1,230) that blindness of one eye was so frequent a sequela of small-pox that it had given birth to a special word in the Scindi language for it, viz. : *Kanu*.

In reply to Q. 1,231 he said that vaccination was begun by the Bombay government in 1848, but was not pushed at all until 1857, because the bulk of the population were Mussulmen *who habitually practiced inoculation*. Vaccination was gradually introduced from 1848, and after eight or nine years was *pushed* by Dr. Martin. Dr. Pinkerton succeeded Dr. Martin in 1863, and under his régime the number of vaccinators was greatly increased, so that it covered the whole area. He went back to Scinde in 1882 as Deputy Surgeon-General, and remained there till 1888, and he told the Commission that he then observed that "the younger population was quite unmarked by small-pox."

It is surprising how the grossest absurdities will be greedily embraced, in perfect good faith too, although their absurdity has been over and over again exposed, when they happen to fit in with preconceived fancies, especially when the bias of personal interest is enlisted in their support.

The universally received theory that one attack of small-pox protects from a subsequent attack (a theory which never had the smallest basis in facts), ensured ready reception to the

assumed prophylaxy of cow-pox when Jenner cunningly introduced to the profession, what to most of them was a new disease, styling it "small-pox of the cow" as though that were the name by which it had been known.

From that date the fable of pock-marked faces has been frequently repeated at various successive dates—such repetition being sufficient to establish its absurdity. The absence of pock-marked faces in the rising generation while they were "obvious everywhere" a few years previously was insisted on by the National Vaccine establishment in 1822 and 1825 as proof of the efficacy of vaccination. So, then, in 1822 and 1825 it was exceedingly rare to see a young person bearing the marks of small-pox; yet in 1837, the rarity of such faces as compared with what occurred a few years previous is again referred to for the same purpose, and from 1837 down to this day the same alleged fact is again and again repeatedly asserted, and "twenty years ago" is the date assigned when nearly every face one met bore upon it the scars of the terrible scourge.

As these assertions are mutually destructive it may be left to the vaccinists to explain them. In Dr. Pinkerton's statement we find also a cruel blow at the alleged anto-protection of small-pox. For "the bulk of the population was Mussulmen who habitually practiced inoculation for small-pox on the wrist," yet "nearly the whole population were marked with the small-pox."

In this connection it may be of use to refer to a case mentioned in *Le Médecin*, the official organ of the Belgian Medical School, of the date of January 17th, 1897.

A prisoner, No. 46, in the prison of Charleroi, thirty years old. 1st. Was vaccinated between two and three years of age with pronounced success. Four marks magnificently foveated. 2d. Scars on the face of an attack of small-pox at the age of eight years. 3d. Fresh scars also on the face of a second attack of confluent small-pox at the age of fifteen.

Dr. Pinkerton narrates a marvelous tale (Q. 1,237-8) of the escape of the vaccinated Mussulmen children of a village in

Hyderabad, while every one of the unvaccinated Hindu children took it. Experience of similar stories related as occurring in places rather more accessible to investigation than an *unnamed* village in Hyderabad, compels us to say that we don't believe it. Dr. Pinkerton further says that there were only fifteen deaths from small-pox in the period 1865-68 in the Bombay native army, amounting to about 35,000 men and under 40,000, putting it at 37,500, gives 400 deaths per million, or an annual average of 40 per million living.

These troops were of course picked men for health, and in the prime of life, living under the most favorable conditions for health.

Leicester is a large city, built in a swamp, with the usual variety of conditions of riches and poverty, robust and weakly constitutions, of both sexes and of all ages.

*After* Leicester had discarded vaccination she presents to us this contrast to the army of Bombay :

In the quinquennium 1878-82 there was an annual average of deaths from small-pox of 24 per million; in that of 1883-87 11 per million, and for the two years 1888-89 *none!* (Table 44, App. 3, *Fourth Report of the Royal British Commission*, page 461.)

There was a great epidemic of small-pox in the city of Bombay in 1872 (a wave of the great pandemic of that period) and vaccination and re-vaccination were pushed. In 1872 about one-fifth of the population had escaped vaccination—"that is to say, until compulsory vaccination was introduced, the residuum unvaccinated in Bombay was about one-fifth for the year. The consequence was that in a few years we got an epidemic. Our bad epidemic was in 1872 and after that we got compulsory vaccination and re-vaccination; *since then we have had no epidemics*" (Q. 1,255).

But in answer to Dr. Collins (Q. 1,340) Dr. Pinkerton says there were 13,404 deaths from small-pox in the Bombay presidency in 1883! And again (Q. 1,415) in 1884 there were 14,438 deaths from small-pox!

I have presumed to say I don't believe Dr. Pinkerton's story

about the Hyderabad village, neither evidently did Mr. Picton, Dr. Collins, or Mr. Bradlaugh, members of the Commission, who proceeded to probe it as far as it could be probed. In answer to Mr. Picton we find that this remarkable story was not obtained by census, but "officially" through his vaccinators. (Q. 1,318.) He could not give any numbers. (Q. 1,319.) He did not consider it a very extraordinary occurrence that not one vaccinated child took it. After this Dr. Collins took a hand at the probing. Dr. Pinkerton remembered reporting the case (Q. 1,389 and 1,390). Dr. Pinkerton does not think his report on this case got into print (Q. 1,391). "This would be about as special a case as has come to your notice, would it not?" "YES, THE MOST SPECIAL." Again (Q. 1,392) in answer to Bradlaugh: "And in searching to refresh your memory before coming here you do not find it in any of the official reports?" "No I could not find it."

With cruel irony Mr. Bradlaugh requested him, as he was about to return to India, to furnish the Commission with whatever report on the case he could find.

On page 230, of the *Fourth Report*, Appendix I, that report is furnished. Instead of every unvaccinated Hindu child being attacked, the report gives the number at 19, and nothing whatever is stated as to what occurred among the vaccinated Mussulmans!

Question 1,347 introduces an extract from the thirteenth official report *On Sanitary Measures in India*, 1879-1880, p. 142: "The vaccination returns throughout India show the same fact, that the number of vaccinations does not necessarily bear a ratio to the small-pox deaths. Small-pox in India is related to season and to epidemic prevalence; it is not a disease, therefore, that can be controlled by vaccination in the sense that vaccination is a specific against it. As an endemic and epidemic disease it must be dealt with by sanitary measures, and if these are neglected small-pox is certain to increase during epidemic times." Dr. Pinkerton would not indorse that statement at all.

Question 1,353 introduces an extract from the report of the Army Commission of the Punjab for 1879, p. 186: "Vacci-



nation in the Punjab, as elsewhere in India, has no power, apparently, over the course of an epidemic."

Question 1,354 introduces an extract from the report of the central provinces, p. 206: "The past comparative immunity of the population had been attributed to efficient vaccination, and the people had accepted this protection, but their confidence had been shaken by the reappearance of a severe form of this disease. The Sanitary Commissioner states that he directed a special report on the subject to be made, with the following result: During the early part of the year there had been a good deal of chicken-pox in Sambulpur town; that when small-pox broke out, later on, it attacked those who had been inoculated, vaccinated, and had previously had small-pox or chicken-pox, 301 persons who had been inoculated took the disease; that 577 vaccinated persons were attacked, and 729 unprotected persons, or 1,607 in all." Dr. Pinkerton stated that he knew nothing at all about it, yet he was a Surgeon-General in the service of the Government of India. In response to Q. 1,355 Dr. Pinkerton states that the European army *has more advantages as regards vaccination* than the native army. Q. 1,356 thus introduces an extract from the report of 1883-4, p. 3, and asks if it refers to the European or to the native troops? It says, "There was a greater prevalence of small-pox than usual in the Bengal army. The total cases numbered 105 against 44 in 1882, and 9 deaths against 4. The increase mainly occurred in the Bengal group of stations, where 86 cases were admitted into hospital, the largest number of any year since 1870, and 7 deaths, equal to a ratio of 0.21 per 1,000 of strength." With singular inconsequence Dr. Pinkerton replies, "You might read the sequence to that." "The Madras and Bombay armies recorded one death each." "So far as I know vaccination is not compulsory in the Bengal army. In Bombay it virtually is and has been compulsory for many years; I think probably for thirty years. I do not think that it has ever been compulsory in the Bengal army."

Thereupon Sir James Paget rushes in to help his tottering witness and "to save vaccination from reproach" by asking Q.

1,357: "And that is the part of the army in which the deaths occurred?" "Yes, that is so." This paragraph, after giving these details in the Bengal army, finishes by saying: "The Madras and Bombay armies recorded one death each." Cruel Dr. Collins renews his attack. (Q. 1,358.) "Might I repeat the question that I asked? Do these figures relate to the native or to the European army?" "They relate to the native army, I think. The Bengal army means the native army, usually." Thereupon Dr. Collins assaults the Commission on the flank, and takes Dr. Pinkerton in the rear. (Q. 1,359.) "If you turn over the page you will see that it is headed 'European Army, India.'" "Yes, it is the European army." I would be glad to leave Dr. Pinkerton here; who is, I dare say, a highly honorable gentleman in all other respects, but one of the most important lessons to be learned from the entire history of the vaccination superstition is the demoralization which has been effected in the profession through the state support it has received. Dr. Pinkerton, in answer to Q. 1,355, claimed that the European army had had *more* advantages as regards vaccination than the native army, but now (Q. 1,361) he is only certain as to the re-vaccination of the European army of Bombay; he *thinks*, but is not certain, that it is the case with the Bengal European army.

Q. 1,377 introduced the following extract from one of the reports on sanitary measures in India up to June, 1886, Vol. XVIII, p. 203, referring to the sanitary measures of the north-west province and Oudh:

"The facts already stated show conclusively that the small-pox of 1884 was one of the most severe epidemics on record, and by *far the most severe* in these provinces since deaths were registered." (Compare answer to Q. 1,255, *supra*, p. 81.) "We are thus brought face to face with the fact, that notwithstanding the existence of an active vaccination service, small-pox swept over the provinces just as if there had been none. \* \* \* If sanitary work be neglected, no more dependence against small-pox epidemics can be placed on vaccination than can be placed on quarantine against invasion of cholera. The true remedies lie elsewhere altogether."

This report was made by Surgeon-General Dr. B. Simpson, Sanitary Commissioner of the Government of India, who yet managed to continue to believe, or to think that he believed, that vaccination is really prophylactic to some degree against small-pox. And Dr. Pinkerton, on his side, persisted that, although sanitation is a good thing generally, he doubts very much whether it has any influence upon small-pox deaths.

It is important, in view of one of the claims set up in support of vaccination, to observe that Dr. Pinkerton states (Q. 1,421) the vast majority of vaccinations to be performed on children over two years, and (Q. 1,422) that he thinks small-pox in India is becoming less an infantile disease than it was.

Here we take leave of Surgeon-General Dr. John Pinkerton. The next witness before the Commission was Dr. Arthur F. Hopkirk, an Englishman, but M. D. of the University of Jena. We shall find him a very interesting witness—as a psychological study.

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## SYMPTOMS—A STUDY.

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

Read before the Brooklyn Hahnemannian Union.

The term symptom is like charity, in that it “covers a multitude of sins.” One of the first realizations that dawns upon the mind of the student of Homœopathy is the ubiquity and importance of the symptom. He is introduced into what seems a perfect wilderness of symptoms, the density and extent of which is both confusing and discouraging. After a little study of the situation, however, openings appear. Entering, he finds the openings becoming paths, tortuous at first, but soon becoming wider, straighter, and more orderly, until at last he enters upon broad and sunny highways, with beautiful vistas, along which he may travel pleasantly in pursuit of his ideal.

That ideal should be, and with the true physician is, the speedy, gentle, and permanent restoration to health of those who are sick. It can be attained only by fulfilling the requirements of the law of cure; by entering into and working har-

moniously with the divine plan for the redemption of the race from the bondage of sickness, sin, and death.

The remedial law, the harmonizing principle, in which the Divine Will is expressed, was phrased by Hahnemann in the formula, *similia similibus curantur*. Just to the extent we grasp and apply that principle on the various planes of man's being do we bring him into harmony with the divine order of things and minister to his welfare.

Homœopathy is a purely inductive science. It deals at first hand with facts, in accordance with a well-established and universal principle. Its foundations are laid in a mass of facts and observations so vast as to be simply amazing, but this mass has been analyzed, and its component parts so classified as to be readily available for the purposes of our art. In this art no fact is too insignificant to be overlooked, no true observation of phenomena too occult to be ignored. There is a place and use for all. The symptom which appears trifling and insignificant to the uninformed or superficial observer, in the hands of the master may assume the highest importance and become the key which opens up a difficult case.

The preliminary study and experience we have all had. We are daily using the knowledge we have attained, and verifying the truth of our principles. But it is profitable for us occasionally to review our lessons; to gather up the facts we have gained, the conceptions we have formed, and hold them anew before the mind for contemplation. Therefore it has seemed to me well to review a little of what we know about symptoms; their nature, varieties, relative value and uses.

Upon our view of this subject depends more than appears at first sight. It is really fundamental. Our conception of what a symptom is governs very largely our whole practical work as homœopathic physicians.

A true conception of a symptom is not only a guide to the examination of a case and the selection of the remedy, but a standard by which to measure the value of a proving, a clinical case, an examination record, or the professions of a new-coming *confrère*. Ignorance of the true nature and definition of a

symptom on the part of provers, and directors of provings, has given us many records which are worthless, and filled our journals with reports of cases which served no valuable purpose except to float their authors' names on the sea of printer's ink.

Many of our modern provings are flagrant examples of the truth of these assertions. The prover had a headache. He felt very tired. He was restless at night and couldn't sleep. He felt as if he was going to have a fever, and carefully recorded his temperature. His head was muddled but he resolutely rose to the occasion and fulfilled the requirements of modern science by making an elaborate qualitative and quantitative analysis of his urine, by which we learn that there was a slight increase in the amount of earthy phosphate and a perceptible decrease in urophæin. Lest we should not be sufficiently impressed with his scientific attainments and devotion to the cause of homœopathic provings, he adds extensive sphygmographic tracings of his pulse! But he utterly fails to give us any simple, intelligible, clearly defined statement of his actual symptoms or the condition under which they appeared. That is a matter in which he has not been instructed. Possibly he has been falsely instructed and regards such trifles as beneath his notice.

Let us see what our leading thinkers have said on the subject of symptoms. Hahnemann defines symptoms as "any manifestation of a deviation from a former state of health, perceptible by the patient himself, the individuals around him, or the physician." Again as "the expression of disease in the sensations and functions of that side of the organism exposed to the senses of the physician and bystanders." Also as "evidences of the operation of influences which disturb the harmonious play of the functions, the vital principle as a spiritual dynamis." Symptoms, then, are the language of nature by which the organism expresses its sufferings. Symptoms are the elements with which the physician has to deal, the basis of all his practical work.

But we have another expression—the "Totality of the Symptoms." *Hahnemann, Organon*, Sec. 6, says: "The ensemble or totality of these available signs or symptoms represent, in its

full extent, the disease itself—that is, they constitute the true and only form of which the mind is capable of conceiving.”

From one point of view the totality is simply the whole number of the symptoms. From another point it is the combination of the symptom elements of a case into a harmonious and consistent whole, having form, coherency, intelligibility, and individuality.

The totality is formed by an inductive process, which consists first, of gaining from the patient and recording an accurate expression and description of all the phenomena which characterize his illness; second, of noting the observations of the patient's attendants and friends; and third, of the physician's own observations, duly expressed and recorded. This is to be done in the light of a true conception of the nature of both a single symptom and the totality of the symptoms.

Dr. P. P. Wells, of ever-revered memory, has given this idea clear, full, and philosophical expression in his famous presidential address before the International Hahnemannian Association in 1881, as follows: “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 solve. A right understanding of this fundamental expression is necessary before we can take the first step in a true homœopathic prescription. ‘Totality of Symptoms’—what does it mean here? All the symptoms of the case is it answered? It means this and more. The ‘totality’ here means not only the sum of the aggregate of the symptoms, but also this other and most important fact of all, in true homœopathic prescribing, *the totality of each individual symptom of the aggregate group. A single symptom is more than a simple fact; it is a compound made up of a fact with its history, its origin, progress, and conditions attached.* If it be a cause of suffering to the patient, then in it are included all the circumstances of its aggravation or amelioration; as to time of its greatest intensity, position, motion, rest; how affected by eating, drinking, or the perform-

ance 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 ultimate nature of symptom for which he is to find a *simillimum*.”

Symptoms educed in this intelligent and truly scientific manner from patients or provers, form a sound and reliable basis for prescribing. Such a method pursued by those master provers, Hahnemann and Hering, made their provings the model for all successors—a model, alas ! too seldom followed.

Such a method in preparing clinical cases for publication gives us reliable material, in the confirmation of already observed symptoms, as well as new symptoms clinically evoked, worthy of incorporation in our manuals and repertories.

For such work as this, Bönninghausen, Lippe, Wells, Joslin, Dunham, Farrington, and others who have passed on into the larger life, were justly celebrated. They have many able and worthy followers now, and the number is increasing, but the perusal of most of the journals bearing the homœopathic name to-day is distressing to one familiar with the work and methods of those great ones who have been named.

Hahnemann (*Organon*, Sec. 7) calls the totality “this image (or picture) reflecting outwardly the internal essence of the disease—*i. e.*, of the suffering life force.” (Fincke’s translation.)

The word is significant. An image or picture is a work of art, and appeals to our æsthetic sense as well as our intellect. Its elements are form, color, light, shade, tone, harmony, and perspective. As a composition it expresses or represents an idea, it may be of sentiment or fact, but it does this by the harmonious combination of its elements into a whole—a totality. Each element must be given its full value and right relation to the other elements.

Dr. J. H. P. Frost says : “Under the term ‘*symptoms*’ the homœopathician includes all that can be learned respecting the disorder of his individual patient. Hahnemann’s minute and exhaustive directions for the examination of a patient amply

prove this. These directions comprise not only the totality of the present pathological condition of the patient, *but regard also his past history and that of his parents and grandparents.*"

In our study of *The Organon* we meet another term which requires definition. In Section 153 Hahnemann enjoins us to pay particular and almost exclusive attention to the peculiar, essential, *characteristic* symptoms of a case. The term "characteristic" has come to have a technical meaning. There has been much discussion as to what constitutes a characteristic symptom. Largely upon this point have the existing divisions in our school been made.

We have, first, those who practically ignore Section 153 above quoted, and insist upon what they call the "totality of the symptoms" being made the sole basis of treatment, meaning thereby that every symptom of the case must be covered by the chosen remedy. Theoretically this is true, but much depends upon the definition of the expressions "totality" and "symptoms." Without a true and comprehensive conception of the meaning of these terms, one may gather a mass of indefinite, fragmentary, and unrelated facts, and by following a mechanical method of comparison, degenerate into a mere unintelligent and superficial "symptom coverer."

The second class is composed of those who are known as "keynote prescribers," many of whom, it is to be feared, have no true understanding of the principles underlying the method known as the "keynote system," which originated in the minds of some of the masters of our art, and is based upon Section 153 of *The Organon*. Practically, the majority of such prescribers content themselves with making a superficial examination of a case, seizing upon one or two symptoms which they regard as peculiar, and basing a prescription upon these. The symptoms so selected may or may not be truly characteristic of the case or remedy. The elements upon which a reliable judgment could be based are not present. This is also a perversion of what is essentially a true and valuable method, when rightfully understood.

The third class proudly, and sometimes arrogantly, proclaims



itself as “The Physiological School.” Pathology is their hobby; recognition by and amalgamation with the allopathic school their ideal.

They also base their prescriptions upon “characteristic symptoms.” But to them a characteristic symptom is a general symptom—one common to many patients or many provers. In a proving, the more provers a given symptom is repeated in, the more valuable and characteristic is that symptom. They would exclude from the materia medica all symptoms not experienced by more than one prover, and all symptoms for which a pathological basis cannot be found. In a patient, the symptoms common to the pathological condition—in other words, the diagnostic symptoms—are regarded as characteristic, and made the basis of the prescription, which is very likely to be a massive dose of a crude drug, or a very low dilution, if not a formal prescription to be filled by the nearest druggist, while adjuvants derived from allopathic sources are freely used.

We might make a fourth class of those who are consistent enough, clear-minded, well informed, and *broad* enough to see and accept, not only the sides or portions of truth held by each of the three preceding classes, but the truth as a whole, in its larger aspect, and who thus stand in that liberty which the possession of the truth always gives.

In discussing characteristic symptoms from this larger and truly homœopathic standpoint, Dr. Lippe wrote as follows: “When medicines are submitted to provings upon the healthy, they develop a variety of symptoms in a variety of provers. *Each prover has his own peculiar, characteristic individuality affected by the medicine in a peculiar manner; other differently constituted individuals experience different, yet similar, peculiar symptoms from the same medicine.* There is a similarity and a difference evident on close comparison. In like manner diseases and all other external influences affect different individualities differently and yet similarly. The physiological school and its followers accept in disease only what is general to all those affected by it; in medicinal provings, in the same manner, they accept only that which has been experienced alike by

many. In both cases they simply generalize. The homœopathic school reverses this order. Accepting all the symptoms experienced by the differently-constituted provers, *they consider as peculiarly characteristic the individual symptoms of the patient*; those not generally experienced by others suffering from a similar form of disease."

This is individualizing from a Hahnemannian standpoint. One individualizes diseases, the other patients or cases. One is the traditional method, based upon an arbitrary and artificial classification of the grosser phenomena of disease; the other is the scientific inductive method, based upon the ascertained facts of the particular case in hand, in the light of a universal principle, *similia similibus*, or, in other words, the principle of mutual action, upon which every action in the universe takes place.

Again Dr. Lippe says: "In many cases the characteristic symptoms will consist in the result obtained by deducting all the symptoms generally pertaining to the 'disease' with which the patient suffers from those elicited by a thorough examination of the case." He illustrates this by the following case: "The patient is attacked by cholera. All the characteristic symptoms (of cholera) are present; but in this particular case there is also present an unusual noise in the intestines, as if a fluid were being emptied out of a bottle. The discharges come away with a gush. Of what pathological value these symptoms are we know not. Still they form part of the totality which we must cover. Deducting from the totality of the symptoms those common to the disease, we are in possession of the characteristic symptoms of the patient. We now find these two symptoms are also characteristic of *Jatropha-curcas*, and that this remedy, at the same time, has caused symptoms corresponding with the general pathological condition."

We have, therefore, the curative remedy selected by means of two symptoms of no known pathological value and of seemingly trifling character. Yet these two symptoms were what gave the case its individuality, and unerringly pointed out the remedy which corresponded with the totality of the symptoms, according to the principle of *similia similibus*.

Let it be observed that the recognition of these two symptoms as peculiar, or characteristic, depended, first, upon the presence for study and comparison of all the symptoms of the case, and, second, upon the knowledge of what symptoms were common to such cases. The physician must not be ignorant of the pathology, symptomatology, and diagnosis of disease, but he must give these their true place and value.

Dr. Wells says: "Characteristic symptoms are those which *individualize* both the *disease* and the *drug*. That which distinguishes the individual case of disease to be treated from other members of its class is to find its resemblance among those effects of the drug which distinguish it from other drugs. This is what we mean when we assert that with these the law of cure has chiefly to do. When we say 'like cures like,' this is the 'like' we mean." Dr. W. James Blakely wrote: "By the characteristic symptoms we mean those finer and more delicate shades of drug action which are observed in the proving of every remedy. They are symptoms, for the most part, of an apparently trifling nature; symptoms which the prover recorded because he had experienced them, and not from any knowledge of their value; symptoms he was tempted, no doubt, to omit, so slight and unimportant did they appear to him." They are observed as a result of the closest scrutiny and individualization by the prover or by the physician.

Dr. Raue points out that scarcely one of the characteristic symptoms belongs exclusively to a single remedy, and cautions us not to diagnose a remedy on one symptom only, be it ever so characteristic. "While in some cases it may point directly to the remedy, it cannot do so in every case, as it is not rational to suppose that the whole sphere of action of a remedy, which is often extensive and complex, should find its unerring expression and indication in one symptom. But such characteristics are of great aid in the selection of a remedy, as they define the circle of remedies out of which we must select."

There are, however, a very few complete and perfect symptoms which appear under a single remedy only. Such a symptom Dr. Lippe called a *unicum*. They have mostly been dis-

covered, or completed in clinical experience. One such is found under *Staphisagria*: "Backache, worse lying down, at night, compelling to rise at 1 A. M., and relieved by sitting up;" a symptom partly pathogenetic, partly clinical, but as a whole verified by Dr. Lippe in a remarkable case. Another is found under *Kali-bichromicum*: "The posterior wall of the pharynx is dark red, smooth, glossy, distended, traversed by small, bright red vessels; in the middle, a little to the left, is a small crack from which blood oozes." This also has been verified. Upon such a single symptom a prescription may be based in perfect confidence. But they are seldom found.

The principles of the "keynote system," already referred to, are set forth in the following synopsis of an essay by Dr. H. N. Guernsey, the originator of that phrase:

"The term keynote is merely suggestive as used in this connection, the reference being to the analogy between the homœopathic healing art and music. This analogy is shown by the use of other musical terms in medicine, as when a patient speaks of being 'out of tune,' or the physician speaks 'of the tone' of the organism. Disease is defined as a loss of *harmony* in function and sensation. The keynote in music is defined as being 'the fundamental note or tone to which the whole piece is accommodated.' In pathology the term 'pathognomonic symptom' often expresses what might be called the keynote of a disease, or that which differentiates it from other diseases of a similar character. In comparing the symptoms of medicines, we find that each medicine presents, besides the fundamental similarity to all the others, *peculiar differences* from all the others. *These points of peculiar differences are the keynotes to the comparison of such remedies.* The keynote system does not conflict with the doctrine of the necessity for the totality of the symptoms. It is claimed, not that the keynote of the case is to be alone met by the keynote of the remedy, nor that the whole case is to be met by the keynote alone, but simply that the predominant symptom or condition of the case that individualizes it and constitutes its keynote, suggests to the mind a medicine having a corresponding predominant symptom, condi-

tion, or keynote, and that, if no error has been made, the totality will be found in the materia medica under that medicine. It is not the totality that directs the attention to a certain remedy. It is always something peculiar in the case, some prominent feature or marked symptom that directs to a certain drug, and the totality afterwards confirms or disapproves the choice. As in the hands of a Leidy or an Agassiz a few bones or teeth, or the scale of a fish are sufficient to unfold a whole chapter in natural history, so in homœopathic practice, by the characteristic keynote emphasized by the patient, the practitioner is enabled to individualize his case, and draw to his aid thus revealed, the corresponding similar remedy having the totality of the case."

Thus we see that by the term "keynote" Dr. Guernsey meant exactly what Hahnemann, Hering, Lippe, and Wells meant by "characteristics;" no more, no less. By the happy choice of a new, striking, and suggestive *name*, Dr. Guernsey exemplified the truth and value of the doctrine referred to, for the widest attention was thereby attracted to the doctrine and to him, and it made him famous. The name he chose proved to be the "keynote" of his own great popularity as an author, a teacher, and a practitioner. A maker of soaps, striking so apt a name for his wares, would have copyrighted it, published it broadcast over the world, and reaped a million dollars as the reward of his sagacity; but his fame would not have been as wide, as secure, and as lasting as that of Dr. Guernsey.

Hahnemann's teaching in this matter has been widely misunderstood. Section 18, in which he declares that "the sum of all the symptoms of each individual case must be the sole indication, the sole guide, in the selection of the remedy," has been regarded as a contradiction of Section 153, where he says that the peculiar, characteristic symptoms "must be almost solely kept in view."

On this point Dr. S. A. Kimball acutely remarks, "In stating that the totality of the symptoms must be the sole indication to direct us in the choice of a remedy, Hahnemann undoubtedly intended to emphasize the idea that we are not to give weight

to hypothesis in diagnosis, or to indulge in any theoretical speculations in regard to the case, but to confine ourselves solely to the subjective and objective facts presented to us by the patient. In this way the totality of the symptoms is to be the only *source* of our indications for the selection of the remedy.”

A symptom not particularly characteristic in itself may be very peculiar and characteristic in its relation to the other symptoms of the special case under consideration, as in Dr. Lippe's illustrative case, already quoted. This can be determined only by reference to the complete record of the symptoms of the case, known technically as the “totality.” All the symptoms must have been gathered and carefully defined before we can proceed with the analysis and comparison by which the characteristics, or keynotes, can be chosen and given their true rank and value. The idea held by many that they can be selected without such an examination is a pernicious one, and it has done much to bring about the deterioration of homœopathic methods and practice which we witness to-day.

Characteristic *specific*, or individual symptoms, must be clearly distinguished from characteristic *generic*, or diagnostic symptoms. The latter have their place and value, but not as a basis for homœopathic prescribing. They are useful negatively, by exclusion, and for purposes of classification. The characteristic symptoms by which we diagnose the *remedy* are entirely different from the characteristic symptoms by which we diagnose the *disease*.

The principles upon which this paper is based may be briefly summarized as follows :

1. Homœopathy is an inductive science, dealing primarily with the facts of experience in sickness, which are called symptoms.

2. The ideal of Homœopathy is healing the sick by the application, in medicine, of the universal principle of Mutual Action, stated by Newton in the formula “action and reaction are equal and contrary,” and by Hahnemann in the phrase *similia similibus curantur*.

3. Its basis of action is the totality of the symptoms, stated

to be not only the whole number of symptoms in a given case, but the totality of each individual symptom.

4. The perfect remedial correspondent or curative, under the law of similars, technically called the simillimum, is that medicine which has the power of producing in a healthy person symptoms which, in their totality,<sup>4</sup> are most similar, or equal, to those of the patient.

5. The choice of the remedy is made by comparison of the symptoms of the patient with the symptoms of the remedy. This process is facilitated by selecting from the totality of symptoms of the patient characteristics, or keynotes, which are the peculiar symptoms that give the case its individuality and differentiate it from other cases of a similar character, and searching for a medicine having similar characteristics. Such selection of keynote and remedy is afterward verified by comparison of totalities.

6. A characteristic symptom may be defined as one which has been given character and individuality by being precisely defined and set in proper relation to its concomitant symptoms.

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### MARASMUS—OPIUM.

E. V. ROSS, M. D., ROCHESTER, N. Y.

August 22d, was called at two A. M. to see a child, who was thought to be dying, and, on arriving at the house, I found the most marasmic specimen of humanity that has been my fortune to see. A male child *æt.* ten months. Bottle fed. (Condensed milk diluted.) Sick two weeks, under regular (?) treatment.

*Status præsens.* Appearance that of a little dried-up old man, emaciated in the extreme. Rolls the head. Eyes half open. Pupils contracted to the size of a pin's head. Eyes turned upward. Lower jaw dropped down. Appears stupid. Stools watery, dark, and offensive.

I did not give a very hopeful prognosis; to this the father replied: "Well, Doctor, I don't believe that a great deal can be done, but do the best you can." With this I took out Bell on *Diarrhœa* and my interleaved copy of Lippe's *Repertory* and

went to work. After one-half hour's study I worked out the following :

*Looks old.* Ant-crud., Argt-nit., Arsen., Calc-carb., *Calc-phos.*, Cinchon., Hepar, *Iod.*, Mag-carb., Natr-carb., *Natr-mur.*, Nux-vom., *Op.*, Phos., Podo., Rheum, *Sarsap.*, Sep., *Sulph.*, Sulph-ac.

*Emaciation.* Ambr., *Amm-c.*, Anac., *Ant.*, Apis, Arn., *Ars.*, *Bar-c.*, Bell., Borax, Bry., *Calc.*, Carbo-veg., Clem., Cham., *Chin.*, Cina, Cocc., Cupr., Dig., Dros., Dulc., *Ferr.*, *Graph.*, Guaj., Hep., Ign., *Iod.*, Ipec., Kali-bich., Lach., *Lyc.*, Magn-c., Merc., Mez., Natr-c., *Natr-mur.*, *Nitr-ac.*, Nux-m., *Nux-v.*, *Op.*, *Petr.*, Phos., *Phos-ac.*, Plb., *Puls.*, Raph., Samb., *Sass.*, *Sec-c.*, Selen., Sep., Sil., *Stann.*, Staph., Stront., *Sulph.*, *Tabac.*, Thuj., Verat.

*Rolling of head.* Bell., Bry., Cicuta, Colch., *Hell.*, Hyos., Kali-brom., *Podo.*, (Sec.) Sil., Stram., Verat-alb., (Verat-vir.) Zinc.

*Eyes half open.* Bell., Ferr-phos., *Hell.*, *Op.*, Podo., Sulph.

*Pupils contracted.* Anac., *Ars.*, Bell., Camph., Cham., Chelid., Cicuta, Cocc., Croton., Daph., Dros., Hæmotox., Igu., Lach., Mang., Merc-corr., Mez., Nux-m., Nux-v., *Op.*, Plb., *Puls.*, Rheum, Samb., Scilla., *Sec-c.*, Sep., Sil., Sulph., Thuja, Verat-alb., Zinc.

— — in cholera infantum. Cycl., *Op.*, *Verat-alb.*

*Eyes turned upward.* Apis, Cicuta, Cupr-nit., *Hell.*, Mosch., *Op.*

*Dropping of lower jaw.* Arn., *Ars.*, Carbo-veg., *Hell.*, Kali-iod., Lach., *Lyc.*, *Op.*, Stram., Variola.

— — — — with stupor. *Lyc.*, *Op.*, Sulph.

*Stupor.* Ang., *Ant.*, *Ars.*, *Asaf.*, *Bar-c.*, Bell., Bry., Camph., *Caut.*, Coloc., Con., *Croc.*, Cupr., Dig., *Laur.*, *Led.*, *Nux-m.*, *Nux-v.*, *Op.*, Phos., *Phos-ac.*, Plb., *Puls.*, *Sec-c.*, Sep., *Stram.*, Tart., Tereb., *Verat.*, Zinc., Zing.

Dark, watery, offensive stool is met by many remedies, including Opium.

From the above it is readily seen, without further analysis, that Opium is *the* remedy. It was therefore administered as



follows:  $\mathcal{R}$  *Opium*<sup>200</sup> (Dunham) Chart. XII, Sig; powder every two hours until better or dead (for it could not be worse). Diet: Egg albumen and water.

August 23d, 10 A. M.—Child greatly improved. Gave placebo and ordered fresh milk, one-half pint; water, one-half pint; cream, four tablespoonfuls; Peptogen Milk Powder, one measure.

I would state, of all the infant foods Peptogen Milk Powder has given me the best results.\* I ordered a Seibert steam sterilizer, the contents of a No. 1 (3 oz.) bottle, to be fed every two hours. It should be borne in mind that the *weight*, not the age, of the infant determines the food properly, for this purpose it is quite convenient to have Seibert's table to refer to. Some objections may be raised to this method of feeding, on the grounds that Seibert based his conclusion on the relative size of the stomach, to the weight of the child *in a healthy, growing state*; this is theoretically correct, but practically I have observed it to work admirably in these marasmic conditions.

To be brief, the child continued to improve; a few days later it received *Sulphur*<sup>55m</sup>, to remove a red excoriated condition about the anus.

It is well and gaining flesh rapidly to date, September 22d, 1896.

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## SYMPTOMS FROM MORPHINE.

W. H. PHILLIPS, M. D., GERMANTOWN, PHILA.

The following symptoms were developed in a man who had accidentally taken an overdose of Morphine-sulphate, and whom I was summoned to see shortly after he had committed the fatal blunder.

They are offered as a suitable addition to the several contributions upon Morphine which have appeared in THE HOMŒOPATHIC PHYSICIAN from time to time.

The contributions referred to are the one by Dr. Rufus L.

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\* *Vide* an article by R. H. Chittenden, Ph. D., *New York Medical Journal*, July 18th, 1896, p. 71.

Thurston in the December, 1895, number at page 563; that of Dr. Thomas Skinner, March, 1896, page 123; Dr. C. M. Boger's article, June, 1896, page 295, and Dr. E. V. Ross' addition in the number for December, 1896, page 524. These several contributions taken together with the following, form a very desirable addition to the pathogenesis of Sulphate of Morphia:

### MORPHINE-SULPHATE.

Dull and stupid; mind seems to wander, forgets what he is sent to do. Answers questions very slowly. Disinclination to do anything. Sleepy all the time, goes to sleep while eating; while talking to him vertigo at times; all things seem to turn in a circle, especially to the left. Great dryness of the mouth. Nose obstructed, breathes through it with difficulty. Blows clots of bright red blood from nose.

Pupils sluggish and very much contracted.

Much difficulty in swallowing, at times almost to strangulation. Oppressed anxious breathing. Urinates with difficulty, passed easier while sitting. Urine scanty. Urine dark, with dark sediment. Alternate constipation and diarrhœa; when constipated stool hard, black, and in little balls. Diarrhœa thin, black, watery stools; sometimes involuntary. Sudden desire for stool, must go quick or is passed immediately. Involuntary stool when he tries to pass urine.

Fingers feel cold with blueness under nails.

Limbs from knees down feel like lead, especially upon moving. Twitching of the lower limbs, cramps in the calves of the legs.

Dryness of the skin. Chilly, wants to be covered, even in a warm room.

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### IN MEMORIAM—DR. STEPHEN H. SEWARD.

Dr. Stephen H. Seward, the oldest practicing physician in Syracuse, died yesterday (Monday, February 8th), at the family residence, No. 504 West Onondaga Street, in his eighty-seventh year. He leaves one child, a daughter, the wife of G. Lewis Mer-

rell, with whom he has made his home for the last thirteen years. A brother and sister also survive him, the former, Oliver Seward, living at Kankakee, Ill., and the latter, Mrs. C. A. Lewis, of Joliet, Ill.

On his father's side Dr. Seward was related to Hon. William H. Seward, of Auburn, and on his mother's side the relation was to Governor William L. Marcy. Dr. Seward was born September 3d, 1810, at Decatur, Otsego County. His father was one of the contractors who built the Erie Canal. He received a common-school education and then taught school for some five years, and during these years he found time to study medicine and attend the medical department of the then noted Fairfield Seminary, Herkimer County. He graduated and received his diploma in 1837, and commenced practice in Brantford, Canada. From there he removed to Fort Plain, where he married Dollie A. Smith in 1847. Mrs. Seward died at the family residence, on Onondaga Street, 1888.

After one year's practice at Fort Plain Dr. Seward went for one year to Cayuga, Cayuga County, and in about 1845 removed to Liverpool, where he practiced twenty-one years. Like his early distinguished contemporaries, Drs. Lyman Clary, William Hawley, and H. H. Cator, Dr. Seward was an old school physician. Like them, when the new school was winning its first honors, Dr. Seward was induced to test its homœopathic principle. Concerning this test he wrote as follows to a homœopathic publication: "I tested Homœopathy, and after five months I adopted it, and never regretted my choice." In 1868-69 he was made President of the Onondaga County Homœopathic Medical Society.

In 1863 Dr. Seward came to Syracuse and entered into partnership with Dr. H. H. Cator. Later he was a partner of Dr. H. V. Miller, with whom he was associated for five years. For twenty years his office was in the Farmer Block at Warren and Madison Streets.

He was a member of the International Hahnemannian Association and the Central New York Homœopathic Society.

Although eighty-seven years old, Dr. Seward continued in

active practice up to Thursday last, February 4th. While visiting patients on that day he caught a severe cold, from the effects of which he did not rally.—*The Syracuse Post, Tuesday, February 9th, 1897.*

### SULPHUR IN TYPHOID.

On May 14th, 1896, the patient inhaled the effluvium from a drain; felt ill ever since, and took to her bed on May 18th. (A very short period of incubation.) She was at first attended by an unqualified practitioner. As she became worse the patient's husband invested the quack with the "ancient and honorable order of the sack," and sent for me. One dose of *Sulphur*<sup>dm</sup> (F. C.) removed the following peculiar symptoms: Delusions at night, as if she did not know whether she was married or single, whether she was a woman or a man; also that her ears had been changed for some one else's ears, and that they seemed too large and sticking out; this confusion of mind prevented sleep. *Arsenicum*<sup>cm</sup> (F. C.) removed a feeling as if she was sinking through the bed. *Pulsatilla*<sup>cm</sup> (F. C.) was also given, chiefly for the symptoms of agreeable odors (such as champagne); this symptom it removed, with general improvement. She made a good recovery. E. W. BERRIDGE, M. D.

### BROOKLYN HAHNEMANNIAN UNION.

On Saturday evening, January 30th, members of the Brooklyn Hahnemannian Union celebrated the first anniversary of their existence as a society. The meeting was held, as usual, at the residence of Dr. Close, 64 Willoughby Avenue. Every member was present except Dr. Baylies, who had another engagement, and Dr. Levenson, who was suffering from the effects of an accident.

In the regular order of rotation of Chairman, Dr. Close presided. Calling the meeting to order, he congratulated the members upon a year of most helpful and delightful intercourse, and upon the prospect and promise of the continuance of such relations.

Members have evinced great interest, have attended meetings regularly, and have maintained the warmest fraternal feeling in carrying out the objects of the Union. Valuable papers have been presented, and free and interesting discussions have been had, in which every member has taken part with pleasure and profit, in a series of meetings of a delightfully free and informal character.

After the reading and acceptance of the minutes of the last meeting, Dr. Close read a paper entitled, "Symptoms—A Study" (published in full at page 85 of this number), treating of the nature, varieties, and relative importance of symptoms from the Hahnemannian standpoint. The paper was briefly discussed, and the meeting adjourned to the dining-room, where a repast was served and enjoyed. A vote of thanks was tendered to the host and hostess for their hospitality during the past year, and to Mrs. Close in particular for her labors as Secretary. A half-hour musical programme in the parlor, Mrs. Close at the piano, concluded an enjoyable evening.

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

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, Friday evening, October 2d, 1896.

The meeting was called to order by the President at 8 P. M.

Members present: Drs. J. M. Selfridge, Augur, Martin, Wilson, and Ledyard.

The minutes of last meeting were read, corrected, and approved.

Sections 190 to 195 of *The Organon* were read and discussed as follows:

Dr. Wilson (referring to Section 190)—A wholesale admonition not always regarded by homœopathic physicians. Are not curetting the womb and packing with iodoform gauze prejudicial to the patient?

Dr. J. M. Selfridge—Most decidedly so. I had a case of eczema in a boy treated unsuccessfully by external applications. It was a *Rhus* case. The case was exceedingly difficult on account of the complicated treatment. He would scratch until the blood would run. *Psorinum*<sup>200</sup> and CM gave no relief. *Eczema*<sup>cm</sup> likewise failed. After waiting for quite a while gave *Sulph.*<sup>cm</sup>, one dose, with marked improvement for six weeks. The improvement ceased, and after a second dose the improvement is going on again.

Dr. Augur—Referring to the treatment of facial erysipelas, stated that in his old-school days he applied *Collodion* and a 10 per cent. solution of *Iodoform*; latterly, however, he uses no local medications, simply applying linen wrung out of warm water. He cited a case of *phlegmonous erysipelas*, extending from right to left, in which there was great sac-like œdema of the eyelids, and such intense inflammation that the case went on to suppuration with sloughing of the cuticle of the eyelids. The eyes were also much involved, with loss of sight in the right eye. In this case *Apis* “acted like a charm.” I have met homœopathic physicians who apply *Collodion* and *Veratrum-album*, but am of the opinion that the latter would interfere with the curative action of the remedy.

Dr. Ledyard suggested that where *Apis* is indicated there is relief from cold applications. Erysipelas, commencing on right side and going to left, calls for *Graphites*, while in the case of gangrenous erysipelas *Ars.*, *Carb-v.*, *Lach.*, *Rhus* or *Secale* is likely to be of service. He referred to a case of erysipelas of the face and scalp which had come to his knowledge, in which, after local treatment, the patient died, having previously gone into a stupor; this fact evidently pointing to metastasis to the brain, which might even then have been cured by *Lach.*, which meets this indication.

Dr. Wilson is in favor of dry applications, especially cotton batting.

Dr. Augur interrogated the Club with regard to its opinion of *Collodion* locally.

Some of the members saw no objection to its use.

Dr. J. M. Selfridge never applies anything but linen wet with tepid water.

Dr. Martin sets much store by *corn-starch*, dredging it on from a *spice-box*. He has found it very soothing.

Dr. Wilson put the question as to what the old school considers "isolated."

Dr. J. M. Selfridge remarked that old-school physicians have frequently asserted that cancer in its incipiency is purely local and can then be cured by the knife.

They look upon a tumor or other local manifestation as a parasite.

Dr. Augur, being appealed to as the latest authority from the old school, said he could not conceive of any part of the body as isolated, even when practicing as an old-school physician.

Dr. Ledyard stated that in the London hospitals *chancres* were invariably cauterized, sometimes with even fuming Nitric-acid.

Dr. Martin put the query with regard to the number of physicians who seek to investigate all the *local* symptoms, while they overlook the others.

Dr. Ledyard replied for himself, that he invariably investigated *all the symptoms, especially the mental*.

Dr. Augur stated that in "taking a case," you commence to question, in true Hanemannian style, about the head, stomach, bowels, and other parts of the body, when the patient, somewhat *impatiently*, ejaculates: "Oh, but, Doctor, I *don't care about anything but the stomach* ; that is the only thing I came to you to have rectified."

Dr. Ledyard—I have had one case of *chancre cured by one dose of Mercurius high*, and several cases cured by a few doses of the same medicine.

Dr. Martin, referring to the middle of Section 194, said: We are liable to forget that when patients are on the road to recovery, especially in cases of stomach trouble, that they should continue under treatment. Regulating the habits of a patient is not sufficient.

Dr. Wilson remarked concerning the wisdom of keeping patients under treatment until the cure is completed.

Motion to adjourn and meet the third Friday of the month at 606 Sutter Street was adopted.

W. E. LEDYARD, B. A., M. B., etc.,  
*Secretary.*

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## PYROGEN.

EMPORIA, KANSAS, February 10th, 1897.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

I think it would be a great benefit to the profession to have a collection of the verified and clinical symptoms of *Pyrogen*, and if you will ask your readers to send me all the symptoms *promptly cured* by the single remedy, I will arrange them for the printer in due form. I have found it the leading remedy for the grippe, and have some new verifications and symptoms, "Sensation of a cap on the head," "Sensation as if the heart were pumping cold water," are two symptoms that I have verified in my own practice, the latter a new indication for the remedy.

Fraternally,  
 W. A. YINGLING.

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## MATERIA MEDICA CONFERENCE.

The Committee on Materia Medica Conference presents the following programme for the meeting to be held in Buffalo, N. Y., Tuesday and Wednesday, June 22d and 23d, 1897:

GENERAL TOPIC.—Methods of purification of our Materia Medica.

First Session: Tuesday, June 22d, 1897. 3 P. M. "Does Critical Analysis and Drug Proving by the Chart Method mean too much Elimination." J. P. Sutherland, M. D., Boston, Mass., essayist.

*Disputants.*—A. L. Monroe, M. D., Louisville, Ky.; L. C. McElwee, M. D., St. Louis, Mo.; H. C. Allen, M. D., Chicago,



Ill.; A. C. Cowperthwaite, M. D., Chicago, Ill.; C. H. Evans, M. D., Chicago, Ill.; J. L. Moffatt, M. D., Brooklyn, N. Y.

Second Session: Tuesday, June 22d, 1897. 8 P. M. "Is the Method of the Baltimore Investigation Club Qualified to Fulfill its Purposes." Eldridge C. Price, M. D., Baltimore, Md., essayist.

*Disputants.*—George Royal, M. D., Des Moines, Ia.; Frank Kraft, M. D., Cleveland, Ohio; Pemberton Dudley, M. D., Philadelphia, Pa.; M. W. Van Denburg, M. D., New York; W. J. Hawkes, M. D., Chicago, Ill.; W. A. Dewey, M. D., Ann Arbor, Mich.

Third Session: Wednesday, June 23d, 1897. 10 A. M. "Purification by Means of Comparisons with Normal Standards." T. F. Allen, M. D., New York, essayist.

*Disputants.*—Conrad Wesselhœft, M. D., Boston, Mass.; M. Deschere, M. D., New York; J. C. Guernsey, M. D., Philadelphia, Pa.; E. H. Walcott, M. D., Rochester, N. Y.; J. B. G. Custis, M. D., Washington, D. C.; C. F. Meninger, M. D., Topeka, Kan.

The allotment of time fixed by the Institute at its last meeting for the appointed disputants is ten minutes each.

The remaining time in each session will be open to volunteer speakers, who shall be limited to purely extemporaneous remarks.

Each volunteer speaker will be allowed five minutes, as in the last Conference, and the utmost latitude as to time will be permitted *when the subject is adhered to*, but it will be strictly enforced against desultory and irrelevant remarks.

Those desiring to take part in this Conference, which promises to be of great interest, are urged to communicate at once with the Secretary, stating the topic upon which they desire to speak. This should be done at once. Last year many were shut out by sending in their names too late.

W. A. DEWEY, M. D., *Secretary.*

ANN ARBOR, MICH., January 15th, 1897.

## THE BUGABOO OF SMALL-POX.

M. R. LEVERSON, M. D., FORT HAMILTON, LONG  
ISLAND, N. Y.

“If no mischief be done by physician or nurse, small-pox is the most light and safe of all diseases.” (Sydenham’s letter to Boyle, April 2d, 1688.) Sydenham is known as “The Father of modern medicine,” “The great physician,” “The English Hippocrates.”

There is abundant evidence to prove that of all the *filth* diseases small-pox was the lightest till the doctors made it a great cause of death, first by inoculation and then by vaccination.

In 1792 there was a tremendous epidemic of small-pox in Boston, Mass. In a population of less than 20,000 there were no less than 8,346 cases of small-pox within a period of one year, but of these 8,346 cases, 8,114 were given by inoculation! (Report No. 153 presented to the House of Representatives of Massachusetts, March 13th, 1861, section on small-pox, p. 10.)

SMALL-POX properly treated is neither dangerous NOR *infectious*; none but infants or persons of enfeebled vitality should die of it.

Slight cases can be cured in two or three days; severe cases in from five to eight days; both classes can be cured without the smallest danger of infection. No one need hesitate to nurse those sick with it, if attended by a physician who knows how to cure it, which unfortunately few of them do.

SCARE is the chief element of danger, and is wholly groundless.

Read the proceedings of the Medico-Legal Society of November, 18th, 1896, to be had of the Anti-Vaccination Society of America, Fort Hamilton, Long Island, N. Y., M. R. Levenson, M. D., Secretary.

[The above statements of Dr. Levenson are, to say the least, very surprising, not alone to the editor of this journal, but to the readers as well. We would be glad to have Dr. Levenson inform us what means he would use to render small-pox so harmless.—ED.]

## BOOK NOTICES.

ELECTRICITY IN ELECTRO-THEAPEUTICS. By Edwin J. Houston, Ph. D., and A. E. Kennelly, Sc. D. New York : The W. J. Johnson Company, 253 Broadway. 1896. Cloth, 400 pages, 128 illustrations. Price, \$1.00.

This little volume constitutes one member in a series entitled "Elementary Electro-technical Series," published by The W. J. Johnson Co., publishers of *The Electrical World*, the pioneer electrical journal of America.

The book under notice gives the latest and most approved views on electricity and electrical phenomena. Discarding the old idea of two kinds of electricity, positive and negative, it gives the most modern views of the nature of electricity and the phenomena of attraction and repulsion.

The principal attention of the authors has, however, been concentrated upon those forms of electrical energy which are produced by the voltaic cell and by the dynamo. The nature of the volt, Ohm, and ampère is briefly described, and diagrams giving the character of the electrical current from various kinds of dynamos are shown with a view of making clear the ideas involved in the numerous fluctuations of the currents arising from these machines.

No very detailed descriptions of the apparatus used are given, the object being to give clear general views of the laws of electricity and the circumstances under which they operate, that medical men may use electrical apparatus in their practice, with a clear idea of the principles underlying its structure and mode of action.

Nothing in the way of advice as to how to apply electricity in any given case is to be found in this book, and indeed should not be expected, since such information ought rather to be sought in books on the clinical applications of electricity. What this book does give, we repeat, is clear and deep understanding of the underlying principles in the construction and action of medical batteries. Copious illustrations complete these explanations, and make it a very desirable book for the physician who practices with electricity.

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## NOTES AND NOTICES.

DR. GIVEN'S SANITARIUM, Stamford Hall, at Stamford, Conn., is a cottage home for Nervous and Mental Diseases, with a separate department for Narcotic and Alcoholic Habitues. It is only one hour from New York, beautifully located, and arranged for the comfort of patients.

HOMEOPATHS TO RECEIVE RECOGNITION.—Governor Stephens left this morning for Fulton to look after the management of the asylums at that place. He has this week been considering the make-up of the boards of

managers of the various asylums, educational and eleemosynary institutions of the State. The terms of three members of each of the boards expired on the 1st day of February, and in the course of a few days the Governor will have named their successors.

The most decided change that Governor Stephens will make in the selection of his boards will be the appointment of management in charge of the insane asylum at Nevada, which will be favorable to the school of Homœopathy, and place that institution in charge of homœopathic physicians. This class of physicians have made a fight for recognition at the advent of each administration. They have on file in the executive office the strongest of arguments in their behalf, supported and strengthened by letters from prominent, conservative old-school physicians throughout the State. They claim that their patrons pay one-third of the taxes in the cities, and at least one-fourth in the State, therefore justice demands that they have charge of at least one asylum. The allopathic physicians now have charge of all of the asylums, insane, deaf and dumb, blind, and the penitentiary, reform school for boys, industrial home for girls, and the State University; in fact, all public institutions of the State, and a large percentage of them have signified liberality and have joined with the new school in the hope that the Governor will distribute patronage according to representation. Governor Stephens is himself a homœopath, and so is most of his family connection; but aside from this, he deems it but just and proper and right that the Nevada asylum should be placed under homœopathic management. He has definitely decided upon this course and will announce his various boards in a few days.—*St. Louis Globe-Democrat*, February 4th, 1897.

A MATTER OF PREFERENCE.—When doctors once yield to the allurements of a fad, they are powerful slow in breaking away. So slow, that if the appendicitis fever endures much longer there will not be an appendix in America—except in the ash-barrel. They tell us now that it is better to have it removed on general principles. And the joke of it is that during all this period of blood and terror the homœopaths, it appears, have been quietly treating it medicinally, seldom operating and rarely losing a case. But the Old School tells us the homœopath is a fool; and the homœopath, naturally, has his opinion of the Old School and its methods.

Well, as to choosing between the two fools, we have a leaning personally to pellets and appendix, in preference to the carving-knife and the ash-barrel.—*Life*.

#### FUN FOR DOCTORS.

Dr. Kurnit—(writing a prescription) "Take this every morning."

Pat—"Divil a bit will I. Do yez t'ink oi'm a dumbed billy goat that yez kin fade me on a bit of paper?"

Jaymore—"Soakley was bitten by a mad dog last week."

Clogson—"Did he take hydrophobia as a result?"

Jaymore—"No, but the mad dog took delirium tremens."—*Washington Times*.

*Cinchon.*, and loud —: *Opium*, and hard —: *Phosphor.*, and cough: *Nitr. ac.*; — deep: *Nux mosch. Opium*; mucous râle during stupor, or furious delirium: *Hyosc.*; the more snoring, the darker the face becomes: *Opium*; stertorous —: *Laches. Opium*; — loose, rattling, loud and difficult: *Opium*; gray phlegm comes up: *Nitr. sp. d.*; cold —: *Carb. veg.*; breath is hot to back of hand: *Phosphor.*; offensive, putrid breath: *Arnic.*; very offensive breath: *Baptis.*; oppression of chest, and difficulty of —, with pleuritic stitches in chest, and harassing cough, with thick yellowish, or reddish sputa: *Phosphor.*; anxious respiration with strong heaving of the chest: *Opium*; want of breath, anguish in chest as if pressed together: *Phosphor.*; embarrassed — from tension in stomach: *Mercur.*; dyspnœa: *Laches.*; difficult, anxious — with sighing and hiccough: *Secal.*; oppressed — with extreme prostration: *Arsen.*; gasping — could not draw a full breath: *Baptis.*; sudden spells of suffocation, mostly in evening, lying down, with or without cough: [*Arsen.*] *Phosphor. Pulsat.*

Impending paralysis of lungs: *Nitr. ac.*; cough ceases, the collected mucus cannot be expectorated: *Moschus*; rattling phlegm in wind-pipe: *Arsen. Phosphor.*; cough ceases, the collecting secretions cause loud rattling breathing: *Carb. veg.*

**Cough**; suddenly changes from a loose one to a dry and hoarse one, with anxiousness and dyspnœa: *Spongia*; — hard, with stitching pain in chest: *Bryon.*; a dry — and difficult breathing: *Laches.*; dry, short, hacking —, evening in bed, as if from roughness, or dryness in the larynx: *Bryon.*; harass-

ing — all night, no expectoration in the day-time: *Rhus tox.*; dry —: *Arsen.*, and sore throat from bronchial irritation: *Bellad.*; — with very little expectoration, makes them worse: *Rhus tox.*; hard —, with tightness in the chest: *Phosphor.*; — with pain in the head as if it would burst: *Phosphor.*; troublesome — which causes pain in the forepart of the chest, and wakes from sleep: *Phosphor.*; severe —, with pressing headache the whole day: *Phosphor.*

**Phlegm**; mucus in throat, neither able to swallow, nor to expectorate: *Baptis.*; rattling of — on chest: *Carb. veg.*; moist râles in bronchial tubes, audible at a distance, from infiltration of lungs: *Ant. tart.*; loose rattling cough and breathing: *Nitr. ac.*; in typhus with children: *Bellad. Bryon.*; loose cough: *Lycop. Phosphor.*, without expectoration, with pain and sense of excoriation in the chest, so that he fears to cough: *Phosphor.*; tenacious mucus from throat, troublesome: *Apis.*

**Sputa**; tough, like gelatine: *Bryon.*; — first transparent, then yellow-colored, with or without impeded breathing: *Ant. tart.*; — transparent, or thick, yellowish, or reddish: *Phosphor.*; mucus yellow, red, and transparent, hangs on the tongue: *Phosphor.*; — viscous, hangs on the lips: *Phosphor.*; — hard to expectorate, with cough, in reconvalescence: [*Arsen.*] *Seneg.*; catarrhal and pulmonary difficulties in the inflammatory stage: *Bryon. Phosphor.*; — copious in the morning: *Bryon.*; — streaked with blood: [*Laches.*]; frothy, bloody mucus with violent, almost constant cough: *Kali carb.*; — brownish, bloody, with irregular pulse: *Nitr. ac.*; — bloody,

with severe cough : **I***Rhus tox.* ; — covered with blood : *Rhus tox.* ; — slimy, bloody : *Laches.* ; bloody froth with the —, cough excites bilious vomiting : *Carb. veg.*

**Cough** ; in the evening in bed : *Bryon.* ; worse from evening till midnight : *Phosphor.*

**With cough** ; painful shocks in the head : *Calc. ostr.* ; pressing headache all day : *Phosphor.* ; bursting pain in head : *Phosphor.* ; sore throat : *Bellad.* ; pain in epigastrium : *Bryon.* ; stitching pain in liver : *Bryon.* ; roughness and dryness in larynx : *Bryon.* ; dry cough, with difficult breathing : *Laches.* ; after each cough, short breath : *Phosphor.* ; tightness in chest : *Phosphor.* ; pain in forepart of chest : *Phosphor.* ; pleuritic stitches in side of chest ; restless and anxious : *Bryon.* ; wakes from sleep : *Phosphor.*

Fever is increased by the cough : *Calc. ostr.*

**Chest** ; pressure on the lower part on — : *Phosphor.* ; stitches in the left side : **I***Acon.* **II***Bryon.*, in lungs, or pleura, with a dry cough : *Bryon.* ; pleuritic stitches when inhaling : *Arnica.*, when coughing : *Bryon.* ; shooting pains in left side, worse in the evening, and on motion : *Bryon.* ; constant tickling under the middle of the sternum, causing a hacking cough, worse from talking, or moving : *Calc. ostr.* ; aggravation of thoracic pains by the least motion, or from breathing : *Spigel.* ; inflammatory affection of lungs, with rattling cough and breathing : *Nitr. ac.* ; effused fluid in pleura after pleuritis : *Sulphur* ; inflammation of lungs, or catarrh, especially during the commencement of infiltration, recognizable by the crepitation sound : **II***Sulphur* ; infiltration of lower lobes : *Rhus tox.* ; hepatization : **II***Phosphor.*

Bronchitis: *Bryon. Mercur. Rhus tox.*; whole process falls on the lungs: *Phosphor.*, if it does not succeed: *Bryon. Tart. emet. or Nitr. ac.* (JAHR.)

Pneumonia: *Phosphor.*; tuberculosis of lungs: *Kali carb.*

Pneumonic symptoms throw all the others into the shade; next to *Bryon.* and *Rhus tox.*: **|***Phosphor.*; if the patient is tormented by a violent, racking cough, either dry, or with thick, yellow, tenacious sputa, spits as in pneumonia: *Laches.*; lungs filled with blood: **|***Nitr. ac.*

In *pneumo-typhus*: *Apis. Bellad. Bryon. Mercur. Phosphor. Pulsat. Rhus tox. Sulphur*, with great rattling, dyspnoea, œdema pulmonis: *Ant. tart.*

œdema of lungs threatens during the mucous râle: *Ant. tart. Carb. veg. Phosphor.*

Paralysis of lungs threatened: *Ant. tart. Nitr. ac.*

**Heart**; pressure and anxiety: *Rhus tox.*; — palpitates: *Ignat.*, during the aggravations, preceding the miliary rash, fourteenth day; tremulous pulse, anxiety, restlessness, redness of the face, delirium, jerkings, especially in children; short hacking cough; excessive diarrhoea: *Calc. ostr.*; excited beating of —; anxiety, with tossing in bed: says but little, only complains of anxiety; says nothing from weakness of body and mind; excess of sensibility to sounds, to talking and to light; great indifference to all things, even to life; dull and weak in the head: *Arsen.*

Paralysis beginning; face and limbs grow cold, become covered with cold sweat; a picture of complete torpor of all vital functions (thus differing entirely



from that of Arsen., which is always associated with erethism): *Carb. veg.*

Slow action of heart: *Helleb.*; frequent and small beats: *Coccul.*

Circulation without energy; blood stagnates in the capillaries, causing cyanotic blueness of face, lips, and tongue: *Carb. veg.*

**Pulse**; very low: *Helleb.*; — weak, feeble: *Apis. Arsen. Carb. veg. Hyosc. Laches. Mercur. Phosphor. Phosph. ac. Psorin. Pulsat. Veratr.*, and intermitting: *Apis. Veratr.*, and quick: *Arsen.*

**WEAK** and irregular: *Hyosc.*; — and frequent (sixth week), moving of limbs causes drawing pains along the spine: *Ferr. carb.*; — and very frequent, irritated, without energy, 120 to 130: *Mur. ac.*; — and rapid: *Mercur.*

**SMALL**: *Arsen. Carb. veg. Colchic. Hyosc. Laches. Phosphor. Phosph. ac. Psorin. Pulsat. Rhus tox. Secale. Sulphur. Zincum*; — and frequent: *Colchic.*: —, weak and trembling: *Arsen.*; —, weak and intermitting: *Arsen. Zincum*; —, weak and scarcely perceptible: *Zincum*; —, weak and quick: *Phosphor. Rhus tox.*; —, weak and contracted: *Colchic. Secal.*; —, weak, slow and intermitting: *Secal.*; — and irregular: *Arsen.*; — and thread-like: *Hyosc.*; — and hardly perceptible: *Hyosc. Zincum.*

**WEAK** and small: *Arsen. Carb. veg.* | *Hyosc. Laches.* | *Phosphor. Phosph. ac. Psorin. Pulsat. Rhus tox.*: —, small and frequent: *Laches.*, and intermitting: *Phosph. ac.*, scarcely perceptible: *Carb. veg.*; —, small and quick (130): *Psorin. Sulphur*, almost suppressed: *Pulsat.*, and rapid: *Arsen.*, and trembling: *Arsen.*, and miserable: *Nuphar.*

· THREAD-LIKE, stringy, wiry: *Arsen.* | *Carb. veg.* *Colchic.* *Hyosc.* | *Rhus tox.*, and variable: *Baptis.*, and quick: *Colchic.* *Phosphor.*

SCARCELY PERCEPTIBLE: *Carb. veg.* *Hyosc.* *Zincum*, and quick: *Colchic.*, and small: *Hyosc.*, and frequent: *Zincum*; very frequent: *Camphor.*

PULSELESS: *Arsen.* *Carb. veg.* *Colchic.* *Jodium*, and unconscious: *Mercur.*

FREQUENT: *Arsen.* *Bellad.* *Carb. veg.* *Colchic.* *Glonoin.* *Hyosc.* *Jodium.* *Laches.* *Stramon.* *Zincum*; — and empty: *Arsen.*; — large and hard: *Jodium*; — and small: *Arsen.* *Coccul.* *Colchic.* *Zincum*; irritated, but without energy: *Mur. ac.*; —, small and trembling: *Arsen.*, and intermitting: *Zincum*; —, small and weak: *Laches.*, and sunken: *Arnic.*, and intermitting: *Phosph. ac.*, scarcely perceptible: *Zincum.*

ACCELERATED and full: *Phosphor.*; —, over 100: *Arsen.* *Baptis.* *Phosph. ac.*, 110 to 130, without energy: *Mur. ac.*, 120 to 140 in the minute: *Bellad.* *Kali carb.* *Laches.* *Pulsat.* *Sulphur.*

QUICK: *Arsen.* *Colchic.* *Psorin.* *Pulsat.* *Rhus tox.* *Sulphur.* *Zincum*; —, weak and intermitting: *Arsen.*; — and small: *Phosphor.* *Rhus tox.*; —, weak and small: *Psorin.* *Pulsat.* *Sulphur*; — and thread-like: *Colchic.*, and trembling: *Arsen.* *Phosphor.*

RAPID: *Hyosc.* *Mercur.*, and intermitting: *Hyosc.*, and weak: *Mercur.*; —, weak and small: *Arsen.*

INTERMITTING: *Apis.* *Arsen.* *Hyosc.* | *Kali carb.* *Mur. ac.* *Phosph. ac.* *Secale.* *Veratr.* *Zincum*; — and weak: *Apis.* *Arsen.* *Veratr.*; — small and frequent: *Zincum*, and weak: *Phosph. ac.*; omitting every third beat: *Mur. ac.*

SLOW: *Opium. Secal.*; only 80: *Helleb.*, and full: *Baptis.*

CONTRACTED: *Colchic. Secal.*

HARD, large and frequent: *Jodium*; — and full, 98: *Baptis.*; carotids beat violently: *Bellad. Glonoin. Hyosc. Stramon.*

FULL: *Opium. Phosphor.*, and accelerated: *Phosphor.*; 120: *Gelsem.*; — and quick: *Baptis.*, and slow: *Baptis. Opium*, and hard: *Baptis.*

EMPTY: *Arsen.* See Imperceptible.

CHANGING frequently: *Apis. Baptis.*

INCREASING by least motion: *Jodium.*

**Outer Chest**; eruption of a pinkish-blue red color, extending over whole left side: *Stramon.*; roseola spots: *Arsen. Hyosc.*; petechiæ: *Bellad.*

RASH; red: *Stramon.*, white: | *Valer.*; miliary eruption from neck to chest, then all over: *Phosph. ac.*

Throbbing in the arteries of the throat: *Phosphor.*

**Neck**; stiff: *Bryon.*, with pain in the bones, as after taking cold in a copious sweat, with pressing to forehead: *Nux mosch.*

**Back**; spine sensitive when fever is coming on: | *Nux vom.*; pain in —: *Colchic.*; rending along spine from moving either hands or feet: | *Ferrum*; loins and legs, as if bruised, and weak; after the slightest exertion, weakness with inclination to lie down: *Nux mosch.*

Great heat of the trunk, with cold sweat on head and limbs: *Phosphor.*

Red rash: *Stramon.*; miliary rash beginning on the neck: *Phosph. ac.*; petechiæ on neck: *Bellad.*

## LIMBS.

**Upper limbs**; arm gets livid, and goes to sleep: *Kali carb.*

**HANDS**; trembling automatic motion of —, with coldness of the limbs: *Zincum*; — tremble violently when trying to lift, or move them: *Gelsem.*; — weak: *Arsen.*; one — hot, the other cold: *Pulsat.*; cold sweat on —: *Carb. veg.*, on — and upper limbs: *Zincum*.

**FINGERS** cold after drinking: *Tarax.*

**Lower limbs**; thighs, weariness: *Phosphor.*; — weary, even while rising from long continued sitting: *Pulsat.*; — feel weak: *Arsen.*, especially in recovery, they think they will have paralysis: **¶** *Selen.*; — tremble when trying to walk: *Gelsem.*; tearing in —, most unbearable when at rest, relieved by moving them (*Rhus tox.* did no good): *Tarax.*; — weak, evening or morning, sluggish, disposed to sweat, and trembles: *Carb. veg.*; attacks of jerking in —: *Coccul.*; aching, and sense of deadness in —: *Bryon.*; heaviness in — in the morning, with nausea, sinking and drowsiness: *Mercur.*

**KNEES**; weak: *Arsen.*, while sitting, or in quick motion: *Phosphor.*

**FEET**; great heaviness of —: *Coccul.*; weak —: *Arsen.*; cold —: **¶** *Lycop.* **¶** *Zincum*, all night: *Jodium*; cold sweat on —: *Carb. veg.*

**TOES**; sore between —, and sweaty: *Baryt. Silic.*

**All the limbs**; muscles refuse to obey the will: *Gelsem.*; — trembling, or jerking: *Coccul.*

Vanishing of power, like fainting, near losing his

consciousness : *Sulphur* ; numbness : *Secal.* ; sluggish, more in the forenoon, with heaviness : *Phosphor.* ; weak : *Secal. Veratr.* ; inclination to lie down : *Veratr.* ; heaviness : *Opium*, and weariness : *Bellad.*, with numbness : *Secal.*, especially of thighs : *Cinchon.*, and of the whole body, with chilliness : *Pulsat.*, as if from extreme fatigue : *Arnica*, and peculiar lassitude, with headache, white coated tongue, loss of appetite, restless sleep : *Bryon.* ; and weak from morning to evening : *Sulphur*, and weariness, especially in the legs, on rising from sitting : *Bryon.*

Great weariness ; weakness in the evening, with depression of spirits : *Mercur.*

Painfulness extending from the elbows and knees : *Laches.* ; severe pain in the limbs : *Rhus tox.* ; severe rheumatic pains, worse in rest, somewhat ameliorated by moving and changing position : *Rhus tox.* ; bruised feeling : *Bryon. Rhus tox.* ; coldness of the limbs : *Zincum*, hands and feet : *Arsen. Colchic. Lycop.* ; one hand and foot hot, the other side cold and red, evening and morning : *Pulsat.* ; one foot hot, and the other cold : *Lycop.* ; limbs cold, covered with cold sweat : *Carb. veg.*

**Motion** ; desire for frequent and constant movement, which gives temporary relief to the patient, pain better in motion : *Rhus tox.* ; fidgety feet : *Zincum* ; averse to effort : *Sulphur*, to all efforts of body and mind : *Cinchon.*, and dullness : *Arsen.*, wants to lie quiet : *Bryon.* ; on rising from lying, vertigo : *Arnica. Nux vom.* ; on raising head, vertigo : *Cinchon.* (see Head) ; on rising from sitting, loss of strength ; the same at the beginning of walking ;

wearry legs: *Bryon.*; on moving, soreness in stomach: *Bryon.*; on moving quickly, weakness of knees: *Phosphor.*

WALKING; inordinate weariness from a short walk; can walk but a few minutes on account of weakness: *Pulsat.*; even the least walk produces great fatigue and headache: *Phosphor.*

Pain in all the limbs: *Bryon.*; aggravated darting-tearing pains: *Byron.*

General aggravation of pains from motion: *Bellad. Byron.*

In the suffering parts shooting, or jerking, tearing pains; in the head, throat, chest, abdomen, etc.: *Byron.*

From the least labor weakness, and exhaustion with heat, rush of blood and trembling: *Mercur.*; on the least exertion, loss of strength: *Bryon.*; after the slightest movement, immediately great weariness: *Nux vom.*, great weakness: *Mercur.*; exhaustion: *Laches.*, he must sit down: *Coccul.*, fainting: *Coccul. Nitr. ac.*, chilliness (in the early stage): *Nux vom.*, in the morning: *Calc. carb.*

Overestimates his strength, ventures to get up, and then sinks down on to the floor: *Apis. Arsen. Lycop. Natr. mur.*; can only walk a few steps without support: *Stramon.*; unable to walk, sinks down after a few steps: *Arsen.*

Every motion during the fever makes the patient feel sick: *Fluor ac.*, causes sweating: *Cinchon.*

AFTER OVER-EXERTION; of the body: *Rhus tox.*; of body and mind: *Cuprum.*

**Restlessness**; anxious to go from one bed to an-

other : *Arsen.* *Bellad.* *Calc. ostr.* *Chamon.* *Cina.* *Hyosc.* *Mercur.* *Sepia.* *Rhus tox.* *Veratr.* ; turns from one place to another : *Arsen.* *Hyosc.* *Rhus tox.* ; lying on back, suddenly sits up, then lies down again : *Hyosc.* ; restless, tossing about : *Apis.* *Bellad.* *Canthar.* *Rhus tox.* ; continually changing position : *Arsen.* *Bryon.* *Cinchon.* *Rhus tox.* ; she has no rest day or night : *Sulphur* ; great — : *Hyosc.* *Rhus tox.*, and anxiety, manifesting itself in constantly moving head and limbs, whilst the trunk lies still, on account of too great weakness : *Arsen.*

**GENERAL RESTLESSNESS** ; in the muscles, with vertigo : *Nux mosch.*, with dilated pupils : *Nux vom.* ; all night, puts out hands : *Phosphor.* ; in the evening, tosses hands about : *Phosph. ac.* ; constant inclination to stretch limbs or change their position : *Cinchon.* ; can't lie long anywhere : *Baptis.* ; wants to rise up : *Pulsat.* ; great nervous restlessness : *Baptis.*, of body and limbs : *Camphor* ; every position feels too hard : *Arnic.* ; feels better when lying down : *Bryon.* ; rest relieves colic : *Arsen.* ; weakness of the whole body, which compels lying down : *Arnic.* *Mercur.* *Pulsat.* ; giddiness compels lying down : *Phosph. ac.*

**Standing** ; he can hardly stand erect on account of great weakness ; great weariness at nine o'clock, A. M., with heaviness in all the limbs and almost an unconquerable inclination to sleep : *Coccul.* ; he cannot stand up, but only lie or sit ; if he stands, he has the greatest anxiety with nausea and cold sweat on the forehead : *Veratr. alb.*

After stooping, cannot rise : *Rhus tox.*

**Sitting** ; on sitting up he has nausea : *Pulsat.* ; —,

knees weak: *Phosphor.*; stupid, as if drunk, on rising dizzy, as if he would fall forwards or backwards: *Rhus tox.*; —, giddiness: *Phosph. ac.*

**Lying**; wants to lie down: *Coccul.*, in one spot (in the beginning): *Rhus tox.*; strong desire to lie down, and considerable relief on doing so: *Nux vom.*; sluggish, with constant desire to lie down or to sit: *Nux vom. Pulsat.*; must lie down, sitting does not suffice: *Pulsat.*; strong inclination to lie down: *Stramon.*; painful to lie on the left side: *Stramon.*

Shooting pains, worse during rest: *Rhus tox.*

During rest intolerable tearing pains, only in the lower limbs: *Tarax.*; in all the limbs: *Rhus tox.*

**Positions**; lies quiet, without any complaint: *Arnica.*; lying with head thrown back: *Baptis.*; lying on back: *Arsen. Laches. Phosphor. Zincum*; limbs drawn up: *Helleb. Pulsat.*; knees drawn up: *Arsen. Pulsat.*; legs bent to belly, forearm stiffly bent on arms: *Bellad.*; eyes half open, abdomen sunk in: *Colchic.*

Sliding down in bed: *Apis. Baptis. Helleb. Zincum*; slips down to the bottom of the bed: *Arsen.*, into one heap with moaning: || *Mur. ac.*

Debility quickly following the erethic stage: *Rhus tox.*

**WEARINESS**: *Cinchon. Coccul.*; — of limbs: *Stramon.*; — all over, feel as if they had overdone themselves: *Arsen.*; — in the whole body: *Pulsat.*; — most in thighs: *Phosphor.*; painful — in the limbs, as if after a long walk: *Cinchon.*; — as if after exertion: *Colchic.*; unconquerable —, like intoxication: *Opium*; — as if after sickness: *Sulphur*; always fatigued and weak: *Sulphur.*



WEAKNESS: *Camphor. Coccul. Opium. Rhus tox. Secal. Stramon.*; — suddenly in the midst of the disease: *Chlorum. Nitr. sp. d.*; frequent sudden attacks of —: *Phosphor.*; — sometimes more in the upper, sometimes in the lower limbs: *Secal.*; — intolerable, with giving way of the knees: *Mercur.*; in attempting to move, too weak to control his movements: *Gelsem.*; — of limbs, with trembling after every effort: *Sulphur*; —, ready to fall; with heat, rush of blood and trembling: *Mercur.*; on getting up, sinks down to the floor: *Arsen. Apis. Natr. mur.*; the greatest —, especially in the legs, knees, feet, and hands, which tremble, with inability to walk more than a few steps without sinking down: *Arsen.*; universal — in the morning, as if after too little sleep: *Veratr.*; — and anxiousness, with staggering: *Arsen.*; with relaxation of body and mind, with insensibility: *Cinchon.*; — with aversion to all external objects, persons, and things, with drowsiness: *Opium*; — ready to fall, with inexpressible sense of illness in body and mind, which compels him to lie down: **I** *Mercur.*; — and exhaustion with heat, rush of blood, trembling from the least labor: *Mercur.*; — with strong disposition to sweat during movements and in sleep: *Cinchon.*; — and sweat after fever: *Psorin.*; — with inclination to sleep: *Laches.*; — weariness and bruised soreness, which compels to lie down, and yet every position feels too hard: *Arnica.*; — with sensibility of the surface: *Colchic.*; — and great lassitude: *Bryon.*; — with the vertigo: *Secale.*

LASSITUDE; the whole day: *Sulphur*, the whole

body sluggish: *Arnica*, general relaxation with great nervous weakness: *Phosphor*.

DEBILITY: *Carb. veg. Phosph. ac.*; — as if after severe sickness: *Natr. mur.*; — and nervous prostration: *Baptis.*; greatest debility: *Nitr. sp. d.*; with sliding down in bed: *Mur. ac.*; with trembling of the whole body, and coldness of the limbs: *Hyosc.*; — and weakness with sleepiness in the afternoon: *Bellad.*

**Prostration:** *Chlorum. Colchic. Gelsem. Mercur. Rhus tox. Stramon. Veratr.*; very great —: *Arnica*; uttermost and overwhelming —: *Arsen.*; lying in a state of stupid apathy, senses inactive, very taciturn, and insensible to every external impression, abdomen much distended, many gastric ailments, and stools involuntary: *Phosph. ac.*; — with inability to leave the bed; falling of the lower jaw and eyelids: *Arsen.*; exhaustion: *Rhus tox.*; —, averse to every effort, even to speak: *Sulphur*; — and anorexia: *Rhus tox.*; — and emaciation; *Mercur.*; — rapid: *Arsen.*

Sense of internal illness as of impending disease: *Cinchon.*; attacks as if body and mind were unstrung: *Mercur.*

SINKING OF STRENGTH: *Arnica. Hyosc.*; loss of all strength: *Phosph. ac.*; rapidly: *Phosphor*.

SINKING OF ALL THE FORCES: *Cinchon. Rhus tox.*; general and rapid: *Arsen. Phosphor. Secal.*; sudden: *Colchic. Nux vom. Veratr.*; in ten hours he can hardly speak or walk: *Colchic.*; with muttering delirium, apathy, loss of sense, bluish redness of the face, and a feeble, intermittent pulse: *Veratr. alb.*; paralytic,

even in sitting, but mostly when moving: *Nux vom.*  
*Opium*; with disposition to sleep: *Veratr.*; rapid  
 sinking, dry tongue and skin, after bloody stools:  
*Arsen.*; withered bluish skin: *Carb. veg.*; sinking  
 down exhausted: *Veratr.*

Inexpressible sense of illness in body and mind:  
*Mercur.*

FAINTING: *Secale.*; sudden —: *Bryon.* *Camphor.*  
*Coccul.* | *Turax.*; — and vertigo with every attempt  
 to leave the bed: *Opium*; — from bodily movement,  
 with spasmodic distortion of the facial muscles:  
*Coccul.*; sense of illness and discomfort in the whole  
 body, especially in the stomach, even in the open  
 air: *Phosphor.*; faintness and fever and trembling:  
*Laches.*

Heaviness and dullness of body and mind, loath-  
 some sensation of the whole body, with weakness of  
 the joints, especially of the knees, while sitting and  
 in quick motion: *Phosphor.*

Weakness and weariness develop themselves mostly  
 as heaviness: *Pulsat.*

Lies speechless with open eyes and stiff limbs:  
*Opium.*

Appears to feel almost nothing, to be almost im-  
 movable and yet not quite paralyzed: *Nitr. sp. d.*

All strength gone, settles down in the bed, paralysis  
 threatens: *Arsen.* *Carb. veg.* *Mur. ac.* *Rhus tox.* *Nitr. ac.*  
*Moschus*; nearly at the verge of the grave: *Nux*  
*mosch. 2°.*

Debility as if the parts would be paralyzed: *Rhus*  
*tox.*

Paralysis of one or more parts: *Caustic.*

Protracted reconvalescence: *Psorin*.

If the strength alone is still wanting: *Veratr*.

Anxiety in the body with disposition to tremble:  
*Nux mosch*.

Nervous tingling, lameness: *Acon*.

Cow walk (gressus vaccinus): **!***Laches*.

Staggering gait, with difficulty in walking direct to a given point, and anxious weakness: *Arsen*.

TREMBLING: *Arsen*. *Bellad*. *Hyosc*. *Ignat*. *Lycop*.; — of limbs: *Arsen*., and internal — with fever and faintness, evenings: *Laches*.; — weakness: *Pulsat*.; — of the body with prostration: *Carb. veg*.; — with sense of weariness in the limbs (in the early stage): *Bellad*.; — of the whole body, or one or more of the limbs: *Stramon*.; — after every effort: *Sulphur*.; — of the part moved, in every effort, even of the protruded tongue: *Bellad*. *Laches*. *Secale*.; — and jerking of the limbs: *Apis*.; — in attacks, and jerking of eyelids, muscles of face and limbs, fits of fainting from bodily movement, with spasmodic distortion of the facial muscles: *Coccul*.; — in the morning with jerking of the limbs: *Phosphor*.

**Motions**; automatic — of muscles: *Camphor*. *Rhus tox*., of hands and feet: *Coccul*. *Rhus tox*.; involuntary —: *Bellad*. *Colchic*. *Hyosc*. *Rhus tox*. *Stramon*.; constant odd — of limbs and body: *Stramon*.; sudden startings: *Canthar*.; twitchings, the fourteenth day: *Colchic*.; frequently raises or jerks the head from the pillow: *Stramon*.

JERKING and turning of hands: *Opium*.; violent — of the limbs, shaking whole body, awake or asleep: *Lycop*.; — of the limbs and tendons; de-

THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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

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EDITORIALS.

THE MEMBERS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION are again reminded that the Editor of this journal is Chairman of the Bureau of Materia Medica, and they are all urged to contribute something toward the improvement of our knowledge of drug action in time for the next meeting. Those who are *not* members are invited to contribute papers on pathogenesis. These papers should all be sent to the Editor at the office of this journal.

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THE EDITORIALS ON MATERIA MEDICA.—The Editor regrets that the demands upon his time have again prevented his preparing any more notes from Dr. Lippe's lectures. He hopes, however, to be able to give a good selection from his accumulated memoranda in the number for May.

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NOTICE.—The editor regrets that the excessive clerical work of the journal, together with the demands of his practice, has made a delay in the acknowledgment of many communications received. Correspondents are assured that answers to their letters will not be much longer delayed.

## VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I.

(Continued from page 85.)

Dr. Arthur F. Hopkirk referred for his authority with regard to Prussia to a paper by Dr. Guttstadt, in the *Zeitschrift des Koniglichen Preussischen Statistischen Bureaus* for 1873, which he stated is a complete report upon the epidemic of 1870-71, and of all the epidemics from the end of the last century to the end of 1872 (Q. 1,431, *Second Rep. Com. of 1889*, p. 8a). In Q. 1,433 he speaks thus of the vaccination laws of Prussia: "That is a point upon which there has been a good deal of misunderstanding in England. In 1834 a law was passed making vaccination and re-vaccination compulsory for all the soldiers in the Prussian army; *but there was no law making vaccination itself compulsory for the civil population of Prussia until the 8th of April, 1874, a law which came into action in 1875.*"

In Q. 1,434 he says: "Every German authority at the present day states that there was no real compulsion until 1874."

This was stated on the 9th of October, 1889. Dr. Hopkirk made other remarkable statements at this time, which will be noticed later. Inquiries being made by the British Government at the request of the commission, of the German (and French) governments with reference thereto, the replies received did not at all agree with Dr. Hopkirk's statements. He was therefore recalled before the commission on the 19th of February, 1890. The value of Dr. Hopkirk's statements will be more readily appreciated by presenting the contradictions of the 19th of February, 1890, to the statements of the 9th of October, 1889, immediately after the latter; accordingly, we now give Q. 6,792, page 222 b, same report.

Dr. Hopkirk being a good German scholar, he was required to read and translate the law of 1835. "I have approved these rules and now confirm them with an order that they should be obeyed by every one within the whole extent of my dominion, under penalty of the fine and imprisonment provided; and that all officials concerned should act upon them." Dr. Hopkirk, who on the 9th of October, 1889, had stated "there was no law making vaccination compulsory for the civil population of Prussia," now says: "I cannot say that I ever studied that enactment of 1835."

Among the "rules" thus "confirmed" and ordered to be obeyed within the whole extent of the Prussian dominions was the following: "Heads of schools, master craftsmen, tradesmen, and the employer of servants will do well to satisfy themselves that those who have entered on a course of instruction with them, or into apprenticeship, or have taken service with them, have been vaccinated; persons who seek any scholarship or other benefices for their children or their wards, or who seek to place them in any public establishment, are to be refused if they cannot furnish proof of their vaccination having been duly performed." (Q. 6,791.) Perhaps I may be excused for here interpolating some personal experience. In 1866 I placed my four children at school in Gottingen (Province of Hanover) and before they were admitted proof had to be given that they had been vaccinated, and such of them as did not present satisfactory "marks" had to be re-vaccinated. In 1872, when I removed them to the city of Hanover, the like evidence had to be repeated. In 1875, I being then forty-five years of age, wished to "hospitiren," or, as it is termed in the United States, take a special course, in assaying at the Clausthal Mining School; but before I could be admitted I had to prove either that I had been vaccinated or had had the small-pox. Having been vaccinated at the age of two years and had confluent small-pox at three, I was able to give evidence of both. Let us re-

turn to Dr. Hopkirk on the 9th of October, 1889. He gives a large number of statistics (Q. 1,463), which even if accurate have no bearing on the subject, for while they show, *for a time*, a decrease of small-pox deaths following the introduction of vaccination, yet as observed by Dr. Farr this decrease commenced *before* its introduction. Small-pox was an epidemic disease and wherever conditons of filth prevails it is so still; but because it is epidemic the mortality it causes year by year rises and falls, and as is even shown very clearly by Dr. Hopkirk's "Diagram Showing the Mortality from Small-pox in Prussia from 1816 to 1886 per 100,000 inhabitants." (App. No. 2, to face p. 232 of the second report of the commission) of all the epidemics of the century, beginning with that of 1816, that of 1871 and 1872 was the worst, there having died in each of those years in Prussia nearly four times as many per 100,000 living as in the next most fatal epidemic—that of 1866.

Q. 1,467, quoting Lotz's *Pocken und Vaccination*, which Dr. Hopkirk claims to have carefully verified, he says: "He shows how high the mortality was amongst young children up to the age of twenty in the days before vaccination, while after the age of twenty *there was scarcely anybody left to have small-pox*. They had all had it; they *had either died from it or had been disfigured by it*."

The absurdity of this statement even when inoculation was at its worst, is too palpable to need refutation. As shown above (p. 499, Vol. XVI), with reference to a similar statement by Sir John Simon with regard to England and Wales, had it been true, Prussia would have been depopulated in a very short period. In Q. 1,467 additional evidence is there given tending to show that small-pox was formerly much more of an infantile disease than it is at present; other statistics point to the same conclusion. The advocates of vaccination claim this as evidence that the practice is beneficial. Yet, if it be in any way connected



therewith, instead of an advantage it must be one of its serious evils. If out of a given number of births a certain number are to die of small-pox before they attain the age of twenty years, it is clearly far better that they should die in infancy than in youth. Not only has there been a less material expenditure upon them, but the mental suffering is also less than when the child has grown into the affections of its parents by the interchange of kindness between parent and child through a term of years during which habit and use serve to reinforce mere animal love and to make the parting more painful when it comes. From an economic point of view, also, the loss is less to the community when the child dies in infancy than when it has begun to be a factor in production. But, further, vitality and the power of resistance to disease are far greater in youth and young adults than in infancy, and to assert that small-pox has now become a disease of the stronger life instead of the weaker, as it formerly was, proves, *if it be true*, that it has become a more serious disease than when Sydenham, "the great physician," "the English Hippocrates," "the father of modern medicine" (for by all these names is he known), declared small-pox to be "the lightest and safest of all diseases." Especially must this be true when it is found, as the fact is, that the fatality of small-pox is about the same (in old-school practice) to-day as it was 100 years ago. Under homeopathic and hydropathic treatment the fatality is somewhat less; but as all hydropathic physicians and most of the homeopathic condemn vaccination, the diminished fatality which attends the practice of physicians of these schools can afford but poor encouragement to the vaccinists.

The real bearings of a deferred age incidence of small-pox do not seem to have been recognized by those who have advanced the postponement of the age incidence as an effect of vaccination, or there is much reason to believe from their conduct, with relation to other aspects of the

question, that they would have been anxious to suppress the facts instead of bringing them forward. Their having brought forward this change in age incidence as a proof of the benefits of vaccination serves to illustrate the inveteracy of the prejudices which blind many of the advocates of the rite to the most palpable truths. The evidence with regard to the change in age incidence of small-pox already obtained is strong, but not yet conclusive. If it were, as it would still, for the most part, be of the *post hoc ergo propter hoc* order, I should hesitate to claim it as an additional proof of the mischief of vaccination because of the total irrelevancy of the pathology of cow-pox to that of small-pox.

On the other hand, some of the many sources of vaccine matter in use have been obtained by inoculating the cow with the small-pox poison, so that vaccination, where this poison has been employed, is really variolation plus an unknown quantity of cow disease. Where, then, the poison used has been thus obtained the evidence that the postponement of the age incidence may be a result of this method of blood poisoning is more direct and becomes forcible.

Returning to Dr. Hopkirk's testimony, Q. 1,468 puts in very elaborate tables from which (Q. 1,469) Dr. Hopkirk drew the conclusion that in the epidemic of 1870—in Chemnitz—not a single vaccinated child under ten years died, but that of the unvaccinated a good many did. He also says that "All the children who died were unvaccinated and of the adults three males and four females were vaccinated, the remainder were unvaccinated." He also introduced statistics relative to other German towns, and asserted that in Russia also "none of the children under ten died who were vaccinated." He gave Dr. Guttstadt as his authority for this statement. He also (Q. 1,471) made a comparison (table F, App. II, p. 236, of second report of commission) between the mortality from small-pox in three small towns of Bavaria, Rawics, Bojanowo, and Sacruowo, from December,

1795, to the end of 1796, and that of Leipzig in 1871, and another table (Table G, App. II, p. 237) showing a comparison between the mortality from small-pox in those same towns in the same year and the mortality from small-pox in Lower Franconia for 1866-7, "primary vaccination being compulsory in the latter instance."

In Q. 1,472 he gives a calculation of the mortality from small-pox per 100,000 living in the three towns before named in a pre-vaccination year (1795-6), viz., 149.2, and contrasts it with that of Lower Franconia in 1866-7, with primary vaccination only, and a mortality of 28.6 per 100,000 living, each being an epidemic year; but he took no heed of the fact that in the former year inoculation was rampant, and that many if not all cases of death from measles were almost certainly included in the small-pox returns, also that there is a very great variation in the intensity of epidemics of small-pox as of other diseases. His Chemnitz statistics must be relegated to the region of the fabulous; not only are they absurd in themselves, but his like assertions with regard to the safety of children in Prussia having been capable of verification were tested and proved to be untrue, as presently shown.

But, again, his Chemnitz table (Table E, App. No. 2, second report, p. 236) gives 224 cases admitted to the hospital, 184 were vaccinated and only 37 alleged to be unvaccinated (Q. 1,602); yet he says (1,603) out of 3,546 cases in the town 2,643 were unvaccinated, and that, too, in the face of compulsory vaccination. Of the 249 deaths in Chemnitz 242 were reported as unvaccinated, yet in Berlin from 1871 to 1872 there were 4,524 deaths and only 1,383 alleged to be unvaccinated (Q. 1,596). In (Q. 1,649) he gives (Table E) the fatality among the unvaccinated in Chemnitz at nine per cent., and of the vaccinated in Coblenz eighteen per cent. of all ages (Table N).

In Q. 1,489 Dr. Hopkirk attempts to explain away the

fact that of 30,742 cases of small-pox in Bavaria in 1871 20,429, or 95.7 per cent., were those of vaccinated persons, and only 1,313, or 4.3 per cent., were unvaccinated. His explanation is more ingenious than ingenuous. It is as follows: "If during so mighty an invasion of small-pox as that which crossed into and over Germany from France in the hard times of the war, 1871, only .68 per cent. of the entire Bavarian population suffered from the disease, then one is thoroughly justified in assuming that this population which was only so slightly attacked was afforded some special protection, and one may well ask how it would have been with the Bavarian population if it had not possessed this protection?"

But of what use is a "protection" which fails to protect at the only time that "protection" is needed? Small-pox is, as it always has been and always will be until extinguished by sanitation, an epidemic disease, and we are to be protected against this epidemic condition by a nostrum which is of no use in the face of an epidemic! But, further, an attack rate of .68 per cent. of the entire population in a single year is by no means an insignificant percentage; it is more than the attack rate in Great Britain during either 1871 or 1872, and nearly equal to that of those two years combined; it is greater than the attack rate in London in any year during this century.

At Q. 1,543 Dr. Hopkirk gives the now famous statement that of the French army in the Franco-Prussian war 23,409 died of small-pox in 1871, and of the Prussian army 316, and he claims these to be official statistics. As vaccination had been enforced upon every recruit in the French army for many years it is hard to see how this could tell in favor of vaccination even if it were true.

But the truth is that these figures are all imaginary—"evolved from the inner consciousness" of some one. The figures, or something like them, were first given to the Eng-

lish public by Dr. W. B. Carpenter in a letter to the members of the British Parliament. Mr. Alex. Wheeler, of Darlington, England, thereupon wrote to the war office in Paris and received the following reply:

Ministere de la Guerre,  
Paris, 2 Juillet, 1883.

Monsieur:—En reponse a votre lettre du six Juin dernier j'ai l'honneur de vous faire savoir que nous ne possedons pas les chiffres des morts par suite de variole pendant la periode de la guerre de 1870-71, les statistiques medicales de ces annees n'ayant point pu être recueillies. Recevez, monsieur, l'assurance de ma consideration distinguée.

Pour le Ministre et par son ordre le medecin Inspecteur Directeur.

S. MILIOR, *Directeur*.

A. MONSIEUR WHEELER, Darlington.

Mr. Wheeler called on Dr. Carpenter to withdraw his statement. "After some time, which it may be supposed he occupied in making inquiries which he ought to have made at first, Dr. W. B. Carpenter in August, 1883, published in the *London Daily News* a letter to the effect of the statement of the French Minister of War and withdrew his figures.

On the falsehood being rehashed by Dr. Hopkirk fresh inquiries were made with the same results.

Dr. Hopkirk testified (Q. 1,543) that the above statement had been recently confirmed from Paris, and that he "believed the recent confirmation was official," which statement he repeated when recalled (Q. 6,774), adding "that it is an absolute fact." He was then made to translate from the annual reports presented to the Minister of the Interior (from which he had himself quoted in his answer) (Q. 1,546) the mortality from small-pox in the French army, the

deaths in 1863 "are given as 67; for 1864, 69; for 1865, 55; for 1866, 43; for 1867, 70; for 1868, 156; for 1869, 63; for 1870 and 1871, *no statistics.*"

The same was found to be the case with regard to the alleged German mortality from small-pox, viz., *that there was no possibility of telling the number.* That among a defeated, demoralized French army, among whom no attempt was made to secure cleanliness, personal or general, the mortality from small-pox as well as from other camp diseases was much higher than among the victorious, elated Germans, among whom the highest state of discipline prevailed throughout the war, "goes without saying." There is absolutely no evidence whatever to support the assertion that vaccination served to protect either army.

## THE HOMEOPATHIC MATERIA MEDICA.

RUFUS CHOATE, M. D., WASHINGTON, D. C.

Homeopathy has the distinction of possessing a materia medica based upon certain recognized laws and principles that characterize a science. The materials used in the homeopathic practice of medicine adapt themselves to their laws. In this respect Homeopathy is a science. Established upon these principles Homeopathy has a materia medica that distinguishes it from all other schools of medicine. In as far as the principles are observed Homeopathy is practiced, and when these principles are abandoned the science of Homeopathy suffers. As you know, the fundamental law of our science is that a disease can be cured by the drug-material or cause, that has in its effects an image of the effects of the disease. To learn these effects of the drug provings were made by persons recognized not to be affected by a disease similar to the action of the drug. Occasionally in proving a drug a symptom of disease, of which the prover was not aware was similar to the drug's action, dis-

appeared and a clinical proving resulted. These clinical provings are of great importance and have given aid in the selection of the remedy by which life frequently has been saved. A great discovery was made which revolutionized the administration of remedies. It is that the power of the drug in the cure of disease is wonderfully increased by potentiation. The homeopathic physician need not potentiate his drug. He is at liberty to give it in its crude form, or he may go to the highest possible attenuation and keep his title clear, but he cannot give an unproven remedy or a combination of remedies and be an homeopath. The successful physician can use other means than those belonging to our materia medica. He can, if he so desires, administer morphine for pain; he can attempt the alleviation of disease by electricity; he can call to his aid the skilled surgeon, but just so far as he deviates from the law that makes Homeopathy a science, just so far he ceases to be an homeopath.

Is there necessity for an increase of our materia medica? For the next twenty years we have an abundance of material. If we are to keep our science pure we must protest against the introduction of fads, of newly-advertised unproven remedies and cure-alls. The remedies proven are already so great in number, the symptoms recorded are so vast the physician will find material enough to carry him through nearly every emergency without the addition of many new drugs. The tendency to grasp the new is the acknowledgment that we have not thoroughly studied the old. The most important thing to learn of a drug is its genius. Every drug, as every man, or every thing, has its peculiar genius that gives it individuality. It is not the multiplicity of symptoms that should be committed to memory any more than it is the everchanging gestures of a man that should be studied. It is the heart and brain behind the symptoms, or gestures, which once learned will foretell them. He is a remarkable man who obtains a

knowledge of the genius of four drugs in a year; he has the capacity that may make him a master in Homeopathy who has this knowledge of many drugs. Without this knowledge you are a novice, though a hundred years old. Ask yourself how many drugs you know so intimately that you can recognize their appropriate application in symptoms not yet recorded. Obtain this knowledge and you can take Allen's able, though unsystematized, *Encyclopedia*, and erase hundreds of symptoms which have no bearing upon the drug under which they are placed. I advise every beginner in the science to make a deep, thorough, unceasing study of the old, proven, long-used remedies of our materia medica. Give no thought to new remedies. Let the old hands try these for you, prove them, and if they approve them, consider them carefully and jealously watch against encroachments. Finally, demand their proving prior to using. To protect our materia medica I advocate the establishment in each medical society of a committee of three, to be known as the Society Committee on Remedies. The duty of these committees should be to take up and consider every remedy that enters our materia medica. They should have no authority to certify any remedy that has not had a certain amount of provings, nor should they be permitted to consider any remedy other than that assigned by the Medical Society of which the committee is a part. Each committee should select a chairman, who, joined with the other chairmen of the other committees, should form a Special Committee on Remedies. They should receive the remedies acted upon by each Society Committee, and after passing upon them should certify them to the general profession. In this way our materia medica would obtain an authority and a purity that is now much endangered.

It is hardly necessary to enumerate the many valuable remedies that make our materia medica rich, but I deem it proper to examine one that has lately obtained much



attention at your hands. To our therapy electricity has been added with an intelligence and corroborated by results so confirmatory of benefit that it becomes only right to do homage to those skilled in its application. When it was broached there were doubts in the minds of some with reference to its rapidly advancing application, which tended or appeared to tend to the subordination of the appropriate homeopathic remedy, as to whether it was in accordance with the science of Homeopathy. It became evident that as far as electricity is used so far Homeopathy is not used, and the conclusion follows that, thus far, the physician curing cases, as he asserts he does, by electricity, ceases to be an homeopath. The homeopath may blunder and fail in the selection of his remedy, but his very failures tend, if he holds fast to the law, to raise him to a full appreciation of his science. He who fails and rises again fails that he may rise to higher things; he who succeeds, no higher ascends.

There is a force, as yet but little studied, through which cures are made, life is given, the tree grows and the human body exists. This force is magnetism. When a substance, speech, or thought of one plane meets a perfect receptacle on another plane a mighty force is produced, and these two substances become, as it were, one. The human mind finds its perfect bed in the human body, and the two are so intimately conjoined that seeing one we see the other. The subjective medicine meets its exact similar, the objective disease-state, and a life-giving, curative magnetic force results. As long as the conjunction continues there is an efflux of magnetism, and separation of the conjunction is death. Electricity is the separator. There was a perfect marriage which electricity sundered. The magnetic hand is the warm, pulsating palm of life; the electric is the skeleton hand pointing to death. I earnestly advise the physician to look carefully at the path he selects and to see

whether it is well to produce decomposition, separation, and death, which have the appearance of life and give the appearance of cure, but are, in fact, dissolution.

In conclusion, I warn the beginner in Homeopathy that he attempts the acquisition of a science. He will not master the knowledge of the greatest curative art given to humanity within a four years' study. In fact, to become a master in Homeopathy I am of the opinion, without the egotism to presume to know, that it takes twenty-five years of close, unremitting application. Do not begin with the higher potencies. The use of high potencies will come with the knowledge of the genius of the drug, and not safely without this knowledge. He who begins at the top of the ladder advances downward. Do not be disappointed if the remedies you apply under the law of Homeopathy do not perform a cure. Let us illustrate: There is a certain most excruciating headache. It is not difficult to find a remedy having a similar headache in its provings, but no drug will cure that headache. Why? Simply because it is caused by a tight shoe pressing a sensitive corn. Remove the pressure and the headache will disappear. In other words, use common sense and cultivate observation. I had the honor at a previous meeting of this society to assert that symptoms should not be immediate guides to the remedy. I reiterate the statement. He who treats on symptoms only travels an endless chain, and will find confusion his reward. Let the symptom guide to the cause, and this removed the symptoms disappear. Again poverty, or family disgrace, or danger of impending failure of business will produce certain disease-states. Give little hope of your skill in prescribing until the cause is removed. Finally, we come to the appreciation that the mind is a great factor in the case. As with medicines, so with diseases, *ad interna accretio potentis est.*

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

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, Friday evening, November 20th, 1896.

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

Members present: Drs. J. M. and C. M. Selfridge, M. T. Wilson, and W. E. Ledyard.

The reading of the minutes of the previous meeting was dispensed with, in consequence of the absence of the Secretary.

*The Organon* was read, Sections 223 to 230, inclusive.

DISCUSSION.

Dr. J. M. Selfridge—To illustrate the fact that insanity is apt to follow brain lesion, gave the case of a man who had lost all moral sense and had become, not only lascivious, but murderous. On the removal of the calvarium, those parts of the brain which correspond phrenologically to the moral qualities were disorganized, while those supposed to control combativeness and destructiveness were inflamed and congested with blood.

In a second case, to illustrate the effect of shock, two men were out hunting. One was shot through the tibia, the accident being followed by *inability to pass water, from the shock*, which *Hypericum* IX overcame.

Dr. Wilson reported a case of nervous prostration cured by *mesmeric influence*.

Dr. J. M. Selfridge reported having made a successful use of the *mesmeric power*, in the case of a fall on the back of the head.

Dr. Ledyard mentioned a case of labor, in which the pains

were very much relieved by passes made over the hips; also the case of a child where heart disease and Bright's disease of the kidneys were presumably caused by fear.

Dr. Wilson alluded to the fact that Dr. Campbell, of Southern California, lately advocated *kind treatment of the insane*, so long ago emphasized by Hahnemann.

The Club adjourned to meet at the same place and hour, on the first Friday in December.

W. E. LEDYARD, B. A., M. B., M. R. C. S. Eng.,  
*Secretary.*

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

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, on Friday evening, December 4th, 1896.

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

Members present: Drs. J. M. and C. M. Selfridge, George H. Martin, G. J. Augur, and W. E. Ledyard.

The motion that that portion of the By-Laws which requires the Secretary to notify the members at least one week in advance of an election be stricken out was adopted.

In behalf of the Board of Censors Dr. Martin reported favorably on the name of Dr. S. G. Tucker, 1317 Clay Street, Oakland, as a Senior Member of the Club; also on that of Dr. C. J. Holmgren, 1618 Folsom Street, San Francisco.

Both of the above, after motions to that effect, the President then declared unanimously elected as Senior Members of the Club.

The Treasurer (producing his cash book) showed only fifteen cents on hand.

On motion an assessment of fifty cents was levied on each member.

Sections 231 to 240 of *The Organon* were then read and discussed.

Dr. Martin, referring to the last clause of Section 231, said: There are in mental conditions, at times, cases in which the mental depression will be prominent and the physical symptoms not pronounced. Then the reverse of this may hold good, or the physical and mental become very much mixed up.

This alternation of the mental and bodily symptoms is a wonderful fact of Nature. This is especially so in hysterical cases.

In these cases we must take into consideration the pathological condition.

Dr. J. M. Selfridge—I do not agree with you as to the necessity of considering the pathological condition. *The totality of the symptoms must always be our guide in the selection of the medicine.* However, I admit that the cases referred to are very puzzling.

Dr. Martin—It is absolutely necessary to take in the whole range of symptoms.

Dr. Ledyard—In cases in which symptoms alternate we would expect the greatest relief from medicines which produce alternating symptoms, such as *Platina, Ignatia, Pulsatilla, Asafetida*, etc.

Dr. J. M. Selfridge—It would seem (from this Section 232) that Hahnemann was in the habit of alternating.

Dr. Martin—The meaning is rather that Hahnemann gave the antipsoric medicine as long as it was indicated, and then gave the antisyphilitic.

Dr. Augur reported a case of emphysema, in which a nervous derangement, caused by the receipt of bad news, called for *Ignatia*, before the antipsoric treatment could be resumed. Before studying Homeopathy he had heard of homeopathic physicians curing intermittent fevers, and didn't believe it. However, since beginning to practice

Homeopathy he has cured quite a number of such cases with the 200th potency.

Dr. Ledyard reported a case of asthma following the suppression of chills by Quinine. The asthma had affected the patient for forty-five years. After taking Quinine frequently in massive doses of the crude drug, the chills stopped; but, *from that time on the patient suffered from asthma.* He made known the nature of the case to the patient, and also the advisability of bringing back the chills, stating that when the chills had been brought back, the asthma would either disappear or would be amenable to treatment. Having the patient's concurrence, he commenced the treatment by giving *one dose of Chin-sulph. (Quinine) 200th*, from time to time, repeating the dose. After treating the case for some time a slight afternoon *fever*, with dryness of the lips and thirst, put in an appearance. The case was persevered in, *an occasional dose of very highly potentized Sulphur* being exhibited until *the yawning and stretching with the identical old-time chills, and even the bitter taste of the Quinine returned in full force.*

After this attack the asthma was reduced to a minimum, and from that day to this has troubled him very little, *although his daily work consists in sweeping out a large school-house of seventeen rooms.*

Dr. J. M. Selfridge—That is a very good case. I have frequently verified the truth of Hahnemann's advice in Section 236, viz., "to administer the medicine a short time after the termination of the paroxysm."

Dr. Ledyard had also repeatedly followed the above advice successfully. He had heard of a case in which a large dose of Quinine given *during the paroxysm*, was speedily followed by death.

Dr. Augur—Had a case which called for *Chin-sulph. (Quinine)*; gave two doses of the 200th potency the following day, and had no return. But, to return to Section 235, latter part, where Hahnemann says that "The symptoms

during the intermission should chiefly be taken as guides in selecting the most striking homeopathic remedy." I don't see how that is so.

Dr. Martin—The symptoms occurring during the intermission are very important, because, in intermittents, chill, fever, and sweat are so similar to each other.

Dr. Augur—The chill, fever, and sweat may vary very much. In Note 122 Hahnemann reminds us that there are "countless forms" of such fevers. He (Dr. Augur) thinks the symptoms occurring *during the attack* are more peculiar than those occurring during the intermission.

Dr. Martin (to Dr. Augur)—Did you ever practice in a malarial country?

Dr. Augur—No.

Dr. Martin—In a malarial country the majority of cases are similar.

Dr. J. M. Selfridge—Yes, that is true. I used to cure such cases with two-grain doses of Quinine, while practicing allopathy.

Dr. Ledyard, referring to Section 239, said: "Allen, in his *Therapeutics of Intermittent Fever*, gives us *one hundred and forty-four different medicines, each of which produces its own peculiar kind of intermittent fever*, with twelve pages of symptoms occurring during the "apyrexia" or intermission.

On motion the Club adjourned to meet at the office of Dr. J. M. Selfridge, 1068 Broadway, corner Twelfth Street, Oakland, on Friday, the 18th inst., at 8 P. M.

W. E. LEDYARD, B. A., M. B., M. R. C. S. Eng.,

Secretary.

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## HOMEOPATHY OR ALLOPATHY.

The *New England Medical Monthly*, in answer to a statement in *Life's* columns, asks:

By the way, does *Life* really know of any surgeon who removes the appendix on general principles?

*Life* does.

Dr. —, of New York, than whom no allopath in this city is oftener named in this connection, advocates the removal of the appendix from children when fifteen days old.

Dr. —, one of the most swollen of swell old-school doctors in this city, was recently operating before students. He was at work in the abdominal cavity. Coming to the appendix, he said: "This is of no use to the patient; it may be of harm. While we are here we might as well remove it, and insure against future trouble." It was perfectly healthy. He removed it.

Our esteemed contemporary then quotes us—for our demolition, of course:

"The joke of it is that during all this reign of blood and terror the homeopaths, it appears, have been quietly treating it (appendicitis) medicinally, seldom operating and rarely losing a case."

Just how "rarely" is not stated, but we will supply the information by saying that the proportion of fatal cases under any sort of medical treatment has been shown to be something over twenty-five per cent. from causes which cannot be reached by medical treatment—concretions, tuberculosis, empyema, abscess, etc. The death rate of appendicitis under the best surgical treatment has been shown to be less than one per cent., or almost no death rate at all.

Lack of space prevents our indulgence in lengthy details, but we will mention one homeopath, who has practiced in this city twenty-five years, seeing his due share of appendicitis cases in his own practice, besides those brought to his notice by fellow-practitioners—he being a surgeon with college and hospital standing. He has never lost a case and never failed to cure a case, whether primary or recurrent, with strict homeopathic prescribing.

Other veterans tell the same story. Occasionally, at very long intervals, a patient is lost. The percentage of deaths among these homeopaths is not twenty-five per cent.—one-



quarter of one per cent. would be a liberal estimate. We regret that our esteemed contemporary should "give away" the allopath in this thoughtless manner, but that twenty-five per cent. must refer to practice other than homeopathic.

By the way, where shall we tabulate the cases mentioned every day in the daily press of eminent men who are operated upon, and die in a day or two? Probably not included in the "less than one per cent."

While not the advocate of any school, *Life* is still unable to resist the belief that those who are really attached to their appendix—in any sense—will find the safest and most comfortable traveling on the homeopathic highway. All the guide-posts point in that direction.—*Life*, March 4th, 1897.

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IN MEMORIAM.—SAMUEL HAHNEMANN JACKSON, M. D.

Samuel Hahnemann Jackson, M. D., died February 28th, 1897, of Bright's disease, at his home in Jamaica Plain, Mass., at the age of fifty-three. He had been in poor health for a number of years, but not until last November was he obliged to relinquish his large practice. Dr. Jackson was a successful, popular physician, and had a large circle of friends. He was a son of the late Dr. Mercy B. Jackson, a Professor in the Boston University School of Medicine, and one of the first women to practice Homeopathy. She believed in Homeopathy as given us by Samuel Hahnemann, and named her son for him. Dr. Jackson, true to his name, during the many years of his practice devoted himself to Homeopathy in all its purity.

A wife and one son, aged thirteen, survive him.

JOHN STORER, M. D.

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## DR. A. JUDSON BREWSTER.

Dr. A. Judson Brewster, one of the oldest physicians of Syracuse, died at his home in Shonnard Street, Saturday, February 20th.

Dr. Brewster was born October 21st, 1824, at Ellisburg, Jefferson County, New York, and gained his early education at the district school and at Belleville Academy. He received his medical training at Hahnemann College, Philadelphia. In 1847 he was married to Ann E. Bartlett and moved soon afterward to Cato. Here he practiced medicine twenty-four years, and was a well-known and much respected citizen. In 1874 he removed to Syracuse, where he commanded the respect of the members of his profession and won the esteem of a wide circle of friends.

Dr. Brewster was a consistent and devout member of the Church of Christ from his early youth until death.—*Syracuse Post*, February 22d, 1897.

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## VACCINATION.—THE ROYAL COMMISSION.

EDITOR OF THE HOMEOPATHIC PHYSICIAN.

DEAR SIR:—I beg your readers to make the following corrections at p. 84 of your March number in paragraph 3, line 4: "Answer" should be "answers." "Q." should be "Qus," after "1,255" insert "and 1,415," after the parenthesis insert, "See also Q. 1,377." So that the line would now read, —registered." (Compare answers to Qus. 1,225 and 1,415, *supra*, p. 81.) See also answer to Q. 1,377, "We, etc.

In reply to your observations supplementing my article on page 108 of the same issue of THE HOMEOPATHIC PHYSICIAN, I desire to state that for most of the statements made, I refer to the authorities given in my paper on "Vaccination, Should It be Enforced by Law." With regard to

its easy and rapid cure, and to its non-infectiousness when properly treated, I will state that I hope to be able to present to the International Homeopathic Society, at its meeting at Niagara in June next, the clinical history of one out of thirty cases treated by me during the past three years, together with an account of a "proving" of the bath recommended by Mr. Pickering, which I made *before* I ventured to assay his plan. Till then I pray your patience.

Faithfully yours,

M. R. LEVERSON.

#### AN ERROR IN ALLEN'S BONNINGHAUSEN.

EDITOR OF THE HOMEOPATHIC PHYSICIAN:—Permit me to call the attention of your readers to an error of arrangement, of great importance, in Allen's edition of Bönninghausen's *Therapeutic Pocket-Book*.

On page 225 is the rubric: "Spots of Petechiae," and then below it come several other rubrics in the following order: Red, Bluish, Brownish, Coppery, Fiery, Pale, Becoming Pale in the cold. This last, as a reference to the Guiding Symptoms and as the Encyclopedias shows, should read: "Becoming *red* in the cold." After this rubric the next one is "violet," next "like red wine." All arranged as if varieties of petechiae. Now in all these rubrics "Spots" is the word implied, not "Spots of Petechiae" as Allen gives it.

Fraternally yours, A. McNEIL.

784 Van Ness Avenue, San Francisco,

March 8th, 1897.

#### AMERICAN INSTITUTE OF HOMEOPATHY.

(Local Committee of Arrangements, Buffalo Meeting, 1897.)

EDITOR OF THE HOMEOPATHIC PHYSICIAN:—The local committee of arrangements for the next meeting of the

American Institute of Homeopathy, which meets in Buffalo, New York, June 23d to 30th, 1897, have made much progress with their preparations.

Buffalo being situated at a point near the middle west and readily accessible by numerous lines of railway east and west, presents a favorable opportunity for a large attendance of the profession.

The local committee have chosen Unity Hall for the meetings of the Institute. This hall, with its numerous connecting rooms and large auditorium, furnishes most admirable facilities for the work of the Institute, including accommodations for its numerous sectional meetings and committee rooms. It is located on Delaware Avenue, the chief residence street of the city, and within two or three squares of the leading hotels.

Ample hotel accommodations will be at hand. The Iroquois Hotel, which will be the official headquarters, \$4.00 per day; the Tiff House, \$2.50 to \$4.00 per day; the Genesee, \$2.50 per day upwards; the Fillmore, \$2.50 per day; the Niagara, \$3.00 and upwards per day; the Ontario, \$2.50 and \$3.00 per day; the Trubee, \$2.50 per day and upwards.

The climate of Buffalo in June is very fine, and every opportunity can be given for enjoyment of the members during leisure hours. With something over 200 miles of asphalt pavement, those who ride wheels can luxuriate to their heart's content. The committee urge those who have wheels to bring them with them; they will be cared for by competent persons at Unity Hall, where, also, those who wish to hire wheels may do so at moderate rates; the whole under the arrangement and control of the committee.

Buffalo's elaborate system of public parks, which, with their connecting boulevards, nearly encircle the city, will prove a source of great interest to visitors. The botanical gardens at South Park are already attracting wide attention throughout the country.

In the Free Library Building, facing Lafayette Park, will be found a large free library conducted by the city; also a large collection of the Society of Natural Science; also that of the Historical Society and the Academy of Fine Arts.

Among the famous attractions of Buffalo are its mighty grain elevators, which handle the immense commerce of the great lakes, en route to the sea-port towns.

The office buildings will prove an attraction to many; the one called the Ellicott Square, covering a whole city block, is acknowledged to be the largest building in the world.

The electric street railways compose a safe, perfect system of travel, and furnish the first example of the long-distance electric transmission, the power being generated at Niagara Falls, twenty-two miles away.

An endless variety of excursions will be provided, by steam and electric railroad, to many interesting points, including Niagara Falls, which is close at hand; also by boat on Lake Erie and on Niagara River.

The trip to Niagara Falls will prove of surpassing interest to all visitors, and can be made by steam train in forty minutes, or by electric railroad.

The new and fascinating ride through the gorge of Niagara River from Niagara Falls to Lewiston by electric railroad, will prove a chief feature. It is called the "Gorge Route," and is a fascinating though perfectly safe excursion, the cars running low down in the gorge within a few feet of the water's edge.

The great power-house at Niagara Falls, where, by the aid of the current of the Niagara River, thousands and thousands of horse-power of electric energy are generated for commercial purposes.

The power-house will prove a great attraction to visitors.

Every effort will be made by the local committee for the comfort and entertainment of the members and guests of

the Institute and their families; but no entertainments or excursions will be planned which will interfere with the more serious work of the Institute.

JOSEPH T. COOK, Per C. L. M., *Secretary Local Committee*,  
636 Delaware Avenue, Buffalo, N. Y.

By order of DR. A. R. WRIGHT,  
*Chairman of Local Committee*,

414 Elmwood Avenue, Buffalo, N. Y.

Buffalo, N. Y., March 13th, 1897.

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### AMERICAN INSTITUTE OF HOMEOPATHY.

New York City, March 24th, 1897.

EDITOR OF THE HOMEOPATHIC PHYSICIAN:—Before the American Institute of Homeopathy adjourned at Detroit last year it was agreed to make the coming session at Buffalo, '97, the greatest and most successful one in the history of the organization. This determination has not been lessened, and the efforts of the officers, and chairmen, and friends of the Institute have been loyally and enthusiastically seconded by the profession everywhere.

Centrally located, reached by all the great trunk lines of the East and West, connected by boat with all the lake ports, with splendid and ample accommodations for all who may come, Buffalo justly expects a host of homeopathic doctors next June.

The American Institute of Homeopathy will meet at Buffalo June 24th, 1897, and continue in session for the usual time. On the 23d the Materia Medica Conference will convene and hold three sessions, two on Wednesday, and one on Thursday morning. The new society of Ophthalmologists will also be in session on Wednesday, and there is no doubt of a large attendance at the opening of the Institute.

The programme of the Institute has already been made

out in outline and may contain some novel features. But this much may now be said: That the sectional chairmen have nearly all arranged definite and clear-cut programmes; will furnish a *few* fine papers instead of the usual hit or miss lot, and will have carefully arranged discussions, and in many cases will furnish abstracts of the papers. This reform in itself would almost revolutionize matters, and all that can be accomplished in this direction in one year will be done.

The attractions of Buffalo, the beauty and power of Niagara must not be overlooked. The local committees are and have been hard at work, and those who know predict great things as the result of their labors. Let every member of the Institute bring or send one new member, and we will add three hundred new names to the roll at Buffalo.

EUGENE H. PORTER, M. D.

*General Secretary.*

Institute meeting, June 24th, 1897. Buffalo, New York.

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### BOOK NOTICES.

PRINCIPLES OR GUIDES FOR A BETTER SELECTION OR CLASSIFICATION OF CONSUMPTIVES AMENABLE TO HIGH ALTITUDE TREATMENT, AND TO THE SELECTION OF PATIENTS WHO MAY BE MORE SUCCESSFULLY TREATED IN THE ENVIRONMENT TO WHICH THEY WERE ACCUSTOMED PREVIOUS TO THEIR ILLNESS. By A. Edgar Tussey, M. D., Adjunct Professor of Diseases of the Chest in the Philadelphia Polyclinic and School for Graduates in Medicine. P. Blakiston, Son & Co., 1012 Walnut Street, 1896. Cloth, 144 pages, price, \$1.50.

A glance at the above paragraph, which is copied entire from the title page, will sufficiently explain to the reader the aim and object of this little book. The author, in composing such a work, incidentally displays his

own highly learned mind upon this important question of sending away patients who have consumption. The volume consists of a series of short, unnumbered chapters upon the conditions under which consumptives may or may not be sent to high altitudes. Each chapter considers a special division of the subject, such as "climatic vicissitudes," "residence in cities and towns" at high altitudes, "sedentary work," "hemorrhages," "muscle training," "age," "cardiac complications," etc. The limits within which one must make his prescription of change of residence for consumptives are very learnedly given, but the impression is given that they involve an amount of judgment upon the part of the reader that almost equals that of the very able author, and that they also involve an acuteness of diagnostic perceptiveness only to be found in comparatively few specialists.

The author makes some comments upon the climate of the Atlantic coast of the United States, and denies that consumption is engendered by it. He thinks "the foundation for the malady must be laid in bad habits or a deeply seated vicious inheritance." "When the vital forces are in so degenerate a condition, there is danger in any climate of some debilitating influence proving to be an exciting cause."

He gives contra-indications which should guide the medical adviser in directing the patient to stay at home. He thinks (page 73) that the occurrence of hemorrhages is not necessarily a bar to a residence in a high altitude, but points out (page 83) that it would be unwise to make the change during the continuance of a season of such hemorrhages.

In view of the amount of routine advice to make one's residence in a different climate with a higher altitude which is so constantly given, together with the number of deaths that follow upon such ill-advised change, a guide in determining what cases are suitable for locations of high altitude, and what cases may be properly directed to remain at home, is urgently needed.

This book is written to fill this need; but as was before said, it demands an increased skill upon the part of the practitioner in making an exact diagnosis of the case before him in order to give the right advice.

**VETERINARY HOMEOPATHY IN ITS APPLICATION TO THE HORSE;** including a code of common suggestive symptoms. By John Sutcliffe Hurndall, member of the Royal College of Veterinary Surgeons, England. Philadelphia, Boericke & Tafel, 1896. Price, cloth, \$2.00 net; by mail, \$2.18.

The object the author kept in view in writing this book has been to furnish in concise, and so far as possible, unconventional language information that will enable those who have the charge of horses to discover what ails the animal when signs of illness or incapacity for work are



observed, and further how to treat the patient under such conditions. It is an "attempt to cater to those who have no acquaintance either with medicine or disease, but who at the same time are thrown upon their own resources when their equine charges fall ill." It is, therefore, not claimed to be a scientific work, and its language is unconventional and free as possible of scientific terms.

The author has designed the book for "large districts in the United States of America where the services of a qualified veterinary surgeon are not available simply because there is not one resident within a reasonable distance."

In his introduction the author says: "It is quite true that Homeopathy has done what allopathy has failed to do, and it is impossible to assign an intelligible reason for the non-acceptance of the principles of Homeopathy among a large proportion of the medical and veterinary professions. The real fact, stated in plain, unvarnished language, is, that for some unaccountable reason the word Homeopathy and the name of Hahnemann, its discoverer and founder, are like the proverbial red rag to a bull to members of these professions. The bull, without thought, reason or compunction, on seeing a red rag tosses and does his best to destroy it; this is very much like the action of the medical profession toward Homeopathy. A rational person would naturally conclude that on hearing of what Homeopathy could do and had done, the medical profession, whose first duty it is to save life and ameliorate suffering, would hail with joy and thanksgiving any discovery that promised well to realize so desirable an object; and that without loss of time it would fearlessly and honestly investigate the facts and prove them for itself. It is acknowledged that by no means an inconsiderable number has adopted this course, with the result that so far as is known publicly not one single member of the allopathic profession ever undertook the serious investigation of Homeopathy with a conscientious determination to learn the truth, the whole truth, and nothing but the truth, who did not accept the principle as his guide in the future."

There is a chapter on Sanitation and Hygiene, the object of which is "merely to touch upon the main points affecting the sanitary conditions which have a baneful influence on horses of all classes and not to attempt to deal with the subject in extenso."

There is an excellent chapter on Diagnosis, or How to Find Out the Best Course of Treatment. The next chapter deals with the strength of drugs and the dose, potencies, etc., and then come the diseases proper.

In the treatment of Glanders and Farcy, after giving an admirable description of the symptoms so as to enable any horseman to recognize it, the author, in addition to other remedies, recommends Swan's Glanderinum in the CM potency. For Anthrax he recommends the CM potency of Anthracinum and the twelfth potency of Lachesis, as seems to be indicated. In the treatment of Rheumatism we notice he advises

Aconite, Bryonia, Rhus-tox., Belladonna, Caulophyllum, Rhuta-gravolens in the third and sixth potencies; of course giving the indications for each one. For Pyemia he gives Lachesis or Crotalus and mentions the famous case of Dr. Dunham, who was saved from death by pyemia through the administration of Lachesis. Rabies he treats with Belladonna, Hydrophobinum, Stramonium, and Hyoscyamus. Nasal gleet he would treat with Hydrastis in tincture, Kali-bichromicum 3x and Aurum-muriaticum 3x.

These examples suffice to show the value of the book, not alone to the unprofessional man who owns or cares for horses, but to physicians as well. The physician, of course, can very considerably amplify the treatment, while for the layman it is all sufficient.

**THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX:** A work of reference for medical practitioners. 1897, fifteenth year. New York, E. B. Treat, 241 and 243 West Twenty-third Street; Chicago, 199 Clark Street. Price, \$2.75.

The annual issues of this excellent book have been regularly noticed in these pages as they have appeared. If a practitioner would have a concise and yet comprehensive review of the changes in views and of practice in any particular department of medicine for the last fifteen years, let him look over the different issues of this book. He will lose no time in making this retrospect since each issue, as has been repeatedly stated in our reviews, is provided with a copious index. In the present volume this index occupies nineteen pages, double column, small type.

The first ninety pages constitute a dictionary of new remedies. Here we find short and pithy treatises on all the new medicines of every kind, the coal tar derivatives occupying the largest place. Among these new remedies may be found the familiar drug of our own materia medica, Apocynum-cannabinum, which is found useful in dropsy, especially in cardiac troubles.

Another remedy is Extract of the Ovary for amenorrhea. Serpent venom for protection against serpent bites. Supra-renal capsule extract for Addison's disease. Thyroid Extract for goitre, myxedema, and obesity. Urea for increase of urine, especially in connection with cirrhosis of the liver. Indeed, there is a special chapter on this subject entitled "Glandular Therapeutics."

Rhus-toxicodendron is another remedy introduced, though apparently but little use is made of it. Yet another familiar remedy is Sambucus-niger, which is used for general anasarca, pulmonary edema, and ascites due to subacute nephritis.

In the chapter on "New Treatment," Viburnum-prunifolium is used for abortion and Hydrastis for uterine hemorrhage. This will hardly be

news to the homeopathist, but it is significant of the trend of medical thought and of the value of this book in displaying this trend.

In the treatment of bronchitis, it is observed that "each individual case demands its own special investigation and a line of treatment in accordance with the results of this investigation." Poultices in chest affections are denounced as being "of little or no value in the treatment of chest affections." "To watch a small child with extensive broncho-pneumonia fighting for breath, and then to further hamper its efforts by ordering poultices weighing about a pound seems hardly a scientific procedure." Over-feeding in these cases is also deprecated, for two reasons: "the burden arising from undigested food in the stomach, and there is also the risk of loading the blood with more nutritive material than the imperfect respiration can act upon in the process of sanguinification."

For burns Picric-acid is recommended. "The burn is dressed with a lint dipped in a saturated solution of Picric-acid, and then a layer of absorbent cotton is applied over the lint." Meanwhile Dr. A. J. Hall draws attention to the dangers of treating extensive burns with Boracic ointment, as it is known to develop "an extensive erythematous eruption, which may be followed by death. At the necropsy nothing was found to account for death, and previous to the eruption the boy was doing well."

In the treatment of Collapse *Camphor* is recommended. Also placing the head lower than the body, active rubbing, hypodermic injections of Ether and Caffein, enemata of Brandy or Champagne, whiffs of Nitrite of Amyl, slapping the face with a wet towel, Laborde's rhythmic tractions of the tongue, inhalations of Oxygen, and artificial respiration.

There is an interesting article upon the occurrence of loose bodies in the joints, and also a comment upon inflammation of the semilunar cartilages of the knee-joint. Treatment by rest has no effect and massage is recommended. The writer of this review had a case of this kind which he cured in a short time with homeopathic remedies after it had persisted under other treatment for a whole year.

In speaking of the Larynx a case is described aided by a photographic illustration, showing how, by means of the Roentgen rays, a lost intubation tube was located in the trachea.

Fractures of the patella are treated by wiring the fragments together subcutaneously. The results are very satisfactory. This method is, however, only useful for very recent fractures.

Whooping Cough is considered, and the infecting agent is now considered to be, not the bacillus found in the sputum but an ameba having "a finely granular protoplasm and great capability of movement." It is to be treated antiseptically and the Hydrozone of Charles Marchand, declared to be the best antiseptic. Other remedies of an antiseptic character are mentioned, but Peroxide of Hydrogen, or better still Hydrozone, Marchand, is at the head of the list.

The article on Phthisis is very full and the reviewer has not time or

space to do full justice to it. He, therefore, passes it over with this brief reference.

The foregoing is but a slight reference to the many interesting articles in this book. It is impossible to do justice to them and so the reviewer quits the subject. In closing he desires to draw attention to the many illustrations, colored and photographic, which further elucidate the text, and to the alphabetical arrangement with leading words at the top of the page as in a dictionary, which, together with the full index, renders it easy to find any desired subject instantly.

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## NOTES AND NOTICES.

THE Southwestern Homeopathic Medical College, of Louisville, Kentucky, held its annual commencement on Tuesday afternoon, April 6th. The editor of THE HOMEOPATHIC PHYSICIAN desires to make this acknowledgment of the politeness of an invitation to the ceremonies.

ANTI-TOXINE KILLED HIM.—St. Louis, Mo., April 8th.—James M. Williamson, fifteen years old, died at the Christian Orphans' Home under circumstances most remarkable from a medical viewpoint. He was given an immunizing injection of anti-toxine for the purpose of preventing diphtheria. Forty minutes later the boy was dead. The news struck like a thunderbolt in the College of Physicians and Surgeons. An autopsy was ordered, in which half a dozen learned medicos took part.

After it was over they held a long consultation, and came out with the verdict, "Death from heart failure."—*Evening Bulletin*, Philada., April 8th, 1897.

HAS A MOON ON HIS NECK.—The queerest birthmark which the authorities tell anything about is on the back of Joseph Rotherman's neck. Joseph is a resident of Connellsville, Pa., and his odd mark is a moon. When the moon is new the mark is hardly noticeable, but by the end of the first quarter it is an angry-looking crescent, daily increasing in size. When the moon is at the full Rotherman's birthmark has also attained its maximum size. It decreases as the moon wanes, and by the time of old or new moon is again scarcely noticeable.—*St. Louis Republic*.

DOCTOR'S WIFE—"She will make a charming little widow. Why should you be discouraged? I assure you that he is lost—my husband is treating him."—*La Caricature*.

"WHAT you need is a warm climate, Mr. Grumpey," said the doctor in his most persuasive tone.

"I guess you'll get me there all right enough," was the ungracious response.—*Detroit Free Press*.

DR. ARTHUR G. ALLAN has removed his office to 67 West Forty-ninth Street, where he may be consulted between 3 and 5 P. M. daily except Sundays. Dr. Allan may also be seen at his residence at the Hotel Imperial, Broadway and Thirty-second Street, before 10 A. M. Telephone No. 1247—Thirty-eighth Street.

MEETING OF AMERICAN MEDICAL PUBLISHERS' ASSOCIATION.—The Fourth Annual Meeting of the American Medical Publishers' Association will be held in Philadelphia, on Monday, May 31st, 1897 (the day preceding the meeting of the American Medical Association). Editors and publishers, as well as every one interested in Medical Journalism, cordially invited to attend and participate in the deliberations. Several very excellent papers are already assured, but more are desired. In order to secure a place on the programme, contributors should send titles of their papers at once to the Secretary, Charles Wood Fassett, St. Joseph, Mo.

A RESIDENCE NEAR THE SEASHORE ADVISABLE FOR PATIENTS WITH NERVOUS TROUBLES.—It is a well-known fact that a residence in a low altitude near the seashore is beneficial and often curative with nervous diseases and certain forms of mental trouble. Dr. Given's Sanitarium, Stamford Hall for Nervous and Mental Diseases, at Stamford, Conn., affords home comforts and the special treatment each particular patient requires.

HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.—The annual reunion and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Wednesday, May 12th, 1897. The business meeting will convene at 4.30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the banquet will be held at 9.45 P. M. at the "Walton," southeast corner Broad and Locust Streets. The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-eighth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, southwest corner Broad and Locust Streets, Philadelphia. Banquet cards can be secured by notifying the Secretary. Requests received after Tuesday, May 11th, 1897, cannot be considered. W. W. Van Baun, M. D., Secretary, 1402 Spruce Street, Philadelphia.

THE Hahnemann Medical Association of Iowa will hold its annual session at Council Bluffs, Iowa, May 12th, 13th, and 14th, 1897. An interesting programme is being prepared. Dr. T. L. Hazard, of Iowa City, Iowa, is the Secretary.

THE Homeopathic Medical Society of Tennessee will meet at Nashville, May 19th and 20th, 1897. Arrangements are being made for a very suc-

cessful meeting. It is hoped every member will be present, and that all the fraternity in the State who have not joined will do so then. The expenses are nominal. The benefits to be obtained are great, both individually and collectively, as Homeopathy has much to gain by concerted action. The sections with topics to be discussed will be published later. It is the wish of the Society, as expressed at its last meeting, that every paper under each bureau discuss the same topic in its different phases. It is hoped every physician will arrange his affairs so as to be present the entire time and make the sessions mutually profitable and pleasant. For particulars address Dr. Chas. G. Wilson, 203 Main Street, Clarksville, Tenn.

THE COLLEGE OF PHYSICIANS AND SURGEONS, OF CHICAGO, has recently changed its name to The Medical School of the University of Illinois. Dr. Wm. Allen Pusey, 103 State Street, Chicago, is Secretary of the Faculty.

DR. CATHARINE V. C. SCOTT, of San Francisco, California, has removed her office and residence from 727 Geary Street to 14 Grant Avenue, City of Paris Building, San Francisco. Her hours are 11 A. M. to 3 P. M., and 7 to 7.30 P. M., Sundays excepted. She makes a specialty of the diseases of women.

THE SOCIETY OF HOMEOPATHICIANS will hold its next meeting at "The New Mathewson," Narragansett Pier, Rhode Island, June 22d, 23d, 24th, and 25th, 1897. For particulars address Dr. S. A. Kimball, Secretary, 124 Commonwealth Avenue, Boston, Mass.

ORIFICIAL SURGERY AND GYNECOLOGY.—The first *Eastern* annual course of instruction in Orifical Surgery will be delivered at the Muncie Seaside Sanatorium, Brooklyn, New York, commencing July 12th, and continuing one week, the sessions being four hours daily. This course will be conducted by Prof. E. H. Pratt, A. M., M. D., LL. D., assisted by E. Z. Cole, M. D., Professor of Surgery in Baltimore Medical College, and Drs. E. H. and L. H. Muncie, of Muncie Sanatorium, of Brooklyn. For terms apply to Drs. E. H. and L. H. Muncie, Muncie Sanatorium, Macon Street, cor. Marcy Avenue, Brooklyn, New York.

THE MISSOURI STATE MEDICAL ASSOCIATION will hold its fortieth annual meeting at the Century Theatre, St. Louis, Mo., May 18th, 19th, and 20th, 1897.

DENVER HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL held its third annual commencement Friday evening, April 2d, 1897, at 7.30 o'clock, in Trinity Church, Denver. The Editor desires to acknowledge the courtesy of an invitation.

## LOCAL TREATMENT OF CHRONIC GASTRIC CATARRH— A CLINICAL LECTURE.

BY J. M. G. CARTER, M. D., Sc. D., Ph. D., Professor of Clinical and Preventive Medicine in the College of Physicians and Surgeons, Chicago, Fellow of the American Academy of Medicine, etc.

(Reprint from the *American Therapist*, January, 1897.)

Local treatment may be applied in any stage of chronic gastric catarrh; but it must be varied somewhat in the different stages. The grade of inflammation, its character and persistence, likewise may require some modification of the treatment.

*First Stage.*—During the incipency of chronic gastritis, local treatment is not so essential except in bacterial cases, but is beneficial. It serves to modify the congestion when that is increased, and often allays dyspeptic symptoms even when they are more marked than usual. The use of warm water (105 degrees) with bicarbonate of sodium (three per cent.) for washing out the stomach is frequently very valuable to remove the tenacious mucus usually adhering to the gastric mucous membrane, in this condition, and interfering with the proper mixing of peptic fluid with the food. The patient may drink a glassful of the solution before meals or it may be introduced into the stomach through the tube. If the tube is used, the stomach should be filled before allowing any reflow. The cold douche with water at 80 degrees to 60 degrees is sometimes more grateful and helpful than the hot douche (110 degrees to 125 degrees). A continuous effect may be secured by using a double tube and permitting the inflow and outflow to progress simultaneously; but care should be taken to keep the stomach distended sufficiently to have the solution come in contact with the entire gastric surface. The soda solution dissolves the mucus and the stream washes it away. Weak soap-suds may be used with the tube for the same purpose. More satisfactory in many instances is the use of a solution of Hydrozone. A glassful (eight fluid ounces) of a two or three per cent. solution may be given half an hour before meals. If used as a douche with the tube a five per cent. solution is not too strong, and two quarts the minimum amount. These douchings may be given one to six or seven times a week, according to the requirements of the case, and are frequently all the treatment this stage of chronic gastritis demands, except what changes are necessary in the diet.

*Second Stage.*—The inflammatory process is fully developed in the second stage, and while there may be weeks or months when there is little if any suffering the treatment should be persistent. The cleansing of the gastric mucous membrane must be systematic and thorough. This is best accomplished with a solution of green soap or a five or eight per cent. solution of Hydrozone, introduced with the double tube. After first filling the stomach, inflowing and outflowing streams ought to remain about equal or the outflow may exceed the inflow, the distention of the stomach may be maintained by retarding the reflow when necessary. This process can be beneficially accomplished by driving the solution into the stomach under increased air pressure; but when the proper apparatus for this method is not at hand the siphoning method with the single tube does very well. For home treatment or when the tube cannot for any reason be used, a solution may be made for drinking. For this purpose a two or three per cent. solution of Hydrozone is prepared. The patient may take a glassful (8 oz.) half an hour before meal time. He

## LOCAL TREATMENT OF CHRONIC GASTRIC CATARRH.

should lie down at once, remain five minutes on the back, then turn on the right side, where he must remain during the remainder of the half-hour. While the patient is on the back the solution comes in contact with every portion of the gastric mucous membrane and turning to the right side facilitates the emptying of the stomach. By this process the offending mucus is dissolved and carried away and the organ is put into a proper condition to digest food. The use of Hydrozone has the additional advantage of checking the growth of the bacteria, and probably exhibits greater antiseptic properties than any other agent that can be used in the stomach with the same degree of safety. In obstinate cases this cleansing ought to precede every meal.

After the stomach is cleansed it should be treated with soothing, stimulating, and healing applications. There are many preparations which can be used, some of the best of which are glycerole of bismuth and eucalyptol, the essential oils and Glycozone. Boric acid in two or three per cent. solution as a wash with the tube is sometimes very valuable. The other agents mentioned may be used with a nebulizer, by means of which a vapor impregnated with the medicines can be passed into the stomach through a tube, the double tube being preferable. If it is not convenient to use a nebulizing apparatus, the glycerole mentioned, and especially Glycozone, may be administered by the mouth. In many cases, in fact, the latter mode of administering these agents is more desirable. These remedies encourage healing and materially enhance the patient's prospects of recovery. This is especially true in bacterial cases. When Hydrozone has been given before meals as already suggested for cleansing purposes, Glycozone may be administered in teaspoonful doses after meals with very satisfactory results. This line of treatment is frequently so successful that cases are temporarily relieved and possibly often a cure effected, particularly if the general treatment has been judiciously carried out.

If, for any reason, Glycozone cannot be employed the essential oils may be used. The oils of anise, peppermint, cubebs, and tar may be combined and used with a nebulizer as previously suggested. Although benefit may be derived from the administration of this combination, I prefer the Glycozone treatment. The use of hot water, 120 degrees or more, and the employment of cold water, 80 degrees to 40 degrees (F.) may give very happy results in certain severe cases.

*Third Stage.*—The condition referred to here is one of atrophy. The functions of absorption and motion may be fairly well performed. The chief difficulty then is with the digestion of proteids. The local treatment has two objects, mainly, although a third is sometimes in mind. The first object is the removal of *debris* and foreign material. The second is the cleansing of the mucous membrane and the destruction of micro-organisms and their removal in order that the intestines may not receive bacterial products from the stomach. The third object sometimes kept in view in the local treatment by douching is a degree of stimulation of the functions of motion and absorption and the tonic effect to the gastric walls which follows those washings. The first object is accomplished by the use of sterilized water or a three per cent. solution of sodium bicarbonate. Either tube may be used. The second object is effected by douching the walls with a green soap solution or a solution of Hydrozone. The latter agent in five per cent. solution as directed above gives very pleasing results. The third object may be secured by using hot or cold water for the douche.



bility and weariness of the whole body: *Hyosc.*; — of the tendons: *Ignat.*, with pale face and cold hands, and small, hard, rapid pulse: *Bellad.*

SUBSULTUS TENDINUM: *Chlorum. Lycop. Psorin. Rhus tox. Secale. Sulphur. Zincum*; violent: *Hyosc.*

Clonic spasms: *Canthar.*

Spasmodic motions, convulsions: *Hyosc. Ignat.*; convulsive motions of mouth or face: *Bellad.*; intermittent convulsions every two or three hours, recur at the same hour: *Moschus.*

Clonic spasms of upper and lower limbs with paralytic weakness: *Lauroc.*; clonic spasms, from spinal marrow: *Stramon.*

No loss of consciousness with spasms: *Lauroc.*

## SLEEP.

**Sleeplessness**; with desire to sleep: **|** *Bellad.*; extreme prostration and sleepiness, but unable to sleep: *Mercur.*; impossibility to sleep, though feeling very sleepy: *Opium*; great desire to sleep, but cannot: *Mur. ac.*

**Sleepiness**; unconquerable inclination to sleep: *Coccul. Hyosc.*; with weakness: *Cinchon.*; he cannot prevent sleep when seated at work in the daytime: *Sulphur*; while answering a question falls into a deep sleep before finishing: *Arnica. Baptis. Hyosc.*; — like coma: *Phosphor. Pulsat. Secale*, and stupid: *Gelsem.*; — in afternoon: *Bellad.*; sudden — in the evening, cannot rouse herself from it: *Rhus tox.*; — through the whole day: *Bryon.*; very weak and sleepy the whole day: *Sulphur*; often through the day com-

pelled to sleep whole hours: *Pulsat.*; he must sleep all the time: *Bryon.*; he sleeps on his chair, in a half-conscious state: *Veratr.*; falls asleep while sitting: *Mercur.*; if left alone, he sinks into slumber: *Helleb.*; — the whole day, with anxiety, restlessness, sadness, dry lips, and a constant desire to lie down: *Rhus tox.*

GREAT DROWSINESS: *Bellad.*; slumbering all day: *Phosph. ac.*

Slumber with frightful dreams, changing into delirium: *Bellad.*

Frightful or imaginary visions on closing the eyes: *Arsen. Bellad. Calc. ostr. Sambuc.*; on going to sleep delirium: *Ginseng.*

Uncommon sleepiness as if from stupefaction of the head: *Nux vom.*

Great sleepiness with giddiness, walks with the eyes shut: *Nux mosch.*

Sleepiness with weakness in all the limbs: *Laches.*

Easily roused out of sleep and soon is conscious: *Phosph. ac.*

Gentle sleep: *Hyosc.*

Constant slumbering: *Phosph. ac.*

Too great disposition to sleep, which is too profound; slept twelve hours and would longer if not wakened: *Mercur.*

Cannot go to sleep because she cannot get herself together; head feels scattered about, tosses about to get the pieces together: *Baptis.*

Uninterrupted sleep for three days: *Veratr.*; like in a deep sleep: *Mercur.*; deep sleep after delirium: *Secale.*

He cannot be roused or only with great difficulty: *Opium*; continued profound sleep: *Veratr.*

Sleep with loose rattling respiration: *Opium*; — with stertorous breathing: *Opium. Stramon.*

Stupefying slumber the whole day: *Secale*, also at night, with increased thirst: *Opium*; deep and long-continued sleep: *Secale*.

In stupefying sleep, stertor, especially during expiration: *Opium*; stupid sleep with unconsciousness: *Opium*.

Restless, stupefying dull sleep, with constant tossing about: *Pulsat.*

Lethargic slumbering, with murmurs and snoring: *Rhus tox.*

Comatose sleep: *Baptis. Colchic.*; comatose slumbering full of troubled and intermittent dreams: *Rhus tox.*; — with anxious delirium: *Bryon.*

The night seems long and tedious, with comatose slumbering, and dreams full of bustle and hurry: *Nux vom.*

Unconquerable coma vigil: *Coccul. Hyosc.*; with indistinct muttering: *Opium*; alternating at night with coma somnolentum, delirium, hot skin, and stupidity: *Opium*; with frequent starts as if from fright, and one eye open and the other closed or half open: *Veratr.*

Constant somnolence, may be roused, but not to full consciousness: *Helleb.*

Slumbers day and night with murmuring delirium: *Phos. ac.*

**Coma**: *Coccul. Veratr. alb.*; constant profound —: *Psorin.*; profound comatose sleep with snoring (see

Opium); sometimes opening the eyes, without moving, with wild look: *Bellad.*; profoundest —, lying silent, immovable, insensible; a dreamy state, with drowsiness, and falling of the eyelids, restless sleep at night: *Nux mosch.*; irresistible sleep and complete —, with insensibility; heat, pulse, and respiration as in health: *Opium*.

When spoken to, answers correctly, but soon relapses into stupor again: *Hyosc.*

**Sopor:** *Arsen. Laches. Lycop. Opium. Phosphor. Rhus tox.*; deep: *Coccul.*, could not be awakened: *Opium*; — and delirium: *Lycop.*; — and stupefaction: *Phosphor.*; stupid, soporous comatose state: *Arnic.*, with staring eyes: *Opium*; febris soporosa of children; heat, chewing motions, turning the occiput or putting their hands there: *Carb. veg.* 2°. *Opium*; — with open eyes: *Lycop.*; fevers with soporous condition, dry black lips and tongue, and open mouth: *Phosphor.*; —, lying on the back, tongue heavy, face sunken, lower jaw hanging down, pulse small, weak, and frequent: *Laches.*; — threatens to terminate in paralysis of the brain: *Opium*.

Lies at night in bed without consciousness, with groans, cold sweat on the forehead, followed by weakness: *Bryon.*

Great dullness of mind, with bodily weakness: *Laches.*

Complete insensibility: *Laches.*

Great anxiety and fearfulness drives from the bed, springs out and calls for help, on account of indescribable feeling of distress: *Rhus tox.*

He springs out of bed delirious, in evening slumber : *Nux vom.*

Delirious phantasies, on lying down : *Nux vom.*

Muttering and phantasies in sleep : *Nitr. sp. d.*

Much muttering during the evening fever : *Laches.*; unintelligible muttering : *Pulsat.*; whimpering, at three o'clock : *Bryon.*; moaning and whimpering : *Nux vom.*

Sleep with outcries : *Bryon. Hyosc. Lycop. Phosphor.,* wakening : *Stramon.*

Delirium at night : *Bryon. Laches. Pulsat.*

Insensibility of the organs of touch, sight, and smell : *Opium.*

Heaviness of the head, with dullness like lead in the occiput, with vertigo : *Laches.*

Distorted open eyes : *Opium*; half open : *Opium. Sulphur.*

Nose bleed at night : *Bryon. Mercur. Rhus tox. Veratr.,* after midnight : *Rhus tox.*

Jerkings of the face : *Bryon.*

Face red, swollen, with injected conjunctiva : *Bellad.*; with dark brown face : *Stramon.*

Distortion of the mouth, or movements like chewing : *Bryon.*

Open mouth : *Rhus tox.*; half open mouth, red, puffy face : *Opium*; hanging of lower jaw : *Opium.*

Thirst, with frequent drinking : *Bryon.*

Involuntary stools : *Bryon.*

Involuntary evacuations of fæces and urine : *Arnica.*

Suffocating night mare : *Opium.*

Blowing, whistling expiration through the nose : *Nux vom.*; with very deep drawn respiration :

*Stramon.*; loud blowing with inhalation and exhalation: *Arnica*.

Respiration slow, heavy, or even intermittent: *Opium*.

Very short breath: *Rhus tox.*, with rapid pulse, oppressed and anxious respiration: *Opium*.

Snoring inspiration, as if the posterior nares were contracted, before midnight: *Nux vom.*

Suffocating snoring with the inspiration: *Bryon.*

Snoring in sleep: *Sulphur*, and murmuring, and picking at the bed-clothes: *Rhus tox.*

Whimpering, sighing, and moaning: *Opium*; whimpering, loud talking, loud blowing inhalation and expirations: *Arnica*.

Pulse slow, suppressed: *Opium*; first rapid and strong, then weak and intermitting: *Opium*.

PULSE; very small, rapid, and intermittent; weak, irregular, often intermitting; small, rapid, or hardly perceptible: *Stramon.*; rapid and weak: *Opium*.

Paralytic sensation in all the limbs: *Rhus tox.*

Constant sliding down in bed, with groaning and moaning in sleep, and muttering and unconsciousness whilst awake: *Mur. ac.* See Positions.

Sighing and jerks in sleep, which awake the patient: *Bellad.*

Jerking of limbs, muscles of the face, and corners of mouth: *Opium*.

Constant slumber with picking: *Hyosc.*; touching surrounding objects, with half-opened eyes: *Opium*.

Shuddering from the slightest current of air: **|***Bellad.* **|***Selen.*

Throwing off the bed-covering, because of heat,

most in the palms of the hands: *Pulsat.*; he casts off the clothes because they are too tight, or too warm, yet he shivers as soon as he is uncovered: *Pulsat.*

Dry heat: *Bryon.*; with pain in the part on which he has lain, as if the place had been too hard: *Phosphor.*; with dryness of the mouth, which impels him to drink: *Phosphor.*

Burning —, both internal and external: *Hyosc.*, on palms of hands: *Pulsat.*

**Sweat**; quiet sleep, with profuse sweat: *Hyosc.*; night sweats: *Hyosc.*; — greasy, stiffens the linen, stains it yellow: *Laches.*, or is offensive: *Mercur.*; copious —, with itching of a miliary eruption: *Opium.*

**Dreams**; troublesome: *Baptis. Ignat.*; full of phantasies and dreams in long continuing slumber: *Pulsat.*; extravagant —: *Nux vom.*; delirious, anxious —: *Arnic. Hyosc.*, and heaviness from the evening into the night; — which much affect the body: *Arnic.*; wakes from — with fright and outcries: *Bryon.*; frightful —: *Arsen. Bellad.*; is kept awake for fear of horrible visions: *Bryon.*; — angry, as if bitten by a dog and he cannot escape; as if he were hunted; of robbers, with frightened waking, and a fixed idea that the dream is true: *Veratr.*; — frightful: *Arnic.*, as if he fell from a height, or as if he were not in his own home, and talking of distant villages; of shootings; of street-robbers: *Mercur.*; of animals biting, with outcries, and waking with anxiety: *Phosphor.*; as if cut and hacked by soldiers, with desire to escape: *Bryon.*; — anxious every night: *Sulphur*; — full of images: *Nux vom.*; with subsequent vomiting of

green, tenacious slime : *Veratr.* ; sleep full of —, and restless before midnight ; irrational talk in his sleep like delirious dreams : *Sulphur* ; frightful —, and frequent waking, and never that state of quiet, profound coma : *Rhus tox.* ; restless, with constant, heavy — : *Secal.* ; dreaming at night : *Bryon. Phosphor. Rhus tox.* ; restless sleep, with frightful — of being drowned : *Veratr.*

**Restless** ; from abdominal symptoms : *Nux mosch.* ; — tossing at night in bed : *Sulphur* ; — tossing, as if from great heat : *Pulsat.* ; only snatches of sleep : *Camphor* ; sleepless, wandering mind : *Baptis.* ; intolerable —, anxiety and discomfort at night in bed, with sleeplessness : *Mercur.* ; with outcries and loud laughing : *Lycop.* ; — with groaning and moaning, and frequent movements of the mouth, like chewing : *Bryon.* ; — disturbed sleep with frequent turning, and throwing off the bed covering : *Rhus tox.* ; — throwing about in bed : *Pulsat.* ; — at night ; continual restless sleep and vomiting : *Bellad.*

**Sleeplessness** ; *Phosphor.*, with great restlessness and tossing about the bed : *Arsen.* ; — from same idea rousing him from slumber : *Calc. ostr.* ; — from nervous excitability : *Hyosc.* ; utter — from over-activity of mind : *Calc. ostr.* ; — with strong desire to sleep : *Bellad.* ; —, stupid, with phantasies of dragons, skeletons, horrible spirits, ghosts ; in a state of half sleeping and waking : *Opium* ; frightful imaginations prevent his sleeping in the evening : *Mercur.* ; — with restlessness and delirium, or incomplete visions and phantasies : *Opium* ; — on account of various visions as soon as he falls in a doze : *Ignat. Calc. ostr.* ;



— or constant sleep with muttering: *Hyosc.*; — with carbo-nitrogenoid constitutions: *Sulphur*.

**Waking**; half awake; phantasies of headless bodies and dead acquaintances: *Nux vom.*; waking suddenly from sleep with start and fright: *Bellad.*; — frequently as if from fright, or from wakefulness, with much tossing: *Mercur.*; — from each sleep with fright as if from a terrifying dream: *Sulphur*; — in fright from the least noise: *Nux vom.*; — frequently from sensation of heat: *Phosphor.*; — insensible: *Cinchon.*; stupefied as if drunk, dizzy, staggering: *Phosphor.*; on going to sit up, giddy, has to lie down again: *Opium*.

When awaking, exceedingly cross, irritable, scolding, screaming, behaving disagreeably: *Lycop.*

After waking, anxious phantasies, as from ghosts, or his employments, from which he cannot at once free himself: *Sulphur*.

Waking delirium: *Bryon.*; with loud outcries: *Stramon.*; that which he has dreamed, seems to him a reality: *Sulphur. Natr. mur.*

On waking, whirling in the head, by which sleep is made more distressing, than pleasant: *Mercur.*; — weak, sluggish, drowsy lassitude: *Bryon.*

**After sleep**; much exhausted: *Secale*; after morbid sleep, stammering; difficulty of moving the tongue; nausea: *Opium*, — aggravation of all the symptoms: *Laches*.

Sleeplike state, from which he emerges with consciousness and speech: *Mercur.*; sleeps all the time, awakens conscious, but while awake taciturn, apathetic: *Phosph. ac.*

**Sleep unrefreshing**, and full of dreams: *Arnic.*; after sleep weary as before: *Bryon. Nux nom.*; feels after light sleep as if he had not slept at all: *Pulsat.*; as if he had too little sleep: *Veratr.*

Loss or interruption of sleep is followed by great loss of strength: **||** *Coccul.*

**At night**; diarrhœa worse: *Pulsat.*; after midnight dryness and thirst: *Rhus tox.*; at three A. M. nose-bleed: *Bryon.*, anxiety: **||** *Kali carb.*; all symptoms worse about and soon after midnight: **|** *Arsen.*; after midnight, delirium: *Kali carb.*; worse after than before midnight: *Rhus tox.*; at night, delirium: *Bryon.*

**Morning**; remission: *Rhus tox.*; delirium: *Bryon.*; dry tongue: *Opium. Sulphur*; sudamina appear: *Mercur.*

**AFTERNOON**; dryness and thirst: *Rhus tox.*; sleepy: *Bellad.*

**ALL DAY**; heavy and weak: *Sulphur.*

**EVENING**; aggravation: *Bryon.*; frightful phantasies: *Cinchon.*; delirious: *Bryon.*; bleeding from the nose: *Phosphor.*; pale, sick aspect: *Phosphor.*; dry mouth, without thirst: *Nux mosch.*; fever and fainting: *Laches.*

Symptoms recur at the same hour: *Moschus.*

**Cold and warmth**; washing in cold water relieves: *Fluor. ac.*; heat aggravates all the symptoms: *Jodium*, relieves icy coldness of body: *Lachnanth.*; weariness as if from overheated air: *Veratr.*; external warmth is unbearable; warm sensation as if in an overheated room, or as if hot air were blowing on one, which excites headache: *Pulsat.*

External heat is intolerable, causing a sense of heat with distress; uncovering, however, is followed immediately by a chill, at the early stage: *Pulsat.*

Uncover themselves: *Bellad.*; desire to throw off the covers: *Fluor. ac.*; would not be covered up: *Secale*; desire to be covered, with dry heat or with sweat: *Rhus tox.*

Immoderate sensibility to the open air: *Nux vom.*  
*Selen.*

TEMPERATURE; sunken: *Coccul.*, collapse with it: *Camphor*; quickly decreasing, most on limbs: *Camphor*.

**Chilliness and coldness**; coldness, and no other symptoms: *Lycop.*; — of the whole body, especially the feet and hands, would not be covered: *Secale*; with cold sweat upon the hands, feet, and face: *Veratr. vir.*; clammy cold skin: *Camphor*; covered with clammy sweat: *Rhus tox.*; skin cool, heat internal, face flushes: *Jodium.*; sweat on one side, coldness of the other: *Pulsat.*; shiverings: *Baptis.*; — and heaviness of body: *Pulsat.*; violent chill each time after eating or drinking: *Tarax.*; — all day: *Baptis.*; — with soreness of the whole body: *Baptis.*; — with sighing: *Ipec.*; begins with chills, headache and backache; pain in the limbs: *Baptis.*; chill and fever simultaneous, with soreness of the flesh: *Baptis.*; chills alternating with heat; moist skin: *Baptis.*

**Fever and heat**; temperature of the body not high, and even, all over: *Phosph. ac.*; burning heat: *Arsen.*; increased warmth: *Stramon.*; moderate warmth of skin: *Helleb.*; skin dry and warm: *Mur.*

*ac.*, and clammy: *Phosph. ac.*; dry skin, burning hot: *Phosph. ac.*; biting hot: *Bellad.*; burning of the skin while laying the hand on any part of the body: *Hyosc.*; local heat: *Calc. ostr.*; heat only on one side: *Pulsat.*; heat at night: *Baptis.*; heat worse in the afternoon: *Laches.*; heat and delirium on going to sleep: *Ginseng*; burning fever with somnolency and delirium: *Lachnanth.*; sensation of heat in body, most in head: *Bryon. Rhus tox.*; fever with circumscribed redness of the cheeks in the evening: *Arsen.*, and brilliant eyes: *Lachnanth.*; heat intense, with raw mouth: *Arum triph.*; heat and thirst: *Bryon. Rhus tox.*; heat without desire to drink: *Hyosc.*; burning and vomiting: *Chamom.*; anxious and restless, with burning, as if hot water were flowing through the veins, or with throbbing in the head, and desire to throw off the bed-covers: *Arsen.*; trunk hot, but limbs cold: *Colchic.*; skin normal temperature: *Helleb.*; mostly dry with increased temperature: *Mur. ac.*; hot and dry: *Gelsem.*; dry skin burns: *Pulsat.*; dry or clammy: *Phosph. ac.*; heat all over with sweating, most in the evening, in bed, or during the day, with pale face: *Veratr.*; skin dry: *Colchic.*, and burning: *Apis*; like parchment and pungent hot: *Arsen.*

**Sweat**; cold: *Carb. veg. Veratr.*; — on whole body: *Veratr.*; — all over: *Camphor*; — on forehead: *Coccul.*; — on forehead only: *Veratr.*; — in face: *Bellad.*; — mostly on face and forehead: *Secale*; — only on head and trunk: *Veratr.*; — on hands: *Coccul.*; — on hands, feet, and face: *Carb. veg.*; — with trembling of the whole body: *Pulsat.*; — cold.

and clammy: *Arsen.*; hot — on the face: *Rhus tox.*; inclination to perspire, with very hot skin: *Bellad.*; disposed to much —: *Carb. veg.*; — profuse, whole body bathed in it: (*Stramon.*); — general and profuse: *Secale*; profuse —: *Phosph. ac.*; and stupor: *Kali carb.*; — with desire to be magnetized: *Silic.*; — clammy, partial: *Apis*; — sticky, constant: *Phosph. ac.*, and cold: *Arsen. Phosph. ac. Secale. Veratr.*; frequent —: *Baptis.*; copious, debilitating —: *Mercur.*; critical sweat on forehead and face: *Baptis.*; acid — at night, preceded by thirst, with pressing drawing in the head toward the end of the sweating, followed by confusion of the head: *Bryon.*

SOUR sweat at noon, and sour diarrhoea in daytime: *Rhus tox.*; — most in afternoon and in upper part of body: *Fluor. ac.*; — makes patient thirsty: *Jodium*; — without thirst: *Rhus tox. Sambuc. Sepia. Veratr. alb.*

FETID sweat: *Baptis.*; offensive and sour: *Arsen.*, and breath offensive: *Arnica*; a cadaverous smell scents the whole atmosphere: *Arsen.*

Great disposition to sweat: *Colchic.*; during the day: *Pulsat.*; gentle sweating, during which he wishes to be covered: *Rhus tox.*; anxious sweat, preventing sleep, with sighing, short cough, and pressure in chest: *Bryon.*

In sleep: *Cinchon.*, in bed, in the morning: *Rhus tox.*; nocturnal, also continued, mostly in a long sleep: *Veratr.*

With great weakness and stupidity: *Hyosc.*

From the head to the epigastrium: *Secale.*

On one side; on the right side of the face, or one side of body, either the right or left: *Pulsat.*

Over the whole body, except the head: *Rhus tox.* ;  
moist skin all over: *Bryon.*

With the rash: *Stramon.*

Suppressed sweat: *Colchic.*

Sweat did not relieve: *Laches. Mercur. Phosphor.* ;  
children, with great dryness followed by hot sweat,  
without relief; not *Mercur.*, but *Stramon.*

Long lasting sweat in convalescence: *Psorin.*

Gets bedsores on parts sweating: *Fluor. ac.*

**Directions** ; complaints, which go from above  
downwards: *Selen.* ; commencing below and spread-  
ing upwards: *Fluor. ac. Guaco.*

**Periodicity** ; fever comes on by short periods:  
*Bellad. Calcar.*

**Sensations** ; neuralgic pains leave suddenly:  
*Phosphor.* ; exalted irritability of all the organs:  
*Bellad.* ; sensation as of lead in the veins, worse  
when sitting: *Mercur.* ; stiffness (in the beginning):  
*Bryon.*

Rheumatic pains: | *Bryon.* | *Camphor.* | *Rhus tox.*  
The more rheumatic pains in the beginning, the  
more we may expect abdominal localization. The  
patient will call pains rheumatic, but they are nerv-  
ous and decrease when thinking about it. *Camphor.*  
JAHR.

Dull, pressive, or stitching, tearing pains, worse  
from motion and opening the eyes: *Bryon.*

Shooting pains in one or the other part of body,  
whilst the part is at rest: *Rhus tox.*

Pains throbbing: *Bryon.*

**Tissues** ; throbbing in veins; they enlarge here  
and there: *Jodium* ; bleedings from the beginning:

*Nitr. ac.*; hemorrhages: *Alum. p. s. Arsen. Bryon. Carb. veg. Cinchon. Nitr. ac. Phosphor. Rhus tox. Sulph. ac.*

Exhaustion from loss of fluids: *Cinchon.*; anæmia: *Chin. sulph.*

Little or no affection of mucous membranes of intestines: *Helleb. Mur. ac.*

Acrid ichorous discharge from nose, excoriating mucous membranes, *alæ nasi*, upper lip, making them raw and sore: *Arum triph.*

Soreness in all the bones: *Pulsat.*, aching in bones and back: *Baptis.*

Want of firmness in all the joints: *Bryon.*; the joints seem too weak to carry the body: *Carb. veg.*; weakness of joints: *Phosphor.*

Relaxation of the muscles with exhaustion from the slightest exertion: *Laches.*; muscles relaxed, with waxy skin: *Veratr.*

Trifling loss of flesh: *Helleb.*

Emaciation: *Arsen. Colchic. Mercur. Opium*; extreme: *Nuphar*; rapid: *Secule.*

Fetor of breath, sweat, urine, and fecal discharges: *Baptis.*

Putrid decomposition of fluids: *Rhus tox.*; great prostration with disposition in the fluids to decompose: *Baptis.*; no signs of putrid dissolution: *Helleb.*

**Touch**; sensibility of the surface: *Colchic. Hamam.*; bed-covering causes pain: *Laches. Sulphur*; when touched, pain in hypogastrium, abdomen, and loins: *Phosphor.*

Sensitive to pressure on stomach: *Arsen. Phosphor.*, on abdomen: *Phosphor.*

Dullness and bruised pains in the limbs : *Laches.* ; with sensation as if bruised, lasting the whole night : *Pulsat.* ; bruised soreness, every position feels too hard : *Arnica.*

Bluish red spots on the parts which the patient lies upon : *Phosph. ac.*

DECUBITUS ; on the sacrum and trochanter : *Zincum* ; bed-sores : *Arnica. Arsen.* | *Carb. veg. Cinchon.* || *Fluor. ac. Moschus. Nux vom. Phosph. ac.*, gangrenous, like sphacelus : *Carb. veg.*

**Skin** ; small transparent vesicles filled with watery fluid, appearing in the morning on various parts of the body (Sudamina) : *Mercur.*

White rash : *Apis. Laches. Mur. ac.* ; in beginning : *Bryon.* ; white miliary rash : *Arsen.* ; with anxiety in the region of the heart : *Bryon.*

Red rash : *Phosphor.* ; insufficient : *Lycop.* ; scattered : *Phosph. ac.* ; red miliary spots on chest and back : *Cinchon.* ; after stupefaction of the head, dullness of vision, beclouding of all the senses, the rash appears on the back, with sweating : *Stramon.*

Repeated breaking out with short, frequent breathing : *Arsen.*

Miliaria purulenta with anasarca : *Sulphur.*

Miliary rash : *Rhus tox.*, on the trunk : *Phosphor.*, about the neck, then back, then chest, gradually all over, lastly upon the feet : *Phosph. ac.*

Lenticular red spots with small vesicles in the centre : *Rhus tox.*

Numerous roseola spots : *Rhus tox.*

Exanthem delayed, and on the fourteenth day fever again rising, with new symptoms of cerebral



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

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EDITORIAL.

CALCAREA-CARBONICA.—This remedy is one of the most familiar drugs of the homeopathic materia medica, and one most frequently prescribed; yet, like Aconite, it is not well understood. Some practitioners look upon it as a food, and imagine that when they prescribe it, it will be built up into bone tissue. Hence they give it in the very lowest potencies in conformity with this chemico-physiological notion, and so lose the great benefits to be derived from its potencies, prescribed strictly upon the symptomatology of the provings.

It may be said with confidence that these inorganic elements which form a part of the human economy are not, except in one or two instances, assimilated and built up into the tissues when presented in their normal state to the digestive system. They must be combined with the protein bodies, such, for instance, as the gluten of wheat, before they can be appropriated and form part of the animal economy.

The prescription of Calcarea, therefore, from the chemical point of view, is an absurdity for a homeopathic physician; and its clinical results under such circumstances will prove

as much a disappointment as its administration in potency exactly in accordance with the symptoms in the pathogenesis will prove a gratifying surprise and pleasure.

·Calcareo is a great remedy in delirium tremens, and hence one of its characteristics is "delirious talk about rats, mice, fire, and murder."

One of its great characteristics is "fear of loss of reason." Cuprum-metallicum has this same symptom.

Calcareo has vertigo when ascending a height, and from looking upwards. This word "ascending" suggests a number of indications for remedies under varying circumstances.

Several of them are quite useful, and are as follow: Guernsey's keynotes for Calcareo are "vertigo on running upstairs," and "shortness of breath on going upstairs; must sit down and rest before arriving at the top."

Calcareo-carbonica, vertigo on ascending stairs, with *inclination to fall to the left*.

Iodine, remarkable and unaccountable weakness and loss of breath on going upstairs.

Nitric-acid, loss of breath and palpitation, with anxiety on going upstairs.

Platina, pressure on genitals, aggravated by going upstairs.

Acetic-acid, loses breath on going upstairs.

Aurum-muriaticum, loss of breath (dyspnoea), and palpitation on going upstairs, or ascending a hill.

Cactus-grandifloris, palpitation of heart and sense of constriction of heart, worse on going upstairs. Also increase of dyspnoea from ascending stairs.

Stannum, faint sensation on going downstairs; can go up well enough.

Lobelia-inflata, dyspnoea worse from either ascending or descending.

## VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I.

(Continued from page 120)

We left off with a narration of the exposure of Dr. Hopkirk's untruthfulness before the Royal British Commission with regard to the small-pox fatality in the Prussian and French armies during the war of 1870; we have now to describe his further conviction of falsehood before the same Commission, and especially with reference to the small-pox fatality in Prussia among children under ten years of age.

Having put in (Q. 1,523) a mutilated extract from Dr. Boing, purporting to be to the effect that there was no compulsory vaccination in Prussia prior to 1874—Dr. Collins, who seems to have been sufficient of a German scholar to realize that a fraud was being attempted, called upon him to continue his translation, which was: "I believe that the thorough vaccination of the population before the compulsory law of vaccination was promulgated was greater than at the present time." He also ran foul of Dr. Seaton, the procurer of the vaccination laws of England, and states that Dr. Seaton's allegation in 1871 that he knew Prussia to be well protected (Q. 6,794-5) was incorrect! At (Q. 1,469) Dr. Hopkirk states positively of the small-pox in Prussia: "None of the children under ten died who were vaccinated."

At (Q. 6,809) Dr. Collins put into his hand the Beiträge of the Berlin Sanitary Commission, and said (Q. 6,813): "Would you kindly look at page 168 of the same official work; that table gives the attack and also the deaths. Do you find there any cases of deaths among children under ten years of age from small-pox, who had been vaccinated or revaccinated? Ans. Certainly."

(Q. 6,814.) "Would you read out the numbers?" "In the first year (of life) there were 259 cases and 136 deaths; from one to six there were 1,244 cases and 437 deaths; from the sixth year to the tenth year there were 737 cases and 133 deaths." The vaccinationists on the Commission tried hard to help Dr. Hopkirk out, but the more they tried, the deeper he floundered, and so we will only now say, "Requiescat in pace!"

Before proceeding further in presenting to the readers of *THE HOMEOPATHIC PHYSICIAN* the testimony given before the Royal British Commission, it is well to call attention to the curious fact that although the testimony of four of the most prominent of the witnesses for vaccination has thus far been heard, not one of them has attempted to tell the Commission what vaccination, or the vaccine virus, or even vaccinia is!

Were the present review of that testimony published altogether it would be sufficient to call attention to that fact when it was "all in;" but obliged to present it in a serial form, I think it desirable to call attention to the fact now, and to ask the reader to bear it well in mind. Sir John Simon, when asked how to distinguish true cow-pox from the "spurious" (Q. 192), referred the Commission to "an expert," Mr. Thorne Thorne (Q. 801), was afraid his opinion as to the origin of vaccine lymph would be of very little interest to the Commission, as he had never studied the question.

Mr. Rauch, of Illinois, who disgraced the United States by his palpable ignorance and untruthfulness, while he boasted of the many despotic and unlawful acts he had committed in his character of Health Officer at Chicago, did not know anything about the "lymph" he used (Q. 1,110), though he believed it was of the Beaugency stock, but what it was, or how he knew it to be genuine, he could not tell.

We will now proceed to the testimony of Dr. Wm. Gayton, Superintendent of the Northwestern Fever Hospital

for the past six years, prior to which he was medical superintendent of the Homerton Small-pox Hospital from 1870 to 1883. In 1881 he took a chief part in the organization, and had medical charge of a small-pox camp at Darenth,\* and in 1882 was visiting medical officer of the hospital ships for small-pox (Q. 1,683).

Dr. Gayton's experience has extended to 12,920 cases, but excluding 2,104 cases of convalescents at the camp at Darenth, and 413 of mistaken diagnosis, the number of small-pox cases which he has personally treated or supervised amounts to 10,403 (Q. 1,685). He thinks (Q. 1,686) that if the system of vaccination and re-vaccination could be rigidly enforced, and the operation properly performed, it would prove, as Jenner anticipated, an all-powerful protection against small-pox.

Here is to be noted an important modification of the Jennerian nostrum. Not only was re-vaccination unnecessary according to Jenner, but it was impossible, and so recently as 1851 the Directors of the National Vaccine establishment declared "that the restriction of the protective power of vaccination to any age, or to any term of years is an hypothesis contradicted by experience, and wholly unsupported by analogy."—Report of the National Vaccine Establishment, 1851.

With great industry Dr. Gayton has prepared a table, which he handed in (Q. 1,687, Appendix III, Table A, pp. 243-4, to second report of the Commission), showing the vaccinal condition of these 10,403 cases, and of the fatality of the small-pox among them.

He presented in Table B, p. 245, a condensed analysis of the former table, which he thought showed that in the unvaccinated the fatality at each age period was greater as com-

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\* I have been unable to find this name in any of the numerous gazetteers I have consulted.

pared with the respective fatalities among those vaccinated with good, and those with imperfect marks, and those said to have been vaccinated, but with no marks visible; but under the questioning of Mr. Picton and of Dr. Collins his classification broke down. In (1,706) he says: "When I had one good mark and three imperfect marks I invariably ignored the three imperfect marks, and took the good mark." And (1,827), he tells the Commission that vaccination marks wear out with time. He also says (1,775), I think primary vaccination is a very fleeting protection, indeed. As to the time that primary protection lasts, I do not know, but I think it is a very short time, and (1,768) he says it is not absolutely protective up to any age whatever, because his table shows some cases under two years of age. It must be remembered that the pretext under which vaccination has been forced upon the people is that of Jenner, constantly repeated by his followers until a very recent period, that "what renders the cow-pox virus so extremely singular is, that the person who has been thus affected is forever after secure from the infection of small-pox." Dr. Gayton told the Commission (1,809) that of the 10,403 cases, 8,234 had been vaccinated, and (1,811) "that post-vaccinal small-pox is of common occurrence, and brings by far the larger proportion of inmates to the small-pox hospitals, practically eight-tenths of them." Also (1,812) that in some well-vaccinated subjects modification of small-pox is not observed. He has seen (1,814) hemorrhagic small-pox in well-vaccinated persons, and as this form is generally fatal, it would be difficult to see how vaccination "mitigated" the disease in these cases. He also admitted that he considered the fact of a person presenting himself at the end of the third day with confluent small-pox, to be *prima facie* evidence of the absence of vaccination! (1,821.) So that Dr. Gayton's statistics were compiled upon the principle, not that persons escaped small-pox, because they were vaccinated, but that they were unvaccinated because they had

severe small-pox. The whole of the theory of "mitigation" is based upon statistics thus compiled.

Dr. Gayton has no knowledge as to the origin of the lymph used by the Government vaccinators (1,829), and notwithstanding his large experience, both of cow-pox and of small-pox, he has no opinion with regard to any relationship between them (1,834); neither is he able to give any opinion as to whether a person is better protected when re-vaccination has succeeded, or when it has failed (1,836). He admits (1,842), that the unvaccinated class are as a rule from a poorer class than the vaccinated, and (1,843) that this would operate to raise the unvaccinated mortality, but he does not think (1,844) that any unsanitary condition would start small-pox. It will perhaps not be out of place to notice here that while it is true that unsanitary conditions alone are not sufficient to start either small-pox, or any other epidemic, experience proves that it takes on an epidemic form only when that which the prince of observers, Sydenham, termed "An epidemic condition of the atmosphere" acts in conjunction with filth. This observation of the profound Sydenham has been confirmed by modern science. That which Sydenham termed an "epidemic constitution of the atmosphere" is now with a little more approach to exactness described as a peculiar electric condition—sometimes a deficiency of ozone—and one of the deplorable results of the Jennerian superstition is that attention has been generally diverted from researches tending to throw light on this important question. In (Q. 1,845) Dr. Gayton admits that overcrowding extends an epidemic of any kind, whether it is small-pox or fever. In (Q. 1,853) he admits that the hospital fatality of small-pox cases in pre-vaccination days was eighteen per cent. He is unable to explain how it is that eighty per cent. of the present small-pox cases are vaccinated, nor yet that while the total hospital small-pox fatality continues at eighteen per cent. as in pre-vaccination days, what he terms "natural small-pox" gives a mortality of forty per cent.

In spite of all the admissions thus made by this unquestionably honest witness, when Mr. Hutchinson says (1.865), "I suppose you are an advocate for the repetition of vaccination?" he answers: "Certainly."

The next witness was Dr. Barry, whose evidence turned chiefly on the Sheffield small-pox epidemic of 1888. The report made by this gentleman upon that epidemic seemed to present a solid advantage for vaccination. His cases, until subjected to really scientific examination, present an appearance of careful investigation and of incisive analysis. His testimony occupied nearly the whole of five sessions of the Commission, viz., the 16th, 18th, 23d, 25th, and 30th of October, 1889, and takes up fifty-three pages of their second report, besides in the appendix a large number of elaborate diagrams, together with a map of Sheffield and its environs. Alas! all this labor and ingenuity were absolutely wasted. Whether Dr. Barry believed in his own story can never be told. It is probable that he did, so powerful do the biases of education, profession, and self-interest warp the intellect and render it incapable of perceiving truth.

The unconscious bias of his mind becomes evident at once (1.883) when he states that being sent to Sheffield by the Local Government Board of England (a body having functions similar to our State and local Boards of Health), the only remedy which occurred to him was to secure the further vaccination and re-vaccination of the already frightened inhabitants of that much vaccinated city, vaccinated according to the official estimates up to ninety-eight per cent. of the population.

It is admitted even by vaccinationists that nothing is so calculated to spread any epidemic as scare. There is a well-known story ascribed to a witty French physician to the effect that in 1832 King Death met his Viceroy, Cholera, coming out of Paris. King Death commended his lieutenant for the noble services he had just performed, to which Vice-



roy Cholera replied: "Sire, I do not deserve your commendations, they belong to your majesty's Viceroy Fear. Where I killed one, Scare slew ten!"

Yet with this knowledge, common to every educated physician, Dr. Barry caused posters to be placed upon walls, and hand-bills to be distributed, and house-to-house visitations to be made to secure vaccination and re-vaccination (Q. 1,883).

Notwithstanding this perfect vaccination up to ninety-eight per cent of the population (as it was said), there were among her 316,000 inhabitants 6,088 cases and 590 deaths. Of 830 troops quartered there, every man of them re-vaccinated, men not only in the prime of life, but of selected vitality, twelve were attacked and one died. Of the 6,088 cases and 590 deaths, 5,035 cases and 246 deaths were admitted to have been well vaccinated; but as the old trick was resorted to of recording as unvaccinated nearly every case in which the marks could not be seen, and as in a large proportion of the vaccinated confluent cases, the confluence of the pocks would render vaccination scars absolutely invisible, the worthlessness of such statistics must be evident.

But further, whenever any child under ten years of age reported as vaccinated was attacked with small-pox Dr. Barry says: "I personally inspected the child." (1,896), "and if I found that it was unvaccinated the return was corrected." Now, it is evident that the most accurate mode of determining whether a child under ten years of age had been vaccinated would have been to refer to the official registers, for under the English system the official vaccinators are paid only for successful vaccinations. He admits (2,095) that when a boy is to be received into a school which requires proof of vaccination, the parents can get the proof of his vaccination from the vaccination registers, but when Mr. Picton said to him (2,096), "Then I should like to know why you did not make any attempt to compare the informa-

tion of parents or neighbors with the vaccination registers?" he replied, "The whole of the figures are given here," and when further pressed (2,097), excuses his not having done so on the plea of the great length of time it would have taken to do so!

Notwithstanding the alleged ninety-eight per cent. of vaccination, the epidemic of 1887-88 is shown to be the next severest to that of 1871-72 of all the epidemics since 1863 (2,106-2,112).

(Q. 2,116 to 2,130) are directed to the bearings of the small-pox mortality upon the general death rate. (Q. 2,131) shows the small-pox mortality at its highest incidence, viz., 245 per 1,000 in 1871, while the general death rate fell nearly two per 1,000; and (2,134) Dr. Barry admits that it does not at all follow that a reduction in deaths from small-pox will reduce the general mortality. In (Q. 2,137-8) he tells us that from 1873 to 1887 the small-pox mortality was below the average in every year except the last, while the general mortality was above the average in six of the years 1873 to 1887; but he seeks to diminish the effect of this statement by saying that it is greatly below the average of the twelve preceding years. Now as nearly the greatest epidemic of the century occurred in 1871 and 1872, and the death rate of that epidemic year as seen in (2,131) was two per 1,000 below the average, the fact thus stated by Dr. Barry, for the purpose of diminishing the force of his admission in (2,137-8), given above, serves rather to accentuate the fact first observed by Dr. Robert Watt, Glasgow, and which Dr. Gregory termed "the law of vicarious vitality," and defined as being "that whenever one epidemic diminishes, another increases, so that the sum total of epidemic mortality remains on an average of years nearly the same." (Gregory on Eruptive Fevers, pp. 5-6.)

This law points so clearly to a common cause for these diseases, that, knowing as we now do for certain in the case

of cholera, that a certain electrical condition of the atmosphere plus filth is essential to its prevalence as an epidemic, one marvels at the blindness which fails to search for analogous conditions as the cause of small-pox.

In (Q. 2,140-1) Dr. Barry admits that Sheffield was a well-vaccinated town, that at the time when the epidemic broke out less than five per cent. of the births were unaccounted for, while (Q. 2,142) Dr. Buchanan stated in the introduction to the Sheffield report, XV, that "on an inquiry made less than one per cent. of the children of school ages were found to be unvaccinated."

In (2,151) Dr. Barry admits that the administration of the law (for compulsory vaccination), so far as it was carried out in Sheffield did not prevent the epidemic there. In (Q. 2,154) he stated that the claim for vaccination as established by the facts of the Sheffield epidemic (supposed facts, we shall presently see that they were not facts) is limited to this, that the unvaccinated will take the disease in a larger proportion than the vaccinated, will generally have it worse, and will die in a greater proportion; also that they will spread the disease probably more than others (another bold assumption, for which neither the Sheffield statistics, nor any other give the slightest warrant). The experience of Sheffield, he said, shows that a larger proportion of the unvaccinated had small-pox of the worst type. (Q. 2,159 to 2,165) refer to observations of certain peculiarities of the season leading to one of the causes of the existence of greater filth than usual, but no one seems to have been concerned to search for that "epidemic constitution of the atmosphere," which the sagacity of Sydenham discerned more than 200 years ago, so deplorably have the minds of so-called men of science been diverted from the really important paths of research, which would lead them to the real conditions of vitality and morbidity. In (2,167 to 2,254) Dr. Barry is questioned as to the sanitary condition of the various parts of Sheffield.

with the result that where this condition was worst, and the population most crowded, there were the greatest amount of small-pox and the worst cases, and that the opposite was true in the best sanitary parts of the town; and though he tried to soften these facts by various explanations, his own report, as read to him in (2,169) and (2,175), prove the facts too conclusively to be altogether denied (2,176 and 2,177).

Mr. Picton questions Dr. Barry on some of the cases: Case 10, Mary F., set down in Dr. Barry's return as unvaccinated, was stated by the woman who nursed her to have been vaccinated, as she (the nurse) stated she saw the marks upon her arm. (2,307), Case 11, Hannah P., was nursed by an unvaccinated sister, who did not take the small-pox. No. 16, nursed by a vaccinated mother, who took small-pox. Case No. 17, Allen L., put down as unvaccinated owing to ill-health, but reckoned among the unvaccinated, had consumption. Case No. 32, entered as unvaccinated, stated by the mother to have been vaccinated, and so forth, showing numerous errors of this kind. It should be stated that Dr. Barry professes to have no knowledge of the facts upon which he is questioned by Mr. Picton, but as the truth of those facts was established by other testimony at a later period, I have introduced them here for the sake of convenience.

In (2,370) the "scare" notice before mentioned is referred to, but in justice to Dr. Barry it should be stated that he said he had nothing to do with the drawing of it up. It was, however, admitted by him to have been issued as a result of his "personal conference with the local authorities." (Q. 2,372), and that it was seen by him (2,374), and that he never expressed the slightest disapproval of it (2,375); nevertheless it contained this palpable falsehood, contradicted by Dr. Barry's own statistics, viz.: "Out of three thousand cases of small-pox that occurred in Sheffield, not one single successfully revaccinated case has been reported as having died."

But the whole fabric ingeniously attempted to be constructed out of Dr. Barry's report was soon to be tumbled upon the heads of its inventors.

Making every conceivable deduction, Dr. Barry had been forced to the admission that 451 children under ten years of age who had been successfully vaccinated had suffered from small-pox (Q. 2,042).

This was attempted to be whittled away in his report as follows (*Second Report*, p. 49a):

UNDER TEN YEARS OF AGE.

*Vaccinated.*

Of 338 (*sic*, really 451 as a minimum) (Q. 2,042) vaccinated children in the total population of Sheffield attacked by small-pox 7, or 2.1 per cent., died.

*Unvaccinated.*

Of 402 unvaccinated children in the total population of Sheffield attacked by small-pox 130, or 32.4 per cent., died.

It is to be borne in mind that this number of unvaccinated includes children under three months, and those whose vaccination had been postponed because of sickness. Again on the same page:

AGED TEN YEARS AND UPWARDS.

*Vaccinated.*

Of 4,642 vaccinated persons in the total population of Sheffield attacked by small-pox 236, or 5.1 per cent., died.

*Unvaccinated.*

Of 625 unvaccinated persons in the total population of Sheffield attacked by small-pox 190, or 30.4 per cent., died.

The reader will remember (*supra*) the device by which the severe cases were thrown into the unvaccinated class.

Again on p. 39a we have:

*Vaccinated.*

Of the 268,397 persons of all ages returned as vaccinated 4,151, or 1.55 per cent., had been attacked by small-pox, and 200, or 0.07 per cent., died.

*Unvaccinated.*

Of the 5,715 persons of all ages returned as unvaccinated, 552, or 9.7 per cent., had been attacked by small-pox, and 274, or 4.8 per cent., died.

Over ninety comparisons of this sort were made in Dr. Barry's report, and, as stated above, did they represent the real facts, would show that a vaccinated person had less

chance of taking small-pox than an unvaccinated one, and if attacked was less liable to have it severely, or to die.

To those who have not observed the conduct of the British Local Government Board, or of our own Boards of Health, what follows would almost seem incredible. It will, however, be proved.

This apparently comparative immunity of the vaccinated will be shown to have been a statistical trick, detected, however, by the great statistical skill of, I believe, Mr. George S. Gibbs and Mr. Alex. Wheeler, and it was brought out by Dr. Collins in his able examination of Dr. Barry himself. (Q. 2,377-8.) The accuracy of the ratios which appear in parallel columns throughout the report, would be dependent on the accuracy of the returns of population contained in the vaccination census. (Q. 2,379.) During the period of the epidemic, from March, 1887, to March, 1888, and especially in March, 1888, vaccination and revaccination were very extensively practiced in Sheffield, so that (2,385) during the period of the epidemic the vaccinated population was considerably recruited, and the unvaccinated population was considerably diminished.

(Q. 2,405.) The vaccination census was not completed till the third week in March, 1888, near the period of the termination of the epidemic—that is (2,407), out of 680 deaths 590 had taken place before Dr. Barry closed his inquiry, and (Q. 2,424) the number of unvaccinated persons was very considerably diminished in March, 1888, compared with what it was in March, 1887, and the vaccinated population had been very considerably recruited.

(Q. 2,432.) The unvaccinated population at the time of the census upon which was assessed the unvaccinated attacks and the unvaccinated deaths was very much smaller than obtained during the period of the epidemic, or, at any rate, at the time of its commencement, and (Q. 2,433) the vaccinated population upon whom was assessed the attack

rate and the death rate in the vaccinated was proportionately increased during the same period.

As it may be difficult fully to appreciate the cunning of the trick thus exposed, I will borrow the illustration of it given by the editor of *The Vaccination Inquirer*, Vol. XII, August, 1890, p. 78:

"To illustrate the fallacy in a simple form, let us suppose a village of 1,000 inhabitants, whereof 900 are vaccinated and 100 are not. Suppose small-pox to break out and attack equally and indiscriminately ten per cent. of both classes. There would be ninety vaccinated and ten unvaccinated cases. Suppose this process to be spread over a period of several months, during which those of the unvaccinated who are not attacked are persuaded to get themselves vaccinated. If an investigation is now made of that village to determine the incidence of small-pox, it will stand thus:

	Population.	Cases.	Percentage.
Vaccinated . . . . .	990	90	9.09
Unvaccinated . . . . .	10	10	100

Absurd as this conclusion is, it is only an extreme case of Dr. Barry's fallacy.

After this, a slight error in the census, such as the omission of some 40,000 of the population, becomes hardly worth noticing, except to emphasize the worthlessness of the testimony given or collected by officials who have an interest in upholding "power, place, and pelf." What an illustration of the truth of Bentham's analysis referred to above! (Vol. XVI, p. 497).

Dr. Barry's report gives us the fact (Q. 2,602) that of five children in one family, three, aged respectively eleven, fifteen, and sixteen, who had been vaccinated in infancy, all suffered from small-pox, and that the last two were badly pitted; that two other persons, aged fourteen and twenty

respectively, who had never been vaccinated, and who slept with the others, did not contract small-pox!

Some facts of importance as having a bearing on the pretended auto-protection of small-pox, a doctrine older than that of vaccination, but, like it, adopted without a tittle of evidence in its support, appears at (Q. 2,040), where we are told that twenty-three persons had small-pox for the second time, thirteen of whom had also been vaccinated.

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“THE PHYSICIAN’S HIGHEST AND ONLY CALLING IS TO HEAL THE SICK.”

J. H. ALLEN, M. D., CHICAGO, ILL.

First, the call is to a physician, not to the minister, nor to the judge, the lawyer, or pedagogue, yet he must be all of these in one; he must have the powers and qualifications of them all; he must be able to minister unto their wants, in sickness, in sorrow, and in distress of body, mind, and soul. He must be a high court, sitting in its majesty of power, judging as to diet, to labor, or to rest, to hearing, thinking, seeing; to all the problems of life in its many phases and complexities, and multi-relationships of even life and of death; the probability of things present and things to come. He must hold a horoscope of our lives and our futures in his knowledge of the sciences of causes and of effects. He must be a lawyer in his reasonings, for he is frequently placed in the witness-box, and must plead his own case; questions that would puzzle a philosopher he must answer on the spur of the moment, with no warning, or perhaps no forethought; yet his answers must be plausible and scientific, for the patient frequently understands the phenomena and the consequences as well as he does, though they are at a loss to analyze it. So he reasons with them, pro and con, and at last succeeds in leaving them in a mist of technicalities and verbose termin-



ologies and unknown medical phrases; and lastly, what school teacher teaches in the short hour or half-hour of his visit so much knowledge, while all the time from out of a chaos of words he is constructing a cosmos, a diagnosis, a prognosis, a pathogenesis, a pathopoesis, symptoms grouped and symptoms classified, symptoms weighed and symptoms measured. The evidence objective, physically, mentally, or morally. The evidence subjective, with all its possibilities and probabilities; the relationship to husband, wife, child, or family; their relationship to God, the world, and the devil; to eating and to drinking, or to all their environments. He must follow up that slippery and uneven path of life that "has chattered over stony ways, in little sharps and trebles," working out the problems (the *prima causa*) of the disturbed life force to which all his ills are heir. Such is his calling, such is his mission, such is his duty, and he who falls short of fulfilling this noble trust, this highest mission among men, has not a true conception of his calling.

In the second place, he is called to "heal the sick," not to treat well people, nor to help well people out of their difficulties, into which they have drawn themselves; nor to cover up sins which they have committed with his professional cloak, but to help sick ones out of their difficulties and sins that they have committed, or rather the effects of sin (disease). He must always be a defender of the wronged and of the right, a knight-errant in his full armor, always optimistic, never pessimistic; pointing to the sunshine, never to the shadow; holding aloft ever the banner of hope, never of despair, and when hope is dead, turn their shallows toward the blessed isles "where dwells the Great Ulysses that we know." Called to heal the sick, not to poison their already vitiated and weakened system with crude drugs, or, in other words, chemicalize them; not to narcotize them, or opiate or anesthetize them into unconsciousness, for coma is not sleep, nor paresis of the central organs of the nervous system

a cure for pain; for consciousness and cure are homeopathic, and unconsciousness and palliation antipathic. Neutralization is cure, palliation is paralyzation often. One is law in action, which is life; the other is license to benumb, to produce coma, to destroy consciousness of pain or suffering by the suicidal process of temporarily suspending life by the mechanical or chemical action of crude drugs; out of one process life is evolved, and out of the other death is evolved. The drug may be or is good, but the evil arises in not applying it through law to restore the disturbed life forces. Therefore good and evil are death, which brings us back to Adam's primary sin. A knowledge of good and evil proved to be death. On the other hand, we find in Homeopathy that the drug is good, and the law is good; therefore a knowledge of good only is life. Choose, then, will you, as honest men of science, that out of which is evolved life, or that out of which is evolved death. The great French surgeon who followed Napoleon all through his conquests, and whose name I have forgotten, was called personally by the Emperor as he was about to evacuate Egypt, to see six French soldiers who had all been mortally wounded in the abdomen by the explosion of a shell. They were beyond help, and could not be removed, and the Emperor, knowing this, said to the great doctor, give them something and end their suffering. The great physician looked at the Emperor as if he was about to obey his request, but suddenly his professional honor and pride began to arise in his breast, and he quietly said to Napoleon, "My mission is to save life, not to destroy it," and the baffled Emperor left them to their fate, and moved on to other duties, having in this little incident fully learned the true office of a true physician. So let us fully learn that fact, that we are called to save life, not to take life, nor to destroy it. For only He who gave life, only He alone in whom we live and breathe and have our being shall cancel it, shall cut the Gordian knot

that dissolves its relationship with its physical edifice. All things were first thinkings. There are two kinds of thinkings, good thinkings and bad thinkings. Good thinking brings us enduring and lasting benefit, a longer life in the physical and the spiritual. But the fruits of bad thinking are pain, suffering, degeneration, and physical and spiritual death. Primary, then, all disease was first bad thinking, whether put into action or not. Some of these are venery, lust, avarice, gluttony, greed, disobedience, all coming from within the man by gratifying the desires of the mind and body, out of which has developed all the chronic miasms which are the primary bases of all disease in the human organism, either directly or indirectly, mentally, morally, or physically, mental aberration, functional disturbance, or structural change. If this be true, then a broad knowledge of these things is absolutely necessary in order to cure disease and not suppress it, to save life and not to hasten death.

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## STERILITY AND ITS RATIONAL TREATMENT.

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In going over clinical reports the gynecologist nowadays will find that a certain number of patients will always be found under the difficult question of sterility and its treatment.

The diagnosis of sterility is very simple, but the prognosis immensely uncertain regarding cure—namely, pregnancy.

The general uncertainty of curing sterility, with all its surrounding ailments, from the standpoint of a purely surgical physician, is too well known to be reiterated. I only refer the reader to P. Mueller's (Berne, Switzerland) brilliant monograph on "Sterility: Developmental Anomalies of the Uterus," in *Cyclopedia of Obstetrics and Gynecology* (Wm.

Wood & Co.). The great difference which exists between the few results of surgical treatment and the quick cures effected by Homeopathy in my hands shows that P. Mueller's request not to overlook the constitutional treatment of the concrete case is fundamental. Under this same heading P. Mueller very clearly states that the heroic treatment will not always cure the sterility, as sometimes the curette will not reach the seat of catarrh. "But we must be prepared for many failures, for the catarrh seldom affects the uterus alone, but involves the tubes, which are not accessible to treatment."

The homeopathic treatment, or as we may call our method the constitutional treatment, reaches where the curette of the surgeon will seldom go. Only once I observed that a simple catarrhal salpingitis was gradually diminished and terminated after a very energetic curettage where the occlusion of the ostium tubae was opened and dilated by the curette.

In all my twenty-seven cases, with twenty cures (pregnancies), four absolute failures and three cases under observation, the constitutional treatment was established after the method of v. Boenninghausen, having previously looked for any anatomical reason preventing cohabitation.

Having ameliorated the case to a certain degree by the constitutional treatment (always controlled by the changes in the genital sphere), as repeated examination will reveal certain conditions, and if finally I observed that my medical treatment seemed to have reached a point where further progress was not visible, as in cases of retroflexions, the moment for action was at hand to correct the position and to observe how the corrected position would be preserved. Repeated trials and continued medical treatment finally kept the formerly and sometimes immovable retroflected uterus in the corrected position better than any pessary.

The same must be mentioned regarding endometritic

catarrh. Here I followed my remedies with the greatest patience, till I could observe no further progress. If now the examination showed without any possibility of doubt that the endometritic lining of the uterus was so diseased that the removal of the endometritic mucosa would prove a benefit, I had found the right moment for action—to use the curette.

But here I must remark that while using the curette for the sake of pregnancy no antiseptic solution whatever must touch the uterine cavity, as then in my experience the certainty of result will be destroyed to at least seventy per cent. The antiseptic solutions prevent the reconstruction of an absolutely physiological normal endometritic lining—the best and safest matrix for the fecundated ovum. Only a perfectly rigid asepsis will give the fullest guarantee of success.

Incisions and excisions are unnecessary in the hands of a homeopath, as their value already has been severely questioned by the thinking old school men, as enough cervices have been observed impermeable for the finest sound, but fully permeable for the microscopical spermatozoa.

The most important question in the treatment of sterility is the result of the physical examination. And here again I must state that the ovaries and tubes be found, that the vagina and uterus must be in no atrophic condition, as absolutely necessary conditions for a good prognosis.

Other conditions, as catarrh of the tube, stenosis cervicis, pelvic inflammation, are of minor importance to the homeopathic gynecologist, so long as the constitutional treatment is instituted and kept up for a longer or shorter time, as may be necessary, depending on the experience of the treating physician.

Before I enter the most interesting cases of my record, I might refer to the *Materia Medica* for treatment of sterility. I cannot do this, as then I have to mention all the remedies

alphabetically arranged in v. Boenninghausen's *Pocket-Book*. Certainly I did not see the generally mentioned remedies like Coffea, but saw pregnancy follow old sterilities after effected cures by either Bryonia or Palladium, or Aurum or Arnica. These remedies are (so far as I know) not mentioned as typical remedies for sterility in any book.

In the same manner as the woman is treated the husband should be the object of a constitutional treatment. The examination will reveal if there are any functional impossibilities or not.

And even in a case of absolute azoospermatisim I succeeded, after having given up all hope in seeing the action of the seminal glands fully restored. In the clinical cases it will be especially shown how the constitutional treatment must comprise every detail.

Here now, as first case, the following history shall serve:

Mrs. H. A., twenty-five years old; first menses at thirteen years, always had cramps during the whole period; duration, four days; married six years; never was sick, lately suffering two months from malaria, and now for eight days from cutting pains in both ovarian regions.

History and Symptoms.—Pains in both sides, worse on pressure and moving around. Better by keeping perfectly quiet. Recently has face eruptions (pimples, itching mostly at times of the menses). Patient sweats, especially at night—the sweat has a disagreeable sour taste.

Sticking and burning pains in the urethra while passing the water—sometimes there is a feeling as if the water were passing over raw flesh.

Physical Examination.—External genitals normal. Os-tium urethra somewhat swollen, mucosa protruding and inflamed, vagina narrow but very low, cervix elongated and of conical shape, uterus in sharp retroflexion, immovable and very sensitive to touch. The left ovary normal, the right one prolapsed in the Douglas, and easily palpable. The

mucosa of the vagina is granular, and covered by a thick sticky mucus (reaction, sharp sour).

The examination of the patient occurred the 23d of June, 1895. At the same time I examined the husband regarding his sexual organs and semen, with absolutely positive result in regard to matrimonial life.

The remedies in the case were: Cantharis, Bryonia, etc., with more or less changing picture.

July 15th I was able to correct the retroflected position of the uterus easily, without any pain, in the genu-pectoral posture.

The leucorrhœa, not yet fully cured, was diminished, and did not react sour.

The re-examination, September 23d, found the uterus in the anteverted position, and the previous symptoms of the urethra had disappeared.

Patient did not return to my office till February 12th, 1896, when engaging me for her confinement, expected July 27th, 1896.

In this case we must accept as preventing cause of pregnancy the anatomical condition of the uterus, and, further, the pathological sharp-sour reaction of the leucorrhœa as immediately destroying the seminal fluid. As the patient was treated before with local applications, the condition of the vaginal mucosa and of the leucorrhœa will be understood. I must mention the former treatment, as the husband narrated to me, that for the sake of family they had followed the advice of their former physician to cohabit *a la vache* on account of the extreme retroflexion of the uterus.

The following case, No. 114 of the Metropolitan Post-Graduate Clinics, is the most interesting, perhaps, for the fact that even under the most fortunate conditions a homeopathic physician can never express a safe prognosis as to the positive or negative results—pregnancy.

Mrs. K. G., twenty-seven years old; married six years, had

two children, and one abortus. Abortus three years ago, and sterile since that time from chronic pelvic inflammation subsequent to a curettage (sepsis?) after the abortion (was in bed for three months).

History and Symptoms.—Patient came under my care October 10th, 1895; she related to me that she knew the nature of her disease from her different treating physicians, especially Dr. C. Cleveland; that she had inflammation, and further that the physician of Mt. Sinai Hospital had told her that she had to undergo an operation (vaginal hysterectomy?). Said she had not been pregnant in these three years on account of the inflammation, as her other physicians had told her.

The most conspicuous symptoms were:

Patient feels as if somebody was cutting with a knife in her anus; always empty eructations; headache always moving around like cramps; pains in the ovarian regions, going down the thighs.

Physical examination showed the following anatomical condition: Uterus retroflected, painfully sensitive, immovable. The parametria on both sides a compact mass, filling out the lower pelvis. In lithotomy position the upper border of the masses could be palpated through the abdominal walls.

The diagnosis was easy—chronic pelvic inflammation.

I prescribed Palladium 30 (three doses) to be taken one every 24 hours.

October 29th.—Patient reported considerably relieved. Sac-lac.

November 2d.—Patient feels worse again. As the symptoms had not changed I gave Palladium 30 (three doses) again.

The patient did not return, and I thought that she was again under the charge of other clinics.

February 12th, 1896, patient came suddenly to my office, and most excitedly expressed her fears of being pregnant.



At my request she related that she had felt better, and therefore did not think it necessary to come, especially as she lived very far off (most clinical patients indulge in such a habit, so it is mostly by accident that the final result, cure or failure, is revealed by recommended new patients or by otherwise reported gossip).

As I examined the patient I was startled to find the following: That nearly all inflammatory swellings had disappeared, and a very well-defined pregnancy by the positive uterine signs was established.

I especially narrate this case, as the patient believed herself safe—on the authority of many physicians—not to become pregnant again.

During my whole treatment I had not thought for one moment of the possibility of seeing here a pregnancy, as the patient came for relief of her pains, and not cure of her sterility.

In this case, perhaps, on the direct inquiry I would have told the patient that there was no hope for redress of the incurred sterility.

The two related cases show the more or less passive position of the treating physician. The treatment never must be otherwise than comprising the whole case—and, finally, the treating physician must change into activity only when the critical moment will be at hand. And even the surgical cure, as demonstrated in the following cases, has only some probability of success—after a duly constitutional treatment.

Mrs. O'C., twenty-seven years old; menses at fifteen years, regular, great molimina since her eighteenth year. Had typhoid fever. Married six years. No children, neither abortus.

Symptoms.—Patient menstruates regularly every twenty-sixth day, cramp-like pains in both ovarian regions—going down to uterus, for the first two days so severe that patient stays in bed till the third day. Mostly complains of

pain in her back, pains in both ovarian regions—great amelioration on bending double and gradually pressing with hands on painful spots. Death feeling in both legs and lower abdomen, and during motion in the back. The sacrum especially painful while sitting; urination, defecation normal; appetite and digestion good; general health poor; fat, flabby, and very anemic.

Patient complained especially of fluor albus.

Examination.—The external genitals well developed, vagina moderately dilated (from previous treatment). Uterus retroflected (but slightly), very sensitive, somewhat enlarged. Cervix conical, one and one-half inches long, external os closed, sound hardly could pass the canal. Both parametria so painful that a more exact examination of the ovaries was impossible from the vagina. A thick leucorrhœa was covering vagina and vulva.

Patient was treated according to symptoms, with the following remedies: Colocynth, China, Calc.-carb. for seven weeks.

The re-examination then showed (after the subjective amelioration of the molimina was fully established) that the uterus could be easily handled without pain, the re-position was painless, the ovaries could be palpated, and were found normal—a slight increase of the volume of the left tube pathologically could be made out.

The leucorrhœa was somewhat ameliorated and diminished in quantity. The origin of the leucorrhœa was well demonstrated this time, as a thick drop could be observed hanging on the external os cervicis. The further treatment of this case was medical again—mostly pointed toward gastric symptoms, as prominent in the subjective feelings: Nuxvom., Pulsatilla, Carbo-veg., Antimon-crud.

Finally patient got impatient, and demanded, after having completed the fourth month under treatment, either to cure her of her sterility, or frankly to admit not being able to help her.

I proposed at last an operation—curetting, etc.—and as the patient and her husband were willing, two days later the patient was put under the influence of chloroform by Dr. S., and having put her in the lithotomy position, she was quickly prepared for this minor operation in the following manner: The vagina was first irrigated with five per cent. hot lysol-solution, and dried with balls of sterilized gauze for at least three minutes. The lysol-solution was removed thoroughly by an irrigation with plain but thoroughly boiled water. As the aseptic preparation of the vagina was terminated an Edebohl's speculum was inserted, and the cervix steadied by a tenaculum forceps. The cervix was then dilated by Wylie's instrument. The endometria was flushed by a stream of boiled water, and then the endometritic mucosa lining was removed thoroughly by the curette—using first large and broad sharp ones, and finally smaller ones, to be able to go into smallest crevices, and especially when possible as near as possible to the tubar ostia. Several times the work of the curette was stopped, and again a thorough irrigation of the uterus was done.

The final step was to pack loosely the uterine cavity and vagina with only steam-sterilized gauze for the next twenty-four hours.

As patient did not show any after effects, no medication was necessary. The next day the vaginal and uterine tampons were removed, and the vagina was cleaned only by irrigation with plain boiled water.

Patient was allowed to resume her household duties the fifth day after operation (September 1st, 1892).

She had her last menses April 22d, 1893—abortus July 12th, 1893, resulting from a fall (down-stairs); got pregnant again, and aborted December 4th—caused by vomiting.

Finally Mrs. O'C. was delivered (forceps) June 23d, 1894, of a boy, and the next year again, June 27th, 1895, of a boy also (self-development).

The twenty-seven cases are divided in following groups:

Pregnancies, 21; effected by medicine, 14 cases; by operation, seven cases; dubious, 2, as to the final result; no results, 4; failure by operation, 2 cases; refused operation, 2 cases.

The nine cases operated upon were treated alike. The failures in my operations were caused, perhaps, by the fact that I did not consider carefully enough the condition of the husband, as it is sometimes absolutely impossible to get the semen at all, or not at convenient times for a satisfactory examination.

In all these cases to-day I refuse any treatment, where from the first moment I notice any resistance of either side to make me fully familiar with every detail.

Finally, the following general rules could be deduced from the experience with these twenty-seven cases:

1. That the prognosis always must be given very guardedly.
2. That no result must be promised in short time.
3. That an operation will have better results the longer the patient can wait.
4. That under no circumstances must the operation be done without having treated the individual case constitutionally.

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THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION will hold its eighteenth annual meeting, beginning on Tuesday morning, June 29th, at 11 o'clock, at the International Hotel, Niagara Falls. Through the American Institute of Homeopathy a large reduction in railroad fare may be obtained by purchasing a full fare ticket to Buffalo, and securing from the ticket agent a certificate of purchase, which, on being presented to the Transportation Agent of the A. I. H., will secure a one-third rate of fare on return trip.

## THE POWER OF POTENTIZING.

MALCOLM MACFARLAN, M. D., PHILADELPHIA.

It is believed by some that there is a growing tendency to doubt the curative action of medicines, as advised and prepared by Hahnemann during the later years of his life—remedies commonly called potencies by those who use them, and dilutions by those who refer to them.

If there is a positive healing power, peculiar to itself, evolved from a material substance, by shaking with water or other solvent, or by triturating with some constant harmless substance, like sugar of milk, then Hahnemann has demonstrated that there exists in matter so treated a curative force, developed by succussion and separation, which, so far as the limited reading or knowledge of the writer goes, Hahnemann was the first to practically demonstrate, and it can be proven in no other way than by comparatively high potencies.

The marvelous results of the subdivision of atoms, made by shaking with water, simply overwhelms one when a mathematical calculation is made, using the centesimal scale, and where at each change of fluid or potency the substance is divided by one hundred. Think of a grain of soluble material, divided so finely that the amount in the medicine used is represented by a fraction whose numerator is one and the denominator the same figure followed by a hundred, or even as now sometimes used, a thousand or more ciphers? The only correspondence to the inverted vastness of this is in the figures given by astronomers in which, for instance, it is said that it takes many years for light, traveling at the rate of about two hundred thousand miles a second, to reach us from certain stars. This causes one to believe, with the ancients, that the microcosm is as great as the macrocosm.

Some little can be gained of what is meant by think-

ing of a grain of substance so thoroughly divided as to be dissolved equally in a body of water the bulk of our earth. Almost any one, seriously saying to another who did not know the truth of the matter, that they believe in the curative action of a few drops of the wonderful fluid prepared in this way, or giving it to the sick, would be looked upon with pity and derision as a lunatic. The truth of this principle, concerning potencies, so persistently and constantly advocated by the founder of Homeopathy, bears directly on everything he said and did, especially during his later years. It should be added that probably only a small minority of his professed followers practice according to these views. The larger number, while they honor him for his services to rational, exact, and scientific therapeutics, do not hold them. To the mind just awakening, the facts and figures of astronomy are just as ridiculous and beyond belief as the teachings of this wondrous man to the materialist in medicine. A competent investigation will alone convince him. The most taking argument against the new system, to an inquirer, is, that it is like putting a drop of medicine into the ocean—that no medicine is given. Any one who has laboriously and frequently worked out this principle of making potencies knows that it is not dilution merely. A great number of shakings, using only small quantities of a solvent at a time, and going on step by step, upwards in the scale, is something entirely and altogether different from it. A force is evolved gradually, by separation of the atoms and retained by the menstruum. This, like most facts, cannot be known beforehand; it must be put to the severe test of provings on the healthy and cures of the sick—not once, but many times, so that the investigator may determine the facts for himself. Not only will medicines prepared in this manner produce constant, but will, in suitable cases, cure similar symptoms found in the sick. Ridicule, abuse, previous notions, or prejudice are not arguments, and will not answer,

and no physician can properly believe in the cardinal principles of the new system unless he himself has prepared his own medicines, and made his own provings therefrom.

His lifetime would not suffice to do but a small part of all that has been done, but he must have done enough of this kind of work over and over again, so as to be sure that his future is not to be based on false principles. The testimony of the founder should be his warrant for investigation.

Some will and do say, "Of what use is all this; cannot the crude or massive doses be given according to the principle of the similars?" Yes! but better work, more thorough and quicker cures without accompanying medicinal disturbances or disease, will be made by Hahnemann's methods. In using potencies one must have an interior or intimate personal knowledge of them, and that not altogether from books. Nothing is accomplished by a faulty selection, and one lacking in this can probably do better with sensible doses of the crude drug because more symptoms are in apparent harmony with the disease."

The trend of medical practice throughout the world is toward the employment of single remedies in small appreciable doses. It is thought that the time is coming, as it did with Hahnemann himself, when the potentized medicine will come into general use, as a result of diluting the dose. The practice is now generally ridiculed, but, if correct, it will eventually win. A serious objection, with many, to their use, is the fact that you cannot tell whether or not they have been spoiled by contact with other similar preparations, except by proving. They require excessive care in handling, but richly repay one in their astounding curative results.—*Hospital Tidings*, March, 1897.

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IN MEMORIAM—DR. MARY BATES STEVENS.

It is with great regret that we announce the death of the late Dr. Mary Bates Stevens, one of the oldest, and one of the most faithful subscribers to THE HOMEOPATHIC PHYSICIAN.

She died February 15th, 1897, at Clover Hill Farm, South Turner, Maine.

Dr. Stevens was born March 18th, 1839.

She graduated from the New York Medical College and Hospital for Women in 1875.

She was an exceptionally rare woman; a student of constant and untiring industry, and was well known and acknowledged to be one of the best read physicians of the school; none exceeding her in her professional attainments. She was thoroughly devoted to her profession, and had a large and successful practice in the city of Auburn, Maine, for many years.

She was a strong and consistent adherent of Homeopathy, and practiced it unflinching and without wavering to the end.

Her life was graced with kind and charitable acts, and she was a leader and worker in many benevolent organizations. None so poor and down-trodden but could have the best of her skill and care.

Naturally not blessed with physical strength, yet she was enabled to accomplish a great amount of work in the several lines in which she was so deeply interested, by the sustaining power of a strong will.

She leaves a husband to mourn her loss.



## DIGITALIS IN PNEUMONIC FEVER.

E. V. ROSS, M. D., ROCHESTER, N. Y.

In the so-called senile pneumonia, or the pneumonia occurring in old people, Digitalis is a potent remedy when the following set of symptoms is present:

“Dry cough, with mucus râles over both lungs, without expectoration; if there be expectoration it has a purplish color, which has been likened to ‘prune juice.’ ”

“Face pale, of a death-like appearance, or a purplish cyanotic hue.”

“Extremities cold and cyanosed.”

“Pulse feeble, frequent, irregular, and may intermit.”

“Great prostration.”

“Deathly nausea, or a gone, sinking feeling in the scrobiculus cordis.”

The above symptoms indicate a desperate condition, and point quite clearly to an impending respiratory paralysis. The prune-juice expectoration, so characteristic of Digitalis, is looked upon as an unfavorable sign, indicating extensive blood changes. According to Grisolle\* the mortality in pneumonia is 59 per cent. in those over sixty years of age.

Antimonium-tart. is the nearest analogue in these cases.

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GAPING WITH COUGH.—*Anacardium orientale*—After the attacks of the whooping-cough a long, lasting gaping and drowsiness. Boenninghausen. Compare with *Opium*. Characteristic by Dr. C. Raue. Cough *after* gaping; or gaping increases the cough. *Arn.*, *Cin.* *Mur-ac.*, *Nux-vom.*, *Staph.* According to Boenninghausen, coughing *and* gaping before, after, and between the spells, have also: *Anac.* after the cough; *Ant-tart.*, gapes frequently; *Arnica* also after gaping.

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*Traité de la Pneumonie*, p. 517.

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

The regular semi-monthly meeting was held at the office of Dr. Martin, 606 Sutter Street, San Francisco, on Friday, January 15th, 1897.

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

Present: Drs. J. M. and C. M. Selfridge, Geo. H. Martin, C. J. Holmgren, G. J. Augur, and W. E. Ledyard.

The minutes of the two preceding meetings were read, corrected, and approved.

The motion that the Club henceforth meet in Oakland on the first Friday of the month, and in San Francisco on the third Friday of the month, was carried.

Sections of *The Organon*, 249 to 259, were read and discussed.

Dr. Ledyard, referring to Section 251, has verified the assertion that Bell., Bry., and Rhus must in many instances be repeated before a curative effect takes place.

Again, referring to Section 253, which dwells on the importance of the mental symptoms as a reliable indication of improvement or aggravation, he reported cases of diarrhea, and other morbid discharges, in which the patients said they were no better, although the mental symptoms were greatly relieved.

In such cases one would be apt to make a mistake if not on his guard.

Dr. J. M. Selfridge—In such cases one must not change the remedy, perhaps not even repeat the dose.

Dr. Martin, referring to Section 254, said it was frequently difficult to determine whether the patient is improving, especially in cases in which the mental condition is apt to mislead.

Dr. Augur—In such cases, where patients say they are no better, it is well to do as Hahnemann suggests, take the symptoms seriatim, questioning them with regard to each, and we shall find many symptoms ameliorated.

Dr. Holmgren reported the case of a patient who said he was no better, and “the medicine not worth a nickel,” although he was improving steadily. When asked if he could use his hand better, he would say: “No, I can’t use it at all.” After a while, however, when his attention was attracted to something else, he would use his hand quite freely.

Dr. Augur stated that a patient advised him not to ally himself with a homeopath, notwithstanding he admits that the medicine “acts like a charm.”

At one time he had a severe pain, which was greatly aggravated by the slightest movement. Two or three doses of *Bryonia* brought speedy relief, and he was soon asleep. Also, after a cough had been cured, he wanted a bottle of the pellets to carry around with him.

Dr. Martin, discussing Section 257, said: “The habit of prescribing ‘favorite medicines’ is one that we should continually fight against. I have known so-called homeopathic physicians to prescribe for conditions, *e. g.*, Belladonna for congestion. *Nux-vomica* for constipation, *Aconite* for fever, etc.”

Dr. J. M. Selfridge—Hahnemann advises against routine practice.

Dr. Ledyard stated that at St. Thomas’ Hospital, London, when he was there from 1870 to 1873, several of the physicians had a “hobby” for giving some particular medicine, and invariably incorporated the same in every prescription he made, irrespective of symptoms, idiosyncrasies, or what-not.

Dr. J. M. Selfridge said that Dr. Richard Hughes stated that it was a “hobby” of his to give *Arsenicum* in typhoid fever as soon as diarrhea set in.

Dr. Martin—Hahnemann, in speaking of making provings, says: "A prover must not change his mode of living." In another place he seems to contradict this, by rigidly dieting his patients.

He (Dr. M.) says it doesn't matter how many medicines you give. If one of them is the right medicine, it will act, even in the presence of, and in spite of others.

He mentioned having been in the habit of taking *Silica* for trouble with a filled tooth. For this he once, by mistake, took *Sulph.*; then noticing the mistake he, notwithstanding took *Silica*. Toward morning, for a chill from exposure, took *Aconite*, and both *Silica* and *Aconite* seemed to act.

Dr. Augur—While that may be very true, the probability is we do not get such good results as when we give the single medicine. The most careful prescribers make up their minds most positively before giving the remedy.

Dr. Martin would give the indicated remedy, even if other remedies had recently been given.

Dr. C. M. Selfridge mentioned a case in which *Zinc* had been given. The attending physician waited for the effects of the *Zinc* to wear off before prescribing, and the patient died.

Dr. J. M. Selfridge reported a case of profuse and long-continued epistaxis cured by a high potency of *Aconite*, after the most powerful styptics had been applied with plugging of posterior nares, and large and repeated doses of ergot without effect. The indication was "fear of death."

Dr. Ledyard reported a case of greatly elongated and swollen uvula, black with the application of Iron and Chlorate of Potash, speedily cured by the highly-potentized medicine.

On motion the Club adjourned to reassemble at the office of Drs. Selfridge, on the first Friday of February, 1897.

W. E. LEDYARD,  
Secretary.

## NORTHERN INDIANA ASSOCIATION.

The twelfth semi-annual meeting of the Northern Indiana and Southern Michigan Homeopathic Medical Association was held in Elkhart, Indiana, Tuesday afternoon, April 27th, in the parlors of the Century Club. Dr. John Borough presided. The members present were: Drs. S. O. Buchtel, Auburn; C. C. Matthews, Leesburg; T. C. Buskirk, White Pigeon; J. C. Huntsinger, Volinia, Mich.; John Borough, Mishawaka; G. L. Shoemaker, Nappanee; W. B. Page, Middlebury; W. H. Thomas, A. L. Fisher, Porter Turner, and H. A. Mumaw, Elkhart.

A number of letters and telegrams from absent members were read. All wished the society a pleasant and profitable meeting and continued prosperity.

Mr. W. J. Ehrhart, representing Boericke & Tafel, homeopathic pharmacists, Chicago; Mrs. Geo. B. Duncan, M. D., Constantine, and Mr. A. S. Zook, Goshen, were among the visiting friends of the Association.

The meeting was called to order at 1.15 o'clock, and, after roll-call, the minutes of the previous meeting were read by the Secretary, Dr. H. A. Mumaw, and approved. The names of Drs. Geo. B. Duncan, Constantine, and H. W. Pierson, editor *Hahnemannian Advocate*, Chicago, were proposed for membership. In the absence of Drs. Lockwood and Kinyon, the Chair appointed Drs. Turner and Buchtel to serve with Dr. Buskirk as a Committee on Credentials. The report was favorable, and the election of candidates unanimous.

Dr. T. P. Wilson, the veteran practitioner, teacher, poet, and humorist, of Detroit, was elected an honorary member.

The President then read his annual address, which was an able exposition of the homeopathic philosophy in particular, and the practice of medicine in general. "Honesty with his

patients," said the paper, "as well as with all his other fellow-men, is one of the cardinal points in the physician's experience." The paper was referred to the Committee on Publication, and a vote of thanks extended to the author.

After the collection of annual dues and the disposition of some other miscellaneous business the reports of bureaus was in order. Chairmen: Surgery, Dr. C. S. Fahnestock; Ophthalmology and Otology, Dr. W. B. Kreider; Materia Medica, Dr. C. C. Matthews; Practice, Dr. A. L. Fisher; Gynecology, Dr. G. L. Shoemaker; Pediatrics, Dr. A. A. Leib. The following papers were read and carefully discussed: "The Fundamental Principles of the Law of Cure," by Dr. H. W. Pierson, Chicago; "Treatment of Uraemic Poisoning," by Dr. Chas. Mack, La Porte, read by Dr. Fisher; "How Shall We Prescribe," by Dr. Matthews; "Two Cases of Cholelithiasis," by Dr. C. F. Ellis, Eureka Springs, Arkansas, read by Dr. Fisher; "Lithemia," introductory by Dr. Buchtel; "Neuralgia of the Ovary," by Dr. David Duncan, Professor of Obstetrics, National Medical College, Chicago, read by Dr. Fisher; "Argentum Nitricum," by Dr. Fisher. Reports of cases, by Drs. Matthew, Page, Turner, and Buskirk.

Dr. Buchtel was instructed to complete his paper on "Lithemia," and carefully revise the same for publication in pamphlet form.

Hon. A. S. Zook, who was in attendance by special invitation, delivered an impromptu speech on the "Legal Aspects of Medicine," which was listened to with great interest. The new Indiana medical law was fully explained, malpractice cases cited, and suggestions given on rendering expert testimony.

A hearty vote of thanks were extended Mr. Zook for his instructive remarks, and an invitation to attend future sessions of the Association.

Chairmen of Bureaus for the next meeting are: Surgery.

Dr. Page; Ophthalmology and Otology, Dr. W. B. Kreider; Materia Medica, Dr. Buskirk; Practice, Dr. G. B. Duncan; Gynecology, Dr. Matthews; Pediatrics, Dr. Thomas.

The election of officers for the ensuing year resulted as follows: President, Dr. Geo. L. Shoemaker; First Vice-President, T. C. Buskirk; Second Vice-President, Dr. W. B. Page; Secretary and Treasurer, Dr. H. A. Mumaw.

The Chair appointed Drs. Buchtel, Huntsinger, and M. K. Kreider a Committee on Credentials, and Mumaw, Fisher, and Page on Publication. Dr. W. A. Whippy was appointed necrologist.

A vote of thanks was extended to the Century Club for the use of their pleasant and commodious parlors.

It was decided to hold the next meeting in Elkhart on the last Tuesday in September, 1897.—*Elkhart Daily Truth*.

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## DR. LEVERSON AND THE BUGABOO OF SMALL-POX.

OFFICE OF TAYLOR & AGARD, No. 35 S. FRONT STREET,  
PHILADELPHIA, April 13th, 1897.

EDITOR OF THE HOMEOPATHIC PHYSICIAN.

SIR:—In the March number of your journal, at page 108, in commenting on Dr. Leverson's article, entitled, "The Bugaboo of Small-pox," you express your surprise at his statement that small-pox is a mild disease, and can be cured in a few days. No doubt Dr. Leverson made the statement on the authority of Dr. Hadwen, of Gloucester, England, who, in a recent public address, gave investigated statistics of two so-called "quacks," one who treated by hydropathy, the other by the oil treatment—solidified oil. Of 260 cases investigated by Dr. Hadwen, treated by the latter treatment, only four died, about two per cent., while the cases treated in the pest-house, under the supervision of the local Board

of Health, showed fifty-four per cent. of fatalities. In the same connection I would like to ask if you have ever given an expert opinion on Dr. Levenson's pathological diagnostic table, which shows that cow-pox virus does not produce a single similar symptom to small-pox, and which, if true, shows that no homeopathic physician has any right to vaccinate under any circumstances.

ROBERT N. TAYLOR,  
*"Pure" Homeopathic Layman.*

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#### THE AMERICAN INSTITUTE OF HOMEOPATHY.

The next meeting of the American Institute of Homeopathy will be held in Buffalo, June 23d to 30th, 1897. The local committee wishes to see every homeopathic physician of the United States present at this meeting. The surest way to come is to make your plans early, and be determined to carry them out.

One other thing we wish to do is to get every homeopathic physician who is not a member of the Institute to join at this coming meeting. There is no better time or opportunity to join than now. Kindly fill out a blank and forward it, together with the necessary fee, to the undersigned. We will see that the application is properly indorsed if you are eligible to membership.

If you already belong to this body will you kindly lend your services in securing a new member for the American Institute. Address

DEWITT G. WILCOX,  
 173 Lexington Avenue.

Chairman Sub-Committee on Invitations and New Members of American Institute.



## MEDICAL SUPPLY COMPANIES.

There have come into existence business organizations into which any one paying the sum of five or six dollars a year will receive medical attendance free of further charge, while the physicians doing the work are to receive ridiculously low fees for their services.

Great stress is laid upon the charitable nature of these concerns, possibly to induce physicians to give their services, while incidentally a petty fee may be collected by the physician for each prescription made.

The object of these companies is not charity, but purely monetary, and one in which the medical profession is to be prostituted to a trades basis, with business corporations fixing the price for professional skill.

No one is debarred from these companies. Rich and poor alike, so long as they pay ten or twenty cents a week, can receive medical attention without further charge so long as physicians can be found for the service.

To be connected with any of these medical companies will seriously affect the professional standing of physicians, and render them ineligible to membership in any of our societies because of the prominent advertising features, since the names of the doctors are printed on cards, and receive wide circulation as members or employés of these medico-business concerns.

We sincerely hope every honorable physician will use his influence, and warn those not acquainted with the attempt made by these companies to utilize the medical profession for financial or trades purposes, thereby degrading our honored calling.

THE BOARD OF CENSORS OF THE HOMEOPATHIC MEDICAL  
SOCIETY OF THE COUNTY OF PHILADELPHIA.

## NOTES AND NOTICES.

DR. F. H. LUTZE has removed from 271 South Fifth Street to 212 Keap Street, Brooklyn, New York.

DR. MARO F. UNDERWOOD has removed from San Francisco to 602 Telegraph Avenue, Oakland, California, his office and residence being combined.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—Do not forget the Bureau of Surgery, and the June meeting of the I. H. A. at Niagara.

Cases you have "saved from the surgeon's knife" are most acceptable, but those requiring operation will be gladly received.

THOS. M. DILLINGHAM, M. D.,  
*Chairman, Bureau of Surgery.*

8 West 49th Street, New York City.

THE SOCIETY OF HOMEOPATHICIANS.—The next annual meeting of the Society of Homeopaths will be held at "The New Mathewson," Narragansett Pier, R. I., June 22d, 23d, 24th, and 25th.

Rates, \$3 per day for room for one; \$2.50 each, per day, for two in a room.

This will be an important meeting and early notice is sent so that all can make arrangements to be present.

Dr. Stuart Close, Chairman of Bureau of Homeopathic Philosophy, 641 Willoughby Avenue, Brooklyn, N. Y.

Dr. Olin M. Drake, Chairman of Bureau of Clinical Medicine, 70 Huntington Avenue, Boston, Mass.

S. A. KIMBALL, *Secretary.*

124 Commonwealth Avenue, Boston, Mass.

WHAT, A POLAR BEAR?—A Frenchman went to an American and said to him: "What, a Polar Bear?"

The American answered: "Do you mean, what does a polar bear do? Um, well, I don't know. Oh, why, he sits on the ice."

"Sits on ze ice!"

"Yes," said the American, "there is nothing else to sit on, you know."

"Vell, vat he do, too?"

"What does he also do? Why, he eats fish."

"Eats ze fish! Sits on ze ice, and eats ze fish! Then I not accept."

"You don't accept! Why, what do you mean, you don't accept?"

"Oh, non, non, I does not accept. I was invite to be polar bear (pail bearer) to a funeral!"—*Bachelor of Arts.*

irritation, twitchings, delirium, frightful visions, or great anguish (whether diarrhoea is present or not): *Calc. ostr.*

Bluish spots: *Nux mosch.*; extravasation under the epidermis: *Arsen.*

Ecchymosis: *Carb. veg. Phosph. ac.*; on trunk: *Arnic. Phosphor.*; ecchymotic spots here and there: *Carb. veg.*

Large purple spots on the body, particularly on the feet: *Secale.*

Red spots like flea-bites, or blood stains, or petechiæ, on chest, abdomen, face, and neck: *Bellad.*

An eruption like flea-bites: *Pulsat.*

Petechiæ: *Arsen. Bryon. Secale. Rhus tox. Stramon.*; small shining, star-shaped, on the face, throat, and chest: *Stramon.*; with great weakness, even to the loss of all strength: *Rhus tox.*

After sudamina and petechiæ have appeared, and no diarrhoea set in: *Bryon.*

Icteroid color of the skin: *Mercur.*, waxy, pale, pale as wax: *Rhus tox.* See Face.

Jaundice with diarrhoea: *Leptandr.*

Skin cool, bluish: *Carb. veg.*; relaxed pale: *Phosph. ac.*; wrinkled: *Veratr.*; small, red, itching spots here and there on the body: *Opium.*

Ulcerations: *Baptis.*; boils: *Mercur.*

Decubitus. See Touch.

**Constitutions**; at the very onset all further progress may be cut off, in persons inclined to grow fat, by: *Calc. ostr.*; weak, debilitated individuals, old age or children: *Arsen.*

In cholera time: *Cuprum. Sulphur.* | *Veratr.*

**Other drugs;** after abuse of Calomel : *Nitr. ac.* ; after Opium : *Helleb.* ; after abuse of Chloral : *Nitr. ac.* — Mercur. : *Sulphur* ; — Calcar. : *Lycop.* ; — Bryon. : *Mur. ac.*

*Camphor* in cases like *Carb. veg.*, but symptoms more rapid.

*Bryon.* and *Rhus tox.* rarely in alternation, but *Rhus tox.* and *Nux vom.* *Bryon.* and *Pulsat.* (Bœninghausen) of course not without being indicated by the changing symptoms.

When *Rhus tox.* or *Bryon.* are insufficient in catarrhal or pneumonic symptoms, compare *Phosphor.*

If *Nitr. ac.* be insufficient in bleeding from anus, the symptoms may have been more for *Mur. ac.*, also *Arsen.* or *Phosphor.* See Gross's Mat. Med. Comparativa. *Alum. p. s.* may be the only resort. See Mat. Med.

When *Rhus tox.* or *Arsen.* are insufficient in cases of great prostration, compare *Mur. ac.*, after it *Carb. veg.*

In hepatic affections, after *Byron.* *Laches.* and *Lycop.* had failed, *Mercur.* was given with success.

#### MODEL CURES.

In the war-typhus of 1813 to 1814, where in the *first stage* of the fever *Rhus tox.* or *Bryon.* (never in alternation), in the *second stage* *Hyosc.*, in the twelfth centesimal, answered so well, that from 183 cases only one, an old person, died, there sometimes occurred a *third stage*, a sort of lethargy of the senso-

rium, a kind of half paralysis of the mental organs. The patient remained lying indolently without sleeping or speaking; he scarcely answered whatever might have been done to induce him to do so; he appeared to hear, without understanding what was said or without allowing it to make any impression on him (the few words he said, he whispered; but not irrelevantly); he appeared to feel almost nothing and to be almost immovable, and yet not quite paralyzed. In this case, Sweet Spirit of Nitre was useful. It must be so old that it no longer reddens the cork. One drop is to be shaken up with an ounce of water and given by teaspoonfuls so as to be consumed in the four and twenty hours. In the course of a few days this state passed into health and activity. SAMUEL HAHNEMANN'S Lesser Writings, p. 634.

An extreme case. Great thirst, but fluids caused pain and gurgled through the intestines, making a noise as in an empty cask. *Hydroc. ac.* HAYNEL.

In prevailing fever, with sopor. No complaint except thirst. On lifting the head dullness and vertigo, had to lie down. *Opium.* H. GROSS.

The patient lies in an unconscious state, with both arms lying stretched out by the side of the body; now and then starts up suddenly as if mad, and strikes about him; with screaming, tossing to and fro, or even clonic spasms. All in consequence of erosions and ulcers of inner organs—*f. i.*, the intestinal canal, or an inflammatory condition of the membranes of the brain: *Canthar.* H. GROSS.

Typhoid fever with the greatest indifference, putrid

breath, and red spots like suggulations on the body: *Arnica*. C. HG.

An elderly man given up with a typhoid fever, suddenly took a change for the better after *Plumbum* 30, not only because many of his (altogether objective) symptoms were similar to it, but he had been an opium-eater for years. After consciousness came back he turned yellow all over, his appetite came back, and he recovered fully. C. HG.

Relapse in third week; sudden stupor and speechlessness with a brown parched tongue as hard as a board, teeth and gums covered with a brown mucus, on the nose dried-up hard crusts. *Rhus tox.* in water, a teaspoonful every two or three hours; followed by recovery within three days. JAHR.

Malignant ship-fever; ninth day; lying on his back unconscious; eyes wide open, glaring, fixed on the ceiling; pupils dilated; cheeks red and hot; mouth wide open; jaw hanging down; lips and tongue dry, black, cracked; picking of bed-coverings; pulse 200. Involuntary urination at night, on the sheets a large deposit of red sand, like brick-dust. *Lycop.* 2° in half a tumbler of water a spoonful every two hours; after six or eight hours, eyes and mouth closed, sleep and sweat and full recovery. A. LIPPE.

Violent delirium with severe pains in the limbs, great weakness, dry tongue (red or black); dry, brown, or black lips; heat and redness of the cheeks, carphologia, pulse quick and small, lethargic slumbering, with murmurs and snoring: *Rhus tox.* WELLS.

Large purple spots on the body, particularly on the feet; body cold, especially the feet and hands, and would not be covered up; cold perspiration, mostly on the face and forehead; copious vomiting of greatly degenerated thick black bile, mixed with tenacious bilious mucus; this bilious matter was badly mixed with black bile, mucus, degenerate substance, etc.—it was a *horrible* mixture; would vomit about a quart at a time: *Secale corn.* high. GUERNSEY AND LIPPE.

In a case of ship-fever, apparently sinking, quick fluttering pulse, could hardly move. *Iris vers.* GUERNSEY.

Tongue dry and brown. *Thirst for large quantities.* Delirium at night. *Desire to get out of bed and go home.* *Talking about business of the past few weeks.* Bryon. 2°. 2<sup>m</sup>. J. B. BELL.

Much headache. Dreaming and *talking in his sleep about business of the past few weeks.* Thinks about it in daytime. Bryon. 2°. 2<sup>m</sup>. J. B. BELL.

*Violent subsultus tendinum.* *When spoken to answers correctly, but quickly relapses into stupor.* Hyosc. 2°. in twenty-four hours. A young man, third week of typhoid fever. J. B. BELL.

Third week violent and almost constant cough; expectorates bloody, frothy mucus. Stupor, profuse sweat. Involuntary stool. Pulse 120 to 140. Tongue clean on tip, pointed. *Pale watery swelling in a little bag over the eyes.* Kali carb. 2°. J. B. BELL.

Entire unconsciousness like a deep sleep, mouth open and filled with a slimy mucus. Deathly

appearance. Breathing rapid and labored. Pulse feeble and rapid. *Whole body bathed in profuse perspiration which did not relieve.* Urine passed unconsciously in bed, leaving a whitish sediment on the parts, legs, and sheets, where it passed. *Merc sol.* 6<sup>m</sup>.  
J. B. BELL.



THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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

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JUNE, 1897.

No. 6.

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## EDITORIAL.

HERING ON TYPHOID FEVER.—This masterpiece of the immortal Hering, which has been reprinted in THE HOMEOPATHIC PHYSICIAN, is finished. The last six pages completing it were published in the May number. It can now be removed from the different numbers of the journal by turning to the back of the number, turning up the points of the wire stitches with a pocket-knife, and lifting the desired pages out.

It was intended that a second part should be added containing a complete Concordance Repertory to the symptoms given, and with the addition of all the later pathogenetic indications that have accumulated since Dr. Hering published his monograph.

This work was to have been done by Dr. Charles B. Gilbert, of Washington, D. C., long intimately associated with Dr. Hering, and therefore the one best fitted for such a valuable addition.

Unfortunately Dr. Gilbert's health has been so poor as to preclude the possibility of carrying out his design, and so we are reluctantly obliged to end the book without it. The editor has not, however, relinquished the hope that Dr. Gilbert may yet be able to accomplish his object.

## VITAL FORCE.

J. M. SELFRIDGE, M. D., OAKLAND, CAL.

Previous to the time of Hahnemann the practice of medicine was a series of barbaric methods, much of which was prevalent at a time fresh in the memory of some of us who are now living. This was due to false theories, taught by Galen and others, and, as a consequence, purgation, salivation, blisters, the lancet, the seaton, the moxa, and the actual cautery were the sovereign remedies for almost every ill to which flesh is heir.

Instead of accepting the theory advocated by Hahnemann one hundred years ago, the allopaths have been laboring ever since, with a vain hope of discovering something peculiarly their own. But, as often as one theory was advanced it was replaced by another, until within the last two decades they have anchored themselves on the theory that germs are the cause of all diseases. But, alas! the practice which this theory suggested, when put to the test, so increased their death rate that their most courageous practitioners stood appalled at the unscientific results. The remedies used to kill the germs proved fatal to their patients, and, consequently, the germicidal treatment had to be abandoned. But, although their hopes were not realized, they still cling to the theory, notwithstanding the impracticability of the remedies it suggests.

Instead of the theory that germs are the cause of all diseases, we have the theory advanced by Hahnemann in *The Organon of the Art of Healing*, viz., that "Diseases are produced only by the disturbed vital force."

This theory was so different from the views held by the profession at the time it was uttered, and is so even now, with very few exceptions, that it was, and is to-day, challenged by the old school of medicine. There are also some

of those who call themselves homeopaths who believe in a pathological basis for all diseases. But, with here and there an exception, all those who wear the badge of the homeopaths accept it without question, and, in some things, go even farther than Hahnemann himself.

The fact that the theory advanced by Hahnemann is so different from any other that has preceded and followed it, makes it desirable that the search-light of modern science should be thrown upon it to determine, if we can, whether this radical declaration of principles will bear such an examination. With this thought in view, it will be well to examine some of the statements made by Hahnemann that bear on this subject, and then compare them with the facts of science as taught at the present time.

Hahnemann, at the outset, recognized the fact that man is a dual being, having a material organism so entirely dominated by what he calls a spiritual or spirit-like body, that the former can only become diseased by morbidly disturbing the latter.

This thought is first announced in the introduction to *The Organon*, on page twenty, where he says: "It was almost impossible for the common school of practitioners, in contemplating and judging of a disease, or in seeking the indications for its cure, to free their minds from these ideas of materiality, or to recognize the nature of an organism both spiritual and material, as a being so highly potentiated that the modifications of its life, called disease, manifested by sensations and functions, must alone be regarded as conditioned and affected by means of dynamic (spirit-like) influences, and that such sensations and functions could be affected by no other cause." And again on page twenty-three he says: "But the essential nature of diseases and their cure cannot accommodate themselves to such dreams, or to the convenience of physicians; diseases will not cease to be (spirit-like) dynamic aberrations of our spirit-like life, manifested by sen-

sations and actions—that is, they will not cease, for the sake of those foolish and groundless hypotheses, to be immaterial modifications of our sensorial condition (health).”

It is a question in my mind whether Hahnemann, when he uses the terms spiritual and spirit-like, really means what is generally understood at the present time by the words spirit and spiritual. For it is difficult to understand how any person can believe that an immaterial essence, which is characterized by the absence of the properties that distinctly belong to matter, can become diseased.

From statements made in the introduction to *The Organon*, as well as in the body of the work, it is evident that he did not regard vital force as an independent spiritual essence like the human soul or spirit, for he speaks of it as “spirit-like”—that is, so minute in substance and so unseen in its operations as to be like or similar to spirit. From what follows in these pages it will be seen that he regarded it much in the same sense as physicists of the present day do force in general, as an inherent property of matter which acts automatically like cohesive, capillary, and gravitative attraction.

The first time Hahnemann uses the phrase “vital force” is in the introduction to *The Organon*, page twenty-eight, where he says: “Nay, this unreasonable vital force rashly receives into the body these chronic miasms (psora, syphilis, sycosis), the greatest tormentors of our earthly existence.” On page thirty-four he says: “The vital force is capable of acting only in harmony with the physical arrangement of our organism, and without reason, insight or reflection, was not given to us that we should regard it as the best guide in the cure of disease.” And on page thirty-five he calls it the “instinctive, unconscious, and unreasoning, but automatic vital force.” In Section 10 of *The Organon* he says: “The material organism, without vital force, is incapable of feeling, activity, or self-preservation. This immaterial being

(vital force) alone, animating the organism in a state of sickness and health, imparts the faculty of feeling, and controls the functions of life."

There are those who hold the opinion that vital force and life are identical. But, taking this section, coupled with his statements in the introduction, it seems that Hahnemann did not so regard it; but merely as an agent that controls the functions which are set in motion by life. Dr. Boericke says that "The vital force is the intermediate agent between the spirit and the body, enabling the spirit to dwell for a time in its material bodily clothing." That "it is not the very seat of life, but only the connecting medium between the rational spirit, the true living man, and the outer material covering by which man takes cognizance of this material world."

L. S. Beale, in discussing this subject in his book *How to Work with the Microscope*, says: "The facts of the case teach us that a peculiar agency or force compels matter to assume temporarily the peculiar state characteristic of bioplasm or living matter, but of living matter alone. I venture to call this vital power. It is just as difficult to form a positive conception of this wonderful power as it is of gravitation or electricity."

It seems to me that this section gives a pretty good description of the functions of the nervous system, and suggests the thought that vital force and nerve force are nearly identical.

In Sections 11 and 12 Hahnemann lays down the doctrine, in unmistakable terms, that "diseases are produced only by the morbidly disturbed vital force."

That Hahnemann did not regard vital force as a spirit in the sense in which it is used at the present time, but rather as a substance so highly potentized as to be spirit-like, is evident, and for this reason. He describes it in precisely the same language he uses in speaking of his potentized remedies,

which he stoutly maintains are material. In Section 16 he says: "Our vital force, that spirit-like dynamis, cannot be reached nor affected except by spirit-like (dynamic) process, resulting from the hurtful influences of hostile agencies from the outer world acting upon the healthy organism, and disturbing the harmonious process of life. Neither can the physicians free the vital force from any of these morbid disturbances—*i. e.*, diseases, except likewise by spirit-like (dynamic, virtual) alterative powers of appropriate remedies acting upon our spirit-like vital force; perceiving this remedial power through omnipresent susceptibility of the nerves of the organism."

It will be observed that "the hurtful influences of hostile agencies from the outer world" that disturb the vital force, and the remedies that cure, are material, yet he describes them in the same words he uses when speaking of vital force.

Wherever Hahnemann speaks of anything that is exceedingly minute he characterizes it as "spirit-like." For example, in discussing mental diseases, he says in Section 216: "In short, the disorders of the coarser bodily organs are transferred, as it were, to the almost spiritual organs of the mind." And in Section 288 he does not leave us in doubt as to what he means by the words "spirit-like." He says: "The effect of medicines in liquid form penetrates and spreads through all parts of the organism with such inconceivable rapidity, from the point of contact with the sensitive nerves supplying the tissues, that this effect may, with propriety, be defined as spirit-like (dynamic or virtual)."

In Section 20 Hahnemann teaches that a "spirit-like power" is "concealed in drugs;" and in Section 128 he tells us that by means of "trituration and succussion," "the powers hidden and dormant, as it were, in the crude drug, are developed and called into activity in an incredible degree."

There are those in the homeopathic school who claim that the curative force of drugs, during the process of potentiza-

tion, is separated from the drug material, and becomes an independent, immaterial force, which, by means of "proper manipulation," can be transferred to inert substances, as alcohol, water, and sugar of milk. Now, although Hahnemann used these vehicles in making his potencies, he did not teach that the curative principle of drugs became an independent, immaterial force—*i. e.*, entirely freed from the original drug material. What he taught was just the reverse of this, and he was right, for the ideas he advocated seventy or more years ago on the potency question are in perfect harmony with the teachings of modern science, namely, that matter is infinitely divisible.

Modern science enables us to demonstrate more clearly why the potentization of drugs increases their curative powers. It teaches that by the divisibility of matter, its molecules, not only, but the ultimate atoms are set free. And Dolbear suggests that by proper means the atoms may be divided, thus making matter absolutely divisible to infinity.

That Hahnemann did not regard his potentized remedies as immaterial forces is evident, for if we read Section 280, and especially Note 143, we will find that he distinctly states that his highest potencies, however minutely divided, are composed of drug material. "Let these ordinary practitioners," he says, "ask mathematicians to demonstrate the truth, that, although a substance be divided into ever so many parts, some portion of this substance, however minute, must still constitute each one of these parts; that the most inconceivable minute fractional particle never ceases to be something of the original substance, and hence, that it never can become nothing." Let me emphasize this by repeating the statement that nothing can be clearer than that Hahnemann regarded the highest attenuations of homeopathic medicines as material, yet so finely comminuted as to be beyond the powers of human observation, and, therefore, as he so often expresses it, "spirit-like."

It is evident that he regarded all forces as potencies of some material substance, for we read in Note 143 that "physical sciences will teach them that there are great forces (potencies) which are imponderable, like heat, light, etc.,\* and that, consequently, these must be far lighter than the medicinal contents of the smallest homeopathic doses."

While Hahnemann, doubtless, knew what he meant by the terms vital force, dynamis, dynamic, spirit-like dynamis, and spirit-like (dynamic) process, he uses them so frequently and so interchangeably as to be somewhat confusing. It will be of interest, therefore, to pass them in review and determine, if we can, their scientific meaning at the present time.

By the word vital is meant of or pertaining to organic life. By organic we mean "having or consisting of organs." It, therefore, applies to animals or plants.

Life—what is it? It has been defined as "that condition in which animals and plants exist, with capability of exercising their natural functions." It is also called the "vital principle or animal soul."

By force is meant that which can produce, change, or destroy motion. But, as to the essential nature of force, we know absolutely nothing, because we can neither see nor grasp it. "We simply know there must be a cause for certain effects produced." These effects are motion and rest, if there be such a condition as absolute rest.

By vital force, then, we mean a kind of "agency that compels matter to assume the characteristics of bioplasm," and it is present in both animals and plants.

Force is inseparable from matter; at least so far as we are able to determine; and it is, without doubt, an inherent property of matter, as much so as the attraction of gravitation or cohesion, which, in fact, are forms of force, and are

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\*At the time Hahnemann wrote Note 143, "heat, light, etc.," were held to be material substances.



common to all bodies of matter, and are eternal and unchangeable.

The statement that force is inseparable from matter will be called in question by those who hold the opinion that the curative force of drugs can be transferred, "by proper manipulation," to inert substances; and the familiar example of the ability to transfer magnetic influence from the natural magnet to soft iron and steel may be quoted. That force can be transferred, under suitable conditions, from one body of matter to another, is not denied; but this example does not prove that drug force can be transferred to substances which are medicinally inert; for it is evident that magnetism is permanently transferrable only to substances that are molecularly like the magnet. It is true that soft iron may become magnetized while in contact with a magnet, but it parts with its magnetism as instantaneously as it receives it, for the reason that its molecules are destitute of what is called in science "coercive force," and for that reason it cannot become a permanent magnet. But steel, which possesses a large amount of "coercive force," and is molecularly like the magnet, not only receives but retains magnetism. It is, therefore, always selected for permanent magnets. The original magnet, however, although it imparts magnetism to other bodies of matter, seems to lose none of its magnetic force. It is evident, therefore, that to transfer force permanently from one substance to another, they must be molecularly similar.

It is a scientific fact that "the identity of elementary matter resides in the atom, while the identity of compound matter resides in the molecule." Hence, if it were possible to separate force from the material substance of a drug with which it is connected, the drug would lose its identity.

For example, if it were possible to divide and subdivide Arsenicum to such a degree that the ultimate atoms would be reached, and, then, if we could apply what has been called

“proper manipulation,” by fluxion or otherwise, until its peculiar or specific force was transferred to some inert vehicle, where would be our Arsenicum? Of course, it would have lost its identity, and, therefore, would not be Arsenicum. A drug, to be the vehicle of a particular energy, must retain the atomic and molecular structure peculiar to that drug, or it might, by chance, be something else. What makes one drug differ from another drug? There are seventy or more different elementary substances, and the molecules of each drug are composed of from three to one thousand atoms of one or more of these elements, variously combined, and in nearly every instance these combinations are secured only by chemical action, as, for example, “carbon, which in its pure crystallized form we know as a diamond, appears as petroleum when combined with hydrogen, as carbon dioxide gas when combined with oxygen, and as sugar when combined with both hydrogen and oxygen;” and, yet, the carbon loses neither quantity nor identity. It is evident, therefore, that drugs differ from one another because of the various combinations of the atoms of one or more of these elements.

Force plays an important part in all the operations and combinations of nature; but it cannot be maintained that force *per se* is the drug, for we know absolutely nothing of force except as it manifests itself through these molecular combinations. That the effect of a drug like Silicea, for example, can be increased by any process that will set its molecules free, is a fact known to every intelligent homeopathic physician; but to claim that force can exist or manifest itself in a certain manner, as, for example, like Silicea or Arsenicum, without the material atoms and molecules of these drugs, is to make an assertion without proof. There is no scientific foundation upon which to base such an assumption.

The doctrine that drug force can be separated from its

material substance was an unnecessary invention, for the reason that there is such an infinite number of molecules, to say nothing of the ultimate atoms in every form of matter. For example, careful computations have demonstrated that there are 78,690,000,000,000,000,000 of molecules in a quantity of matter no larger than the head of a pin. Now, if it were possible to place this immense number of molecules, there would be enough to plant 12,128,565,484 of them in every quarter of an inch of ground in forty acres of land, square measure. If, in addition to this, we could separate these molecules into their ultimate atoms, there would be sufficient material present to saturate the highest potencies known to the imagination of the most superlative enthusiast.

Force is in constant action. It is either pushing or pulling, and it acts automatically; consequently there is no such condition as absolute rest in the universe. This is true of all matter, whether animate or inanimate. Every molecule in the great blocks of granite that give form to our mountains, and every molecule in the ribs of steel that make the frame-work of those massive "liners" that plow the Atlantic and Pacific Oceans, are in a state of quivering motion in their inconceivably small spaces, so small that it is asserted by physicists that if a person could count ten millions of molecules every second of time it would take him 250,000 years to count the number of molecules in a speck of matter the size of a pin's head; and, yet, each one is moving backward and forward, bounding and rebounding from its neighbors, who, like itself, are in ceaseless motion—a motion so rapid as to be beyond conception.

From considerations like these it is evident that motion is as much of an inherent property of matter as is capillary, cohesive, or chemical attraction. Still, every thing that moves suggests the idea of force. That force which causes the molecules of rock and iron to move to and fro in their

narrow beds, although an inherent property of matter, may be defined as inanimate force, or simply force, while that which is observed in matter of a higher order, that is, in organic matter, we call it vital force. Can it be denied that the latter is any less an inherent property of organic matter than that the former is an inherent property of inorganic matter? I think not. Each was implanted in its respective sphere by the Great Architect of Nature, when both the organic and inorganic forms of matter were created. It is evident, therefore, that force manifests itself in two ways: as a power that is inherent in dead or inert matter, like earth, rocks, metals, etc., and in a higher degree, as vital force, which manifests itself in all forms of organic matter, including plants and animals.

That branch of science which treats of force and the motions it produces is called dynamics.

Dynamics, then, means power—related to, or endowed with power. Dynamis is synonymous with power or force. Dynamics investigates the powers whereby bodies are put in motion, and the laws that govern them. In biology it relates to the vital forces—to the organism in action. Hence we have vital dynamics which relates to the action of remedial agents on the human organism not ascribable to either mechanical or chemical causes.

Vital force has been defined as a specific force, which is assumed to account for organic life and its phenomena. In evolution it is a form of energy conjectured to give rise to and control the phenomena of organic life. In biology, especially evolutionary biology, it is any force that aids in producing the phenomena of organic life.

Infidel biologists, like Haeckel and some others, teach that both force and life are evolved from matter.

All that scientists can really prove in regard to force and life resolves itself into pure conjecture. They approximate, but they know absolutely nothing about the nature or es-

sence of either the one or the other. Essential knowledge belongs alone to the mind of the Infinite.

Those of us, however, who recognize the existence of a Supreme Being believe that when He constructed this vast universe He endowed matter with both force and organic life. By organic life I do not mean the spiritual or immortal part of man which cannot be corrupted by material contact, but I mean that kind of life which is common to plants and the lower order of animals, and also occupies the protoplasm in the primal cell of all vertebrates, including man. Were it not for a higher order of protoplasmic life, each primal cell would undoubtedly remain like an ameba—a distinct and independent cell, and there would be neither cell aggregation nor a scientific arrangement of the various organs. But, in the higher order of beings, there is a different kind of protoplasm, more complex and refined, and its offices are correspondingly of a higher order. This complex molecular structure is found only in the cells of the cerebro-spinal and ganglionic nerve centres; and without the force derived from the molecular action of these centres, there would be neither digestion, circulation, secretion, assimilation, nor growth in the animal body. This force is the great supervisor of all vital dynamics, and is very similar to, if not the identical vital force of Hahnemann.

It is undoubtedly true that this force is generated by the inherent vibrations of the molecules of the highly vitalized cells of these great centres; for, if their action be arrested by severe "shock," or other means, all the various organs cease their activity, and if the equilibrium of their molecules be not promptly restored, death itself may be the result. Vital force, like all force, is so dependent, and so interwoven with matter, that there can be no manifestation of its presence without matter. Neither can matter exist without force, for "there is no point in the universe where matter

would cease to possess energy." And, so far as we know, the converse of this is equally true, force cannot exist without matter.

The interdependence of matter and force is well illustrated by a familiar example. Take the egg of the common barnyard fowl. In it we have the molecules of albumen, fibrin, etc., which, although in constant motion, resemble the ameba in this, they are not able to develop into anything different from themselves until a protoplasmic germ of a higher order—call it what you may, vital force or life force—is planted among them. And, even then, this germ is not only powerless to change the condition of these molecules, but they will in a short time undergo decomposition, unless they are warmed into increased activity by the vibratory motions of the molecules of matter exterior to themselves.

The same facts are observed in connection with a grain of corn or wheat. The germ, with its contained vital force, is present, but absolutely powerless to act until its molecules are made more active by the vibratory motions of the molecules of the sun or some other body of matter.

It is evident, therefore, that vital force is entirely dependent upon protoplasmic conditions for its ability to manifest its presence. In other words, unless the material conditions are normal we have an abnormal exhibition of vital force, and the result is a pathological condition.

Take the brain of a newly-born child. It is perfectly healthy, but there is no ability to manifest thought, or what is called mind. Why is this so? It is not that there is no vital force or brain cells present, but it is because the protoplasm in those cells is not fully developed. Not only so, but there is no connection between those cells, and, therefore, no concert of action, and the result is that no mind is secreted. Now, if we follow this newly-born child up to perfect adult life, we will find a condition of mind to correspond to the

condition of brain development. And, if we continue our observations to extreme old age, we will find that as those brain cells become imperfect in their protoplasmic structure, we will observe a correspondingly weakened condition of mind, thus accounting in a scientific manner for the old adage, "Once a man, twice a child."

I know it may be claimed that the want of mental manifestation in the newly-born child is because the vital force has not had time to develop its brain substance. Now, granting that this is true, how do we explain the decadence of the senile mind? No one can deny that vital force is present, and, if present, why does not the mind continue in full vigor to the end of its earthly existence?

When the systolic action of the heart plugs one of the arteries of a hitherto perfectly healthy brain with an embolic clot, thus depriving a portion of it of its nutrient supply, why is there a failure of mental manifestations? Is it because there is no vital force present? Certainly not. It is because the brain cells are deprived of their accustomed nutriment, and, consequently, they are incapable of secreting thought or receiving impressions, notwithstanding the fact that the vital force is present to urge them to duty.

On the other hand, we may have a perfect development of brain cells and protoplasmic contents, and yet there will be no mental manifestations, unless the vital force be present and in active operation.

The conclusion, therefore, is obvious—vital force and organic matter are dependent the one upon the other, and there can be no normal activities in the organism unless both are present and in harmonious action.

From the examination we have given this obscure but very interesting subject we have seen that force is an inherent property of inorganic matter, and that vital force is also an inherent property of organic matter; and that vital force and nerve force, if not identical, are not only similar in their nature, but near neighbors in the organism; and, also,

that motion plays a very important part in the functions of all organized bodies, and in inorganic matter also.

Now, since there is such an interdependence between motion and the molecules of matter, and since it has been shown that molecular motion is not dependent upon vital force, and since it has been shown that vital force is dependent upon matter for its ability to manifest itself to our senses, and since all growth has its initial point in the primal cell (which is what its contained molecules make it), and since all healthy as well as unhealthy conditions of an organized body are the result of the normal or abnormal movements of its molecules, we cannot avoid the conclusion that when disease manifests itself in an organized body it is due to the disturbance of its atomic and molecular motions. On the other hand, if the molecules of matter upon which the vital force depends for its ability to manifest itself to our senses be disturbed, it is evident that the vital force, with which they are so intimately connected, must also be disturbed. Therefore, the conclusion is inevitable—that, notwithstanding the fact that Hahnemann did not have the discoveries of modern science to assist him in his researches, the conclusions he reached were not far from the truth. Science not only confirms his statements, but demonstrates that the interpretation given to some of his teachings is erroneous. In this connection it will be of interest to notice some of the conclusions of science which are closely related to the thoughts expressed in these pages, viz., the manner in which heat is produced. As early as 1812, Sir Humphrey Davy announced that “The immediate cause of heat is motion.” The modern statement is “that heat is kinetic energy; not evidently of the mass, since the hot body may be at rest, but of the molecules.” That “temperature has to do simply with the speed of the molecular motion existing in a body.” That “when heat is transferred to a body its temperature is raised—*i. e.*, the speed, and therefore the energy, of its molecular motion is increased. Conversely, as heat is withdrawn



from a body, its temperature falls, the speed of its molecular energy decreases, and its kinetic energy is diminished." "The amount of heat necessary to raise the temperature of a body is proportional (1) to the number of molecules it contains, and (2) to the increase of the kinetic energy of a single molecule." In other words, heat in a body is due to the motion of its molecules.

From this it is clear that science controverts the theory of physiologists in regard to the manner in which animal heat is produced. It is well known that their theory is that animal heat is maintained by the oxidation of nitrogen, carbon, and hydrogen, and that of these elements the heat value of hydrogen is by far the greatest, and that this oxidation takes place chiefly in the substance of the various tissues, and that it is connected with the general process of nutrition and disassimilation, but this oxidation, it is claimed, "is not necessarily a process identical with combustion out of the body."

Pathologists hold the same theory, and teach that when abnormal heat is present in any part of the body of a patient it means combustion.

I have quoted these different statements for two reasons: (1) Because the molecular theory is in perfect accord with scientific thought, and fully explains the method of producing both normal and abnormal animal heat in the body of a patient; and (2) for the reason that the allopaths have adopted a system of practice based on the theory of combustion, which I believe to be as dangerous as it is unscientific.

The practice to which I allude is inspired by their terror of a high temperature, and their belief that it must be reduced at all hazards, without reference to whether the fever be inflammatory or typhoid.

The means they employ are chiefly the ice-bag, the cold bath, or powerful antipyretics, which are too frequently followed by heart failure and death.

The scientific method of treating a high temperature, whether inflammatory or otherwise, is to restore the molecular activity of a diseased organ to its normal condition. This is done, as will be shown further on, by administering a remedy whose action is similar, and in that way obliterate the disease upon which the high temperature depends "in its entire extent, in the shortest, most reliable, and safest manner."

The manner in which the most similar remedy relieves the organism of abnormal disturbance must be in touch with modern science, and be susceptible of a scientific explanation.

Science has demonstrated that all bodies of matter have "physical fields," which are capable of compelling other substances which are constructed molecularly like themselves to assume a similar state or motion as the body that produced the field. Now, since all medicinal substances must, therefore, have fields peculiar to themselves, and since, for that reason, they are capable of compelling other substances which are molecularly similar to assume like motions or conditions, it follows that a healthy field can only be established in a diseased organism by the action of a similar substance or medicine, the vibrations of whose molecules are similar to the vibrations of the molecules of the diseased organism.

To speak more specifically, this is accomplished through the ability of the atoms and molecules of the drug to penetrate the walls of the primal cells (where all activities commence in the organism), and by means of the medicinal force (which cannot be separated from the drug material) so to influence the vital force that the movements of the molecules which constitute the protoplasm of the primal cells are controlled, and their abnormal activities changed to normal movements, and thus the diseased organism is restored to perfect health. By some it is claimed that remedies act by elective affinity; but the trend of scientific thought at the

present time seems to indicate that drug force has the power to change the polarity of the molecules of a diseased organism, and in that way restore them to their normal condition.

To state it more briefly: To cure disease, it is only necessary to restore the disturbed molecules of a diseased organism to their normal vibrations. To do this in a scientific manner it is necessary to administer an attenuated remedy in accordance with the law of similars, which is, without doubt, a law of Nature.

No greater truism was ever uttered than that by Dunham, when he said, "Homeopathy is the science of therapeutics."

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DR. JOHANN MICHAEL ROBERT AMTHOR.

1012 Madison Avenue.

BALTIMORE, May 26th, 1897.

DR. C. B. KNERR, 1137 Spruce Street, Philadelphia, Pa.

DEAR DOCTOR.—I write to inform you of the death of one of Dr. Hering's old friends, Johann Michael Robert Amthor, M. D. He died May 19th, 1897, of hypertrophy with dilatation of the heart and nephrolithiasis, aged seventy-six years, one month, nineteen days, at his residence, 427 North Broadway, Baltimore, Md.

He was born in Gotha, Germany, March 4th, 1821. He was educated at the Gymnasium Ernestinum of that city; pursued his medical studies under the direction of three eminent homeopathic physicians, Dr. Blau, Dr. Plaubel, and Dr. Wohlgemuth. In 1852 he came to America and settled in Baltimore. Just before leaving Germany he married Fredericke Oschman, also of Gotha; they had four sons and two daughters; all their children are dead except one daughter; his wife died about three months ago.

I do not know whether you are an anti-vaccinationist, but three of his sons died of small-pox, he having neglected to vaccinate them, one of them, Dr. Robert Amthor, Jr.

Yours fraternally,

ELIAS C. PRICE.

## VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from page 160.)

The next witness was Staff Surgeon Theodore J. Preston, M. D., of the Royal Navy. He testified that vaccination was made compulsory in 1864, but that this order did not extend to Kroomen until 1873. He furnished a table (Table B, App. 5, Second Rep. of the R. C., p. 254) showing the number of attacks and of deaths from small-pox in the Royal Navy for each of the years 1860-88, with, in each case, the ratio per 1,000 of force. From this table the following table has been extracted and compiled:

Years.	Mean Force.	Small-pox Attacks.		Deaths.	Fatality per cent. of Cases.
		No.	Ratio per 1,000 of Force.		
1865	51,210	164	3.2	15	9
1866	49,475	239	4.9	8	3.5
1867	51,000	251	4.9	14	5.5
1868	51,220	83	1.6	2	2.5
1869	48,820	82	1.6	5	6.1
1870	46,710	40	.8	1	2.5
1871	47,460	148	3.1	12	8
1872	46,830	84	1.9	11	12.4
1873	45,440	16	.3	1	6
1874	44,530	9	.2	1	11
1875	44,360	17	.3	1	6
1876	45,010	24	.53	6	25
1877	44,940	17	.37	...	...
1878	46,400	9	.19	...	...
1879	44,745	52	1.11	14	27
1880	44,770	7	.15	1	15
1881	44,400	25	.56	3	12
1882	43,475	10	.23	2	20
1883	43,350	9	.27	...	...
1884	43,000	6	.13	...	...
1885	46,670	7	.14	...	...
1886	46,770	11	.23	3	27
1887	48,410	1	.02	...	...
1888	50,060	19	.36	1	5

Is it possible for any one to fail to observe from this table the total indifference of both attacks and fatality to vaccination! It was attempted to be shown (Q. 2,659 and 2,668) that

most of the cases occurred among the Kroomen of the west coast of Africa and the natives of India, whose vaccination was not compelled until 1873. But in 1879 there were fifty-two cases, thirty-nine on the west coast of Africa, and Dr. Preston said (2,668) "these would be nearly all Kroomen," and (2,699) in reply to Professor Michael Foster, "All probably unvaccinated at that date; they are compelled to be vaccinated now." Thereupon Dr. Collins asked him the date of the order compelling foreigners who joined the navy abroad to be vaccinated or re-vaccinated, to which Dr. Preston answered 1873. But the fifty-two cases as to which Dr. Preston answered as above occurred in 1879!

The foregoing took place at the session of the Commission on October 30th, 1888, and at the session held on the 8th of November the subject was resumed. The "Boadicea," the flagship of the west coast of Africa, had thirty-nine cases of small-pox on board in 1879 (3,153). She had thirty-seven Kroomen as part of her crew, of whom sixteen had small-pox, and all the rest had been vaccinated, but, says Dr. Preston, they had not been re-vaccinated. With regard to the white men Dr. Preston says they "had the disease in a modified form." But (Q. 3,155) "one white man died." Was his death also modified?

Upon being questioned by Professor Michael Foster (3,157), "But so late as 1879 the Kroomen were vaccinated, too, were they not?" instead of answering the question in a straightforward manner as his answer to (2,699) required, he now says, "They should have been re-vaccinated."

Then, instead of the fact being as stated by Dr. Preston (2,668), "these would be nearly all Kroomen," it now turns out that only nine were Kroomen (3,177). Upon being questioned by Mr. Picton (3,283) upon the "Report of the Health of the Navy for 1881," it appeared that the first case on board the "Eclipse" was that of a leading seaman (white), aged thirty-one, who had been re-vaccinated two years previously. His was a severe case of the confluent form,

and he died on the ninth day (28th of April). On the 29th of April a second case occurred, also a white man, aged twenty-seven, successfully re-vaccinated four years previously; also a confluent case, and he died on the eleventh day of the disease. So that the first two cases at least on board the "Eclipse" that occurred were both re-vaccinated cases, and they died. It is difficult to see how either of these men had been "protected" or had their attacks "mitigated," or their deaths "modified" by either vaccination or re-vaccination.

Surgeon Preston suggests that probably the re-vaccination of one of them had been "imperfectly performed." An observation which recalls Jenner's "spurious cow-pox," which Cobbett was cruel enough to define as one of the shuffles of quackery. Four cases occurred on the China Station in 1883; all had been vaccinated, and three of them "successfully re-vaccinated." In the case of the fourth the vaccination "did not take." (3.270.) But according to "the authorities," the "not taking" is evidence of full protection, and one of these authorities has invented the phrase "Vaccinization," to denote vaccinated until vaccination will no longer take, and only then is protection perfect!

At (Q. 3,331) Dr. Collins took up the case of the Kroomen (Sup. 2,668). Dr. Preston now repeats what he had just said, that instead of the thirty-nine cases being nearly all of them Kroomen, only nine were, and explains that "evidently he did not understand the question as it was put." Without reproducing the entire examination it would be impossible to do justice to this excuse; this I do not think it worth while to do. Without assuming that Dr. Preston desired to state what was untrue, it is evident that he was under so strong a bias that he snapped at what seemed to him "a way out," and not only assumed that the patients were Kroomen, but also that they were unvaccinated, both of which statements he took back on the 8th of November. and at (3,333) and (3,334) he admits that twenty-eight of the cases were white men, and he states (3,335) "the one

white man who died with confluent small-pox had two infantile vaccination cicatrices only." (3,336.) "Were they well marked? Presumably not, but I have no documentary evidence upon that point." Thereupon at (3,338) the "Navy Report of the West Coast of Africa Station, 1879," is produced, showing that "of the twenty-five cases received, one white man, who had two well-marked vaccinal cicatrices on his arm died of the hemorrhagic form of the confluent variety." His vaccination had evidently "mitigated" the small-pox in his case! As he died twelve years after the rigorous enforcement of vaccination and re-vaccination in the British Navy, the statement (3,335) that he had only two infantile vaccination cicatrices cannot correctly represent the facts. The commander of the "Boadicea" (a much vaccinated white man) had small-pox of the confluent variety, as did also three other white men of the crew. (3,340-1-2.) Mr. Meadows White takes up the examination at (3,345). Dr. Preston had stated (Q. 3,154-5) that out of twelve deaths from small-pox on the west coast of Africa in 1879 eleven were deaths of Kroomen, but it now turns out that seven were Kroomen and five white men (3,347); and (3,348) Dr. Collins elicits the fact that all the Kroomen who died had had small-pox previously except the two who had vaccine marks on their arms, besides "doubtful scars on different parts of their bodies." (3,350.)

A curious piece of pathology was testified to by Staff Surgeon Preston. He stated, in answer to Sir James Paget (3,361), that "about twenty years ago in some of the cases of small-pox that took place, I think, on the South American Station, that an eruption of syphilis appeared to have some modifying effect upon the eruption of small-pox; but that was in the pre-vaccination days."\*

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\* Under the head of "remarks" in Table B before referred to, we are informed under the date 1860, "Vaccination recommended by the Medical Director General," and under the date 1864, "Admiralty orders all new entries to be vaccinated;" yet Dr. Preston now refers to twenty years ago—*i. e.*, to 1869 as "pre-vaccination days."

(Q. 3,362.) "Nothing of the kind, so far as you know, has been brought out by re-vaccination?" "Nothing of the kind so far as I know."

It is an undoubted pathological law that the presence of a constitutional disease will prevent the occurrence in the same patient of another *similar* constitutional disease, and will modify a different constitutional disease. If, as not merely admitted, but boastingly asserted by the champions of vaccination, Vaccinia is a constitutional disease, it must prevent the occurrence of a similar and modify a dissimilar constitutional disease. It is confessed now by the champions of vaccination that vaccination does not always prevent, but they claim that where it does not prevent it at least modifies small-pox. Dr. Preston himself is of this number, for while arguing before the Commission in favor of re-vaccination he said (Q. 3,386), "These 5,000 odd men who presented a perfect vaccine vesicle I should say were susceptible to small-pox, but probably in a modified degree."

If now this contention be true it presents a strong argument in favor of the views of those who, having studied the pathology of cow-pox, declare its human analogue to be syphilis, and not small-pox, for, says Dr. Preston, the presence of syphilis was observed by medical officers in pre-vaccination days to modify small-pox. Yet, as before quoted (Q. 3,362), he knows nothing of the kind (*i. e.*, a modification of small-pox) to have been brought about by re-vaccination. Does it not seem as though when it becomes necessary "to preserve vaccination from reproach" when it has wholly failed to protect, he finds that it has modified the disease; but when this brings close to view the true analogue of vaccinia in syphilis he has never seen it?

A curious insight into the utter and irreconcilable differences of opinion among the various champions of vaccination respecting (1) the sort of poison to be employed in vaccinating, (2) the mode of operation, (3) the number of marks, (4) the duration of the protection, etc., etc., is to be obtained



by a careful perusal of these reports. It is impossible to give a correct idea of it in a mere abstract.

Our readers will remember Sir John Simon's opinion, coinciding with Jenner's, that the protection was life-long, or nearly so, and *that* is the only orthodox belief upon the subject. Now comes Dr. Preston and objects to this; so does (Q. 3,390) Dr. Macdonald, Medical Officer on board the "Lord Warden," who claims that primary vaccination is exhausted in seven years, and that successful re-vaccination after seven years implies an almost complete absence of protection and mitigation (Q. 3,393); but to this Dr. Preston objects (Q. 3,392). Dr. Seaton differed entirely from Dr. Macdonald, and advocated "re-vaccination about or after puberty where the primary vaccination has been anything short of Marson's highest class (Seaton's *Hand-Book of Vaccination*, p. 303); but it seems also certain that a re-vaccination at or after this period of life may give additional security to many whose original vaccination has been complete." Sir Wm. Jenner concurs with Dr. Preston, but also wishes re-vaccination whenever there is an epidemic, to which Dr. Guy demurs; Dr. Oakes wants it repeated every ten years; Dr. Thorpe Porter declares re-vaccination is all nonsense, and Dr. Pringle says that re-vaccination every seven years, or whenever there is a small-pox scare, is unphysiological and unpathological.

The next witness was Dr. Thomas W. Grimshaw, Registrar-General of Ireland. He states (Q. 2,707) that vaccination was first made compulsory in 1864, and handed in a table (App. VI, Table A, p. 256, of Second Report R. B. C.) showing for all Ireland the estimated population in each of the years 1864-88, the number of deaths from small-pox in each year, and the rate per million living. He very properly included cases of alleged chicken-pox because he considered that they were most probably cases of small-pox (2,721), and here another curious fact must be mentioned. It is universally considered by all physicians that chicken-pox never

kills. It was not until physicians found that vaccinated persons did really die of small-pox—notwithstanding that Dr. Jenner observed that no vaccinated person “could by any possibility catch the small-pox,” or as later revised by him and Simon, “could by any possibility die of it,” that deaths from undoubted small-pox were certified to as “chicken-pox” “to save vaccination from reproach.”

Dr. Grimshaw states (2,730-1-2): In 1858 an act was passed to make further provision for the practice of vaccination in Ireland. In 1864 vaccination was made compulsory.

The following table, taken in part from Table A, above mentioned, and in part from Table C (App. No. 6, Second Report R. B. C., p. 257), gives the deaths from small-pox per million living for each year from 1864 to 1888, inclusive:

Years.	Estimated Population.	Births.	Persons Vaccinated.	Deaths per 1,000,000 Living. (Table A.)
(From Table A.)		(From Table C.)		
1864	5,640,527	136,414	191,810	151.4
1865	5,594,589	144,970	169,142	82.4
1866	5,522,942	146,090	137,124	35.1
1867	5,486,509	144,388	125,741	3.8
1868	5,465,914	146,051	131,426	4.2
1869	5,449,094	145,659	125,672	3.7
1870	5,418,512	149,846	140,220	5.9
1871	5,398,179	151,355	179,889	123.2
1872	5,372,890	149,278	282,484	604.5
1873	5,327,938	144,377	138,573	94.6
1874	5,298,979	141,288	139,587	107.3
1875	5,278,629	138,320	137,340	101.4
1876	5,277,544	140,469	114,487	4.5
1877	5,286,380	139,659	116,679	13.4
1878	5,282,246	134,117	133,045	165.3
1879	5,265,625	135,328	126,911	127.6
1880	5,202,648	128,086	147,828	74.8
1881	5,144,983	125,847	113,557	15.7
1882	5,097,853	122,648	132,825	26.9
1883	5,015,282	118,163	106,071	5.8
1884	4,962,693	118,875	102,548	0.8
1885	4,924,342	115,951	102,312	2.
1886	4,889,498	113,927	94,861	1.
1887	4,837,313	112,400	96,489	4.1
1888	4,777,534	109,557	92,498	1.7

The above table shows to all but those who will not see how regardless of vaccination was the mortality from small-pox in each of the years cited by Dr. Grimshaw. But a study of the diagram put in by Dr. Grimshaw in connection with his Table C brings out another fact,\* viz., that the deaths from small-pox increase as vaccination increases, and as the number of vaccinations diminish so, too, do the deaths from small-pox. The variations from this rule are slight and irregular.

But the facts become still more noteworthy when we read this diagram in connection with Dr. Grimshaw's answer (3.028), "The births and deaths years are made up to the 31st of December; the local government year ends on the 30th of September, and it is on the latter that the record of public vaccinations is published."

Thus the deaths recorded as occurring in any year are the deaths which occurred from the 1st of January to the 31st of December of that year, inclusive, while the vaccinations recorded as belonging to that same year are the vaccinations which were performed from the 1st of October to the 30th of September previously. The records, then, of small-pox deaths, as shown from the testimony of an ardent advocate of vaccination, from the records kept and statistics compiled by himself, and as shown in the diagram prepared by himself, establish not merely a synchronism of lower small-pox deaths with less vaccination, and of higher small-pox deaths with more vaccination, but that the lower small-pox deaths are sequences to less vaccination, and that the higher small-pox deaths are sequences to more vaccination!

At (2.863) Dr. Grimshaw furnishes a report of hospital small-pox cases personally observed by him. From 1871

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\* It is very desirable that this and other diagrams should be published in connection with the abstract now publishing in THE HOMEOPATHIC PHYSICIAN. Whether this can be done or not will depend upon the responses made to the invitation which will be found on p. 226 of this number of THE HOMEOPATHIC PHYSICIAN.

to 1886 there were 3,860 cases in the Cork Street Hospital. There were 2,217 discrete cases, 1,245 were confluent and 398 malignant cases. Of the 2,217 discrete cases 94.9 per cent. were vaccinated; of the 1,245 confluent cases 64.4 per cent. were vaccinated; of the 398 malignant cases 243, or 61.1 per cent., were vaccinated; of all the 3,860 cases 822, or 21.3 per cent., died. Of the 822 fatal cases 368, or 44.8 per cent., were vaccinated, and 454, or 55.2 per cent. unvaccinated. Can it be said that vaccination either prevented small-pox or mitigated it in the case of the admittedly vaccinated 368 who died?

Dr. Grimshaw, in connection with his answer (2,863), handed in a table (Table G, p. 272, Second Rep. R. B. C.), showing some statistics of small-pox cases in the Cork Street Hospital. In this he gives the total number of vaccinated malignant cases at 243, with deaths 168, or 69.1 per cent. of fatality.

Dr. Grimshaw deals in the same legendary figures with regard to the fatality of the unvaccinated, as preceding witnesses had done; but as he gets a total fatality of 21.3 per cent. of deaths on the aggregate of cases, and the hospital mortality in pre-vaccination days was only 18.8 per cent., his assertion (Q. 2,683, p. 87a) that the fatality of the unvaccinated reached 64 per cent. is clearly absurd.

Neither he nor any other of the advocates of vaccination has ever attempted to grapple with the problem: "Since the pre-vaccination fatality in hospital cases was 18.8 per cent., and 64 minus 18.8 equals 45.2, who kill this 45.2 per cent.?" A large number of so-called unvaccinated deaths consisted doubtless of children under the vaccination age, small-pox in children under three (or even six) months being nearly always fatal under the treatment of allopathic physicians; another large number is in most cases to be accounted for in the fact that according to the statements of nearly all the compilers of these statistics they only recorded those cases

as vaccinated on whom the marks were visible; but as most of the severe cases are confluent cases, in whom the marks are generally obscured and invisible, these severe cases would go down among the unvaccinated unless they recovered, when the marks becoming visible, they would be transferred to the vaccinated list, and "saved by vaccination." But Dr. Grimshaw states that he was guided by the statements of the patient or his friends, and there must be some other explanation of Dr. Grimshaw's figures. It is unfortunate that with all the particulars detailed by Dr. Grimshaw he omitted to give the condition as to vaccination of cases and deaths, age for age, as was done by Dr. Keller, head physician of the Austrian State Railway Company, for the years 1872-3.

Dr. Grimshaw further shows (2,866) by Table J (App. 6, p. 274, Second Rep. R. B. C.) that whereas the average deaths from small-pox of children under five years of age during the period 1864-68 was at the rate of 52.7 per cent. of the small-pox deaths, in the subsequent quinquennia it was only from 24.9 to 25.8 per cent.\*

This is in line with the hypothesis before commented on, that small-pox is now more a disease of mature age than it was formerly; but it cannot be said to be valid evidence thereof until some other factors of the problem can be determined, some of which must for the present, at any rate, be given up as insoluble.

In the first place, we should need to know what was formerly the small-pox death-rate of children under five years of age, and the proportion of that death-rate to the small-pox mortality at all ages, also the total death-rate of such children, and its ratio to the all-age mortality.

If the total death-rate of such children is not reduced in at least as great proportion as the reduction in their deaths from small-pox, then whatever saving occurred in children's

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\* See on this subject *supra*, p. 115-16, and *post*, p. 224, Q. 3,004.

deaths from small-pox must have been made up by other causes, and it becomes probable that such causes were vaccination, and the diseases induced by vaccination. This probability will be much increased should it appear that deaths from inoculable diseases among children have largely increased. If the child death-rate and the small-pox child death-rate have both diminished there will then be the further question, How much of this reduction is due to better sanitation, better nourishment, better clothing, etc.? Further, if other diseases have diminished in greater, or even in an equal degree with small-pox, why should vaccination be claimed as producing the saving in small-pox rather than in such other diseases?

Dr. Grimshaw put in a table (Q. 2,864) (Table H, App. VI, Second Rep. R. B. C., p. 273) showing the deaths in Dublin from all causes, and (Q. 2,865) he thinks "There can be little doubt that where small-pox prevails in the epidemic form it materially increases the general death-rate." To illustrate this he put in a diagram (opposite p. 274, Second Rep. R. B. C.)\* An inspection of this diagram seems to bear out Dr. Grimshaw's conclusion only in the case of the year 1872. In 1866, 1883, 1885, and 1887 the total mortality was very high, and the small-pox mortality very low. In 1878 the small-pox mortality was high, and, although the total mortality was above the average, it can hardly be called high. This diagram also shows in a very striking manner the small share in the total mortality borne by small-pox, even in epidemic years, and the very great one borne by diseases of the respiratory organs and consumption.

In answer to (Q. 2,868) Dr. Grimshaw puts in a table of seven deaths from cow-pox and other effects of vaccination from 1st of January, 1881, to 30th of September, 1889. Let us understand what this admission means. It means that

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\* See note to p. 213 with reference to the reproduction of this diagram.

seven persons have been deliberately done to death with exquisite tortures who would otherwise have lived in the ordinary enjoyment of life and health. They are not put to death for any offense against society, nor to save others from death or injury (though the killing of one of a starving crew to keep the rest alive is denounced as a crime, both by morals and by law). These seven admitted killings under torture (forming but a small fraction of those which in truth occur) were perpetrated under the pretense of thereby preserving the victims themselves from being attacked by a disease they might never get, and which if they should get is, as Sydenham justly said over 200 years ago, "the slightest and safest of all diseases," provided "no mischief be done by physician or nurse," and which, with the exception only of persons of low vitality, can become fatal only through the "mistakes of physician or nurse."

At (2,869) Dr. Grimshaw thus endeavors to explain away some of these cases: "In Case 3 the certificate is, Vaccinia sixteen days, debility five days. There is nothing to show any connection between the debility and the vaccinia. Case 5 is manifestly a death from enteritis, a common cause of death in infants affected by diarrhea, but there is nothing to show that the vaccination had any connection with the enteritis, especially as it did not arise until twenty-eight days after the vaccination. With regard to Case 6 there is some question whether that was not a case described as cow-pox without its having any relation to vaccination at all.\* Case 7 was eczema and boils; the former is a very common disease among infants, and did not arise until a month after the vaccination; therefore it can scarcely have had any connection with it."

\* In his table of these cases given in (2,868) the case is thus given :

Name.	Locality.	Date of death.	Stated cause of death	Age at death.
6. Mary Devers.	Ballino, Co. Mayo.	9-10-'87.	Cow-pock 1 month.	8 months.

So that a child of 7 months is vaccinated, gets the cow-pock, and dies at 8 months—yet Dr. Grimshaw *questions* whether it had any relation to vaccination!

Comment upon these attempted explanations cannot be necessary, especially when the reader bears in mind the fact that the positive and emphatic order of the Local Government Board is to vaccinate no child that is not to all appearance perfectly healthy.

With regard to infantile syphilis (Q. 2,870) Dr. Grimshaw put in a table (Table M, App. 6, p. 275, Second Rep. R. B. C.) which shows a fluctuating but general decrease of that cause of death per million living in Ireland during the years 1864-1888. To be of weight to offset the conclusion drawn from the increase of infantile syphilis in Great Britain it should be supplemented by one giving the deaths from syphilis at all ages, as well as the deaths from all causes for each of the years referred to in his statistics. A diminution of the general death-rate exceeding the diminution of death from infantile syphilis, or a decrease in adult syphilis to a greater extent than infantile, would not only show that Table M did not in any wise contradict the conclusions drawn from the increase of infantile syphilis in Great Britain, but would, on the contrary, reinforce them. Unfortunately none of the reports of the Commission yet published furnish these statistics. There is, however, a table furnished by Dr. Grimshaw (Table L, App. 6, p. 274, R. B. C.) which, taken in connection with the population as given in Table A (see above, p. 212), will help us to a conclusion. Table L gives the average annual deaths from typhus, typhoid, and continued fever in quinquennial periods for each quinquennium for the twenty-five years 1864-88. From these can be calculated the death-rates per million living from those fevers, which were as follow:

Quinquennia.	Mean Population.	Mean Deaths from Fevers per 1,000,000 living.
1864-1868, . . . . .	5,538,096.2	793
1869-1873, . . . . .	5,393,322.6	593.8
1874-1878, . . . . .	5,284,755.6	549.1
1879-1883, . . . . .	5,145,278.2	501.8
1884-1888, . . . . .	4,818,276	334.7



Now the average annual deaths from syphilis of children under five years of age per million living, calculated from Table M (App. No. 6, p. 275, *ubi sup.*) is as follows:

Quinquennia.	Average Annual Deaths from Syphilis of Children under Five Years of Age per 1,000,000 living (Ireland).
1864-1868, . . . . .	145.58
1869-1873, . . . . .	97.66
1874-1878, . . . . .	82.36
1879-1883, . . . . .	97.92
1884-1888, . . . . .	84.42

Showing that while the ratio of deaths from fevers per million living has fallen during the twenty-five years more than fifty-eight per cent., that of infantile syphilis has only fallen forty-two per cent.

(Q. 2,872.) The proportion of those who became blind from small-pox to the total number of blind fell from 1 in 9.5 in 1861 to 1 in 17 in 1881. Assuming these figures to be correct, and the years to be fairly representative, the rational conclusion must be that physicians have learned something in their treatment of small-pox between 1861 and 1881. Dr. Grimshaw himself gives at (3,019) what seems a sufficient explanation, as he says, "Ophthalmia, which was very prevalent in Ireland, has decreased. . . . If a person suffering from ophthalmia is attacked by small-pox, the ophthalmia attacks the eyes with special virulence." As a matter of fact, blindness only follows small-pox from an omission to observe and treat a pustule on the cornea. Homeopaths know well how to treat it; and even the treatment prescribed by the old school is generally successful to avert blindness. Mr. Pickering's treatment is also always successful.

We are told (Q. 2,881) that "inoculation was practiced to a considerable extent up to the year 1874-75, but on Mr. Whithead asking (Q. 2,884), "If a considerable number of unvaccinated children were inoculated it would go far to de-

stroy the value of any comparison as to the amount of security given by vaccination, would it not?" he answers, "If there were a very considerable proportion of such cases, but I do not think there was any large proportion."

He had made a report for the *Sanitary Record*, in 1875, touching a severe epidemic of small-pox in Athenry in that year (Q. 2,838), and his attention is called (Q. 2,886) to the conclusions at which he had arrived in that report as follows: "No. 1. That the prevalence of small-pox now existing in Athenry is a portion of an epidemic spread over the north and west of Ireland. No. 2. That the spread of the disease in the west of Ireland has been much accelerated by inoculation." He does not deny these "conclusions," but seeks to explain them away, and to claim that inoculation was not very largely practiced (Q. 2,886-8).

Dr. Grimshaw was unable to explain the falling off in vaccinations in Dublin during the last few years, as shown by his Table D. At (Q. 2,897) Mr. Meadows White said to him, "It looks as if the number of deaths from small-pox was declining, and the proportion of vaccination to births decreasing." To which he answers, "I am afraid we are just ready for another epidemic." At (Q. 2,909) Mr. Picton asks him if he considers his Table C offers "reasonable proof" of the effect of vaccination in diminishing deaths from small-pox? Ans.: "It appears to me that there is." And (2,910), or "When vaccinations fell low we immediately had an epidemic of small-pox—the following year, or the year after." The diagram referred to on p. 213 would bring clearly before the eye of the reader that the exact opposite of Dr. Grimshaw's opinion is the truth. Its study will enable the student to appreciate the value of an opinion formed by a mind so constituted as to imagine that Dr. Grimshaw's Table C furnishes any evidence whatever that "vaccination diminishes deaths from small-pox."

Mr. Picton then (Q. 2,913 to 2,929) called his attention

to the year 1870, and he is questioned upon the condition of the population as to vaccination. After admitting certain deductions should be made for children dying under three months, calculated in England at 9 per cent., but taken only at 5 per cent. for Ireland, and for those who are insusceptible, as to whom he can give no estimate, he is asked (Q. 2,929), "That would reduce the number to 142,345 (births), and after making other deductions for children insusceptible I must ask you again whether 135,057 is not a very respectable number of vaccinations?" Ans.: "The figures speak for themselves." At (Q. 2,924) he had stated of 1870, "It was a medium vaccination year, I suppose, scarcely either good or bad." It is not possible in an abstract, which is all we can give of this evidence, to give a realizing view of the shuffling and evasion which the questions and answers picture from Q. 2,913 to Q. 2,929; fully to appreciate them the reader should go to the report itself.

Mr. Picton continued (Q. 2,933), "In 1871 the number of births was 151,355, was it not?" Ans.: "Yes." (Q. 2,934.) "The number of vaccinations of children born since 1864 was 139,053, was it not?" Ans.: "Yes, but that was the number of children vaccinated up to the 30th of the previous September"—*i. e.*, from the 30th of September, 1870, to the 30th of September, 1871.

(Q. 2,935.) "But there was a larger number than in the previous year?" "Yes."

(Q. 2,936.) "And in that year did the number of deaths from small-pox spring from 32 to 665?" "It did."

(Q. 2,937.) "In the next year, 1872, the number of births was 149,278?" "Yes." This is from the 1st of January to the 31st of December, 1872.

(Q. 2,938.) "And the number of vaccinations 142,622?" "Yes." This was from the 30th of September, 1871, to the 30th of September, 1872.

(Q. 2,939.) "And the number of small-pox deaths sud-

dently rose to 3,248?" "Yes." From 1st of January to 31st of December, 1872.

(Q. 2,942.) "In the following year did the number of vaccinations fall to 119,319 of children born since 1864?" "Yes."

(Q. 2,943.) "Did the number of small-pox deaths fall to 504." "Yes."

(Q. 2,944-6.) The amount of vaccination during the next two years was practically the same, and the deaths from small-pox increased in 1874 and fell in 1875.

(Q. 2,947.) In 1876 the number of vaccinations of young people fell to 112,489, and the number of small-pox deaths fell to twenty-four.

(Q. 2,949.) He thinks those figures are consistent with the theory that the increase of vaccination decreases the number of deaths from small-pox because the vaccinations rose because the small-pox was there, not the small-pox because the vaccination was there.

(Q. 2,950.) "That is your explanation?" "Yes, and the converse is very apparent; wherever vaccinations fell very low the small-pox began to show."

(Q. 2,951.) "We will take the years where the number of vaccinations of children born since 1864 has fallen apparently very low; in 1884 it fell to 99,445, did it not?" "Yes."

(Q. 2,952.) "How many small-pox deaths were there then?" "One."

(Q. 2,953.) "Has that low rate of vaccination been since followed by any very great increase of small-pox?" "No; certainly not."

(Q. 2,954.) "In 1888 the number of vaccinations was 89,627?" "Yes."

(Q. 2,955.) "In that year did the number of small-pox deaths largely increase?" "No." There were three. (See Table C, App. 6, p. 257, Second Rep. R. B. C.)

(Q. 2,957.) By Dr. Collins: "Do you attribute the epi-

demic of 1871 and the following years to neglect of vaccination?" "I do, and re-vaccination."

(Q. 2,958.) "Are you aware that before the Committee of the House of Commons, which sat in 1871, the progressive diminution of the small-pox death-rate in Ireland for 1865 to 1870 was claimed as the result of the operation of the Vaccination Act?" "Yes, I believe it was."

In (Q. 2,959) Dr. Collins quoted to him the statements of the Poor Law Commission of the 27th of September, 1869, read by Dr. Lyon Playfair on that Committee, the opinion of Sir Dominic Corrigan approving thereof, the opinion of Dr. Burke, then Superintendent of Statistics at the General Register Office, to the effect that Ireland was a well-vaccinated country, and that it was owing to such vaccination there was so little small-pox.

(Q. 2,961.) "It was incorrect to represent Ireland as a well-vaccinated country in 1871?" "I think that statement is rather an over-statement; it certainly was not as well vaccinated as it is at present."

(Q. 2,962.) There is no year for which from official figures there appears to have been more deaths from small-pox in Ireland than in 1872, when there were 3,248.

(Q. 2,964.) In 1872 the deaths from small-pox in Dublin were at the rate of 5 per 1,000, a rate exceeding that of any large English town except Sunderland, Norwich, Wolverhampton, and Newcastle-on-Tyne. The deaths in Cork were 1,873, or at the rate of 9.6 per 1,000 of population, which is a higher rate than that of any large town in England.

The rest of the sitting of the 1st of November was given to inquiries as to the continued practice of inoculation in Ireland, already sufficiently noticed.

On the 6th of November, 1889, Dr. Grimshaw was further examined (Q. 2,976). He knew nothing about the nature of the lymph employed in vaccination in Ireland, and re-

ferred to Dr. MacCabe, who "will give you any information that is available on that subject."

(Q. 2,181-4.) The Act of 1864 came into operation during the period 1861-70, and small-pox deaths during that period were fifty-two per million living, but during the next decade, 1871-80, the rate rose to 143, and from 1881-88 it has fallen to six.

(Q. 2,985.) He considers the low mortality from small-pox within recent years, together with the fact that vaccination had fallen somewhat, premonitory of a new epidemic of small-pox. He considers that the "6.6 per cent. of births unaccounted for as regards primary vaccinations a considerable proportion, and may afford food for small-pox."

(Q. 2,986-7.) He thinks the operation of the Vaccination Acts, as at present carried out in Ireland, certainly insufficient absolutely to prevent small-pox, and that primary vaccinations will not prevent any community from suffering from small-pox.

(Q. 2,990.) "The general death-rate of Dublin is very high; it is one of the highest in the United Kingdom."

(Q. 2,991.) "It has been 35 per 1,000. The yearly average for the period ending 1873 was 26, and it rose for the next decennium to 29.2."

(Q. 2,998.) Table G shows the mortality (fatality) in vaccinated and unvaccinated cases together to be 21.3 per cent. He could not tell how that compares with the unvaccinated fatality in pre-vaccination times. His table gives 63.9 per cent. fatality for the unvaccinated, and 11.7 for the vaccinated, but could not tell anything about the fatality in pre-vaccination times. The absurdity of these figures has been shown above (p. 214) and had been exposed over and over again long before Dr. Grimshaw thus testified. Do these gentlemen purposely keep themselves ignorant of facts which tell against their "opinions"? If not, how would he explain his remaining ignorant of the small-pox fatality in pre-vac-

ination days, when all were unvaccinated, so as to be unable to compare it with the unvaccinated fatality now, as alleged by the vaccinists?

The legend of the hospital nurses was inquired into (Q. 2,999-3,000), and he is unable to remember the experience recorded in the "medical press" by Mr. Porter with respect to the attendants at the South Dublin sheds in the epidemic of 1872, where the experiment was tried of *not* re-vaccinating the nurses, but stated that in his time everybody in Cork Street Hospital was re-vaccinated except one resident pupil, who refused, and died of small-pox. Neither had he any distinct knowledge of the cases of small-pox among the re-vaccinated students attending the Miseracordia Hospital. (Q. 3,001.) "There was something about it, but I forget the details."

(Q. 3,004) as far as it goes tends to contradict the alleged change in age incidence of small-pox mortality. It relates to a table (Table I, App. 6, p. 274, Second Rep. R. B. C.\*) put in by Dr. Grimshaw. The mean small-pox mortality for all ages is shown by that table to have been seventy-two per million living for the period 1864-88, but for the ages 0 to 5 it was 184; from five to ten years it was 80, and from fifteen to twenty-five years it was 93; while from ten to fifteen years, and from twenty-five years upwards the rates were less than the mean for all ages.\*

(Q. 3,014.) With regard to the opinion given by Sir Dominic Corrigan, as representing Irish medical opinion before the Committee in 1871, that vaccination will not convey syphilis or any poison whatever but itself, Dr. Grimshaw says, "I do not think that that is a universally accepted opinion. I think that many men would hold that other diseases might be conveyed by vaccination;" but (Q. 3,016), "I really have not a very definite opinion upon the subject. I think it is a very doubtful question."

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\* *Supra*, p. 215.

## THE VACCINATION TESTIMONY.

M. R. LEVERSON, M. D., FORT HAMILTON, N. Y.

In connection with the abstract of the testimony taken before the Royal (British) Commission on vaccination, now publishing in this journal, I desire to furnish Dr. James with copies of several of the diagrams supplied to the Commission by many of the witnesses who testified before them, as such diagrams present in an impressive manner the lessons to be learned from tables of great importance, while the tables themselves would be apt to tire the attention of the reader. Copies of two diagrams supplied to the Commission by Dr. Grimshaw, one of the most authoritative witnesses who testified in support of vaccination, have already been handed to Dr. James, and furnish, almost at a glance, the data on which that gentleman founded his opinions and by which those opinions are seen to be unfounded.

But to engrave and print in colors these and further diagrams will be a costly work, though once produced many of the plates could be utilized for my work on *The History and Pathology of Vaccination*, for the publication whereof subscriptions are now being sought. Any person sending to Dr. James the sum of \$10.00 as a contribution toward the cost of engraving and printing these plates shall be credited as entitled to one copy in boards of the above-mentioned work. In the much to be desired (but unlikely) event of a larger amount being thus subscribed than needed to pay the cost of engraving and printing the diagrams, Dr. James has agreed to apply such surplus as subscriptions for the work, whose speedy publication will thus be rendered more probable.

Dr. James has also consented to receive the names of those who are willing to subscribe for my work, or they can communicate directly with me.



The MS., diagrams and drawings are ready for printer and engraver. The heavy expense of numerous colored illustrations renders it essential that enough subscriptions shall be had to guarantee against loss any publisher before he can be expected to undertake the publication.

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## PROVING OF TEREBINTHINA.

E. V. ROSS, M. D., ROCHESTER, N. Y.

A gentleman of very dark complexion informed me that whenever he came in contact with turpentine he experienced the following effects:

1. Frequent desire to urinate, but must wait some time before urine will pass.
2. Sometimes when the urine is about half voided it suddenly stops, and in a few moments starts again, and is then accompanied by a burning pain from glans penis back to perineum.
3. Burning in urethra from before backwards on urinating only.
4. Occasionally urine can be passed only during stool. (Comp. *Aloes*, *Alumina*.)  
 More abundant during stool.\* *Amon-m.*, *Ox-ac.*—Lippe.  
 Can only pass urine when standing. *Sass.*  
 Can only pass urine when in a sitting posture. *Zinc.*  
 Then quite a number of remedies having an interrupted flow.

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\* Must have stool every time he passes urine. *Muriatic-acid.*

When urinating stool escapes. *Squill.*

Urine flows only during stool. *Aloes*, *Alum.*

Urine flows more abundantly during stool. *Amm-mur.*, *Oxalic-acid.*—[Ed.]

## REFLEX CONVULSIONS.

ERIC VONDERGOLTZ, M. D., NEW YORK.

Case No. 454, February 3d, 1897.—E. N., thirteen years old; has been sick for three months.

Convulsions every three weeks; had them three times in last week.

Sudden unconsciousness. Face red. Frothing and blood from mouth. Sleeps after convulsion all day. Always occur in the morning. Headache, supra-orbital and occipital. High grade of nervousness.

Menses began three years ago; menses occur now every three weeks.

Feels dizzy. Constipation. Appetite good. Sleeps well.

The patient was under allopathic treatment till last week without any result, rather the last medicine had aggravated the general symptoms. Nux-vom. 30 (one dose).

February 10th—Somewhat better. S.-l.

February 13th—Patient had convulsions again. Patient was ordered to come to my office for examination.

February 18th—Examination. Vaginitis granulosa; uterus anteflexed; cervix open; ovaries normal, left one prolapsed and sensitive on touch; intra-uterine examination easy, two and three-quarter inches deep cavity; hymen open, so that the examination was painless; external genitals anemic and livid; skin of lower abdomen and legs appeared pale and relaxed.

Urine contains too many phosphates, otherwise normal.

Patient seemed to me to be addicted to masturbation. Hyoscyamus 1000 (one dose).

February 20th—No headaches now; all nervousness gone. S.-l.

February 24th—Feels well. S.-l.



tended to the family and the relatives of its deceased members, Dr. Seward and Dr. Brewster.

*Resolved*, That these resolutions be placed on the records of the Society, and be published in the *Hahnemannian Advocate* and THE HOMEOPATHIC PHYSICIAN, and that copies of them be sent to the families of Drs. Seward and Brewster.

T. DWIGHT STOW,  
E. B. NASH,  
S. L. GUILD-LEGGETT,  
*Committee.*

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

The regular semi-monthly meeting was held at the office of Dr. J. M. Selfridge, 1068 Broadway, corner of Twelfth Street, Oakland, Friday evening, February 5th, 1897.

The reading of the minutes of the last meeting was omitted.

Members present: Drs. J. M. and C. M. Selfridge, Augur, and Ledyard.

The meeting was called to order at 8.20 P. M., by the President, Dr. J. M. Selfridge.

Dr. J. M. Selfridge proposed for senior membership Dr. Charles Lathrop Dyer, of North Berkeley. The proposition was referred to the Board of Censors.

Sections 259 to 283 of *The Organon* were read and discussed.

Referring to the note to Section 260 two of the members present stated that they did not adhere to such strict rules of diet in treating the sick.

Dr. J. M. Selfridge, referring to Section 263, said he would not defer to the wishes of the patient in certain cases when the latter desired to be uncovered, thinking the patient might "take cold."

Dr. J. M. Selfridge, in discussing Section 274, men-

tioned a case in which he was called in consultation. *Tartar emetic* was clearly the indicated remedy. The husband believed in Homeopathy. The latter was giving drugs by inhalation, flax-seed tea, etc., and the highly potentized medicine at the same time.

Dr. Ledyard—They don't have faith in the medicine, and accordingly think they have to bolster it up.

Dr. C. M. Selfridge—They give the medicine too low, as referred to in Section 275.

Dr. J. M. Selfridge, referring to Section 276, said: "Take a remedy capable of producing a depressing or stimulating effect, *e. g.*, *Camphor*, which is a depressing medicine; it slows up the molecular action of the system, while *Aconite*, which is stimulating, increases its molecular action.

Dr. Ledyard—*Nux-vomica* sometimes gives rise to terrible aggravations. Because of its depressing effect, there are certain nervous persons in whom it always aggravates.

Dr. C. M. Selfridge has had families in which *Bry.* and *Bell.* produced most intense aggravations.

Dr. Ledyard has seen this result follow the administration of *Sulph.*, *Phos.*, *Lyc.*, *Bell.*, etc.

Dr. J. M. Selfridge, referring to note to Section 246, said that he was absolutely certain that in many cases in which the 200th failed to cure the CM. cured. He mentioned a *Rhus* case, in which the 200th relieved, but didn't cure; the CM., however, cured.

Dr. Ledyard referred to an *Ars.* case, with agonizing pains in the abdomen. *Ars.* 200 at first relieved speedily, but on a return of the pains failed to give any relief. In this case the 40m. potency of the same medicine "acted like a charm," and its administration was followed by speedy recovery.

Dr. Augur, in discussing Section 279, remarked that he was under the impression that if a medicine produces a short, sharp aggravation it is the correct remedy, but if the aggravation continues a long time the medicine has been

incorrectly chosen. He mentioned a case in which Sulphur produced an intense and long-continued aggravation. On re-studying the case he gave one dose of *Psorinum* 40m., with speedy relief.

Dr. C. M. Selfridge alluded to a case of eruption, in which the aggravation that followed the administration of Sulphur was so great that, although the eruption disappeared, the patient died.

Dr. Augur, discussing Section 283, remembered that Dr. Biegler said that in treating chronic diseases he would rather give a lower potency as an intercurrent, on account of the severe aggravation following the exhibition of the high potency.

On motion the Club adjourned to meet on the third Friday of the month, at the office of Dr. G. H. Martin, 606 Sutter Street, San Francisco.

W. E. LEDYARD, B. A., M. B., M. R. C. S. Eng.,

Secretary.

THE GERM THEORY.—“The harmful results of this theory are many. It diverts the attention of the public from the real cause to a supposed one—a mere attendant symptom. It sets our people to hiding around here and there to escape bacilli, when their minds should be directed to the living of such lives as God ordained they should live, thus maintaining a standard of vitality against which the onslaughts of bacilli are vain. This theory turns our physicians from health directors into vermin slayers; it turns them from physiology to toxicology. They cease instructions for rearing healthy children and excite the innocent public with vain imaginings concerning the invisible bacilli. To the germ theorists is due the charge of ‘going off after strange gods.’ They inflame the minds of an innocent public with the invisible—the imaginary—when the great need is a knowledge of tangible realities.”—*Currie, in American Medical Journal.*

(Copied from Homeopathic Envoy.)

## THE NEW YORK HOMEOPATHIC UNION.

The regular monthly meeting of the New York Homeopathic Union was held at 62 West Forty-ninth Street, New York, Thursday, May 20th, 1897, the President, Edmund Carleton, M. D., in the chair. Members present: Doctors Burd, Clock, Finch, and Jarrett. A number of members sent letters of regret at being detained by important engagements.

The first hour of the meeting was devoted to reading the "Defence of *The Organon*,"\* pp. 30-51 inclusive. It was keenly relished, and elicited favorable comment, the following passage for instance:

"Among other things Hecker informs the reader (pp. 72. 73). 'Physicians have given one and several grains of powerful medicines daily to healthy and sick persons, and have often failed to perceive the production of any effects appreciable by the senses.' It is palpably untrue that physicians have hitherto given or seen given to healthy persons even single grains of powerful medicines either daily or quarter-yearly. And in diseases? What may they there have seen? Seeing that the effects of the medicines are mixed up with the symptoms of the diseases, and besides a single, simple, medicinal substance was hardly ever exhibited alone, not even in disease, but in combination with several other drugs. Under such circumstances what could they have seen or observed? Why, nothing at all! What's the object of this silly talk?"

The last hour was spent in relating clinical cases and discussing the same.

Dr. Carleton gave the history of a case of abscesses of both middle ears. Under allopathic management the morbid pro-

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\* See short review of this book in THE HOMEOPATHIC PHYSICIAN for November, 1896, page 488.

cess had gone so far that a specialist had been sent for to operate upon the ears. The drums bulged outward, and felt that way to the patient; ears felt stuffed; deaf; meati swollen; jerking, tearing pain, worse at night; sore mastoids and in front of ears; chilly; thirstless. As Pulsatilla corresponded exactly with these symptoms, it was given, the two-hundredth in water, every two hours. Improvement was noticed the first day, and complete resolution followed quickly. There was no discharge of pus. Hearing was completely restored.

Dr. Jarrett was reminded of a case of abscess of the ear that seemed to demand Silicea. That remedy failed to relieve, and Hepar cured speedily.

Dr. Finch remarked that Silicea was inert in its crude state, and should be given in potency to get results.

Dr. Jarrett enumerated these symptoms: thin, watery discharge, with curds; a hunchback, of tuberculous family; parts sore, could not lie on that side; heavy sweats; coated tongue; offensive breath; no temperature; worse from heat.

Dr. Carleton produced Gross's *Comparative Materia Medica*, which he opened to the comparison between Silicea and Hepar. Members participated in the sifting process. In a few minutes it was demonstrated that Hepar was the nearest similar, by reason of modalities especially.

Dr. Finch verified in a number of cases the aggravation of conium pains in the mammary gland at the menstrual period.

Dr. Clock reported a case that had been pronounced by eminent authority to be scirrhus breast, and condemned to the knife. Staphisagaria cured—the mental symptoms corresponding closely.

Dr. Carleton related his experience with a stubborn case of nocturnal enuresis. Five remedies had been given, after a good deal of study, and each had palliated only, showing that the right medicine had not been selected. The symptoms were meagre. No anatomical obstacle presented. One



day the mother of the boy (he was ten years old) sent this word, "Doctor, it smells like cat's urine." Asparagus was found to be the closest remedy having that indication. Hering's *Guiding Symptoms* give the following symptoms of that drug: "Increased urine, beer-brown, without sediment; urine of a peculiar odor; urine of unpleasant odor, second day, N.; urging to urinate—urine of strong smell; urine smells like cat's urine." Asparagus two-hundredth, a powder every night until relieved, wrought a speedy cure.

Dr. Finch had succeeded in curing a troublesome case of nocturnal enuresis with Hydrophobinum, on the indication, "frightened at sound of running water."\*

Dr. Burd cured a uterine fibroid with Kali-chlor., twelfth decimal. Patient had lost thirty-one pounds in weight; had oppression of the chest, worse when lying; sleeplessness. The other indications the doctor did not recollect.

Also a mammary gland that had been called cancerous by a number of physicians. Patient was dizzy, especially when turning the head quickly; had lancinating pains, worse at the menstrual period. Conium cured.

Also had greatly relieved prolapsus uteri, third degree, in an old woman, by giving Conium 70m., Fincke. The head symptoms ruled.

Dr. Finch attended a woman in confinement who had always suffered with mastitis after previous deliveries. This time he anticipated the trouble with Phytolacca, and there was nothing the matter with either breasts or nipples.

Adjourned.

EMMA D. WILCOX,

*Secretary.*

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\* An excellent indication for Hydrophobinum (or Lyssin, as it is now called) is: Can't drink water, but can drink milk, soups, wine, or warm drinks. A confirmation of this symptom was obtained by the editor in a case of croupous pneumonia.—ED.

## BOOK NOTICES.

THE HOMEOPATHIC THERAPEUTICS OF DIARRHEA, DYSENTERY, CHOLERA, CHOLERA MORBUS, CHOLERA INFANTUM, AND ALL OTHER LOOSE EVACUATIONS OF THE BOWELS. By James B. Bell, M. D. Fourth edition. Philadelphia: Boericke & Tafel, 1011 Arch Street. 1897. Price, cloth, \$1.50 net. By mail, \$1.58.

This justly celebrated monograph was first published in 1869. It is incomparably the best monograph ever published by a disciple of our school. At the time of its first issue it was a revelation in the making of repertories for its clearness of arrangement, not alone in classification of symptoms, but in the use of type to make those symptoms available quickly and surely. When it first came out the writer of this review was a beginner in practice. He was treating a sufferer from chronic diarrhea contracted in the gold fields of California, and therefore of nearly twenty years, continuance. The patient had offered the writer a prize of a considerable sum of money over his regular fee if he could cure this diarrhea. While engaged in the task Dr. Bell's book appeared and we immediately secured a copy of it, studied it carefully while treating the case, and ultimately found, through its aid, the *simillimum*, triumphantly cured the case, and won the prize. Since then we have always felt a particular regard for the book and it has frequently helped us in the treatment of obscure and obstinate cases of diarrhea during the past twenty-eight years. In all our journeys for recreation we have invariably carried a copy of the book in our luggage. We have always warmly recommended the book to all students and beginners of medicine, and have even presented copies of it to friends in the profession.

Some disappointment was felt when the third edition came out because of the largely increased size of the pages, which made it rather unwieldy to carry. This has been corrected in this fourth edition and the size of page reduced to the former small octavo, and that, too, without sacrificing the legibility of the type or cutting off any of the valuable material of which the book is made.

Dr. Bell says in his fourth preface: "The most that can be said as a preface to a fourth edition, is that a thorough revision and re-revision, and a renewed comparison with all the *materia medica* now available, reveals but few changes to make, and no remedies to add or to omit."

We cannot forbear adding the rest of the preface:

"*Allen's Symptom Register* gives four hundred and twenty-five remedies as having diarrhea, and *Knerr's Repertory of the Guiding Symptoms* a much smaller list, but none of them not already included in this book are suited for a place in it, either because the proving is indefinite, or because the diarrhea is simply accessory to a larger and more important group of symptoms (as in *Diadema* in intermittent fever, or *Asterias-rubens* in epilepsy, or *Arum-triophyllum* in typhoid or scarlet fever), and is not particularly well defined in itself. It would seem, therefore, that

this little work is now as complete as it can well be made, for at least some time to come.

"Homeopathy is not making that kind of 'progress' that renders a whole medical library obsolete every ten years, but instead of that, is all the time laying up in its storehouse treasures new and old."

As a closing word we once more, as we have ever in print and in speech, cordially recommend this excellent monograph to all true homeopathic physicians.

HEART REPERTORY. By John H. Clarke, M. D., F. R. G. S., F. B. H. S., Ext. Mem. Roy. Med. Soc. Edin., Consulting Physician to the London Homeopathic Hospital. Compiled mainly from the author's work on *Diseases of the Heart and Arteries*. London: E. Gould & Son, 59 Moor-gate Street, E. C.

This little volume, as stated on the title page, copied above, is compiled from the author's previous work on the heart and arteries, which was reviewed in THE HOMEOPATHIC PHYSICIAN for November, 1895, page 529.

The little book now under notice is, therefore, a repertory to the preceding work. It is divided into chapters as follow: Diseases by Name; Causation; Respiration; Chest; Chest, left side; Chest and Heart; Chest and Side; Chest and Sternum; Sternum; Heart, region of; Heart; Apex of Heart; Base of Heart; Beneath Heart; Left Heart; Right Heart palpitation; Fainting and Faintness; Circulation; Pulse; Aggravations and Ameliorations; Concomitants. It must be included, and make one more, in the list of valuable monograph repertories which every good homeopathic physician has upon his shelves for ready reference.

THE NORTHWESTERN MONTHLY for July will be a special number, and will contain a series of excellent articles upon the care of the child. It will contain five special sections upon the "physical child"—exercise, defects, care of the body, the school building, general lessons, systems, etc. These different points will be brought out by prominent writers like Superintendent G. E. Johnson, of Andover, Mass.; Miss G. Sisson, of Leland Stanford University; Dr. R. A. Clark, Dr. Oscar Chrisman, Dr. H. K. Wolfe, and others.

"Medical Inspection of Schools" is an article contributed by Dr. C. F. Menninger, the leading homeopathic physician of Topeka, Kansas, and President of the Kansas State Society, and member of Kansas State Board of

Health, who wrote the article entitled "The Conquest," published in THE HOMEOPATHIC PHYSICIAN for July, 1896, page 304. Price of this special number, 25 cents. Address J. H. Miller, Publisher, Lincoln, Nebraska.

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## NOTES AND NOTICES.

DR. W. L. REED, of St. Louis, Mo., has been appointed one of the Board of Managers for Falon Asylum, No. 1. Score one for Homeopathy and the good homeopathic Governor of Missouri!

DR. A. W. PHILLIP, of Derby, Conn., President of The State Homeopathic Medical Society, has been appointed Surgeon General upon the staff of Governor Cooke.

THE COLORADO HOMEOPATHIC MEDICAL SOCIETY held its eleventh annual meeting on Tuesday and Wednesday, May 25th and 26th, 1897, in the Brown Palace Hotel in Denver.

THE MISSOURI STATE MEDICAL ASSOCIATION held its fortieth annual meeting May 18th, 1897, at the Century Theatre, St. Louis, Mo.

MIDDLETOWN HOMEOPATHIC HOSPITAL, Albany, N. Y., May 6th.—Dr. Charles Spencer Kinney has been appointed, under civil service rules, to be First Assistant Physician at the Middletown (N. Y.) State Homeopathic Hospital.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION will hold its eighteenth annual meeting at the International Hotel, Niagara Falls, New York, Tuesday, June 29th, and continue through the week.

THE HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—The on State Society of homeopathic doctors holds this year's session in the city of Scranton, September 21st, 22d, and 23d. Every "Similar" soul in the State is invited to make a pilgrimage to the 1897 shrine of our faith. You are to bring with you some illustrations of the simple means you have employed during the past year to alleviate suffering and preserve life; for which you will receive in exchange, measure for measure, that which will broaden the scope of your usefulness and better equip you for the unexpected of to-morrow. You are not to expect that everything you hear or see will be new to *you*; yet it may be new to some one less experienced. If you gather *one* truth that will enable you to cope successfully with a condition that may materialize any moment, you will return to your labors a better doctor—and the best is none too good. Dr. Gramm, the progressive Secretary, has a scheme on foot by which the business of the meeting is to be conducted in a manner conducive to the greatest expedition and evolvment of the best interests of everybody who attends. As no little space will be given to the social feature of this meeting, it is hoped that members will bring their families with them, thus adding the strength that ever prevails where numbers congregate. Z. T. MILLER, M. D., President, 2013 Carson Street, Pittsburg, Pa.; EDWARD M. GRAMM, M. D., Corresponding Secretary, 1433 Girard Avenue, Philadelphia, Pa.

THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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

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Vol. XVII.

JULY, 1897.

No. 7.

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EDITORIALS.

CALCAREA-CARBONICA.—One of the characteristics of this remedy is a delirium resembling delirium tremens with delirious talk about rats and mice, fire and murder. It is often indicated in delirium tremens. Lachesis is indicated in delirium tremens when the patient develops great loquacity, jumping from subject to subject, and cannot bear to have anything touch the neck.

Calcarea has congestion of blood to the head like Belladonna. Calcarea is worse in the morning, when awaking, while Belladonna is better from sleep. Zinc has congestion to the head, worse from small quantities of wine. Conium has intoxication from small quantities of wine. These notes recall the notes made under Conium in the editorial in the January number.

Calcarea has headache from overlifting. This is a characteristic.

Calcarea has aggravation of headache by mental exertion. This, too, is a characteristic.

Calcarea has headache, ameliorated by closing the eyes and lying down.

Belladonna has the reverse—worse from closing the eyes and lying down.

Petroleum, every mental exertion causes him to become quite stupid.

This condition of mental exertion suggests a number of comparisons. Here they are; some derived directly from Dr. Lippe, and some from other sources, mainly, Dr. Hering:

Mental exertion causes sense of helplessness from brain weakness; can't attend to anything requiring thought, Gelsemium.

Torn feeling in the throat during mental exertion, Conium and Causticum.

Can't fix his mind on his studies, Iris-vers.

Mental exertion causes hemorrhage of the lungs, Rhus-tox.

Mental exertion causes pain in the occipital region, Picric-acid.

Mental exertion aggravates headache and produces sleep, Spigelia.

Mental exertion aggravates headache, Glon., Nat-mur., Nux-v., Spigel.

Mental exertion causes headache, Aur-m., Glon.

Mental exertion causes pressing pains in the head, Argent-nit.

Mental exertion, if excessive, causes irritation of the stomach, Nux-moschata.

Mental exertion aggravates pressing, boring headache, Colch., Nux-v.

Mental exertion aggravates mental symptoms, Nux-vom.

Mental ailments caused by mental exertion, Nux-vom.

Inability for mental exertion, Sepia. Compare with Gels., above.

Bad effects of excessive mental exertion in bookkeepers and others of similar pursuits, Anacardium, Sepia.

Mental exertion causes fullness in the head, intense headache, throbbing felt deep in the brain, and pain in left temple, Psorin.

Mental exertion causes aggravation in general, Aurum-met., Calc-c., Carbo-v., Colch., Mag-carb.

Mental exertion causes aggravation of various pains, especially hemorrhoids, Causticum.

Mental exertion causes bruised soreness all over the head, China.

Mental exertion causes sense of bruised soreness in the brain, China.

Mental exertion aggravates the headache that follows suppressed coryza, China.

Mental exertion causes him to become stupid with headache in the forehead, Petroleum.

Mental exertion causes pressure in the head, especially in the occiput; also deep in the cerebellum, Colch.

Mental exertion, when exhausting, aggravates pressing pain on top of head and in left frontal bone, with running together of letters when reading, Argent-nit.

Mental exertion, or fixing the thoughts on anything, is impossible; on attempting it has darkness before the eyes and increased headache, Argent-nit.

Mental exertion, if moderate, improves many ailments, Ferrum.

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VITAL FORCE.—The excellent paper bearing this title, written by the venerable Dr. J. M. Selfridge, of Oakland, California, and published in the June number of this journal, at page 188, was read before the California State Society. It created quite a sensation, revealing, as it did, the wide field of reading of its distinguished author in the domain of physical science. The Society recognized its merit by giving him a vote of thanks, while the members individually congratulated him.

We take the opportunity of joining with the members of the Society in offering Dr. Selfridge our own congratulations.

## VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from page 225.)

In THE HOMEOPATHIC PHYSICIAN for April (page 119) was published the letter of the French Minister of War, saying that no records had been kept of the number of French soldiers who died of small-pox during the war of 1870-71, and on page 120 the statement was made that the same was the case with regard to the German army, but up to the time of going to press I had not been able to get a copy of the German letter.

Through the kindness and labors of Dr. Eugene Bettes, of Washington, D. C., a translation of that letter has been obtained in the following words:

No. 691-7 MMA.

"ARMY MEDICAL DEPARTMENT, WAR OFFICE, BERLIN, JULY 30th, 1883.

"In reply to your letter of July 6th to His Excellency the Minister of War the Chief Clerk forwards a certified extract from the registrar of those who died of small-pox in the Prussian army in the several months of the years 1869, 1870, and 1871.

"For the time from July, 1870, to June, 1871 (the twelve months of the war), the number wished for are not recorded, and regret is expressed that on this account the desired information cannot be given. TOLER LISOUKE."

"To George S. Gibbs, Esq., Henry Lodge, Darlington, England."

The letter of retraction of Dr. Carpenter of the error (afterward rehashed by Dr. Hopkirk before the R. B. Commission) was published in the London *Daily News* August 7th, 1888.

How hard it is to kill a lie! Especially a good bouncing one, such as health (?) officers delight in!



We will now resume our abstract of the testimony:

The next witness was Francis Xavier Frederick MacCabe, Fellow of Kings and Queens College of Physicians of Ireland, and M. R. C. S. of England; Medical Commissioner on the Local Government Board for Ireland; prior to holding which office he had been one of the Board's Inspectors (Q. 3033-6). With reference to small-pox before the time of inoculation he quoted (Q. 3,038) from the fifth part of the Irish census, 1851, a record of small-pox in A. D. 675: "There reigned a kind of great leprosie in Ireland this year called the pox, in Irish *bolgach*," and said "various references from the year 675 downwards are to be found through these records to the prevalence of small-pox in Ireland." He refers to *The Annals of the Kingdom of Ireland by the Four Masters*, O'Donovan's translation; *The Annals of Clonmacnoise*, McGeoghaghan's translation, a MS. in the library of Trinity College, Dublin. There are also *Gracc's Annals of Ireland*, a MS. in the library of Trinity College, Dublin; and *The Book of Leinster*, a MS., McCory's translation, all quoted from the Census. Then he quotes A. D. 679-80, "a most grievous leprosy in Ireland, which is called *bolgach*;" in 1741, "leprosy in Ireland;" in 742-3, "the *bolgach*." The last entry is 1718-21, and in 1725 the practice of inoculation was introduced into Ireland (Q. 3,039-42).

(Q. 3,045.) In 1840 inoculation was prohibited by the 3d and 4th Vict., c. 29, entitled, "An act to extend the practice of vaccination." By this act payments were to be made to medical practitioners out of the public, or rather local public, funds for every vaccination performed. "The next act is a very important one." "The act of 1840 enabled guardians to do certain things, and I find that on reference to the records that the extent to which they availed themselves of the powers given them almost steadily declined." Then we come to the 14th and 15th Vict., c. 68, the Medical Charities Act, passed in 1851. It is to be noted that the guardians were elected officers, responsive, therefore, to some extent at any rate,

to the wishes of the people; but by this act Ireland was divided into dispensary districts under *appointed* committees, who *appointed* medical officers, and they were to be paid for "free" vaccinations as before. Then came "the Vaccination (Ireland) Act 1858," further imposing vaccination on the people, and on 13th July, 1863, vaccination was made compulsory, under which act all children born after the 1st January, 1864, were to be vaccinated within six months of birth, and provides for payment to the vaccinators by the Board of Guardians (of course out of the public, union, funds).

In 1879 the time for vaccination was reduced to three months from birth. It increased the severity of the law, permitted (as construed by the courts) repeated convictions for neglect to vaccinate the same child. This Act tended to the more complete enforcement of the law for compulsory vaccination (Q. 3,046-7), and rendered the system much more effective. It enabled the *registrar*, an appointed officer, who is also generally the *vaccinating officer* interested pecuniarily in enforcing the rite, to institute proceedings to punish a recalcitrant parent instead of waiting for action by the Board of Guardians (elected officers). (Q. 3,049) Ireland is divided into 720 dispensary districts and 1,139 out-stations.

Dr. MacCabe proceeds to describe the machinery in its details for preventing escape from the meshes of the law, which it is not worth while to follow, except as illustrating the dangerous ingenuity evinced by persons upon whom special privileges are conferred (in this case a favored few of the medical profession) to secure the very last dollar they can gather in under force of the law.

Dr. MacCabe attaches great importance to the fact that when making their quarterly returns to the Local Government Board the medical officers are *required* to state whether they followed the instructions of the Local Government Board by seeking to produce four typical vesicles! and adds: "There is a good deal to be said upon that point presently."

It will be remembered that Dr. MacCabe was to tell all

about the lymph used in Ireland, but it turns out that he knows nothing about it; nothing, that is, from a medical or scientific point of view. But of the commercial aspect he is well informed. He narrates the history of the Cow-pox Institution started by "three eminent physicians" in 1804, supported by subscriptions, by the sale of lymph, and by a subvention from the public funds of £400 (\$2,000.00) per annum, increased in 1877 to £1,200 per annum, and then describes the number of "points" and Husband's tubes issued, and vaccinations performed (Q. 3,053-6). From the 14th January, 1804, to 15th June, 1889, 1,123,136 charged points and 28,516 Husband's tubes were issued, and 265,625 vaccinations were performed. Up to the 1st April, 1877, the points supplied to the poor Law Unions had been paid for by them, but in consideration of the increased government subsidy, the poor Law Unions were supplied gratuitously subsequent to that very appropriate date. Although no information is given as to the number supplied to the poor Law Unions, nor the amount received for the sale of the "points" and tubes, it is pretty evident that a very profitable business was here carried on.

At (Q. 3,059) he tells the Commission that he considers Ireland is *not* well protected in the way of vaccination. *His reason being that up to 1880 only two insertions were made.*

He also states that only four complaints have ever been made to the Local Government Board of any ill effects of vaccination since 1840. The first was in 1871; the second in the same year; the third in 1875; and the last in 1888; that "in each case an inquiry was held, and it was very clearly shown that the presumed injury inflicted by vaccination could not fairly be traced to the operation or to its effects."

At (Q. 3,062) he puts in "full particulars of the cases" (Appendix vii, p. 276, Second Report R. B. C.). The following is a copy of the "full particulars:"

"Summary of facts connected with complaints respecting the effects of (principally) Irish vaccine lymph supplies:

COMPLAINANT.	No.	UNION.	SUMMARY OF FACTS.
Fras. Geogheegan.	11,048/71	North Dublin.	Complained of the fearful state his child was left in by vaccination. The medical officer (North City Dispensary) informed the Commissioners that he vaccinated eight other children with the same lymph as that with which Geogheegan's child was vaccinated, and that he inspected them afterward and found all of them in good health, and without any appearance of being similarly affected in the way complained of.

Obs.: Dr. Willson, who vaccinated, states all the children of this family are liable to skin affections, and in one of these he had to postpone vaccination for three years on that account.

COMPLAINANT.	No.	UNION.	SUMMARY OF FACTS.
Thos. Smyth.	21,315/71	Banbridge.	Complained that his child was vaccinated with impure lymph, and alleged that disease was thereby introduced into its system, from the effects of which it died. The Poor Law Commissioners obtained a report from the medical officer of the district (Tandragee), who denied that he used impure lymph, as he was very careful in selecting it, and also obtains supplies from the national vaccination establishment, and stated that if disease was introduced into the child's system it must have been subsequent to the operation. A copy of the medical officer's report was forwarded to the complainant, who thanked the commissioners for their attention in the matter, which was allowed to drop.

Obs.: Twelve days after vaccination, the child, a twin, grew worse and worse,

and lingered in intense pain for about nine days (twenty-one days after vaccination). Complainant (Mr. Smyth) believes "impure and diseased" lymph was used, the whole system became poisoned, and a tumor formed "in the side, from the effect of which it died." An assistant of Dr. Crawford performed the operation of vaccination in this case. This Dr. Crawford admits, and it is contrary to our regulations.

COMPLAINANT.	No.	UNION.	SUMMARY OF FACTS.
Dr. Phelan (Graigine).	2,565/75	Thomastown.	Reported the case of a child alleged by him to have died from the effects of vaccination. The Local Government Board Inspector held an inquiry on oath into the circumstances of the case, and reported that after a careful consideration of the history of the child's life he was of opinion that vaccination was not either directly or indirectly the cause of the death of the child.

Obs.: Child died from cerebral affection following dentition, attended with convulsions Dr. Phelan (the complainant) who was present at the inquiry, concurred in the opinion formed by the medical inspector who held the inquiry, that vaccination had not contributed in any way to the death; he withdraws his opinion and admits he formed a hasty conclusion on insufficient evidence.

COMPLAINANT.	No.	UNION.	SUMMARY OF FACTS.
Ellen Burke (Kilkee).	12,876/88	Vichush.	Complaint in reference to the death of her husband, on whom the operation of vaccination was performed by the porter of the dispensary.

Obs.: Medical inspector was sent down to inquire into the whole of the facts, and the evidence taken (on oath) at the inquiry together with his report, and the certificate of death left no doubt that the man's death was due to well-marked *enteric fever*. He happened to have been revaccinated coincidentally with the appearance of the first symptoms of his illness. The medical officer was severely censured for permitting the porter to vaccinate in this case.

If a person suspected of procuring the death of another by poison were to be selected to inquire into the cause of

death, supposing he should think fit to admit that the suspected poison was actually found in the cadaver, he might be expected to report as in the above cases, that the poison in question had nothing to do with causing the death! The case is properly stated by Dr. Julius Hensel in his *Macrobiotic* (p. 119): "If a prosecuting attorney were to enter the Irish chamber with every disciple of Koch, Pasteur, and Jenner, and were to draw up a report in reference to the inoculation and its results, the friends of inoculation would be dissipated like mists by the sun. It is only their freedom from responsibility to common sense and the *criminal law* that causes the inoculators to imagine that they are in the right. They need to be brought back from this mistake by an accompanying *juge de paix*." Dr. MacCabe does not believe that any children are "insusceptible" (Q. 3,067). His experience is (Q. 3,068) that where insusceptibility is reported it indicates that the child has not been properly vaccinated. At (Q. 3,077) he is asked as to source of supply of lymph to the cow-pox institution, and how it is kept up. He answers the latter question, but not the former: "It is kept up by a number of collectors who are paid for the tubes they send in." The collectors are "medical men who have offered to charge the tubes."

(Q. 3,081-6.) The good doctor is taken by surprise at the Table F, App. 6, put in by Dr. Grimshaw, and partly prepared by himself. The number of "insusceptible cases" was so large as to give him "matter for very uncomfortable reflections."

At (Q. 3,080) Mr. Whithead asks: "You have given us some information from very early records in the history of Ireland as to the existence of small-pox at different times; is there any record of any recognized treatment of small-pox in vogue in those times?" "No, not that I am aware of. I have never heard it referred to."

(Q. 3,090.) "Nothing at all before inoculation?" "Noth-

ing at all that I am aware of. *I believe historically that is the first record of anything which we have in the shape of—it cannot be called curative treatment, but anticipatory treatment.*”

And yet, already by the year 1688 Sydenham's *Medical Observations Concerning the History and the Cure of Acute Diseases* had reached a third edition. (See Sydenham's works, published by the Sydenham Society.) In this work are three different dissertations: (1) On regular small-pox; (2) On the “anomalous small-pox of the years 1670-71-72,” and (3) On the “irregular small-pox of the years 1674-75.” In the first, while treatment is spoken of throughout the dissertation, pp. 138-151 are devoted exclusively to it. In the second, two pages are so given, and in the third, four pages. The treatment recommended by Sydenham will bear comparison with that given in the very newest and most standard works on the practice of medicine of the dominant school, to which it is pretty certain Dr. MacCabe and all the other witnesses *for* vaccination belong. It is also to be borne in mind that it was the long and successful use of his treatment which led to Sydenham's declaration in 1688 of the little seriousness of small-pox unless improperly treated.

Mr. Picton tried (Q. 3,096) to get from Dr. MacCabe the source of the “lymph” employed, and is told that the vaccinators always report that they use that supplied from the local government establishment (see above, Q. 3077), or that they keep up supplies from arm to arm.

(Q. 3,097.) Some animal lymph has been used; Dr. Montgomery procured some from Dr. Warlomont and had good results, but at (Q. 3,115) Dr. MacCabe corrects this statement; Dr. Montgomery gets it from a Mr. Darke, of London, and *perhaps he gets it from* Dr. Warlomont.

(Q. 3,127-8.) Mr. Darke has no public position.

(Q. 3,130.) “You simply send for this lymph and take it on faith?” “So it would appear.”

(Q. 3,098.) Mr. Picton questions Dr. MacCabe about the "marks." One mark will afford considerable protection for a time, and though the vaccinee runs great risk of contracting small-pox when adult, he certainly will not have as bad an attack as if he did not bear any mark.

On what data can Dr. MacCabe or any one else found this assertion? How does he know; how can any one know how seriously Nature is going to visit any one with small-pox? When small-pox kills, can it be said that the attack is less bad than it would have been had the victim not been vaccinated? Was Dr. MacCabe ignorant that tens of thousands of the vaccinated have died of small-pox? Statistics give no warrant for his statement, for they show that the fatality of small-pox to-day (all cases included) is certainly not less than it was in pre-vaccination days.

The assertion is but an illustration of the entire fabric of bold, baseless assertion on which this "grotesque superstition" (see *post*, testimony of Dr. Creighton) has been built and maintained from Jenner down to this day.

But (Q. 3,099) he considers that four marks will "continue the protection." He has never met with a single case of a person taken with small-pox who showed four marks.

In 1879 the Guardians of the Galway Union proposed to inoculate a calf with small-pox, so as to obtain a full supply of lymph for the Union (Q. 3,104-7), but by letter 10th February, 1879, the Local Government Board for Ireland objected to this being done, stating that if the inoculation were to be with small-pox virus small-pox would be propagated, and the operator would be liable to prosecution under the Act 31st and 32d Vict., cap. 87, forbidding small-pox inoculation; the letter also went on: "If the proposition were to vaccinate a calf with lymph obtained from a human subject the Board have to state that it has *long since* been *ascertained* that animal lymph for vaccination purposes must, in the first instance, be obtained from a cow, in which the disease has



*spontaneously* arisen, and that vaccination performed with lymph taken from a cow which had been vaccinated with human lymph is not reliable."

But in answer to (Q. 3,108-9) Dr. MacCabe expresses his dissent from the views expressed in that letter, and says: "Of course if a calf were inoculated with the virus of small-pox the resulting lymph, if any result followed, for it is a very difficult thing to do I believe, but if any result followed the *lymph taken from the calf would be cow lymph*, and would not communicate small-pox. \* \* \* If a calf had been vaccinated with humanized lymph I suppose everybody who has studied the subject would say that no result at all would follow."

(Q. 3,110.) "Should I correctly understand your opinion to be that while it is difficult to inoculate small-pox upon a cow or calf, the lymph which could be obtained from such a source would be cow-pox and not small-pox?" "That is my opinion."

(Q. 3,110.) "You would regard the vaccine disease as small-pox grafted on the cow?" "Quite so."

(Q. 3,112.) With reference to spontaneous cow-pox he is not an expert. "All that I know in connection with calf lymph is solely from reading, and the authority that has guided me I think is Dr. Seaton principally."

(Q. 3,113.) "As one evidently acquainted with the literature of the subject perhaps you are aware that Dr. Edward Jenner considered spontaneous cow-pox to be worthless as a protection?" "I cannot say that I remember that, I do not doubt that it is so."

(Q. 3,114.) On p. 7 of his *Inquiry* he says: "It is necessary to observe that pustulous sores frequently appear spontaneously on the nipples of the cows, and instances have occurred, though very rarely, of the hands of the servants employed in milking being affected with sores in consequence, and even of their feeling an indisposition from ab-

sorption. These pustules are of a much milder nature than those which arise from that contagion which constitutes the true cow-pox. They are always free from the bluish or livid tint so conspicuous in the pustules in that disease. No erysipelas attends them, nor do they show any phagedenic disposition as in the other case, but quickly terminate in a scale without creating any apparent disorder in the cow. This complaint appears at various seasons of the year, but most commonly in the spring when the cows are first taken from their winter food and fed with grass. It is very apt to appear also when they are suckling their young. But this disease is not to be considered as similar in any respect to that of which I am treating, as it is incapable of producing any *specific effects on the human constitution*. However, it is of the greatest consequence to point it out here lest the want of discrimination should occasion an idea of security from infection of the small-pox which might prove delusive"? "I remember reading that perfectly well, many years ago."

(Q. 3,132.) He believes there are a variety of eruptions upon the teats of the cow, but (Q. 3,133-7) he has never seen them; he is not an expert; he knows nothing upon the subject except from his reading; he knows no one in Ireland who can be referred to as an expert, but he "should imagine the officers of the Local Government Board here" are such experts.

(Q. 3,140.) "Do you think any of the post-vaccinal small-pox that occurs has reference to the use of spurious cow-pox lymph?" "I am not prepared to answer that question."

(Q. 3,141.) By Mr. Picton: "Could you explain to an unprofessional man what vaccination is?" "I think I had better not attempt to do it."

(Q. 3,142.) "You judge only by results?" "Yes."

(Q. 3,143.) "That is, what prevents small-pox is vaccination, and what does not prevent it is not proper vaccination?" "Improper vaccination is not vaccination at all, but I have

never seen improper vaccination in Ireland. I have never yet seen a vesicle produced by vaccination in Ireland that was not a typical vaccine vesicle."

Then according to his statement (Q. 3,098 above) every person vaccinated in Ireland, *though only with one mark*, is protected at least to the extent that his cannot be so bad a case as if he had not been vaccinated; there cannot be a worse than a fatal case; therefore no such person ought to die of small-pox in Ireland. But Dr. Grimshaw's table K (p. 274, App. No. 6, 2c Rep.) shows not less than seventy-four persons whom he admits were vaccinated *did* die of small-pox during the eight years 1881-88; of these, eight were under five years of age, eleven under ten, and eighteen under fifteen years of age.

(Q. 3,144-6.) By Dr. Savory: "You would recognize something characteristic which follows the insertion of the lymph?" "Yes." "Which you can diagnose or distinguish?" "Yes." "There can be no question about that?" "No."

(Q. 3,147.) That which follows the insertion of the lymph is so characteristic that it is impossible for a practical vaccinator to be mistaken.

(Q. 3,149.) By Dr. Collins: "Are you equally satisfied that there is no other pox upon the teats of cattle that will produce the same phenomena?" "I do not know that there is."

(Q. 3,150.) "I should know a true Jennerian vesicle, and I think it would be impossible for me not to be able to distinguish between that and spurious pox, not only upon its actual appearance from the date of vaccination to the falling off of the scab, but also in the typical and unmistakable appearance of the resulting cicatrix—it is impossible to mistake it for anything else."

(Q. 3,151.) "You are not acquainted with any other virus that would produce the same phenomena?" "No."

THE MOLECULAR *versus* THE DYNAMIC  
THEORY OF LIFE.

J. HENRY ALLEN, M. D., CHICAGO, ILL.

The philosophy of to-day does not tear down, does not destroy the truth, but builds for us magnificent temples of the truth, where we can securely store its archives. Man's conception of the truth is becoming more positive, more polar, more cosmic, and less anthropomorphic; being heirs to the files of all the ages, we are able to compare, classify, and weigh in the balance of justice the many grand though oft conflicting theories of our forefathers in science, for which we will ever be indebted. But as we saw the materialistic philosophy of the Greeks, which was the kindergarten of the beginning of things leaving us, we had to construct a new philosophy, clothed with dynamics and not a mere organon of scientific methods, but a true synthesis of truth concerning the unknown. How did we construct this true synthesis, by the inductive method of reasoning? We reason downward and backward from the phenomena present to the antecedent phenomena, from effect to cause, from the known to the unknown, from the visible to the invisible, from the finite to the infinite, from the material to the non-material, or the forces, and from the forces to the law that governs the material and the non-material, and last of all from law to the absolute, which was the *a priori*, or the genesis of our inductive method. So in our study of all the subjects coming under the head of philosophy and the sciences, we come to that positive assurance by this inductive method. Hahnemann saw this fact clearly as he studied the great problems of life and disease, in their relationship to physical law, to causation and to cure, and it was by this method alone that he was able to give to the world not alone a true law of biogenesis, but the discovery of a new law, even the law of *Similia*, that

has proven to be the only law that is in harmony with this law of biogenesis. So in this paper we will attempt to study life by this inductive method from the two standpoints which head our paper. Under the first heading, which we have designated the Molecular, or the Materialistic, View of Life, which forms the basis of the large school of Homeopathy, which we say is not founded purely upon the teachings of the great founder of homeopathics, nor yet based, but to a very limited degree, upon his teachings as laid down in his *Organon*. The great hindrance to the progress of this school is in their not accepting Hahnemann's theories, and from this fact alone have they become purely materialistic, only seeing matter or the material as acting on matter, or the material. Yet we are told in Paul's Epistle to the Romans that the things that we see are not made of the things that do appear. Are not all things in the first place thinkings, and were not all material things evolved out of the forces? Is not law force and motion, not only the original genesis of matter, but the maintainers of matter? It is not my intention to condemn or to try to set aside the molecular theory of life, but simply to show some of its inconsistencies. In the first place, molecules cannot act of their own accord, they are powerless to change their own condition, a fact we know to be true according to the first law of motion concerning the inertia of matter. What do we imply by molecule; is it not a synonym for an exceedingly small mass of matter as much subject to the law of motion as if it were a mountain unable to move or change its position unless acted upon by force? Strange beings these elemental molecules, and of the sixty or seventy that we are acquainted with no two are alike, each has its own peculiar angles and facets, its color, its characteristics, and when we come to them science closes its gates and we are brought face to face with the infinite. We know not how they came, but we do know that all nature in the material universe is made from them, and that all matter

moves by virtue of the same forces that move them, and that it is the business of the forces and the laws that govern them to handle matter in all its forms, whether it be in the organized or unorganized state. Now, what is true of matter in the organized state is true of matter in the unorganized state, as it is true that the law of crystallization is the architect as well as the builder of the crystal, shaping its angles and its facets, always the same by virtue of the material used in its construction. So it is with biological law, it has the power not only to construct an organism from matter, but to change matter to the nature of itself, and more than that, it must constantly keep in repair that degenerative process which seems so necessary on the negative side of life, and while the biological unit can be chemically analyzed, we must not lose sight of this fact, that it is not the living cell we can bring under the domain of chemistry or the microscope, as it is but the *debris* of life, the husks of life:

The tiny cell is forlorn,  
Void of its little living will,  
That made it stir on the shore,  
Did he stand at the diamond door  
Of his house in a rainbow frill.

Yes, standing within the diamond door of this house of the soul is something that alchemy has not known, that chemistry is subservient to, whose king is the DYNAMIDES. The physicist and the materialist prove by mathematical computation the size of the material atoms, beyond which there can be no further division, and the chemist joins him in resigning the indivisibility of matter to its burial in the sepulchre of the dynamics. The time has passed I think for the explaining of life by hydrostatics or chemistry. Even if such a great scientist as Mr. Dolbear should presume to say that the time would come when the chemist would be so acquainted with protoplasm that he could as it were chemically mix life. Oh! but a little knowledge makes us bold.

Tyndall says we have every reason to believe that nerve force, or nerve transferred to the brain is motion. Joslin said twenty-five years ago that Homeopathy was destined to effect a glorious evolution in the art of healing, and to lead to new views of the constitution of matter, and so his prophecy has been fulfilled. We begin to see the true relationship that exists between our high potencies and the disturbed organism when we prescribe the one hundred thousand potency, as we do frequently to correct some disturbance in the organism; then we know that life is not a chemical change, or rather a molecular change, depending upon chemistry, a theory so comforting to the materialist that life is a material thing whose primary unit is a compound and complex material known by the name of protoplasm, whose formula never has or ever can be written, and that all changes in the man are due to chemical action. But does not our reason tell us that there is something more potent in life than chemistry? The physicist and the materialist can find nothing beyond the twelfth centesimal potency, yet in spite of all that we know there is something left, although we cannot see it with our physical eyes, and that something, by virtue of its sick-making powers, demonstrates to us without doubt that a something more potent than mechanics or chemistry is with us even in our power and even as forces dynamic in their nature are developed from mechanical and from chemical affinity or matter proportionately mixed, so by the power of potentization do we enter the realm of dynamics by, and through this method alone are we able to draw out the spirit-like essence from matter—even the dynamides of God, who must have at creation crowned dynamics the king of law and of motion, and *Similia* the premier of the harmonic forces of the universe. All forces governing matter harmoniously are harmonic forces or similar forces, and all forces that bring disharmony to matter or to motion are dissimilar forces, whether in organized or unorganized mat-

ter, and the disturbance, in proportion as they are dissimilar, and the primary force, whether it be life force or physical, has power over it in proportion as it is similar. Thus we reason, returning to our subject; that which is left of the crude drug when potentized to the thirtieth centesimal potency is not a molecule, it is not even an atom, for it has died to matter, and in its death it has been separated from matter, and by virtue of its death to matter it has been born into the force world and now become a peacemaker through similes law, between the life forces and the subversive forces that the life forces have become subservient to. Again, we cannot say that life is due to radiant energy, or to the gravitational forces of our universe, although they have much to do with the evolution or metamorphosis of life, for we have potencies of radiant matter carried forward to that point when even radiant matter is lost sight of, yet their action is as prompt and as positive as if they had been developed from Plumbum or Aluminum. Therefore, we say—and I know my words can be substantiated by a host of living witnesses who have the love of our science at heart, also confirmed by the lives and writing of our sacred dead—that our remedies (potencies) act not by virtue of any molecular power, first because we have demonstrated that they are not molecules, when carried up to the twelfth centesimal potency, therefore cannot act upon the disturbed life force by any molecular process. Secondly, they cannot act through any chemical law, because the thirtieth centesimal potency places the remedy beyond chemistry or chemical law, all action of which is governed by atomic weight and molecular proportion. So you see we have by potentization taken it out of the field of chemistry and destroyed the molecule. Its very character is destroyed, and it has become a force peculiar to itself, for we know that in order to produce a force we must entirely destroy matter, and the greater the destruction the more potent the force; every feature of it



must be annihilated before we liberate from it force; its height, its length and breadth, its thickness must be destroyed, and as matter dies to the influence of some other form of matter or force, is it born into the force world, and the liberated force finds its affinity in the new medium that liberated it, but subject to transference through the same medium to the life forces in the body, and if its potens is a similia to any disturbance in that life force it becomes a mediator to any subversion in biological law. When we deal with chemistry we are dealing with molecules, but when we destroy the molecule which is admitted to be the birthplace of the creation of things, by the combination of atoms, the primary units of all, can we any more conceive of it being matter, is it not now a dynamic, and are we not brought face to face with that great truth of our forefathers in science that matter and force are interchangeable, that before it was matter it belonged to the force world, and when it was destroyed it was again force? Does not the death of organized life, let alone matter, tell us the same story, and did not that same force called life take hold of matter with its invisible hands, and construct itself a tabernacle for its temporary physical existence, and as long as they harmonized did demonstrate even all the true manifestations of life, that we see in the body, mind, and spirit, each being subservient to the other in that trifold relationship? Does all this depend on molecular change and molecular power alone; does not common sense and all the powers of reason within us say No; and while we recognize the molecular changes that take place in organized matter, both as to construction and to its disintegration, but knowing they have no power to change themselves we are forced to recognize the prime mover, which we call life, which simply uses the material to fulfill the purpose in this physical world for which the Creator of the soul or life had designed. For the purpose can only be fulfilled in and through the design, the design not being the original

thought, but the purpose. Do we not, being materialists, look upon the wrong side of our created bodies for the thing called life? It is not that life was a creation through the body, but that the body was a creation through the life. The thing that we see not being made of the things that do appear, but the thing that does not appear (life), took hold of that which does appear (material) and changed it into that which could fulfill the purpose for which it, the life, was designed, clothing it simply with the material or physical. Now, seeing that this force, or potens, called life, could clothe itself with the physical and construct its physical medium so that it could think, feel, hear, see through it, has it not all power over the physical to control and govern it? Now, if this be true, shall we not centre these forces (remedies) that we know do reharmonize the changed or disturbed organism upon the force or forces that control the organism, and not upon the organism itself, for if we centre them upon the organism is there not danger of disturbing the organism more, and in place of bringing peace we bring war? And again, if we do select the similar force (remedy) and direct it against the disturbed life force, and it be not a minimum force, then do we not destroy the equilibrium in place of establishing it? The biologists of to-day tell us that chemical organization ceases when the protoplasm was formed, yet they also say that it is the basic principle of life, or the highest expressions of life in the chemical series. If this be true, then we are to understand that when life becomes biotic it is not longer a chemical process, but a molecular process. But have we not already stated a chemical process to be a molecular process, and do not our physiologists teach us that all nerve stimuli are chemical action? Motor, sensory, or secretory, is a transference of energy, due to chemical formation and chemical change, caused by vibratory motion of heat and chemical decomposition, modes of motion, etc. Stuff and nonsense. Is not life behind chemical action, and are

not these things qualities of life, or the life forces dealing with the physical, a quality inherent in the germinal element or in the *a priori* of life, and in place of the protoplasm bridging the chasm between the organic and the inorganic world, it is life that bridges over the chasm, for we know that biological law has the power to take hold of the organic world and change it into an organism suitable to fulfill and carry out the purpose for which that life (entity) was designed. It also has the power to store up cosmical energy for the future use of that organism. Let us again appeal to induction. Is the body the entity or the soul? which is the life? The entity is the soul or the spirit of the man, and what is true of man is true of all animal or vegetable creation. Yes. Well, then, if the soul is the entity, all power must be given and does belong to the soul, which is the entity, thus the soul having all power, it surely has the power to reproduce itself under the proper conditions, or, in other words, to create new life. Does the body or the soul of the seed or the nut or the comb, produce the new life or the new creation? The soul is the germinal part, of course, the body of the seed dies under the germinal process, and returns the material from which it was constructed to the original owners; what did it do under the germinal process and period of development and growth? It was simply building itself a new physical dwelling-place for a larger and a greater life, and what is true of the vegetable is true of the animal, as we have seen. What did it construct it out of, the physical; you agree to that I know. Then, if that be true it must necessarily be a chemical change, and if a chemical change a molecular one, because all chemical change is due to molecular. So we conclude that chemical change is molecular: both, instead of producing life, is the handiwork of life, or the life forces working with the physical, and through the physical or material, or, in other words, it is the resultant of the life forces, and I have reason to believe that this spirit force or life is a spirit-

like organism that is as real as the physical one in which it is tenanted, and that any disturbance of the physical is first due to a disturbance of this dynamic existence. Here are pivotal points, and from whatever stand we take are we either homeopathic or antipathic in our treatment of the sick. If we conceive disease to be a chemical change in the physical or a molecular disturbance, we must treat it antipathically, but if we conceive disease to be a disturbance of the dynamic man, then will we enter the kingdom of the dynamics for the means by which to restore disharmony. For do we not see our physiomedic and physiochemic friends gradually drifting into organismic medicine, not knowing that disease is a disturbance of the life force in the dynamic man, but thinking the pathological change to be due to chemical change in the organism, confining its disturbance to a part, as if the functions of a part could be maintained independent of the whole, when we know it is but a biological unit of that whole. Again, is man a test-tube that we might chemically compound within the organism such ingredients as would make more life or maintain what life there was in that organism. Neither can the organismic doctor supply the organism with the proper chemicals, for the liver is not a retort, and the power of assimilation belongs alone to the life force, and in its restoration it may require something very foreign to any chemical constituent that the liver may lack. And while it seems plausible to the pharmaceutical physician to counteract an acidity of the stomach by the use of *Soda*, yet we know it gives us but palliation, knowing we have but temporarily neutralized the acidity, for the deranged life force is continually making more acid, through the law of overaction, requiring more *Soda* and stronger doses, which, in the end, not only fails to accomplish their purpose, but fails to longer even palliate. Thus we see that through the chemical phenomena we can only get palliation if we get any results at all. Why? Because we are only dealing with the

results of the life forces in the physical instead of the life forces themselves. But what do we find in looking beyond the chemical or molecular man? We find the dynamic man, that invisible entity who when in a normal condition is in harmony with all law, all the forces, all things in the universe of God, but when out of harmony subject to them all, and in proportion as it is disharmonized. This brings us into the presence of a new relationship, of new thought, and the study of life becomes the study of the laws of motion, and the laws of action and reaction. Of the dynamic forces and the laws governing dynamics—for we now conceive of life as being a force—so our whole study of medicine becomes a study of the dynamics of life, of law, and of the forces. Why do I carry this thought so far and dip so deeply into it? Because if I say life is a mechanical process you will want to treat man mechanically when he is sick, and if I say it is a chemical process you must necessarily become a chemical doctor, or if I say life is a molecular process you cannot go beyond the molecule, therefore you cannot leave the material, and if I say that the mind controls all matter, and in place of it being an attribute of life, it is all there is to life, then you will treat it psychologically, or by mind cure. Again, if I say human life is an entity in the hands of its Creator, and is held, sustained, and controlled by a divine fiat, and not governed by and sustained by virtue of its abeyance to physical law, then you will want to treat him by faith cure, or divine healing. But if I say life to be a vital principle governed by true biological law, which, if we live in correspondence with, we are well, and if out of correspondence with, we are sick, and if we fail to correspond at all we die. Therefore our study of life in health will be purely biological dynamics, and our study of it in sickness, biological dynamics, and the study of its function, physiological dynamics, and of the mind psychological dynamics, and the study of its symptoms (disease) as pathological dynamics, and the study of the forces (reme-

dies) by which we restore harmony in the disturbed life forces (therapeutics) pathopoëtic dynamics; so that life, while it is to be studied from the standpoint of all the sciences mentioned, it is to be studied from the standpoint of dynamics only.

Now in conclusion. You see that one of the great differences between the Hahnemannian school of Homeopathy and all other schools of medicine is in the difference of their conception of life. We start from entirely different premises. The dominant schools, starting from matter, inert, life as a chemical process working in and through matter, building up their speculations from anti and post-mortem examinations, from physical and chemical data, with no knowledge of a vital force or its modifications upon the organism, life force, they expel from their physiologies and from their schools, never thinking that without these life forces pathology cannot be called the reverse of physiology, for if physiology is the study of normal function pathology is the study of abnormal function; and as physiology is true function pathology is bad or morbid function, both the results of the workings of the life forces, the former is harmony, the latter out of harmony. The former fulfilling the purpose for which the organism was created, the latter hindering or destroying that purpose. Paragraph 9 of *The Organon* clears all doubts from our minds on this subject. The life force when in harmony governs the organism, develops, repairs, maintains, which is health; a disturbance of which is disease, which is fully revealed by symptoms, and if the pathogenesis is dynamic then the pathopoësis must be dynamic. All these mysteries might yet have remained mysteries had not Hahnemann revealed them to us, and we still be searching among the clods of materialism. But if we would only come to the knowledge of the light we have had revealed to us through Hahnemann, these things would no longer remain a mystery to us, for the revelation is made known through the study of the law. The

great inhibitory forces that governed the motions of the whole sidereal universe had remained a mystery had not Newton worked it out in the philosophy of the falling apple, and when gravitation was made known the mystery of the complex motions of the spheres was made known. Old King Solomon could have explained the way of the eagle through the air or the way of the serpent upon the rock had he known gravitation; so we might say of medicine to-day, how can men believe in Homeopathy who know not the law, and how can they believe in potency who have not studied minimum force in its action upon matter. No wonder they cannot harmonize their molecular theory, which belongs to chemistry and not to that dynamic law of life which not only governs all life, but the action of the highest potency ever made by mortal man.

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## HOMEOPATHY, THE LAW OF CURE AND THE BASIS OF A TRUE PSYCHOLOGY.

J. W. THOMSON, M. D., AUTHOR OF "THE PHILOSOPHY OF HOMEOPATHY."

For many reasons people see things differently. Truth is many-sided. Like the two sides of the shield unlike views may be partial rather than inaccurate. Still there must be a broad line of demarkation between truth and error. It is to be regretted that there should be ideas advanced in your article on "The Artistic Spirit in Medicine" \* that seems to me to belong to the latter category, and thus not in line with pure Homeopathy. You say on page 11, "There is something admirable even in disease." I have never been able to discover it. My thought has always been how best to get rid of the disorderly incubus. If you were called to a patient and

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\* See "The Artistic Spirit in Medicine," by Stewart Close, M. D., in THE HOMEOPATHIC PHYSICIAN for January, page 9.

said you found something so "admirable" in certain phases of the disease that you would recommend the patient to retain at least a part of the disease, and you would endeavor to cure the remainder, this would be logical from your standpoint. For surely we should not try to eradicate anything we esteem "admirable."

You continue, "a symptom picture of disease \* \* \* is a thing of orderly growth and development." I maintain, on the contrary, that disease is always, in a greater or less degree, the destruction of order. Anything "orderly" or "admirable" is not in the disease, *per se*, but is the struggles of the vital force against the destructive, the diabolical negations of disease.

Disease is not, as you affirm, "a harmonious whole, giving intelligible expression to an idea." It is inharmonious, it is the distunement, it is the breaking up of the "harmonious whole" that constitutes the play, so to speak, of the life force in its tenement of flesh. Imagine syphilis, small-pox, or leprosy, "giving intelligible expression to an idea."

What you term "the growth of a picture" is not akin to the development of disease. A picture by a true artist is the thought, the expression, the interpretation of some phase or phases of nature or humanity, or perhaps the limning of some other arts and portrayed on canvas in harmony with the genius and artistic ability of the artist. The growth of the picture may be said to be "orderly," the result "admirable." There are, fortunately, many of these *chefs d'oeuvre* sacredly preserved, and whose destruction would be looked upon as calamitous. On the contrary, "a symptom picture" is something that the true physician strives to exterminate as speedily as may be, and that the patient earnestly desires to be freed from—if he be in his right mind—or if pain and suffering have not made him desirous to shuffle off this mortal coil, and reach that bourne "whence no traveler returns."

I much question if there be such a manifestation as a "nat-



ural symptom picture." Disease—as I have intimated—is disorderly, it is the negation of health. Its tendency is to destroy all that is most to be desired. The true natural state and condition is health; disease being abnormal is, therefore, unnatural. When health is restored we have the natural condition. There cannot be "consistency, coherency, and character" in disease, because disease rends, deprives of beauty, strength, symmetry. We might as well speak of "consistency, coherency, and character" in a lie, which is the negation of the truth, as disease is the negation of health. Evil and false, whether in the physical or moral world, would bring chaos, and must be kept in subjection by the good and true, otherwise they would o'errun all bounds and cause universal desolation.

On page 15 you say, "unprejudiced study of the phenomena of hypnotism, telepathy, spiritism, mental suggestion, 'mind cure,' 'Christian science,' 'faith cure,' hysteria, and psychic phenomena in general by men of high attainments and true scientific spirit, has done more to advance the science of psychology in the last ten years than in a century before." Then you continue, "all this is fertile and productive ground for the Hahnemannian, for it familiarizes him with the phenomena and laws of the human mind, and enables him to make a better examination of his patients." How all this can help the Hahnemannian I fail to see. If all your laudation of these things were true, which it is not, they would be of no more use to Homeopathy than to mathematics or chemistry. Homeopathy, like all other sciences, stands on the broad foundation of its own principles, philosophy, and practice. Its facts were first discovered. I open Bohn's edition of *Bacon's Physical and Metaphysical Works*, 1886, and from page 184 extract the following: "Celsus, a wise man, as well as a physician, gravely and ingenuously acknowledges that medicine and cures were first discovered, and the reasons and causes of them discovered afterwards, not that

causes, first derived from the nature of things, gave light to the invention of cures and remedies." It is built upon facts. Homeopathic facts and none others. The facts of the provings must agree with the facts of the symptoms. In all other so-called systems of medicine there is doubtless room for imagination, in Homeopathy it is the facts, and the facts alone, that are indispensably necessary.

I do not believe that one human being ought voluntarily, or be made involuntarily, to subject his mind to the will and consciousness of another, either by hypnotism or any other way. In the case of painful operations the use of anesthesia does not subject the patient's mind to the will and mind of another. It is temporary unconsciousness. Yet sometimes the patient is subject to hallucination; therefore, and for other reasons, there ought always to be at least one witness in addition to the operator. Albert Noll, of Berlin, an authority on hypnotism, says: "The subject is completely without a will of his own." Has any one the right to assume such responsibility? I trow not. There are moral questions superior even to the attainment and conservation of health. I read in a New York paper that a hypnotist, Prof. Ferris, at Hamilton, Ont., on May 12th last, put Fred Smith under the influence, placed him in a coffin, and buried him in a vacant lot, with a ventilating shaft leading to the grave. Poor Smith was to have been kept under the diabolism—I beg pardon, under the hypnotic charm—for three days. After the burial, people surrounded the grave. The poor victim could be heard crying: "For God's sake let me out of here." Willing hands quickly unearthed him. The Professor explained that Smith had not been sufficiently hypnotized. It would be too horrible a punishment to put Prof. Ferris in the same grave for three days, of course sufficiently hypnotized, and I do not believe in the Delaware law of corporal castigation, yet I would be willing for this time only to make an exception in favor of Prof. Ferris, upon condition that the cat-o-nine-tails was administered so severely to his bare

back that he would remember it for the term of his natural life. Now do not mistake me about Prof. Ferris. My thought is purely a judicial one. If he could be persuaded that his course of conduct was all wrong and give up the hypnotic craze for wholesome studies, the true purpose would be gained. The truth is before everything. With many, if their personal ends and preferences are served, that seems to be all they care for. All I contend is that this moral turpitude, this cold-blooded scoundrelism in the name of science, ought to be put an end to. They are experimenting with hypnotism on patients in some of the allopathic hospitals, some are also striving to make their patients' ailments agree with their theories on antitoxin. Procrustean like, they endeavor to make therapeutics adapt itself to their peculiar views. All this is in line with their ideas of the "true scientific spirit," but it has not anything in common with the Homeopathy of Hahnemann.

Now, with reference to "Christian science." Mrs. Mary Baker E. Eddy, in preface to *Science and Health*, page xi, says: "Many imagine that the phenomena of physical healing in Christian science presents a phase of the action of the human mind, which, in some unexplained way, results in the cure of sickness. On the contrary, Christian science rationally explains that all other pathological methods are the fruits of human faith in matter, in the workings not of spirit, but of the fleshly mind, which must yield to science." It is to be observed that "Christian Science," according to Mrs. E. is "physical healing," that it is a "pathological method," is the "workings" of the "fleshly mind." Is it not a revelation that the "mind" is "fleshly"? "Fleshly mind." Is not this crass materialism in the name of Christianity and science? It might be suggested that therapeutical and not pathological would be the correct term in this connection. But that may "be a delusion of the 'fleshly mind,' which must yield to science."

How opposed to the teachings of Hahnemann this "phys-

ical healing” and “fleshly mind” business is may be shown by a quotation from *The Organon*. In note to paragraph 31 Hahnemann says: Diseases “are not mechanical or chemical changes of the material substance of the body, that they do not depend upon a morbid material principle, and that they are solely spiritual and dynamic changes of the animal economy.”\*

Preface, page xii, is the following: “Note—the author takes no patients, and declines medical consultation.” May we not say in the language of Shakespeare:

“O, most lame and impotent conclusion.”

It was not thus that Hahnemann promulgated the law of cure he discovered. It was by relieving and curing the sick. He fought with the fire of love and the sword of truth, and he left the knowledge of the law a heritage to the human race.

On page 39 is written: “The schools have rendered faith in drugs the fashion rather than faith in Deity.” In common with many other benighted mortals I have had the thought that faith, born of the knowledge of the uses that the Deity has implanted in drugs does not mitigate against faith in Him. But it appears to be only a matter of “fashion.”

Then on page 42, “Physiology exalts matter and dethrones mind, and pretends to rule man by material law instead of spiritual,” and again, “Medicine is not a science, but a bundle of speculative human theories.” There is no explanation of how mind is dethroned and matter exalted by physiology. Law is not inherent in matter. All laws act upon matter. Thus it is the life force that acts upon the body, keeping it

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\* Microbiology, the modern craze, puts effect for cause; to the low forms of life that are the result of disease and death of tissue are assigned the rank of producers of abnormal conditions, which is equivalent to saying that the blow-flies on the dead horse were the cause of his demise.

in health by the orderly performance of all its functions. These functions we call physiology. When the life force leaves the body it becomes subject to chemical law. Physiology, then, is the action of the life force on the body as a whole, and upon all the component parts thereof. It is the universal enthronement of the mind throughout the body.

That Homeopathy is included in the medicine which is not science is shown on page 46: "But the drug is attenuated to such a degree that not a vestige of it remains. Thus we learn that it is not the drug which expels the disease, or changes one of its symptoms." Thus, according to *Science and Health*, homeopathic practitioners are either deceivers or themselves deceived, knaves or fools. And this is one of the things that you think "has done more to advance the science of psychology in the last ten years than in a century before." The author of *Science and Health* takes a diametrically opposite view of the value of spiritism that you entertain. Thus, page 237, she says it has "no scientific basis or origin in principle, and having no proof or power outside of human testimony or belief, etc." Is it not a legitimate inference that Christian science has something to offer "outside of human testimony and belief," and also that modern spiritualism has, not as you suppose, added anything to our knowledge of psychology? There are places in this book in which the author seems not only to have drawn largely upon her imagination, but even to have lapsed into incoherency.

Reverting again, for a moment, to hypnotism, what true knowledge could ever be gained by "gazing at the tip of the nose" until you are insensible. How any rational being could be led away by such idiotic drivel seems beyond comprehension. You will find more true psychology in *The Genius of the Homeopathic Healing Art*, by one Dr. Samuel Hahnemann, published in 1833, than in all that has been brought to light since.

Again Homeopathy is the true "mind cure," all others are

sporadic or ephemeral. Homeopathy answers affirmatively the question propounded by Avon's bard:

"Canst thou minister to a mind diseased?"

Of course we are not now speaking of what may be accomplished by a pure, healthy mind, and well-regulated life in warding or throwing off disease, yet, even in such case, Homeopathy will be of use because it is God's law of cure.

159 W. 48th St., New York City.

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## THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The eighteenth annual meeting of the International Hahnemannian Association was held in the International Hotel, at Niagara Falls, New York.

The first meeting was on Tuesday, June 29th, at 11 A. M., and was called to order by the President, Wm. P. Wesselhoeft, M. D., who then read an excellent and eloquent address that was truly homeopathic in every sense, and to the point for which the Association was formed. The President's address was strongly applauded by the members present.

The report of the Corresponding Secretary, Mary Florence Taft, was then read by Dr. Case. Dr. Taft was not present, owing to severe illness in her family. Dr. Taft reported having written to numbers of foreign members, and as a result two very valuable papers had been received. She quoted part of one from Eleanor L. Blonde, M. D., entitled, "Skin Diseases in the Hawaiian Islands." The remainder of this interesting paper was read at a later meeting under the report of Bureau of Clinical Medicine.

The Necrologist, S. T. Guild Leggett, M. D., sent her report, announcing the deaths of Dr. John Hall, Toronto, Canada; Dr. Alva Harvey, Springfield, Mass.; Dr. Stephen

A. Seward, Syracuse. The Secretary then read letters of resignation from Drs. G. H. Clark, Leslie Martin, and W. E. Ledyard. These resignations were not accepted. Drs. Ledyard and Martin were by a unanimous vote placed on the list of honorary Seniors, and the Secretary was requested to write to Dr. Clark, urging a reconsideration of his decision.

Two new members were proposed, Dr. Rita M. Langton for regular membership, and Dr. Jos. E. Fitzsimmons associate member; both were elected.

The Treasurer being absent, his report was deferred.

Morning, afternoon, and evening sessions were held, and full and interesting reports were read from the various bureaus.

The closing session was held Thursday, July 1st, at 3.30 P. M. Dr. Thomas M. Dillingham was elected President for the ensuing year. Dr. Alice B. Campbell Vice-President, Dr. Case Secretary, and Dr. Powell Treasurer.

Among the doctors present were: C. M. Boger, W. Va.; Dr. Annie Lowe Geddes, J. Henry Allen, James B. Bell, Thomas M. Dillingham, Henry W. Pierson, B. L. B. Baylies, D. C. McLaren, Allen B. Carr, S. F. Shannon, H. C. Allen, L. A. L. Day, T. Dwight Stow, Alice Campbell, Montague Levenson, W. M. James, and the venerable Dr. Arthur Fisher, from Montreal.

It was a feast of reason and a flow of soul. The meeting adjourned with the best feelings of fraternal brotherhood among its members, and those who were there were very glad they came, and those who did not have cause to regret, repent, and appear at next year's meeting.

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THE place of meeting of the International Hahnemannian Association has not yet been chosen. It is proposed to make this meeting most interesting and profitable. Let all come—old members, new members, and former members. You won't regret *coming*.

## THE NEW YORK HOMEOPATHIC UNION.

The regular monthly meeting of the New York Homeopathic Union was held at 62 West Forty-ninth Street, New York, Thursday evening, June 17th, 1897, the President, Edmund Carleton, M. D., in the chair.

Members present: Drs. Clark, Clock, Finch, Wilcox, and Young. Dr. Stanton was obliged to go early, and left his paper, on "Dysuria," to be read by the Secretary. (This paper will be found at the end of this report.)

Reading and comment upon the "Defense of *The Organon*" was continued to the foot of the seventy-ninth page. The hour of 9 P. M. having arrived, the defense was then laid aside, and the meeting became clinical.

Dr. Wilcox related the history of a case of urinary calculus, which had come under her personal observation. The patient was a man of full habit, who had passed through the Morphine experience in four previous attacks, usually requiring about twelve hours each to stop the pain. His wife appeared at the Doctor's office in the night, begging for the immediate injection of Morphine, so terrible was the suffering. It was only by promising relief in half an hour that reluctant assent could be gained from man and wife to the employment of Homeopathy instead of allopathy. Flushed face; screaming and tossing; cramping pains in region of left kidney, coming in paroxysms of terrible severity. These were sudden in coming and going. Continuous hard pain between the paroxysms. Belladonna cm (Fincke), was dissolved in water and given in repeated doses—the second five minutes after the first, and the third ten minutes after the second. Dosed for about ten minutes and awoke in terrible paroxysms of pain, which lasted seven minutes. Another dose was given. Before the hour was up patient went to sleep, and two hours after was reported still sleeping. Awoke



free from pain. Medicine discontinued. Next day he went down-town to business, forgetting, by the way, to save the urine for inspection. Undoubtedly the customary exodus of gravel took place. It was a rainy day, and he got wet. The following midnight he awoke with a dull pain, which lasted less than an hour and has not returned. Owing to indigestion and constipation three days later he received a dose of Nux-vomica. There was no further complaint.

Dr. Young had had a similar case, cured with Belladonna. He was fortunate enough to get the specimen of gravel that passed, which was angular and sharp, about the size of a squirrel shot. He believed that Belladonna was the remedy generally indicated in these cases.

Dr. Finch agreed to this proposition, and added that the same remedy was frequently of service in pains produced by sounding. The long, red radish is said to have dissolved stone.

Dr. Wilcox asked if anything could be done between attacks to head them off.

Dr. Carleton said that all symptoms existing between the attacks should be sought with diligence and studied carefully, as they are as valuable in cases of calculus as the symptoms of the apyrexia are in cases of intermittent fever. Hahnemann has shown how important they are, and all of us, no doubt, have proved by experience the truth of his statement.

Dr. Young observed a case that had been under the care of many physicians. They all had treated her for calculus. She had taken much Opium, Calomel, and Quinine, besides the waters of Carlsbad, and all that sort of thing. After a while jaundice developed, and a sore spot over the gall bladder. She was yellow a long time. Patient was fretful and easily made to cry. The attacks came on at night, with sore throat, sore and sensitive stomach and gall-bladder. Radiating, shooting pains, worse when lying, better from

motion; loose, green stools, worse at night. Pulsatilla cured.

Dr. Clark said that he prescribed for one case of calculus to the best of his ability, upon indications, for eighteen hours, but unsuccessfully. Then he gave Morphine until the stone passed. It was of the uric acid variety. No uric acid had been found in the urine. The next case was relieved with Berberis. Stone not found. The third case was brought on by drinking cider. Patient was doubled up with colic, which was somewhat relieved by hard pressure. Colocynth relieved. Sharp stone, about the size of the head of a pin. His fourth case was complicated with heart and intestinal troubles, and had been the subject of a number of previous attacks of stone. All the symptoms led him to give Nuxvomica, which relieved. No stone was recovered. He has never succeeded in getting so speedy relief as he would like, with the indicated remedy alone. He considers the waters of Contrexeville, France, the best for dissolving uric acid calculus (only). Between attacks he studied Berb., Lyc., Osmium, Sepia. He called attention to a kidney that had been extirpated, containing eighteen uric acid stones. No previous symptoms of uric acid had been seen.

Dr. Clock reported the case of a boy of twelve, who used to wet the bed at night and then awake crying with pain. Consulting Lilienthal for nocturnal enuresis, she found Equisetum to have the pain symptom described. The materia medica showed a correspondence with all symptoms of the boy with those of Equisetum. The two hundredth cured. A man over fifty years of age had frequent attacks of renal colic. These were treated allopathically with Morphine, each succeeding time with larger doses. He had great dread of the attacks, and decided to try Homeopathy. A red-faced man, of full habit, heavy drinker and high liver, had taken many strong drugs, and said that no small doses would help him. Pains dreadful; yelling and tossing about; sand in

urine; pain along ureters, while sand and urine passed. Nuxvomica, two hundredth, cured.

It being 10 o'clock the remaining papers, with discussion thereon, were postponed to the next meeting.

Adjourned to the third Thursday in October, the next regular meeting, as the Union does not meet in July, August, and September.

EMMA D. WILCOX,  
*Secretary.*

## DYSURIA.

LAWRENCE M. STANTON, M. D., NEW YORK.

This case of painful micturition occurred in a young married woman.

Besides the pain experienced the urine contained a great quantity of mucus, but I do not remember that there was any pus present.

There was no fever, and there were no general symptoms, such as one would expect to find in a pronounced case of cystitis. But whether the case be called one of cystitis or dysuria, the homeopathic remedy cured it.

Urination was very frequent, and about one tablespoonful was voided each time, with severe pain just at the close of the act. The pain was "very low down," so probably at the mouth of the urethra.

In Allen's Boenninghausen's *Pocket Book*, under "Trouble at the Close of Micturition," are these remedies: Bry., Canth., Equisetum, Mez., Petrol., Phos., Sars., Sulph. Consulting the materia medica the symptoms under each of these remedies are as follows:

*Bry.* I have not been able to find any symptom occurring at the close of micturition under this remedy.

*Canth.* Burning at the end of scanty urination. Frequent micturition of scanty watery urine at first, with pain, and

toward the close with cutting. Frequent urging, with scanty urine, and toward end of micturition pressing pain in base of urethra extending to orifice.

*Equisetum-hyemale.* Dysuria of women, with extreme and frequent urging to urinate, with severe pain, especially immediately after urine is voided.

*Mes.* Biting burning in forepart of urethra at close of micturition.

*Petrol.* Cutting in neck of bladder, at the beginning and close of micturition.

*Phos.* At close of micturition and after it, a smarting pain in glans.

*Sars.* Much pain at conclusion of passing water, almost unbearable.

*Sulph.* Cutting, as if the urine were acrid, at close of micturition and afterward.

On account of the pain being severe, but not of the cutting, burning, smarting variety, as under the above remedies, *Sars.* excepted, and because of the mucus in the urine, I decided upon *Equisetum*, and gave a dose of the 10M. (F.) potency.

Improvement began at once, and recovery was rapid and complete.

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The following indications are found in the editor's notebook, and might be added to the foregoing:

*Sepia.* If the desire to urinate is not at once satisfied, a spasm occurs with trembling and shivering.

*Sulphuric-acid.* If the desire to urinate is not soon satisfied there is pain in the bladder.

*Causticum.* After urinating, smarting as if from salt in the pudendum.

*Phytolacca.* Pain in the region of the bladder before and during urination.

## STUDY OF THE AMERICAN MEDICINAL FLORA.

The Sub-Commission of the Pan-American Medical Congress appointed to study the medicinal plants of the United States has entered into an association with the Smithsonian Institution for that purpose. The attention of our readers is called to the respective circulars issued by these organizations, which we print below:

SMITHSONIAN INSTITUTION, WASHINGTON, D. C.

MAY 28th, 1897.

*Dear Sir.*—The Smithsonian Institution has undertaken to bring together all possible material bearing on the medicinal uses of plants in the United States. Arrangements have been made with a body representing the Pan-American Medical Congress, the Sub-Commission on Medicinal Flora of the United States, to elaborate a report on this subject, and the material when received will be turned over to them for investigation.

The accompanying detailed instructions relative to specimens and notes have been prepared by the Sub-Commission.

All packages and correspondence should be addressed to the Smithsonian Institution, Washington, D. C., and marked on the outside "Medicinal Plants, for the United States National Museum."

Franks which will carry specimens, when of suitable size together with descriptions and notes, free of postage through the mails, will be forwarded upon application. Should an object be too large for transmission by mail the sender is requested, before shipping it, to notify the Institution in order that a proper authorization for its shipment may be made out.

Respectfully,  
(Signed) S. P. LANGLEY,

*Secretary.*

## INSTRUCTIONS RELATIVE TO MEDICINAL PLANTS.

The Pan-American Medical Congress, at its meeting held in the City of Mexico in November, 1896, took steps to institute a systematic study of the American medicinal flora, through the medium of a general commission and of special sub-commissions, the latter to be organized in the several countries. The Sub-Commission for the United States has been formed, and consists of Dr. Valery Havard, U. S. A., Chairman; Mr. Frederick V. Coville, Botanist of the U. S. Department of Agriculture; Dr. C. F. Millspaugh, Curator of the Botanical Department of the Field Columbian Museum, Chicago; Dr. Charles Mohr, State Botanist of Alabama; Dr. W. P. Wilson, Director of the Philadelphia Commercial Museums, and Prof. H. H. Rusby, of the New York College of Pharmacy. This Sub-Commission solicits information concerning the medicinal plants of the United States from every one in a position to accord it. The principal points of study are as follows:

1. Local names.
2. Local uses, together with historical facts.
3. Geographical distribution and degree of abundance in the wild state.
4. Is the plant collected for market, and if so,
  - (a) At what season of the year?
  - (b) To how great an extent?
  - (c) How prepared for market?
  - (d) What is the effect of such collection upon the wild supply?
  - (e) What price does it bring?
  - (f) Is the industry profitable?
5. Is the plant, or has it ever been, cultivated, and if not so give all information on the subject, particularly as to whether such supplies are of superior quality, and whether the industry has proved profitable.

6. If not cultivated, present facts concerning the life history of the plant which might aid in determining methods of cultivation.

7. Is the drug subjected to substitution or adulteration, and if so, give information as to the plants used for this purpose.

While it is not expected that many persons will be able to contribute information on all these points concerning any plant, it is hoped that a large number of persons will be willing to communicate such partial knowledge as they possess.

It is not the important or standard drugs alone concerning which information is sought. The Sub-Commission desires to compile a complete list of the plants which have been used medicinally, however trivial such use may be. It also desires to collect all obtainable information, historical, scientific, and economic, concerning our native and naturalized plants of this class, and to that end, invites the co-operation of all persons interested. Poisonous plants of all kinds come within the scope of our inquiry, whether producing dangerous symptoms in man or simply skin inflammation, or, as "loco-weeds," deleterious to horses, cattle, and sheep. In this respect, the general reputation of a plant is not so much desired as the particulars of cases of poisoning actually seen, or heard from reliable observers. It is believed that much interesting knowledge can be obtained from Indians, Mexicans, and half-breeds, and that, consequently, Indian agencies and reservations are particularly favorable fields for our investigation. Such knowledge will be most acceptable when based upon known facts or experiments.

In order to assist in the study of the habits, properties, and uses of medicinal plants, the Sub-Commission undertakes to furnish the name of any plant-specimen received, together with any desired information available.

Owing to the diversity in the common names of many

plants it will be necessary for reports, when not furnished by botanists or others qualified to state the botanical names with certainty, to accompany the same with some specimen of the plant sufficient for its identification. While the Sub-Commission will endeavor to determine the plant from any portion of it which may be sent, it should be appreciated that the labor of identification is very greatly decreased, and its usefulness increased, by the possession of complete material, that is, leaf, flower, and fruit, and in the case of small plants, the underground portion also. It is best to dry such specimens thoroughly, in a flat condition under pressure, before mailing. While any convenient means for accomplishing this result may be employed, the following procedure is recommended: Select a flowering or fruiting branch, as the case may be, which, when pressed, shall not exceed sixteen inches in length by ten inches in width. If the plant be a herb two or three feet high, it may be doubled to bring it within these measurements. If it possess root leaves, some of these should be included. Lay the specimen flat in a fold of newspaper and place this in a pile of newspapers, carpet felting, or some other form of paper which readily absorbs moisture, and place the pile in a dry place under a pressure of about twenty to thirty pounds, sufficient to keep the leaves from wrinkling as they dry. If a number of specimens are pressed at the same time, each is to be separated from the others by three or four folded newspapers, or an equivalent in other kinds of paper. In twelve to twenty-four hours these papers will be found saturated with the absorbed moisture, and the fold containing the specimen should be transferred to dry ones. This change should be repeated for from two to five days according to the state of the weather, the place where the drying is done, the fleshiness of the specimens, etc. The best way to secure the required pressure is by means of a pair of strong straps, though weights will do. The best place for drying is beside a hot kitchen range. When dry the speci-



mens should be mailed between card-boards or some other light but stiff materials, which will not bend in transit.

It is a most important matter that the name and address of the sender should be attached to the package, and that the specimens, if more than one, should be numbered, the sender retaining also specimens bearing the same number, to facilitate any correspondence which may follow. The Sub-Commission requests that, so far as practicable, all plants sent be represented by at least four specimens.

(Signed) H. H. RUSBY, M. D.,

Chairman of the General Commission, New York College of Pharmacy.

VALERY HAVARD, M. D.,

Chairman of the Sub-Commission, Fort Slocum, Davids Island, New York.

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## CALCAREA AND THE PROTEINS.

NEW YORK, June 23d, 1897.

EDITOR THE HOMEOPATHIC PHYSICIAN.

In your editorial upon "Calcarea Carbonica," page 145, vol. XVII (May number), you give the usual "reason" for not prescribing Calc-carb. as a food, viz., that it must be combined with the proteins before it can be assimilated.

I am not able to accept this reasoning.

Gelatine sugar is able to combine with both acids and bases, which, when insoluble in water, become soluble by combining with the gelatine sugar of the blood or the albumen of the lymph (see Dr. Hensel's *Macrobiotic*, page 29).

Hence the lymph which contains gelatine sugar may select mineral substances from the food, transport them *in solution* to the parts where required, and there deposit them as the gelatine sugar combines with acids or the hydrocarbon becomes oxidized.

Hence while Calc-carb. should be given as a drug only when indicated by the law of *Similia*, I can see no objection and probably a positive gain in giving it as food in cases where it is evidently deficient—*c. g.*, rickets.

M. R. LEVERSON.

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### BOOK NOTICE.

ORGAN DISEASES OF WOMEN; NOTABLY, ENLARGEMENTS AND DISPLACEMENTS OF THE UTERUS AND STERILITY, CONSIDERED AS CURABLE BY MEDICINES. By J. Compton Burnett, M. D., author of "Tumors of the Breast," etc. Philadelphia, Boericke & Tafel, 1897. Price, cloth, \$1.00; by mail, \$1.05.

The author of this small volume is well known to the homeopathic profession by his numerous monographs on various medical subjects, mainly, as showing the curability of certain diseases hitherto regarded as totally incurable, or else as amenable only to operation.

The cases given in these different volumes show Dr. Burnett to be a very remarkable physician even for a homeopathist. He certainly accomplishes results that few other men attain. The volume now before us increases, if anything, the lustre of his achievements, and gives strong encouragement to the beginner in the new school of practice to emulate him.

He denounces the pessary, shows its uselessness, and demonstrates the proper way of treating conditions for which the pessary is usually prescribed, and gives the names of the best remedies for it.

He emphasizes his own method of treatment by citing a case of prolapsus cured by a clergyman, who was an amateur homeopathist, with *Sepia*. He laughs at allopathic opposition and skepticism, and declares that "The opinion of allopaths on the value of Homeopathy are nothing but spiteful splutter, vulgar and nasty."

After the delivery of this opinion he proceeds to the narration of triumphant results of homeopathic treatment of barren women, who thereafter had children, as desired.

In these cases he gives *Cedron* where mental excitement seems to bring on the menses, and with it the patient complains of coldness in the abdomen. This is the keynote, apparently, for *Cedron*.

Vigorous denunciations of the subterfuges resorted to for the prevention of conception are indulged, and the consequences, especially enlargement of the uterus, pointed out. In these cases of enlargement of the uterus, if he finds enlargement of the spleen, he gives *Urtica-urens*.

For enlargement of the uterus his principal remedies are *Bellis-perennis* and *Fraxinus-Americanus*, and they certainly give marvelous results. He admits that his giving of these medicines in these cases is mostly on the principles of Organopathy, and then he defends Organopathy, and claims it to be a valuable appendix to Hahnemann's teachings. His directions for the application of Organopathy are thus stated: "Where the organ-ailing is primary to the organ, use organ remedies, in little material doses, frequently repeated; where the organ-ailing is of a piece pathologically with that of the organism, use the homeopathic simillimum in potency, infrequently repeated." "That is how I work," he adds, "with much satisfaction and delight at the curative results so obtained."

The author's favorite remedy for morning sickness is *Medorrhinum*. "No case of severe vomiting in pregnancy," he says, "should be given up as hopeless unless *Medorrhinum c.* and *cc.* in very infrequent dose has been tried. In my experiences no other *one* remedy meets such a large percentage of these cases curatively."

*Triticum-repens* is his great remedy for painful urination. Injections into the vagina he denounces, and declares that no constitutional diseases of the womb and ovaries are ever cured by operations.

In view of his remarkable clinical results, he is quite strongly fortified in the position he takes, in which he will be warmly indorsed by every sincere homeopathist.

With this short statement of some of the salient points of the little volume, we commend the book to the careful perusal of the reader, with the suggestion that if he have similar cases he may find in its pages a helpful suggestion.

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## NOTES AND NOTICES.

DR. H. P. HOLMES, of Omaha, Nebraska, was married at high noon of June 17th, 1897, to Miss Lulu A. Mooney, at the home of the bride, Fremont, Nebraska. The happy couple will take up their residence at Oregon, Illinois, the home of the Doctor in his boyhood, and there the Doctor will resume the practice of medicine. We wish him much joy and happiness.

"THE OPEN COURT," June number, has for frontispiece a handsome portrait of Pythagoras, with an article upon his life. Other articles are: "The Department of Police as a Means of Distributing Charity;" "Historical Sketch of the Jews since the Captivity," and "The Immortality of the Anti-Vivisection Movement." Single copies, 10 cents; annually, \$1. The Open Court Publishing Company, Chicago.

GOVERNOR STEPHENS, of Missouri, is not afraid to speak out. Not long ago he appointed homeopathic physicians over one of the State's asylums for the insane. The following, from the *New York Sun*, well shows

the effect on the allopaths and the plucky Governor's reply to that effect:

### AT WAR WITH THE DOCTORS.

#### GOV. STEPHENS AND THE ALLOPATHIC SCHOOL SEEM TO BE AT SWORDS' POINTS.

JEFFERSON CITY, Mo., May 6th.—Gov. Stephens was asked to-day what he thought of the resolutions adopted by the Linton District Medical Society at Mexico, Mo., on Wednesday, in which he was censured for placing the Fulton Lunatic Asylum under the control of the homeopathic school. He said:

"These resolutions remind me of some adopted by some gentlemen who met, not many years ago, on a noted occasion. They resolved—'first, that this country is for the Lord's people; second, that we are the Lord's people, and therefore the earth and the fullness thereof is ours, and we shall govern ourselves accordingly.'

"The allopathic physicians are not talking about me any more bitterly than they are about themselves, and if they can stand it, I am sure I can. I never saw any two of them in my life agree upon any one proposition, with the exception that they despise the homeopathic school and all those who differ from them. I was elected on a platform which promised equal rights to all and special privileges to none. I will say that, while it is not my intention to make any threats, if the allopathic doctors continue to amuse themselves by passing slanderous resolutions against me because of this action I will be forced to turn over, instead of one institution to the homeopaths, every institution in the State to them within the next two years."

Gov. Stephens will not lack provocation to execute his threat. Tonight the Central District Medical Society of Missouri and the Southeast Missouri Medical Association passed caustic resolutions declaring that the Governor had prostituted his high office to base purposes, and characterizing him as a disgrace to the State.

What gorgeous inquisitors these irate doctors would make if they had the power!—*The Homeopathic Envoy*.

"THE INTERNATIONAL JOURNAL OF SURGERY" will be sent to any subscriber for one year, beginning with the June number, and payment may be made any time before December 31st, 1897. Address International Journal of Surgery Company, 106 and 108 Fulton Street, New York.

E. B. TREAT & Co., publishers of so many of the books reviewed in the pages of THE HOMEOPATHIC PHYSICIAN, have removed to a new building, 241 and 243 West Twenty-third Street, near Seventh Avenue, New York. Messrs. Wm. H. and Edwin C., sons of Mr. E. B. Treat, are herewith admitted to membership.

## CHRONIC GASTRITIS.

Prof. H. T. Webster, M. D., of San Francisco, in a recent publication, discusses chronic gastritis and its treatment. After a careful *resume* of the etiology and pathology of the affection, and an enumeration of the symptoms attending it, he says, in speaking of the diagnosis:

"The use of the stomach-tube will afford the best means of diagnosis. If siphonage be practiced an hour or so after eating, hydrochloric acid will usually be absent, and lactic acid, associated with fatty acids are present with a large quantity of mucus. If siphonage be practiced seven hours after eating, undigested food will be found still remaining in the stomach, while in cases of functional dyspepsia it will have disappeared. Malignant disease will be excluded by lack of cachexia, absence of perceptible tumor upon palpation, and by the character of the material vomited, coffee ground material soon appearing in cancer. In gastric ulcer, a diagnostic feature is frequent hematemesis."

He believes that if a proper diet be pursued and rational medicinal treatment be employed, almost every case of chronic gastritis will improve readily, unless it be complicated by gastric carcinoma, gastric ulcer, or hepatic, renal or pulmonary disease. His treatment consists in lavage, disinfection, and cleansing of the viscus with hydrozone. Lavage should be practiced every morning before eating, a small quantity of water (a pint) being used at first, which should be increased to two or three quarts as the treatment is carried on. The water should be warm (98.6 degrees F.), and solutions containing Glauber's salt, asepsin, or boracic acid are often useful. Regarding the use of hydrozone in this affection, he says:

"The introduction of hydrozone as a remedy in this condition was an innovation of remarkable value. A drachm of Marchand's hydrozone, added to four ounces of boiled water, and drunk while the stomach is empty exerts a powerful influence in dissolving and removing the tenacious mucus, destroying microbic elements of fermentation and stimulating normal action in the diseased mucous surface. The best results follow its use in the morning, before breakfast, the patient taking it while in bed, and remaining on the left side for ten minutes before rising. It may be taken oftener, but once a day may suffice, and it is advantageously used in this manner after the practice of lavage.

"The hydrozone may at first produce acid sensations in the stomach, but as the irritated gastric surface improves in tone under its influence, this will pass away and sensitiveness to its action will subside. Where necessary, the amount of hydrozone may be reduced until the stomach becomes more tolerant to it.

"The important step in chronic gastric catarrh, as in catarrh of all other mucous cavities, is the cleansing of the part from the ropy mucus, which clogs the glandular organs, and serves as a nidus for the operation of agents of fermentation. Glycozone in teaspoonful doses, diluted with water, administered after meals prevents fermentation of food and accelerates a cure.

"If the treatment outlined above be properly carried out, the writer believes that little more is necessary, for with the removal of morbid accumulations the gastric secretions will become normal in quantity and quality. Hydrochloric acid, administered internally, may in some cases do good, as also the bitter tonics, but their place is secondary to the use of the stomach-tube and the disinfection of the mucous membrane of the stomach with hydrozone."—*New England Medical Monthly*.

ANTI-COMPULSORY VACCINATION DINNER.—The Anti-Vaccination Society of America sent cards of invitation to a dinner, held at Lantelme's Hotel, Union Square, New York City, on Wednesday, June 16th, 1897. The object of the above was to celebrate a victory gained in the Illinois Senate which refused to make a law for compulsory vaccination. Also the victories in the Supreme Court in Wisconsin and Illinois. In each case the Supreme Court gave a verdict against compulsory vaccination, and ordered the authorities to take the children into school and pay the expenses of the litigation. This directly shows that compulsion is unconstitutional, and we are thus encouraged to fight this question until our school system is freed from the trammels of these obnoxious medical theories.

In response to the invitation a large assembly sat around the table, which was well supplied with a first-class dinner that did credit to the host. Speeches were made by Dr. M. R. Levenson, Dr. Moorehouse, Mrs. Moorehouse, Mrs. Starting, Mr. E. H. Benn, Dr. E. B. Foote, E. C. Townsend, Mr. Wilson, Mrs. E. H. Bennett, and C. J. Field, of Philadelphia. Dr. Levenson, Dr. Foote, and C. J. Field made very stirring addresses, the latter reported that almost a victory had been achieved in the Pennsylvania Legislature. The bill received 97 votes, nearly enough to pass it. Special mention should be made of the efforts put forth by Dr. and Mrs. Moorehouse, who are laboring with the authorities to make it easier for the young ones in the New York schools.

C. J. FIELD,

*Cor. Sec. Pennsylvania.*

MADE INSANE BY MOSQUITO BITE.—The bite of a mosquito was the cause of a man being sent to the insane pavilion at Bellevue Hospital to-day. Carmine Lepre, a bootblack, forty-two years old, a few days ago was bitten on the hand by a mosquito. He scratched it until it bled. A few hours after the hand began to swell and continued to do so until it was almost twice its natural size. The swelling extended to the arm, and there were red streaks under the skin. The hand and arm were rubbed with liniment, but the swelling did not abate.

Lepre began to experience excruciating pains in his hand and arm, and the swelling extended to his breast. Then a physician was called in, and it was found that Lepre was suffering from blood poisoning. The doctor said that an operation would be necessary, and that probably the arm would have to be amputated. It was arranged that the hand and arm would be cut open to-day. Last evening Lepre took to his bed and began to act irrationally. He was transferred to Bellevue Hospital. This is perhaps the first case on record where a person was rendered insane from the bite of a mosquito.—*Philadelphia Evening Bulletin*, June 17th, 1897.

THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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

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Vol. XVII.

AUGUST, 1897.

No. 8.

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EDITORIALS.

CALCAREA-CARBONICA.—One of the indications for Calcarea is the open condition of the fontanelles. This makes us think, too, of Calc-phos., Silicea, Sulphur.

Sensation on the right side of the head as if a piece of ice were lying there. This is a great characteristic of Calcarea. Cold spots here and there on the body is always an indication for Calcarea. Coldness of the vertex is an indication for Veratrum. Calcarea has itching and stinging in the corners of the eyes. Painful sensitiveness of eyes, as if from a foreign body in the eyes. There is burning and cutting in eyes and eyelids.

Calcarea has agglutination of eyelids at night with redness and swelling. Aconite and Lycopodium have agglutination of the eyes at night, and watering during the day. Pulsatilla has agglutination of eyes at night, preventing the patient opening them on waking in the morning until they are washed.

Calcarea has oozing of blood from the eye and Belladonna from the ear.

Calcarea has twitching of upper or of lower eyelid. Calcarea patients are far-sighted.

(Calcarea, like Belladonna, is indicated in inflammation of ears.

Calcarea has cracking in ears when eating. It is a great remedy for polypos in the ear and in the nose. Like Belladonna, Calcarea is a great remedy for inflammation of the parotid gland.

Calcarea has inflamed, swollen, red nose, and Belladonna has erysipelas beginning upon the nose. The nose of Calcarea is dry at night and watery during the day. It is sometimes stuffed with yellow fetid pus.

Foul odor from the nose is a characteristic of Calcarea. There is entire loss of smell and taste under this remedy. Diminished sense of smell is an indication for Calcarea and for Natrum-muriaticum as well. Calcarea has pale, bloated face with blue rings around eyes. Calcarea has emaciation of the face and Natrum-muriaticum emaciation of the neck. Calcarea has eruptions on lower lip and Lycopodium on the upper lip. Calcarea has pain in face followed by swelling of the cheek. There may be swelling of the whole face.

An indication for Calcarea is swelling of upper lip, though Apis, Belladonna, Bovista, and Staphysagria have it.

Calcarea is useful in difficult dentition of children, and so is Silicea. Calcarea is indicated in fistulæ of the gums leading to the roots of carious teeth. This is similar to Fluoric-acid and Silicea. Calcarea has sour taste in the mouth with white coated tongue. Food tastes as if not salted enough. Puls., food tastes too salty.

Spasmodic contractions of œsophagus indicate both Belladonna and Calcarea; inflammatory swelling of palate, with blisters upon it indicates both Calcarea and Kali-bichrom.

Calcarea has thirst with loss of appetite. This is like Sulphur. Calcarea has hunger soon after eating. Calcarea has great desire for eggs; this is especially true in scarlet fever. The Calcarea patient is much troubled with water brash. The patient has aversion to coffee. Calcarea has nausea from



drinking cold water. It also has bitter eructations. Calcarea has pressure and cramp pain in stomach, with vomiting after dinner. This pressure is worse from the clothing bound around the waist. Nitric-acid has amelioration from tight clothing. Calcarea has enlargement of abdomen from swelling of the mesenteric glands. This is similar to Silicea and sugar. Calcarea has aggravation from drinking water of all affections of the stomach. Calcarea has white stools. Guernsey's key-note is "clay-colored stools." It is one of the most reliable indications in the materia medica. The diarrhœa of Calcarea is generally painless. Calcarea has protrusion of hemorrhoids during stool, with burning pain. Calcarea is an excellent remedy in prolapsus ani. It is indicated for burning hemorrhoids, and differs from Apis, which has burning, *stinging*, hemorrhoids. Calcarea has incontinence of urine. Calcarea is useful in polypus of bladder.

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HERING ON TYPHOID FEVER.—In the June number the editor expressed the hope that Dr. Charles B. Gilbert would yet be able to finish his intended appendix to Hering's book.

Dr. Gilbert desires the editor to request of the members of the profession to send contributions of their own clinical experience in the strictly homœopathic treatment of typhoid fever, so that he may be enabled to make the repertory as full as possible. "If we can once get the united experience of the whole profession we can have a work that will last a long time."

As Dr. Bell says in his preface to the fourth edition of his famous monograph on diarrhœa, "Homœopathy is not making that kind of 'progress' that renders a whole medical library obsolete every ten years." Hence Dr. Gilbert's desire to incorporate the "united experience of the whole profession" will have the effect of making a work of incalculable value.

## VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from page 253.)

Brigade Surgeon Dr. Wm. Nash began his testimony on the 8th November, 1889 (page 111 of the 2d report of the R. B. C.).

He stated that every recruit since 1858 was vaccinated or revaccinated, whether he was consenting thereto or not till 1883, but from that date a question was introduced into his attestation paper, "Are you willing to be vaccinated or re-vaccinated?" (Qs. 3,450-5.) If he has been vaccinated before he is still required to be revaccinated (Q. 3,457).

The "lymph" is obtained by preference from arm to arm, but not from adults nor from a revaccination (Q. 3,461). Not less than two punctures are insisted on in cases of revaccination, but "where the evidence of original vaccination is indistinct or single, three punctures will be made" (3,462).

In (Qs. 3,463-6) are explained the various measures taken to prevent the escape of a single victim. At (Q. 3,467-8) Dr. Nash hands in two tables (App. No. 8, Tables A and B, page 278, R. B. C.) showing the number of primary vaccinations and revaccinations of soldiers and recruits, and of women and children pertaining to the army and under the care of the army medical officers.

At (Qs. 3,467-3,475) Tables C and D are handed in showing the average annual strength of the army during the twenty-nine years, 1860-1888; the number of admissions into the hospitals of small-pox patients among the white troops, and the deaths in each year, together with the ratios per 1,000 in each year; also admissions and deaths from small-pox in the army in the United Kingdom, in the colonies, India, and Egypt respectively, and the ratios per 1,000 of strength.

These tables are instructive, and I should like to reproduce them, but as very few would care to wade through them an abstract, setting forth their substantial results, will probably be more interesting to the readers of *THE HOMŒOPATHIC PHYSICIAN*, though very troublesome to calculate and extract for their benefit.

From Table C we learn that during the above twenty-nine years there were 3,953 cases of small-pox among the white troops of the British army, and that 391 of them died. The yearly average strength of those troops, calculated from Table C, was 177,868, the yearly average of small-pox cases was 140 and 13.5 deaths. Thus the average of cases is .078 per cent. of strength, and the deaths .07 per 1,000 living.

But small-pox is an epidemic disease, and in 1860 the number of cases was 329, with 30 deaths, or .16 cases per cent. of strength with .15 small-pox deaths per 1,000 living. In 1861 there were 331 with 43 deaths, or .17 cases per cent. of strength, with .22 per 1,000 deaths. In 1864 there were 325 cases with 30 deaths, or .17 per cent. of cases and deaths .19 per 1,000 living. In 1871 there were 329 cases with 36 deaths, or .19 per cent. of cases with deaths .21 per 1,000 living. From Table D we learn that in India during those twenty-nine years there were 1,840 cases with 227 deaths. In the year 1861 there were 226 cases with 35 deaths, or 4,000 cases per million, and 610 deaths per million living, while in Egypt in 1884 there were 25 cases with one death. In 1885 there were 52 cases with four deaths, or 5,400 per million cases, with 420 deaths per million living, while in 1887 the cases were 4,900 per million, and 760 deaths per million living. In 1888 there were 4,200 cases per million, with 1,190 deaths per million living.

Now the whole army had been thoroughly vaccinated and revaccinated, in many cases re-re and re-re-revaccinated since the order of 1859 went into operation. Dr. Nash admits (Q. 3,542) that the army was well vaccinated, and, as he

hopes, thoroughly so; also (Q. 3,543) that it is as well vaccinated as any other part of the population, yet the incidence of small-pox in the army was very much greater than among the civil population of Great Britain, Ireland, or Scotland, greater even than among the civil population of London.

It should be remembered, too, that the army consists of men picked for health and vitality, and in the most virile time of life.

Dr. Nash, in explanation, points out (Q. 3,544) that of 39 cases in 1879, 33 (according to Table C, 32) occurred in India, and being thereupon asked by Mr. Picton (Q. 3,545), "Then does vaccination fail to protect in India?" replied, "No, I do not think so, but in India there is always a great amount of small-pox among the people." (Q. 3,546.) "But are we not right in supposing that vaccination is intended to protect against contagion?" "Yes, certainly." (Q. 3,547.) "Then it did not protect in India in this case? It did not confer perfect immunity evidently."

(Q. 3,549-52.) It was not because of any imperfect vaccination of the soldiers in India, nor was there any difference between their vaccination and that of other troops. They had all been vaccinated at home before they went to India. The explanation Dr. Nash gives for the great amount of small-pox in India is that the men are more exposed to contagion there, and (Q. 3,553) the same explanation applies to the troops in Egypt.

There is no year since 1860 in which there have been no deaths from small-pox in the British army (Q. 3,557), and in answer to the question (Q. 3,558), "Are you aware that many large populations are free from small-pox deaths for several years in succession?" he replies, "It may be so; I do not know; I have never studied the subject." And this will be found to be the fact with every advocate of the rite.

At (Q. 3,654) Dr. Nash promises to get the statistics of the small-pox attack and death-rate in the army before vac-

ination was introduced, and he afterward presented Table F (App. viii, page 279, of second report, R. B. C.) which is a "Table showing the admissions from small-pox among the troops in the United Kingdom during the thirteen years: 1847-59, together with the ratio per 1,000 of the strength."

From this table the yearly average strength of the British army is found to have been 52,786. The total of attacks was 1,555, whereof 113 died, being an annual average of 119.6 attacks, with 8.7 deaths; and this period included the entire period of the war with Russia, called the Crimean War, and the war of the Indian rebellion.

It should be remembered that every law imposing vaccination in every community where it has prevailed has been predicated on the assertion that, "What renders the cow-pox virus so extremely singular is that the person who has been thus affected is *forever after* secure from the infection of the small-pox; neither the exposure to the variolous effluvia nor the insertion of the matter into the skin producing the distemper," and "it clearly appears that this disease (cow-pox) leaves the constitution in a state of perfect security from the infection of the small-pox." (Jenner's inquiry into the cause and effects of the variolæ vaccinae.) As failure after failure proved the falsehood of this assertion, various excuses were introduced, first by Jenner himself, which led Cobbett to exclaim, "Quackery has always one shuffle left," and then following in his footsteps, by his *worthy* successors. But this experience of the British army falsifies them all!

At (Q. 3,516) Dr. Nash puts in the amended orders for vaccination and revaccination issued from the Army Medical Department 20th November, 1865, wherein is a description of the course of the disease, substantially the same with that given by Dr. Seaton (*Handbook of Vaccination*, pages 81-2).

But this description exactly describes the ulcers produced by *inoculation* from a syphilitic chancre. (See Ricord's illus-

trations of venereal disease, as arranged by Paul B. Goddard, M. D., plates II and III.)

Although "arm-to-arm" lymph has been constantly insisted on by the Local Government Board for the vaccination of the civil population of Great Britain since March, 1885, "the veterinary department at Aldershot has supplied calf lymph sufficient for all demands for carrying out vaccination and revaccination in the army" (Q. 3,466). The witness knows nothing as to the source of that lymph (Q. 3,561), but has been informed that the reports with regard to the results of using that lymph were not very satisfactory, owing, it was said, to the lymph supply not being properly arranged and being kept too long before being used. This has since been improved with satisfactory results (Qs. 3,564-6). According to the Army Medical Report for 1887 the failures in revaccination of soldiers were 280.7 per 1,000, which Dr. Nash attributes to the influence of previous vaccination, but from the same report the failures in *primary* vaccinations of soldiers and recruits were 279.4 per 1,000, and although he states that the so-called primary vaccinations may include men who had been vaccinated but had no marks he can give no further explanation (Qs. 3,570-83). This statement with regard to "men who had been vaccinated but had no marks" should be remembered when studying statistics of attacks and deaths among the vaccinated and alleged unvaccinated respectively.

Dr. Collins then turned to the Army Medical Report of 1886, where the failure of primary vaccination was 250 per 1,000, and that of revaccinations 263 per 1,000, but Dr. Nash can give no better explanation (Q. 3,584).

In the case of children the revaccinations were successful in from 750 to 850 per 1,000 (Q. 3,593), so that it seems to be more successful in the younger class (Q. 3,598). Hence it appears that what is called successful revaccination really depends more upon the age of the patient than upon the

length of time which has elapsed since the primary vaccination.

In 1885 there were fifty cases of small-pox with four deaths among the British troops in Cairo (Q. 3,603), and there were a good many in 1889, although revaccination was largely practiced (Qs. 3,604-7).

In 1872, according to the Army Medical Report, there were forty-five cases of admissions to the hospitals for sickness consequent upon vaccination, and similar entries appear in subsequent years. Dr. Nash cannot explain this, but supposes that it was done to keep the soldier quiet when his arm was so inflamed as to unfit him for active duty, and would not mean that his case was dangerous, but although there were only forty-five cases sent to the hospital out of the thousand revaccinated Dr. Nash had no information about them. The more severe cases that required treatment would go into hospital, but not necessarily, if the man was simply unfit for duty (Qs. 3,609-17).

The experience of the Army Medical Department does not induce them to believe that even revaccination affords a complete immunity against small-pox, only relative immunity, and it is Dr. Nash's opinion that the deaths are fewer than they would be if there were not revaccination (Qs. 3,622-3). This relative immunity he thinks is shown by the number of attacks being less than they would be without vaccination (Q. 3,624). Being asked by Dr. Collins (Q. 3,625), "With what experience are you comparing it?" he answers, "With what I *have read\* of the times before vaccina-*

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\* The extraordinary exaggerations of the prevalence of small-pox in the past has been repeatedly and thoroughly exposed. Unfortunately, the advocates of vaccination rarely read anything opposed to their views. It is true, however, that small-pox did become very prevalent through the medical practice of inoculating it. Of this, among an indefinite number of illustrations, the following will suffice: In 1792 there were 8,346 cases of small-pox in Boston, Mass., then a filthy city of less than 20,000 inhabitants, but 8,114 of these cases were cases of inoculated small-pox. It is probable that many, perhaps nearly all, of the remaining 232 cases were taken by

tion. *I have no figures here to go upon; it is my opinion.*" He has no figures to go upon. He has no figures to show the shortest time after successful vaccination with which small-pox has occurred or proved fatal (Q. 3,626).

Dr. R. D. R. Sweeting appeared before the Commission on the 13th November, 1889. He is Medical Superintendent of the Western Hospital (formerly called the Fulham Hospital), and has held that office since 1880. He had prepared some tables showing the protective value of vaccination as observed in small-pox cases treated at the hospital.

His first table (Q. 3,689) related to 2,584 cases of small-pox admitted into the hospital during the years 1880-85, and distinguishes between "good vaccination," "imperfect vaccination," "doubtful vaccination," and "no vaccination." He finds the cases under each category to be respectively 39, 1,921, 266, and 358, and the fatality to be none in the cases of good vaccination, 175 of imperfect, 88 of doubtful, and 165 in the cases of no vaccination, or the fatality per cent. in each case to be respectively none, 19.19, 33.08, and 46.08. Also, divided into age periods, by far the larger proportion of children admitted under five years were unvaccinated, and in these children small-pox was very fatal (Q. 3,701). The table also shows the fatality in each age period to be none among those classed under good vaccination, and to be less in each period in proportion to the vaccination.

It also shows that the proportion of imperfectly or doubtfully vaccinated cases to the unvaccinated rises greatly at the age period 20-30 as well as their fatality from 15 to 30 years, which Dr. Sweeting ascribes to "the waning protection of imperfect vaccination."

He also (Q. 3,717) introduced a table intended to show the effect of the number of *marks* upon the fatality at the

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reason of the pestilential air induced by the 8,114 inoculated cases. (Report No. 153, House of Rep., Mass., March 13th, 1861, Section on small-pox, page 10.)



different age periods, and while he places the average fatality of the unvaccinated at 46.08 per cent., he finds that the vaccinated with one mark yield an average fatality of 10.37 per cent., with two marks 8.73 per cent., with three marks 7.45 per cent., with four marks 4.31 per cent., and with five or more marks 4.05 per cent.

Generally he states that the more marks the less fatality, but this does not apply at every age period (Qs. 3,718-20).

His next table (Q. 3,722) shows the fatality in 311 vaccinated cases, in which the scars were accurately measured, and shows that there were 60 cases with three deaths where the scar was more than half a square inch in area, and 251 cases with 40 deaths where it was less than half a square inch total area.

Up to the age of ten there were no deaths in these 211 cases, although none of those under ten had scars of more than half a square inch, and only 11 had scars of less than a half a square inch, and none of the 11 died, "so that," says Dr. Sweeting, "even vaccination falling short of the standard seems to be a considerable protection to children up to ten years of age; over ten years of age the numbers, both as regards attacks and deaths, seem to increase among those having less than half a square inch more rapidly than with those presenting more than half a square inch of scar, and taking them at all ages the fatality among those with more than half a square inch is 5 per cent., whereas with those with less than half a square inch it is nearly 16 per cent."

He presents another table (Q. 3,723) purporting to deal with the relation between the severity of small-pox and the observed condition of vaccination in "the 2,584 cases admitted into the hospital during the years 1880-85, and shows the proportion in each class of mild cases, namely, in the well vaccinated, nearly nine-tenths, in the imperfectly vaccinated four-fifths, in the doubtfully vaccinated about one-

fourth. On the other hand, in the 'not vaccinated' only 8 per cent. were mild cases." He has not been able to make a record of revaccinated cases; the evidence, as a rule, is very faulty (Q. 3,727). In very few cases were the marks obliterated by confluent small-pox when the patients entered the hospital, at which time the examination as to vaccination is made (Qs. 3,724-28).

(Q. 3,733) related to the hospital staff. Out of 362 persons 48 had had small-pox before they came to the hospital, seven took it while on the staff. Of these seven two were not revaccinated on entering the hospital. Of the ambulance staff, numbering 42, only one took small-pox, he was the coachsmith, who had not been revaccinated on entering the service. "He took small-pox thirteen days after he arrived on duty and died of the disease." Of the above 42 persons three had had small-pox before they came. "It is our practice to revaccinate all the staff immediately they come, and to repeat the operation if it is not successful; if it does not take after these two attempts then we let them take their chance" (Q. 3,734). There is not much failure in revaccination, "probably half of them take unmistakably."

(Q. 3,735.) Mr. Picton asked Dr. Sweeting how his alleged 46.08 fatality among the unvaccinated compared with the fatality before the introduction of vaccination, to which he replies: "There are no accurate data, I believe, as to prevaccinative fatality. The fatality at the London Small-pox Hospital at the end of the last century was, I believe, close on 30 per cent.; amongst hospital patients it would perhaps be higher than among the general population. *I am not aware of any trustworthy statistics of the actual fatality in prevaccination times.*"\*

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\* This is an unkind slur upon such men as Dr. Jurin and other physicians, who, out of a very large number of cases of eighteenth century small-pox, concluded that the fatality of hospital cases was 18.8 per cent.; that of private cases was from 2 to 6 per cent.

He thinks the hospital patients come generally from the same district and are in the same class of life (Q. 3,732).\*

Taking the London Small-pox Hospital fatality in pre-vaccination times at 30 per cent., he is unable to offer any explanation for the additional 16 per cent. now observed by him (Q. 3,740). He does not know whether small-pox has become more fatal in this century (Q. 3,742). He is not acquainted with the sanitary condition of the London Small-pox Hospital, nor is he aware that hospital gangrene was troublesome in its wards (Qs. 3,742-3).

His statistics as to "marks" differ from those of Marson (Qs. 3,746-7). "But I do not, however, deduct cases in which death might be referred to super-added disease."

He thinks that the unvaccinated and the vaccinated classes were strictly comparable statistically (Q. 3,750), but on being asked if he agrees with Dr. Gayton, who considers the unvaccinated to be drawn from a poorer class than the vaccinated, and that this would be likely to raise the unvaccinated mortality, he said: "I agree with him that the unvaccinated are drawn from a more neglected class, but I do not agree with him that that would necessarily raise their mortality from small-pox" (Q. 3,751).

(Q. 3,752.) Dr. Collins, quoting from the report of the Medical Superintendent to the Committee of the Fulham Hospital for 1879, on page 11, asks:

"Many of these unvaccinated cases were laborers driven from the country to the metropolis on account of the depression in agriculture and trade in search of occupation, and had unknowingly lodged themselves in infected haunts. Further, the number of unvaccinated children under five years during the year was the same (namely thirty-four) as during the year previous, and the high mortality in them must needs tell heavily on a smaller aggregate number of

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\* See below (Q. 3,751).

cases." "Do you think that would be a just criticism upon a comparison between vaccinated and unvaccinated mortality." *Ans.* "That is simply the opinion of Dr. Makuna, my predecessor."

(Q. 3,753.) "It does not agree with my own figures in the first table." (Q. 3,754.) "As regards the character of the patient I do not agree with what Dr. Makuna says, it does not agree with my experience at the hospital. I have no experience of unvaccinated cases lodging in infected haunts."

He considers (Q. 3,755) that there is no difference such as would operate upon small-pox mortality between the vaccinated and unvaccinated, except the facts of age and vaccination.

Apart from these two conditions (Q. 3,757), he considers the two classes "strictly comparable as regards attack,\* as regards progress and course of disease, undoubtedly there might be a difference according to the state of life and previous history of the patient, antecedent circumstances unfavorable to health *might* have some effect upon the severity of the disease, but in my opinion would not have any effect upon the liability to attack."

He cannot tell whether his observed 329 severe cases out of a total unvaccinated of 358 would or would not be a large proportion as compared with prevaccination times (Qs. 3,678-79).

Vaccination gives decidedly less protection than a previous attack of small-pox (Q. 3,770).

(Q. 3,793.) He uses calf lymph for revaccinating the staff of the hospital; he found it more efficacious (Q. 3,795). He uses Dr. Warlomont's calf lymph, which comes from Brussels; he gets it from the association for the supply of lymph.

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\* What can be thought of a physician who considers the difference between good and malnutrition as of no account as regards liability to an attack of small-pox! Yet in the next sentence he entirely gives away his case with regard to fatality. Yet, even here, notice the "*might*" when *will* or *must* would be the proper word.

Dr. Sweeting does not know how he (Dr. Warlomont) obtained it originally (Q. 3,797).

He would rather not give his impressions upon the obscure subject of the relationship subsisting between cow-pox and small-pox (Q. 3,798). He has no statistics of the mortality in cases treated in the hospital ships and in the small-pox camp. He has not compared his experience with that experience (Qs. 3,802-3).

He considers his tables show an abiding protection against death by small-pox up to twenty or more years of age (Q. 3,817). There is a typical character about the vaccination mark (Q. 3,821) which there is not the least difficulty in recognizing (Q. 3,818).

Dr. Sweeting would not regard a person having only one mark as fully protected as a person with five marks. He might perhaps be as fully protected against attack, but not against death by small-pox (Q. 3,832).

It is not common for people to have five or more marks; there would not be a large proportion of them even in London. "We have had 148 people admitted with five or more marks" (Qs. 3,825-27).

(Q. 3,828.) "Do you think the column in your second table, 'Five or more marks,' indicates anything more than that there are but few people with five or more marks? Do you not think they had their fair proportion of small-pox—the 148 cases?" "It has not struck me that way."

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#### OPINIONS ON VACCINATION.

Niemeyer says: "It cannot be denied that vaccination sometimes endangers life, and, in some cases, causes cutaneous diseases and scrofulous affections."

Dr. Chas. Creighton, the well-known English pathologist, author of articles on pathology and vaccination, in *The Encyclopedia Britannica* says the real analogue of cow-pox is not small-pox but syphilis.

## AQUA MARINA.

A REMARKABLE CURE OF OPHTHALMIA.\*

THOMAS SKINNER, M. D., LONDON, ENGLAND.

The subject of this case has never been seen by me, as she has never resided out of Australia (Sidney, N. S. W.), and I have never been nearer Australia than where I am now.

Mrs. S., an eminent artist, has been suffering from granular ophthalmia of her right eye, which has defied the best advice and services of a most excellent Hahnemannian physician, as also of an equally excellent allopathic oculist, for the last ten months. Of course, it is needless to say that the disease has interfered very considerably not only with her comfort, but also with her profession.

I am led to understand that the patient obtained no relief from the homœopathic treatment, and the allopathic treatment being limited to the usual caustic treatment and tonics, the amount of aggravation and amelioration can readily be guessed.

The patient writes to her sister in London: "After Friday's application of the irritant (5th March, 1897) the eyelid was so painful and swollen that I put a piece of raw veal on it when I got home from my visit to the oculist, about 2 P. M. All night also I kept applying raw veal, and I found immense relief to the pain and swelling caused by the caustic treatment. In twenty-four hours it was completely well, but the granular ophthalmia with its agglutination in the morning and its muco-purulent discharge continued the same as ever."

The application of raw veal was the patient's own prescription. She says in her letter to her sister: "I had read somewhere of Mrs. Langtry using it to *nourish the skin*, so I

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\* Read before The International Hahnemannian Association, June, 1897.

thought my weak eyelid might get some nourishment from it."

*Diagnosis of the remedy.* My only guide to the remedy was a fact, a condition of "*amelioration* to the affection, by *bathing the eye with sea-water, the only thing that ever relieved it.*"

As I have used sea-water (*Aqua marina*) for over twenty years in my practice for constipation aggravated or induced by a temporary residence at the sea-coast, also for any disturbance to the system resulting from a saline atmosphere, I had no difficulty in telling the sister that if she sent the following two powders to Mrs. S., and, if she took them as directed, they were qualified to do her sister no harm, if they did her no good.

*Prescription.* *Aqua marina* 20m (F. C.) two powders. One to be taken at bedtime on receipt, dry on the tongue. If no better in a week to dissolve the other in an ordinary hand-basin of cold or tepid water, and to hold her eyes open under the water as long as convenient once daily. After the second eye-bath she states: "I have now been over three weeks free from any inconvenience, and I have not had to wipe my eye constantly as formerly. I have been nearly ten months with a handkerchief never out of my hand."

She went back to her oculist a week after, and he said "It was *much* improved," and, when nearly a fortnight after, he said, "My word, it is *wonderfully* better."

As the irritant or caustic treatment with tonics had been going on for months, it is safe to conclude that it had nothing to do with the certain and rapid cure. Lastly, Mrs. S. states that hitherto "after the irritant treatment, the discharge has always been plentiful for some days after." There has been little or none since the caustic treatment was stopped. The raw veal could only reduce the swelling, irritation, and pain induced by the cauterization of an already inflamed surface, and the conclusion I have come to is that the *Aqua marina* 20m (F. C.) was the therapeutic agent in

the cure, and the keynote for *Aqua marina* in granular, scrofulous, or Egyptian ophthalmia is *amelioration from bathing or fomenting with sea-water.*

This medicament was made from the purest water of the Mediterranean Sea between Spain and Italy, after the complete subsidence of a storm, when it was "as clear as water, of the crystal spring."

### PROVINGS OF THE X RAY.\*

BY THE BROOKLYN HAHNEMANNIAN UNION.

B. FINCKE, M. D., BROOKLYN, N. Y.

A very able description of the discovery of the X ray by Prof. Roentgen was given in THE HOMŒOPATHIC PHYSICIAN (March, 1896) by our Vice-President, Dr. Walter M. James, and concluded with the words, "Why should not the homœopathist seek to procure a proving of the effects of the X ray upon the animal economy of the human being? An inviting field is thus opened up to the experimenters of our school. May it soon be cultivated."

Why not?

1897, March 27th, a drachm vial filled with absolute alcohol was exposed to a Crooke's tube in operation for half an hour, and then brought up to the sixth centesimal potency. Of this smallest globules were moistened and the vials containing them presented to the members of the Brooklyn Hahnemannian Union, which met the same evening in regular session.

Of course, every one was curious to try the new remedy and took a small number of globules on the tongue at once, and lo! it began to reveal its existence immediately, and during the two hours of our being together a number of symptoms were observed, which were at once announced and

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\* Read before The International Hahnemannian Association, June 30th, 1897.



taken down by our diligent Secretary. Some of the members from that time have been so seriously affected that they would not for any consideration try any more of that mysterious power. The following is a narrative of its action upon the several provers, being perfectly healthy up to that time, which lasted from the beginning to two months. The action reveals not only new symptoms, but also hunted up many old ones, which called forth the remark of Dr. John B. Campbell: "I noticed a grand characteristic in all the provings as far as heard from, viz., a tendency to resurrect old symptoms, some unheard of for as much as thirty years, some twenty, or a year or two."

If it is assumed that glass is opaque to the X ray, it was not so in our case, for the alcohol in the vial was certainly affected by it, as the result of the provings show. If the X ray penetrates certain tissues of the body in order to make the condition of the opaque organs, such as the bones and foreign bodies contained in the body, visible, it also shows its penetration into that invisible interior of the human being which is under the dominion of the life-force.

But oh! where is the bacillus?

The Provers were:

1. Dr. B. L. B. B. X ray 6th cent., one dose.
2. Dr. Mrs. A. B. C. Same potency, one dose.
3. Dr. J. B. C. Same potency, three doses, ten minutes apart.
4. Dr. Miss C. Same potency, one dose.
5. Dr. S. C. Same potency, one dose.
6. Mrs. E. C. Same potency, one dose.
7. Dr. L. M. L. Same potency, one dose.
8. Dr. F. H. L. Same potency, one dose.
9. Dr. Miss R. Same potency, one dose.
10. Mr. D. S. Same potency, one dose.

## PROVING OF THE X RAY.\*

B. FINCKE, M. D., BROOKLYN, N. Y.

### MIND AND DISPOSITION.

Mental irritability.

Clearing up of mental function after sharp, stabbing pain in left temple staggering him, the heart feeling the impulse immediately.

Mental depression after snatches of sleep, for twelve days.

Mental processes not clear, writes wrong words in letters.

Mental condition upset during profuse menstruation; would like to kill somebody.

Misanthropy during renal colic; did not want to answer questions, did not want to see anybody or talk with anybody, being completely prostrated.

### HEAD.

A feeling at right external orbital margin as if it might be an ache, immediately (the first symptom observed).

A pressing across forehead with a miserable feeling generally as though going to be sick.

Awoke with headache next morning, continuing at intervals through whole day.

Sleepy with headache.

Headache gradually extending to frontal region, worse in centre of forehead.

Sense of pressure in centre of forehead.

Dull headache in morning, worse when stooping and after rising.

Headache and soreness worse toward afternoon.

Head feels empty as though scraped, worse at night in bed.

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\* Summary or second part of a paper read before The International Hahnemannian Association June 30th, 1897.

Sensation of fullness of head with slight full feeling in ears worse in right ear.

Pain in right side of head above temple.

Threatening headache, pressure through temples.

Headache across brow and a different pain in temples.

Pain in right side of head, passing around base of brain to right ear, followed by paralytic numbness.

Pain in left temple, worse at 8 P. M.

Sharp stabbing in left temple, followed by clearing up mental function, the heart immediately feeling the impulse.

Feeling in head and nose as if coryza would set in with slight desire to sneeze.

Sense of pressive fullness, starting from posterior prominence of vertex in a central straight line to bridge of nose, followed by fullness in entire vertex extending to bridge of nose.

Aggravation of fullness over vertex worse along the centre to nose and when stooping over.

Disagreeable fullness of head all morning, with bland coryza and stoppage of nostrils.

Aching on top of head across along coronal suture on blowing nose and after it.

Constant ache in vertex, worse on awaking, also on coughing, sneezing, or head low.

Drawing in and across brow approaching nose and resting there, immediately.

Pain across brow over bridge of nose.

Heavy pressure on vertex, as from a hand (old symptom, absent a year).

Sticking pains in different parts of head and face.

Morning, awaking earlier than usual, with dull aching in left occiput, and immediately in left sacro-iliac region, lasting fifteen minutes.

Suddenly sharp aching in left occiput on small area, recur-

ring two or three times at intervals of some hours, without regularity.

Violent sick headache second day of menses, pulsating pressure outward in forehead as if bursting, vomiting, pain relieved by hot water applications.

#### EYES.

Bearing down of eyelids.

Eyeballs sore.

Sensation in right eye as if bulging.

Right eye sore to touch.

Congestion of eyes in forenoon, worse on rising.

On closing eyes in dark sees old men's and women's ugly faces.

Eyelids heavy and sleepy.

#### EARS.

Sore pain in cartilage of left ear when pressing it, later in right ear.

Pressing outward in ears.

Buzzing in right ear, with pressure extending to temples.

Fullness in ears, worse in right ear, worse by inserting finger.

Fullness in ears, more in right, and fullness in head.

Intermittent noises as of deep steam-whistle in left ear, and singing in head.

Ears more clear from singing and dullness of hearing than for many years, an improvement lasting up to this day. Healing action.

#### NOSE.

Bloody mucus from nose.

Sensation of sulphur-vapor in nose, with much sneezing.

Sulphur-vapor sensation in throat and nose.

Sensation in head and nose as before coryza.

Nose stopped on left side.

On blowing nose and after it aching across top of head along coronal suture.

Sensation of hyperæsthesia or nervous concentration in bridge of nose.

Nasal discharge thin.

Flowing coryza with stoppage of nostrils and fullness in head, forenoon.

#### FACE.

Dull pain in right upper jaw.

Paralytic feeling in right cheek, preceded by chills going down the back.

Slight electric current sensation in left side of tongue and face, passing over and disappearing in right side of face.

Red, smooth eruption on right side of face.

Stinging pains in different parts of head and face.

#### MOUTH.

Tongue dry, rough, sore, and scraped.

Scraping pain in lateral incisor, aggravated by noises and jarring of cars.

Teeth covered with a gray-green deposit.

Tongue slightly coated.

#### THROAT.

Sulphur-vapor sensation in nose and throat.

Throat painful on swallowing.

Sense of painful lump about left tonsil, worse when swallowing.

Indescribable sensation in œsophagus immediately.

Foul breath.

After eating at noon, sensation of a long and narrow foreign body lodged in pharynx, removed by swallowing, aggravated by swallowing. After this passed away, pharynx felt hollow and sore on deglutition.

## APPETITE.

No appetite for anything except sweet pudding or cake.

Aversion to meat.

Ate nothing for three days.

No appetite for breakfast (old symptom, absent for years).

Appetite diminished.

Desire for sweets.

Most distress after midday and evening meal.

No hunger, goes until he feels faint.

Can eat plenty, but does not enjoy it.

More thirst than usual.

Thirst for cold drinks, though nothing tastes good.

Bad taste in forenoon.

Bitter taste.

## NAUSEA, VOMITING.

Nausea and vomiting, with profuse sweat after immense stool at 4 A. M., seven days after taking.

Slightly sick at stomach.

Vomiting ceased, though colic pain remained in lower abdomen for twelve days.

## ABDOMEN.

Abdomen distended with full feeling (Pulsatilla, which a year ago helped for months a train of symptoms, had only very slight effect).

Flatulence with ineffectual desire for stool.

Heaviness and fullness in lower abdomen after eating small quantity.

Uneasy feeling in lower abdomen at intervals, like fermentation, as though diarrhoea would follow.

Wind around heart, flatus and flatulence as though diarrhoea would commence.

Drawing gnawing in region of appendix, as though in inflammation were beginning.

Sensation in right lower abdomen as though bubbles were forming and wanting to burst. (Relieved by *Taraxacum* for twenty-four hours.)

Flatulence with ineffectual desire for stool.

Colicky pains in right lower abdomen, sometimes extending behind the hip, and retained urine.

Moving aggravates the colic pains, especially on right abdomen, which seemed adherent to walls, feeling as if torn off. Had to keep a large towel-pad between abdomen and thigh to support abdomen and prevent excruciating pain.

Pain in right side just above the crest of ilium, with an irritation in larynx causing cough in morning after rising and before eating; eating relieved cough, and the side felt bruised when bending or jarring or pressing it.

#### STOOL.

Catarrhal inflammation of rectum with discharge of mucus slightly bloody after action of bowels in course of two or three days (a trouble he had once before).

Seven days after taking medicine, roused out of bed at 4 A. M. with desire for stool and complete evacuation of immense quantity, followed by nausea and vomiting, profuse sweat, pain in right lower abdomen, retained urine, vesical tenesmus continuing for twelve hours, until 4 P. M., after which urine became freer, vomiting ceased, colic pains remained for twelve days.

Stools green, though normal in consistency.

On straining to stool a sore feeling in nates.

Ineffectual urging to stool with flatulence.

#### URINE.

Retained urine, vesical tenesmus after enormous evacuation and vomiting, for twelve hours to 4 P. M.

Seven days from beginning of attack return of renal colic with vomiting, continuous nausea and retention of urine

on left side. A clutching pain from left kidney to bladder that never relaxed for four hours, causing the wildest demonstration of agony, ghastly face, blue rings around sunken eyes, cold sweat with trembling, frightful restlessness, urine retained in ureter (giving a perfect picture of Tabacum, which relieved at once). As soon as the pain in ureter relaxed after it, urine was filling up the bladder and then passed without pain. Some spasm remained, and was relieved by Cantharis in five minutes. (She had something of a like trouble a year ago, but not so severe as this, only a strangury.)

Did not want to answer questions, did not want to see anybody or talk to anybody, complete misanthropy. Great prostration followed this attack.

Frequent urination, worse after getting into bed.

Pressure as from congestion about kidneys.

#### SEXUAL ORGANS.

Sexual desire lost in man.

Testes relaxed, impotent feeling.

Unnatural or disgusting, lewd dreams on several nights, or several times in one night.

Pain darting upward in region of left ovary, when sitting, walking, or standing.

Menses dark green one day.

Second day of menses a violent sick headache, pulsating pressure outward in forehead as if bursting, vomiting (pain relieved by hot water application).

After cessation of menstruation for six months it reappeared again, violent, profuse, without pain, but prostrating, the flow lasting several days.

Three or four days before menstruation felt from waist down as if bursting, with distention and weight in abdomen and wanted to hold herself up, relieved by the flow. Mental condition upset, she would like to kill somebody. (Three



years ago she proved Uranium-nitrate. Up to that time she had never missed a regular menstruation, but irregular ever since.)

#### AIR PASSAGES.

Cough caused by palpitation during evening.

In morning and after rising and before eating a cough, caused by irritation in the larynx, accompanied by a pain in right side just above the crest of ilium; eating relieved cough, but side felt bruised when bending, jarring or pressing it.

In less than a week a cough with tearing sensation in bronchi, hoarseness, palpitation.

Phlegm of greenish hue causing cough in crawling up.

On rising in morning expectoration of considerable white mucus.

Much expectoration of tough mucus as large as finger's ends, whitish like gelatine, raised easily.

Raising of jelly-like mucus, worse in forenoon, tenacious and tough.

Grayish expectoration.

#### CHEST.

Wandering sticking pains in chest, worse on right side.

Stitching pain in right upper chest, going through to upper part of scapula.

Sense of contraction across middle chest.

Contraction of chest at night, relieved by belching.

Left chest bulged out like enlargement of heart. (Old symptom of inflammatory rheumatism twenty-five years ago.)

Sensation of drops of water trickling down on inside of chest.

Sensation in left side as if fingers pressed costal cartilages in, followed by sensation as if something broke inside, with temporary relief.

## HEART.

Palpitation during evening, causing cough.

Pulsations greatly diffused and violent, provoking an exclamation which was suppressed, accompanied with a desire to walk in open air, and entirely relieved by lying down.

Sharp pain at apex of heart, better by lying on left side.

Palpitation of heart.

Palpitation with a cough with tearing sensation in bronchi and hoarseness.

Painful bulging of left chest over cardiac region (old symptom of inflammatory rheumatism twenty-five years ago).

Heart's sounds keep him awake while lying on the left side.

Dull and constant soreness around heart and worse in legs and arms.

Wind around heart, flatus and flatulence as though diarrhoea would begin.

## BACK.

Waking earlier than usual by dull aching in left occiput and immediately in left sacro-iliac region, then posterior thigh and calf for fifteen minutes.

Pain in dorsal region.

Lame and stiff in the back.

Aching whole length of spine.

After waking at daybreak next morning, sensation in dorsal region of spine, as if its convexity were interior and drawn far forward, lasting but a minute, and followed by a very uncomfortable feeling in that region, lasting a much longer time.

Sore feeling across loins as after a heavy cold.

Sensation as if a cool drop of sweat were going down left side of spine.

Soreness in small of back.

A paralytic sensation extending from spine down left leg.

Rheumatic-like fever in trunk, steady dull pain going steadily from trunk to legs and finally to heels, worse in left knee, worse stepping on heel, or underside of heel (old symptom of inflammatory rheumatism twenty-five years ago).

Pressure in small of back, as from congestion about kidneys.

#### UPPER EXTREMITIES.

Magnetic thrill in right hand extending up forearm.

Tingling in both arms as of electric current, or as if asleep.

Intermittent, slightly burning, rheumatic-like pain in right carpo-metacarpal articulation, extending from index finger up outside of right forearm.

Rheumatic pain in left wrist and forearm.

Rheumatic twinge in last two phalangeal articulations of index and middle fingers for a short time in forenoon.

Aching extensor muscles of right forearm going up to shoulder.

Rheumatic pain in right wrist and arm.

Tingling like pins and needles in left hand.

Tingling in right hand.

Can't hold things in left hand, powerless or clumsy.

Palms of hands which were rough and scaly and bleeding at times became smooth and natural during the proving. Healing action. (Afterward they went back to former state when general health improved.)

#### LOWER EXTREMITIES.

Lower part of both legs asleep, tingling, as of electric battery, more in right, immediately.

Sciatic pain in right hip.

Rheumatic pains in limbs.

Dull aching posterior aspect of thigh and calf in morning, from above downward.

Pain in right sciatic nerve on walking.

Rheumatic pains in front of right thigh.

Drawing aching discomfort in right thigh through hip and knee down through toes, immediately.

Feeling as if somebody were drawing icy hands over thigh downward, aggravatingly slow. (This occurred first twelve years ago after a nervous shock and did not return for five years.)

Varicose veins inside of knees and legs with swelling and soreness (returned after years).

Had always heat and swelling of feet in spring, which is better now although it is spring. Healing action.

On inside of left knee sensation in different spots painful as if hairs were being pulled, worse walking, better rubbing, or scratching.

Rheumatic-like fever in trunk, steady dull pain going steadily down to legs, and finally to heels, worse in left knee, worse stepping on heel, or underside of heel (old symptom of inflammatory rheumatism twenty-five years ago).

#### FEVER.

Chills as soon as beginning to sleep, running up back, preventing sleep.

Chilly whilst undressing in warm room.

Chilliness on moving or from draft.

Chill going down back followed by paralytic feeling in right cheek.

Wave-like sensation as if it would break out in perspiration.

Profuse perspiration on getting into bed, keeping him awake.

Spells of feverishness, perspiration, and weakness.

#### SLEEP.

Kept awake by heart's sounds while lying on left side.

Sleepy with headache.

Only snatches of sleep during these twelve days, always

followed by mental depression, during suffering from nephralgia.

As soon as she begins to sleep chills running up back preventing sleep.

Sleepy, but unable to sleep for some hours after retiring.

Sleeplessness constant and troublesome (relieved permanently by a bottle of Pabst Malt Extract).

Drowsy all night while sitting up.

Drowsiness leaves the instant when lying down, so cannot sleep.

Goes to sleep on right side, but wakes on left side.

Symptoms worse when getting into bed, worse after sunset.

Profuse perspiration on getting into bed, keeping him awake.

Sleeping during day.

Waking frequently at night from no apparent cause.

All symptoms worse in bed.

Frequent urination, worse after getting into bed.

(Symptoms better after Bell. or Acon., for a short time, better from ale, which puts him asleep.)

Dreams of distressing nature.

Sleep not unrefreshing, though apparently dreaming all night.

Awaking with headache lasting all day.

Recurrence of a dream which used to trouble her many years ago. (This dream was repeated at wide intervals over twenty years ago.) Now it came every night for five times.

Dreams of strife, busy dreams.

Very vivid lewd dreams, repeated night after night.

Unnatural lewd and disgusting dreams occurring on several nights and several times in one night.

#### SKIN.

Reappearance of an old slightly-pimpley eruption on left side of forehead.

Return of a slight eruption on outside of lower legs, burning when scratched, worse after scratching.

#### GENERAL SYMPTOMS.

General tired and sick feeling.

Persistent exhaustion and languor not attributable to spring.

Lame and sore all over.

Trembling all over.

Body tired and exhausted.

Nervous powerlessness in limbs.

Sensation of swooning at times during day and night, feeling like dying.

Prostrated for a long time.

All symptoms worse in bed.

All symptoms worse toward evening and at night.

Mental and physical aggravation markedly pronounced toward evening.

Symptoms intermittent in character, the first observed symptoms have all returned at irregular intervals.

Muscles feel soft subjectively.

Generally worse in open air.

Twitching internally in various parts.

Symptoms gradually increasing in severity after noon.

#### CASE OF DR. JOHN B. CAMPBELL.

A patient for three years has gout, which is the summing up of a history of suppressed chills. He got X ray 30th centesimal, which seems to have helped him somewhat. Swelling of legs and knees disappeared, after being present for weeks. Some of the pains were better. 1897, March 29th, 2.30 P. M., took X ray 30th cent., one powder, at 5 P. M. the second. No symptom. At 8 P. M. the third, which produced little itching. At 10 P. M. took a hot bath with some

improvement, and at 11 P. M. the fourth powder, all of the 30th cent.

After that decided glow of heat all over body with some itching.

Little rash on both legs, with decided pricking on both legs from knees to toes.

Pain in region of spleen for one hour, which passed away in bed, during which time no twitching or jerking of muscles, could stretch out both legs comfortably.

Very good night's sleep.

March 30th, 7 A. M. Slight perspiration on legs from knees to toes.

March 31st. Took the remaining powder of same potency.

Some itching on left shoulder-blade and arm from shoulder to elbow with considerable increase of pain in elbows and hands and sensation of heat all over body, but no fever.

Stiffness of back of neck, necessitating moving of whole body to turn his head.

Slight rash on left leg above the knee.

Some itching of arms and chest in bed, especially when beginning to get warm.

Could walk a little better the first two days after taking the medicine.

More thirst than usual.

Had no chill since 21st until to-day, when he had a slight chill from 2 to 4 P. M., no fever, thirst, or sweat.

Appetite and bowels extremely good.

Some itching or prickling pains above knees.

The swelling from legs and feet has gone down immensely, though pain does not abate.

[The individual reports of the provers of the X-ray as originally appearing in Dr. Fincke's paper are quite long and very interesting. It has not been deemed necessary to reproduce them here. Those who wish to consult them are referred to the proceedings of I. H. A. for 1897.—ED.]

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

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, on Friday evening, February 19th, 1897.

Members present: Drs. J. M. Selfridge, George H. Martin, and W. E. Ledyard.

The meeting was called to order at 8 o'clock by the President, Dr. J. M. Selfridge.

The minutes of the two preceding meetings were read by the Secretary; corrected and approved.

The President appointed Dr. Ledyard to fill the vacancy left *pro tem.* in the Board of Censors by the absence of Dr. Wilson.

The Censors reported favorably on the name of Dr. Dyer.

The President then declared Dr. Dyer elected as a senior member of the club.

*The Organon* was then read and discussed from Section 284 to the end.

*Dr. J. M. Selfridge*, referring to note to Section 287, said: "If Hahnemann had understood the molecular theory of matter he would have known why potentizing medicines makes them more powerful curatively. The reason is that potentizing sets free the molecules."

*Dr. Martin* said: "In discussing this part of *The Organon*, as an illustration, I always think of the old practice of swallowing a bullet to move the bowels. The lead of the bullet acts simply by its mechanical effect, while if triturated it would kill."

*Dr. Ledyard*, to illustrate Section 288, which refers to the "rapid spread through the organism of the effect of medicines in liquid form," said: "Although we can conceive that a serpent poison can spread through the system with great



rapidly, yet, judging from analogy, we should say that the effect of the same highly potentized poison will act with inconceivable rapidity on the same parts, and thus completely antidote or remove the effects of the former. We have observed this in a case of bee-sting, in which the 1,000th potency of Apis almost instantaneously completely removed the effects of the sting. Also a case of poisoning by strong ammonia, in which Swan's CM potency of Ammonia-carb. relieved in a few minutes.

*Dr. J. M. Selfridge*—"The antidotal use of the same medicine highly potentized seems very reasonable."

On motion it was decided that the Club (having finished the reading and discussion of Hahnemann's *Organon* for the second time), at the next meeting commence the reading and discussion of Hahnemann's *Chronic Diseases*.

The Club then adjourned to meet at the office of Dr. Selfridge, 1068 Broadway, cor. Twelfth Street, Oakland.

W. E. LEDYARD, B. A., M. B., M. R. C. S. Eng.,  
*Secretary.*

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

The regular semi-monthly meeting of the Club was held at the office of Dr. Selfridge, 1068 Broadway, Oakland, cor. Twelfth Street, on Friday, March 5th, 1897.

The meeting was called to order by the President, Dr. J. M. Selfridge, at 8.15 P. M.

Present: Drs. J. M. Selfridge, Geo. H. Martin, G. J. Augur, O. Swayze, C. J. Holmgren, and W. E. Ledyard.

The reading of the minutes was, by motion, omitted.

The name of Dr. Eleanor F. Martin, having been favorably passed upon by the Board of Censors and Club some months ago, she was declared by the President to be duly elected as a senior member of the Club.

*Dr. Geo. H. Martin*, as Chairman of the Board of Censors,

reported favorably on the names of Drs. James W. and Florence N. Ward, 606 Sutter Street, San Francisco, for junior membership of the Club.

The ballot was unanimously in their favor, and accordingly the President declared them duly elected as junior members of the Club.

*Dr. J. M. Selfridge* read a paper entitled, "A Case from my Note-Book," to show the efficacy of the indicated remedy in removing a fibrous uterine tumor.

The Club then commenced the reading of Tafel's translation of Hahnemann's *Chronic Diseases*.

*Dr. J. M. Selfridge* read the preface to the fourth volume.

In discussing the preface *Dr. Selfridge* put the query: "Is it a fact that the human organism cannot, by the vital force unaided, bring about a cure without loss of vitality and sacrifice of animal fluids? What is vital force?"

What is vital force?

*Dr. Ledyard*—"Vital force is life, and life is spirit."

*Dr. Geo. H. Marin*—Life is the continuous adjustment of internal relations to external relations.

*Dr. J. M. Selfridge*—Life is an essence; none but Omnipotence knows what it is.

*Dr. Swayze*—If we could explain this we should have the secret of Homœopathy.

*Dr. J. M. Selfridge*—If there were no morbid forces we should have no sickness. Hahnemann also calls this principle, "spirit-like" vital force. He considers it the principle of life.

"The preface to the fifth volume" was also read by the President. A discussion followed with regard to the difference between *dynamization* and *dilution*.

*Dr. J. M. Selfridge*, referring to note to Section 230 of *The Organon*, said: "This process (dynamization) sets free the molecules and the atoms. The molecular theory of matter was unknown to Hahnemann."

The Club then adjourned to meet on the third Friday in March, at the office of Dr. Geo. H. Martin, 606 Sutter Street, San Francisco.

W. E. LEDYARD, B. A., M. B., M. R. C. S. Eng.,  
Secretary.

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## LEVERSON ON VACCINATION.

NEW YORK, June 25th, 1897.

TO THE EDITOR OF THE HOMŒOPATHIC PHYSICIAN.

Dr. M. R. Leverson, whose articles on the burning question of vaccination have much interested me, asks if I will write to encourage you to continue their publication.

Little as you may need such encouragement, I yet do so with pleasure. I believe vaccination to be radically wrong, therefore always injurious. His exhaustive statistical work, from the best sources, will, I believe, be unanswerable as to the fallacies of vaccination. But that is not the question. Every one has the inalienable right to adopt any mode of treatment that may seem best to him, but has no right to force it upon any one else. It is against *compulsory* vaccination that we declaim, as an interference with human liberty and legalized outrage and crime. Anything that in any way exposes the nefariousness of this crime is useful and timely. It is supported by fraud, misrepresentation, and intimidation. The poor suffer most. The doctors have police accompany them to make their wholesale and indiscriminate vaccinations. In Brooklyn the police forcibly held a woman down while the myrmidons of the so-called Board of Health vaccinated her. Think of it! That such proceedings are possible. The true physician should be welcome, "as the flowers in May." He comes to heal. Where healing is impossible, to soothe and succor. To make the inevitable path to the grave, which all must tread, lose its terrors, as much as may be. Such an one needs no executive of

law and civil force. His mission is his credentials. The knowledge of the healing blessing he brings, his welcome. It is especially incumbent upon the Hahnemannian to fight against medical force. The whole history of Homœopathy is interwoven with its struggle against craft, coercion, and lies. While this was especially marked in its early history, it is equally true to-day. Its professed friends who masquerade in its borrowed garments are its worst enemies. You, Doctor, were for many years associated with the venerable Lippe, one of the most sturdy and fearless advocates of the truth. We may place him side by side with the illustrious and renowned Hahnemann, in his unflinching advocacy of our cause. They knew no fear and gave no favors in their fight for the truth. Personal considerations were of no moment. Their lives gave the lie to the blatant assertion that every man has his price.

The need of the hour is to fight as these men fought, against compulsory vaccination. There can be no rest until this insult to freedom is wiped off the statutes of our government.

159 West Forty-eighth St.

J. W. THOMSON, M. D.

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### VACCINATION OF DR. AMTHOR'S SONS.

FORT HAMILTON, L. I., N. Y., July 12th, 1897.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN.

On page 205 of your June number you publish a letter from Elias C. Price, of Baltimore, announcing the death of Dr. J. M. R. Amthor. In concluding his letter he states that three of Dr. Amthor's sons died of small-pox, "he having neglected to vaccinate them."

In answer I will state that for every case of a person dying of small-pox who was *unvaccinated* I can produce at least three who have died of the same disease who *had* been vaccinated.

I invite Dr. Elias C. Price to answer my pathological table of small-pox, cow-pox, and syphilis. This shows conclusively that cow-pox and syphilis are the same disease and both distinct from small-pox.

If he will read the abstract of the testimony before the Royal British Commission now publishing in your journal, although thus far only the evidence of pro-vaccinist witnesses has been given, he will see that even that testimony demonstrates the uselessness of this "grotesque superstition."

Respectfully,

MONTAGUE R. LEVERSON.

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#### ANTI-TOXINE FOR DIPHTHERIA.

"One of the strongest arguments against the anti-toxine treatment of diphtheria is the attitude of those who are living in the hospitals and watching its results, who formerly were earnest advocates of the treatment, and who after experience have from conviction become opposed to it. Dr. William M. Welch (Municipal Hospital of Philadelphia), who has injected over 300 patients, stated that he would not have anti-toxine used on himself if he had diphtheria, that if his children had diphtheria of any type *he would not allow them to be injected*, and if left to act independently and from his own conviction *he would never inject another patient*."

"Dr. Warmuth, Dr. Tyler, and Dr. Bemis (of the Municipal Hospital, Philadelphia), were believers in anti-toxine, and are now opposed to it. Dr. Hardin, of Washington, and Dr. Levy, of Richmond, came to the Willard Parker Hospital thorough believers in anti-toxine, and are now opposed to it. Dr. Warmuth had diphtheria and refused to have anti-toxine used on himself, likewise Dr. Levy and Dr. Hess, of the Willard Parker Hospital, refused to have anti-toxine used.

"Not one of the nurses on the staff of these hospitals would have anti-toxine used on themselves for immunizing

purposes. Variot states that the doctors and nurses of the Trousseau Hospital, Paris, would not have anti-toxine used for immunizing purposes, although one of the doctors had severe diphtheria."—*Our Dumb Animals*.

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## VERIFICATION OF NUX-MOSCHATA.

J. C. WHITE, M. D., PORT CHESTER, N. Y.

D. G., age twenty-six years, was admitted to the Women's Hospital of this village August 15th, 1896. Had been injured by the careless handling of a loaded gun, the charge entering the skull at the right parietal eminence or ridge, on a line with the auditory canal. Condition, partial collapse, though conscious; had motor paralysis of left upper limb and partial motor paralysis of left lower limb. Opening was enlarged to admit the finger, when the charge of small shot together with wadding was found near the surface of cerebrum, the fissures of which were destroyed to the depth and the diameter of one-quarter inch; part was cleansed of all foreign material and broken tissue and dressed antiseptically. Patient convalesced in about six weeks, and was able to leave the hospital with entire motor paralysis of the arm and slight impairment of the leg.

During his convalescence he suffered with severe headache, which was always better by hard pressure; wanted the nurse to "bear her whole weight on it." With this headache he had rapid and anxious respiration; seemed as if he could not get air enough in his lungs, and that his "wind would be shut off." These symptoms were very nicely relieved by Nux-mos. 3x; when the medicine was stopped for a day the pain in the head and rapid breathing would recur. Three several times I stopped the medicine with same result. I finally gave him a higher potency to use as required.

## BOOK NOTICES.

PHARMACOPŒIA OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Published for the Committee on Pharmacopœia of the American Institute of Homœopathy. Boston: Otis Clapp & Son, Agents, No. 10 Park Square. 1897. 1 vol.. 676 pages. Price, cloth, \$4.25 net; half morocco, \$5 net. Delivered to any part of the United States at above prices.

The homœopathic school has long been in need of an authoritative pharmacopœia; one that would be accepted by all pharmacists and all physicians in the profession.

Boericke & Tafel published such a work, edited by Dr. Joseph T. O'Connor. But, unfortunately, though a most admirable book, and accepted by a large number in the profession, as is shown by its passing through a third edition, yet it is not considered as binding upon the whole school. Hence a variety of methods of preparing drugs has sprung up with some differences of notation.

The American Institute of Homœopathy, keenly realizing this confusing state of affairs, and desiring to reduce it to order and bring the whole subject up to a scientific standard, appointed a committee of twelve members, of whom six were pharmacists, to consider the question and devise a plan which would enable them to publish a book which should be considered the authority of the homœopathic school.

The Institute, being one of the largest bodies of medical men in the world, and having among its members every shade of variation in opinion upon the truth of Homœopathy, carries with it a moral force which must cause all to feel its deliverances binding upon them, and thus slowly and surely it must bring about the much-desired uniformity.

One of the most striking characteristics of the book, and one which will at once arrest attention, is the endeavor to establish a "unit of medicinal strength." With this object in view "the committee have in all cases made the dry crude drug the unit from which to estimate strength. The plant moisture is to be regarded as a part of the vehicle or menstruum, it being evident that the water contained in the plant is but a solvent, and forms no part of its medicinal substance."

The mother tincture, on this plan, is considered to represent the first decimal dilution, and is thus brought into corresponding strength with the first trituration. "Uniformity is thus secured, and the signs 1x or  $\frac{1}{10}$ , on whatever form of attenuation they may be found, will always represent a drug power of one-tenth. The 2x will show the presence of  $\frac{1}{100}$  part substance, and the familiar 3x will show  $\frac{1}{1000}$  part."

The amount of plant moisture naturally existing in the plant must be found by a

careful assay of a portion of the plant for water, and if it be less than normal, water is to be added to raise it to the standard, and then the preparation thus obtained is to be called the first decimal dilution.

The reader is not to infer from the foregoing that the plant is first to be dried and then to be put into the tincture-making menstruum. On the contrary, the committee distinctly say, and more than once repeat, that "it should be understood, however, that the fresh green materials are still required in the preparation of tinctures."

This scheme for the determination of the value of dilutions approaches the ideal of scientific accuracy. It must, however, cause some confusion in the minds of those who already have for sale, or for use in their practice, dilutions made in other ways. This confusion, however, is of but little moment, in view of the diversity of practice in making these preparations already practiced by different pharmacists, and which already amounts to confusion. Even under these circumstances the difference between the notation of the Institute as proposed and that actually practiced by most pharmacists amounts to only one dilution.

The confusion will, in time, disappear as a standard is now set up by which all who assume to prepare medicines for homœopathic practice may be guided. To those who use the thirtieth and higher dilutions or potencies this question will have but little weight, as in any case it can have but inconceivably small influence in the value of the fractions representing such potencies.

The writer of this review may be pardoned for expressing a doubt as to whether this ideal uniformity has been attained by the plan of the committee. It would require a most elaborate and exhaustive investigation by means of chemical analysis to establish beyond dispute the certainty of the object being attained. But even if it be doubtful the scheme is a long advance toward accuracy, and should be strongly sustained rather than opposed, as seems likely at present.

Turning now to the general plan of the book, we find it divided into three general parts. The first part treats of general pharmacy and of the above-mentioned scheme of making attenuations. The second part treats of special pharmaceutics; and the third gives various tables of weights and measures and equivalent values of weights and measures in English and French systems. Then there is a list of medicines with correct pronunciation indicated, and page where they may be found; and finally there is a most complete index of fifty-two double-column pages.

In the second part, "Special Pharmaceutics," the medicines are given in alphabetical order, so that it is possible to find any one wanted instantly without recourse to any index.

Medicines like Psorinum, Medorrhinum, and Tuberculinum are not admitted. In fact every one of the nosodes is ignored. We predict that this omission will, in time, be remedied.

All medicines admitted to the list are carefully and thoroughly described, so that there is no mistaking them.

*Actea-racemosa* appears under its better known name *Cimicifuga*, and *Calcarea* as *Calcarea-carbonica* instead of *Calcarea-ostrearum*, as it is in Hering's *Guiding Symptoms*.

Taking it altogether, the *Pharmacopœia* must hold in the homœopathic profession



the same place that is held in the old school of medicine by that noble magazine of learning, *The United States Dispensatory*.

EYE-STRAIN IN HEALTH AND DISEASE. With special reference to the Amelioration or Cure of Chronic Nervous Derangements Without the Aid of Drugs. By Ambrose L. Ranney, A. M., M. D., Author of "Lectures on Nervous Diseases," "The Applied Anatomy of the Nervous System," etc., etc.; late Professor of Nervous Diseases in the Medical Department of the University of Vermont and of the Anatomy of the Nervous System in the New York Post-Graduate Medical School, etc. Illustrated with 38 wood-cuts. One volume, royal octavo, pages viii, 321. Extra cloth, beveled edges, \$2, net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 W. Forty-second Street, New York; 9 Lakeside Building, Chicago.

This is a book which should arrest the attention of every practitioner of medicine, and should be diligently studied by him, whether he makes a specialty of eye treatment or not.

It relates particularly to the correction of defects of vision with relation to the reflexes which such errors of vision, if remaining uncorrected, either provoke or aggravate. The reflexes particularly considered are headache, neuralgia, St Vitus' dance, sleeplessness, epilepsy, nervous prostration, and insanity. If it seem that the claims of the author are extravagant and those of one who is riding a hobby, it may be said that the reader should carefully study the pages of the book for himself and so have the impression dispelled.

The great recommendation of the book, the one which has induced the writer of this review to say at the beginning of this article that it should be diligently studied by every practitioner, is that it is designed especially for beginners. In our opinion it fulfills this mission admirably. It presupposes no knowledge of the means for measuring errors of accommodation; it takes for granted no technical knowledge except that of anatomy, but proceeds to explain simply the most trivial details of lenses, prisms, scales of measurement, instruments of precision for making the measurements, and the exact steps necessary in determining the character of the abnormality, whether of refraction or of the muscles of the eye-ball. In perusing the pages and making himself familiar with the best methods of eye examination, the reader is desired by the author of the book to "see in them no affectation of science or pretense to superior knowledge, but an honest and earnest purpose to bring to notice, in a manner that is simple and practical, a statement of clinical facts that are

to-day receiving no small amount of attention from scientific medical men, and a theory that is based upon nature and common sense."

The author asks the question, "Can nervous diseases be caused by eye strain?" He then proceeds to answer this question affirmatively all through the pages of the book.

He is an advocate of the early use of glasses after careful investigation by the methods laid down in the books of the exact nature of the defective sight. He combats the usual opinion that glasses should not be resorted to as long as it is possible to do without them because a person is supposed to become too dependent upon them by a counter proposition: "Because nature becomes dependent upon a glass which gives relief and corrects an existing strain upon the eye, no time should be lost in affording this relief." He illustrates his position by asking a question upon a comparison: "Should a hip splint be avoided when the pain in the joint is arrested by it because the patient feels his dependence upon the splint?"

He then proceeds to describe the various test glasses, and gives wood-cuts of the sets and of the test types and of all the beautiful and exact apparatus required in making measurements. The description is lucid and yet close, and the beginner can very quickly learn to use test glasses just from the descriptions of the book. At page 35 he gives a table of the different errors of refraction and of muscular adjustment of the eye in the orbit which is very instructive, as it shows the relationship of these abnormalities at a glance. We are almost tempted to reproduce this table, and refrain only from want of space.

Beautiful apparatus is described and illustrated designed to show the movements of the eye-balls, and so of determining any unbalanced action of the orbital muscles.

The author appears to have made a specialty of the determination of heterophoria or abnormal adjustment of the muscles rotating the eye-ball. He therefore lays great stress upon the effects of this particular group of abnormalities, and of the method of discovering their presence in any patient and bringing about correction.

Heterophoria, in the very wide and remarkably striking experience of the author, plays a stupendous part in the causation of such diseases as chorea and epilepsy. According to the author this abnormality creates a continual and unconscious expenditure of nervous energy on the part of the patient to overcome it and get normal vision—nervous leakage the author calls it. This leakage deranges the nervous system and brings about these shocking neuroses, accordingly as the patient is predisposed to one or the other.

He corrects the refractive troubles with glasses, and overcomes the abnormal action of the eye muscles by "graduated tenotomies." He relates cases cured or benefited by these procedures to back up his claims. His "case sixth" of epilepsy cured in this way is one of the most remarkable records ever contributed to medical annals.

It should be stated that the author is not so much an eye specialist as a nerve specialist, and therefore all these corrections of eye strain are subservient to a much deeper and broader motive than merely enabling a person to see well. This item lends an additional interest to what he teaches upon the subject of eye strain.

His "graduated tenotomies" are minutely described, though it would not be well for a beginner to attempt to perform them without previous practical training.

Much of the detail of these operations of tenotomy are due, according to the author, to Dr. George T. Stevens, whom the reader will remember as at one time the American editor of *Annales d'Oculistique*, reviewed in THE HOMŒOPATHIC PHYSICIAN for 1896, pages 56, 453, and 491. Enough has here been said; now let every reader procure the book and study it carefully for himself.

DR. H. GROSS'S COMPARATIVE MATERIA MEDICA. Edited by Constantine Hering. Second edition. Philadelphia: Bœricke & Tafel, 1897. Price, half morocco, \$6. net; by mail, \$6.40.

This is a quarto volume of 520 pages. It was first issued thirty years ago, and was well known and much consulted by homœopathic physicians. The edition became exhausted, and it has disappeared from the notice of the younger generation of our school so as to be almost unknown. Through the enterprise of the firm of Bœricke & Tafel it has been reproduced, and is once more a candidate for professional favor.

For the information of those who never saw the first edition we may describe it as a quarto page with double columns, the left-hand column being given to the symptoms of one remedy and the right-hand column to the symptoms of another, that the eye may discover instantly the similarity of two remedies and the points of difference. The first two remedies compared are Aconite and Apis. The next are Aconite and Arnica, then Aconite and Belladonna, then Aconite and Bryonia, Aconite and Cantharides, Aconite and Chamomilla, Aconite and China, Aconite and Coffea, Aconite and Ignatia, Aconite and Nux-vomica, Aconite and Opium, Aconite and Phosphorus, Aconite and Pulsatilla, Aconite and Rhus-tox., and lastly, Aconite and Veratrum. In the same way we find comparisons of Alumina with various remedies, Arsenic and various remedies, and so on. The whole is preceded by an introduction by Dr. Gross; a pharmaceutical key by the indefatigable Dr. Hering, and some remarks by Dr. Hering. The whole constitutes a book that must be a help to the industrious practitioner seeking the true simillimum for his patients. The labor of this search is so great that there cannot be too many helps on our book-shelves. What we fail to find by one book we may successfully get by consulting another. Doubtful points of resemblance and difference may cause hesitation in giving a remedy, but if we can consult an authoritative set of comparisons like the book now under notice we may be able to decide more quickly and confidently between the indications of two nearly similar remedies.

Most of the greater books that enabled the old masters to make their wondrous cures have gone out of print. Yet they are still needed. As was said by Dr. J. B. Bell, in his famous work on diarrhœa, "Homœopathy is not making that kind of progress that renders a whole medical library obsolete every ten years," and so these old works are still needed. Bœricke & Tafel are keenly aware of the need, and so we find them now and then reproducing some old book. Hahnemann's *Chronic*

*Diseases* was a notable one of these, and was reviewed in *THE HOMŒOPATHIC PHYSICIAN* for April, 1896, page 195. Now comes Gross' *Comparative Materia Medica*, and we may expect others.

**THE PRINCIPLES OF MEDICINE.** An introduction to the study of special pathology. A text-book for students; being a course of lectures delivered to the classes of the Cleveland University of Medicine and Surgery, by E. R. Eggleston, M. D., Professor of Theory and Practice in the Cleveland University of Medicine and Surgery; late Professor in the Homœopathic Department of the University of Michigan. The Cleveland University of Medicine and Surgery, 1896. Price, \$1.

This is an admirable little book for students of medicine. While it may be called a syllabus of Dr. Eggleston's lectures, it is much more. It is exactly what its name suggests, a summary of the principles of medicine, giving one a bird's-eye view of the various elements involved in disease-action.

The comprehensiveness of the treatment of the subject is shown by inspecting a few chapters. Thus in Chapter IX, on "The Elements of Disease," the whole organic system is divided into, 1. Contractile structures; 2. Nervous structures; 3. Secreting structures; 4. Blood and vascular system (circulatory structures); 5. Nutrition. All these are separately and concisely described, and the departures from the standard of action indicated.

Chapter X treats of nutrition. In this chapter the attention is drawn to hypertrophy and atrophy in their various modifications, degenerations, such as fatty hyaline, mucoid amyloid, colloid, calcareous, gangrenous, and caseous. Tubercle is treated separately. Temperature in health and disease is thoroughly yet briefly treated, and then there is an important chapter on the phenomena of disease. Of course there are chapters on diagnosis and prognosis, nature of disease, etiology, and so on. The whole of this material is included in a beautifully-printed book of 128 pages of square duodecimo size, so that it may be carried in the pocket and referred to as needed to clear up the mind upon these various points. It would not be amiss for the practitioner in active work to look at this book occasionally, and especially when he has a few minutes' leisure that cannot be usefully employed otherwise by reason of his situation away from his books and his desk. The writer acknowledges the benefit he has himself derived from it.

**THE STUDY AND PRACTICE OF FRENCH IN SCHOOL.** Natural method on a new plan, with thorough drill in pronunciation, by Louise C. Boname, teacher of the French language and literature. Philadelphia, 258 South Sixteenth Street,

1896. In three parts. Part I, price, cloth, 60 cents; part II, price, cloth, 90 cents; and part III, price, cloth, \$1.

Mlle. Boname is well known and highly regarded in Philadelphia among educators and parents as a most successful and talented teacher of her specialty—the French language. Her management of pupils and personal manners toward them in the school-room are highly commended. It is not surprising, therefore, that with her ripe experience that she should devise a method of her own for inducting youth into the knowledge of the mysteries of the French tongue.

This method has now been crystallized, so to speak, in type, and the product is before us in the three small volumes to which we now direct attention.

Part I is for beginners. Familiar subjects have been selected, their French names given, and the pupil proceeds at once to exercises which put into use the words he or she has just learned. The stories of Red Riding Hood and Cinderella are incorporated, a few sentences at a time, into each lesson, and the individual words are treated and the principles governing their pronunciation elucidated. This first part is, indeed, given over mostly to the teaching of the principles of pronunciation. They are very carefully graduated, and are, therefore, no tax upon the minds of young pupils.

Part II, for intermediate classes. This volume teaches elementary grammar, and is, of course, an expansion of Part I. Conjugation of verbs is one of the most important and valuable parts of the book. It runs all through it. While teaching other parts of speech the pupil's attention is constantly recalled to some form of conjugation or some tense of the regular verb that it may the more deeply be impressed upon the memory. Only regular verbs are taught in this part.

Part III, for advanced classes. This teaches all the intricacies of the irregular verbs, all the peculiar idioms, and the syntax of the French language. Here, too, is careful gradation of exercises, thorough analysis, continued repetition. This member of the series is made highly interesting to the pupil, and hence must the lessons taught the more readily enter the mind and remain there.

Any person, young or old, who will faithfully follow and thoroughly learn the lessons contained in these three parts will be certain to acquire an enviable knowledge of French. Indeed, we do not see how they can help learning with such instruction as is contained in these three admirable little books.

LEPROSY AND THE CHARITY OF THE CHURCH. By Rev. L. W. Mulhane. Chicago and New York: D. H. McBride & Co.

This little volume of 153 pages gives the record of the Catholic Church in ameliorating the condition of lepers, and surely it is a grand one.

The particular record which this book commemorates is that of the noble Father Joseph Damien de Veuster, usually called simply Father Damien, or the "Hero of Molokai." He was born at Tremeloo, Louvain, Belgium, January 3d, 1840.

A request having come from Honolulu, in the Sandwich Islands, for a priest to minister to the lepers in the leper colony of Molokai, near Honolulu, this heroic

young man offered himself for the great self-abnegating work, well knowing that his own fate would be leprosy if he undertook it. Being accepted by the Bishop, and having previously been duly ordained priest, he started on his mission, located himself among the lepers, served them in every possible capacity, even with his own hands building a little church and substantial huts to shelter them, dressing their sores, and giving them spiritual consolation, he continued this self-sacrificing work for sixteen years. When he began "he had no church, no house, no purse." He was obliged to sleep for many weeks under a screw-pine tree. Under this same tree he now sleeps the sleep of death. After he had been a minister to these wretched people for eleven years he himself took the disease and lived with it ravaging his system for five years, all the time performing his usual duties until at last he was no longer able to be about, and he, too, became a charge upon another one to minister to him. That other was Joseph Dutton, an American, who had been a soldier in the United States army during the war of the rebellion, had risen to the rank of major, and after the war had met Father Damien and had become his friend and helper in the work.

Father Damien died April 15th, 1889, and was buried amid the scene of his labors.

In reading this touching account of this heroic man with his incredible self-sacrifice one is reminded of the history of those intrepid Jesuit missionaries who came to Quebec in the early part of the last century to minister to the Canadian Indians distributed along the valley of the St. Lawrence River, were captured by the ferocious Iroquois of New York, dragged almost bare-footed over the snow for hundreds of miles, brought down to the vicinity of what is now New York City, tortured with fire and every other damnable device that the savage mind could suggest, escaping through the help of the Dutch burghers of New York, returning to France only to set out again to the scene of their former labors, sufferings, and perils. This steadfastness of purpose and wonderful self-sacrifice and endurance for the sake of benefiting their fellows and converting them is a characteristic of the priests of the Catholic Church, and history is full of their deeds of heroism. Father Damien adds another to the list.

THE AMERICAN X-RAY JOURNAL. Vol. I, No. 1. May, 1897.

Heber Robarts, M. D., Editor, 2914 Morgan Street, St. Louis, Mo. Subscription price, \$1 per year; single copies, 15 cents.

This is a new medical journal "devoted to the practical application of the new science and to the physical improvement of man."

It is well illustrated with photogravures relating to the subject of this new and wonderful force.

The new journal offers several premiums: *The X-Ray Journal* for one year, and a book, entitled *The A B C of the X-Rays* for \$1.40. *The Journal* for one year and *The X-Ray Photography of the Invisible* for \$1.40.

*The Journal* for one year and *Roentgen Rays and Phenomena of the Anode and Cathode* for \$2.

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

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

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EDITORIAL.

CALCAREA-CARBONICA.—Calcarea has sour stool. This is Dr. Guernsey's keynote for Calcarea. Silicea has offensive diarrhœa. These symptoms occur especially in infants, and are the differential indications between Calcarea and Silicea, without regard to the appearance of the stool.

Calcarea has bloody urine, and so have some other remedies, especially Pulsatilla and Thuja. It also has hemorrhage from the urethra. The Calcarea patient is much troubled with micturition at night. This is similar to Lycopodium. The Calcarea urine sometimes smells sour.

Frequent nocturnal emissions indicate Calcarea, Silicea, Cobalt.

Calcarea has impotence with increased sexual desire, while Lycopodium has impotence without.

Calcarea has menses too soon, too long, and too profuse. This is Dr. Guernsey's keynote to Calcarea. Before the menses there is pain in the breasts, under Calcarea. It is similar to Kali-carb. and Murex.

Calcarea is a prominent remedy for hemorrhage of the uterus.

Calcarea is indicated in suppressed menses, especially with

“full habit.” Kali-carbonicum has suppression of menses with anasarca.

Calcarea has griping pains in the back during menses. Kali-carb. has griping pains in back and bearing down in the abdomen.

Under Calcarea the mammary glands are hard and swollen.

Calcarea is an important remedy in leucorrhœa, especially is occurring before the menses.

Calcarea must be thought of in after pains and milk fever; also in galactorrhœa.

Calcarea has painless hoarseness. This is characteristic.

Calcarea has a cough which is worse at night during sleep.

Guernsey's keynote reads: “The child takes cold, a swelling comes in the neck, and there is oppression of the chest and cough.”

Calcarea expectoration comes in the morning and during the day, rather than at night.

Calcarea is to be thought of in the ulceration of the lungs that affects stone-cutters.

Calcarea has tightness of the chest, as if too full of blood. This is similar to Belladonna.

Calcarea has continual desire to draw a deep breath. Lachesis also has this symptom.

Calcarea has sensitiveness and sensation of soreness of the chest when drawing a deep breath, and when touching it. The Editor can testify to the value of this symptom in treating people whose lungs are predisposed to tuberculosis. Especially is it true of the sensitiveness of the surface of the chest to touch.

Dr. Lippe's other notes are Stannum, soreness of chest, with much expectoration of white or green mucus tasting salt, especially in the morning.

Bryonia has soreness of chest, better from leaning against the painful side.

Galactorrhœa indicates both Calcarea and Rhus-tox.



Calcarea has pain in the small of the back, and so also have Lycopodium and Rhus-tox.

Calcarea has pressing pain between the shoulder-blades, which is similar to Silicea.

Curvature of the dorsal vertebræ suggests Calcarea and Silicea also.

Calcarea has tingling of the fingers, like Aconite. Paralysis of the arms suggests Calcarea. Lycopodium has paralysis of the left arm.

Calcarea has sudden weakness of the arms, as if from paralysis.

Nodes in the finger-joints suggest Calcarea and Petroleum.

Calcarea has sense of deadness of the fingers when grasping anything.

Calcarea also has perspiration of the hands.

Ipecac. has cold perspiration of the hands dripping from them.

Carbo-veg. has cold perspiration of tips of the fingers.

Lycopodium has perspiration of hands affected with gout to the extent of several drops a minute.

Lithium-carb., perspiration of back of hand while the palm is dry. This symptom was picked by the Editor out of Hering's *Guiding Symptoms*.

Calcarea is indicated in complaints of the patella.

Calcarea is a great remedy for cramps in the calves of the legs. These cramps are also successfully treated with Secale, Sulphur, and Veratrum, especially when the cramps extend to the soles of the feet and the toes.

This reminds the Editor of a case he treated of violent colic from eating clams out of season. There were reflex cramps of the calves, soles of the feet, and toes; both great toes standing perfectly vertically, and accompanied with the most agonizing pains, which caused the patient to scream. The attack had continued two hours before we were sum-

moned, but immediately on our arrival we found that Arsenic was indicated, and we gave it without much delay, and in twenty minutes the pain ceased, the cramps were relieved, and the toes became perfectly flexible and assumed their natural position. This case is instructive in showing the need of having correlative symptoms to select the right remedy for these cramps of the extremities.

Calcarea is frequently indicated in phlegmasia alba. So also are indicated Apis, Bell., and Sulph.

Calcarea has burning of the soles of the feet like Sulphur.

Calcarea is indicated in foot sweat, the perspiration having a putrid smell. Silicea is the great remedy for this condition, and the Editor has had excellent success in prescribing it. A valuable repertory of foot sweat was published in THE HOMŒOPATHIC PHYSICIAN for June, 1894.

Calcarea has coldness and deadness of the feet at night in bed. This is a characteristic.

Calcarea has great weakness and debility from a short walk, and even from talking. Kali-bichrom. has this symptom.

The Calcarea patient is sensitive to moist air.

Calcarea is a useful remedy in epileptic attacks, with unconsciousness; so has Silicea.

Nitric-acid has epilepsy with full consciousness. The Editor may remark that he has a case of epilepsy under treatment where there is unconsciousness during the height of the spasm, and yet he gives Nitric-acid with good results, the spasms having been reduced to one a year. Of course there were other symptoms that induced him to make this prescription.

## THE ERADICATION OF MONGRELISM.

C. F. MENNINGER, M. D., TOPEKA, KAN.

The practice of medicine by homœopathic physicians that does not accord with the teachings of Samuel Hahnemann, as set forth in *The Organon, Chronic Diseases*, and his lesser writings, or with the practice of such of his ablest disciples, as Constantine Hering and Carroll Dunham, deserves to be branded as mongrelism. This kind of practice manifests itself in many ways, but chiefly in *the prescription, the manner of arriving at it, and its composition*. Could these be rectified, so as to accord with the teachings and practice of Hahnemann, Hering, and Dunham, there would be little left needing alteration, and this can be reached in but one way, namely: by education.

We may sum up the evils that are combating the principles of true Homœopathy, in the Prescription on the Diagnosis, and Polypharmacy. Under the former we would include prescribing based upon the diagnosis of the disease, as well as that made upon a pathological basis. No greater mistakes are made by homœopathic physicians than in attempting to imitate the allopaths. Far too great a number of homœopaths examine a patient with a view to arriving at a diagnosis, and, resting there, prescribe. Their prescription is a mere routinism; in every case of pneumonia they give Bryonia and Phosphorus, and in intermittent fever, Arsenicum and China. And so on, for the entire catalogue of diseases, they have some one or more remedies at hand as soon as diagnosed. Here the strict inductive method of Hahnemann has been lost sight of and nothing but failure, ignominious failure will be the harvest.

Blinded by theoretical images of diseased tissues, the pathological prescriber reaps the same results. That kaleidoscopic science is very attractive and allures the physician

into the net so deftly that he scarcely realizes the injuries he has inflicted. He has no misgivings that his view is erroneous. Yet the history of medicine shows that the time will arrive when he must surely discard the theory which he has trusted so implicitly and set up another in its stead. Certainly we will not be surprised that much error must prevail, much damage be done, and much failure be experienced when we reflect that so much medical treatment depends upon untrustworthy *views* of the nature of the diseased state, and upon deductions as to treatment which, by reason of being dependent upon these views, must be still more unreliable, and even dangerous. If the pathologist be governed by facts, he, more than the homœopathist, deserves the term which he has made invidious—"Symptom Coverer." If the patient have a high fever, the pathologist does not hesitate to immerse the sufferer's whole body in a bath of ice-cold water, and that, too, when dealing with such fell diseases as pneumonia and typhoid fever. If the bowel be sluggish, it is urged by a purgative. If it be too lax, an agent that will practically plug it up is administered, and so on through the list. Remedies thus given for individual symptoms are selected without any regard to their influence upon the other symptoms in the case, and as each symptom thus has its own therapeutic measure, a wondrous structure of polypharmacy is reared, where the drugs are combined, not with regard to their pathogenetic effects, but with reference to their chemical reaction upon each other.

The view here given does not, we believe, do injustice to the old school, and, reluctantly, we acknowledge that it fits many in our own camp, who do not appreciate, nay, who do not know, that pearl of great price, the method of Hahnemann. They can hardly be appreciative of it, else they would not imitate the old-school pathology. They would not prescribe, as do the members of the old school, massive doses of drugs on pathological conclusions. They would

not show the contempt they do for strict homœopathists, nor so persistently ignore their teachings and example.

#### POLYPHARMACY.

Truly our friends give us more trouble and annoyance than our enemies. And in no respect are they threatening to take our very life more certainly than in their practice of polypharmacy. Mongrelism here reaches its highest and most prevalent type of development. It has become rampant, developing into a frightful epidemic, by reason of the astonishingly careless and inadequate instruction in our colleges and shocking cupidity and selfishness of our pharmacists. Nothing has done more to retard the progress of Homœopathy than polypharmacy. Nothing has done more to injure the prospects of Homœopathy for the future than polypharmacy. Nothing will more surely and effectually kill Homœopathy than polypharmacy. By this term, polypharmacy, we mean any mixture of remedial agents in the treatment of disease, and consequently alternation of rotation, whether of the same or different potencies as well as that monstrosity of homœopathic sugar pill—the compound tablets—are included. If we turn to *The Organon* we see that Hahnemann says:

“In the treatment of disease, only one *simple* medicinal substance should be used at a time.”

This does not mean that if one remedy does not cover the entire symptom picture we are to add to that another one that will cover the remainder. No possibility of giving two remedies according to that section. Nor does he leave us in doubt, for he says:

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

“Perfectly simple, unmixed, and simple remedies afford the physician all the advantages he could possibly desire. He is enabled to cure natural diseases safely and permanently, through the homœopathic affinity of those artificial morbid potencies; and in obedience to the wise maxim that ‘it is useless to apply a multiplicity of means, where simplicity will accomplish the end,’ he will never think of giving more than one simple medicine at a time. Even in taking it for granted that all simple medicines were completely proved with regard to their pure and peculiar action upon the healthy human body, the physician would abstain from mixing and compounding drugs, aware that it is impossible to foresee the variety of effects that two or more medicines contained in a mixture might have; or how one might modify and counteract the effect of the other, when introduced into the human body. It is equally certain, on the other hand, that a simple medicine, well selected, will by itself be quite sufficient to give relief in diseases whereof the totality of symptoms is accurately known. Supposing, even, that a medicine had not been selected quite in accordance with the similitude of symptoms, and that, consequently, it did not alleviate the disease, it would nevertheless be useful by adding to our knowledge of curative remedies. By calling forth new symptoms in such a case, the medicine might corroborate those symptoms which it had already manifested in experiments upon healthy persons—an advantage which is not to be gained by the use of compound medicines.”

How is it that, in the face of such explicit directions from the founder of Homœopathy, so many have become infected with this blighting innovation? The only answer to this can be that on their part there must be a lack of knowledge, coupled with evil influences that have co-operated to bring about this condition, or that the founder of Homœopathy was wrong in his declarations. This latter supposition is

clearly untenable, and cannot bear the scrutiny of honest investigators, because there are and have been strict followers of Hahnemann who, being taught polypharmacy in old-school colleges, practiced it until, in confusion worse confounded, they abandoned it; and on reading, and becoming thoroughly posted in the works of Hahnemann and the practice of his closest disciples, have adopted his instructions, and, following them to the letter, have achieved the most marvelous results, as did Hahnemann himself; far better than could possibly have been attained in any other way. This kind of practice has become the beacon light that has, and we say *must*, lead the steady and triumphant progress of Homœopathy's hosts. Blot out this beacon light, and the inevitable consequence will be ruin. "Any homœopathic physician who allows himself to drift into polypharmacy, from that moment drifts away from Homœopathy." Then why have so many drifted away from Homœopathy into mongrelism? The only answer then can be *Ignorance* and *Evil Influences*.

Before taking up the subject of polypharmacy let me express my views on the relation of the pharmacists to it. Have they been some of the evil influences at work? To this I have not the slightest hesitancy to say YES. The fault is not ALL with the pharmacists. Yet they have and are exerting a most baneful influence in this matter, one that will work evil to all concerned. They have and are preparing combinations of homœopathic medicines in almost inconceivable numbers. They have and are still continuing to have the temerity to ask homœopathic physicians to buy and use them. They have and still continue to have the audacity to send traveling salesmen and saleswomen to all parts of the United States, who boldly tell of their sales, and unhesitatingly and persistently urge homœopathic physicians to buy them and use them regardless of all proper indications. "These pharmacy venders unblushingly attempt to

tell us exactly what these combinations will cure, and thus insinuatingly encourage in the unwary doctor a lazy, uncertain, and fruitless system of practice." In this way they, by their persistency, virtually force upon the profession all sorts of compounds. The plea of the pharmacists that they must meet the demands of their customers has something of truth in it, but it is not all the truth. Polypharmacy arose, not from an original demand of the profession, but in reality originated with a few unscrupulous manufacturers who have gradually, by various methods, induced a certain portion of the profession to use their unauthorized preparations. In this way a demand has been created, and some physicians beguiled into encouraging this false system. Why this sort of pharmaceutical quackery has been so long tolerated by the colleges and the profession is difficult to understand. Nothing that has yet been done by its avowed enemies is so surely calculated to retard the steady and triumphant progress of Homœopathy as this insidious work of pharmacists. There has been an unexpressed feeling prevalent that this evil would soon be corrected through the silent protest and lack of patronage of the better class of homœopathic physicians. It was a false hope, and the time has come when some decided and unequivocal action should be taken by the profession at large, by our colleges, and by our teachers. Our society, though yet in its infancy, must meet this question without hesitancy or compromise. We must at once take active measures against this evil and place ourselves squarely for Homœopathy and not against it.

This question of polypharmacy, etc., which we think is the soul and body of mongrelism, has been so frequently brought before the profession, and in such various ways, that there scarcely remains a single one who has not heard of it in all the length and breadth of this land. And yet we would maintain that the chief factor of causation is *Ignorance*. Ignorance on the part of the profession, not of the sections



of *The Organon*, heretofore quoted in full, but an ignorance of *how to do better than to prescribe the compound tablet*. Through his ignorance the practitioner loses all faith and confidence in his single dynamized remedy and necessarily drifts into the grossest materialism and polypharmacy. Homœopathy appeals only to the minds of the educated. The ignorant know nothing of it and will have none of it. But if the practitioner and student of Homœopathy only knew the better way—knew how to prescribe the single dynamized remedy; knew it so well and so thoroughly that he could tell another how it must be done; if he could but once after knowing it thoroughly, realize by practice the immense superiority of it, he would never again resort to polypharmacy. He would really have faith and increasing confidence in his remedy, his successes would be marked, and there would come to him a satisfying conviction that he was making real progress in a difficult art. The consequences following necessarily in the train of this kind of practice would be of the utmost worth to him and to Homœopathy in its onward progress and triumph.

But the question now remains, "Why is a *homœopathic physician ignorant of the very essence of his business? Because it has never been taught him*. He has been taught everything else, but not this one thing: "*The Philosophy of Homœopathy and The Art of applying it*." Only within the last few years has there been the opportunity for a student of Homœopathy to learn this in the medical colleges. Those who learned it prior to that time did so through some of the worst of failures. True, they had heard of it in the colleges, but only in so haphazard and often sneering a manner that it made anything but a good impression. After many failures, the undaunted student of Homœopathy laboriously climbed to the heights that gave him an unobstructed view. There are but few who have attained this eminence, and it is to no one's credit but their own. It is high time now that our

medical colleges take up this work. It belongs to them, and the profession must demand that they put forth every effort to thoroughly ground the student in all things appertaining to Homœopathy. In how many homœopathic medical colleges in this country do we find *The Organon* taught as one of the leading branches? Until within the last few years there was not a single one. Now at this present day there is one and only one. We will never have homœopaths like Dunham, Hering, Bœnninghausen, Lippe, and Jahr until *The Organon*, *Chronic Diseases*, and *Lesser Writings* of Samuel Hahnemann are studied as among the principal subjects in our medical colleges. It must not be taught by a student teacher. It must be assigned to the ablest man in the faculty, and he must have the co-operation of every other member of that body. It must not be a secondary study; instead, it must be and is of the utmost importance, of primary worth, and must be taught every day of every session throughout the entire time of four years. The student cannot become too proficient in this knowledge. Nor would I limit the instruction to Hahnemann's writings alone. The classic works of Dunham, the exposition of homœopathic philosophy, and the art of its practice by Hering, Lippe, Hemple, Rau, Goullon, and a host of others should all be included under this subject.

When a student has had a four-years' course as above outlined in addition to all the other branches of medicine and surgery as they are now taught in our medical colleges, no enemy of Homœopathy can do him harm. He will be impregnable against any and all assaults.

What is our duty in this matter? is the question that finally comes to us for answer. As students and practitioners of Homœopathy, individually and collectively, we must demand this of all of our colleges. Our local, State, Interstate, and National societies must take steps at once to

bring this before the colleges in such terms as to command compliance. Our society must demand of the Inter-Collegiate Committee of the American Institute of Homœopathy, that they require this of all of our colleges. These and all other active measures must be taken *now* to rid us of this leviathan of mongrelism that is momentarily taking our life-blood. We must stand united now and forever for Homœopathy, pure and simple, and all that the term implies.—*The American Homœopathist*, May 15th, 1897.

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## VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from page 301.)

From the number of communications I have received from physicians, I am encouraged to believe that the abstract of the testimony given before the Royal (British) Commission on vaccination, now in the course of publication in *THE HOMŒOPATHIC PHYSICIAN*, is exciting some amount of interest in the profession. Naturally, the opinions expressed in these letters vary greatly; but all the writers seem to appreciate the effort to place them in possession of the light thrown upon the subject of vaccination by that memorable inquiry.

I have profited by criticisms expressed by several writers that the very words of the witness should be given in important matters, as the readers of *THE HOMŒOPATHIC PHYSICIAN* can observe by comparing the articles which were published in the numbers for December, 1896, and January, 1897, with such as have appeared later. Among the letters received was one from which I make the following extracts.

It is from a "regular," who looks upon Homœopathy as

“mind cure,” but wanted to get at the substance of the testimony before the Commission, and, learning of the abstracts publishing in *THE HOMŒOPATHIC PHYSICIAN*, has been reading them. After thus introducing himself, he goes on:

“In *THE HOMŒOPATHIC PHYSICIAN* for December, 1896, you say you ‘cannot pretend to be now without an opinion.’ May you not now be so prejudiced that, unintentionally of course, your abstract does not fairly represent the witnesses?

\* \* \* \* \*

“Your abstract of Dr. Thorne’s testimony reads more like a very hostile review than a fair abstract, and although you refer by their numbers to the questions and answers of the witness, you know well that verification on the part of nearly all your readers is almost impossible, for the same reasons that render a *fair* abstract desirable. I cannot accept your judgment of Dr. R. Thorne Thorne ‘as a noteworthy example of official arrogance, ignorance, and dishonesty,’ without further evidence. The gentleman stands too high, at least among the officials and leaders of the profession, to be so dismissed, and I suggest to you the propriety of quoting his own words instead of giving what you claim to be the substance of his statements. I refer particularly to your statements toward the end of page 7 of the January number of *THE HOMŒOPATHIC PHYSICIAN*.”

In accordance with my correspondent’s suggestion, I now present an abstract of Dr. Thorne’s\* testimony, giving his own words in many cases where I did not before do so. It will be for the readers of *THE HOMŒOPATHIC PHYSICIAN* to judge whether my criticism of Dr. R. Thorne Thorne in the January issue of the journal was too severe.

At Q. 764 Dr. Thorne adopts the report of the Epidemiological Society as to the alleged immunity from small-pox of

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\* I call this gentleman *Doctor* Thorne in accordance with our American practice. He is actually M.B. and a Fellow of the Royal College of Physicians. In this country he would, under similar graduation, be *Doctor* of Medicine.

revaccinated nurses in the small-pox hospitals, and says (p. 38b, First Report of the Royal British Commission of 1889), speaking of the staffs of the Metropolitan Asylum's small-pox hospitals: "Then there remain 655. Now, 645 out of the 655 had not only been vaccinated in infancy, but had also been revaccinated before entering on their duties at the hospitals. *Not a single one of them took the small-pox.*"

[But Dr. C. T. Pearce, testifying before the Parliamentary Committee of 1871, stated: "I yesterday visited the small-pox hospital at Highgate, and was not a little astonished when the door was opened by a nurse whose face was scarified by small-pox. \* \* \* I went from Highgate to Northumberland Street, and there had an interview with the assistant clerk, who gave me the astounding information that at Stockwell a nurse recently engaged because she was pitted with small-pox, was revaccinated on her engagement, and she is now in bed with confluent small-pox."

At Fulham Hospital, three of the revaccinated attendants under Dr. Makuna took small-pox. Dr. Sweeting, one of the reputed "authorities" for the report of the Epidemiological Society, says that four of his revaccinated nurses had taken the disease.

At the Lewis Fever Hospital a nurse was engaged. She had been vaccinated in infancy, revaccinated when ten years of age, and re-revaccinated in November, 1881, on her engagement as nurse. She took small-pox shortly after. The House Surgeon of Fulham Hospital stated in January, 1882, that five of his revaccinated nurses had taken small-pox.

Sister Clara (Miss Lumly), a revaccinated nurse at Guy's Hospital, died of small-pox March 19th, 1892. Four professional nurses in the Perth Infirmary, at least twice vaccinated, took small-pox in November, 1889.

Two revaccinated nurses in the Ashton-Under-Lyne Hospital took small-pox. In the Metropolitan Asylum's Board's

annual report for 1894, it is said (page 204): "One male attendant there" (at the Eastern Station) "and one at the Western Station, both of whom had been unsuccessfully (?) revaccinated when appointed, contracted small-pox."

At Q. 801, Dr. Thorne says: "I am afraid that my opinion upon the remote origin of vaccine lymph would be of very little interest to the Commission. I have never studied the question. \* \* \* It has been a matter of little importance to me where it came from, so long as the results as regards small-pox were what they are."

With regard to the source of the supply of calf lymph, with which to originate calf-lymph inoculation, asked if it came within his department (Q. 803), he says: "It did, but I was at that time a traveling inspector in the country, and did not even know of it till I read it in the reports." And (Q. 804) says that Dr. Buchanan will be able to give that information. (He never does.)

Q. 806. "With regard to Dr. Seaton's report to the Local Government Board in 1874, which you put in as evidence, may I take it that in addition to having read the work, you are satisfied of the facts and figures therein contained as being tolerably accurate?" "I accept Dr. Seaton's facts and figures. *I have not verified them.*"

Q. 807. "On page 9 it is stated: 'The estimated annual small-pox death-rate of England in the last century was 3,000 per 1,000,000 of population.' Can you give us any notion how that was ascertained?" "I cannot. I have not the data on which this report was compiled."

Q. 808. "We have been told that there is no means of ascertaining, with any degree of precision, the population of this country in the last century. If that were the case, I presume the figures of 3,000 per 1,000,000 of the population, could not be vouched with any accuracy?" "It is given here merely as an estimate; I suppose it was estimated from the best means he had."

Q. 809. "You are not aware of the basis on which it was founded?" "I am sorry to say we have not the data upon which Dr. Seaton compiled his work."

Q. 810. "There are several tables given here relating to small-pox in Scotland and Ireland. Could you tell the Commission whether before the epidemic of 1871 Scotland and Ireland were considered to be well-vaccinated countries?" "I could not tell you. I really, as I said at the time, handed this book in and gave one or two of its essential features simply from a historical point of view, as showing the basis for the action which the L. G. B. were taking with regard to vaccination. I have no doubt that at the time the facts and figures were verified, and the Local Government Board have practically accepted them as the trustworthy and honest production of Dr. Seaton."

Q. 811. "In the Blue Book for 1871, at page 253, Q. 4,389, Dr. Wood, in reply to the question, 'Can you state whether the operation of the Act of 1863 has largely diminished the amount of epidemic small-pox in Scotland?' Stated 'very largely,' and gave figures showing the decline from 1,646 deaths from small-pox in 1863, to 15 in 1868; 100 in 1869, and 150 in 1870. Now I find that in the year 1871 there were 1,442 deaths from small-pox in Scotland; in 1872, 2,446; in 1873, 1,126; in 1874, 1,246, making a total in four years of 6,260. Do you think if the decline then claimed for the administration of the vaccination Act of 1863 were attributed to the operation of that Act, that the excessive mortality in the following years would render that previous conclusion an unfair or an unjustifiable one?" "I should imagine that the increase during that period of epidemic was precisely on the same footing as the increase which we had in England, and that the arguments which have been used with reference to England would apply in the same way to Scotland."

Q. 812. "You do not think that there was a tendency

there, which possibly has been imitated elsewhere, to claim that when small-pox has subsided coincidentally with the extension of vaccination, vaccination has been responsible for stamping it out, whereas, a subsequent epidemic has disproved that observation?" "I should say that no epidemic that we have any actual details about, has ever disproved the value of vaccination. What the 1871-2 epidemic has done has been to make more certain that the claim originally made as to protection for the whole of life from one vaccination was an unsound claim, and that the protection afforded is one limited in its duration."

Q. 813. "But if the value of general vaccination were held to be demonstrated by the decline from this year, 1863, would not the large epidemic which followed immediately afterwards tend to falsify that conclusion?" "Not necessarily. You might, for example, during the present time put children into a hospital and claim that hospital isolation was the sole cause of diminishing scarlet fever; and then we might have an extremely virulent period of scarlet fever epidemic, when that would be disproved. But such epidemic prevalence of scarlet fever in spite of hospital isolation as one measure of prevention would be no ground for discontinuance of attempts to control the disease."

Q. 814. Referring to Q. 4,008, page 231, where Dr. Lyon Playfair asked: "I hold in my hand a circular from the Poor Law Commission Office, in Dublin, of the 20th of September, 1869. In that circular is the following passage: 'It is encouraging, however, to observe that the present total cessation of the disease in Ireland has been gradually approached since the compulsory vaccination of children has been put in force under the Act of 1863, the annual mortality by small-pox having been for many years previous about 1,000 deaths, on the average, representing, of course, a very much larger number of cases of attack and disfigurement. The course of decrease in the mortality has been as



follows: In 1864 the number of deaths was 854; in 1865, 347; in 1866, 187; in 1867, 20; in 1868, 19; in the first quarter of 1869, 3, and in the second quarter none! Does that, in your opinion, represent fairly the action of the vaccination Act in Ireland?' To which Sir Dominic Corrigan replied: 'I am sure it does.' Would you agree with Sir Dominic Corrigan in that conclusion?" "I do not know that I could with reference to any passage picked out from the middle of the evidence of some man whom I have never met or seen, state whether I agreed with it or not; but I might say, as I have said before as regards England, that where we can study the details of the operation of the vaccination law, there is no question whatever in my mind that vaccination—recent vaccination above all things—is operative to prevent death from small-pox."

Q. 815. "I find that in 1871 in Ireland there were 665 deaths from small-pox; in 1872, 3,248; in 1873, 504; in 1874, 509, and in 1875, 565. Would the results of that epidemic in Ireland in 1871, 1872, 1873, 1874, and 1875 tend to alter in any way the opinion that the operation of the Act of 1863 was the cause of the decline in the preceding years?" "I would beg leave to answer that question at my further leisure. It contains a number of figures and hypotheses, and relates to a country of which I know nothing."

Q. 817. "At page 36 Dr. Seaton says: 'If I have not adverted to any influence which general sanitary conditions may have exercised on the small-pox mortality at home or abroad, it has been because the amount of any such influence is known to be wholly insignificant as compared with that of the presence or absence of effective vaccination in controlling small-pox mortality, especially in young children.' I take it that you would cordially agree with that?" "I would agree with that; and it is undoubtedly to the application of this great prophylactic measure to children (as contrasted with older persons) at a sufficiently early age that the re-

markable saving of life exhibited by the facts brought together in this section is to be attributed."

[The reader is referred to the extract from Florence Nightingale's notes on nursing, given in THE HOMŒOPATHIC PHYSICIAN for March, page 78.]

Q. 818. "That being so, when you find so considerable a diversity in the figures as that shown by the table on page 19, of 13.6 per cent. under five years of age in the mainland rural districts, compared with 26.3 in the small towns, would you attribute that difference to the difference as regard extent and quality of vaccination, rather than to the difference as regards rural healthiness?" "I have already said that the fact of the aggregation of houses on areas, and of people in houses does affect small-pox to a certain extent, and it is well known that it is one of the reasons why small-pox is more frequent in towns than in rural districts."

Q. 819. "It is doubtless true that in the mainland rural districts the chances of introduction of small-pox are less, but why should that affect the proportion of deaths under five years of age to the total deaths?" "You are really asking me to give information as to circumstances upon which I have absolutely no information; if you will kindly limit yourself to the circumstances of England, on which I have information, I will willingly give it to you."

Qs. 775-6 (by the Chairman). are directed to elicit the fact that revaccinations by the public vaccinators were included in the returns made, and for which he is paid, but Dr. Thorne says: "He includes it in his register, but he makes no return of it to the medical department of the Local Government Board; it is, of course, included in his return to the guardians for the purpose of payment."

Q. 777. "But would it be included in his total of people vaccinated in a given time?" "No, we never include it. In fact, the figures I have before me and which relate to the very large increase of vaccination during the epidemic of 1870-71, distinctly do not include revaccination."

Q. 778. "Were not the adult revaccinations included in the figures before 1872, along with the primary infantile vaccinations, in the returns made to the Local Government Board?" \* \* \* "*I am not aware that they were.*"

[The merest tyro in vaccinal statistics *knows* that they were so included.]

Referring (at Qs. 823 and 827, by Dr. Collins) to the answers given by him to Questions 777 and 778, he is asked, were the adult vaccinations "included along with the primary infantile vaccinations in the returns made to the Local Government Board; you apparently said that you were not aware that they were?" "I am sorry to say that matter does not come within my province at all, and I do not know."

Q. 828. "In answer to Q. 787, you said, referring to figures before 1851, 'I am absolutely confident that they are not procurable; not even the number of deaths from small-pox.'"

Q. 830. "Dr. Ogle directed our attention to a table which gave the deaths from 1847 to 1854 from small-pox at different ages?" "I would, of course, bow absolutely to Dr. Ogle; it comes within his province, and it does not come within mine. I may have been in error; indeed, I obviously have been in error, if Dr. Ogle gave you the information."

Q. 831. Calls his attention to Mr. Marson's table of the small-pox hospital, which shows that in every case of the vaccinated, those with one mark, two marks, three marks, and four marks, the mortality is higher in the period 1852 to 1867, than from 1836 to 1851.

Ans. "It is so."

Q. 832. "Could you give us any suggestion as to the explanation of that?" "I am sorry to say that I have *no knowledge* as to what was the quality of small-pox during those periods, or as to whether at one period more than another the severer cases only were admitted, and not the milder ones; in fact, I really have no knowledge that would explain it."

Q. 833. "But do you think that that points to the fact

that small-pox was more virulent in the later than in the earlier period?" "I should say that it must have been more virulent among those patients that Mr. Marson had under treatment."

Q. 834. "Do you observe that in the *unvaccinated* the mortality is lower from 1852 to 1867, than it is from 1836 to 1851?" "I do notice it."

Q. 835. "Do you also notice that in the period 1852-67 the mortality of those stated to have been vaccinated, but having no cicatrix, is higher than in those confessedly unvaccinated?" "I do. Those two figures very often correspond; in fact, there are a great many people of whom it is affirmed that they have been vaccinated because they are afraid that something will happen to them for having broken the law."

Q. 838. "Do you think it at all possible that in that class the invisibility of the cicatrix and the virulence of the disease were in both cases referable to the abundance of the eruption?" "I must decline to speak as to periods, but I can answer you as regards present hospital experience. Patients now, *I am told*, hardly ever, if ever, come into a hospital with the eruption so abundant or at such a stage that it is not quite practicable to see whether there is a vaccination mark or not."

Q. 839. "Was Dr. Gregory, the predecessor of Mr. Marson at the small-pox hospital, an authority?" "*I do not know.*"

Q. 840. "You are aware that he was a predecessor to Mr. Marson?" "I am sorry to say that I had forgotten the fact."

Q. 841. Is a question founded on Dr. Gregory's statements as to the difficulty in determining who had been really vaccinated by *reason of the swollen and pock-covered condition of the arm at the time of the patient's admission* (*Medical and Chirurgical Trans.*, Vol. XXII.), and is here referred to for the purpose of enabling the following to be understood.

Q. 842. By Dr. Savory. "Mr. Marson's statements are explicit on the subject of the absence of the cicatrix?" "They are. The patients are stated to have been vaccinated, but having no cicatrix."

Q. 843. "There is no reference in Mr. Marson's writings to the difficulty of recognizing the cicatrix?" "I cannot recall that, but I am perfectly confident from what I knew of Mr. Marson, that he would never have put down 'having no cicatrix,' if he did not *know* that they had no cicatrix."

Q. 844. (By Dr. Collins) quoting a paper by Mr. Marson (*Medical and Chirurgical Trans.*, Vol. XXXVI, page 374): "Patients were never entered as vaccinated in the register unless the account of the vaccination was a tolerably clear one." "Then, again, do you think that the possibility of the doubt in the case of those stated to have been vaccinated, but, having no cicatrix, may have been due to the obscuration of the cicatrix by the abundance of the eruption?" "I should not like to base any answer on a mere quotation from a paper of that sort, without reading the paper."

With reference to Q. 845 (Jan. No., page 6), to the question, "How many marks Jenner required for complete protection?" Dr. Thorne's words in reply were: "I think I might mislead the Commission if I attempted to go into the early history of vaccination. I think I said on the last occasion that it is not a subject that I have studied in any detail."

Q. 846. "Are you aware that Jenner, in his *Further Observations*, page 109, said: 'A single cow-pox pustule is all that is necessary to render the variolus virus ineffectual?'" "I believe you are perfectly correct. I remember the statement, and it is one of a number of statements in which Jenner's experience was not, I assume, sufficiently lengthened and exhaustive to guide us at the present day."

Q. 848. (By Mr. Bradlaugh). "I understand Prof. Michael Foster to put it to you whether other authorities of later

date on vaccination, had not repeated the declaration of Jenner, they having had opportunities of experience which Jenner had not?" "I am very sorry not to be able to give a definite answer, but the early history of vaccination is not a subject with which I profess to be well acquainted. My experience of vaccination mainly refers to comparatively recent years."

Q. 849. (By Dr. Collins). "I have here the last report of the Metropolitan Asylum's Board, which gives recent evidences for the year 1888, and I find on page 49, in the report from Dr. Birdwood, that he says: 'In revaccinating I have continued the practice of doing so in one place only. The results are quite as protective as if five or six vaccination scars had been produced.' No person employed at the ships has contracted small-pox during the year?" "I think that fully confirms what I have said, that even one good mark protects for a certain period. Nurses do not remain for the whole of their lives in these ships, and therefore the period of observation must necessarily have been a limited one."

Q. 850. In Vol. XXIV of the *Medical and Chirurgical Trans.*, page 33, Dr. Gregory says: "I think, from these cases, the cicatrix cannot be relied on as affording any certain test of the degree to which the constitution has imbibed an anti-variolous influence." "So that it would appear from Dr. Gregory, who apparently had as abundant opportunities of investigating as Mr. Marson, that his observations had led him to an opposite conclusion?" "I cannot pretend to go behind Dr. Gregory's facts: I never read his paper."

Q. 852. "Perhaps you are aware, with regard to the protection of nurses by revaccination, that the experiment was tried at the South Dublin Union Hospital of not revaccinating nurses?" "I believe that is doubted, but I do not happen to have the facts in my mind at present, and I cannot speak upon that point."

Q. 853. In *The Medical Press and Circular* for March 27th.

1872, in a paper read before the Surgical Society of Ireland, Mr. Frank Thorpe Porter, of the Small-pox Hospital, Dublin, says: "With reference to revaccination, I have no faith in it. Not one of the thirty-six attendants at the South Dublin Union Sheds has taken small-pox. Only seven of the number were revaccinated, and as the remaining twenty-nine enjoy the same immunity, wherein is the necessity of the operation?" Ans. "Does he happen to say whether they had had small-pox before?"

Q. 854. "He does not." "Then I should say that the evidence is of no value whatever without that information."

Here, to discredit the testimony of facts which do not favor his theory, Dr. Thorne assumes the autoprotection of small-pox, another theory, without any evidence to support it.

Q. 860. "Do you think that London is much better vaccinated, or much more vaccinated now than it was before the epidemic of 1871?" "I see, taking the returns for 1885, that seven per cent. of the births in the metropolis are unaccounted for as regards vaccination. That would, to some extent, answer one of your questions?"

Q. 861. "Could you tell whether the percentage unaccounted for would have been much larger before the epidemic of 1871?" "*I really do not know.* I know that a vast number of people in London were vaccinated and revaccinated during that epidemic, and, therefore, I should assume that there are now more vaccinated people in London than there were before the period of that epidemic."

Q. 862. "Can you give any estimate as to the percentage of Londoners who were vaccinated in 1871?" "*I cannot.*"

(Qs. 870 to 898 are noteworthy only as affording evidence of Dr. Thorne's skill in shuffling and evading unpleasant questions. I do not think it worth while to occupy Dr. James's space, or to weary the reader by reproducing them. If, after reading the preceding, any one still doubts Dr.

Thorne's ignorance of what he ought to know, or wishes to study the tricks of a shuffling witness, he can refer to the original blue-books.)

Q. 899 calls Dr. Thorne's attention to his answer to Q. 744, where he says: "So far as we have been able to gather, there is absolutely no other explanation for this marked reduction of small-pox mortality amongst children, except the mere fact that children are nearest in point of time to the date at which they were vaccinated?" He reasserts this opinion.

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### DIFFERENTIATION OF PULSATILLA AND PHOSPHORUS,\* WITH ILLUSTRATIVE OBSERVATIONS.

B. L. B. BAYLIES, M. D., BROOKLYN, N. Y.

I do not know that the diagnosis of the two remedies, Puls. and Phos., will gratify the "grave and reverend" seniors of our Association, but may interest and encourage less erudite members and associates to studiously analyze and compare the related individuality of our materia medica. Such a study is not original or creative, but practical.

Phosphorus has an excitable temperament, and is easily angered, is often given to melancholy, languor, and apathy, yet sometimes seized with spasmodic laughing and weeping; has often frightful visions and hallucinations; at the approach of night, fear and apprehension of death; is disinclined to mental and physical work, slow of thought, and of difficult utterance; is physically weak, with numb and paralytic feeling of the hands and feet, heaviness of the lower limbs, slowness of motion and locomotion, sensitiveness over the spines of the dorsal vertebræ, the flexor muscles of the lower ex-

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\*Read before The International Hahnemannian Association at Niagara, June, 1897.



tremities inclined to contract, and painful on pressure; sensation of great weakness across the umbilicus, and in the lower abdomen.

Pulsatilla is of variable humor, often alternating smiles and tears; timid and fearful of ghosts, anxious about health and business, despondent and tearful when narrating her complaints, capricious, fretful or impatient, given to covetousness, is physically troubled with tremulous weakness, trembling with cold perspiration, stretching and yawning, drawing and jerking pains in the muscles, erratic pains in the joints, better by motion, is worse from lying on either side, especially on the left side; when worse from lying she is relieved by rising or sitting, but weariness and weakness often compel the recumbent posture; is predominantly better by change of position and motion, while Phosphorus is relieved by rest. Pulsatilla has fear of ghosts, but has not, like Phosphorus, frightful visions and hallucinations.

A young married woman having seen an insane person, was greatly terrified by the recollection, with fears that she herself would become insane. Becoming pregnant, she had, during gestation, quite profuse monthly hemorrhages of dark and clotted blood, which caused her much apprehension, with weeping and trembling. On each occasion Pulsatilla quickly arrested the flow, a cheerful and normal state of mind returned, and a healthy child was born at full term.

Phosphorus has weakness of head, heavy, dull, stupid, numb, and dizzy feeling, or bruised and beaten sensation of the brain, burning and fullness of the head. Both Pulsatilla and Phosphorus have stitching pains, Phosphorus in the temples, sides of the head, crown, and occiput; Pulsatilla in the forehead, temples, and occiput. The stitching pains of Pulsatilla may extend from the occiput through the ears. Both have pulsation and pressure in various parts of the head, Phosphorus pressure alternately in the temple and top of the head; both, pulsation in the occiput, that of Phos-

phorus, on rising after stooping; that of Pulsatilla is a severe hammering. Pulsatilla has rhythmical throbbing, beating of the pulse in head distinctly heard. Most distinguishing characteristic feelings of Phosphorus are the numb, stupid, bruised and beaten feeling of the brain, burning and fullness of the head. Both have vertigo and staggering while walking, as if intoxicated; Pulsatilla has the peculiar symptoms, confusion and hollow feeling in the head. The head felt like a lantern; also headache, as if one had eaten too much, causing disorder of the stomach; both feel better in the open air. Phosphorus is relieved of a pressive one-sided headache by walking in the open air. The hair of Phosphorus is painfully sensitive to the touch; there is sensitiveness at the vertex, as though some one were pulling the hair; the hair falls. Pulsatilla and Phosphorus are better when lying with head high. Pulsatilla so, predominantly.

I will not attempt to describe all their various affections of the eye, remarking, however, the twitching eyelids common to both. A peculiar sensation of Pulsatilla, which reminds us of *Crocus-sativa*, is as if mucus were hanging before the eye that obscured the vision, and that could be wiped away. Phosphorus has icteric hue of the conjunctiva, sees better when the pupils are dilated by shading the eyes with the hand, suggesting the ability of Phosphorus to cure cataract.

A lady of sixty-five years, a patient of the writer, was healed of cataract by Phosphorus, the diagnosis of her case having been confirmed as such by a well-known oculist.

Pulsatilla is troubled with redness and swelling of the external ear, pain in the ear, as if something were forcing outward, jerking in the ears; itching and stitching in the inner ear. Phosphorus also, pain in the external ear, better from pressure, feeling of pressure in both ears, burning and violent stitches through the ear and teeth at night. Pulsatilla has murmuring in the ear rhythmical with the pulse, diffi-

cult hearing, as if the ears were stopped. Phosphorus hyperæsthesia of all the senses, especially of hearing and smell, reverberation of all tones spoken in the same pitch; on waking from sleep, sound of words seems too loud. Pulsatilla re-echo in the ear, cracking in the ear on moving the head or body, tinnitus aurium, as in cinchonism.

Phosphorus has frequent sneezing, sneezes spasmodically, with violent pain in the head, distortion of the limbs, and constriction of the chest. Sneezing aggravates the unpleasant *stuffed* feeling of the chest. Nose is swollen and painful to the touch, nostrils internally inflamed or ulcerated, sensation of dryness with bleeding, sneezing in the morning, with tearing pains in the throat; watery coryza in the open air. Pulsatilla, sneezing in the evening in sleep, in the morning in bed, coryza with impaired smell and taste, epistaxis, blowing blood from the nose in the morning; Phosphorus, frequent alternation of fluent and stopped coryza, frequent sneezing, with pressive pain in both sides of the head; profuse epistaxis; later attacks attended by profuse sweat; bleeding of the nose several times a day, blowing of blood and yellow mucus from the nose, and mucus streaked with blood. This condition occurring in the second stage of acute catarrh. Phosphorus easily arrests, but does not prevent its recurrence—a disappointment to physician and patient. Satisfaction can only arise from abortive treatment in the first stage. Pulsatilla has green, offensive discharge from the nose, purulent discharge from the right nostril, stopped catarrh with ulcerated nostril, stoppage in the evening; in the morning, thick, yellow mucus blown from the nose. Phosphorus, stoppage alternately right or left, evening and morning, so that she could only breathe with the mouth open; with pain extending to the middle of the forehead. Pulsatilla, pressive sensation in the root of the nose, pains in the bones of the nose. Phosphorus is especially sensitive to offensive odors. Pulsatilla has smell as of old

catarrh in the nose, fictitious smell of tobacco and coffee. The idiopathic hemorrhages of the nose, lungs, or stomach to which Pulsatilla corresponds, are often vicarious of suppressed menses. Those related to Phosphorus result from acute local hyperæmia, or from degeneration of the tissues: ulcers, necrosis of bones or blood-vessels, as in apoplexy and purpura hæmorrhagica. A man fifty-eight years of age, exsanguineous, sallow, and cachectic, feeble, and short-breathed from slight exertion, partially hemiplegic on the right side, had almost constant laryngeal cough, with each cough expectorating bloody, frothy mucus, and blowing similar matter from the nose; the lower limbs felt heavy and clumsy; auscultation showed dilatation and atrophy of the heart. Phosphorus arrested the cough and hemorrhages, and reduced the paralysis on several occasions, but over-exertion and anxiety increased the weakness of the heart, hastening death by pulmonary apoplexy. Both Phosphorus and Pulsatilla have paleness of the face; Phosphorus, the hippocratic face, sunken, with anxious look, and deep hollow eyes, surrounded by blue rings; or, the face may be red and congested or icteric. Puls. has sudden redness of the face, or redness and burning of the right cheek, more in the open air; swelling of the lower lip, cracked in the middle; Phos. —lips dry and parched, lower lip deeply cracked in the middle; both have twitching of the facial muscles: Puls., twitching of the lower lip, drawing, jerking pains in the lower jaw; Phos., trismus, closure of the jaws so that he could not separate the teeth; the gums bleed easily from the slightest touch, and ulcerate; drawing, jerking toothache, from cool air or taking anything warm into the mouth; carious teeth, teeth fall out, necrosis of the upper or lower jaw. Puls. has drawing, jerking, or sticking, digging pains in the teeth, changing from one jaw to the other, from taking anything very *warm* or *cold*, by warmth of bed, by chewing; at 6 to 11 P. M., better by draft of

cool open air; sore gums, throbbing of the gum rhythmical with the pulse. The throat is covered internally with tenacious mucus in the morning; dryness of the throat and mouth extends to the tip of the tongue. Phos. has much coughing, expectorating gray, salty mucus in the morning; cough worse from singing, mucus hawked up in the morning is cool. Puls. has dryness of the throat and mouth, with sensation on swallowing as though the throat were constricted posteriorly and closed; dysphagia, as from paralysis of the pharynx. Phosphorus, throat sore, as if grown together, while swallowing or not swallowing; pain in the larynx on external pressure. Puls., sensation of clawing and scraping in the throat as after violent vomiting, not felt while swallowing. Sensation of swelling in the throat and rawness in the trachea on swallowing. Phos., sweet taste in the throat with accumulation of saliva, acidity in the throat, and scraping in the pharynx, rawness and soreness in the throat with dark redness posteriorly; throat sore, as from swelling of the uvula.

Puls., sensation of swelling, sometimes in the upper, sometimes in the lower throat; on swallowing, pain as though the uvula were swollen, sensation as if something acrid were on the palate, as if the palate were raw on swallowing. Phos., burning in the throat and nose, down the throat, and in the stomach; rawness of the throat, with violent coryza; pain in the throat when sneezing and yawning; pressure in the throat extending to the stomach. Puls. has burning in the pharynx after vomiting; stitches in the throat when not swallowing, none when swallowing; scraping and dryness in the throat, causing paroxysms of two or three coughs; sensation as of Sulphur vapor in the throat while coughing. Phos., scraping of the throat provokes cough in the open air; violent sticking irritation to cough; pressure in the throat, with swelling of the tonsils, the touch of which causes a hacking cough; great swell-

ing of the tonsils; tonsils enlarged with much dysphagia; swelling of the left tonsil, impeding motion of the head. Puls., attacks of constriction, or retching pain in the pharynx, as if one had swallowed too large a morsel of bread; sensation as of a worm creeping up in the throat. Phos., fullness in the upper pharynx, as if the food stood high up, and must be vomited, without nausea. Puls., dysphagia, as from paralysis of the pharyngeal muscles. Phos., parotid gland tense and painful on stooping, painful to the touch; burning in the parotid gland, throbbing in the carotids. Puls., boring pain, drawing tension in the submaxillary glands.

Without further extending, at this reading, the parallel or contrasting symptoms of Phosphorus and Pulsatilla, I conclude with a few practical observations. The two remedies have in common some very prominent traits: both are disposed in general to lie upon the right side, which may be attributed possibly to their irritative influence upon the nerves of the stomach or heart; the sensation, burning soreness and fullness, nausea, eructations, and vomiting of Phos. are accompanied by craving thirst for copious cold drinks, ejected as soon as they become warm in the stomach; while the gastric burning, eructation, mucous-bilious vomit of Puls., are frequently unattended by thirst or local soreness. Both, if in bed, rise to the sitting posture when coughing; Puls. to relieve threatened suffocation attending the cough, and aid expectoration; Phos., to relieve soreness, tightness, and stitches in the middle of the chest, sometimes extending from the sternum to the interscapular space. It assists this relief from posture, by pressure of the chest with the hand.

A pregnant woman with albuminuria and general anasarca was troubled immediately on lying down with burning in the stomach, chest, and throat, and cough that compelled her to sit up in bed to prevent suffocation. Puls. removed

these symptoms, gradually increased the quantity of urine from seven to eighty ounces daily, with proportionately diminished albumin, and restored her to health. Puls. has muscular, jerking, and twitching pains worse when lying on either side, palpitation worse when lying on the left side, headache worse when lying with the head low, stitching, drawing pains like labor pains, extending from the lower back upward and forward through the abdomen, from the back forward, terminating with stitches in the region of the stomach.

The case of peritonitis and appendicitis which I reported at the last meeting as cured by Pulsatilla, presented these peculiar pains between the back and abdomen, and other characteristics, with the conditions of aggravation or amelioration, as to position and periodicity, belonging to this remedy.

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## VACCINATION.

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

Much has been said at the meetings of the I. H. A., and in representative Hahnemannian journals, that by inference, if not by innuendo, conveys the idea that a belief in vaccination and Homœopathy (there is only one Homœopathy) are antagonistic. To confute this, I quote from *The Organon* (Stratton's translation, Introduction, page 75). The same, with some difference of phraseology, is on page 226 of Dudgeon's translation.

Could vaccination protect us from the small-pox otherwise than homœopathically? Without mentioning any other traits of close resemblance which often exist between those two maladies, they have this in common—they generally appear but once during the course of a person's life; they leave behind cicatrixes equally deep; they both occasion tumefaction of the axillary glands; a fever that is analo-

gous; an inflamed areola around each pock, and, finally, ophthalmia and convulsions.

The cow-pox would even destroy the small-pox on its first appearance; that is to say, it would cure this already existing malady, if the intensity of the small-pox did not predominate over it. To produce this effect, then, it only wants that excess of power, which, according to the law of nature, ought to *correspond* with the homœopathic resemblance, in order to effect a cure. Vaccination, considered as a homœopathic remedy, cannot, therefore, prove efficacious except when employed previous to the appearance of the small-pox, which is the strongest of the two.

In this manner it excites a disease very analogous (and consequently homœopathic) to the small-pox, after whose course the human body, which, according to custom, can only be attacked once with a disease of this nature, is henceforward protected against a similar contagion.

And in the *Leipziger Popularen Zeitschrift für Homœopathie* for August, 1897, page 143, there is the following by Dr. H. Goullon, Weimer, Germany: "In an autographic letter of Hahnemann's, dated Coethen, August 26th, 1825, which is now before me, there are the following memorable words: 'What injury have the shameful (*schändlichen*) attacks on cow-pox vaccination done to it? Nothing! nothing at all! They have only served to cause its virtues to be more thoroughly investigated and understood.'"

I hope that hereafter those homœopaths who waste so much time in denouncing vaccination will remember these quotations from Hahnemann, particularly the last one, and those also whom they address.



## NOT ENOUGH HOMŒOPATHY TAUGHT.

J. M. SELFRIDGE, M. D., OAKLAND, CAL.

In talking with a Medico one day, 'twas said to me,  
I much regret to say it, but the same it is too true,  
That in our college Medics the professors, if they knew,  
Teach not unto the students, except in small degree,  
The science therapeutics known as Homœopathy.

That this was true, in my reply, I said, I knew before,  
That fairness did not fill the minds of all of those who taught  
When teaching trusting students such therapeutic rot,  
In which was nothing new at all, but much from days of yore,  
And nearly everything they taught was allopathic lore.

Besides, it is not honest, when they go expecting more  
Of the law of true *Similia*, the only law of cure:  
When *Similia Similibus* is the *Curanter* sure,  
To teach them how to palliate, and all such stuff, before  
They're made to understand true homœopathic lore.

Protest we may, they still pursue their methods just the  
same.

They yearly send young Medicos, in name of science true,  
Who, seeking out a clientele, they all (except a few),  
A mongrel sort of practice give, and seem to think it's game,  
When told what's true, that all they do, is homœopathic but  
in name.

It's fraud upon the public all, in that it does deceive,  
When asked for true *Similia*, to give crude drugs the most,  
It gives unto the allopath a chance for us to roast,  
They say we all are practicing what *none* of us believe,  
And, doubtless, think they honest are—they say we *all* de-  
ceive.

Enough of this, let's turn the page and see what we can do.  
 A club we'll have, we'll study hard, *The Organon* we'll teach.  
 For those who wish to know the truth we'll surely outward  
 reach.

We'll ground them well in what is old, as well as what is new,  
 And do the very best we can to teach at least a few.

Unto what class of Medicos shall we our call extend?

To males alone? To females? Yes; for they are doctors,  
 too.

Or to such men whom we all know in doctrine to be true?

To men alone say two or three, while others, they contend  
 That all such thoughts are narrow ones—to *broadness* is the  
 trend.

And this, I think, is just the thing—the women, they are  
 here;

They're surely in as Medicos, we cannot keep them out;

And if we try we'll surely fail—they know what they're  
 about.

Then teach them well the doctrine pure, for though I'm not  
 a seer,

They're here to stay, say what we may; then teach and have  
 no fear.

There's one objection, I have heard, 'gainst women doctors  
 urged.

The code of ethics they don't heed, but kick the traces o'er.

They seem to think their crinoline protects them evermore

In everything they do, or say, e'en far beyond the verge

Of ethics' laws, that's due to all, though pantaloons'd or  
 serged.

There's one thing sure, with all our pride, it may as well be  
 said,

The world's not ours, 'tis long and wide, and ev'ry one may  
 choose

A work in life, 'tis ope to all, be't medicine or muse;  
For men and girls do what they please (providing they don't  
wed);  
Then don't forget, we men don't own a corner lot in Med.

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VACCINATION IN THE LIGHT OF THE ROYAL  
BRITISH COMMISSION.

37 Victoria Road,

DARLINGTON, ENGLAND, September 12th, 1897.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

For many years I have worked, and suffered, in opposing vaccination. It has therefore been to me a very great delight to notice the enormous increase in the opposition to this rite in this country. But up to a recent time there has been but little to observe of opposition in the United States. Recently the articles in THE HOMŒOPATHIC PHYSICIAN have filled me with hope, and I now write to give you my most cordial thanks for thus opening a powerful medical paper to the discussion of the subject, and for permitting Dr. Leverson to inform your readers as to the doings of our Royal Commission. I hope that there will be a present reward for you in the thanks of your readers, but in any case, you have done a noble thing in helping the weak against one of the most impudent, useless, and mischievous superstitions that have ever been imposed on the helpless, innocent, and suffering children of men. Is the profession never going to ask to be relieved of the odium of the penal laws it has ignorantly imposed upon us?

I am yours truly,

ALEX. WHEELER.

## CONTRADICTIONS OF A VACCINATIONIST.

19 Broadway,

NEW YORK, September 8th, 1897.

TO THE EDITOR OF THE HOMŒOPATHIC PHYSICIAN.

SIR:—There is a precious piece of contradiction of Dr. Sweeting, *by* Dr. Sweeting, in that gentleman's evidence before the Royal British Commission, as given in THE HOMŒOPATHIC PHYSICIAN for August (pp. 299, 300), to which the learned editor of the abstract has hardly done justice, even in his note on p. 300.

At Q. 3,751 Dr. Sweeting says that he agrees with Dr. Gayton (another official advocate of vaccination) "that the vaccinated are drawn from a more neglected class," but "not that that would raise their mortality from small-pox," but at Q. 3,757 he says that "as regards progress and course of disease" (including, of course, its *fatality*) "there might be a difference according to the state of life and previous history of the patient; antecedent circumstances might have some effect upon the severity of the disease" (*i. e.*, upon its *fatality*), "but, in *my opinion*, would not have any effect upon the liability to attack." So that at (say) one o'clock Dr. Sweeting is of opinion that such things as dirt and malnutrition would affect the attacks, but not the fatality of small-pox; and at (say) five minutes past one the same Dr. Sweeting is of opinion that these causes might affect the fatality but not the attacks.

So that what Mr. Milne called "the unanimity of the unanimous" is here observable not only with regard to one another, but each with himself.

When will the profession of medicine repudiate these quacks, and the public open its eyes to their ignorance and cruel disregard of human suffering?

Respectfully,

E. C. TOWNSEND.

## DUNHAM MEDICAL COLLEGE.

The Editor has been requested to publish the following letter to correct a prevalent misapprehension due to irresponsible statements:

(Copy.)

### STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION.

INDIANAPOLIS, IND., August 20th, 1897.

C. S. FAHNESTOCK, M. D., Dean of Dunham Medical College,  
Chicago.

DEAR DOCTOR:—Replying to your favor of the 19th, will say the Dunham Medical College, of Chicago, Ill., is in good standing with and fully recognized by this Board, all reports to the contrary notwithstanding.

Very truly,

(Signed) WM. F. CURRYER, M. D.,  
Secretary.

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### PECULIARITIES OF THE X-RAYS.

Dr. Andrew Wilson in his *Science Jottings* in the February, 1897, number of the *Illustrated London News*, gives a pleasing suggestion of the possibilities for further usefulness which may perhaps be yet found in the recently discovered power of the Roentgen Rays. The doctor says: "That there is more in the X-Rays than at first sight appears is evinced by the accounts we are receiving of certain peculiar effects these rays exert on the human skin. In one case a patient lost his hair after exposure to the influence of the Roentgen rays, and now we hear of cases in which skin inflammation has been produced by them. The symptoms described by a medical man who had subjected himself for scientific pur-

poses to the new photography were of fairly severe character. These incidents appear to prove that the rays are of singularly powerful nature, and that some useful application or other of the at present undesirable effects may not be at all an unlikely discovery. It would indeed prove interesting if, in addition to their diagnostic powers, a curative action of the rays were noted."—*Montreal Homœopathic Record*.

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### INVESTIGATION OF INFANTILE SCURVY.

The American Pediatric Society is making a Collective Investigation of Infantile Scurvy as occurring in North America, and earnestly requests the co-operation of physicians through their sending of reports of cases, whether these have already been published or not. No case will be used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished on application to any one of the committee. A final printed report of the investigation will be sent to those furnishing cases.

J. P. CROZER GRIFFITH, M. D., *Chairman*, 123 S. 18th St., Philadelphia.

WILLIAM D. BOOKER, M. D., 853 Park Ave., Baltimore.

CHARLES G. JENNINGS, M. D., 457 Jefferson Ave., Detroit.

AUGUSTUS CAILLE, M. D., 753 Madison Ave., New York City.

J. LOVETT MORSE, M. D., 317 Marlboro St., Boston.

*Committee.*

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### APPENDICITIS.

Notwithstanding claims to the contrary, twenty cases of appendicitis to one are cured permanently without operation.—*Professor Wm. Pepper, formerly Provost of the University of Pennsylvania.*

## ANTI-TOXINE.

“It has been said that I have been prejudiced against the use of anti-toxine. If there is a specific against diphtheria I want it. No member of this Academy, no member of the profession in any portion of the world, needs it more than I do. *I could not possibly have brought myself to the decision in which I find myself to-night had it not been for my strong conviction regarding the injurious effects of anti-toxine. It is because I believe that it is dangerous that my convictions compel me to speak. The time will come, gentlemen, when every member of this Academy will feel with relation to it as I do to-night, and you will come to my conviction, as various members have already done.*”—*Our Dumb Animals.*

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## VACCINATION LIES.

Dr. Corfield (as reported in the newspapers) stated at St. George's Hall that the French soldiers practice vaccination and revaccination, and that consequently, although epidemics of small-pox are frequent in Paris, there has been no case of it in the Parisian Guard for seventy years. But upon inquiry from a French army surgeon it turned out:

(1) That small-pox epidemics are not frequent in Paris.

(2) That although every French soldier is vaccinated and revaccinated the mortality from small-pox in the French army during the epidemic of 1871 and 1872 was terrible.

(3) That there is no such corps as the “Parisian Guard.”  
—*Fashions of the Day in Medicine and Science, by H. Strickland Constable. Leng & Co., Kingston-upon-Hull, 1879, page 23.*

## BOOK NOTICES.

A MONOGRAPH OF DISEASES OF THE NOSE AND THROAT.  
By George H. Quay, M. D., Professor of Rhinology and  
Larynology, in the Cleveland Medical College. Phila-  
delphia: Boericke & Tafel, 1897. Price, cloth, \$1.25 net;  
by mail, \$1.33.

This book of over two hundred pages is a concise description of the various diseases of the throat with the method of treatment. This method is a mixture of homœopathic indications for remedies and of the newer methods of the old school as adjuvant treatment. The book is gotten up of nearly the same size and uniform in binding with Bell's latest edition of *Diarrhœa* and Douglass' *Tongue Repertory*, both of which have been reviewed in these pages. It is also supplied with quite a number of illustrations.

The adjuvant treatment forms a very large part of the therapeutics of the book. Thus, in acute nasal catarrh, the author recommends the inhaling of Ammonia and Menthol crystals. He recommends also a spray of Menthol and Cocaine, to be used only during the watery stage, and not after that, as he believes it will prolong the attack if applied when the discharge becomes thick. A number of good indications for homœopathic remedies are then given. In the chronic form he gives quite a number of douches, and follows with a number of indications for the homœopathic prescription of remedies. He also recommends galvano-cautery in the chronic form. He seems to have no misgivings as to the chance of complications growing out of this cauterizing method of treatment. The writer of this notice has seen lung complications result from it, and also extensive ulceration resulting in fistulæ opening upon the bridge of the nose, and the ulceration extending upon the skin of the face.

In hypertrophic rhinitis he recommends surgical treatment and the use of very caustic acids. He is, of course, very careful to note the necessary precautions to be taken. He also recommends for the hemorrhage arising from operation, Peroxide of Hydrogen (Marchand's) and also applications of Marchand's *Glycozone*.

Atrophic rhinitis is also treated with Marchand's *Glycozone*. Homœopathic indications for remedies are given, but he holds out very little encouragement for success with them.

Deviation of the septum is fully treated, and yet without an excess of verbiage. It is due either to traumatism or inheritance, and it is corrected only by operative procedures.

The writer of this review has seen some remarkable instances of deviation due to inheritance, where several individuals, all belonging to different generations of the same family, invariably had the deviation. It was even apparent at a glance, when looking into the patient's face, without any internal inspection.

In treating hay fever, while he gives the homœopathic indications for remedies—



and they are very meagre—he does not place much reliance upon them, but upon various applications to the nose. Various other diseases of the nose are briefly treated, and then the author proceeds to the consideration of the associated diseases of the throat. He does not, in any of these, confine himself to homœopathic remedies, but, besides the usual operative methods, gives various means of treatment with crude drugs applied to the surfaces. In the homœopathic indications for tonsillitis he omits *Lycopodium*. With this drug in potency we have produced the most brilliant cures. Abscesses have been aborted by it, and the whole attack wonderfully shortened. Of course, the special indications for *Lycopodium* must be present, else it is of no use.

In all these nose troubles, with due respect to the learning of the author, we think he does not lay stress enough upon the factor of inheritance acting through the chronic miasm of psora, nor upon the need of adherence to the homœopathic remedies. His treatment is too suggestive of suppression of appearances. Neither does he anywhere speak of these diseases, especially acute, chronic, hypertrophic, and atrophic rhinitis, being often dependent upon suppressed gonorrhœa. The writer hereof is well persuaded of the truth of this observation. We do not overlook the fact that the author admits that “there is evidently a close sympathy existing between the genital organs and the nasal erectile tissue or corpora cavernosa.” In this we cordially agree with him, and we are persuaded that we have seen cases of chronic rhinitis or chronic coryza in men aggravated, or, it may be, caused by excessive continence or abstaining from sexual indulgence. Of course, the scrofulous miasm was back of it all.

Another observation the author might have made, and that is the decline of intellectuality in the presence of these nose affections: This decline, ranging from mere stupidity and “thick-headed” blundering to downright imbecility. Lord Dundreary, in the play of “Our American Cousin,” is a vivid illustration. The conception of this character by the writer of that play shows close observation and a very creditable insight into the peculiarities of these nose troubles on the part of a layman.

THE EYE AS AN AID IN GENERAL DIAGNOSIS. A handbook for the use of students and general practitioners. By E. H. Linnell, M. D., 618 Minor Street, Philadelphia: The Edwards & Docker Co., 1897. Cloth bound. \$2.00.

This book, as is indicated by the name, is designed to afford the practitioner in general medicine an additional means of diagnosing diseases by taking advantage of the appearances afforded by the eye. These appearances “afford valuable aid not only in the diagnosis of diseases of the central nervous system, but also of constitutional affections and diseases of other organs.”

The first chapter gives the affections of the external eye, lids, conjunctiva, orbit, and cornea.

The second chapter deals with the ocular muscles for moving the ball of the eye. The peculiar affections of these muscles, and the diseases they indicate or suggest are given.

Affections of the lens and iris, and their relationship to general diseases are made the subject of the third chapter.

The fourth chapter deals with the appearances perceived by aid of the ophthalmoscope. The author thinks that every one should be familiar with the manipulation of the ophthalmoscope, and that it should be a common, every-day instrument in the hands of those who do not make a specialty of eye treatment. No physician should attempt to treat cases involving lesions of the kidneys without having the capacity to use the ophthalmoscope and the inclination to put it into service in detecting these affections of the renal glands.

The relation of retinitis albuminurica to pregnancy is specially discussed, and attention is also called to retinitis syphilitica, diabetica, and leukæmica. Gouty retinitis and "choked disc" are treated, and then special affections of the optic nerve are considered.

Chapter fifth discusses questions of sight, and in a more abbreviated way goes over the ground discussed in Dr. Ranney's book on *Eye Strain*, which was reviewed in the August number of this journal.

The distribution of fibres in the two optic nerves and to either eye is discussed and the plan of these fibres from their origin in the cortex of the brain to their termination on the retina of each eye is vividly shown by a beautiful colored plate.

Finally there is a table consisting of a list of diseases with the eye-appearances, internal and external, occurring for each disease. This table is very good as far as it goes, but we suggest that there should be another chapter following this one in which the table is exactly reversed, the eye-appearances being placed in alphabetical order and the names of the diseases which they indicate being placed immediately after them. Such a table as this would be of very great service and very much enhance the value of the book. It is intended to be a standard book of reference and consultation, and this arrangement would at once establish its reputation.

In chapter seventh we have a discussion of the relation of ocular affections to functional nervous diseases, especially epilepsy, chorea, neurasthenia, and hysteria. This, also, is ground touched on by other authors, and particularly the one before quoted.

One of the most interesting parts of the book is the section devoted to the effect of toxic influences upon the eye. Of this class of influences attention is most held by the consideration of the effects respectively of whisky and tobacco. The effects of Quinine, Salicylate of Soda, Ergotine, Caffeine and other drugs are given, and then we have the effects of toxic agents not medicinal, as Aniline, Arsenic, Snake poison and Phosphorus.

Books like this one are, to the study of diseases and their diagnosis, what the *Repertory* is to the study of the materia medica—they are indispensable.

TREATISE ON SPERMATORRHŒA, IMPOTENCE, AND STERILITY. By William Harvey King, M. D., Professor of Electro-Therapeutics in the New York Homœopathic College, Metropolitan Post-Graduate School of Medicine, and

the New York College and Hospital for Women. 178 pages. New York: A. C. Chatterton & Co., 133 William St. 1897. Price, bound in cloth, post paid, \$1.50.

This important book treats of the sexual diseases of men of a functional character from the standpoint of the physician and not that of the surgeon.

The author is a specialist in electricity, and his principle of treatment is, therefore, electrical. Nevertheless, he gives a few indications for homœopathic remedies. He has evidently had much opportunity to observe this kind of cases. His hygienic management of them is admirable, and will lead to frequent consultations of the book in treating this class of cases. As the author well says in his preface, the hygienic management is "the keynote of the successful treatment of a large proportion of such cases."

The authorities quoted by the author are Gross, Ultzman, and Milton.

At best these conditions are hard to treat, and it is desirable to have concise works of reference where available hints may be obtained for treatment. These hints, where they embrace hygiene, are good, those of a medicinal character are not as good as they might be, while those of an electrical character are still less valuable. However, it is not to the failings of the book it is our object to draw attention, but to its excellencies.

#### A REPERTORY TO THE CYCLOPÆDIA OF DRUG PATHOGENESY.

Compiled by Richard Hughes, M. D. Part I, containing Introduction, Nervous System, and Head. London: E. Gould & Son, 59 Moorgate Street, E. C. New York: Boericke & Tafel, 159 Grand St. 1897.

This book, as its name indicates, is a repertory to the well-known *Cyclopædia of Drug Pathogenesis*, which was published some years ago with incredible labor and great discouragement by our English cousins.

This *Cyclopædia*, notwithstanding its name, does not contain Hahnemann's own contributions to materia medica, the reason for this being that as they could not be improved upon as already published, they would have to be transferred bodily to the *Cyclopædia*, which would be a needless repetition, and greatly increase the bulk and the cost of the *Cyclopædia*. The special matter of the *Cyclopædia* is therefore merely a *supplement* to Hahnemann's work, in the *Materia Medica Pura*. Consequently this *Repertory*, now under review, is an index not alone to the volumes of the *Cyclopædia*, but also the three works of Hahnemann, entitled *Materia Medica Pura*, *Chronic Diseases*, and *Fragmenta de Viribus*. It should be understood that the edition of the *Chronic Diseases* referred to is the new translation of 1896 by Professor Louis H. Tafel, reviewed in THE HOMŒOPATHIC PHYSICIAN for April, 1896, page 195.

The fact that the book under notice is a repertory to Hahnemann's *Materia Medica*, and to this new edition of *The Chronic Diseases*, as well as to their supplement,

the *Cyclopædia*, will at once arrest attention and excite interest in it, far beyond what would be the case were it recognized simply as a *Repertory* of the *Cyclopædia*.

The *Cyclopædia* has had a hard road to travel in getting the patronage of the profession from five principal causes. The first of these was an opposition developed by the bitter attacks of many of its partisans upon the authenticity of other works of materia medica; the calling in question of the whole materia medica of the school, and an avowed determination to break it down and destroy it. In the introduction we find two or three sentences which will be recognized by older practitioners as the key-note of the division of the school into two principal factions, and as the bottom of the attacks on the materia medica. These sentences we quote: "Those who use it believe that the best medicine for a given morbid condition is one which has shown the power of inducing its *simile* on the healthy subject. They are, as students meditating on the types of disease described in books, or as practitioners, confronting the varieties of the same encountered in daily practice."

The second cause was the commonly accepted belief that the builders of the *Cyclopædia* had actually thrown out valuable symptoms on one pretext or another, all in line with the above-stated questioning of the whole fabric of materia medica and the mode of thought indicated by the quoted sentences.

The third cause was that we were, especially in America, pretty well supplied with Dr. T. F. Allen's *Encyclopædia of Pure Materia Medica* and Hering's *Guiding Symptoms*, and hardly felt the need of another such work.

The fourth cause was the solid way in which the type was set up in the *Cyclopædia*, which made it look a hopeless task for the seeker after any particular symptom, and the fifth cause was the absence of any key to unlock these intricacies.

The first of these causes has about died out. Students of materia medica realized that while they had their own printed copies of the *Materia Medica*, and were able to make cures from them, and so hold their confidence in themselves and their means of treatment, and could also secure the confidence and gratitude of their patients, the materia medica was in no danger of being lost from any attacks made upon it, however virulent and mistaken.

The second cause has also died out, since it has been realized that if certain symptoms were expurgated, those who brought about the expurgation were at least seeking the truth on their own account. The third cause also no longer counts, as every sensible student knows that in every department of learning not all the knowledge is contained in the works of one author, and that we cannot have too much assistance in the difficult task of finding the simillimum. The fourth objection will be largely obviated on the completion of this *Repertory*, which thus effectually disposes of the fifth objection.

Now as to the arrangement of the *Repertory*, "the first step in the present indexing has been to go through the provings, poisonings, and experiments on animals, pen in hand, noting the phenomena to which reference may be made. It is granted that much judgment is required for such a process, and that some risk has been run. But this is better than rendering the *Repertory* unwieldy and untrustworthy by filling it with sign posts which point to quicksands. Nothing has been omitted which has anything distinctive about it, whether it be in substantiva or in adjectiva. It is simply

that our whole symptomatology has been dealt with for indexing purposes as Hahne-  
mann dealt with Nenning's contributions thereto, extracting only that which seemed  
really useful."

The foregoing paragraph inclosed in quotation marks is copied from the Introduc-  
tion. Otherwise it may be said that the *Repertory* is not arranged on the alphabetical  
but rather upon the schematic plan. Some new anatomic regions are created in ac-  
cordance with the author's views of how the grouping should be made, and then the  
symptoms are detailed in double column and the names of the remedies given much  
abbreviated. The whole is preceded by a table of these abbreviations, so that they  
may be readily understood.

The reader should distinctly understand that the book under discussion is not a  
completed work, but only the beginning or first fascicle of the *Repertory*. It is a  
pamphlet of ninety-six pages, in paper cover, and the remaining sections are to be  
issued as fast as possible. No doubt a liberal subscription by the profession will  
hasten the work, and we hope that this it will get.

Of the price we are not advised, but as soon as we learn it our readers will be  
duly informed.

"KEIL'S MEDICAL, PHARMACEUTICAL, AND DENTAL DIREC-  
TORY. Net price, bound in cloth, \$3.00; in leather, \$4.00.  
Geo. Keil, Editor and Publisher, 1715 Willington St.,  
Phila., Pa.

George Keil, Philadelphia, announces the early publication (Fifth Bi-Yearly Edi-  
tion) of *Keil's Medical, Pharmaceutical, and Dental Register-Directory and Intelli-  
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cieties, laws, and post-office addresses of physicians, druggists, and dentists, school of  
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Directory*. The names in large cities, in addition to being in alphabetical order,  
will be numerically arranged by streets. These features will no doubt be ap-  
preciated.

#### THE ELECTRO-THERAPEUTIST.

Every physician who uses electricity should send for a copy of *The Electro-Thera-  
peutist*, a monthly journal devoted to electro-therapeutics for the general practitioner.  
Write the editor, Wm. F. Howe, M. D. Indianapolis, Ind., mentioning this journal,  
and he will send you sample copies gratis.

## NOTES AND NOTICES.

DR. JEAN IDA MACKAY GLIDDON has just returned to the United States after a prolonged sojourn in Europe, particularly London, and will resume the practice of medicine at her former residence, Butte, Montana.

DR. M. R. FAULKNER has just received his appointment from Washington as Pension Examiner to fill the position on the Cumberland County Board made vacant by the death of Dr. Wiley. This is an important appointment, and Dr. Faulkner is receiving the congratulations of his many friends.—*The Evening Journal, of Vineland, N. J.*

EYE-SIGHT TESTING.—It gives us great pleasure to call the attention of the profession to the picture and advertisement in the present issue. We cordially recommend Mr. Martin, the optician, to the profession, as he makes examination and measurement of the eyes for glasses without the use of Atropine. We have had occasion to send him our own patients for several years past with much satisfaction.

DR. JOSEPH HASBROUCK, of Dobbs Ferry, on the Hudson, was badly injured recently by his team running away while he was out on his round of professional visits. The coachman was rendered insensible by his fall from the vehicle, and one horse was killed.

### FUN FOR DOCTORS.

#### FOOD AND MEDICINE.

There was a Law-Doctor called Leverson;  
A Gentleman sure, or there never's none;  
A strong single-tax  
And number one Anti Vax,  
But he mingled his food with his medicine.

F. P.

(See Dr. Leverson's article "Calcarea and the Proteins," in THE HOMŒOPATHIC PHYSICIAN for July, 1897, page 283.)

QUACK, QUACK.—Mamma: Look, daughter, dear, here is the doctor coming! What a favorite he is. See, even the little chickens run to meet him!

Daughter: Yes, Mamma, and the little ducks cry, "quack, quack!"

WHEN ALL MEN ARE DOCTORS.—"Brooks," said Rivers, "you ought to do something for that cold of yours. A neglected cold sometimes leads to serious consequences.

"This cold of mine isn't neglected," crossly answered Brooks. "Five or six hundred of my friends are looking after it."—*Chicago Tribune.*

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

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

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EDITORIALS.

**CALCAREA-CARB.**—Calcarea is indicated in those having full habit, especially young people. The skin and muscles are lax.

Calcarea hemorrhages are bright red.

It sometimes develops diseases lying dormant in the system, causing them to, as it were, declare themselves, so that efficacious prescriptions may be given.

Calcarea has sleeplessness before midnight. There is much restlessness and tossing about the bed.

Calcarea has fever with much thirst. The fever is increased by drinking cold water.

Calcarea has a tertian type of fever. Its period of recurrence is in the evening, and there is first heat in the face and then the chill. The chill may come on after sleeping.

Calcarea has chilliness when rising in the morning. This is a special characteristic. The chilliness appears to be internal. The chill is worse in bed and after meals, and may be accompanied with clonic spasms. There is thirst during all the stages of the paroxysm, and drinking cold water, as before stated, aggravates the heat stage.

Calcarea has perspiration from the least exertion. This is

a characteristic. The perspiration is less in-doors, and worse in the open cold air.

Natrum-carb. has perspiration after eating.

Silicea has perspiration in the morning.

The Calcareo perspiration occurs during sleep, especially before midnight, while under Silicea it comes after midnight.

The Calcareo perspiration is worse about the head, neck, and shoulders. Sometimes it is confined entirely to the front part of the body.

Calcareo is a very appropriate remedy for moist scurfy eruptions, such as "milk crust."

The pains of Calcareo are always worse in the morning.

The itching of eruptions abates by scratching under Calcareo.

The pains in the joints are always worse from the heat of the bed.

Calcareo is often useful for sore throat and stiff neck.

It has great sensitiveness to moist cold air. It is indicated in bad effects from Quinine, Phosphorus, Digitalis, Zinc, Sulphur, and Nitric-acid. It is a great remedy for children. It has desire to be magnetized like Phos.

It has aggravation from the loss of animal fluids. It is worse from cold weather, from lying on the left side, after sleeping too long, or from lying with the head high. It has aggravation from satisfying one's appetite.

It also has aggravation from suppressed perspiration. This is similar to Mercurius, Ipecac., and Nitric-acid.

Calcareo has amelioration from lying on the painful side, in dry weather, from lying on the back with the head low, and from lying on the right side.

Calcareo is an antidote to the effects of Bismuth.

Calcareo cannot be well repeated in adults, but in young children it *may* be repeated, and the younger the child the oftener may the dose be given.



FOOD ADULTERATION.—The United States Department of Agriculture is instituting an investigation into the extent of food adulteration. This is one of the most important subjects that can be brought before the medical profession. The department desires as much information as can be obtained. To this end it has issued a circular letter to all who are interested, asking for information. This circular, together with the letter accompanying it to the editor, is published in full on another page. It is hoped that some among our readers may have valuable information which they are willing to impart. This they are earnestly requested to do at their earliest opportunity. It should be borne in mind that only facts, not any theories, are wanted by the department.

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#### TAKING THE CASE.\*

W. A. YINGLING, M. D., EMPORIA, KANSAS.

The art of Homœopathy is the application of potentized medicine to a sick condition as expressed in the totality of symptoms. The artist of Homœopathy is the one who can individualize the sick condition and interpret the language of symptomatology, both of the patient and the drug. The true artist must have the ability to acquire a true picture of each individual case as expressed in the totality of symptoms, and the acumen to select a remedy having a true likeness to the totality. He must analyze the symptomatic condition of the patient on the one hand, and synthesize the pathopoiesis of the remedy on the other. For a proper synthesis of the remedy a thorough analysis of the patient is not only important but necessary. Hence, "Taking the Case," which has become a technical phrase in the literature of Homœopathy, is the *sine qua non* of a curative prescription. The leading pre-

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\* Read before the Kansas State Homœopathic Society, May, 1897.

scribers unite in asserting that "Taking the Case" is the physician's most arduous and laborious work, and usually the cause of failure.

Symptoms are but the language of Nature speaking to the intelligent physician. Every diseased condition is expressed by certain signs, and when the condition is the same the symptoms will be the same. The variation of symptoms indicates a variation in the condition. The peculiar or characteristic symptoms in a given case point to the individual peculiarities of the patient. The language of Nature expressing a diseased condition varies, even in the same pathological state, simply because the individuality of the patient's vital force has been differently attacked or affected, or the vital force has been differently influenced by some extraneous or internal power. This variation in the symptomatology of any given pathological condition is the most unerring guide in the selection of the curative homœopathic remedy.

There are two classes of symptoms, the pathological and the idiosyncratic. The literal meaning of this term idiosyncratic, which is composed of three Greek words, is, with peculiar temperament, hence the idiosyncratic symptoms are those peculiar to the patient's temperament, those arising out of the patient's individuality, and are in contradistinction to those arising out of the pathological condition. The pathological class of symptoms has reference to the diseased condition, and are only of value for diagnosis or prognosis. The idiosyncratic symptoms point to the individuality of the patient, and are only of value in the selection of the homœopathic remedy. The pathological symptoms, which point unerringly to the name of the disease, are seldom if ever of any value in the selection of a curative remedy. Likewise, the idiosyncratic symptoms are of no value to the pathologist. Yet both classes are of the highest value in their sphere of usefulness to the homœopathic physician. The homœo-

pathician must be both a pathologist and a prescriber. He must have the keenest sense of discrimination and of judgment.

The two classes of symptoms require on the part of the physician two kinds of knowledge. He must be versed in pathology, all that pertains to diagnosis, and in symptomatology, all that pertains to the homœopathic materia medica. If he does not know pathology he will not be able to question the patient, or to understand what he sees, so as properly to diagnose and prognose his case. If he does not know his materia medica he will not properly understand how to get those symptoms, or will not know them when he sees them, upon which he must almost exclusively base his prescription. These idiosyncratic symptoms, those peculiar to the individual patient, are those to which Hahnemann refers in Section 153, of his *Organon of the Healing Art*.

In taking the case one of the essentials is to get the "totality of symptoms," especially the totality of idiosyncratic symptoms. This totality does not alone refer to the aggregate of symptoms, but particularly to the totality or completeness of each symptom. Each complete symptom has its 1, location; 2, sensation; 3, modalities, conditions of aggravation and amelioration; and 4, concomitants. In any given disease one *complete* symptom is worth a dozen incomplete or fractional symptoms in the selection of the homœopathic curative remedy. Hahnemann says in Section 153: "The more general and *indefinite* [that is, the incomplete] symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also generalities of this kind are common to every disease, and almost to every drug."

This is not a license to single out a part of the diseased condition, or a part of the symptoms, as a basis for a prescription, but indicates that the prescriber needlessly worries his

brain and wastes his time in endeavoring to cover the totality of symptoms in the aggregate when he has only parts of symptoms, or fractional symptoms, with which to deal. He must endeavor to get *all* the symptoms of a case, and each symptom in its completeness or its totality. He need give but little attention to those symptoms in selecting a remedy he is unable by judicious questioning to complete.

The physician must ever keep before his mind these four questions in connection with each separate symptom: 1. Where is it? (the location); 2. What is it? (the sensation); 3. What affects it? (the conditions of aggravation and amelioration); 4. What occurs with it? (the concomitants). If he cannot elicit satisfactory answers to at least the first three of these questions his record is incomplete and his prescription will be uncertain.

It has been asserted from the time of Hahnemann that when the case has been properly taken more than half of the physician's labor has been accomplished. This is literally true. The hardest, the most laborious, the most important duty of the homœopathic physician is "taking the case." When the case has been fully taken the selection of the homœopathic curative remedy is easy. When thus taken that matchless of homœopathic books, Bœnninghausen's *Pocket Book*, opens up the intricacies of the ponderous materia medica to the busy doctor with speed and accuracy. By its aid the true remedy can be ascertained in less time than many physicians lose in debating uncertainties or in halting between two opinions, unable to decide what to do.

One of the "don't's" of taking the case is never to ask a leading question. This is *most important*, and should be conscientiously observed when possible, but unfortunately it is not universally applicable. There are patients and patients, some of whom understand themselves and some do not, and the latter class is not composed exclusively of the uneducated. I have known college graduates to be, seemingly,

incapable of distinguishing the pain inflicted by a keen-edged knife or a blunt awl. To this class, whether educated or uneducated, a pain is a pain, and all pain is the same, no matter what its cause or its character. One fair damoselle, a graduate, in relating her symptoms, said she had a pain so much of the time in her "stomach." To her a pain was only a pain, and in reply to the question, "Where is it?" she placed her finger on the region of the left ovary.

Leading questions should be the last resort, and then they should be merely suggestive by analogy, and must always be verified by cross-examination and negative questioning. A symptom elicited by direct questioning with the answer "yes" is of but little value, because it is uncertain, unless verified by further examination. Some persons do not realize the importance of specific and exact location, sensation, and modality, and because of this lack of knowledge will answer "yes" to almost any question propounded. This does not arise from a purpose to deceive, but from an inability to conceive. The physician must be observing and wary, and govern his examination by the peculiar mental condition and grasp of the case in hand.

The true way to take a case is to ask the patient to state fully his complaints, and when he has completed his story to ask him to give particulars of each symptom as to its location, sensation, conditions of aggravation and amelioration, and the concomitants, noticing carefully the more marked, prominent, and peculiar symptoms, for upon these particularly the prescription must be based. It is very essential that the peculiarities of the patient's symptoms should be fully covered by the peculiarities of the selected remedy. Not only so, but the value of symptoms should correspond—that is, a very marked and prominent symptom of the patient should be equally marked and prominent in the remedy. By bearing this in mind during the examination of a patient the selection of the simillimum becomes more easy. And right

here is the key to the use of a good repertory. The repertory is a sealed book to some physicians simply because they have not studied Hahnemann's *Organon* with assiduity and attention, so as to comprehend the distinction between symptoms and the manner of taking the case. In fact, I might parenthetically remark, all our failures as homœopathic physicians arise from our ignorance of the *Organon of the Healing Art* and the *Chronic Diseases*. The more we know of Hahnemann's writings the better prescribers we become.

Finally it is requisite that all the symptoms of a given case should be written down at the time of the examination by the physician. No mind can carry the totality of symptoms of even an easy case, and at the same time weigh the evidence for and against a number of possible remedies and successfully select one remedy to cover the totality. Some modality, sensation, or condition essential in the final decision will be overlooked when the record is not made in writing. It is a matter of fact that all our best prescribers, both of the past and the present, write in full each case.

This plan is not so laborious as it may seem, and it does not, very frequently, consume as much time as the uncertainty and questioning of those who fail to write. Every word the patient says need not be written, only the symptoms briefly stated, yet in such a manner as to contain all the facts and peculiarities. Very often the patient may require ten minutes to clearly state a symptom that may be expressed in a dozen words. Any physician can easily accustom himself to a few abbreviations that will greatly aid him in taking a case, and with a minimum of labor.

The foregoing should be carefully studied and practiced. The Editor makes it his rule to note the statements of the patient upon specially-prepared blanks. The remedy given and the date are noted also, and the record filed away for future use.—ED.

## VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from page 360.)

Q. 900. "You have not ascertained these deaths of unvaccinated persons from small-pox for such years as they are available, with a view to test that question?" "I personally have not."

At page 78, *supra*, an extract was given from Florence Nightingale's notes on nursing, and (Q. 901) Dr. Collins asks Dr. Thorne what is his view of her statement. He replies: "I am sorry to say that my own view would be very much what I said on the last occasion, that you might as well talk of a horse turning into a dog."

Q. 912. By Mr. Picton. "In answer to Q. 744, you spoke of the effectiveness of vaccination being in part dependent upon the number of scars; is the effect of vaccination in the body entirely local; that is to say, does it only extend to the part affected by the immediate pustule?" "I imagine that a patient who has one or more pustules is suffering from an acute specific disease, namely, cow-pox, which affects the whole system."

Q. 913. "Would the same amount of matter put into one incision have less effect on the system than if it were put into four incisions?" "I am not prepared to answer the question; it is a very difficult one to answer." And when the question is put more pointedly, with reference to the disease of cow-pox, whether it would be made more severe in one case or the other (Q. 916), he answers: "I am not prepared to differentiate between the local and general effect on that point."

Q. 915. "Is it not supposed to have a spreading effect upon the blood?" "*We really know absolutely nothing as to the effect of the specific poisons upon the blood.*"

(And yet the vaccinators pour them recklessly into it.)

Q. 916. "Do you not believe that cow-pox is self-multiplying when once inserted in the body?" "I am not prepared to answer that as regards cow-pox."

In answer to Q. 918, he says: "We attach the greatest importance to the quality of the lymph, in so far as it can be judged of."

Q. 919. "How can you judge of it?" "*By the local effects that it has produced upon those from whom it was taken.*"

Q. 920. "Has not some lymph a genealogy which shows it to have produced different effects upon different people?" "It might do so, but I could not say that it would be the lymph alone that did it. The same lymph will produce different effects upon two different children, according as those two different children are in a different state of health, and are exposed to different circumstances."

Q. 921. "Are you able by the microscope, or by any other mode of investigation, to find any difference between one lymph and another, apart from the symptoms induced by its insertion?" Ans. "I am no skilled microscopist, but, speaking generally of what is termed good lymph, I believe there is no difference detectable under a microscope."

Q. 922. "Have you yourself examined it under a microscope?" "I am no microscopist."

Q. 927. "I understood you to say that they (insanitary conditions) could not have much influence upon the spread of small-pox. Am I right in that?" "I believe that, apart from that one influence of crowding together, either on area or within dwellings, the *influence of sanitary circumstances is so insignificant that it is hardly worth naming in connection with the subject that is now before the Commission.*"

Q. 930. "You would allow some effect to sanitary con-



ditions?" Ans. "The truth is this: That if sanitary conditions, apart from the ones I have named, have any influence upon small-pox, it is so absolutely overwhelmed and marked by the influence of vaccination, that it is not apparent to my mind."

Q. 934. "In answer to Q. 764, you said: 'Dr. Buchanan has shown that in London the saving of life from small-pox amongst infants has been greater amongst children getting their primary vaccination at public vaccination stations than amongst those who received their vaccination at the hands of private practitioners.' I suppose I should be right in interpreting that as equivalent to saying that the operation, as carried out at public stations, has been more effective in preventing small-pox than the operation as carried out by private practitioners?" Ans. "*That is so.*"

Q. 935. "I suppose you have seen the curves drawn out by Dr. Alfred Russel Wallace?" "*I never read his book or his pamphlet.*"

[Dr. Wallace is the man who, though his name is not so popularly known as that of Darwin, shares with him to the full the merit of discovering and elucidating the theory of evolution, and among men of science stands certainly not lower, and, some think, even higher than that profound and exact naturalist.]

Q. 938. "Between 1862 and 1863, did the number of official vaccinations rise considerably?" "The number rose between 1862 and 1863 from 437,693 to 578,583."

Q. 938a. "Would you kindly give me the number from 1862 to 1863?" "I am quoting from the book that you have handed me."

Q. 939. "But it is an official book?" "True. I am only doing it in answer to your question; I am not putting in any evidence upon this point. In 1862 there were 437,693 persons successfully vaccinated at the expense of the poor rates; the corresponding number for the subsequent year, 1863, was 646,464."

Q. 940. "That is a considerable increase, is it not?" "It is an increase."

Q. 941. "Is it the case that small-pox increased that year in 1862-63?" "I have not the figures before me."

Then follow Q. 943-964, a strange struggle on the part of Dr. Thorne to avoid giving evidence as to the increase of small-pox, which Mr. Picton (Q. 943) shows him seems to follow every increase in official vaccinations, while small-pox decreases as the official vaccinations decrease. He even struggles against being bound by a table (App. IV, pp. 122-3) handed in by himself on the request of Lord Herschell and Mr. Picton, and prepared by a clerk in the office of the Local Government Board, and with which he wrote to the Secretary of the Commission, "Herewith I enclose a table showing what we have been able to do in order to comply with the request made to me by Lord Herschell." (Q. 950.)

Q. 969. Mr. Bradlaugh obtains from him the statement that he objected to answer some questions put by Dr. Collins, on the ground that he "could hardly give evidence to the Commission of any value upon the past history of vaccination," and Q. 970 calls his attention to the fact that, in answer to the Chairman, he had made many statements relating to the past history of vaccination.

Q. 971. "Would your own statement in qualification apply to those?" "No, not altogether; I endeavored to give certain facts affecting the history of vaccination, in so far as those facts had influenced the attitude of the Medical Department of the Local Government Board toward this question of vaccination."

Q. 975. "You think it would be unfair to compare deaths among the unvaccinated anterior to vaccination with the deaths amongst the unvaccinated since vaccination has been enforced?" "My difficulty would be that you select one single town, and I do not know anything about the circumstances that governed either the small-pox or any other fever or disease some 200 to 300 years ago."

Q. 976. Asked if that would not be equally true with regard to statistics in pre-vaccination days used before the Commission, he replies: "I quoted them in so far as they support the general body of evidence that in pre-vaccination days the main incidence of small-pox was upon the infantile population."

Q. 977. "Do I understand that the value of any particular state of facts before this Commission is dependent upon whether or not they support some particular opinion?" "I have not desired to convey that impression; if you infer it from what I have said, I must have expressed myself badly."

Q. 980. "Does the virulence of small-pox affect the percentage under the age of fifteen of the total deaths?" "I do not think I am quite prepared to answer that question."

Qs. 981-2. He knows that only a very small percentage of children born in Sheffield remain unvaccinated, as regards recent births, but refers the Commission to Dr. Barry, on the subject of his report.

Q. 994. By Mr. Savoey. Relates to the "Preussen."  
Ans. "I have some more information I could give, since special attention appears to have been directed to this point. The Local Government Board in 1886 *took some pains to get the figures of the steamship 'Preussen,'* bound for Australia, on board of which small-pox broke out. You have, of course, on a vessel people living under the same sanitary circumstances, eating very much the same food, and in all respects practically alike, with the one solitary exception of vaccination. There were 312 persons on board this vessel. Of persons both vaccinated and revaccinated, there were 55. Four of these were attacked by small-pox; none died. Of persons vaccinated, but not revaccinated, there were 209; 45 of whom were attacked by small-pox, and 3 died; 13 persons had previously had small-pox, of whom 3 were attacked by small-pox and none died. Of persons stated to be vaccinated, but showing no scars, there were 16, two of

whom were attacked by small-pox, and none died. Lastly, there were 19 persons unvaccinated; 15 of these were attacked by small-pox, and 9 died. This evidence is in expansion of that I gave showing that sanitary circumstances have little or no control over small-pox, when compared with the condition of vaccination or no vaccination."

It will be as well to mention here that it was afterward proved that the "Preussen" had 721 persons on board, instead of only 312, as stated by Dr. Thorne. Her crew consisted of 123 persons, including three stewardesses. Of the steerage passengers, 544 in number, 392 were British, who were taken to *Antwerp*, to be there embarked on board the "Preussen," to avoid compliance with the British Acts of 1855 and 1860, which insure something like decency and sanitation for emigrants. At Southampton, 16 cabin passengers were taken aboard, and on November 7th she sailed for Port Saïd, where, on the 18th, 35 additional passengers were taken on board, and the vessel was there delayed until the 22d, to await the arrival of the mails *via* Brindisi. Leaving Port Saïd on the 22d, the ship reached Aden on the 27th, having taken on 5 more passengers at Suez. This makes 721 persons, and yet Dr. Thorne says "the Local Government Board was at some pains to get the figures."

It will be further seen, when we come to the testimony of Dr. MacLaurin, that the ship was in a most filthy condition; that the discipline was bad, the smell abominable, and the dirtiest ship the quarantine officer at New South Wales had ever seen! That the cubic space allowed for the passengers was less than that allowed in a very crowded line of battleship in the old days of the British navy; that the number of closets was wholly insufficient; that there were 14 cases of small-pox among the crew, all of whom had been vaccinated, and some revaccinated, six of them revaccinated more than once.

Q. 995-6. After seeking to show that the small-pox death-

rate of Leicester was less *before* any sanitary works were carried out than during their construction, 1856 to 1861, and subsequently 1862 to 1864, Mr. Picton asks, Q. 997: "You remember the great epidemic of 1872 and 1873 in Leicester, when a large number died of small-pox; are you aware that the spread of that epidemic was largely attributed by the inhabitants to the unsanitary condition of Leicester in those years, long after the dates you have referred to?" "I cannot say that I ever heard that allegation."

Q. 998. "Are you aware that the authorities immediately set to work to improve the sanitary condition of the town, which they considered grossly unsatisfactory?" "I know that Leicester has done a large amount of good sanitary work since that date."

Q. 999. "Are you aware that since they began those thorough improvements the rate of small-pox in Leicester has been exceedingly low?" "I know it has been low in Leicester, and in a very large number of towns since that date."

Q. 1,003. "Is it known to medical science in what way an attack of small-pox operates in preventing or diminishing susceptibility to subsequent infection?" "I think I can answer that nothing of any particular value is known upon that point."

Q. 1,009. "There were nine deaths during each of the last two years from small-pox in London."

Q. 1,010. "Judging from previous experience, we rather did anticipate that small-pox might by now have become more rife; and we cannot help thinking that the action which has been taken under your direction (Sir Edwin H. Galsworthy) of removing small-pox patients away from London, has probably tended to prevent that."

Q. 1,012. "By isolation?" "Yes, that has at least been one of the factors lessening it."

Dr. Thorne was recalled and examined on the 20th of

November, 1889. Qs. 3,823-41 describe the details of working the vaccination Acts. Q. 3,841 is of value, as it gives the instructions or orders of the Local Government Board, and is of interest to us as showing an attempt, at least, of securing some method, order, and care for the patient in England, and presents a marked contrast to the conduct of the boards of health in this country, in those respects. (See Appendix IX, pp. 380, 52c Rep. R. B. C.) In these instructions care is taken, or at least pretended to be taken, to secure an accurate record of every operation and its results.

It will doubtless astonish nine out of every ten vaccinating officials in the United States, to learn that the first of the instructions for vaccinators is the following:

(1.) "Except so far as any immediate danger of small-pox may require, revaccinate only subjects who are in good health. As regards infants, ascertain that there is not any febrile state, nor any irritation of the bowels, nor any unhealthy state of skin; especially no chafing or eczema behind the ears, or in the groin, or elsewhere in folds of skin. Do not, except of necessity, vaccinate in cases where there has been recent exposure to the infection of measles or scarlatina, nor where erysipelas is prevailing in or about the place of residence." (Page 284b, *ubi supra*.)

(3.) Gives directions to be given to the parents of other persons having the vaccinee in charge.

(6.) "Consider yourself strictly responsible for the quality of whatever lymph you use or furnish for vaccination. Never either use or furnish lymph which has in it any, even the slightest admixture of blood." (Page 284b, *ubi supra*.)

(8.) "Scrupulously observe in your inspections every sign which tests the efficiency and purity of your lymph." (Page 285a, *ubi supra*.)

Q. 3,853. Dr. Thorne testifies that special inquiries are made of the Local Government Board, of allegations of in-

jury from vaccination since 1882, but (Q. 3,857) the Local Government Board had not received any information touching two cases mentioned by Sir James Paget.

Q. 3,859. Have made inquiry into every case of complaint. One case of tetanus (Q. 3,855), mentioned to-day, "is the only case of death from that cause that we have heard of."

Q. 3,856. "But I meant those two cases that we have had before us to-day." "I do not know what they were."

Q. 3,860. Information comes to the Board, generally, either from the parent or a medical man.

Q. 3,862. "We have no means of hearing of any other cases, except when the Medical Inspector is on his visit."

Q. 3,866. Is not able to say how many come to the Local Government Board in the course of a year.

Q. 3,923. By Mr. Collins. "Are you prepared to give us information with regard to the current lymph in use at the different establishments?" "Mr. Farn would know more about that than I do."

Asked as to any one who could give information as to the original sources of the lymph (Qs. 3,924-5), he says: "I do not know any one who knows anything absolutely as to the original sources."

Q. 3,926. "Does the Local Government Board make no inquiry as to the source of new stocks of lymph which are introduced?" "Certainly, if the Local Government Board issues any new stocks, but it has issued no new stock, except when the calf-lymph station was established."

Q. 3,927. "Did they make inquiry into the nature of that lymph?" "As I explained in my previous evidence, I was not located at Whitehall at that time. I am not aware of the details of the steps that were taken when the calf-lymph station was established. I could not give you any proper information upon that point."

Q. 3,928. "Would Mr. Farn be able to tell us?" "I am

afraid I cannot answer for Mr. Farn. Dr. Cory would be able to tell you."

Q. 3,929. He believes no new source has been introduced beyond that which was obtained in the institution of the calf-lymph establishment in Lamb's Conduit Street.

Q. 3,930. "No other source has been introduced at the calf-lymph establishment?" "I could not give you information about the source of the lymph at the calf-lymph station."

Q. 3,931. "In answer to Q. 805, in your previous evidence, you said: 'We have, as far as the Local Government Board is concerned, adhered absolutely to the original sources, namely, that at Lamb's Conduit Street, and the humanized source, from specially-selected public vaccination stations.'" "I know of no change. I think I have repeated that to-day."

Q. 3,932. "Do I understand you to be aware of no new introduction of lymph at the calf-lymph establishment within a recent period?" "I am afraid I ought not to give evidence upon this point. Now you mention it, I believe there was some new lymph introduced, but I have no information about the source of lymph at the calf-lymph station; therefore, I would rather you asked some one who knows more about it than I do myself."

Q. 3,933. "Dr. Cory would know about it?" "Yes."

But it will be seen (*post*, Q. 4,284, etc.) that he does not.

Q. 3,934. "Has the Local Government Board at any time used or distributed lymph which has been derived from the inoculation of a cow with small-pox?" "I am not aware that we have."

Q. 3,935. "Does the Board accept that as a source of vaccine lymph?" "I really do not know what the Board accepts; I have told you the only two lymphs they distribute."

Q. 3,936. "Have they not distributed any of Ceely's lymph, or Babcock's?" "I could not tell you."



Q. 3,937. "You do not know that they have not?" "I do not know that they have or that they have not. I do not know anything about it."

Questioned as to an inquiry instituted by the Local Government Board, in regard to certain injuries resulting from vaccination at Norwich, in 1882, he could remember nothing about it, but (Q.3,940) believes generally that the conclusion of the inspectors, Mr. Henly and Dr. Airy, that those cases of erysipelas following vaccination, some of which proved fatal, were due to some contamination of the lymph, which had escaped detection, but refers the Commission to Dr. Airy as the best witness thereon (Q. 3,941).

Q. 3,942. Knows that an outbreak of erysipelas followed vaccination at Gainsboro' some years ago, but that is all he can tell about it.

Q. 3,944. "Has the Local Government Board been able to trace the origin of erysipelas arising in connection with vaccination to any want of care in the way in which the act is administered?" "Speaking quite generally, I should say that the vast majority of cases of erysipelas following vaccination that come under our notice, are cases in which the erysipelas does not begin till certainly as late as the middle of the second week of vaccination, and then, according to our experience, it is more than doubtful whether the injury was due to the lymph at all; the probability being that it was due to the circumstance that some septic matter got access to a wound, which happened to be the wound produced by vaccination."\*

Q. 3,945. "What instructions are issued with regard to the management of the vaccinated arm for the week or two following vaccination?" "We issue none, except as regards the use of the shield."

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\* If A stabs B and during the process of healing erysipelas sets in and the patient dies, A is generally said to be guilty of the death.

Q. 3,946. "Was the recommendation in favor of or against the employment of shields?" "Against the use of them."

Q. 3,947. "Is it considered preferable to leave the arm open?" "It is considered preferable to leave it open."

Q. 3,948. "Do you consider the presence of erysipelas at any time in the course of the maturation of the vaccine vesicles an integral part of the local manifestation of the disease?" "No!"

Q. 3,949. Are you aware that Dr. Jenner considered it to be so?" "I am not, and should think if he said so, he must have used the word erysipelas in a very different sense to that in which I should use it."

[See Jenner's *Inquiry*, pp. 7-8; Crookshank's *Reproduction*, in Vol. II of his *History and Pathology of Vaccination*, page 9, note\*; also, Jenner's Letter to Pearson, 27th September, 1798; Barnes' *Life of Jenner*, in which he states: "The cow-pox inflammation is always of the erysipelas kind," and on other occasions he repeats this statement, and makes the presence of erysipelas a test of its being the, "real" and not the "spurious" kind.]

Q. 3,950. "Are you aware that on one occasion he obtained true vaccine lymph from an erysipelas swelling on the upper part of the thigh of a sucking calf?" "I have no special knowledge of the details of Dr. Jenner's investigations; I never heard of the case you speak of."

[Jenner's *Inquiry*, page 62; Crookshank's *Reproduction*, page 33.]

Q. 3,953. "Are there any means of ascertaining by examination of the lymph, microscopically or otherwise, whether in any case it is likely to occasion erysipelas or not?" "I know of none."

Q. 3,954. "Do you think that under any circumstances vaccination *per se* in the ordinary way in which it is carried out at public vaccination stations, has occasioned erysipelas?"

“I have no doubt that there have been cases in which erysipelas has followed vaccination, and has been actually due to the lymph used, but I more than doubt whether anything like the organism, which some people believe to be invariably associated with erysipelas, is introduced by means of the lymph itself.”

Q. 3,956. “Are you aware of Dr. Pfeiffer’s experiments with regard to that?” “I do not recall them at the moment.”

Q. 3,960. “Can you tell me what was the first occasion on which repeated penalties were recovered under any Act?” “No, I cannot.”

Q. 3,961. “Was it before the Act of 1871?” “I do not know.”

Q. 3,962. “Has the Local Government Board issued any recommendations or advice or orders with regard to the vaccination of children in workhouses?” “Yes; it has issued a memorandum.”

Q. 3,963. “Would you tell me what the recommendation was?” “The memorandum to which I refer was a circular issued by the Poor Law Department of the Local Government Board on the 27th of January, 1881, to boards of guardians in the metropolis, and it contained this statement: ‘Some boards of guardians have passed a resolution requiring the medical officer, subject to the exercise of his judgment as to making an exception in particular cases, to secure the vaccination of all children born in the workhouse as soon as possible after birth, and it has been found practicable, as a rule, to vaccinate the children when six days old and to inspect the results on the thirteenth day, as the mothers in such cases rarely leave the workhouse within a fortnight after their confinement.’ It is thus rather a statement of fact than a recommendation.”

Q. 3,964. “Where such a practice has been adopted, has it been on the strength of that recommendation, or on account of the action of the guardians themselves?” “I have

no doubt that in some cases it has been on the strength of this letter."

Q. 3,965. "Would it be true to say that 'the practice of vaccinating children shortly after birth was not adopted under any advice of the Local Government Board?' " "I am not quite certain that I follow you; are you speaking of a date before the issue of the letter, or after?"

Q. 3,966. "I am speaking of the present time. Would it be correct to say that the practice of vaccinating infants almost immediately after birth, or within the first week of life, was not initiated under any advice of the Local Government Board?" "The practice has been adopted in some instances, I have no doubt, on account of the issue of the Board's circular."

Q. 3,967. Dr. Thorne has no knowledge of guardians who are prosecuting, sitting on the bench as magistrates, except the statements in the daily papers.

Q. 3,970. Believes that by far the majority of instances of injuries following vaccination are due to what happens subsequently to the vaccination.

Q. 3,973. Speaking of verdicts by coroners' juries, he says: "There unquestionably have been cases in which vaccination has been set down as the cause of death."

Q. 3,974. Also injuries not fatal have been traced to vaccination.

Q. 3,975. "Do you happen to know of any instance in which an action has been instituted on account of malpractice against the vaccinator?" "I do not recall any such case."

Q. 3,977. Asked as to the storing of lymph, he says: "Mr. Farn would give you much more satisfactory evidence upon that point."

Q. 3,978. "And also as to precautions in avoiding the admixture of blood?" "Yes."

Q. 3,980. Dr. Thorne cannot state at what period subse-

quent to vaccination the responsibility of the public vaccinator terminates.

The foregoing lengthy extracts from Dr. Thorne's testimony justify, it seems to me, the severe criticism passed upon that gentleman in the January number of *THE HOMŒOPATHIC PHYSICIAN*. I think every reader will now be willing to accept my abstracts of the testimony as fair. I shall not, therefore, deem it necessary to do more than abstract the evidence in future, except when desirable to present some specially striking or important statement in the very words of the witness.

POSTSCRIPT.—The student of these abstracts of the testimony before the Royal British Commission will have noticed a delicious bit of self-stultification on the part of Dr. Sweeting. In answer to Q. 3,751 (see page 299 of *THE HOMŒOPATHIC PHYSICIAN* for August), he said that he agreed with Dr. Gayton, "That the unvaccinated are drawn from a more neglected class"—*i. e.*, more liable to attack—but he did *not* agree with him "that that would necessarily raise their mortality from small-pox." A few minutes later (would it be as many as five?) at 3,757, he said: The two classes are "strictly comparable as regards *attack*; as regards *progress and course of diseases (i. e., fatality)*; undoubtedly there might be a difference according to the state of life and previous history of the patient; antecedent circumstances unfavorable to health might have some effect upon the *severity* of the disease" (*i. e.*, fatality again); "but in my opinion, would not have any effect upon the liability to attack!" And this is another of the most shining lights of vaccination, and of the medical profession in England, vying with Dr. Cory (another of such shining lights) in self-contradiction, but unlike Dr. Cory in this: that while Dr. Cory fell down and confessed his self-contradictions, it seems probable that Dr. Sweeting did not even see those committed by himself.

And with this example of medical ignorance in high places, we find some persons, even other than place-hunting doctors, clamoring for a "National Board of Health," to extinguish the little freedom left to us by the State Boards of Health, and to destroy the public health by raising periodical scares, and polluting the blood of the healthy by the inoculation of morbid poisons.

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### A COMPARISON.

In doctors' books of two hundred years ago we read the following prescription to ward off fevers: "Take eight pints of rosemary flowers, three pints of shell snails, two handfuls of seed flax, and one puppy nine days old. Wash the snails, kill the dog, fling away the head, and dry the quarters in a linen cloth. Pound all together to a powder, and put the powder into well-corked bottles. It is now ready for use, and if a teaspoonful be taken once a day fever will be kept off."

At the present day the recipe for the same thing is as follows: "Take matter from the heels of a horse that is suffering from 'grease.' Put the matter into the veins of a cow, so that ulcers and running sores are produced. Take lymph from these ulcers; pass it through human subjects; lance the skin of a child, and introduce a particle of the lymph within the skin; then, if a running ulcer ensues, the child will be safe from the form of fever called small-pox for the rest of its life."

Now, I think, there is very little to choose between these two prescriptions in point of absurdity, though there is in harmfulness.—*Fashions of the Day in Medicine and Science*, by H. Strickland Constable, page 41.

## REPERTORY OF THE BACK.

DR. E. H. WILSEY, PARKERSBURG, W. VA.

- Abdomen.** Pain in back at night, allowing one only to lie on abdomen, *NIT-A*.
- frequent chilliness on arms, back, and abdomen, *Sarsa*.
  - puffed with backache, *Cimex*.
  - first some chilliness down the back with icy cold hands, then intense heat with distention of abdomen, *Sil*.
  - cramps in muscles of back and abdomen on turning head and body, *Dros*.
  - cutting in back and abdomen extending through urethra, *Canth*.
  - a violent stitch above within the right ribs darting out at the abdomen and back, *Nit-a*.
  - during second day of menses coryza, pain in abdomen, toothache, backache, stitches in the ears and restless sleep, *Kali-c*.
  - pain in small of back extending over abdomen with distention of abdomen, *Cimex*.
  - pain in middle of back, as if some one was pinching with pincers, extending gradually toward abdomen, *Cann-s*.
  - paralytic pain in small of back, better lying on abdomen, worse bending backward, *Selen*.
- Aching** of back in general: *All-s.*, *Ars.*, *Ars-s-f.*, *Aur-mur.*, *Bapt.*, *Bism.*, *Bry.*, *Graph.*, *Ind.*, *Puls.*, *Scp.*, *Ruta*, *Cap.*, *Canth.*, *Psor.*, *Eup-perf.*, *Gcls.*, *Sul.*, *Sil.*, *Petrol.*, *Mag-c.*, *Kali-c.*, *Nux-v.*, *Nat-m.*, *Bov.*, *Lach.*, *Kreos.*, *Arn.*, *Kalm.*, *Lyc.*, *Vacc.*, *Amm-c.*, *Poly.*, *Can-i.*, *Arg-n.*, *Clem.*, *Curare*, *Cham.*, *Calc-fl.*, *Nat-c.*, *Ipec.*, *Kali-br.*, *Rhus*, *Nux-m.*, *Podo.*, *Bell.*, *Lil-tig.*, *Lyss.*, *Lac-can.*, *Med.*, *Trill.*, *Asa.*

*Tereb.*, *Æsc-h.*, *Diosc.*, *Casc.*, *Zing.*, *Vib.*, *Inul.*, *Amm-m.*,  
*Rumex*, *Ant-c.*, *Lact-ac.*, *Phyto.*, *Calc-a.*, *Kali-b.*, *Aloe*,  
*Ptel.*, *Merc-per.*, *Caust.*, *Plat.*, *Ver.*, *Sul-a.*, *Bar-c.*

- Aching** in back before menses, *Acon.*, *Amm-m.*, *Brom.*, 1  
*Calc-c.*, *Caust.*, *Gels.*, *Hyper.*, *Kali-c.*, 1 *Lyc.*, 1 *Mag-c.*,  
 1 *Spong.*
- in back during menses, *Aloe*, *Bell.*, *Calc-phos.*, *Ign.*, *Graph.*,  
*Bry.*, 1 *Kali-c.*, 1 *Phos.*, 1 *Nux-v.*
- and sore pain across small of back, *Lact-ac.*
- dull pain in back and hips, *Poly.*
- beating and throbbing in back, *Sil.*
- intolerable aching in back, *Calc-c.*
- dull distress in whole dorsal region at 6 P. M., *Erig.*
- intolerable aching soreness as if beaten in small of back,  
*Eup-perf.*
- in back extending into feet, *Borax.*
- dull tired in shoulders and across back, *Curare.*
- in small of back, *Ustil.*
- on waking, better on getting up, with disinclination to  
 move, *Lappa.*
- in small of back, as if bruised or broken, *Conval.*, *Graph.*
- while sitting, small of back aches, as if sitting bent, or as  
 after stooping, *Rhus.*
- a tired aching in small of back, as after a long ride, but did  
 not ride far, can sit in no position to relieve back, *Calc-fl.*
- bruised feeling in evenings; he cannot straighten his back,  
*Psorin.*
- dull aching in back every morning on waking, *Ptelia.*
- dull aching drawing pain in back between shoulders at 6  
 P. M., *Zing.*
- intense aching in back and limbs, extremities feel as if  
 broken, *Eup-pur.*
- in small of back, worse by either coughing or laughing,  
*Tell.*
- a thrilling quivering about an inch to left of dorsal verte-



bræ, four inches below scapula in evening; on rising from reclining it changed into aching, later a crawling with a thrilling, *Ver-vir*.

- Aching** in small of back, as if bruised, with coryza, *Cinnab*.  
 — in back, especially at night, with great weakness of legs, *Arg-n.*, *Am-m*.  
 — in small of back, as after taking cold, *Ars-hyd*.  
 — aching in back, confining him to bed (with caries of sternum and cough, *Sul*. partly cured the caries, *Psor.*, the cough and *Ars-sul.*, the aching and remaining caries), *Ars-sul*.  
 — distress in back, bowels, and legs, with rumbling of wind, *Ptelia*.  
 — a weak, stiff aching in back, *Med*.  
 — in small of back, preventing sleep with orgasm of blood with bruised sensation, *Sul*.  
 — in back when driving in evening, *Sul*.  
 — tired feeling, and some burning in back and legs of women, *Pic-ac*.  
 — of back, as if it would break, *Bell.*, *Nux-v*.  
 — must sit up to turn over in bed on account of back aching, *Nux-v*.  
 — at 10 A. M. during menses, then weakness of thighs, *Amm-m*.  
 — in upper part of back, as if beaten, *Anac*.  
 — in back, with variola, *Ant-cr*.  
 — in small of back, with urging and burning in anus, *Merc-peren*.  
 — in back and down left side of hip, *Kali-b*.  
 — in back, as if broken, *Kali-c*.  
 — first low down, but passing off, he feels it higher up at 8 P. M., several times with nausea, *Zing*.  
 — a stitch in back, then backache, *Caustic*.  
 — severe all day, with numbness of hands, *Lyss*.  
 — after hard work, *Arn*.

- Aching** constant of several years' standing, Sul.  
 — with leucorrhœa, *Mur-ac*.  
 — violent after walking, *Nat-c*.  
 — violent during menstruation, *Inula*.  
 — with tired lameness of legs, *Kali-br*.  
 — very severe, *Aur-mur*.  
 — as if it would break, *Bell*.  
 — with chill, *Ant-tart*.  
 — worse from pressure, *Verbasc*.  
 — worse from trying to sit up, *Zinc*.  
 — as from weakness, better when sitting and leaning against something, *Zing*.  
 — excessive backache, *Psor*.  
 — when walking with stitches in sternum, *Psor*.  
 — severe, as if bruised, cannot straighten out, *Psor*.  
 — with constipation, *Psor*.  
 — with suppressed eruption, *Psor*.  
 — caused by an emission, *Ham*.  
 — severe, better from pressure and lying on it, *Nat-m*.  
 — by lying on back and worse by eating, *Nat-m*.  
 — severe, better by passing urine, *Lyco*.  
 — and headache, *Lyss*.  
 — paining severely, *Kali-c*.  
 — as if bruised or broken, *Graph*.  
 — and weakness, inclination to lie down, and distaste for business, *Casc*.  
 — constant and dull, *Æsc-h*.  
 — walking almost impossible, causes backache, *Æsc-h*.  
 — in back, with seminal emissions, *Kobalt*.  
 — pressing in back at lower border of scapula, *Rumex*.  
 — in back, worse when stooping and walking, and from coffee, *Cham*.  
 — in back, with stiffness after stooping, *Bov*.  
 — in back, worse at menstrual periods, which occur every two weeks, and are scanty, *Can-ind*.

- Aching** and soreness in back, with kidney affection, *Tereb.*  
 — in back, causes nausea while standing, *Sep.*  
 — pain, with lame sensation in small of back, *Hyper.*  
 — pain in small of back of women at change of life, *Hydras.*  
 — pain in small of back when stooping, *Jug-cin.*  
 — pain in lower part of back for three months, *Ox-ac.*  
 — dull pain in back, extending up to occiput, *Gels.*  
 — violent, long, lasting aching pain about last lumbar vertebræ, *Zinc.*  
 — pain in back, worse in lumbar region, extending around the waist, *Vacc.*  
 — pain through small of back, *Cocc-c.*  
 — pains in small of back down to thighs, *Carbolic-a.*  
 — during P. M., much pain and tired aching in lower part of back, with bodily restlessness, must walk about, *Calc-fl.*  
 — and cutting pain about the lower dorsal vertebræ, *Asclep.*
- Acid** causes pain in back, with yawning and stretching, as in fever, *Lach.*
- Acute** pain in back, gradually extending down into thighs with great torture, better by change of posture, *Ox-ac.*  
 — pain beneath left shoulder, *Mez.*
- Across** hips, in back, a pain lasting all day, *Lyss.*
- Acute**, darting, boring pain in back, of neuralgic nature, *Magn-phos.*
- Across**, pain in back across hips, *Sepia.*
- Ague**, pain in back, as in cold stages of ague, *Gels.*
- Air.** Burning in back while walking in open air, when he gets warm, *Sil.*  
 — drawing in back and lumbar muscles with lassitude on exercising in open air, *Tereb.*  
 — strong aversion to air if it is let under bedclothes; while turning over it makes him chilly, *Nux-r.*  
 — burning pressure in back, worse when walking in open air, *Kali-c.*

**Air.** Sensation as if cool air was blowing on back, *Camph.*,  
Benz-ac.

— diseases brought on by exposure of back to draft of air, *Sil.*

— chilliness in back, without thirst in open air, especially in a draft, *Dulc.*

**Alternating** pain in back, with tightness in chest, *Sil.*

— great wearisome pains in thighs, as if they would fall off, or as if tendons would tear off, alternating with pains in small of back; she knows not what to do for the pains the third day of menses, *Amm-c.*

**Anxiety** and restlessness with pain in back, *Ars.*

**Ants.** Sensation as from ants crawling in back, *Graph.*

**Apart.** Pain as if muscles of back were stretched apart, *Amm-m.*

**Arch.** Back spasmodically curved and bent backward like an arch, violent trembling motion, *Opi.*

— back bent backward like an arch, *Cic.*

**Arm.** Lying on his back with left arm over his head, a half conscious sleep, *Dig.*

— pain from small of back into arms, *Rhod.*

**Arise.** Spasmodic pain in small of back does not allow him to arise, *Sil.*

**Asleep.** Burning, drawing pain in small of back during sleep in morning; also a sensation of falling asleep in shoulder joint, disturbing sleep, and disappearing on awaking, *Zinc.*

— heaviness in back in morning, almost as if asleep, *Sep.*

— twitching in back when asleep, *Amm-carb.*

— a feeling of warmth in lower part of back and small of back, as if lumbar region was asleep, extending down into sacrum, hips and posterior portion of thigh, *Berb.*

**Awaking.** A sensation of heat down the back in the morning on awaking, *Con.*

— pain in small of back, worse when sitting, lying, and in morning when awaking, *Berb.*

- Bag-pipe.** Music in the ears like the far-off humming of a bag-pipe when lying in bed on back, *Nat-c.*
- Band.** As if a band passed through the small of back, and everything was constricted, taking away the breath, especially morning, *Puls.*
- Bandaged.** Small of back feels as if tightly bandaged, *Puls.*
- Bearing** down in small of back, as if menses would come on, *Apis.*
- down in back during menses, *Podo.*
- down in back, *Kali-c., Vib.*
- down in paroxysms, *Sep.*
- down, with uterine hemorrhage, *Ham.*
- Beaten.** Pain in small of back, as if beaten while standing or walking, *Zing.*
- heat, pain, and beating in small of back, *Lac-can.*
- pain in back, shoulders, and abdomen, as if beaten, excited by motion, *Stram.*
- pain in back and lower limbs, as if beaten in morning on rising, with weariness, *Stann.*
- pain in back, as if sore and beaten, *Sul-a.*
- pain, as if beaten in small of back, *Alum., Sil.*
- pain in small of back while sitting, as if beaten, *Ang.*
- paralytic pain in small of back, as if beaten, *Nat-m.*
- severe pain in back at night, as if it were beaten to pieces, worse when moving, also when at rest, *Mag-c.*
- pain, as if beaten in back, and as if wearied by too great effort, *Zinc.*
- pain in small of back upon grasping it, as if it had been beaten, *Rhus.*
- extremely sore back, as if beaten in evening, *Lyss.*
- bruised, lame feeling in back, with stitches, *Nat-m.*
- lower part of back feels as if beaten, *Zinc.*
- disabled and stiff, as if beaten in back, *Berb.*
- upper part of back aches, and feels as if beaten, *Anac.*
- soreness of back, and especially back of neck, as if beaten, *Ars-id.*

**Beaten.** Aching and throbbing in back, *Sil.*

— or tearing pressure, with chilliness, changing to headache and heat in head, *Sil.*

— in the back, *Sil.*

— and pulsating in back, *Bar-carb.*

**Bed.** Back feels as if sprained in p. m., and evening in bed, *Sep.*

— sensation as if vertebræ were gliding over one another when turning in bed, *Sul.*

— itching on back and shoulders, as from crawling insects, worse evenings on going to bed, *Osmium.*

— gnawing in lower part of back, worse from going to bed, *Naja.*

— pain in back, as if he had been lying on too hard bed, *Bar-c.*

— great pain in small of back, worse in bed, and better by pressure, *Rhus.*

— stiffness now in back, now in hips, painful on turning over in bed, obliged to hold breath, *Sul.*

— pain in small of back when getting out of bed in morning, *Sil.*

— gets out of bed on account of pain in back at 4 A. M., better after rising and walking about, *Nux-v.*

— pain in back, with weakness in legs, gradually increasing until locomotion became extremely difficult, and he was compelled to stay in bed, *Phos.*

**Bedtime.** Pain in small of back, becoming intolerable near bedtime, *Sinapis.*

**Bellyache.** Drawing in back, as if bruised through the spine, extending to sacrum and abdomen when much flatus accumulated with bellyache, and as the flatus was discharged leucorrhœa appeared, *Caustic.*

**Bend.** Pain in small of back, could not walk erect, must bend over, *Sul.*

— constant pain in small of back, obliging him to bend the back inward, *Sabina.*

**Bending.** Pain in small of back on bending backward, Mang.

— pain back sometimes, better by bending forward at other times bending backward, Plumb.

— muscles of back feel too short when bending forward, Agari.

— drawing in back ceasing on bending backward, Petrol.

**Bent.** Pressure in back opposite bowels, then oppressive stitches on least motion or breathing, so that he had to walk bent, when lying still; griping as in malignant ulcer, and with oppression of chest, Arg-m.

— often in circular form, Opi.

— backward like an arch, *Cicuta*.

— the back is bent forward, Ign.

**Biting** in back with chilliness, Lyc.

— in back, Agari, Kali-b., Thuja, Iris, *Graph.*, *Caust.*

**Blood.** Cannot lay on back on account of rush of blood to head, *Sul.*

— aching in small of back, preventing sleep, with orgasm of blood, with bruised sensation, *Sul.*

— boils on back, *Hepar*, *Sul-a.*

**Blotches.** Itching and red blotches on back, *Asclep-t.*

**Blow.** Heaviness and pressure in small of back, as if one had received a blow, worse while sitting, *Rhus.*

— pain in small of back, as from a blow, *Nux-m.*

— pain in back or coccyx, as from a blow or fall, or as if bruised, *Ruta.*

**Board.** Back painfully stiff like a board, *Puls.*

**Boils.** Small on back, neck, and arms, *Graph.*

— on back, Thuja, *Phyto.*, *Lach.*

— near small of back, with large red borders, Thuja.

— small suppurating boils on back, often leaving scar, *Kali-iod.*

— on back, near right side of spine, Kali-b.

— on back, with violent burning and throbbing, *Lach.*

**Boring** in back, *Bism.*, *Ham.*, *Coccul.*

— in a spot in back, *Thuja.*

— pressive pain in middle of back, *Agari.*

— pain in small of back, with a cold, *Carbol-a.*

**Bowels.** Pain in small of back if bowels did not move, *Cepa.*

— aching distress in bowels and back and legs with rumbling of wind, *Ptelea.*

**Break.** Pain in small of back, as if it would break, worse during rest, better by motion, *Krcos.*

— pain at the waist, as if she would break in two, runs up whole left side of body like lightning, seems as if they would give her a twist while it runs up with pain in elbow and wrist, *Corn.*

— pain in small of back, as if it would break, *Lyc.*

— pain in dorsal vertebræ, as if back would break, *Lil-tig.*

— pain as if back would break during menses, *Vib-op.*

— small of back feels as if it would break carrying paint, *Ham.*

— as if back would break just above waist, afterwards some pain higher up, *Aletris.*

— backache, as if it would break, *Bell.*

**Breakfast.** Complains very much of pain in lower back coming on after breakfast, but generally much increased by the monthly, *Arg-n.*

**Breaking.** Back feels as if breaking, *Nat-m.*, *Kalmia*, *Æsc-h.*, *Kali-c.*, *Rhus*, *Variol.*, *Mag-c.*, *Fer-iod.*

— back feels as if breaking before stool, *Nux-v.*

— back feels as if breaking, with dysmenorrhœa, *Xanthox.*

**Breath.** Pain in back arresting the breath, *Can-s.*

— great restlessness, with yawning and stretching of arms and legs with pain in back, weariness as from too great exertion with awkward tottering gait and jerks, taking away the breath or going into abdomen, *Lach.*

— shifting pains in back, worse by drawing a long breath, *Sang-c.*



**Breath.** Stiffness now in back, now in hips, pains on turning over in bed, obliging her to hold the breath, Sul.

— pain all over back down to loins, worse on drawing a long breath, Cinnab.

— stinging, piercing, twitching in the back and sacrum, taking away his breath, Caustic.

— after falling from a height upon back acute pain in lower part, and in right side of back, especially when sneezing or quick breathing, Con.

— violent stitches in left side, above crest of ilium, more toward the back, arresting the breath, Mez.

— sudden hammering, better by pressure against a hard substance, sticking, tearing, so that he felt as if he would sink together and lose his breath, Sep.

— sticking at every breath when walking, itching, Sul.

**Breathe.** Violent pain in small of back, she can hardly breathe at beginning of menses, *Asar.*

**Breathing.** Pain goes up from small of back with stitches through chest and settled as stinging pains under left scapula, increased by deep breathing at 7 P. M., Zing.

— sprained pain in back and in scapula, extending into the chest, two or three times in a day, arresting the breathing, Petrol.

— stitches in small of back when coughing, breathing deeply, or walking, Arn.

— sticking upon breathing in small of back, Merc.

— stitching in side of back when breathing, Lyco.

— tearing in small of back, worse by breathing, Croc.

— when breathing frequent stitches from back toward chest, Psor.

**Broken,** drawing pain in small of back, and a feeling as if it was broken when walking, standing, and lying, *Carbo-a.*

— pain in small of back, as if broken, especially on touching, *Graph.*

— pain in back or small of back, as if bruised or broken, worse by pressure, Plat.

- Broken** pain in back, as if broken after walking an hour, Plat.  
 — pain in small of back, as if broken in pieces in morning in bed, Staph.  
 — violent pain, as if back were broken in lumbar region from least movement or coughing, or straining back from lifting, *Rhus*.  
 — pain as if back was broken, Nat-m., Variol.  
 — pain in back, as if broken in morning on stooping and on rising up, Ver-a.  
 — small of back pains, as if broken, Coral., *Nat-m*.  
 — pain in small of back, as if bruised or broken, worse at 3 or 4 A. M., *Nux-v*.  
 — pain in small of back, as if broken at night, *Mag-c*.  
 — intense pain in back and lumbar region, as if broken, *Eup-per*.  
 — small of back, as if broken, felt only at night, as if lying in a cramped position, Fer-iod.  
 — aching in back, as if bruised or broken, Convul.  
 — back aches, as if broken, *Kali-c*.  
 — small of back feels as if broken, *Ars*.  
 — as if broken in small of back with tension, worse when stooping, Clem.

**Bruise**, pain in back as from a bruise, EUP-PER.

- a pressive pain as from a bruise on lower part of back, with severe pressure in the scorbiculous cordis, same in rest as in motion, Coloc.  
 — pain as from a bruise in small of back second day of menses, Amm-c.  
 — pain as from a bruise or sprain in the whole back, with an inclination to stretch it, Agari.

**Bruised** feeling in back. ARN., Asar., Cornus., EUP-PER., Lyss., MERC., NUX-V., RHUS. Ruta, Sabad., Grat., Agari., Zinc., Berb., Stram., NAT-M., Nat-s., APIS, DROS., Vib-op., PHYTO., Kali-c., RAN-B., Ratan., Aco., Ars., Stront., GELS., Mag-s., NAT-C., Ox-a., PSOR., CHAM., MAG-M., Anac.

## ALBUMINURIA AS BEARING ON PUERPERAL ECLAMPSIA.

E. V. ROSS, M. D., ROCHESTER, N. Y.

A case of albuminuria, complicating pregnancy, and terminating in death, came to my notice quite recently, and the lesson that it taught is my only excuse for this short paper.

Mrs. M. F., æt. thirty-five, in her second pregnancy. About four weeks prior to her expected confinement she consulted her physician with the statement of not feeling well. An examination of the urine was made, and a large amount of albumen discovered.

She was placed upon a milk diet, and other treatment instituted. A week later only a small amount was detected, and it continued to disappear from the urine. Ten days after date of confinement the urine was again examined for the last time, and no albumen found. A favorable termination was therefore looked for, but two days later the patient complained of objects appearing as in a mist, or as if she was looking through a veil (uremia amblyopia). This symptom came on quite suddenly, and gradually increased; ten hours later she became comatose and died, evidently from uremic poisoning.

There are other cases on record that tend to show that we must not place too much reliance upon the disappearance of albumen from the urine as a favorable sign. Most writers are agreed at the present that puerperal eclampsia is due to some toxic or effete material retained in the system; just what this is there is a difference of opinion. Parvin, in the last (third) edition of his work, has this to say: "What this poison is, or conceding more than one toxic agent, what these poisons are, and what the origin, are questions still un-

answered.”\* He further says:† “The nervous theory, that which made the disease the result of cerebro-spinal congestion, the uremic theory and its derivatives—have passed away. \* \* \* The theory which marks the essential cause toxemia—not one, but several different poisons, it may be, concerned—is now generally upheld. So, too, the toxemia, while usually associated with renal failure, and dependent upon it, does not in all cases have such association and dependence, for the disease caused by the toxemia may occur without renal disorder; moreover, it is a question in some cases whether this disorder is not the consequence rather than the cause of the toxic condition.”

Whether the toxic agent, or agents, be the cause or result of the kidney lesion one thing is quite evident, viz., that the presence or absence of albumen from the urine is of no paramount importance as indicating the extent of renal insufficiency whereby these toxic products (one or more?) are retained. In further proof of the statement we bring forth the following as evidence:

(1) That albuminuria occurs in 5 to 10 per cent. of all pregnant women.

(2) That puerperal eclampsia occurs once in about 260 cases‡ (Vinay§).

(3) That puerperal eclampsia occurs without the presence of albumen in the urine.

(4) That albumen in the urine is not always followed by eclampsia.

(5) That in a large percentage of cases of puerperal eclampsia albumen is found only after the appearance of the convulsions.

If, then, the presence or absence of albumen in the urine

\* *Science and Art of Obstetrics*, page 412.

† *American Text-Book of Obstetrics*, page 632.

‡ Anvard, three in 1,000; Martin and Kaltenboch, one in 500.

§ *Traité des Maladies de la Grossesse, etc.*, Paris, 1894.

of a pregnant woman is not to be taken as an index to her condition what, then, are we to judge from? In spite of what has been quoted in opposition to the uremic theory we would suggest that the urine be examined for the daily amount of urea excreted for some time before confinement in addition to the test for albumen. If physicians will take the trouble (and duty demands it) to make such examination in every case, we will soon have some definite knowledge that will have a great bearing on this vital subject.

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### A CASE OF ACUTE NEPHRITIS.

ELLA M. TUTTLE, M. D., NEW BERLIN, N. Y.

On the evening of October 7th, 1896, I was called in haste to a young woman who was said to be in labor and in need of my services at once. On reaching the house I found my patient (Mrs. A., aged twenty-four years, primipara) in bed, and very nervous and frightened, but having no labor pains. Examination revealed a tightly-closed cervix, though the woman was evidently at term. On questioning her I learned that she had suffered from sleeplessness and abdominal soreness all through the later months of her pregnancy. She had puffiness of the face and extremities, and some cloudiness of vision. I obtained a sample of the urine, gave her *Ars.* 3x, and left her.

On applying the usual tests to the urine, it was found to be loaded with albumen, becoming nearly solid on the application of heat. As may well be imagined, I felt very anxious during the few days that intervened before labor set in. Her sleep became better, and under *Puls.* 3x the abdominal soreness nearly disappeared, but the albumen persisted, and it was with great anxiety that I was summoned to her the morning of October 11th.

I found that labor had set in at 5 A. M. She was very

nervous through it, and there were at times a twitching of the eyelids and drawing of the muscles of the mouth that made me fear a spasm was impending, but by giving the remedies that seemed indicated (chief among which was *Cimic.*) I delivered her at 2.30 P. M. of an eight-pound boy.

I thought that now the worst of the case was over and that the albumen would soon disappear, but it did not. On the contrary, it persisted, and under the microscope the urine showed numerous casts. The puffiness of the face and extremities increased, and the eyesight became so dim that she could with difficulty count fingers at a distance of three feet. There was a slight fever (101 degrees), persistent headache over the left eye, yellow-coated tongue, burning in the urethra on urination. I now prescribed *Phos.* 4, with very gratifying results. In twenty-four hours the eyesight had begun to improve (though she complained of a red halo around the lamp), the headache had disappeared, and the albumen had sensibly diminished. From this time the case went on to an uneventful recovery, the only other remedies used being a few intercurrent doses of *Sulph.* 30, and a few doses of *Bell.* 3 for a threatened inflammation of the breasts. The cure seems to be permanent, for I examined the urine several months later, and found no signs of either albumen or casts.

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The Editor was recently summoned to the case of a woman in a hospital who was safely delivered of a healthy child, but after a few hours went into convulsions. On our arrival we found her insensible and in the throes of death. Nevertheless we administered the indicated remedy, Opium. The patient was, however, too far gone to be rescued, and shortly afterward died. There was twenty per cent. albumen in the urine. Nothing was known of her previous history, as she had been admitted to the hospital but a few hours before the child was born.—ED.

## POSITIVE VS. NEGATIVE FACTS.

[Translated from *Le Médecin*, official organ of the Medical school of Belgium, August 1st, 1897.]

M. R. LEVERSON, M. D., FORT HAMILTON, L. I.

It is an axiom in science that a thousand negative facts are worth less than one single well verified positive fact.

How, then, has it happened that in medical statistics more weight has been accorded to a procedure, or to a method, applied in conjunction with other methods directed to the same end, than to the failures of this same procedure or of this method *applied by itself* with exclusion of all other methods, as, for instance, in cases of croup, cholera, hydrophobia, the plague, etc.? How is it, too, that people continue to boast the advantages of the Jennerian vaccine (of the nature of syphilis), when it is proved that thousands of people "successfully vaccinated" (with the *success* that is to say of producing the chancre) at the age of two years have nevertheless fallen victims to small-pox at five or six?

And these positive facts accumulate, and still fail to crush the imbecile scaffolding of the negative ones!

A woman contracted small-pox. She had three children not yet syphilized by the Jennerians. The doctors insist that the children be forthwith vaccinated. The sick mother yields. Two children are subjected to the pestilential operation, when the father arrives and forbids the vaccination of the third. A month later the mother is convalescent and thoroughly cured of small-pox. The two vaccinated children catch the small-pox *and die of it*. The unvaccinated child did not get it, and enjoys good health.

Day after day thousands of similar positive facts happen upon the globe in the very faces of the vaccinators who cannot see them, but persist in pretending that their negative facts alone deserve to be collected and noticed.

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

The regular semi-monthly meeting of *The Organon* and Materia Medica Club of the Bay Cities was held in San Francisco, July 16th, at the office of Dr. G. H. Martin.

There were present: Drs. J. M. and C. M. Selfridge, Augur, Hohngren, J. W. and F. N. Ward, G. H. and E. F. Martin, and Manning.

The meeting was called to order by the President, Dr. J. M. Selfridge.

The minutes of July 2d were read and approved.

On motion the By-Laws were so amended as to do away with associate members, and place all upon an equal footing.

The resignation of Chas. L. Dwyer was read, and on motion accepted.

This being the annual meeting, election of officers took place, with the following result, viz.: Dr. J. M. Selfridge for President; Dr. G. H. Martin for Vice-President; Dr. Guy E. Manning for Secretary and Treasurer; and Dr. J. W. Ward, Augur, and C. M. Selfridge for Censors.

After the paragraphs pertaining to the "Origin of Disease" were read from Hahnemann's *Chronic Diseases*, Dr. J. M. Selfridge read a paper upon

### "THE TIME OF INFECTION."

Dr. Selfridge, in discussing this subject, said:

"The therapeutics of Hahnemann challenge the world for their scientific exactness and the simplicity of their application.

"In his directions for the examination of patients, and for the proving of drugs, as well as for their application to the cure of disease, he stands to-day without a peer.



“When Hahnemann in *The Organon* and in his *Chronic Diseases* makes the statement that all chronic diseases owe their origin to three chronic miasms, viz., sycosis, syphilis, and psora, I accept the statement because it is possible for every careful observer to verify these deductions, which are the result of his vast experience and wonderful powers of observation.

“But when he makes the statement that both acute and chronic miasms are received into the system in ‘*one single moment*,’ and that it enters the system through the nerves, I cannot accept his statement.

“He illustrates this thought by vaccination, but his admission that all these infectious diseases have a period of incubation is a source of weakness rather than strength to his argument. If miasmatic contact ‘irrevocably, dynamically, communicates the disease to the vital force (to the whole nervous system) in the same moment,’ why should there be any need of a period of incubation? ‘The morbid fluid’ is without doubt a disturbing element, but if communicated ‘to the whole nervous system’ in a single moment, the person affected ought to be instantaneously sick, whereas the converse is true.

“While the functions of the nervous system are to receive impressions and have a general supervision of vital dynamics, it is not one of its functions to carry ‘morbid fluid’ through the organism. This is clearly the office of the absorbents.

“Since the time of Hahnemann science has made discoveries, which, in some instances, elucidate his statements much better than he does himself. Since his time it has been discovered that there are such beings as microscopical germs. Now, while I do not believe that germs *per se* are the cause of diseases, I *do* believe they are *carriers* of poison, and that these ptomaines are disturbers of the vital processes.

“Take vaccination, the illustration named by Hahnemann. It has been demonstrated over and over again that ‘cow-pox

virus' will not produce the 'vaccine disease' unless germs are present in the 'morbid fluid,' and when introduced into the 'bloody scratch,' they carry with them these vaccine ptomaine or alkaloid poisons, which, in the process of incubation at the point of local contact, are set free, and, being taken up by the absorbents, are carried to the protoplasm in the primal cells, where all activities commence; but, instead of being converted by the protoplasm (which is the great store-house of vital energy) into bioplasm or living matter, they, being poisonous, disturb the movements of the molecules, and, of course, of the vital force, with which they are intimately connected, and the result is the whole organism becomes sick, *pari passu* with the local inflammation in vaccination, and of the chancre in syphilis.

"If contagion be taken into the system by insufflation, as in cases of whooping-cough, measles, chicken-pox, and small-pox, the same thing pertains, for the reason that the only avenue through which contagion, or any other substance, can reach the protoplasm, is by way of the absorbents. That it is through the absorbents is well illustrated by a case of sepsis.

"A lady, who at that time lived in San Francisco, pricked the middle finger of her left hand on the thorn of a cactus that grew in her garden. A fly doubtless had deposited some septic ptomaines on that thorn not long before the accident. The finger soon became swollen and painful, and the swelling and redness extended to the digital portion of the hand. The patient at the same time became chilly and feverish. About this time the late Dr. Pease was called in, and, after lancing the finger, gave the remedy that seemed to be indicated, but it did not stop the upward march of the septic poison, for the whole hand became involved, then the wrist, and the lower portion of the forearm. Inch by inch the redness and swelling had traveled from the finger upward. The progress was so rapid that in twelve hours the redness and swelling had extended

from the wrist to the elbow. At this time I was called in consultation. The hand was spongy and of a purplish color. The arm was red and swollen to the elbow, where there was a distinct line of demarcation. The patient had a high fever, and was in a semi-comatose condition, with muttering delirium. The case was alarming. Something had to be done to stay the progress of the septic poison, which was traveling at the rate of an inch an hour.

“My suggestion was the application of a fly blister two inches wide, to be applied around the arm about four inches above the elbow. Under similar circumstances I had used the blister many times before with perfect success. I also advised scarifying the back of the hand to let out the pus and decomposed blood, which proved to be present in large quantity. The blister ‘drew well,’ and the redness and swelling continued up *to* the blister, but not *beyond* it. The indicated remedy was continued, and the patient recovered, but two weeks later the finger with its phalanx had to be amputated because of necrosis of the bone.

“You may ask, Do you consider the application of a blister under such circumstances good homœopathic practice? My answer is, It was good surgery, because the artificial inflammation caused by the blister closed the absorbents with inflammatory lymph and stopped the progress of the septic poison, which, but for that, would, undoubtedly, have proved fatal to the patient.”

Dr. Martin asked—Then you do not agree with Hahnemann’s theory?

Dr. Selfridge—I do not believe the whole system is infected at once. Inoculation takes place at once, but not infection.

Dr. Martin—Is not infection more a matter of degree? We are infected instantaneously, but the disease does not develop immediately. Tetanus infects instantly, but other poisons may take time to incubate.

Dr. Selfridge—Tetanus is not a poison! In poisons or disease ptomaines form and are carried by the lymphatics.

Dr. Martin—I do not care what system carries it! In the case of the Gila monster bite, the system is infected at once, but syphilis develops in thirty to forty days. Therefore, I consider it more a matter of degree.

Dr. Selfridge—These are not parallel cases. Rapid poisons are carried in a few seconds, but disease is not a parallel case.

Dr. Holmgren—In case of vaccination, if the portion inoculated be immediately taken away, the member be cut off, would a person develop any symptoms, or would he be proof against small-pox?

Dr. Manning—The trouble is in limiting the time of infection and time of incubation. I believe with Dr. Selfridge in instantaneous inoculation, but a period of time for the poison to reach the "whole" system. The time of infection then varies in length, but is this not rather a period of inoculation? Inoculation is instantaneous.

Dr. Augur—In cases of poison we know excision or cauterization destroys the poison, and if resorted to at once the system is not infected.

Dr. C. M. Selfridge—In cases of snake bite the system is infected at once.

Dr. J. M. Selfridge—No period of incubation exists in remedies, but even then I consider they are taken and conveyed by the absorptives. In vaccination the virus is taken up by lymphatics.

Dr. Augur—In all my cases of syphilis, all showed a want of cleanliness, from carelessness, intoxication, or absence of the necessary conditions. If aseptic measures were used at once would these cases develop?

Dr. Martin cited a case of personal injury during a *post-mortem*, in which septic symptoms rapidly developed, and he did not doubt but that he was infected all over, and at once.

Dr. Selfridge—I have had cases similar where I have applied pure Carbolic-acid to the wound two or three times, and no further symptoms developed, because it had not affected the whole system. It is possible to filter out germs and still have ptomaines. I believe in germs, but I believe in them more as a product of disease. They do carry disease, deposit it, and then it is carried through the system by absorptives.

This closed the discussion.

The meeting then adjourned till Friday, August 6th.

After the business part of the meeting we were surprised by a pleasant little feast in Dr. Martin's offices. After a pleasant hour spent over the feast and in conversation, Dr. Geo. H. Martin, acting as toast-master, gave each member a chance to distinguish himself or herself by speaking extemporaneously on subjects scientific and happily chosen. No one shirked the responsibility, except the toast-master, who lost his subject in the "shuffle" and in his modesty overlooked himself. He was finally called to time by the President, who demanded from him "Homœopathy in Nervous Diseases." Mention must also be made of an admirable poem by Dr. J. M. Selfridge on "Not Enough Homœopathy Taught."\*

GUY E. MANNING,

*Secretary.*

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FRIDAY, August 6th, 1897.

The regular semi-monthly meeting of *The Organon* and *Materia Medica Club* convened at the office of the Drs. Selfridge, Oakland. Drs. J. M. Selfridge, Augur, Hohngren, G. H. and E. F. Martin were present.

The Secretary being absent, Dr. G. H. Martin acted as Secretary *pro tem.*

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\* This poem will be found in the September number of *THE HOMŒOPATHIC PHYSICIAN*, page 369.

The minutes of the annual meeting, July 2d, read and approved.

Dr. Augur read a paper on "Sycosis and Syphilis," epitomizing and presenting clearly Hahnemann's ideas on the same, as expressed in his works.

In the discussion, other members gave their understanding of Hahnemann's meaning on certain points, but these did not differ materially, and all agreed that science had not changed, nor time altered greatly Hahnemann's doctrines on these two "chronic miasms."

Adjourned on motion till Friday, August 20th, 1897.

G. H. MARTIN,

*Secretary pro tem.*

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No. 3.

UNITED STATES DEPARTMENT OF AGRICULTURE.

DIVISION OF CHEMISTRY.

WASHINGTON, D. C., September 17th, 1897.

DEAR SIR:

By direction of Congress, the Department of Agriculture is investigating the character and extent of the adulteration of foods and drugs. It is generally believed that adulteration, sophistication, imitation, and misbranding of foods, drugs, and liquors exist to a very great extent. Many of the States have enacted laws to prevent such practices, and it is very desirable to know how these laws have been enforced, and with what results.

As the general public is largely interested in this matter, as it affects health, morals, and legitimate trade, it is thought proper to ask the co-operation of the press in securing accurate information on the subject. The publication of a simple request for information on this subject, to be furnished the paper asking it, or sent direct to the Chemical Division of

the Department of Agriculture, will in all probability secure a large amount of valuable *data* which will materially assist in properly carrying out the work. As no matter can be of more importance to the people of the United States than that of the extent and character of the adulteration of foods and drugs sold them, I take the liberty of asking your co-operation in the work as herein indicated. Please state that the Department simply desires a concise statement of facts, which can be fully substantiated if necessary, and not theories.

Respectfully,

A. J. WEDDERBURN,  
*Special Agent.*

Approved:

JAMES WILSON,  
*Secretary.*

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No. 2.

UNITED STATES DEPARTMENT OF AGRICULTURE.

DIVISION OF CHEMISTRY.

WASHINGTON, D. C., September 17th, 1897.

DEAR SIR:

Under authority of Congress, the Department of Agriculture is investigating the extent and character of food and drug adulterations, and is desirous of securing all the information possible on the subject. Having been appointed special agent to inquire into and report upon this matter, the undersigned writes to request that you kindly furnish the Department (under the inclosed franks) all the information you have in regard to adulterations, together with any suggestions as to the best remedy for the evil.

(1) Do you know of any new adulterant? If yes, state what, and how used.

(2) Would a national food and drug law assist in preventing adulteration?

(3) Would uniform food, drug, and pharmaceutical laws tend to promote efficiency and purity?

(4) Please suggest what would best promote the interests of consumers and legitimate manufacturers and dealers.

(5) What is your opinion as to the extent of damage done legitimate business by imitation of brands, packages, etc.?

(6) To what extent do sophistication, misbranding, and injurious adulteration exist?

(7) Have State laws aided in preventing adulteration? To what extent?

(8) Would a national law assist State officials in properly executing the local laws?

(9) Have adulteration, sophistication, and misbranding increased or decreased?

Prompt replies to the above, together with any other information or suggestions, will be highly appreciated.

Yours respectfully,

A. J. WEDDERBURN,  
*Special Agent.*

Approved:

JAMES WILSON,  
*Secretary.*

Inclosure.

Please write answers on reverse side of this sheet and return to the special agent.

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## NOTES AND NOTICES.

STAMFORD HALL.—Of the many Sanitariums for the treatment of Mental and Nervous Disease, that of Dr. Givens at Stamford, Conn., possesses unexceptional advantages.

Built on the cottage plan, nervous and mental patients can be more satisfactorily cared for than the old plan of many under one roof; and the Doctor is fortunate in having a location so accessible to New York and in such close proximity to the seashore.



## HYDROZONE FOR DISORDERS OF THE GENITO-URINARY TRACT.

Dr. John Aulde, of Philadelphia (*Medical Times and Register* of Philadelphia, Pa., Dec. 5th, 1896), states that about eight years ago he was forcibly impressed with the value of Peroxide of Hydrogen in a protracted case of gonorrhœa. The disease had persisted for three months despite the treatment of several attendants, there being a constant discharge, and in addition, there was an orchitis present, the left testicle being about as large as a base-ball. Treatment consisted of the local use of injections of equal parts of Peroxide of Hydrogen and moderately warm water, used at intervals of four hours, these injections being followed by a solution of arsenite of copper containing one milligram (one 65th grain) to the drachm, diluted with an equal quantity of hot water.

In a week the patient was able to return to his home in a distant State, the discharge from the urethra having entirely ceased, and pain and chordee having disappeared.

The author advises the same treatment for non-specific urethritis and gleet, but as Hydrozone is much stronger (2 times) than the Peroxide, and perfectly harmless, he gives it the preference.

In vaginitis and vaginismus this treatment is of especial value. The treatment heretofore recommended by physicians, consisting of hot vaginal douches, either with or without some alkali, as sodium bicarbonate, followed by the injection of a small quantity of Peroxide of Hydrogen (medicinal) in warm or cold water is superseded by the single application of a hot solution of Hydrozone, one part in eight; the patient should use a fountain syringe which should be hung upon the wall about six feet from the floor; the patient sits upon a suitable vessel, and introduces the rubber tip of the hose well back into the vagina, while the labia are compressed by the disengaged hand; this allows the solution to so distend the

vagina as to bring it in contact with all the diseased tissue. The injection should be repeated twice in twenty-four hours.

In uterine diseases, where the solution must be brought into contact with the endometrium, the following treatment is pursued:

The patient is placed in the dorsal position, with the hips well elevated; an ordinary dilator is employed to distend the cervix, so as to admit the nozzle of the syringe and permit the free egress of the injected fluid (a suitable return flow tube can be used to better advantage, the Fritsche's douche is the best that can be used). The injection is then made, a liberal amount of the hot medicated solution being used.

There is need of caution in chronic cases, that the effervescence which attends the destruction of the unhealthy tissue does not force some of the *debris* into the Fallopian tubes. This is best avoided by using a large quantity of the solution, and afterwards directing the patient to assume the upright position. The pressure thus brought to bear upon the uterus will cause the complete discharge of all *debris*.

A preliminary vaginal douche should always be taken, using the medicated solution, as otherwise, harm might ensue by the entrance into the uterus of the vaginal secretions. The author warns against the use of the vaginal douche if the cervix be patulous, as there is an almost certain danger of the infected vaginal *debris* being forced into the uterine cavity. To avoid this the vagina should be cleansed by the local use of the medicated solution through the speculum.

The author believes Hydrozone to be the best remedy for cystitis occurring either in the male or female. The bladder should be washed out with the solution (one to eight) a small quantity being used at first in chronic cases, owing to the painful muscular contractions following the withdrawal of the solution. The amount can be gradually increased. (A double current hard rubber catheter should always be used for that purpose). In gonorrhœa, gleet, and cystitis, the local treatment is oftentimes aided by the internal administration of hourly doses of calcium sulphide one-tenth of a grain.

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

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

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Vol. XVII.

NOVEMBER, 1897.

No. 11.

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EDITORIALS.

THE NOTES ON DR. LIPPE'S LECTURES will be omitted this month because of the Editor's inability to properly prepare them. We hope to give them as usual next month.

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VACCINATION.—The Editor hopes the profession continues to take an interest in the revelations concerning vaccination made by Dr. Leverson in this journal every month. We feel that it is a subject of the highest importance, and every word published should be carefully read and pondered. Only the most important and striking portions of the testimony are here reproduced, and if it seems to some of our readers as if too much space were devoted to it, we can assure them that the bulk of material from which it is drawn is simply enormous, and we have published only what is most remarkable for its glaring inconsistencies. The testimony of those who favor vaccination is nothing compared to what is to come, when the testimony of its opponents comes to be analyzed by the master mind of Dr. Leverson. The revelations *then* given will be astonishing, and must command the attention of even the most ardent advocates of the "rite."

## VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, L. I., N. Y.

(Continued from page 406.)

Mr. Farn was the expert who was to tell all about the lymph. He was examined the 27th of November, and testified that he was appointed in 1871 examiner of vaccine lymph (Q. 4,011), and has examined all tubes of humanized lymph distributed from the National Vaccine establishment; even when he was absent on leave from the office it has been sent to him for examination, and has all been inspected by him (Q. 4,014).

Q. 4,015. "What is the source of the humanized lymph which is distributed from the National Vaccine establishment?" "We derive it from the various public vaccinators throughout the country; some have been specially appointed, and when we have been hard-pressed we have derived it from men whose vaccination was considered to be of high quality."

Q. 4,041. The calf lymph distributed comes wholly from the Board's animal vaccine station in Lambs Conduit Street.

Q. 4,043. "Is the calf lymph supplied exclusively by means of points?" "Except in case where lymph for the vaccination of a calf is required, and then we send it in tubes."

Q. 4,044. "To whom is the lymph distributed?" "To any registered medical practitioner in this country and also to practitioners abroad. Any medical man writing from abroad will have a supply. It is also sent to the Navy Medical Department, and to various colonial officials, civil and military, secretaries and medical officers, and so on."

Q. 4,051. Calf lymph was first supplied in 1881.

Q. 4,053. "Do you recognize any difference between the

lymph obtained from the human subject and the lymph obtained from the calf?" "The calf lymph contains blood, I have noticed."

Q. 4.055. It is a rule that calf lymph contains blood.

Q. 4.056. You can very often recognize it with the naked eye. It gives a distinct tinge (Q. 4.057).

Q. 4.058. "What is your test for the presence of blood in lymph in extremely minute quantities?" "I determine it for humanized lymph in tubes, by the microscope."

Q. 4.062. "You hold the presence of those (the red blood corpuscles) in the lymph to be a ground of objection?" "My instructions are that it is an objection."

Q. 4.063. I do not know from our reports of any difference of effect between vaccinating from calf lymph and vaccinating from humanized lymph.

Q. 4.064. "From your knowledge would you say that the effects are different?" "I have no knowledge on the point."

Q. 4.065. "What power do you use?" "For the purposes of examination as regards payment an inch, but for other purposes a quarter of an inch."

Q. 4.066. "What power do you use to look for the presence of blood?" "A quarter of an inch. I am not able to use any higher power unless the lymph is blown out."

Q. 4.067. "The presence of how much blood determines you to reject a specimen?" "If I saw a single corpuscle in a tube it should not be sent out."

Q. 4.075. "What do you look for besides blood when you examine under the microscope?" "If the lymph is at all opaque it is placed on one side; or if under the microscope it shows granular bodies the lymph is put on one side."

Q. 4.078. "What else do you look for?" "Extraneous bodies. I have found various things in the lymph. One of the commonest is pearl powder, which, I fancy, they put on the child's arm."

Qs. 4.079-80-81. Dust may have got into tubes, or pieces

of a child's clothing. These are recognizable under the microscope, and the tubes containing them are rejected.

Qs. 4,043 and 4,084. Points are used exclusively in the case of calf lymph, and tubes in the case of humanized lymph, and for vaccinating the calf. Points are used for the calf lymph except for vaccinating calves, because the calf lymph coagulates so much that there is difficulty in getting it out of the tubes. He does not know why tubes are used for vaccinating the calves.

Q. 4,099. Witness refers to Dr. Coy for information as to the results of calf lymph and humanized lymph in the hands of the same public vaccinator.

Q. 4,101. Have had statements of undue inflammation from calf lymph, nothing serious beyond that.

Q. 4,102. His records will not permit him to make any statements as to whether there had been undue inflammation from the use of human lymph.

Q. 4,103. (By Mr. Savory). "In perfectly pure,\* healthy\* lymph what microscopic forms would you expect to see?" "I should hope to see nothing."

Q. 4,112. His method of examination of the lymph within the tube is as trustworthy as he thinks it is possible to be.

Q. 4,119. Blood in calf lymph is not recognized as an objection.

Qs. 4,120-21. There is no charge for any lymph supplied; it is entirely gratuitous even to foreign applicants.

Qs. 4,125-26.—The lymph passes when he approves of it. He is responsible for its purity to the extent of his examination.

Q. 4,127. He is not responsible for failures of the lymph, for one gentleman will fail and another succeed. It depends on the individual vaccinator quite apart from our lymph.

Q. 4,128. (By Mr. Picton). "If it were proved that in

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\*These adjectives are used by this *eminent* physician in respect to a "lymph" obtained from an ulcer!

any case the lymph was poisonous to the subject of vaccination, would you be responsible for having passed bad lymph as good lymph?" "I have no experience, but I assume that I should be reprimanded if it could be proved in any way that the lymph was not clear."

Qs. 4,131-32. Witness is a microscopist, and it was in a measure as such that he was appointed to his present position.

Q. 4,133. "Have you made any special study of microbes?" "No."

Qs. 4,134-35-36-37. White blood corpuscles are not easily detected in the tubes. Tubes in which he detected either white or red corpuscles would be rejected.

Qs. 4,138-39. He would reject lymph in which there were white corpuscles, because his instructions were so to do, not upon any scientific grounds of his own.

Q. 4,140. (By Dr. Collins). The advantages insured by the microscopical examination is to obviate sending out blood with the lymph.

Q. 4,141. "Are we to understand that blood is the only noxious agency that may reside in the lymph?" "I am only acting up to my instructions as to what I am to reject."

Q. 4,145. "Does evidence exist to show that noxious and untoward consequences from vaccination are referable to the formed constituents of lymph?" "I do not know."

Q. 4,146. "What power do you employ?" "A quarter of an inch."

Q. 4,154. "With such power as you are able to employ would you be able to recognize or distinguish any micro-organisms which might be present?" "No, I should not."

Qs. 4,155-56-57. Although a skilled microscopist, he is not competent to give an opinion as to whether any micro-organisms have been stated to have been identified for erysipelas and so on, but refers to Dr. Klein as a bacteriological authority on the question.

Q. 4,159. "Is there any disease within your experience

whose cause you can identify with such microscopical powers as you employ?" "Not that I am aware of."

Q. 4,160. "Can you detect any difference under the microscope between lymph from a healthy child and lymph from a syphilitic child?" "I have never had lymph from a syphilitic child sent me to examine that I am aware of; I have never examined it."

Q. 4,161. "Could you detect it if you had?" "I do not know at all. I never had it to examine, so that I could not tell you."

Q. 4,162. "How do you know that you have never received lymph from a syphilitic child?" "I say so far as I know, of course."

Q. 4,163. "But your knowledge, I apprehend, would only extend to your microscopical inquiries?" "Quite so."

Q. 4,164. "Is it possible to ascertain by microscopical inquiries whether lymph contains the virus of syphilis?" "No; I do not say that it is."

Q. 4,167. "Are you able to recognize any microscopical differences between vaccine lymph and ordinary lymph from an inflammatory surface?" "No, I do not know that I could."

Qs. 4,170-72. Witness had heard of a prize of £1,000 (\$5,000) offered by the Grocers' Company for the discovery of any vaccine contagion cultivated apart from an animal body. He did not know whether the award had been made.

Q. 4,173. "Having regard to what you have told us, do you think it would be possible from the microscopical examination you made to guarantee that any lymph was pure?" "No; I should not undertake to say whether it would be a guarantee that the lymph was pure. I do not know that you could do it."

Qs. 4,180-81. Not the witness, but Dr. Cory is the person to apply to with reference to the source of the stock of lymph that was employed for the establishment of the calf station.



Qs. 4,187-88. Witness would be likely to hear of syphilis resulting from the lymph distributed by him, but he has never heard of such an occurrence.

Q. 4,189. "We take every practical precaution we can to insure that the lymph is good."

Q. 4,199. (By Sir Charles Dalrymple). "I thought that where a public vaccinator was in the case you would have to guarantee the lymph that he used in all cases?" "Oh, no."

Q. 4,200. (Dr. Collins). "Are we to understand that as a matter of fact you have ever guaranteed lymph?" "No."

Q. 4,201. (Sir C. Dalrymple). "Then is this inspection that you make of the lymph not a guarantee of the goodness of the lymph?" "I would not say that."

Q. 4,202. (Professor M. Foster). "You guarantee that it is free from such blood corpuscles and such foreign matters as can be seen with such a high power microscope as you can apply to the tube without opening it, and you cannot do more?" "No, I think all practical supervision is made of the lymph to ensure, as far as possible, that it should be free from foreign bodies or from blood."

Q. 4,215. (Professor M. Foster). "Many of the opaque tubes, I suppose, are opaque from the coagulation of the lymph without the presence of blood?" "Yes, no doubt."

Qs. 4,216-17. The rejections solely for blood are about 2 per cent, and from 20 to 25 per cent. for opacity.

Q. 4,233. Witness does not know where the "points" are placed while drying, nor (Q. 4,236) what is done with them after they are charged with lymph. All the charging (Q. 4,239) takes place under Dr. Cory's superintendence.

Q. 4,240. The public vaccinators are paid for the tubes they send up on passing the examination made by witness. (Q. 4,241) The time which elapses between (Q. 4,241) the charging of the tubes and his examination varies very much. The previous week (this was 27th November, 1889) he could

scarcely examine any on account of its being so foggy, but as a fair average he examines them within a week.

Q. 4,242. Those left over longest have the greatest percentage of opacity.

Q. 4,243. "How do you explain the opacity? What is the cause of it?" "*That I do not know.*"

Q. 4,249. (Professor Foster). "The tube may often be perfectly clear for at least a year, and so far as you know for a longer time?" "Yes."

Q. 4,254. (Mr. Meadows White). "Is there more or less risk of blood finding its way into the lymph in charging a tube, or in charging a lancet?" "I could not tell you."

Dr. Farn's testimony establishes two points: First, that so far as his microscopical examinations are concerned the so-called "lymph" might be teeming with those microbic bodies which it is the fashion or fad of the moment to call the cause of this or that disease without Mr. Farn being able to detect them; and, second, that no guarantee that the lymph is "pure" is ever given by the local Government Board. Beyond this a just review of his testimony might have summarized it by saying that he knew nothing of the least importance. The doing this would have been open to the perfectly just criticism made upon a similar course by the correspondent, an extract from whose letter was given in the number of THE HOMŒOPATHIC PHYSICIAN for September (p. 348); and for this reason question and answer have been given in their exact words wherever the subject was important. But the scientific reader will not have failed to note the absolute puerility of the laborious work with which the vaccinating officials of the local Government Board amuse their industrious idleness.

The so-called lymph is "pure" according to Dr. Farn, their supreme judge on this question, if there be "no blood" in it, and he determines the presence or absence of this "blood" by the presence or absence of both the red and white corpuscles, the presence of either being, as he says, evidence of the pres-

ence of blood. But "lymph"—if it really be the "lymph" which these wise men mean—is the fluid found in the lymphatic channels or lymph vascular system, and contains floating in it corpuscles which cannot be distinguished in any way from the white corpuscles of the blood, and, besides this, the lymph stream, reinforced by the chyle which contains similar corpuscles, is poured into the blood stream close to the angle of junction of the right internal jugular and subclavian veins, and thus goes to compose the blood of which it is as essential a part as are the red and white corpuscles.

It is to be regretted that Dr. Collins did not bring out the puerile character of the labors of these officials by a string of questioning which in other instances he proved himself so well able to present for their self-stultification.

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#### CORRECTIONS.

Owing to a miscarriage of the proofs the abstract of the testimony before the Royal British Commission in the October issue was published without being revised by Dr. Leverson.

The following literal errors should be corrected: Page 393, line 3, for "marked" read "masked." Page 395, Q. 994, for "By Dr. Saivey," read "By Dr. Savory." Page 398, line 8, for "380-52c" read "280-5, 2d." Page 402, line 17, for "Barne's" read "Baron's." Page 405, line 24, for "diseases" read "disease." Other revisions were intended, one of which was to add to the illustrations of Dr. Sweeting's self-contradictions, his answer to Q. 3,825, "We have had 148 people admitted" (admitted, *i. e.*, to the small-pox hospital) "with five or more marks," and Q. 3,832, "I should not regard him" (*i. e.*, a person having only one mark) "as being so fully protected as a person with five marks. He might, perhaps, be as fully protected against attack, but not against death by small-pox."

How were the 148 cases of small-pox of persons having five or more marks protected?

## REPERTORY OF THE BACK.

DR. E. H. WILSEY, PARKERSBURG, W. VA.

**Bruised** feeling in small of back, *Cham.*

— back and knees feel bruised while lying still in bed, better rising and walking about, *Puls.*

— lower portion of dorsal region, especially left, feels bruised, *Apis.*

— muscles of back lame and bruised, as after severe physical exertion, *Vib-op.*

— muscles of back feel as if bruised and will not obey the will, *Gels.*

— back and lower limbs feel as if bruised in morning on rising, *Stann.*

— feels as if bruised in small of back when he lies quietly upon it or sits still, better by moving, *Rhus.*

— sharp pressure and pain, as if bruised in small of back and lumbar vertebræ, especially in sacro-iliac symphysis extending into lower limbs, *Hepar.*

— pain in small of back while sitting at 6 p. m., *Hyos.*

— numb sensation in small of back, as if bruised or broken, *Ox-a.*

— pain while lying on back, *Hyos.*

— pain in left side of back, *Papaya-v.*

— pain in left side of back, as from much stooping on motion, worse in open air, *Merc.*

— pain on sides of back, as if bruised, *Carbo-v.*

— pain in back as if sore or bruised, *Sul-ac.*

— pain in back while at rest, not when in motion, *Kali-c.*

— a severe pain in back during menses, *Mag-m.*

— pain in the whole back after previous shooting pain in hip, *Nitrum.*

— lying on back caused bruised pain in tumor on left scapula, *Thuja.*

**Bruised** pain here and there in the back, Drosera.

— pain in whole back on and between scapula, as after long stooping, Ceba.

— pain in small of back. Coral, Clem.

— pain in small of back not worse by motion, Cina.

— pain in small of the back and lower limbs in evening, Coloc.

— pain in small of back, as if bruised or broken, worse by pressure, Plat.

— pain, as if bruised above and in small of back and both hips, with sensitiveness of parts to touch during menses, Mag-m.

— pain in small of back, with pain in groins when sitting or standing, better when walking, Mag-sul.

— pain as from being bruised in back and chest, Calc-c.

— pain in back while walking in open air, Zinc.

— pain in small of back, so violent as if bruised also in coccyx, Sul.

— violent bruised pain in small of back, Zinc.

— or sprained pain in small of back, Gambog.

— pain in back for several days, at a time also in evening after lying down, extending into nape: or at night awaking her from sleep, and so violent she dare not turn over. Nat-c.

— pain in back, Arn., Ars., Asar.

— pain in small of back with weak sensation, Ars.

— sensation of small of back and thighs, Hepar.

— feeling in small of back while standing, Agari.

— sensation in back and sacrum, worse from stooping and when touched, Stront.

— pain in small of back, worse stooping, also when walking, Meny.

— pain in small of back from morning till evening, better by going to bed, Nat-sul.

**Bruises**, pain as from bruises in anterior part of chest and on back, Con.

- Bubbling** sensation in muscles of back and arms, Petros, Squilla.
- Burning** pain in back while lying quietly upon it, *Ars.*
- pain severe and itching constantly on back, *Mag-m.*
  - pain with sticking in loins, coldness in back, shoulders, and arms, *Hyper.*
  - drawing pain in small of back during sleep in morning; also a sensation of falling asleep in shoulders, disturbing sleep, disappearing on awaking, *Zinc.*
  - tearing, drawing, or lacerating pain in back, *Nux-v.*
  - severe burning pain in back, *Nit-ac.*
  - pain in back after taking cold, *Nit-ac.*
  - pain in back, *Carduus.*
  - pain in back, as from posterior walls of stomach in P. M., *Lob-i.*
  - and drawing in back and small of back, *Zinc.*
  - pressure upon spine somewhat above small of back, *Zinc.*
  - in left side of upper part of back, *Carbo-v.*
  - and pressure in back, better by walking, worse by sitting and by lying down, *Nitrum.*
  - drawing up back from coccyx apparently under the skin, *Mur-ac.*
  - itching on the face, on back, and on the head, *Kali-c.*
  - in lower half of body from small of back to pit of stomach downward, *Phos-ac.*
  - in back while walking in open air when he gets warm, *Sil.*
  - fine shooting in small spot in middle of back, *Stann.*
  - with slight chilliness of back there is burning of the head, face, and ears with redness of cheeks, *Dig.*
  - sticking and tension in small of back, *Ver-a.*
  - in back near last rib right side like heartburn, *Lyss.*
  - stitches tearing in small of back, *Mag-m.*
  - in back, *Clem., Chelid., Bar-c., Lyco., Ars., Ant-t.*
  - heat in left chest through to back, with cough, *Oleum-j.*
  - like prickly heat in back, *Apis.*

**Burning** along left side of vertebræ, Asa.

— from small of back and sacrum to between scapula, Thuja.

— and biting on back, Sul.

— sensation here and there in the skin of back and arms, Lyco.

— and shooting in back in morning, ceasing after rising, but the back remains sensitive, and as if bruised, Nat-c.

— and still more shooting in the whole back, seemingly in marrow, Mag-m.

— on skin of whole back, as if he was sitting by a hot stove, with sweat on face and moderate heat, Dulc.

— on back, especially small of back several times a day, Amm-c.

— on small of back, especially during a delay of menses, Phos.

— pressure in small of back at 10 P. M., Cepa.

— in a small spot on back, Nit-a.

— pain in a spot about small of back, Phos-a.

— in small of back, Phos.

— in a small spot in small of back, better from rubbing. Phos.

— tired aching feeling and some burning in back and legs of women, Pic-a.

— in back before menses, Kreos.

— and itching in back, Agari, Daphne.

— and urging in anus with aching in small of back, Merc-per.

— and tearing in small of back, Cup.

— weariness in small of back, Populus-c.

— continuous in small of back, Kreos.

— sore denuded sensation in left side when sitting, with burning intermittent sticking, Plat.

**Burrowing** in right dorsal muscle during respiration, Stann.

**Burst** pain in small of back with hard stool and colic, as if intestines would burst, ■■ Lyc.

**Calves**, pain in small of back and calves, Jambos.

**Carbuncle** on back, *Hepar.*, *Lach.*, Tarant.

— on back with terrible smelling pus and blood poisoning by absorption of pus, *Anthrax.*

**Carriage**, unable to ride in a carriage from backache, *Ustil.*

**Catch** sudden or "kink" in back, *Secale.*

**Catching** pain in back and diaphragm, with gasping, cannot breathe without pain, *Petros.*

**Chair**, stiffness of back, can hardly rise from chair, *Bar-c.*

— painful stiffness of back and sacrum, especially when rising from a chair, *Caustic.*

**Change** of life, aching pain in small of back with women at, *Hydras.*

**Changes**, itching on back on scratching it changes into a pain, *Kali-c.*

**Changing**, severe pressive pain, changing now in chest now in the back and again in both at same time, *Ant-cr.*

— pain now in sacrum now in back, knees very tired; worse during rest, *Nux-m.*

**Chattering**, intense fever commencing with chills running down back like streams of cold water, causing shivering and chattering of teeth, *Variol.*

**Cheeks**, shivers all over back, with red cheeks and cold hands, *Euphorb.*

**Chest**, shooting stitches in back through to chest, *Bry.*

— slight rattling in chest at night when lying on back, *Kali-c.*

— shooting and stitches in back at times on right side of chest in the evening, also at night, disturbing the sleep, *Nat-c.*

— on lying still outstretched on back his chest feels somewhat easier, *Borax.*

— occasional stitch from middle of back through left side of abdomen toward chest, *Kali-c.*

— shooting in chest and muscles of back, *Sul.*

— stitches from the depths of the chest going out at the back, *Caust.*

— heaviness in back and tightness in chest, *Carbo-v.*



- Chest**, at night when lying on his back he starts up and feels a stitch in the right side of his chest, *Nit-ac.*
- shivering and shuddering in the back chest and epigastrium, *Mez.*
  - sprained pain in back, arms, and chest in the A. M., *Petrol.*
  - could not sleep during the whole menstruation on account of tearing in back, chills and heat with thirst and painful constrictions of chest, *Sepia.*
  - pain through back and chest on inspiration, *Inula.*
  - dull pain in back on each side about six inches above kidneys, extending through chest, *Fer-iod.*
  - sharp pains shooting through body toward back and upward into chest with sensation of rush of blood to chest, *Cactus.*
  - sharp pain extending from stomach and chest through to back, between shoulders, worse on right side, *Codein.*
  - sticking pain in back and across chest, *Puls.*
  - pain goes up with stitches through chest and settles as stinging pain under left shoulder blade, increased by deep breathing at 7 P. M., *Zing.*
  - sprained between scapula and fore part of chest on moving arms, *Carbo-i.*
  - stitches in right side of back and extending through to chest, *Kali-c.*
  - sweat on back and chest while at rest during the day, *Petrol.*
  - tearing in back and chest on motion, worse at night with sticking, *Nit-a.*
  - soreness from back to chest, *Oleum-j.*
  - inward pressure in back and chest up to neck, muscles and vessels seem contracted, *Opi.*
  - stitch in back, sometimes as far as left side of chest evening and night, *Nat-c.*
  - when breathing frequent stitches in back toward chest, *Psor.*

- Chest**, chronic rheumatism of chest and back, Kali-iod.  
 — stitches in back through into chest on least motion, *Sarsa*.
- Chill** runs continually up her back from sacrum without subsequent heat or thirst, Sul.  
 — severe heat in face toward evening with chill over back and hairy scalp, Sul.  
 — transient chill on arms, chest, and back, Sul.  
 — feverish chill and shuddering in back, P. M., Guiac.  
 — chill extending up back in evening for an hour without subsequent heat, Sul.  
 — in evening with a cold thrill over back, ceasing on lying down, Nitr.  
 — severe tearing and pricking pressure in back with a chill, later passing over into a dull pressive headache with heat in head, Sil.  
 — from 6 to 7 P. M. with icy cold feeling on back, so that she found it hard to get warm, Mur-a.  
 — pain in back during chill, Ign.  
 — pain in back above hips with nausea and chill, Coloc.  
 — pain in back before and during a chill, *Eup-per*.  
 — with sharp pains in back, *Con*.  
 — on back and small of back, Spong.  
 — on back for several days, Lyco.  
 — over whole back, Asimina, Plat.  
 — with backache, *Ant-t*.  
 — spreads from back, *Arg-m*.  
 — down back every P. M. from 4 o'clock till going to sleep, Mag-c.  
 — in back in P. M. at 3, still worse in evening, after laying down for a quarter of an hour, with cold feet, without any heat or sweat following, Lyco.  
 — and shudders in back without thirst, Nat-m.  
 — runs up back by day, Phos.  
 — and shuddering over back, Phos.  
 — beginning in small of back, *Lach*.

## A HYDROCYANIC ACID CASE.

509 BROADWAY, CAMDEN, N. J., September 20th, 1897.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

In the August number of THE HOMŒOPATHIC PHYSICIAN Dr. Gilbert desires contributions of clinical experience in typhoid troubles, so I forward you an account of a case that was extremely interesting to me. It is a verification of the symptom upon swallowing liquids, "they gurgle and roll audibly from œsophagus into the bowels." It is a positive indication for Hydro-acid, and I have verified once since that case the symptoms of the pupils mentioned in this case, in a case of whooping cough.

If this case is worth reporting in your journal, please do so, for should another physician receive as much satisfaction from the reading of this case as I had in giving it, he will, at least for a time, be a happy man.

The following is the statement of the case:

A boy four years of age commenced crying out with sharp pains in the region of the stomach about February 10th last, accompanied by high fever, red face, and some thirst. He was given Bell., Bry., Sulph., and Lyc. during the next ten days without any perceptible effect, except that the pains gradually disappeared under the two first remedies. He continued quite sick, and began to develop some brain symptoms. I was also told of an injury of the head that happened by falling some months previous. On February 20th he was in the following condition:

Pulse, 132.

Head hot; body cool; limbs, hands, and feet cold.

Face pale; dark circles under the eyes.

Pupils much contracted when eyes were open, or upon lifting one of the eyelids, except when you would arouse him. When upon looking at you the pupils would promptly dilate.

When aroused he would answer "yes" or "no" to a question, then relapse into a state of stupor.

Has spells of crying and raising body upon head and heels. No thirst.

Urinate once in twenty-four hours. Urine thick reddish brown when passed.

When swallowing a mouthful of water or spoonful of any liquid, it sounds like water rolling into an empty barrel (the mother of the patient remarked this as strange). Sound commences just as soon as water enters œsophagus, and rolls on down into stomach and bowels.

Tongue, heavy coat, brownish white color; some papillæ to be seen through it. No sweat. Asks for nothing. Motion of *alæ nasi* when breathing.

The peculiar sound upon swallowing was the last symptom observed, and I returned to the office to look it up. Found it under Hydrocyanic-acid, and upon going over this remedy I found it covered his condition in a surprising manner.

He was given the two-hundredth potency in water. Fifteen minutes after administration the body of the child commenced to grow warm, and in two hours he was in a hot fever. This was from 10 to 12 P. M. In the morning his body was warm, pulse 120, and the child was sufficiently intelligent to recognize those in the room, and to follow them with his eyes. Pupils normal size. He had been in the stupor mentioned between three and four days.

In the course of thirty-six or forty-eight hours the crying with pains in the stomach returned for about twelve hours, when spells of crying grew farther apart, and after two days more had a small, hard, light-colored stool. Urinated easily, urine being clear and high in color. He recovered completely.

Faternally,

A. S. IRONSIDE.

## NECROSIS OF THE SUPERIOR MAXILLARY.

OLIN M. DRAKE, M. D., BOSTON.

Mr. S. consulted me January 13th, 1896, for the following: Some six or seven weeks previously there appeared upon the upper left jaw what he supposed was a gum boil, but soon extended considerably along the gum anteriorly. This swelling eventually broke, discharging a thick, yellow, offensive pus. His dentist pronounced his trouble necrosis with fistula. He suggested that the canine and the first and second bicuspid should be extracted, and the alveolar processes and jaw cleared of all dead bone. The patient would not submit to this operation, and therefore consulted me. I found the jaw very much swollen from the left central incisor to the wisdom tooth; just back of the eye-tooth was an opening from which could be easily pressed a light yellowish, offensive pus. There was but little pain, only a sensitiveness or soreness of the teeth involved. They felt much elongated when closing the teeth. The left central incisor was the most troublesome of them all. Otherwise the patient did not suffer. I first prescribed Fluoric-acid 200th, but as no improvement followed its administration, on the 23d I gave him Silicea 200th. Sixteen days later the swelling had diminished and the teeth were less sensitive, and small pieces of bone were being discharged every day or so.

I then gave him Silicea 10m, which, I suppose, many of you would think wrong. At the expiration of ten days (February 29th) I found the swelling and sensitiveness gone, and a piece of bone was shown me, very thin and as long as my little finger nail, but not as wide, which had come away, besides smaller pieces. There was still a discharge of thin, offensive pus. I prescribed Silicea 72m. On March 11th there was a report of further continued improvement, and March 20th he was still gaining. Saccharum-lactis was

given on both of the above occasions. I did not see patient again until May 6th, when all swelling and sensitiveness were gone. The fistula was still discharging, but scantily and without fetor. I now gave Hekla-lava 30th, and two weeks later there was nothing to be noticed or complained of, objectively or subjectively, in my patient.

### DR. McNEIL ON VACCINATION.

FORT HAMILTON, L. I., N. Y., October 14th, 1897.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN.

DEAR SIR:—Dr. A. McNeil's observations on vaccination in your issue of THE HOMŒOPATHIC PHYSICIAN for September serve to illustrate that chief defect in our schools which I have often pointed out and deplored, viz., that from the highest to the lowest they train the student in not thinking; in receiving upon "authority" instead of investigating for himself.

Even Hahnemann is not to be accepted blindly. Hahnemann, like most of his contemporaries, was deceived by the mendacious trick of the charlatan Jenner, whose tissue of previous falsehoods touching the cuckoo had not yet been unmasked. That series of falsehoods having procured him his F. R. S., he deliberately styled the disease known only as cow-pox, "Small-pox of the Cow," as though that were its usual name. This led Hahnemann as well as others to believe it was a similar disease, the truth being that it is really a syphilis or "syphilis of the cow."

The quotation from *The Organon* by Dr. McNeil is a sad blot upon that great work. It contains assumptions which are either erroneous, or at best not proven.

It is not true that either cow-pox or small-pox is auto-protective, or protective the one against the other. The small-pox eruption does not affect the lymphatics. The fever is

not analogous, in small-pox it precedes the eruption, in cow-pox it follows it. Small-pox does not produce ophthalmia *per se*, while cow-pox and syphilis may. Where blindness follows small-pox it is from the neglect (sometimes unavoidable) of a pustule on the cornea.

I hope you will soon reach my note to Dr. Creighton's testimony before the Royal (British) Commission, and by publishing my pathological table help to clear up Dr. McNeil's difficulty.

Yours truly,

M. R. LEVERSON.

### THE NEW YORK HOMŒOPATHIC UNION.

The regular monthly meeting of the New York Homœopathic Union was held at 62 West Forty-ninth Street, New York, Thursday, October 21st, 1897, the President, Edmund Carleton, M. D., in the chair. This was the first meeting of the season of 1897-98.

Members present: Baylies, Carleton, O'Brien, Powel, Young, Wilcox; also medical students Spencer Carleton and Mayer. Regrets were received from Drs. Leverson and Talcott.

The recently adopted plan of devoting one-half of the meeting to philosophical, and the other half to clinical topics was continued in force, the clinical part being considered first on this occasion. Consideration of calculus was continued from the last meeting.\*

Dr. Carleton reported a recent case relieved promptly by Belladonna. Pains were in sharply defined paroxysms, coming and going quickly, and excruciatingly severe while they lasted. The following day a stone was passed, about the size of a large pea, and shaped approximately like a kidney. It weighed millegr. xxxvii. Mr. Spencer Carleton analyzed it,

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\* See THE HOMŒOPATHIC PHYSICIAN for July, 1897, pages 274 to 277.

and found it composed mostly of uric acid, with a little calcium urate.

Dr. Baylies spoke of a case relieved with Colocynth. The characteristic colic causing the patient to double over forward was present. A large, red stone, of uric acid formation, was expelled, and there has been no trouble since.

Dr. O'Brien—I should like to ask the President if he objects to the application of heat in such cases.

Dr. Carleton—There can be no objection to hot blankets, hot water-bags, or any other method of applying dry heat when desired, as it commonly is, by the patient. Circulation of blood, relaxation of spasm, and general comfort are thereby promoted. These applications are not medicinal, and not curative. Only the homœopathic medicine cures. The objection to moist heat is that once begun it must be continued at frequent intervals, and later the patient is liable to take cold.

Dr. Baylies had a case of chronic diarrhœa that had a curious circumstance attending it. The mother took on the daughter's condition sympathetically, and as she improved the mother improved also.

Dr. Carleton was summoned in haste to a middle-aged woman of sedentary habits. Pain extreme and continuous along left ureter, gradually moving toward bladder. Irritable mentally, with red face and cold feet; wanted to be covered warmly, and also have artificial heat; chilly on motion. Nausea, but no thirst. She sent for me because she had heard that Homœopathy could relieve without opiates, which the old school could not do. She received *Nux-vom.* 200th in water every five minutes. In half an hour relief came. Then medicine was given every two hours until well, and then stopped. Next day gravel passed.

Dr. Young—Which causes more trouble, kidney or liver calculus? My experience has been that liver is more painful. It will cause tonic spasms.



Dr. Powel—If that is so I want none. Kidney stone is bad enough. I had an attack with this symptom; could not bear anything on abdomen. *Lach.* 1400 relieved in five minutes. Another time, desire for warmth, but restless tossing about; constant moistening of lips with water relieved.

Dr. Baylies—Have you had any experience with olive oil? Before I became a homœopathist I used large doses of it, followed by castor oil, which gave some relief, but caused green passages.

Dr. Young—Is not relief due then to relaxation, for how could the oil reach the duct?

Dr. Powel—Dr. Swan says that olive oil contains cholesterolin, which is absorbed. The oil itself is but a lubricant. I have used the oil after the attack is over.

Dr. Young—What do you think of the last act of the Board of Health declaring that leprosy is not contagious?

Dr. Carleton—That is the modern variety. The old, white, Bible variety we do not see here now.

Dr. Spencer Carleton—I saw the cases that Dr. Young alludes to, and the skin was yellow and pigmented.

Dr. Young—I had a cancer case which took a leprous form. It affected one leg and spread to the thigh, then over abdomen, gradually changing from first red, thickened and burning skin, to whitish, hard and leathery. Scales formed, showing pustules underneath. It continued spreading until fever resulted in death. History of family showed consumption, scrofula, and cancer. I tried remedies, but they relieved only for a time.

Dr. Carleton—If I had a case of the real, old-fashioned white leprosy, such as is mentioned in the Bible, I should think of Carbolic-acid. Its pathogenesis shows both whiteness and anæsthesia.

Dr. Baylies—I should like to ask Dr. Young if his case was like ichthyosis?

Dr. Young—Not wholly. Sometimes scabs would fall off, leaving a lardaceous base.

The subject of intermittent fever was then considered.

Dr. Carleton—A middle-aged lady came to this city recently from her summer residence in a very healthy town, or rather township. All conditions there were sanitary. The family began to reside in one of our best hotels. The premises were in excellent condition, as proved by painstaking examination. However, the house fronted upon a thoroughfare which had been extensively ripped open of late, but had been nearly restored to its proper state before the arrival of the family. Five days later the lady became ill. Presumably the city is at fault. She had thirst and pain in the bones all night. The next morning she had a severe chill; then vomiting of a bitter substance; then fever, and lastly sweat. A dose of *Eupatorium-perfoliatum*, CM. [F.], finished the case at once. The next day there was a smart diarrhœa, and that was all.

This history has been given to you because the indications for the remedy were so clear. The next case has been selected, from an unusually large number observed this autumn, on account of the difficulty experienced in obtaining an accurate picture of the malady.

The subject was a middle-aged man who had contracted ague in the southwest some years ago, and had been dosed with Quinine and other drugs. He had never felt well since. The fever kept recurring every spring and autumn, and as often was suppressed, modified, and masked by improper medication. Partly in consequence of this he had formed intemperate habits. His business—that of a master mechanic—was seriously interrupted. When he came to my notice the symptoms were irregular and jumbled to a great degree. Failing to obtain a statement from the patient and his family after careful questioning, sufficiently full and definite to meet the requirements of a homœopathic prescrip-

tion, I determined to watch an attack myself. The attacks were quotidian, tertian, seldom quartan, without any relationship to the time of day.

August 16th—Prodrome; aching bones, beginning early in the morning. Chill ("dumb") beginning in tips of fingers, 9. 30 A. M., lasted until noon, with thirst relieved by drinking. Dizzy and faint when moving, especially when sitting up. Wanted to be let alone and not answer questions. No appreciable fever. No sweat. During apyrexia very irritable, cross, restless, and thirsty.

The next paroxysm was two days later, beginning at 10 A. M. This time fever, with delirium, frontal headache, soreness of eyes extending back to occiput, and aching all over, especially the joints of fingers, wrists, and ankles. Felt all over as if pounded. Sweat brought partial relief. Felt badly the following day—stretching, yawning, tired, restless, going from one bed to another, then to the floor, a chair, and back to bed; hungry, but could not find the right thing to eat.

Three (?) days later, at 2 P. M., came a paroxysm all unannounced, somewhat resembling the first one, with sweat and imperfect apyrexia. It was evident to me, that nature was endeavoring to establish an untrammelled type. So the patient was amused with white powders, while we waited. He was extremely inapt and reticent when relating symptoms; and his family rendered but poor assistance. No good opportunity to "take the case" was had again until September 3d; and, meantime, the most confusing accounts of it were received. Then I saw the following:

10.30 A. M.—Thirst; drinking cold water caused chilly feeling all over. Soles felt bruised. 11 A. M.—Cold tips of fingers, which were blue; cold toes; then cold neck, chest, and arms. Aching wrists and ankles. Thirstless. Pulse, 94. Temperature, 100.5. 11.50 A. M.—Yawning and stretching; sleepy; eyes watery; felt better when sitting. When lying head became "crazy." That was his word, and I could not

get any other. Wanted to lie down, but dared not for fear of the "crazy" sensation. Forehead and vertex hot all the time. 12 noon.—Forehead began to ache, with pain in right eye, which felt large. Sensation of cold gone, except in hands. Examination revealed less cold hands and other parts. 12.15 P. M.—Chill waning and fever coming on. Feet ached worse and felt hot. Chest felt contracted. Yawning and stretching continually. No thirst. 1 P. M.—Attack ended. No sweat. Apyrexia: Easily irritated by noise of children and trifling affairs. Loss of memory. "Surging, like a big buzz-saw," in left side of head. Thirst for cold water; drinking caused pain in and around heart. Two or three hours after paroxysm sharp, stitching pains in region of spleen, lasting about three hours. Slept well, but felt weary in the morning. Liver and spleen were found to be enlarged.

I made comparisons of all the remedies that have occurred to you while listening to these details, but could not find the *simillimum*; and was averse to zigzagging. The thirst, time of attack, frequency, modalities, and combinations, and especially the symptoms of the apyrexia—so important—did not present a characteristic and uncontradicted picture of any remedy. Then for a number of days the patient was out of my sight, reporting very imperfectly the changes in time and varying symptoms as they occurred.

September 19th I received this scrap of news: "Chill began about 2 P. M. and lasted until 4. No fever to speak of, but sweat on head and hands. Headache and nausea after chill." This helped somewhat, as to time of attack, its stages and modalities. I then sought the patient to get more information, being grimly determined to effect a cure if possible, but had no success, and was on the point of leaving him in disgust when the following was discovered: He had been drowsy before the attack; laid down and went to sleep, and awoke cold and shaking, the attack being well on. These facts, added

to what had been obtained, made a picture of disease that was symmetrical, sufficiently full, and uncontradictory. The required "case" had been taken at last. A dose of *Lachesis* CM. [F.] cured promptly. He did not have another chill, and has been well since. He, his family, and friends unite in testifying that his health has been better since than for a number of years before.

The members then gave consideration to homœopathic philosophy. The following paper, by Dr. W. S. Talcott, was read:

### DISEASE AND DRUG ACTION.

W. S. TALCOTT, M. D.

While much has been written advancing various theories explanatory of medicinal drug action, more especially in the dilute preparations, it now appears that the only tenable theory is the energistic—this accords with present scientific theory as to the persistence of things—that is, the universe—and surely mankind is part.

Every medicinal drug embodies a distinctive force—energy—which can be transferred to other substances, and by the law of semiology applied to the healing of the sick—that is, to restore the correlation of forces—energies—lost in the sick.

In functional cases correlation established, health is restored, where pathological lesions exist consequent physiological action heals the lesion.

The impression of the exact homœopathic prescription is psychological, resulting in physiological change.

This indicates that the only medicinal action of a drug is its direct or primary action, and that the more dilute the dose that cures the more stable the cure.

The purpose is to disabuse the mind of the mechanical theory of things, enlarge the scope of expectation in regard to drug action and lead to purer practice.

Dr. Baylies—The first proposition in the theory of "disease and drug action," formulated by Dr. W. S. Talcott, that "medicinal drug action is energistic," is demonstrated by all experience with the higher potencies, and consistent with Hahnemann's ascription to every medicine of a peculiar spirit-like force; and by the fact that such forces are susceptible of potential development in degrees thus far unlimited; that they are transferable to other substances, and even by contact diffusible, throughout a neutral vehicle, as from medicated through unmedicated pellets, by Korsakoff's method; and their healing powers are proved when applied through such media upon the sick.

In the second proposition Dr. Talcott refers to the homœopathic law for their application: It is the all-embracing life-force which maintains the correlation of the elementary forces of the body, and its disturbance or disorder which destroys their normal correlation and constitutes sickness. The explanation of medicinal action given by our learned friend, Dr. Fincke, according to the Newtonian law of motion, may be correct, and that the inter-action of the suitable medicine and the disturbed life-force is that of two forces of which the action and reaction are equal and contrary; the contrary is the resultant remedial action.

Regarding the fourth proposition in Dr. Talcott's formula it seems that the "law of the similars" would necessitate rather a primary action of the remedy upon the life-force, or its "components," the elementary forces of the body, than directly upon the psychic principle; and that the psychical phenomena produced by every medicine are secondary.

Dr. Baylies also presented Dr. Fincke's commentary, which follows:

BROOKLYN, October 22d, 1897.

B. L. B. BAYLIES, M. D.:

DEAR DOCTOR:—I return enclosed Dr. Talcott's paper with thanks, and add a few remarks which may clear up some

obscure points on it and bring down the matter to a simple chapter in natural science. I at least understand Hahnemann in this way.

See also my article "Dynamics of Homœopathy and Natural Science;" the article of J. H. Allen in the last meeting, my commentary on antipathy, direct and inverse action, etc.

Yours fraternally,

B. FINCKE.

#### DR. TALCOTT'S PAPER.

B. FINCKE, M. D.

The paper is a sign of progress because it brings a topic to discussion which formerly was silenced or only sneered at.

It is nothing but the acknowledgment of the Hahnemannian dynamic theory, which was propounded before the natural philosophers proclaimed the mechanical theory, based upon the principles of conservation of forces, correlation of forces, and persistence of force.

Every medicinal substance or drug contains the medicinal potential energy, which, on being acted upon by inert vehicles, changes into dynamic energy, and is transferred upon them imparting to them its nature. If imparted to the living body in health and disease it changes likewise into dynamical energy, and produces and heals symptoms distinctly observable in the direction which the quality of the medicinal force indicates.

Functional cases can also depend upon pathological lesions, and therefore the division is not justifiable. But physiological action is nothing but the dynamic action upon the life-force which directs the dynamic energy to the parts according to homœopathic law.

The impression of the homœopathic prescription, therefore, is not psychological but physiological mediated by the life-force.

It does not follow that the only healing medicinal action is its direct or primary action, because it depends upon the sensi-

bility and susceptibility of the person acted upon on one side, and on the potency on the other side whether symptoms produced by it will occur primarily or secondarily, or at any time of its duration.

It does not follow also that the more dilute dose (better the higher potency) insures a more stable cure. For it depends upon the susceptibility of the patient together with the exact similitude of the remedy in selection of symptom and potency whether the equalization of the medicinal and pathogenetic forces will be accomplished, from which it follows that every case as it requires the proper selection according to symptoms—similitude also requires the proper selection of the potency according to the sensitivity and susceptibility of the patient.

Thus the medicinal force of the crude substance may as well be the proper potency as a millionth, and in this lies the greatest difficulty of healing. Since, however, experience teaches that the crude substances and low potencies as a general rule do not act as safely or permanently as the higher potencies, the latter are to be preferred as being in their action more similar to the life-force and unencumbered by the matter of the drug substance.

The purpose of the paper is not reached, because what is said before only confirms the Hahnemannian dynamic theory afterward, by the natural philosophers termed the mechanical theory. As this is sufficient, and explains the potentiation of medicinal forces and their action upon the living body in health and disease it is not necessary to plunge into fields of investigation which lead into uncertainties and speculations. This is avoided by the Hahnemannian dynamism, which, indeed, leads into a purer practice and creates confidence in our potencies conveyed by a thorough knowledge of their nature and action to the practical homoeopathician.

EMMA D. WILCOX,

*Secretary.*

Adjourned.



THE DES MOINES HOMŒOPATHIC MEDICAL SOCIETY.

DES MOINES, IOWA, October 15th, 1897.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN,  
1231 Locust Street, Philadelphia, Pa.

DEAR DOCTOR:—At the regular monthly meeting of the Des Moines Homœopathic Medical Society held in this city on September 21st, 1897, the accompanying resolutions were presented and unanimously adopted.

The Secretary was instructed to spread the same upon the minutes, and furnish a copy of the same to the various homœopathic journals for publication.

Very respectfully yours,

WM. WOODBURN,  
*Secretary.*

Resolutions unanimously adopted at the regular meeting of the Des Moines Homœopathic Medical Society, September 21st, 1897:

WHEREAS, A report was made at Buffalo upon the application of Dunham College for representation in the Inter-Collegiate Committee of the Institute; and,

WHEREAS, This report, made by a sub-committee of three of its own members, was received by the Inter-Collegiate body without protest or rebuké, in spite of its obviously puerile and malicious character; therefore,

*Resolved*, That this society views with serious alarm and deep mortification the readiness of the Inter-Collegiate Committee, as well as its sub-committee, to give way to petty pique, and abandon itself to cheap and mendacious abuse, instead of maintaining that unprejudiced and judicial attitude which should rightfully be expected of it.

*Resolved*, That the profession, through its National, State,

and local societies, should put into practical execution its disapproval of persecution of the younger by the older colleges. This is a matter of far greater reach and importance than the mere question of what the Inter-Collegiate Committee may or may not do in the case of Dunham College. The disgraceful report of its sub-committee is but a single illustration in a single case, of what has been going on for twenty-five years, in countless ways, and to the detriment of deserving colleges. The fact that an unworthy college may be started now and then is no reason—is not even an excuse—for heaping villification upon every new enterprise. It is time that we ceased to hear about the crime of establishing a homœopathic college. It is time to put a stop to this thing of making it all a man's reputation is worth to help man a new enterprise. The older and larger colleges reap to the full the benefits of the general spread of Homœopathy. They have larger classes and greater prestige than they could possibly have had but for the newer and smaller colleges which have aided in upbuilding the cause, and added to the weight of its general standing.

*Resolved*, That this society makes special request of all societies, large and small, all over the country, that they give utterance on this subject, and thus, put an end to this unhappy persecution which for twenty-five years has been an ugly and needless hindrance to our progress. If the profession will only voice its sentiments, we shall have an end of the assumption that outside of pre-existing faculties there are none competent to be teachers; the new college in the metropolis will no longer be a "kindergarten;" the new college in the lesser city will no longer be "provincial;" and in estimating the standing of each, malice will give place to merit.

*Resolved*, That a copy of these resolutions be furnished to the medical journals for publication.

## WESTERN NEW YORK ASSOCIATION.

The Western New York Homœopathic Medical Association held a meeting at Lockport, N. Y., on Friday, October 15th. The meeting was presided over by Dr. W. H. Hodge, of Niagara Falls. Nineteen papers were read by their authors before the meeting, which included seventy members. Among these papers may be mentioned "Progressive Myopia," by Dr. E. J. Bissell, of Rochester; "The Effects of Alcohol on the System," by Dr. Louise J. Chamberlayne, of Rochester; "Preventive Measures for Various Diseases," by Dr. N. M. Collins, Rochester; "The Therapeutics of the Old School," by Dr. W. B. Gifford, of Attica; "Notions," by Dr. T. J. Greenleaf, Superintendent of the Glen Mary Home, at Owego; "Hay Fever," by Dr. Julia F. Haywood, of Rochester; "Cancer of the Uterus from the Standpoint of the General Practitioner," by Dr. J. M. Lee, of Rochester; "The Physician as a Business Man," by Dr. J. W. Le Seur; "Artificial Light in Its Effects Upon the Eyes," by Dr. F. Park Lewis, of Buffalo; "Some Methods of Treating Fractures of the Thigh," by Dr. G. T. Moseley, of Buffalo; "An Experience with Chloroform," by Dr. Joseph Reiger, of Dunkirk. There were many other papers equally worthy of notice, but those given above show the general character of the proceedings.

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MALARIA IN RUSSIA.—Our St. Petersburg exchanges report the prevalence in some of the valleys and along the sluggish streams of Asiatic Russia of a malaria so malignant in its character and so rapid in its course as to amount almost to a pestilence. Deaths are numbered by the thousands, and the Russian garrison at Merv has been transferred to the Caspian Sea to escape annihilation. The attacks are somewhat similar to what has been seen in times past in peculiar locations along the low lands and bayous of the great rivers of the West, where the algid attack was so severe as to end in death.—*The Medical Times*.

## THE HAHNEMANN MONUMENT.

BUFFALO, N. Y., October 28th, 1897.

TO THE HOMŒOPATHIC PHYSICIANS OF THE UNITED STATES:

The Ladies' Hahnemann Monument Association was formed immediately after the meeting of the American Institute of Homœopathy in this city, at the request of several members.

Our reason for existing is to raise money wherever Homœopathy is recognized in this country, for the completion and erection of the artistic monument to the memory of Samuel Hahnemann, now in the sculptor's hands.

The committee fully realize the responsibility and the immense amount of work devolving upon them to make the movement a success. In addition to the enthusiasm felt for a cause which involves a principle as sacred as it is scientific, the women of Buffalo have been induced to supplement the work already inaugurated by the homœopathic physicians of our land, by the earnest hope that every practitioner of this school of medicine will give his or her hearty support for the speedy accomplishment of this great work. You are cordially requested to assist, especially in three ways:

First—To send us the name of one or more competent and influential ladies in your city, one of whom will be appointed chairman of a local committee, to raise money in said city or town.

Second—To encourage your patrons to contribute money, however small the amount may be, to this fund.

Third—To contribute without delay to your local fund, if you have not already given to this object; thus setting the example of prompt giving, which will prove beyond a doubt that you appreciate the value and importance of the efforts put forth by the women of the United States for the glory of Homœopathy.

We beg that you will consider favorably these suggestions, for in no other way can we succeed.

We beg to remain,

Yours very truly,

MRS. JOSEPH T. COOK, *President*,  
636 Delaware Avenue.

MRS. A. R. WRIGHT, *Treasurer*,  
414 Elmwood Avenue.

MRS. WM. C. LETCHWORTH, *Secretary*,  
98 Anderson Place.

MISS ANNA H. FROST, *Assistant Secretary*,  
157 North Pearl Street.

A correspondent furnishes us with the particulars of another antitoxin death. The patient, a Miss Florence Beckwith, of Mt. Pleasant, Ill., had been ill for a few hours only. The attending physician pronounced the trouble diphtheria, which had been quite prevalent recently. With the consent of both patient and parents it was decided to employ antitoxin. The usual injection was made on the side of the body, and almost immediately followed by a suffused redness, with itching sensations like nettle rash over the body. Both head and throat pained her, followed by a choking sensation, feeble pulse, and death in five minutes.—*Homœo Envoy*.

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APOSTROPHE TO JENNER.—A distinguished German physician not long ago thus apostrophized the English inventor of vaccination: "Thou English Doctor Jenner, thou hast brought the laws of Nature into confusion; thou hast made the people ailing; thou hast killed unnumbered innocent children; receive the Devil's thanks from German soil."—*Fashions of the Day in Medicine and Science*, by H. Strickland Coustable. Leng & Co., Kingston-upon-Hull, 1879, page 40.

## BOOK NOTICES.

THE SCIENTIFIC BASIS OF MEDICINE. By I. W. Heysinger, M. A., M. D. Philadelphia: Bœricke & Tafel, 1011 Arch Street. 1897. Price, 50 cents net. By mail, 55 cents.

This little book is designed to set forth the advantage of Homœopathy as a method of medical treatment, and to establish it upon a scientific basis.

The author believes that by reason of prosperity and success we are gradually corrupting the practice of Homœopathy, and are in imminent danger of losing all that we have gained.

"Eternal vigilance," he says, "is the price of liberty," and with the attainment of liberty "comes the carelessness of self-content, and then follow the vagaries of the mystic, with the schemes of the individual self-seeker—what is everybody's business is nobody's business, and finally the sacred cause is imperiled, and all its glorious fruits are lost." Hence it is necessary to take our bearings and find out, as the Western Congressman said, "Where we are at." This little book is therefore put out with a view of bringing the profession back to the standard right line of pure principle.

We are not satisfied that the author has demonstrated this right line, and accomplished his object.

His comparisons with the old school of medicine, and exposition of its weaknesses are not new enough to be very stimulating, and his attacks upon what may be called the vices of practice in the new school are not always close enough to the fact to make them effective. Thus on page 26, in his attack upon the keynote system, while what he says is a well-deserved rebuke to those who *abuse* the keynote system, he fails to tell what the real value of the keynote is, what service it has rendered, and what a loss it would be if expunged from the materia medica. He states the keynote system thus: "Taking three individual symptoms in any case presented, it was argued that like three points taken in geometry a therapeutic circle could be drawn which should include the whole, and thus the curative remedy could be marched up, as it were a corporal and a file of dragoons. It was not necessary to know anything about anything," etc.

Now we think that the foregoing is not a correct statement of the "keynote," which, we may add, is not a "theory" at all.

We think that a better statement of the keynote is that it is a certain symptom which occurs under a certain remedy in its provings so often, and has been verified in clinical practice so frequently that it stands out under that remedy, and is more identified with that remedy than with any other under which it may occur.

A *homœopathic* practitioner seeks the totality of the symptoms. When he fails to get the totality, he determines the remedy by the greatest number he can find. If two or more remedies confront him, having each a large number of symptoms, of probably inferior importance, then the keynote will decide the choice between them. If no remedy can be found which has any considerable number of the patient's

symptoms, and there should turn up a keynote, he avails himself of that and not infrequently cures his case. The resorting to the keynote under this last condition is certainly better than letting the patient suffer or resorting to a mustard plaster or a fifteen-grain dose of Quinine or a hypodermic injection of Morphine, as do those who call themselves liberals, or "the new school of Homœopathy."

The author speaks of selecting "three individual symptoms," as if these symptoms could be chosen at random. This would, of course, lead to certain failure. When only three symptoms are chosen, they must be the most characteristic symptoms of the patient and at the same time the most characteristic or keynote symptoms of the remedy; and what is more, this method is to be pursued only when there is an impossibility of getting the totality of the symptoms. Hence, the author unintentionally gives a false impression about the keynote to those who are imperfectly acquainted with the homœopathic principle. This is to be regretted in a book that aims to bring the profession back to homœopathic bearings.

With regard to the plum pudding incident, on page 28, it may be suggested that if the plum pudding caused cramps, then there must have been in its composition some "sick-making" element worthy of investigation as a drug. Eminent chemists have not felt it beneath their dignity to investigate *custard* puddings, and their labors were rewarded by the discovery of poisonous ptomaines. That the plum pudding incident should appear ludicrous, while the *custard* pudding story should be invested with scientific dignity, is all a matter of illumination, of the kind of light in which you choose to put each one. The tin-cup story is, of course, ludicrous, but we submit that it is not enough to overthrow the whole homœopathic principle.

Many fine things are said concerning Hahnemann and his doctrines, as, for example, on pages 36 to 41, or pages 52 to 64, and elsewhere.

The sarcasms on the fluxion or bottle-washed potencies are caustic and amusing.

The remarks upon the single remedy are disappointing and calculated to induce the younger generation of practitioners to diverge more widely from the true homœopathic bearings instead of bringing them more closely to it.

The author asks why the *materia medica* should ever have been enlarged. We think this question needless, and brings its own answer by a simple survey of the field of medical phenomena. Hahnemann laid no limitations in that direction. He merely pointed out how to make additions that would be of value. We think it a great oversight to say of totality that "it is totality or nothing." When a drug is selected that has the exact totality of the symptoms of the patient, there is almost no appreciable interval of time between its administration and the beginning of curative action. Its action is almost instantaneous. We commonly hear it said of it under such circumstances, "its action was a miracle." A perfect cloud of witnesses can give this testimony.

When a drug has *no* similarity to the case, its effects are nothing, or it produces disastrous results according to circumstances. Between these two extremes there are all degrees of approach to similarity, and hence we find remedies producing palliation of symptoms, and so a sequence of many remedies may be needed each only more or less remotely similar, each one producing *some* salutary effect until the patient may be said to take a zigzag course, so to speak, back to a state of health.

The argument for alternation "at proper intervals" is fallacious. The author well

knows that the phrase "proper intervals" means with the great horde of practitioners a mere arbitrary and capricious setting of periods of time between doses. These caprices soon become of the most wanton order, utterly indifferent to the relationships of the drugs to each other or to the patient, and are resorted to in order to shirk the labor of study. The prescribing of two drugs in alternation is not only a defiance of the reasonableness of the homœopathic principle, but it leads inevitably to the use of schemes of rotation of three, four, five, and even six drugs at a time. There are many authentic instances reported constantly of just this kind of prescribing. This is polypharmacy with a vengeance.

Thus the minds of the professed homœopaths are made familiar with polypharmacy, and its folly is no longer apparent to them. The druggists are meeting this mode of thought half way, and putting within their reach tablets and other preparations containing several drugs mixed together after the manner of the dominant school, and impudently claiming these preparations "modern" Homœopathy, "The New School of Homœopathy," and "Progressive Homœopathy" when any one not stone blind to facts knows it to be the most atrocious empiricism.

Empiricism and polypharmacy always have been the curse of the old school of medicine, and the druggists were its tyrants.

Hahnemann when he came forward with the law of cure and the principle for its application, at one blow overthrew these monsters and emancipated his followers from their thrall.

Now come these same monsters in more insidious guise, seeking to re-establish their old supremacy, and our author, notwithstanding all his cleverness and wit, and his otherwise fine presentation of Hahnemann's discoveries, is assisting them to regain their prestige and power.

Here is a glaring failure to achieve the object of the book, the return of the school to the true bearings.

The author asserts that a drug cannot be homœopathic to a case unless *the case* contains every symptom that is found under the drug! Thus, if a case have five hundred symptoms, every one of which is found under a certain drug, and meanwhile the drug has in its pathogenesis one thousand symptoms, then the drug is not homœopathic to the case because *the case* does not contain all these thousand symptoms!! He further avers that it is not homœopathic if the drug contain even one more symptom than the case!!! This is an astounding statement for a professed homœopathist! If so, no physician who uses the single remedy ever gives a similitum; consequently he never cures a case, and all the cures reported are falsehoods. There is no escape from this conclusion.

Those who alternate do no better, according to the view laid down by the author, for they do not cover the symptoms either. They give drugs at random and resort to any device to save the labor of study of the materia medica. That is what alternation really means, and our author appears to be apologizing for it.

It is to be distinctly understood that the reviewer in no wise overlooks the merits of the book. Some of these have been mentioned. If there were no good points in it it would not have received the compliment of so long a review.



## NOTES AND NOTICES.

DR. JAMES' SANITARIUM.—The Institution opened by Dr. Bushrod W. James, October 5th, 1886, and now located at 1717 Green Street, has been renovated during the summer, and is ready to receive a limited number of neurasthenic or rest-cure patients, as well as the usual eye, ear, and general surgical cases for operation and treatment. The price of rooms varies according to location. Massage, medical electricity, or vapor baths administered, should the case require it.

CHOPCHEENEE  $\phi$  IN SYPHILIS.—This is a plant indigenous to India and other Eastern countries. Some Indian medical writers are of the opinion that this medicine was introduced into India by Chinese traders; however it be, this much is certain, that this medicine has been in use in India for a very long time, as we find evidenced by medical works written some three hundred years ago. The root is the only part used as medicine. It is said to be useful in rheumatism, epilepsy, insanity, and particularly syphilis. It is a most renowned medicine for syphilis in India. Its action is more decided in the secondary stage, especially when the skin and mucous membrane are the seat of suffering. It is a non-poisonous plant, and so its action is mild and not so violent as that of Mercury, still it is in no way inferior to the latter in its efficacy in syphilis when the disease has gone to the secondary stage. The action of the medicine is generally known within one to three weeks. It should be continued for a sufficiently long time, according to the severity of the symptoms and chronicity of the case, three times a day. Chopcheenee  $\phi$  can be had of Bœricke, Runyon & Ernesty, 497 Fifth Avenue, New York.

DR. ANNIE LOWE GEDDES will remove, December 1st, to 69 Fullerton Avenue, North, Montclair, N. J.

THE Transactions of the International Hahnemannian Association for the meeting held in June, 1897, have now been printed and will be shortly issued. A copy will be sent to all members not in arrears for annual dues. Every member should see to it that his dues are paid and secure a copy of these valuable records.

### DEATH FROM VACCINATION.

*Editor of Homœopathic Envy:*

Your articles on vaccination have greatly interested me, especially as two neighbors' children have suffered such ill effects from "compulsory vaccination."

With one little chap "it did not work," so the teacher of the public school he attended took him herself two weeks after the first vaccination, and insisted upon its being done "strong," the child in consequence nearly losing his arm, and being still in a very weak condition—this after a little over one year. The second case, a child of our alderman, ————, died soon after vaccination, the symptoms being too startling to allow a public funeral.

A SUBSCRIBER.

*Syracuse, N. Y., Nov. 6th, 1897.*

ANTIMONIUM-TARTARICUM IN WHOOPING COUGH.—The child is irritable, cross, and cries when approached; coughs whenever it gets angry or after eating, the

cough culminates in the vomiting of food and mucus, much rattling of mucus in chest without much expectoration. Coughing and gaping consecutively, tongue coated white, thick pasty coating.—*Hom. Jour. Obstetrics.*

AMMONIUM-CARBONICUM IN SCARLET FEVER.—Stoppage of the nose at night, child must breathe through the mouth; long-lasting coryza. The child's nose is stopped; it starts from sleep; nose bleeds when washing face or hands; tonsils swollen, bluish, covered with offensive mucus; tendency to gangrenous ulceration of tonsils, eruption bright red, miliary rash. Is indicated where rash recedes too early and paralysis of the brain threatens. Malignant cases with stupor, starting from sleep, putrid sore throat, saliva adhesive, swelling of parotid and cervical glands, stertorous breathing, excessive vomiting, and involuntary stools.—*Hom. Jour. Obstetrics.*

## FUN FOR DOCTORS.

A PRUDENT DOCTOR.—Patient: "I don't suppose you are particular whether I pay you now or settle in full when you get through with me?"

Doctor.—"Perhaps you'd better pay now. I would be quite willing, as you say, to wait until I get through with you, but the fact is, your will might be contested, you know, and I might get nothing at all."

AN ESTEEMED CONTEMPORARY.—"Doctor," said the dying editor, "I have one last favor to ask you."

"Name it," said the doctor.

"I want you to attend the editor of the other paper."

CHEAPER.—Mrs. Cumso (newspaper in hand): "A movement is on foot to make drugs cheaper."

Cumso: "Good enough! That will bring sickness within reach of all."

ABSENT.—Daughter: "Shall we invite Dr. Bigfee to the reception?"

Mother: "I think we'd better not, he's so absent-minded. He might charge it in his bill."

MEDICAL ETHICS.—"Doctor, my little boy is in a very critical state, and I am satisfied that Dr. Probe, who is now attending him, doesn't understand the case. I wish you would come right over and see the boy."

"I don't see how I can do it. Probe and I were old friends, and in these matters of professional courtesy we have to be mighty careful."

"But great heavens, man! if you don't come the boy may die."

"That's just the point. Suppose I should save the boy. Why, Probe would never forgive me."

There was a young woman, named Margery,  
Whose head was a walking mena(r)gerie;

They said, "You should wash,"

But she answered, "Oh, bosh!

I'll apply some Unguentum Hydragari."

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

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

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Vol. XVII.

DECEMBER, 1897.

No. 12.

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EDITORIALS.

INOCULATION FOR DRUNKENNESS is the latest extreme that these new methods of medication have reached. To accomplish this result a horse is given whiskey, or some other form of alcohol until he is intoxicated. In this condition the poor creature is kept for six months at a time. His blood is then drawn and used to inoculate drunkards in order to cure them of their "disease." A case is reported of a child about four years old, who, from his earliest infancy, was taught to drink whiskey, and had become a confirmed drunkard, constantly demanding "Wicky." Inoculation with this new "serum" was practiced upon him, and his terrible appetite, it is now claimed, has been eradicated.

In the face of this new development of the practice of inoculation the articles on vaccination that have appeared in this journal for the last twelve months acquire a new significance. As the intent of this journal is *not* to servilely follow what may be called "public opinion" in the profession and cater to it, for the purpose of enlarging the subscription list, but rather to *lead* it into proper channels of correct thought, and to educate it, we feel that we must continue the publication for some time longer of these exposures of vaccination, notwith-

standing that one or two friends of the journal have made protests more or less forcible against the course we are pursuing.

The extremes of inoculation practice demand that the earliest and most universal form of inoculation shall be made thoroughly well known in all its details that a proper resistance may be aroused against the compulsory infliction upon the community of these later and far more dangerous methods which are being announced every few weeks. In this policy we hope to be sustained by all in the profession, even those who continue to be warm, if mistaken friends of vaccination.

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APOLOGY.—The Editor regrets that he must once more delay the editorials on the remedies, as promised. The work of preparing the journal, attending to a considerable practice, and the accumulations of a large correspondence, altogether make an accumulation of tasks that seems almost insurmountable, and therefore some portion must be neglected. Hence the editorials fail to appear as usual.

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A MATTER OF CHOICE.—The utter want of appreciation of the strictly scientific character of the homœopathic principle of medication, and of the responsibility incurred in assuming to practice it by certain physicians of so-called “liberal” views, is well illustrated by a story found in *The Homœopathic World*, of London, which relates that a patient having failed to recover under the old school treatment, the friends decided to put the case into the hands of a homœopathic physician, and so announced to the medical attendant, whereupon he exclaimed: “Oh, I can treat him homœopathically; *which medicine would you like me to give?*”

The mental state of such physicians would be amusing if it were not so contemptible.

## NEW YORK HOMŒOPATHIC UNION.

The regular monthly meeting of the New York Homœopathic Union was held at 62 West Forty-ninth Street, New York, Thursday, November 18th, 1897, the President, Edmund Carleton, M. D., in the chair.

Present: Drs. Finch, Levenson, Spencer Carleton, Klein, Gould, and Wilcox.

The first part of the evening was devoted to consideration of clinical topics.

Dr. Levenson reported success in the treatment of two severe cases of small-pox by the use of Pickering's bath. This was given twice a day for two days, then daily for three days. In answer to questions, the Doctor stated that he also gave the remedy indicated homœopathically.

Dr. Finch had a case of small-pox some years ago which he reported to the Health Board and received permission to keep at home. It was turned over to a colleague, who was so situated that he could give proper attention. The patient died, and was buried by the Health officers in a place unknown to the family. A few days later the mother announced, with great lamentation, that her other son was sick, and she feared he would go the same way. The mother was reassured, and the son received a dose of *Variolinum* 200th, which soon cured him without much pitting.

Dr. Carleton had not seen a case of small-pox for a number of years. The last one was of frightful severity. The subject was a middle-aged gentleman, connected with the custom-house. He always believed that he had contracted the disease while superintending the unloading and weighing of a cargo of rags. At first he felt sick, but paid little attention to it until the hard nodules appeared. The sanitary inspector agreed to the diagnosis. The patient remained at home. He became a putrid, unrecognizable mass. The nurse was faithful to instructions, and not only gave the medi-

cine but muffled the hands of the delirious man and kept him from himself. *Rhus-tox.* 200th, in water, a teaspoonful every two hours, cured so well that friends of the patient cried "fraud." Indications for the remedy not now remembered.

Dr. Finch—I had a family all down one after the other. First a daughter, who was unvaccinated. I treated her homœopathically, and she came out unscarred. The others were all vaccinated. The aunt next took it, and I cured her. Then the father, who had it lightly and kept to work. A few days after, in my absence, a brother was taken sick. An allopath was called in, who physicked him and he died.

Dr. Wilcox—I think if Dr. Leveson would try the Hahnemannian treatment he would not have to inflict such heroic measures on his patients, and he would find that the cure would be easier and as quick, if not more so. As Hahnemann states, we should treat in the gentlest, speediest, and most permanent manner, which we have all proven to be by *simillimum*.

The subject of fevers was then brought up.

Dr. Carleton—One case of remittent fever has come under my observation this autumn, in the person of a woman, forty years of age, who went South to take care of a very sick friend. While there, she was seized with what was called malarial fever, and received for it enormous doses of Quinine and a good deal of Calomel. As soon as she could be dressed and put into a sleeping-car, she came North.

Temperature ranged from 99.6 to 103, requiring over two days to run up and down that scale. Aside from an almost constant feeling that she wanted more clothing, a little chilly perhaps, and insomnia, it seemed about impossible to get symptoms. However, while she ran up and down the scale twice, I did manage to get the following: Large, loose stool in a hurry, 6 A. M.; cramps in calves at night; felt worse after bathing. It was evident that a peculiar mental state existed; but I never succeeded in analyzing it.

*Sulphur* 200th (Jenichen), in water, every two hours until relieved and then stop, brought improvement in four days. One week after that she had normal temperature, but felt very weak. Convalescence was rapid and uninterrupted. So far there has been no return of any trouble. I expect a reckoning next spring with Georgia Physic & Co.

Dr. Finch—Did this case begin as remittent or intermittent?

Dr. Carleton—I am unable to say. She was in the South, and the old-school gentleman began his heavy dosing at once. That destroyed the type.

By previous arrangement, the next subject considered was, "*Can Susceptibility to Disease be Cured?*"

Dr. Carleton—We have been asked to consider that question this evening.

My answer is in the affirmative. The testimony of provers is that by proving drugs as required by Hahnemann they have made themselves more robust and less susceptible to disease. On this point we have the testimony of Hahnemann himself in *The Organon*, Section 141, with note. It reads thus:

"But of all the pure experiments relative to the changes which simple medicines produce, and the morbid symptoms they excite in healthy persons, those are always best which a physician (enjoying a good state of health, free from prejudice, and able to analyze his sensations) makes on his own person, observing, at the same time, the precautions that have just been described. A thing is never more certain than when it has been tried on ourselves.

"(Note.)—The experiments that are made on our own persons have one advantage above all others. In the first place, they furnish a conviction of this great truth, that the curative virtues of medicine depend solely upon the power they possess of creating changes in the physical economy of man. In the second place, they teach us to understand our own sen-

sations, mind, and disposition, which is the source of all true wisdom, and exercise our powers of observation, an indispensable talent in a physician. All our observations on others are by no means so interesting as those made on ourselves. In all the observations made on other individuals, it is certainly to be feared that the person making trial of the remedy may not exactly experience that which he says, or will not express in a proper manner that which he feels.

“The physician must always remain in doubt, or at least partly so, whether he is deceived or not. This obstacle to a knowledge of the truth, which cannot be entirely obviated in a search after the morbid symptoms excited in another person by the action of the remedy, does not exist where the trial is made on our own persons. The individual who undergoes the experiment knows precisely what he feels, and every fresh attempt that he makes is an additional motive for him to extend his researches still farther, by directing them towards other remedies. It renders him more expert in pursuing farther trials, while, at the same time, his zeal is redoubled, because he thereby acquires a true knowledge of the resources of the art, which can be considerably increased. Do not let him suppose, on the other hand, that the slight inconveniences which he subjects himself to in trying the medicines on his own person can be detrimental to his health.

“On the contrary, experience has shown us that they only render the body more apt to repel all natural and artificial morbid causes, and harden it against their influence. The same experience also teaches that thereby the health becomes more firm, and the body more robust.”

Another way in which susceptibility to disease can be overcome is by homœopathic medication. When symptoms appear, let them be met by the similar remedy. Each recurrence will thereby become less frequent, less severe, and more quickly stopped. In other words, susceptibility will be lessened. All have seen cases of hay fever take that course,



and other cases of intermittent fever, each cured with a single dose of medicine, so that they all could with impunity continue to reside in the malarious districts that had made them sick, instead of being obliged to flee the country or be ill, as before when under allopathic control.

Looking about us we see multitudes of people who have been made immune against disease, either by occupation or accident. Miners of Mercury are proof against syphilis, and those of Copper against cholera. Our old-school neighbors declare that erysipelas cannot be followed by cancer. One attack of whooping-cough, or scarlet fever, measles, mumps, or other zymotic disease usually fortifies against another attack. Proofs might be multiplied, but the foregoing will suffice to establish the truth of our position.

Dr. Finch—That is *strictly true* about immunity from malarial poison.

Dr. Wilcox—A lady came to me saying she felt bad all over and wanted me to try to help her. She said she had indigestion, trouble with her liver, her chest, and she knew not what. In taking her case she spoke of not breathing well, but dismissed it with, "But that I have always had because the bones of my nose are too close together, and I must breathe through my mouth. That makes me get a sore throat every time I go into the wind. My old doctor told me to have an operation, but I will not. I had rather have colds all the time."

When I had all the symptoms I told her I would send the medicine. After studying the case I prescribed *Kali-carb. CM.* Two weeks later she came to me feeling very much better in every way, and said, "Doctor, I can breathe through my nose even in this cold wind, and I was out several days without catching cold."

Dr. Finch—In many cases susceptible to catching cold in cold air I find that Sulph., Dulc., Nux-vom., or Rhus will clear up the sensitiveness, by removing the catarrhal diathesis.

One thing we must remember, and that is, that if a patient

has any dyscrasia it will influence every sickness, but if we take it into consideration with every prescription it will gradually clear up and the susceptibility to disease be gone.

Dr. Levenson—I find that age has a great deal to do with rendering success in that line difficult.

Dr. Carleton—Hahnemann proved many of the remedies on himself during a great number of years and found no difference.

Dr. Finch—In reference to provers they are told to report any symptoms they may be subject to beforehand, and if those symptoms are influenced by the drug they are called clinical. I will tell you of an unexpected proving of Glonoine made by me: Mr. Smith was making Glonoine and had some undiluted Nitro-glycerine. Dr. Maars came in. He was one of the original seven provers with Gram. He said: "Give me some for a proving." Mr. Smith took a small glass bulb, immersed it, shook off most of the liquid, and touched the Doctor's tongue. In five minutes the pulse went up and his face became white. I did the same. I felt my hair stand up and a choking in the neck. Blood rushed to my head, and I felt queer and weak. Nausea in the throat that remained months. Sensation as if top of head would fly off. Every tooth ached and wherever there were fillings they throbbed. My hair remained up for some time.

Dr. Wilcox—The best answer to the question of the evening is when our patients tell us that they do not have so much sickness under homœopathic treatment, and that they do not take sick so easily.

Adjourned.

E. D. WILCOX,  
*Secretary.*

## REPERTORY OF THE BACK.

DR. E. H. WILSEY, PARKERSBURG, W. VA.

(Continued from page 448.)

**Chill** from back to arms, Calc-ars.

— with violent fever, especially in back he cannot get warm, and yet has internal heat, Nit-ac.

**Chilliness** in back in general, Ang., *Camph.*, *Cham.*, Crot-t., *Dig.*, *Dulc.*, *Ham.*, Lept., *Nat-m.*, Nitr-sp-d., *Puls.*, *Raph.*, Sec., Spong., Guaic., Stram., Benz-a., *Lyc.*, *Gels.*, *Cepa.*, Sil., *Eup-pur.*, *Con.*, *Sul.*, *Coff.*, *Nux-v.*, *Stront.*, *Aesc-h.*, *Kali-b.*, *Cap.*, Lachn., Ascl-s., Merc-s., Aph-ch., Pic-ac., Alum.

— in back with cold feet, *Lyc.*

— in draught of cold air, *Dulc.*

— down back when changing position ever so little, *Eup-pur.*

— down back, Bry., *Cepa.*, *Gels.*, Sil., Ceanothus.

• — down back in region of spine during damp weather, Pic-ac.

— in back after eating, Sil.

— in back in evening, *Dulc.*

— in back in evening after severe cold, Sep., *Sul.*

— in back in evening with dry heat after lying down, *Coff.*

— in back after lying down in evening, *Nux-v.*

— in back when pains there begin to abate, Asclep.

— pains in back before and after chilliness, Diad.

— pain in back with chilliness, icy cold feet and strangury, Elaps.

— from suppressed menses with pain in back, *Puls.*

— of back with heat in face and head, Jatroph., *Sul.*, Nitr-sp-d.

— in back with emaciation, redness of cheeks and insomnia, Hepar.

— in back during influenza, in morning as if skin had been frozen, *Nux-v.*

- Chilliness** in back, seeks a warm place, *Kali-b.*  
 — in back, worse at night, *Stront.*  
 — in back like cold water poured down, *Puls.*, Alum., Stram.,  
 Zinc.  
 — in back, as if cold water was dropping down, during chill  
 in intermittent fever, *Caps.*  
 — as if cold water was spurted upon back at 6 p. m., *Lyc.*  
 — frequent on arms, back, thighs, and abdomen, *Sarsa.*  
 — in back in p. m., *Guiac.*  
 — running up and down back, *Aphis.*  
 — a glow on back after chilliness, *Ars-hyd.*  
 — and stiffness at nape of neck and all down back, *Sil.*  
 — constant in back chiefly, *Dig.*  
 — in back and posterior surface of arms, *Raph.*  
 — in back, as if sweat would break out, *Camph.*  
 — on back, without thirst, in open air, but especially in a  
 draft, *Dulc.*  
 — creeping in back from above downward, *Bry.*
- Chills** over back and limbs, *Agari.*  
 — creeping on back principally, *Eup-per.*  
 — in back, *Tromb.*  
 — intense fever commencing with chills running down back  
 like streams of cold water, causing shivering and chat-  
 tering of teeth, *Variol.*  
 — distressing chills in lower part of back, calves of legs cold,  
 beginning in spine just above sacrum, *Ox-ac.*  
 — begin in lower dorsal region and run up back, *Eup-pur.*  
 — and creeps running up back, *Gels.*  
 — internal chill for several afternoons, for a half or a full  
 hour, at times a sensation as of hot water in the scorbi-  
 culus cordis and in back, *Phos.*  
 — could not sleep during whole menstruation on account of  
 tearing in back, chills and heat with thirst and painful  
 contractions of chest, *Sep.*  
 — run up back, *Cepa.*

- Chilly** sensation on shoulders and down back, *Leptand.*  
 — cold feeling in small of back, *Dulc.*  
 — sensation along back like cold water, *Stram.*  
 — strong aversion to air, if air is let under bedclothes while turning over it makes him chilly, *Nux-v.*  
 — crawls run down back most at night, with more frequent urination followed by heat and thirst, *Cepa.*
- Circular**, back bent often in circular form, *Opi.*
- Clawing**, pain in small of back like a clawing, sticking, drawing, and working all together, *Ign.*
- Clucking** strong motion in muscles of left side of back only when lying on right side, *Ars.*
- Clutching**, several paroxysms daily of half-hour duration, first of griping and clutching in back, whence it comes like a shooting into side; things become black before her eyes and she must lie down wherever she is, *Lyc.*
- Coition**, burning pain in back mornings, waking him after evening coition, worse from rest and better by motion, *Mag-m.*
- Coffee**, backache worse from coffee, stooping, and walking, *Cham.*
- Cold**, heat in evening with a thrill of cold and a shudder over the back without thirst, *Nat-m.*  
 — pain in small of back after heavy lifting and taking cold at same time, *Sul.*  
 — lameness in small of back from cold, *Dulc.*  
 — back painful after taking cold, *Dulc.*  
 — constant pain in back and hips with cold limbs, *Pallad.*  
 — pain in back after taking slightest cold, *Nit-ac.*  
 — liable to catch cold causing pain in back, *Nit-ac.*  
 — icy in back and between scapula a spot where formerly a pain had been only internally and not to be warmed by feathers or wool; after half a day cold turned into an itching, *Amm-m.*  
 — creeps up back evening and night, *Ars.*

**Cold**, sensation in back, *Croc.*

- stiffness, as after taking cold in back and sides, *Sul.*
- trickling down on both sides of upper arm, over back and feet while yawning, *Mez.*
- flushes of heat or currents of cold air down back, *Cof-cr.*
- back is cold while there is a dry heat in thighs and sacrum, *Sul.*
- numbness, pricking causing a cold sensation, *Ox-ac.*
- aching in small of back as after taking cold, *Ars-hyd.*
- drawing in back, upper and lower limbs and fingers, as after taking a cold, *Dig.*
- first some chilliness down back with icy cold hands, then intense heat with distention of abdomen, *Sil.*
- feeling on back, *Camph.*
- severe rheumatic stitches in back and arms after taking cold while sweating, worse at night and while resting, better from motion; slight fever, much thirst, *Dulc.*

**Cold Water**, intense fever commencing with chills running down back like streams of cold water, *Variol.*

- chilly feeling along back like cold water, *Stram.*
- sensation like cold water poured down back, *Puls.*
- sensation as if cold water was dropping down back, *Cap.*

**Coldness**, of back in general, *Arum-t., Ars., Amm-m., Brach., Cact., Calc., Croc., Camph., Elaps., Cof-cr., Lac-def., Opi., Lact-v., Mur-ac., Nat-m., Mez., Kali-c., Rhus, Sec., Sul., Sep., Ver.*

- in small of back and loins, *Camph.*, worse by walking a few steps.
- in evening at 7 o'clock a shaking ague and great coldness, as if she lay on ice for two hours, with drawing pains in all limbs and back, and on waking from a sleep full of dreams, sweat all over and severe thirst after the sweat, *Lyc.*
- violent pain in small of back with great coldness, *Amm-c.*
- and feeling of numbness on the side of back on which he lay during his siesta, *Calc-c.*

- Colic**, pressing, crampy labor-like colic in small of back and bladder, *C-veg.*
- Confinement**, backache after confinement, *Hyper.*
- Confusion in back**, extending through nape into head, *Iod.*
- Consciousness**, during short intervals of consciousness complains of great sensitiveness of back, neck, and whole spine, *Coccul.*
- Constant** pain night and day in back, *Zinc.*  
 — pain along back, worse in those parts she had to lie on, *Fer.*  
 — pain in small of back, *Lac-def.*
- Constipation** with backache, *Psor.*  
 — with pain in small of back, *Lach.*
- Constriction** painful in back, *Graph.*  
 — in back, *Cetrar.*  
 — and pain in muscles of back, *Dulc.*  
 — tensive, extending down to small of back, *Mez.*
- Contracted**, muscles of back contracted, drawing head backward, *Ver-v.*
- Contractive**, spasmodic pain in small of back, *Mag-m.*  
 — pain in stomach, with sensation of coldness in it and in the back awaking her from sleep in the morning, *Con.*  
 — pain in back, with contractive sensation between scapula, *Guaic.*  
 — pain in back after physical labor, while at rest, *Kali-c.*  
 — pain in stomach, extending into back after stool with burning in anus, *Mag-m.*  
 — pain violent in both shoulders, and tearing down back in morning, *Mag-c.*  
 — pain in back, *Graph.*
- Coryza**, aching in small of back as if bruised, with coryza, *Cinnab.*  
 — severe stuffed coryza all the day with pain in back, especially while sitting, *Zinc.*

**Cough**, during the cough sensation as if the lungs touched the back, Sul.

— burning heat in left chest through to back with cough, Oleum-jec.

— pressing pain in small of back with whooping cough, Spong.

— during cough pain in back, Nitrum.

— pain in back striking through to sternum with cough and expectoration of tough black mucus, *Kali-bich*.

**Coughing**, stitches in small of back when coughing, breathing deeply, or walking, Arn.

— pain in back on coughing, ascending stairs, stepping hard, and jumping, preventing deep breathing, and causing her to have a fever, Carbo-a.

— sticking in back, extending toward chest when coughing, Psor.

— stitches in back when coughing, *Sepia*.

— aching in small of back, worse by either coughing or laughing, Tell.

**Cracked**, rheumatic pains in back while stooping, felt as if something cracked across sacrum, cannot stoop or move for pain, which remains constant, even while at rest, but worse on least movement of trunk or legs, *Kali-bich*.

**Cracking** sound from first cervical vertebræ; on rising from sitting, with stiffness in left side of neck, Zing.

— in small of back while walking, Zinc.

**Cramp** in back, Lyss., Hydroc-ac.

— in back in brain affections, *Hell*.

— in back in hypochondriasis, Arg-n.

— in back and in ribs in front with pearls of sweat in the face and on the arms for three-fourths of an hour, then a profuse mucous diarrhœa, Petrol.

— in back just below hips in morning, Alum.

— in back after menses, Bor.

— insupportable pain in small of back like cramp, worse from least motion, *China*.



**Cramp** like pain in back, Euphorb., Euphr.

— like severe pains in small of back with cramp-like drawing in umbilical region, *Cof-tosta*.

— like constriction or pulsation ascending from thighs into small of back, *Ruta*.

— like pressive pain in back in renal region, *Caust*.

**Cramps**, violent in back and in feet, *Iod*.

— after menses in evening, coldness in back and awaking after midnight with cramp and coldness of stomach, which continues till about noon, *Kali-c*.

— in muscles of back and abdomen on turning head and body, *Dros*.

— like pains in back and legs, *Arg-n*.

**Crawling** in back, *Agari.*, *Ars-h.*, *Ars.*, *Berb.*, *Calend.*, *Cepa.*, *Cham.*, *Asa.*, *Caust.*, *Sec.*, *Ars-m.*, *Lyc.*, *Gels.*, *Sul.*, *Var-iol.*, *Ang.*, *Crotal.*, *Pallad.*, *Osmium*.

— on back as from ants, *Graph*.

— in back as from fleas, *Pallad*.

— over shoulders and back, *Ars-h*.

— itching on back and shoulders, as from crawling insects, worse evening on going to bed, *Osmium*.

**Crawls** run over back in P. M., *Asaf*.

— chilly crawls running down back most at night, with more frequent urination, followed by heat and thirst, *Cepa*.

**Creeping**, sensation of hot water creeping through back from below upward, *Nitri-s-d*.

— a gentle creeping sensation in back, as if a soft air were blowing through it, *Sec*.

**Crick** in neck or back, *Fer-ph.*, *Calc-ph.*, *Agari*.

— in back of eight years' standing, *Sepia*.

— in back caused by a strain, *Sep*.

— in back, better by continual motion, *Sep*.

— in back, worse when first beginning to move, *Sep*.

— in back, a jar or a misstep hurts her back severely, as also riding, *Sep*.

— when walking in open air a pain darted through into small

of back, "crick in back," most painful on rising after long-continued sitting, *Amm-c.*

**Cries**, excruciating, tearing pains in back, extorting cries, cause him to bend up during chill, *Cap.*

**Crookedly**, painful stiffness in small of back which compels him to sit and walk crookedly, *Bry.*

— feeling as if middle of back were crooked, *Raph.*

**Crushed**, pain in small of back, as if bruised or crushed in rest and in motion, also at night in bed, so she cannot lie on back nor on either side, *Amm-m.*

**Curvature** of dorsal vertebræ, *Calc-c.*

**Curved**, bent backward spasmodically like an arch, violent trembling motion, *Opium.*

**Cut**, pain in back, as if cut in two, can neither walk, stand, nor lie, *Hep.*

**Cutting** in back in general, *Arg-n.*, *Aur-m.*, *Calc-ph.*, *Eup-pur.*, *Gels.*, *Zinc.*, *Guarea.* *Nat-m.*, *Coloc.*, *Canth.*, *Mag-m.*, *Rhus-t.*, *Cup.*, *Sil.*

— violent cutting pain in back, *Eup-pur.*

— sharp cutting pain from back down hips, *Gels.*

— pain about the lower dorsal vertebræ and aching in back, *Asclep.*

— burning in back, with cutting and tensive pain, *Aur-m.*

— pain in back on left side, in region of lumbar vertebræ, a drawing cutting, diminished by pressing on it by the hand, *Dig.*

— in a small strip of left side of abdomen over against the back, then rolling in the abdomen while the pain goes off, *Sarsa.*

— painful in back all day long, *Sil.*

— violent cutting in small of back from slightest movement, extending into calves and feet, so that he can neither stand, walk, nor lie, *Zinc.*

— in back and abdomen, extending through urethra, *Canth.*

— and sticking through back and abdomen, *Canth.*

**Cutting** pulsating feeling in back, *Nat-m.*

— and pinching below the navel with shivers over the back, then heat in back and urging to stool at noon, *Mag-m.*

— pressure, as with a cutting edge across small of back while standing or bending backward, *Rhus-t.*

— sharp cutting drawing in left side of back, *Cup.*

— in small of back and groin, *Arg-n.*

— in back all day, *Sil.*

— in small of back during too early menses, *Ol-an.*

**Dark**, pains in back, cannot walk with eyes closed in dark, *Arg-n.*

**Day**, violent pain in back all day, *Camph.*

— sudden pains in small of back in morning and the whole day, not at night, *Ant-cr.*

**Darts** in small of back, *Kali-iod.*

**Darting** across right side of small of back, stooping, passing away gradually, *Lact-ac.*

**Deglutition**, painful jerk in back at every deglutition, also during abortive eructation, sometimes without deglutition, when at rest; but every time afterward there follows an arrest of breathing, *Petrol.*

**Deliriously**, if he lies at night on his back or on his right side, he starts up and talks deliriously, and cries out about his frightful dreams, *Mag-c.*

**Denuded** sore sensation in left side of back when sitting, with burning intermittent sticking, *Plat.*

**Diarrhœa**, soreness in small of back and rectum, as with diarrhœa, *Jat.*

**Dinner**, bruised pain in back when sitting an hour and one-half after dinner, better by walking, *Phell.*

— about an hour after dinner (even before) a dragging pain in stomach and a gnawing extending to back, where it is most acute, then great exhaustion and lassitude, *Sep.*

**Diphtheria** with backache, *Lyc., Phyto., Lach.*

**Dislocated**, pain in cervical vertebræ, as if dislocated when lifting arms, *Ang.*

— pain in left side of back, as from dislocation, extending to left hypochondrium, *Lyc.*

**Diseases** brought on by exposure of back to draft of air, *Sil.*

**Distress**, aching distress in small of back, *Lac-def.*, *Ustil.*

**Dorsal**, a chill begins in lower dorsal region and runs up back, *Eup-pur.*

— pain in upper dorsal vertebræ, *Aletris.*, *Stram.*

— pain constant in cervical and upper dorsal vertebræ, *Stram.*

— pain in right side of back between tenth dorsal vertebræ and side, *Benz-a.*

— violent pain in top of right shoulder and shortly afterward in back from about first to fourth dorsal vertebræ, *Lob-i.*

**Down**, pain in back low down, *Lappa.*

— pain from small of back downward, *Nux-m.*

**Dragging** pain in back in morning on waking, *Myrica.*

— pain in small of back, *Con.*

— in back as before menses, followed by slight show, *Canth.*

**Drawing** pain lasting for several hours, starting from the back, seemingly in the middle of the chest in the œsophagus, in P. M., *Agari.*

— in back as if bruised, thence the pains extend to sacrum and the abdomen, where much flatus accumulated with bellyache, and as the flatus was discharged, leucorrhœa appeared, *Caustic.*

— pain in small of back, *Cycla.*, *Tereb.*, *Kali-c.*, *Nit-ac.*

— pain in back in evening, *Carbo-v.*, *Nit-ac.*

— pain in the entire back, followed by fatigue, *Card-mar.*

— pain in back in A. M., *Ars.*

— pain in small of back, as if heavy body was moving downward, *Bar-c.*

— pain in back, *Valer.*

- Drawing** pain in post-hepatic region, extending through to back, *Calc-c.*
- pain in back, also gastric region, *Hepar.*
  - pain in back on left side in region of lumbar vertebræ, a drawing cutting, diminished by pressing on it with the hand, *Dig.*
  - pain from small of back into legs, *Amm-c.*
  - suppression of menses which had just appeared, when there followed by day and by night a drawing pain down back, *Con.*
  - pain in back with tense feeling as before menstruation, *Mosch.*
  - pain in back on moving and treading, *Sul-a.*
  - stinging or tearing pain in back, *Cham.*
  - painful in back and limbs, *Chel.*
  - pains from small of back to shoulders, *Ars.*, *Dros.*
  - pain from small of back down thighs during rest; stitches when moving, better by pressure, *Dulc.*
  - tearing pain in back and spine, *Cap.*
  - pain in back when sitting, *Thuja*, *Carbo-v.*
  - pain in small of back and a feeling as if it was broken, when walking, standing, and lying, *Carbo-a.*
  - pain in sacrum and back, also a sensation of going to sleep in shoulder joint, disturbing sleep and disappearing on waking, *Zinc.*
  - pain in right side of back from shoulder-blade to lumbar region, changing locality every minute, *Card-m.*
  - pain in small of back, sacrum, coccyx, and thighs, better by walking, and worse on turning trunk while standing, *Thuja.*
  - pain in back extending upward, *Nat-m.*
  - at night drawing pain in back, she had to turn over frequently to get relief, *Nat-m.*
  - in back in general, *Ast-r.*, *Cham.*, *Chin.*, *Crotal.*, *Lyss.*, *Nux-v.*, *Op.*, *Zing.*, *Calc-ph.*, *Lil-tig.*, *Merc.*, *Lach.*, *Coc-c.*,

Lyc., Nat-c., *Kreos.*, Con., Bry., *Colch.*, Staph., Carbo-v., Ter., *Sil.*, Ars., Graph., *Carbo-a.*, Hep., *Chel.*, *Ant-t.*, Sang., *Cap.*, *Carduus.*, *Puls.*, Ind., Calab., Ver-v., *Nat-m.*, *Sabin.*, Petrol., Nit-a., Sul-a., Sul., Stram.

**Drawing**, dull aching pain in back between shoulders at 6 P. M., Zing.

— drawing pain in small of back extending into pubic region, *Sabina*.

— burning along back, beginning at coccyx, as if under skin, Mur-a.

— on back, ceasing on bending backward, Petrol.

— burning in small of back, Zinc.

— in back, upper and lower limbs and the fingers, as after a cold, Dig.

— in all limbs and back in the evening at 8 o'clock, for two hours, and great coldness even in bed, Lyc.

— disabling in small of back, *Coccul.*

— in lower part of back, as from incarceration of flatus, Nat-c.

— in back and limbs with gaping, Calc-ph.

— spasmodic from behind forward, into genitals or down into thighs, *Kreos.*

— intolerable in small of back and down into legs, evening, *Lach.*

— sharp in back and in through hips, *Nat-m.*

— down back with heaviness of limbs, *Ant-t.*, Carbo-v.

— lacerating in back, Opi.

— upward from foot extending into back when moving, Nit-ac.

— spasm in back with severe pressing and drawing, Con.

— a drawing down back when sitting, disappearing when in motion, Bry.

— pressure in first two dorsal vertebræ with soreness, Staph.

— in back on motion and on stooping, Sul-a.

— tension and stitches occurring in back, much worse on motion, *Colch.*

**Drawing** in back while sitting in evening, *Tereb.*

— in back mostly when sitting, *Carbo-v.*

— a spasmodic drawing in back, compelling him to lie still, *Sil.*

— up and down back, *Ars.*

— extending from small of back up, *Lach.*

— violent drawing in back, *Graph.*

— sharp across back, sensitive to every step, *Carbo-a.*

— pressure in back, *Kali-c.*

— stitches in small of back with drawing through lumbar vertebræ while standing, *Con.*

**Drawn**, the back is drawn backward, *Stram.*

**Driving**, aching in back when driving in evening, *Sul.*

— tensive pressure like severe fatigue from right scapula, extending into side of back even to sacrum, also early in bed, but especially while driving, *Kali-c.*

**Dreams** that his back is covered with warts and excrescences, *Mez.*

— in his dreams at night he always lies on his back, *Mang.*

— anxious dreams with sweat on back when waking, *Hepar.*

**Dull** pain in small of back with drowsiness and lassitude, *Cornus.*

— pain across small of back, *Cund.*

**Dysmenorrhœa** with pain in small of back, *Lach.*

**Dyspnœa** with pain in small of back, *Lach.*

— sensation of weight in back and shoulders with dyspnœa, *Nat-m.*

**Eating**, backache better by lying down and by eating, *Nat-m.*

— pain in back after eating, *Kali-c.*

— anxiety and uneasiness in back after eating, *Carbo-a.*

— pain in back as from fatigue, especially after eating, and while sitting, *Ant-t.*

— fullness, anxiety, and tearing pain in back after eating; afterward extending into abdomen, *Cham.*

## “THE BED FEELS HARD.”\*

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

Recently I had a patient who complained that “the bed felt too hard,” although the bed was as comfortable as it could be made. I knew from past investigations that Arnica, Baptisia, Pyrogen, and some others had this symptom, but the question was what others, and so I went to work to find out. Looking at Allen’s *Benninghausen’s Therapeutic Pocket Book*, I was astonished at the wealth of material there offered under the heading, “Hard Bed, Sensation of,” page 162, but was surprised more to find that Baptisia and Rhus were not mentioned at all. The remedies there given under this rubric are: Acon., ARN., Bry., Caust., Con., Dros., Graph., Kali-c., Mag-c., Mag-m., Nux-mos., Nux-vom., Phos., Plat., Sabad., SIL., Stann., Sulph., Tarax., Thu., Verat-alb.

Benninghausen’s original *Therapeutic Pocket Book* gives the same remedies with Magnes. and Megnetis-caust. added under the rubric, “Sensation as if one had been lying on a board,” which is merely a variation of terms. Never having prescribed any of these remedies except Arnica for this condition, and not finding in my notes where any one else had any of them indicated for the symptom, I concluded to go to the fountain-head and search the *Materia Medica*. To my surprise I found the symptom or something similar under a majority of the respective remedies under this heading, but why several of them were included does not appear in the provings.

As some of the readers of *THE HOMŒOPATHIC PHYSICIAN* may not have the time, and others lack the inclination to make this search for themselves, I will give the results of my work for their perusal and future reference. I will premise my observations by first stating that in order for a patient or

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\* A reprint of this article will be published, which those who are interested can have by sending three two-cent stamps.—ED.



prover to have this symptom, he must also have the symptom, "bruised, sore feeling in some or all parts of the body."

Not all the remedies that have bruised, beaten or sore feeling have also the symptom, "the bed feels hard," but all the remedies which have this latter symptom have also the symptom, "he feels sore, beaten, or bruised in some or all portions of the body."

The king remedies, if I may be allowed the expression, which have this symptom are Arnica and Baptisia, with, perhaps, Pyrogen a close second. Although Bœnninghausen assigned the greatest numerical value to Silicea, yet the preponderance of verifications as reported in our journals is largely in favor of the former named remedies.

The symptoms of Arnica and Baptisia are as follow:

Everything upon which he lies seems too hard, ARNICA.

Weary, bruised, sore, great weakness, must lie down, yet the bed feels too hard, ARNICA.

Tired feeling, as after hard work, or as if beaten, ARNICA.

Indescribable pain in the foot, as from internal uneasiness, and as if the bed were too hard, which compels him to lay the foot here and there and to move it about, *Arnica*.

Each time after waking from the nightmare the parts on which he lay soon became exceedingly painful, Baptisia.

The parts on which he is lying feel sore and bruised, BAPTISIA.

After lying not more than ten minutes upon the back the sacral region became intolerably painful, as though he had lain on the barn floor all night, Baptisia.

Intolerance of pressure on all parts on which pressure is made; could not rest back against chair without pain from the pressure; obliged to change sitting position from the same cause; even the feet became equally painful from resting on the floor, Baptisia.

Feels as if lying on a board; changes position often, bed feels so hard, BAPT.

Silicea does not have the symptom, "the bed feels hard," but other symptoms of its pathogenesis make it entirely probable that Bœnninghausen's generalization is correct.

Bruised feeling over the whole body, as if he had lain in an uncomfortable position, SILICEA.

The whole side of the body on which he is lying is painful, SILICEA.

The whole body is painful, as if beaten, SILICEA. It does not require a very violent stretch of the imagination to believe that to a person in this condition, "the bed would feel hard." But if Bœnninghausen gives Silicea the place of greatest importance under this heading, why should he omit entirely Ruta-grav.?

In Allen we find: All parts of the body upon which he lies, even in bed, are painful, as if bruised, RUTA. If the bed is hard under Silicea why should it not be hard under Ruta, when neither has the exact wording of this symptom in its proving? Taking up Bœnninghausen's list of remedies we find the symptoms as follows to warrant him in so placing them:

Pain as from a contusion in shoulders and hip joints after sleeping, as if the bed had been too hard, Aconite.

All the limbs seem bruised and paralyzed, as if he had lain upon a hard bed, *Bryonia*.

He cannot lie in the bed in the morning; everything he lies on hurts him, *Bryonia*.

At night cannot get a quiet position; cannot lie still a moment, *Causticum*.

At night the side, hip, and thigh upon which he lay were sore, as if bruised, or as if pressed; he was frequently obliged to turn over, *Causticum*.

Bruised pain in the arms and legs; severe bruised pain in all the limbs; he cannot get rested in any position, *Conium*.

Aching in all the limbs upon which he lies, as if the bed were too hard, and he had not enough to lie upon, *Drosera*.

Soreness from lying in bed, Graphites.

Bruised pain in the limbs and scapula upon which he lies, Graphites.

Bruised pain in the back during rest; bruised pain in all the muscles of the body; flesh feels tender all over as if skin were crushed, Kali-carb.

Bed felt as hard as though she were lying upon stones, and she constantly tossed about, Magnesia-carb.

Pain over the whole spine, as if beaten to a jelly, while lying on the back, Magnesia-mur.

The whole body is painful, as if beaten to a jelly, Magnesia-mur.

Pain in small of back and both hips, as if sore and beaten, Magnesia-mur.

She complained very much about feeling very sore and full of pain, as one who had been beaten, Nux-moschata.

If he lies upon a moderately hard substance for only a short time he immediately experiences pains in the parts upon which he lies, Nux-moschata. Parts upon which the patient lies ache as if sore, Nux-moschata.

Pain in all the limbs, as if beaten and bruised all over, *Nux-vomica*.

The upper and lower extremities are sore, as if she had lain on a hard bed, Nux-vomica.

The desire to sleep was great, but I could not find a comfortable position, Phosphorus.

Dull pain in the haunch bones in the evening, as if he had been lying upon too hard a couch; he had to alter his position all the time, Phosphorus.

The parts affected by cramp-like pain are painful to pressure, PLATINUM.

Bruised pain in arms, back, and thighs, as if beaten, Platinum.

Pains in back and small of back, as if bruised or broken, Platinum.

Intense but transient bruised pain in various parts of the body, *Sabadilla*.

In the morning when waking more weary than ever; all her body feels painful, as if she had been resting on blocks of wood, *Sabadilla*.

Bruised pain in all the limbs; pain as if beaten in the back and lower extremities, *Stannum*.

Heaviness in the back in the morning, as if he had been lying uncomfortably, *Sulphur*.

Pain in the back and small of the back, as if beaten to pieces, *Sulphur*.

Bruised sensation in the small of the back, on account of which he could not sleep, *SULPHUR*.

Great weariness of the limbs, so that he could find no comfortable position in bed, *Sulphur*.

In the morning on awaking bruised feeling of the whole body, *Sulphur*.

All the limbs are painful when touched, or when in an uncomfortable position, *Taraxacum*. During rest intolerable tearing pains in lower extremities, *Taraxacum*.

Parts lain on painful, *THUJA*.

Constant uneasiness in sleep, because he always wishes to lie in another place, as the parts upon which he lies speedily become very painful, *Thuja*.

Pain consisting of a pressure or a bruised sensation in the muscular parts of the body, *Veratrum-album*. This is the evidence taken from the *Materia Medica*, after diligent search which best sustains Boëninghausen's arrangement under this rubric.

Each one can judge of the value of the evidence for himself. In favor of the correctness of his arrangement the evidence justifies it undoubtedly with the larger number, but in regard to some of them we fail to see why they should be so designated.

There is not a single symptom in the proving of *Verat-alb.* for instance to show why it should be placed under the

heading, "sensation as if lying on a board," or as if "the bed were too hard," and there is but little for *Taraxacum*, *Stannum*, *Platinum*, *Conium*, both of the latter of which are honored with the second rank.

One wonders when reading the proving of some of the other remedies why they were not included under the same heading, for example, *Ruta-grav.*, already spoken of, and the following:

The parts of the body upon which he sits feel sore and bruised, *Agaricus*.

Back and limbs feel as if bruised while lying still in bed, *Pulsatilla*.

Tired aching, as from lying long in one position, *Ferr-met.*

Constant pains along the back, worse in those parts she had to lie on, *Ferrum-met.*

He awoke with a bruised pain over whole body, *Spongia*. Quite a number of remedies have this symptom which are not included above, to wit:

Bed feels so hard she cannot lie upon it, *OPIUM*.

At 5 A. M. mind active and cannot sleep again; bed feels so hard, *Fagopyrum*.

Tossing here and there, the bed seemed harder than usual, and I could find no place to rest, *Euphrasia*.

Everything upon which he sits or lies seems too hard, *Lycopodium*, *Petroleum*.

Pain in the sacrum, as if he had been lying upon too hard a couch, *Mercurius*.

Aching all over; bed feels hard; can lie but a few moments in one position; aching with soreness of the flesh, *PYROGEN*.

Awoke frequently with pain in the loins and hips, causing frequent change of position in bed, which seemed too hard, *Pulsatilla-nuttallina*.

Her bed feels too hard, *Ferrum-phos.* (Clinical symptom. Dr. Deschere, N. A. J. H., Feb., 1897.)

Gentry's *Concordance Repertory* gives *Arsenicum* in

brackets as having this symptom, but if it has it, it must be a clinical symptom, because it is not in the proving of any of the *Materia Medicas*. Many consider this symptom as a very prominent one under *Rhus-tox.*, but if so it is to a large extent clinical.

When lying upon side hip hurts, and when lying upon back small of back hurts, *Rhus-tox.*

Pain in small of back, as if bruised, compelling him to change his position constantly, *Rhus-tox.*

Pain as if bruised in the small of the back, as if bruised whenever he lies quietly upon it, or sits still, *RHUS-TOX.*

Among the newer remedies the following have more claims to be placed under this rubric than several which Bœnninghausen has placed there. Thus we have:

Soreness of all the muscles; general bruised feeling as if sore, *ACTEA-RACEMOSA*.

Must frequently change his position; body feels so sore, *Badiaga*.

Bruised feeling, as if broken all over body, *EUPATORIUM-PERFOL.*

Intense aching and soreness in thighs, *HAMAMELIS*. Bruised feeling in muscles of upper and lower extremities. *HAMAMELIS*. Bruised soreness over body, *HAMAMELIS*.

Feeling of soreness, as if beaten or pounded with prostration, *Phytolacca*.

Some of the remedies have symptoms which are directly opposite to those enumerated, which will be of interest in this connection.

Pain in small of back, worse when sitting still or lying, better when lying upon something hard, *RHUS-TOX.*

When stooping sudden pain in the back, as if struck by a hammer, relieved by pressing back against something hard, *SEPIA*.

\* Pain as if bruised in small of back, ameliorated by lying on something hard, *NATRUM-MURIATICUM*.

Simple pain in the whole of the back, as from weariness; it comes on while walking; movement avails nothing, but is relieved when he sits down, makes his back hollow and leans firmly against anything, *Sabadilla*.

I think *Belladonna* has the clinical symptom, "pain in the back, relieved by pressing against something hard," but am not certain. It is not in the proving.

Tired aching feeling in all the muscles of the body, relieved by lying on something hard, *Sanicula* (clinical symptom).

A peculiar symptom is: Pain as if bruised in those limbs and joints upon which he does not lie, *Rhus-tox*.

When lying head feels as if lying upon something hard, *Mancinella*.

The pillow feels as hard as iron, *ARNICA*, *Baptisia*, *Phosphorus*.

With all our multiplicity of repertories not one-half of the above symptoms can be found within the pages of all combined.

Let us hope that some day we will have a repertory that will contain *all* the symptoms of the *materia medica* under such headings that one can find any sensation, aggravation, or amelioration in any of our *Materia Medicas*.

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#### POSTSCRIPT.

(A subsequent letter to the Editor.)

I think I omitted one remedy that has the "bed too hard" symptom, "sleepless, restless on account of bed feeling too hard, *Tilia-europ*." Also a symptom of *Graphites*, "soreness from lying in bed."

Please insert also the following where it will read the best:

"To sum up, I would assign under this heading to the first rank, *Arnica*, *Baptisia*, and probably *Pyrogen*. Regarding the latter remedy clinical reports are not yet sufficient to justify its exact rank.

"In the second rank, Opium, Rhus, Ruta, Silicea, and Thuja.

"In the third rank, Bryonia, Causticum, Nux-vomica, Phosphorus.

"In the fourth rank, Acon., Dros., Euphra., Fagop., Ferro-ph., Graph., Lycop., Mag-c., Merc., Nux-mos., Petrol., Pulsnut., Sabad., Tilia-europ.

"Doubtful, Arsen., Mag-m., Plat., Sulph.

"Omit entirely from this rubric, Conium, Kali-carb., Stannum, Taraxacum, and Veratrum-alb."

[The foregoing admirable article is published with great pleasure, as it contains indications for remedies which are of the highest value to homœopathists. Dr. Morrow wonders at the absence of several remedies from Bœnninghausen's *Therapeutic Pocket Book*. He evidently overlooks the fact that these remedies were added to the *Materia Medica* after Bœnninghausen had published his *Pocket Book*. Dr. Morrow desires the Editor to give his own notes. This is hard to do. Dr. Morrow has covered the ground so thoroughly that there is little to add. The only notes we find are: Bed feels too hard in fever, Phos. Must rise from bed on account of throbbing in the head, Arg-n. Limbs feel bruised and paralyzed, as if from lying on hard bed, Bryonia. The remaining notes are either repetitions of Dr. Morrow's indications or else refer to other conditions not specially germane to the subject.—ED.]

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INDICATIONS DERIVED FROM THE BED: Not especially related to the foregoing paper of Dr. Morrow.

The patient fears to go to bed alone, Causticum. Bed sores, Calendula. Patient sits up in bed and throws himself upon it, Iodine, Hepar, Calcarea. Patient thinks some one is in the bed with him, Apis, Petroleum. It is characteristic of Petroleum.



## DYSENTERY.\*

ITS HISTORY, PATHOLOGY, AND TREATMENT.

P. P. WELLS, M. D.

Medical writers from the time of Hippocrates have treated of dysentery, and the variety of opinions they have entertained is but little less than the number of writers by whom the subject has been discussed. Three thousand years have not sufficed to settle the question for all whether it be really a disease of independent existence, or whether it be only an adjunct of some other more general form of evil. Those who have regarded it as an independent disease have had no agreement of views as to its true nature, while those who have contended for its derived status have failed equally to agree as to the origin to be assigned to it and the nosological relations in which it ought to be placed. From Hippocrates and Celsus, Aretæus, and Galen, through the long list of those of the ancient and middle ages, as well as through that of the modern, down to the latest and best of the writers of our own day, nothing is established but a great diversity of opinion, though nearly all have tried their best to remove difficulties and differences. But even now, in works of the latest date and most complete character, the subject is discussed as an unsettled question, and Bamberger seems to come no nearer to its adjustment than Hippocrates or Galen. He says upon the nature and general nosological relations of this fatal disease there are not only the most various opinions expressed, but that these are in many instances no less than the exact opposites of each other. He ascribes this well-

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\* This article was published more than ten years ago as part of a treatise by Dr. Wells, in the form of a supplement to THE HOMŒOPATHIC PHYSICIAN. It was never finished, and was never bound up with the volumes. It is now republished by special request.—ED.

known fact in part to the different pathological systems and opinions advocated by different writers, and in part to the difference in times and circumstances in which the disease has been developed. The whole difficulty has grown out of an unwillingness on the part of these writers to concede to the disease an existence, and a nature outside and independent of their systems and opinions which by its visible phenomena it has never failed to assert. While this was clearly seen as to the systems and opinions of precedent writers, singularly enough, each was as blind to the fact in its application to his own as were all his predecessors. The profession seems to have been incapable of conceiving of disease outside of this circle of system, relationship and opinion.

To this disease some have conceded an independent existence, affecting the intestines chiefly, and there having its chief localization. Others have regarded it as a specific blood disease, in this view putting it into the category with typhus and cholera. In this view the localized affection of the intestines is only a result of this precedent fact. Others, as Williams, regard it as only one of the fruits of marsh malaria, and so in its origin they regard it as of the family which embraces the intermittent and remittent fevers, and their cognates. Röderer and Wagler take this view, while Eisenmann and Canstatt deny its independent existence, and consider it only as the localization of various pathological processes in the intestines, such as scurvy, typhus, rheumatism, and cholera. Cœlius Aurelianus and Stoll regarded it as an internal rheumatism with ulceration; Huxham and Broussais as a simple inflammation of the colon; Cullen as a constriction of the intestines constituting an obstruction to the passage of its fecal contents, while Zimmerman and Annesley allege its cause to be found in a change in the character of the biliary secretion; Johnson and Martin attribute it to changed bile and cutaneous activity. With many its origin is only miasmatic, while many others hold it to be only from

contagion, while there are still others who hold its *origin* to be malarious and its *extension* to be the result of contagion.

The great variety of opinions which have prevailed on this subject with the best minds of the profession have more than a historical interest to commend them to our attention. They are confidently presented as the strongest witnesses to the erroneous ideas of the nature of disease in general which have prevailed with a uniform continuance in the antique school of the profession from its origin to this day. However diverse these opinions, there is no one of them which has not something of fact on which it has been based. The second difficulty has been that observers have each confined their attention chiefly to such facts as favored their individual opinions, having no eyes for others, or giving them no place in the view from which their judgment was made up. With this partial view of the facts any philosophy of the disease was possible, and all were about equally plausible and worthless.

It is only when disease is recognized as a *state*, affecting the vital condition of the whole man, and not as a thing, localized in some isolated spot or organ, that a philosophy of individual forms of it which will bear scrutiny in the light of facts and be found equally applicable to all its examples can be possible. In this matter of the nature of disease in general the whole has been ordered and fixed by a power above all appeal, and nothing has been left to the disposal of those who make its cure their business but to see things as they *are*, and deal with them accordingly. Dogmatism here is of no importance, no matter how high the authority from which it comes. It is ever a cheap method in science. Here it is worthless and contemptible. To this failure to recognize the actual and fixed nature of disease in general, and to this partial observation of facts by those who have been the successive teachers of successive generations, is to be ascribed the ever-shifting and multitudinous theories which constitute

so large a portion of the history of practical medicine for 3,000 years. Teachers and writers before the time of Hahnemann failed to recognize the truth that Almighty power had established all the facts and relations of the case before their day, and that they have neither the power nor the calling to change them in the least particular. That their whole duty was to see, first, what God had done, and, second, to accept this and deal with it according to the requirements of the law He had enacted for the government and necessities of the case—that in this is comprised the whole sum of the physicians' practical duties. In this view, let us see what are the facts and the duties so established in the matter of dysentery.

And the first fact which we recognize is that this, like all other diseases, is a general fact, pervading the whole individual man, reaching to and affecting all the functions of his bodily organs, no one of them being left untouched. There is no vital action in the organism which is not changed. In this we only meet the fact equally true of all other diseases, and which, even in it and them, declares in language from the Divine power, the language of facts, that there is in the world no such thing as a *merely local disease*. Hence the views of Huxham, Broussais, and Cullen, and of all who, like them, have limited the action of the disease to the localized affection of the great intestine, are completely negatived at the very outset. They never have shown, and it never can be shown, that the inflammation and ulceration of this part is more an essential part of dysentery than in the loss of muscular force, the changed morale of the patient, or the universal change in the functions of the various secreting organs. Those who give it the general character of a disease of the blood are equally partial and faulty in their views, as are also those who limit its nature to change in one or more of the important secretions of the bodily organs. These certainly are affected, as these writers declare, but so are all the other secretions, and there has been no good reason given for making those of the liver and skin of such pre-eminent

importance as to exclude the others from consideration when the verdict as to the general character of the disease is to be made up. There is as good reason for excluding these, to which such prominence has been given, as any one of those which have been so completely ignored in the presentation of this partial view, or, as for that, of any of the other general or local facts which have here been so unwarrantably omitted.

The second fact which arrests our attention is that, as a central point in this general affection, there is a group of phenomena which gives character to it among diseases, and without which no one of them is ever called dysentery. This is the group which characterizes the genus and gives it its place in the circle of those families of morbid processes which constitute the sum total of human diseases. In the practical relations of facts, this group has shown its chief significance and importance when it has decided that it is dysentery with which we have to do. Hence it is only the defining, or generic, group of facts or symptoms of the case. We say facts or symptoms, because all facts are symptoms, and all symptoms are facts—the terms are strictly interchangeable. So that when we, as a school of medical practice, are accused in our practical consideration of diseases of dealing only with its symptoms, we accept the accusation as a truth. We deal as we profess, with its *facts*, and with nothing else. This has been by ignorance cast at us as a reproach. We accept it as an honor. In return, we only inquire of the opposer what it may be with which he deals, seeing he is so dissatisfied with *facts*.

This central group has its origin in a localization, not of *the disease*, but of one of its elements, or one of the processes of which it is composed. This localization is in the large intestine. The process is an inflammation of that organ. The group of symptoms there originating is made up of *frequent and for the most part small discharges of blood or of bloody mucus from the rectum, with pain, tenesmus, and fever*. This

has often been regarded as expressing the whole of the disease. It is only its generic or defining group of symptoms. In our practical endeavors to cure, this group has a much less important place than other and far less obtrusive facts. It simply determines the diagnosis, and then leaves the prescriber where he was before as to all knowledge of means for a cure. These are discovered chiefly by a careful consideration of the third fact which is present to our observation, viz., that there is a peripheral group of symptoms gathered around this central and localized one which declares, not that we are dealing with *dysentery*, which has already been decided, but which goes beyond this, and declares the *kind* of dysentery which is before us. The importance of this peripheral group does not cease here. It extends far beyond, it being the group which contains the indices which point to the curative agencies, through the law of similars, on which we have learned we can safely depend.

It is the group to which we are to find the simillimum in the effects of some member of the materia medica on the living organism, as recorded in its pathogenesis, the law of cure demanding the similarity of these two classes of facts, of the drug and the disease. It is made up of far more numerous elements than the central, defining group, embracing, as it does, all those facts of any case not essential to constitute it a member of its class, but which belong to it as an individual member of that class. In other words, the group embraces all the specific symptoms of the case, while it includes none which are generic. As we have remarked, many of these are gathered around the generic group, and are found as concomitants of its members, or as circumstances or conditions by which they are excited, aggravated, or alleviated. To these are added those modifications of the functions of other organs which ever make up a very important part of the case, and are so ever varying in their character or circumstances as to constitute a large part of the ele-

ments which compose the characteristics of the case, which are our chief guides in the selection of the specific remedy. Let us look first at those elements of this peripheral or specific group which attach to and give character to those of the generic, viz., the evacuations, the pain, the tenesmus, and the fever.

The discharges vary in their character. They may be at first pus mixed with mucus, or mucus and blood, or blood only. Later in the attack the pus is absent. The mucus may be yellow, green (light or dark), or brown. The blood may be bright or dark colored, mixed with other matters, or in separation from them. It may be fluid or coagulated, in streaks or specks. The voided mass may be odorless or offensive. The offensive odors are various in character. It may be like that of spoiled eggs or of putrid flesh, or it may be of a penetrating, disgusting, indescribable character; or the discharges may be watery, ichorous, or purulent, brown, green, gray, yellow, mottled, blackish, sticky, tarlike, or mixed with yellowish flakes or patches of membranous exudation. The evacuations, though for the most part small in quantity and of frequent occurrence, vary much in different cases in both particulars.

The concomitant symptoms of the evacuations are very different in different cases. There may be before the evacuations thirst, nausea, vomiting, anxiety, restlessness of body and mind, faintness, perspiration, partial or general, which may be cold or hot. There may be any of these symptoms present with the evacuation or after it.

Disposition to evacuation may be excited by the ingestion of the smallest quantity of food or drink, and also by any, even the slightest, movements of the body. The greatest sense of exhaustion may attend or follow the discharges. These may also be preceded, attended, or followed by shudderings, chill, heat, or sweating.

The pain is very various in its character, as cutting, pinch-

ing, burning, excruciating, bruised, constricting. It varies in location, as in the hypogastrium or the region of the navel. It may extend from the intestines to other near or remote parts, as the urinary bladder, the loins, the sacral region, or the thighs. It may be present in its greatest severity before and during the evacuation, and cease, for the time, immediately after, or it may be continued after with equal or nearly equal severity. It may be relieved by particular positions of the body or limbs, by external warmth, and in some cases by a moderate external pressure. It may be renewed or intensified by food and drinks of whatever kinds.

The tenesmus is present in different degrees of severity, with accompanying pains in the anus of different character. There may be a sense of this part being torn out or constricted, or there may be burning, smarting, cutting, stabbing, shooting, or throbbing in the part accompanying the tenesmus. This symptom may be found to cease with the accomplishment of the evacuation or to continue after it.

The fever is also various in its intensity and accompaniments. In some cases it is developed in a slight chill or shuddering, followed by a similar slight reaction of heat of the surface and acceleration of the pulse, which disappears after the first day or two of the attack. At other times these elements are more positive and persistent in their character. In other cases the elements of fever are developed later in the case, and are indicative of and spring from important changes in the condition of the part where the diseased process is more especially localized. The two forms of fever are quite different in importance and significance. The mildness or severity of the first is no measure of the danger of the patient; neither is its cessation evidence of convalescence, or even that the worst of the attack has passed. On the contrary, the second is always indicative of grave and important changes, and its cessation may unhesitatingly be regarded as a favorable indication in the case.



The elements of the fever in this, as in other diseases, have their particular characteristics. The chill may be a general sense of coldness, with shuddering, varying in its duration in different cases, or there may be only slight, creeping chilliness, confined to the back or limbs, or it may be in the form of chilliness of the upper or lower extremities or of either side. The heat may be general or partial, extreme or moderate in degree, with great or slight restlessness, and with thirst intense, slight, or not at all present. The perspiration, if there be any, may vary in its character, and also be general or partial, hot, warm, or cool.

The general symptoms also belong to this group, such as debility, exhaustion, emaciation, faintness, or fainting, either in connection with the evacuations or independent of them; coldness of surface, which is dry or covered with perspiration; heat of surface, dry or sweating; color of general surface, as pale, red, or bluish; painful sensibility of the general surface to touch or pressure; sensation of being generally bruised; cramps in the limbs; general restlessness, with or without tossing about in the bed; sense of paralytic weakness in the limbs; sensibility to the open air, even though it be warm; sensibility to external cold; the position in bed.

So do also the functional symptoms of other organs than that more especially affected by the localized process in the large intestine. Of the skin there is to be noted temperature, perspiration, its general or local characters, its smell, if any, and the stain it leaves on the clothing, if any; the expression of countenance; the color of the face, as pale, red, or bluish. Is the face turgid and full, as if bloated, or shrunken, and the features sharpened? The state of the lips, are they pale or red, dry and cracked, or smooth? Is the mouth dry, or covered with mucus? The tongue dry or moist, clean or coated? Modifications of taste are also to be noted; as is also the odor of the breath, if this be offensive; aphthæ in the mouth; loss of appetite, thirst, or repugnance to or desire for

particular forms of food and drink; difficulty of swallowing and hiccough, nausea, and if there be vomiting, the character of the ejected substances; distention of the abdomen, with or without sensibility to external pressure; if sensitive, the quality of the pain produced, as of cutting, excoriation, or bruise; prolapsus of the rectum with the evacuations; tenesmus of the urinary bladder; the character of the urine voided; sleeplessness; coma; anxiety; delirium; the state of the pulse, and the like.

These are the phenomena which gather around the central, localized process of the disease, and declare its specific character; and, in so doing, point at the same time to the specific remedy which cures. Hence it is these, in our practical duties, that chiefly engage our attention. In the two aspects in which, as practical physicians, we are compelled to view diseases, first as facts in science, second as objects of our practical duties, this peripheral group of symptoms belongs by eminent importance to the latter. Though its members belong to the disease, and are as really integral parts of it as are the generic symptoms in its scientific existence and relations, still they have their highest importance in their office of guides to the selection of specific remedies. They are seldom or never all present in any one case; oftener there are but few of them, but these few are no less the guides to our choice because they are few. Whether few or many, they are our only guides to a safe and sure practice. The enlightened and conscientious physician will give no less heed to them in this case, and never, for this reason, turn from them to any, whatever, of routine resort, because Doctor this or that declares that he "cures all his cases by it." By this he simply proves that he does not know what a *cure* really is.

## OPHTHALMIA AND ASTIGMATISM.

LEVI HOOPES, M. D., WEST CHESTER, PA.

Jas. B. H——, aged 11 1-2 years, light complexion, rather small for his age, came to me suffering from ophthalmia, with which he had been troubled for about two years, and most of that time had been under old-school treatment, with but little benefit. The margins of the lids were inflamed and agglutinated at night. They were full of the so-called "wild hairs," there being scarcely a healthy hair in the lashes. He complained of a sensation of sand in the eyes; photophobia so that he could scarcely look up, but kept his eyes on the ground or floor, but it was somewhat better in the open air, so that he desired to be out of doors. Reading made his eyes water, and then he wanted to rub them so he could see better. Vision was about  $\frac{2}{3}$  in each eye. Astigmatism vertical in right eye and horizontal in left. I gave three doses of Puls. 2c., which was followed by improvement for about three weeks when it seemed to come to a standstill; I then gave three doses of Puls. M (Finke) after which the improvement again proceeded for about three weeks when all the symptoms appeared to be removed except the myopia, which was somewhat improved, and the astigmatism, which remained the same. I had about concluded that these conditions would have to be corrected with glasses, but the patient was so strongly opposed to wearing them that I concluded to try the effect of Physostigma 30 on him; I therefore gave him three doses of the remedy, and he returned in a week with normal vision, the astigmatism having all disappeared.

This case goes to show that much may be done with homœopathic remedies in many cases toward correcting visual defects, more especially where they arise from constitutional conditions and not from defective formation of the

eye itself. Of course the latter condition can only be corrected by proper glasses; but I think homœopathic physicians should first exhaust their therapeutic means before consigning such cases to the optician.

Last spring I cured another case in a child about the same age, with three doses of Gels. 2c., whose parents had been told by an allopathic physician that glasses were the only remedy.

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### BOOK NOTICE.

THE PIONEERS OF HOMŒOPATHY. Compiled by Thomas Lindsley Bradford, M. D. Philadelphia: Bœricke & Tafel, 1011 Arch St. 1897. Price, cloth, \$3.00 net; by mail, \$3.25.

This book is designed to perpetuate the memory of the little band of workers who were identified with Hahnemann, stood loyally by him, and assisted him in his great work of creating a materia medica. This band consists first of the pioneer provers of the materia medica, "the devoted band of students who were Hahnemann's pupils in Leipzig from 1811 to 1821, and who recognized the genius of the savant, the teacher, the chemist, and the physician, and were convinced of the truth of his method of healing;" and, secondly, of the small army of practitioners who practiced Homœopathy in every country of the world, before the year 1835.

Says the author in his preface: "The members of the homœopathic school cannot know too much about the struggles, under persistent opposition, of the men who carried the law of Homœopathy into different lands; who by their devotion, their belief in its truth made it possible that the physician of our faith is to-day recognized by very many people as the exponent of the most successful and best system of medical practice."

The book is in two parts: Part I is devoted to an account of the provers who assisted Hahnemann. Part II is devoted to an account of all physicians who practiced Homœopathy before 1835.

The names are arranged in alphabetical order in both parts, and there is, in addition, an alphabetical index.

Dr. Bradford is well known for his admirable works, *Homœopathic Bibliography of the United States* and his *Life and Letters of Hahnemann*, both of which have been reviewed in these pages.













