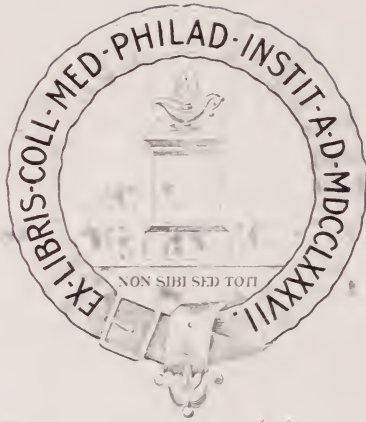




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THE  
HOMCEOPATHIC PHYSICIAN

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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THE  
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. XIX.

JANUARY, 1899.

No. 1.

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EDITORIAL.

PULSATILLA.—We give herewith the remaining keynotes of Pulsatilla as formulated by Dr. Henry N. Guernsey, thus closing up the subject of Pulsatilla.

Retention of urine, with redness, heat, and soreness of the vesical region externally. Continual pressure on the bladder without desire to urinate. Desire to urinate with drawing in the abdomen. Involuntary urination when sitting or walking. After urinating, spasmodic pain in neck of bladder, extending to pelvis and thighs. Frequent and almost ineffectual urging to urinate, with cutting pain. Sensation as if the ears were stopped up. Sensation as if the eyes were covered with a mist, or as if the dimness would be removed by rubbing something off the eyes.

Better from cold things and worse from warm. Much weeping even at answering a question.

Discharge in threatened abortion is arrested for a while, then returns with redoubled violence. This cessation and renewal is frequently repeated. Labor pains worse toward evening. Milk suddenly disappears from the breasts.

The scanty lochial discharge remaining is milky. Fever without thirst.

The breasts are much swollen and rheumatic pains extend to the muscles of the chest, shoulders, neck, and axillæ, and down the arms. The uterus seems inactive. The labor pains excite palpitations, suffocations, and fainting spells, unless the doors and windows are wide open.

Alternating hemorrhage. She weeps at every nursing. The pain from nursing extends into the chest, up into the neck and down the back. In puerperal convulsions the countenance is cold, clammy, and pale. Loss of consciousness and of motion. Sterterous breathing and full pulse.

The labor pains are deficient, irregular, and sluggish.

Leucorrhœa, worse at night. No two stools alike, they are so changeable.

For a time the child seems better and then suddenly gets worse. The child always seems better in the open air.

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## PROCEEDINGS OF THE SOCIETY OF HOMŒOPATHICIANS.

Dr. F. W. Patch presented the following resolution to the meeting:

WHEREAS, We believe the law of similars to be the law of cure, and the similarity of symptoms to be the only guide in the administration of the law; therefore be it

*Resolved*, That we discountenance the practice known as the "Antidotal Method," as such, because it is opposed to the foregoing principles and to the tenets of this society.

### DISCUSSION OF RESOLUTION BROUGHT FORWARD BY DR. PATCH IN RE THE SO-CALLED ANTIDOTAL TREATMENT.

Dr. Pease—This resolution causes me a great deal of surprise. Considering the relation that an absent member of this Association bears to this resolution, it seems to me, where such an important matter is concerned, that absent member

should have an opportunity to discuss it, because I fear that if the resolution should be adopted this evening there would be more misunderstanding and misinterpretation of Dr. Patch's honest endeavor to do right than there has been of other aims of this Association. I presume every member here, when speaking of the Society of Homœopaths to homœopathic physicians who are not friendly toward the Association, finds it as hard to bear with the views of these physicians, patiently, as it is with objections to the so-called antidotal system of treatment.

The resolution seems to utterly throw out of consideration the question as to what is included under the title of antidotal treatment. Members of this Association are very much interested in the matter, both from having given considerable time to experimental investigation, and in reporting cases that have substantiated the treatment. The adoption of this resolution might seem strange to some of our absent members.

Dr. Davis—I think there is not a member of this Society, present or absent, who recognizes more than one law of cure. I do not believe that publishing some cures that have been made has led any one to suppose that there are two methods or laws of cure. I believe that no remedy can cure except in accordance with the homœopathic law, but we may use remedies empirically, although they may be potentized, and we may select them without any question as to whether we are doing it according to the requirements of that law or not. I want to ask the question, Are we then practicing Homœopathy? We may say that we practice Homœopathy by mistake sometimes, but we are not the physicians who do things by mistake. That is not what we come here for. We must not do things slipshod or by chance, and without putting into practice the laws of homœopathic practice. It is for this reason that I have favored the bringing forward of this resolution, not because I would throw out anybody's influence or throw

cold water on anybody's practice if they practice according to their conscience, but because I would not care to have my influence govern this Society. I should not feel at all hurt if the Society, as a Society, rejected my position upon any question. It is a fact that the practice known as the "antidotal method" is the stumbling block of this Society, because it is supposed to be something different from Hahnemann's method, which uses proved remedies only. That method requires that even the so-called nosodes should first be proved. We want to clear our Society of all such reflections. We wish to set the position of the Society right in regard to every method of cure, mental science, Christian science, and everything else. If there is anything in what is called the antidotal method, we cannot get away from our law of cure.

Dr. Adams—I would ask as a favor that in any further discussion of this Society, we do not use the word "antidotal." We call it "antidotal" unjustly, and then damn it.

Dr. Kimball—There is no question but that the Society is looked upon as introducing a method which is different from the Law of Similars, as exemplified by Hahnemann, and if the Society is to live as a Society it must put itself on record as opposed to the "antidotal method." It is simply to put the Society on record as opposed to anything that is not in accordance with the Law of Similars. It is really necessary for the Society to take some stand in the matter, and I do not see how anybody can oppose a resolution which endorses the Law of Similars.

Dr. Adams—I believe we should put ourselves right with outsiders in regard to this matter.

Dr. Kimball—It is simply to put the Society right, and put it right with the public as well.

Dr. Adams—This Society should adopt and stand by the truth, even if the whole world reject it.

Dr. Close—Let us keep in mind the purpose of this resolution. If the views expressed in the Society meetings have

been misunderstood, and it seems wise to take steps to remove misapprehensions, we can do so. How shall we express what we desire to accomplish?

Dr. Patch—I have a jealous feeling as far as the standing of our Society is concerned with outsiders. We want the world to know that it stands for truth. As far as any use of remedies is concerned, we certainly want to cling to what is right, to what Hahnemann said. We follow no method aside from the method of pure Homœopathy, and if anything can be added to the resolution to make it stronger for the right, let it be so. I, personally, want to make it clear that there is no ill-will in this resolution.

Dr. Pease—Of course there is no question about the ill-will. I do not know anybody who holds the good of the Society more closely at heart than Dr. Sawyer or myself. Let us think about this and make no mistake. Is it necessary that this should be adopted to-night? At present it is not in accordance with my belief.

Dr. Close—I think it would be wise to further consider the matter, and in the endeavor to formulate our thought, to include in the resolution a brief statement as to the source of the misunderstanding that is abroad. Shall it be delegated to a committee for consideration and discussion as to the best form in which to present the subject for our action? The resolution does not clearly set forth the grounds for such action.

Dr. Kennedy—I believe that we ought to give ourselves time to think it over, and our Brother Adams, who has not had time to consider it, should have time to think it over. Personally, I believe that Dr. Adams, Dr. Pease, and Dr. Sawyer have the interests of Homœopathy at heart. I am sorry that Dr. Sawyer is not here. I told Dr. Pease to-day, in talking with him in regard to this very proposition, that I thought it would be presented some time during the session. I told Dr. Pease, and he seemed to take it kindly, how I felt, and why I felt as I did. I told him how, in our section of the country,

particularly, where quite a number of the members of this Society work, we are hearing slurs against our Society. We are called the Society that follows the "antidotal method." Now the purpose of this resolution is to simply put ourselves on record definitely, in order that these parties outside can no longer, with any show of truth, say anything of this kind. It is needless to repeat what has already been said, that there is no personal feeling with regard to any one member of the Society by any one of us. We, as an Association, do not feel that we should be labeled as being governed by this method. I supposed that Dr. Adams, in common with other members, had been made acquainted with the existing state of things. I do not wonder that he should feel for the moment that we are attempting to "spring it on him," but I do not think, Mr. Chairman, we had any such idea. I think it is well to take it deliberately and carefully because we are united in this cause for which the Society was formed, but I do not wish, and I do not think there is a single member who wishes that our Society should be committed to any one individual opinion with regard to any one phase of treatment. I believe that in different form the resolution may be presented and accepted, as I have no doubt it will be when fully understood and discussed. We will still feel that as individuals, we can hold individual opinions. If I did not feel that I could hold an individual opinion differing from others, I should not wish to come to the meeting. I think we will be able to hold individual views, and it will be perfectly proper to hold such views, but that no one of us will ask or expect that the Society, as such, shall be governed by, or be said to be governed by (with any degree of truth) the opinion of any individual member. I think, also, it is well to put on record what we say. I favor granting any time that is reasonable for the members to think this over.

Dr. Kimball—If the members wish it referred to a com-

mittee I will withdraw my former motion, and move that it be referred to a committee of three, which shall include the Chairman.

Motion carried.

The Chairman appointed Drs. Patch, Pease, and Close. The Committee withdrew and reported the following resolution:

WHEREAS, We believe the Law of Similars to be the law of cure, and similarity of symptoms to be the only guide in the selection of the curative remedy; and

WHEREAS, The treatment of artificial or drug diseases, the same as natural diseases, must be governed by homœopathic principles; therefore be it

*Resolved*, That the empirical prescription of remedies for any purpose whatever, whether under the name of "antidotal treatment" or any other name, has not been, and cannot be endorsed by this Society.

*Resolved*, That this Society repudiates the practice of prescribing any drug, as an "antidote," irrespective of the actual symptoms of the case, whether it be to give a high potency of a drug known to have been used in crude form, or whether it be to give a dose of Sulphur "when well-selected remedies fail to act."

Resolution adopted.

## SUSCEPTIBILITY TO DISEASE.

F. S. DAVIS, M. D., QUINCY, MASS.

Not long ago I was talking with two brothers who told me they had been sailors in previous years, and had been in many climes and exposed to many diseases. They had both cared for small-pox and yellow fever patients, and handled the bodies of those who had died from these diseases.

They had never been sick. These examples of immunity brought forcibly to my mind the subject of susceptibility to disease, which I have taken for discussion.

The questions, why and how do people get sick, come up for answer.

In the case of these brothers there is no question that their systems were exposed to the contagion of these diseases. Why were they not made sick? There must be a logical reason why a disease did not develop in their system.

In making a study of man in health and disease the better to understand why it is that sickness comes and how it comes, the true follower of Hahnemann must become acquainted with something more than the anatomy, physiology, and the pathology of the body of man. It is essentially necessary that he also become master of the laws controlling the force which is the life of the body—the vital force, as it is called. Observation teaches that all matter has a force stored up in it, and that force constitutes its life. It would be impossible for any matter to exist without its individual force.

All substances known to man have the power to react when properly acted upon. The most inert substances may thus become active, and when the conditions are right will develop the characteristics which make them what they are. Some substances easily become active, others remain inert until they are properly called upon, when the bands of their captivity are broken and they respond to the call, and in a wonderful way develop the force that is their life, imparting it to matter which they come in contact with. But before this action of giving and receiving can take place there must be a condition favorable for the changes.

The force to be imparted must be in the right stage or degree of activity, corresponding to a certain activity in the receiving body.

We find by observing the action of the human system that it is, under certain conditions, in a state when it is possible for it to receive that which proves an injury to it, and the result is disease.

We learn from *The Organon* what it is that is disturbed, and



how it affects the body of man. Permit me to read a few sections touching upon this point.

"SEC. 9. In the healthy condition of man, the immaterial vital principle, which animates the material body, exercises an absolute sway, and maintains all its parts in the most admirable order and harmony, both of sensation and action, so that our indwelling rational spirit may fully employ these living, healthy organs for the superior purposes of our existence.

"SEC. 10. The material organism, deprived of its vital principle, is incapable of sensation, action, or self-preservation; it is the immaterial vital principle only, animating the former in its healthy and morbid condition, that imparts to it all sensation, and enables it to perform its functions.

"SEC. 11. When a person falls ill it is only the spiritual, self-acting (automatic), vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease; for, as a power invisible in itself, and only cognizable by its effects on the organism, its morbid derangement only makes itself known by the manifestation of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician—that is, by *morbid symptoms*.

"SEC. 12. It is the morbidly-affected *vital force* alone that produces disease. . . ."

Now, the question next to be answered is, Why should the vital force of one man become disturbed, and not every man, when exposed to disease-producing causes? Here we come to a very important point, one which has been overlooked, or at least unduly considered. It is *the susceptibility*, or, as it is sometimes called, predisposition to disease.

There are so many points which come to view as we look

over the history of man that have a bearing upon this question, that it is a difficult matter to select a few for consideration, as many have great weight.

Dr. Kent says that man originally never was sick. Then it seems to me he could not have been at that time susceptible to influences that now make him sick; or if man has not changed in this respect, new enemies have come, and are very busy doing effective work against man. We do not find healthy people to-day. Seldom do we find a child in perfect health at birth. This is a startling observation when we come to think that there was a time when man was in perfect health.

Dr. Fincke, in his work on *High Potencies*, says: "It must be admitted that we know nothing positively of the nature of health, disease, and remedy, and that their proportions and existence are only inferred from the effects they produce in the organism. Equally so, we know nothing positively of the nature of things and forces generally."

He quotes Draper as follows:

"There is no essential difference between the processes of organic and inorganic life, and the line of demarcation which natural history has, so far, vainly attempted to define with correctness between organic and inorganic world is merely arbitrary: Either of them is reducible to motion, and governed by the same laws." Fincke says: "Hahnemann and his greatest disciples always stoutly maintained the *hylozoic* opinion that everything in nature lives, and this is confirmed by the nature, properties, and efficaciousness of our high potencies."

Thus it is as Joslin says (*Principles of Homœopathy*, 1850): "It is the destiny of Homœopathy not only to effect a glorious revolution in the art of healing, but to lead to new views of the constitution of matter."

One of the most important views opened up by Homœopathy is that all we can see in the world are results. Homœopathy applies this even to disease, holding it to be, so far as we ever see it, a result. No one ever sees causes. No micro-

scope will ever find them. We only see the effects of force; never the force itself.

Homœopathy demonstrates the fact that everything that is capable of affecting the processes of man's economy, to produce disease or to cure disease, works in accordance with the Law of Similars, and dynamically, and confirms the doctrine of Hippocrates that "each disease has its own peculiar process, is produced by the similia, and by the administered similia from being sick they get well."

From this law of action we must get our information of how and why people get sick. We have only to recognize the mutual action in the case, which is clear, as Dr. Fincke observes. Mutual action consists of action and reaction, and they are always contrary and equal under the third Newtonian law—contrariety and equality of mutual action.

We must, I believe, consider the sick-making and the sick-curing power of a drug the same action, only bearing in mind that the difference between the two is of conditions, not of things or principles, and we must hold to the same in our views of the action of miasms which produce true diseases. They must act as drugs do. The observations of Dr. Fincke help us here. "*Mutuality of action* is the qualitative character of all medical action. For the purpose of effecting the cure, as the organism must be susceptible of the remedy, so the remedy must be susceptible by the organism and its concerning organs. The susceptibility of the organism is varying and different in each individual case.

"For this reason it is necessary to individualize the susceptibility as well as the dose, and the remedy. The *susceptibility* serves as the diagnostic principle of Homœopathy. Susceptibility depends upon the assimilability of matter in general. As the organism is assimilative to the remedy, so the remedy is assimilable by the organism, and *vice versa*.

"Pathologically, as well as physiologically, life is conditioned by assimilation, and it depends upon assimilation in disease

as well as in health, and this much was taught by Hippocrates. Health and disease are not contradictory things, but, as has been observed by Hahnemann, Reil, and Comte, contrasted forms and modes of existence, and contrary states of the same organism, and both are governed by the same laws."

Now if, as these observations prove, there is a susceptibility to account for the action of the remedy, and if disease is produced by and cured by similars, then it follows that disease is produced by something to which the system is susceptible. It follows naturally that if there was no susceptibility there could be no disease. Hence, in a sense, it is true that man would not be sick unless he were already ailing, or, as we may express it, if he had no sickness within him he would not get sick externally. Therefore, to really cure a man he must get rid of the sickness within him—that is, the susceptibility.

Now let us consider this susceptibility which is the starting point of disease. Where did it come from? Where did it get so as to produce its state in man?

We have learned from Hahnemann and others that disease is a result of a dynamic disturbance of that spirit-like life force that is the life controller in man. Therefore, it must be that this variation from the normal state of health, which must exist before man can be truly sick, consists of a disturbance in this automatic regulator. This is termed by Hahnemann the fundamental cause of disease, due to a chronic miasm. He names three: psora, syphilis, and sycosis, psora being the greater.

Dr. Kent says psora is "the cause of all contagion." He says "if man had not had psora he would not have had the other two chronic miasms, but psora, the oldest, became the basis of the others," and Hahnemann teaches that acute diseases arise because of the existence in the system of the chronic.

I believe it is Dr. Kent who has said that the susceptibility to disease was all there was to be really cured to make a patient well.

We must conclude from all these observations that disease comes to man because of a defect in the working of the vital force, and that is entirely a dynamic process, proceeding from the interior of man, and then manifesting itself visibly externally.

DISCUSSION.—DR. DAVIS'S PAPER, "SUSCEPTIBILITY TO DISEASE."

Dr. Kimball—We often see curious phases of this immunity to or from disease. I know of the case of a physician who has been through three epidemics of small-pox without taking it, and who has been vaccinated nineteen times without its taking effect. It seems as though he had no susceptibility to the acute miasm known as small-pox. Yet he is not a well man, for two or three years ago he nearly died of pneumonia; so there is in him the presence of a psoric miasm. Possibly, if he were subjected to some prolonged mental strain he might then be susceptible to small-pox. Of course, when we speak of the original cause or source of disease, man being in his first state a healthy being, it raises a great question, but it is undoubtedly true that the mental condition of man gave rise to the first diseased condition.

Dr. Pease—Dr. Davis quoted Hahnemann, and probably correctly, as speaking of the self-acting, automatic vital force. How can that be possible? This you must recognize: that there must be an energy back of it. Can we get away from that condition? Back of every identity there must be an essence. Take another statement of Hahnemann's in regard to the question. He makes certain observations on treatment of the cause, or treatment founded on the internal essence of the disease. He divides diseases into two classes—that is, diseases having a simple, material cause, and diseases having an immaterial, dynamic cause. Now this so-called material cause of disease could not be a cause or bring about the effects if there was not an essence back of it. We give a drug

in repeated doses or a single dose, and if the essence of that drug, or its vital principle, is inimical to the condition which we call health in the individual receiving the drug, there will be a disturbance, and the symptoms resulting are the visible signs of the inimical power which produces the disease and the susceptibility of the patient. In regard to the law of action and reaction the writer spoke of: In the first place, what is a law? We see it illustrated in the action of *Belladonna*, or the force we call *Belladonna*. It operates in accordance with the law which governs, or presides over, or was placed in action at the time of the first creative manifestation of the *Belladonna* essence, and for all time the operation of *Belladonna* must be under the control of that law. Another substance that is contrary to *Belladonna* may act as a dynamic antidote. Is that antidotal action, which is dynamical, under the law of similars or the law of opposites? I think that as homœopathic physicians we should study these questions.

Dr. Kimball spoke of the condition of the mind as being the cause of the first man having his first sickness. That harmonizes with my paper of last year, because just so long as there is sin in the world will there be work for doctors to do, and room for the law of Homœopathy to be put into active use. The cure of disease by the application of drug power, must be in accordance with the laws of affinity, or the laws of repulsion, and it is our place to study into and possibly learn these laws. The only way to do that is to discriminate between the essence of a drug, and its material manifestation in visible form.

Dr. Kennedy—Health and disease are relative terms. With that in mind I think I will differ somewhat from a statement made in the paper—that seldom is a child born into the world healthy. I was interested in the paper, and interested in the idea that it is the susceptibility which must be removed in order that the patient may be restored to health. Our poten-

tized remedies, given homœopathically, so act that the patients—and we treat patients, not diseases—are restored to comparative health. Oftentimes, as we have all verified, a person, after being treated homœopathically, remains well for years. Dr. Kimball suggested the idea that a man may be susceptible in one direction and not in another. For instance, a man may be in good health, but so susceptible to a certain substance that, upon coming in contact with it, even in a very slight degree, he will become seriously affected in health.

Dr. Pease said: "How can the vital force act automatically without a power behind it?" No life can act without the one power behind it. I believe that with all our philosophy, and with all our attempting to analyze and define life, we must fall back upon that one point, that back of all of it is the power that keeps all things in the universe alive—the Almighty.

Dr. Patch—I do not understand from *The Organon* that Hahnemann, in speaking of the self-acting, automatic vital force, implied that the Almighty power was not behind the vital force. I look upon the vital force as that wonderful balance acting between the higher, spiritual nature, and the lower, material part of the system, and of course if it is such it may be automatic or self-acting, and still be prompted by the spiritual nature of man behind.

Dr. Adams—Could the vital force be anything else than automatic? How could it be anything else?

Dr. Close—If it is spiritual force then it *is* automatic, having the source of action in itself.

Dr. Patch—Are we not confusing the spiritual and dynamical, perhaps unthinkingly? The spirit in man prompting the vital force is not necessarily Divinity, but the agent of Divinity.

Dr. Davis—You are considering the mental state. I had a mind to go into that but it would have made my paper too long. We recognize the mental state as being the highest.

as Hahnemann did in all of his teachings. Mental symptoms are the most important as representing the highest plane in man, and being most indicative of man's nature. Dr. Kent covers the same ground somewhere in his writings: that man predisposed himself first to disease by wrong living. He thought wrong, and his thoughts gave rise to wrong actions, and these wrong actions went on to undermine his will to do right. He got into wrong ways from the start.

About the law of action and reaction spoken of by one of our members, who questioned as to whether the reaction was opposite. It must be opposite, for action and reaction are equal and opposite. Dr. Kennedy thinks that there are children born healthy. If disease depends upon susceptibility, and the susceptibility exists, then they are not well. There is the real weakness of the disease to begin with. In that case there are few children born healthy. This susceptibility is inherited from their ancestors. They had nothing to do with it; they were born with the susceptibility. In that sense they are not well. Kent says that the only way to make people well is to cure the susceptibility. We know that if the mothers, and we may say fathers, also, are treated before conception, the child will be more healthy, but if they are not born that way I think few are well. It would be a great question to consider, as to whether diseases are governed by vibration or motion of the small particles which make up the substance of man. I think it must be so. I have nothing more to say in closing the discussion of my paper.

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RUMEX CRISPUS.—If there is one remedy which is of benefit in most coughs it is *Rumex crispus*. The yellow dock has many symptoms reminding one of *Pulsatilla*, but its aggravation on inspiration is characteristic of *Rumex* alone.—*Medical Visitor*, Vol. XIV, No. 8.



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

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

(Continued from Dec. No., page 549.)

Qs. 10,096-99. See post 10,158.

Q. 10,100 (Dr. Collins). "Do I correctly understand your position to be that, viewing leprosy as an inoculable disease, one of the possible means of inoculation is the process of vaccination?" "Yes," and at Q. 10,128 Mr. Tebb goes further and calls it a probable cause. Pressed by Sir Wm. Savory as to whether he would go further than that he replied: "Not being a medical man, and not having had the kind of experience which would qualify me for giving a scientific answer, I think I have said as much as I am justified in saying."

Qs. 10,101-4. In answer to Dr. Collins he says that he regards the extension of vaccination as compatible with a diminution of leprosy, notwithstanding that leprosy is often invaccinated. Such diminution has actually occurred in Norway, where Dr. Hansen (identified with the discovery of the so-called leprosy bacillus) expresses that opinion. Mr. Tebb reads a letter from Dr. W. G. Armaur Hansen, dated Bergen, Norway, April 9th, 1889, in which he states that opinion.

Q. 10,107. Mr. Tebb gives facts from Trinidad and Barbados tending to show that leprosy is not contagious in the conventional use of that term.

Q. 10,138 goes next to Dr. Makuna's vaccination census or inquiry. "One of the most conspicuous examples of the conflict of medical opinion . . . is exhibited in Dr. Makuna's *Transactions of the Vaccination Inquiry*, made by a committee of vaccine experts, in 1888." Several deaths from vaccination had occurred and it was desired by the advocates of vaccina-

tion to reinstate its credit. Hence the inquiry. The report was published, and has been analyzed by Mr. Thomas Baker. The report is called *Transactions of the Vaccination Inquiry*, and is edited by Montague D. Makuna, M. R. C. S. L. R. C. P. [The analysis was handed in, but the editor of this abstract has been unable to find a copy of it anywhere in any of the reports thus far published by the Royal Commission.]

There is no work readily accessible to either the public or the profession in which this report is to be found. It is to Mr. William Tebb that we are indebted for correcting this omission, by publishing the most important part of it as an appendix to his admirable work, *The Recrudescence of Leprosy*. Believing that it should be readily accessible, at least to the profession, it is here reproduced from that appendix :

About the end of the year 1882, or the beginning of 1883, Dr. Montague Makuna, Superintendent of the Fulham Small-pox Hospital, initiated an inquiry, by a medical commission, into the vaccination question. The meetings were presided over by Dr. C. R. Drysdale, Senior Physician of the Metropolitan Free Hospital.

“At the first meeting of the committee, held on the 15th February, 1883, Dr. Makuna, in explaining the objects of the proposed inquiry, referred to the opposition to vaccination; an opposition which has become intensified since vaccination has been made compulsory. A medical inquiry was, therefore, considered indispensable, and it was anticipated that the evidence disclosed in favor of vaccination would be so unanimous and conclusive as to effectually restore public confidence in the practice, and to put an end to all opposition. The Chairman, Dr. Drysdale, said he considered the proposed inquiry would be of great value to the profession and the public, and expressed a desire that the Local Government Board and other authorities should be requested to co-operate.

“The attention of the Local Government Board, the British Medical Association, the Epidemiological Society, the

Medical Officers of Health, the Royal College of Physicians, as well as Ambassadors, Consuls, etc., was especially called to the inquiry, and they were requested to contribute facts and information from all parts of the world.

"A circular was drawn up and approved by the council, and sent to 4,000 medical practitioners, a considerable portion of whom were public vaccinators, medical officers of health, and vaccine specialists. The circular elicited 384 answers, and the results were published in a pamphlet entitled, *Transactions of the Vaccination Inquiry.*"

"An analysis of the answers (made by Mr. Thomas Baker, barrister-at-law), shows that the seven questions submitted have been answered by 384 medical men, of whom 102 are public vaccinators, vaccine specialists, medical officers of health, or officials.

"The following is the third, and one of the most important, submitted to this medical inquisition, viz. :

"What diseases have you, in your experience, known to be conveyed, or occasioned or intensified by vaccination?"

"To this question 13 give no answer, and 139 answer 'none,' but many qualify this reply by the words, 'in my own practice,' 'direct,' 'not serious,' 'personal,' etc."

It is also to be borne in mind that public vaccinators in England, commonly, do not see the vaccinated child after the eighth day; and many, perhaps most of the serious results of vaccination do not begin to show themselves until after that period.

"The lists of mischiefs (many fatal) includes the following, as recorded by 232 medical witnesses. [This enumeration has been checked by the Rev. Isaac Dixsey, F. S. S., and Mr. J. H. Lynn.]

Mischief	No. of Witnesses	Mischief	No. of Witnesses
Abdominal phthisis, .....	I	Arm diseases needing ampu-	
Abscesses, .....	II	tation, .....	I
Angeioleucitis, .....	2	Axillary bubo, .....	I

Mischief	No of Witnesses	Mischief	No. of Witnesses
Axillary gland, enlargement of,	1	Lichen, .....	2
Blindness, .....	1	Marasmus, .....	1
Blood poisoning (fatal), ....	1	Meningitis, .....	2
Boils, .....	8	Mesenteric disease, .....	1
Bronchitis, .....	1	Œdema, .....	2
Bullae, .....	1	Paralysis, .....	1
Cancer, .....	1	Phagedænic active, .....	1
Cellulitis, .....	5	Phlegmon, .....	2
Convulsions, .....	4	Pityriasis, .....	1
Diarrhœa, .....	4	Pneumonia, .....	1
"Died," .....	1	Prurigo, .....	3
Diseased bones, .....	1	Psoriasis, .....	1
Diseased joints, .....	1	Pyæmia, .....	7
Dyscrasia, .....	1	Pyrexia, .....	1
Ecthyma, .....	1	Rickets, .....	1
Eczema, .....	60	Scald head, .....	1
Eruptions, .....	5	Scarlatina, .....	3
Erysipelas, .....	120	Scrofula, .....	9
Erythema, .....	22	Septicæmia, .....	1
Gangrenosa, .....	3	Skin disease, .....	21
General Debility, .....	1	Struma, intensified, .....	4
Herpes, .....	3	Syphilis, .....	43
Impetigo, .....	7	Tuberculosis, .....	1
Inflammation, .....	10	Ulceration, .....	6
Latent diseases developed,...	2	Varioloid, .....	1

Qualified returns were also made of eczema by four witnesses; of erysipelas, by six; of nettlerash, by one, and of syphilis, by ten."

#### SITTING OF WEDNESDAY, JULY 2D, 1890.

Q. 10,151. The Chairman objects to Mr. Baker's analysis as inaccurate. Taking cases of eczema at 61, some are of this kind; one says "possibly eczema;" another, "I have known eczema to spread from a vaccinated arm just as I have known it spread from any of the sources of irritation.\* Another says, "eczema often alleged to be caused, but not on good evidence." As to syphilis one says, "I cannot quite as-

\* Well, but why give this "source of irritation"?

sert that I have seen syphilis conveyed by vaccination, but I firmly believe I have seen such cases."

Q. 10,153. Mr. Tebb promises to have the figures checked.

Q. 10,155 (Chairman). "There are three cases in which scarlatina is said, according to the abstract, to have been caused or intensified by vaccination. There are only three cases in which scarlatina is said to have occurred in reference to vaccination. One says, 'Scarlatina by the use of a lancet tainted with pus from a scarlatinal abscess in the practice of another medical man.' Another says, 'I had one case of scarlatina in which vaccination had been performed during the incubation period by another. Erysipelas set in, and the infant died of pyæmia and sloughing of the arm' (Mr. Tebb). That seems a strong case as against vaccination."

Q. 10,156. "The third is 'Three or four cases of eczema. In one it appeared very shortly after, reduced his strength, and died of scarlatina.' As far as I can understand, as far as the vaccination had anything to do with it, it was only the action of vaccination on a child not very strong, and therefore not so able to resist a disease contracted independently" (Mr. Tebb). "That is one of the points of our case."

Q. 10,158. At 10,096-9 Sir James Paget asked Mr. Tebb questions with regard to the spread of leprosy in other countries asserted by Mr. Tebb, to which he now gives answer, not having been prepared to do so at the previous session. He quotes Dr. H. F. D. Blanc, lecturer on dermatology, Tulane University of Louisiana (p. 63): "Leprosy is undoubtedly increasing in this city (New Orleans), slowly but steadily."

The Surgeon-General, of the Central Provinces of India, writing from Nagpur, August 10th, 1889: "If the census figures 1872-'81 are to be relied upon leprosy is increasing at an alarming rate. The number of persons recorded as lepers in the Central Provinces in the census returns of 1872 was 2,807; and the number recorded in 1881 was 6,443."

At a meeting of the Bombay Corporation the City Coroner stated that leprosy in Bombay was "vastly increasing." At the annual meeting of the Epidemiological Society, held in the Cavendish rooms, on June 12th, 1889, Surgeon-Major Pringle said that his opinion was "that leprosy was increasing in India."

At the same meeting Mr. R. Bradewell Carter said: "No doubt there was a preponderance of evidence that leprosy was on the increase in different parts of the world."

(Reported in the London *Globe*, June 13th, 1889.)

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## REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

Continued from November No., p. 500.

### SCAPULÆ.

- Under** inferior angle of scapulæ a sticking during expiration,  
Physos.
- left scapula, a cutting, Thuya.
  - scapulæ, a cramp-like pressure, Lyss.
  - right scapula, aching at 11 A. M., then between, Merc.
  - right scapula, an upward pressure, Calc-c.
  - right scapula, aching when awaking, extending over hepatic region, Merc.
  - both scapulæ, a soreness, Nat-ars.
  - left scapula, intermittent aching during day, worse on moving, Lappa.
  - left scapula, dull on percussion covering size of hand, Chelid.
  - right scapula, a sharp pressure at any motion of the arms, Con.
  - lower portion of left scapula, a throbbing and beating, Zinc.
  - obtuse stitch under right scapula, while inspiring, Colocy.
  - scapulæ, dull stitches, Asar.
  - right scapula a sharp tearing stitch, Kali-c.

## SCAPULÆ.

- Under**, a cutting in scapulæ after dinner with pressure in stomach, Hepar.
- right scapula, a pain, better by motion, Bapt.
  - dull pain under right scapula, *Chenop-ant.*, Indium.
  - stitch-like pain under right scapula when stooping, *Jug-cin.*
  - drawing a long breath, worse when under right scapula, *Jug-cin.*
  - left scapula, a shooting pain, *Calc-c.*
  - right scapula, a pain when bending forward, Lob-inf.
  - right scapula and between scapulæ, a pressing pain, Lyss.
  - a terrible pain under left scapula, around to chest and down to groin, constricting chest and affecting breathing, *Mag-phos.*
  - right scapula a pain, Elater., Med., Podo., Sepia.
  - constant pain under lower inner angle of right scapula, extending to chest or stomach, causing nausea and vomiting, *Chelid.*
  - right scapula, a constant pressive pain, Nat-m.
  - fixed pain under inner lower end of right scapula, with frightful cough, diarrhœa, and exhaustion, *Chelid.*
  - left scapula, a pain, Ailanthus, Arundo., *Cactus.*, Hydrast., Helleb., Indium., Iod. (Gels. at 7 P. M.), Myrica at 11 P. M.
  - stitches under the scapulæ, with outward pressing pain, Ceba.
  - a sharp pain under left scapulæ, Arundo., Daphne.
  - left scapula, a sharp pain near axilla, Lappa.
  - scapulæ, a pain, worse on moving, Apis.
  - dull, but quite severe pulsating pain under lower angle of left scapula in afternoon, Sinapis-nigra.
  - right scapula, a pain, in back a pressive pain, which on inspiration changes into a lancinating pain, Cup.
  - right scapula, a pain close beside the spine, as from needle-pricks, Aur-fol.
  - pain under point of scapulæ, and between shoulders, extending into loins, Ox-ac.
  - sore pain at point under left scapula, Papaya-vul.
  - a heavy pain after dinner under left scapula, Physos.

## SCAPULÆ.

**Under** left scapula, a burning with pain through shoulder,  
*Cund.*

— pain under scapulæ, and in small of back, *Elater.*

— pain under scapulæ, with chill, *Sang.*

— pain under right scapula, as if chest would burst when coughing or drawing a long breath, *Senega.*

— slight pain in left side under left scapula, also in left hip, *Xanthox.*

— pain in left scapula and in neck, *Gels.*

— pain under both scapulæ, a painful tension in muscles when at rest, and much worse by raising arm, *Con.*

— pain, piercing close under left scapula, drawing for a few minutes while sitting, *Millef.*

— tensive pain under left scapula while respiring, *Kali-C.*

**Upper**, rheumatic pains upper part of left scapula, after the usual bath, *Carbo-v.*

— scapular region in a pressive pain with stiffness on sitting still, worse on beginning to move, *Indium.*

— third dorsal vertebræ, a violent pain, extending through shoulder-blades, *Kalmia.*

— part of scapulæ, a tensive pain, during motion, *Caustic.*

**Violent** pain in lower angle of left scapula, *Chelid.*

**Waking**, aching under right scapula on awaking, extending over hepatic region, *Merc.*

**Weakness** in region of scapula, better by stooping, *Alum.*

**Works**, there is a sticking in scapula, if she works a little with hands, *Fer.*

**Yawning**, sudden aching under lower angle of right scapula, passing off gradually, better by bending shoulders back, with constant yawning after the pain, *Conval.*

## REPERTORY OF THE LUMBAR REGION.

**Abdomen**, lumbar region sore internally, extending toward, *Nat-c.*

— cutting, drawing in lumbar region, beneath short ribs and in



## LUMBAR REGION.

fore part of left side of lower abdomen, just above pubes, Rheum.

**Abdomen**, from left loin, transversely through abdomen after dinner, worse below umbilicus and toward right groin, Ran-b.

—sensation as of a bladder filled with air in left supra-iliac region, lying beneath the walls of the abdomen and pressing outward when lying on abdomen, better by lying on back, Bry.

— pain in lumbar region at night so he had to lie on abdomen, Nit-ac.

— sore pain extending around from loins externally, Bar-c.

**Abscess** near lumbar vertebræ, *Cal-phos*.

**Abscess, Psoas**, *Sil.*, *Cup-m.*, *Phos-ac.*, *Symphytum.*, Arn.

— Psoas, first left, then right, latter discharged more than a quart of greenish, offensive pus, Syph.

— constriction of psoas muscle after abscess, *Lach*.

— impending in psoas muscle, *Asaf*.

**Aching** in general in lumbar region, *Æscul-h.*, *Actea-r.*, Apoc., *Ars-h.*, *Amyl-n.*, *Bapt.*, *Brach.*, *Bryonia.*, *Calc-fl.*, *Carbo-a.*, *Carbo-v.*, *Carbolic-ac.*, *China.*, *Cochi.*, *Cinnab.*, *Gels.*, *Helon.*, *Hydrast.*, *Hyper.*, *Ind.*, *Jugl.*, *Kob.*, *Lact-ac.*, *Lyc-vir.*, *Lyss.*, *Med.*, *Myr-cer.*, *Nux.*, *Phos.*, *Pic-acid*, *Podol.*, *Ptelia*, *Rhus*, *Sepia*, *Sil.*, *Tel.*, *Ustil*.

— dull in lumbar region and sacrum; cannot walk; the muscles will not obey the will, *Gels*.

— across lumbar region, feels tired and weak, *Hclon*.

— dull aching pain in lumbar region and back, *Indium*.

— or shooting pains in lumbar region, *Jug-c*.

— dull in lumbar muscles, *Bry*.

— in left lumbar region, then in both, *Calend*.

— in os sacrum and lumbar region, worse by stretching and bending backward, especially by pressure, *Fluor-ac*.

— around loins from sitting, and when arising at night, *Pallad*.

— persistent intermittent aching in lumbar region day and night, no better from any position, with severe sore throat, *Phyto*.

## LUMBAR REGION.

- Aching** and dragging in lumbar region, worse on motion, *Pic-ac.*  
 — and tired feeling in lumbar region on awaking, *Pic-ac.*  
 — across lumbar region, with stiffness, *Onos.*  
 — lumbar pains and distress, soreness on waking, or awakes him at 4 A. M., *Puls.*  
 — pain in lumbar region, *Lach.*  
 — in lumbar region, intermittent, sharp, with constant distress, *Lept.*  
 — severe in lumbar region, continuous, *Lyco-vir.*  
 — flying pains in muscles, with persistent aching in loins and occiput, worse on movement, *Lyco-vir.*  
 — across loins, *Chin.*  
 — in lumbar region following seminal emissions with weakness of legs, *Cobalt.*  
 — and coldness in lumbar region and legs, *Carbo-an.*  
 — a rheumatic drawing and aching from loins to coccyx, *Carbo-veg.*  
 — dull in lumbar region, *Bapt.*  
 — violent in lumbar region, | *Cimic.*  
 — and dull pain, better by rest and worse by motion, *Cimic.*  
 — in cervical, lumbar, and sacral region, worse by motion, *Æsc.*  
 — dull pain in lumbar region, worse by motion, *Æscul., Hydrast.*  
 — intolerable in lumbar and sacral region, *Variol.*  
 — in loins, shooting down legs, *Sil.*  
 — tired over crest of ilium and worse in right side down into pelvis with general languor and desire to lie down, *Spig.*  
 — in lumbar region for three months, worse from movement (cerebro-spinal pain), *Ox-ac.*  
 — in lumbar region with ovarian tumor, *Apis.*  
 — in lumbar region when rising, *Calc-c.*  
 — in lumbo-sacral region, *Æsculus-hip., Sil.*  
 — in lumbar region, severe in ague, *Podo.*  
 — in lumbar region in small-pox, *Hydrast.*  
 — and sore pain across lumbar region, *Lac-ac.*

## LUMBAR REGION.

**Aching** in lumbar region on stooping, Jugl.

- in lumbar region while sitting as after long stooping or bending, *Rhus*.
- pain across loins, worse on moving, *Sep*.
- dull across lumbar region when going to bed, Bapt.
- dull aching and worse from walking, Bapt.
- across lumbar region from fatigue, Amyl.
- in lumbar region with fever in the P. M., Tromb.
- in lumbar region with fistula, *Lach*.
- in lumbar region with pain in the head (menorrhagia), *Coccus*.
- in lumbar region, heavy, extending down the buttocks, *Kali-c*.
- in lumbar region with irritable bladder, *Sepia*.
- in lumbar region with labor-like pains on fifth day after premature labor, Lac-can.
- in lumbar region with laughter, *Cann-i*.
- in lumbar region, severe in amenorrhœa, *Lach*.
- in lumbar region with mental disorder, *Lach*.
- in lumbar region, like toothache, with a feeling of weight when she stands, which makes her sick and good for nothing, *Colch*.
- violently in lumbar region with uterine affection, *Actea-rac*.
- in lumbar region after washing (diarrhoea, prolapsus uteri), *Pod*.
- in lumbar region with feeling of languor, Zinc.
- right lumbar region to back a cutting, *Chel*.
- loin, a pain as if broken, with loss of sexual power, *Cocc-c*.
- suffers much from pain across lumbar region, *Arg-m*.
- loins, a sense of great weight, *Arn*.
- sensation as if a cord was drawn tightly across lower loin, drawing down and also in, *Arn*.
- pain across loins with coldness of extremities, *Kali-bi*.
- backache across lumbar region, *Helon*.
- gurgling in the left side of the lumbar region extending across it, *Lyc*.
- aching across lumbar region with stiffness, Onos.

## LUMBAR REGION.

- Aching**, lumbar region, a pain, Cund.  
 — dull throbbing pain in left lumbar region, worse by lying down, was compelled to walk around room with walking-stick pressed across the back to obtain relief, Vib-op.  
 — aching across loins, *Chin.*  
 — an aching pain across loins, worse on moving, *Sepia.*  
 — pains across loins passing to hips, *Nux-v.*
- Acute** pain in right loin in morning, Stann.  
 — pain p. m. and evening worse in region of lumbar vertebræ, Glon.  
 — drawing pain in lumbar region, worse by moving body with increase of urine, Nit.
- Action**, intense, of lumbar and dorsal muscles in opisthotonos, Oenanth.
- Agony**, excruciating in lower part of the back extending down thighs, Ox-a.
- Alternating** stitches above the right hip, Carbo-a.  
 — lumbago with headache, Aloe.
- Anxiety** in lumbar region after menses, Bar-c.
- Apoplexy**, pain in lumbar region followed by apoplexy and paralysis, *Bar-c.*
- Articulation**, pain in the articulation of the lumbar vertebræ and sacrum, left side pressing on spot causes pain down thigh to knee, Nat-phos.
- Automatically**, loss of sensation in muscles of lumbar region in forenoon while walking so muscles acted, Bry.
- Band**, pain in lumbar region after eating as from a band just above hips, Cina.  
 — pain in both loins as if surrounded by bands, Caustic.
- Bandaged**, pressure above the loins, with sensation in legs as they were stiff and bandaged, Nat-m.
- Bearing** down in lumbar region, Onos.
- Beaten** pain as if weak or beaten in lumbar region as after childbirth, during day, *Nux-v.*  
 — pain in lumbar and sacral region as if beaten, Bry.

## LUMBAR REGION.

**Bed**, jerking in lumbar region in bed in evening, Sul.

— lumbar pains of three weeks' duration after a strain ; great pain and soreness after getting warm in bed and on beginning to move, Rhus.

— a sprained pain over the hips in the P. M. and evening in bed, Sep.

— paralytic pain in loins at 10 P. M. in bed, with dullness and pain in head, Kalmia.

— gnawing in lumbar region, worse at night while in bed, Lil-tig.

**Bend**, lumbar vertebræ bend forward with curvature of spine to the left, *Calc-Phos*.

**Bending**, sore pain in lumbar region when bending over to either side, Cornus.

— dull, sharp pain in lumbar region, worse by bending spine, Diosc.

— a stiffness of muscles in lumbar region while bending over for a, short time, causing great difficulty when assuming an erect posture, *Hydrast*.

— or turning, worse pain in left lumbar region or vertebræ. Ginseng.

**Biting** and boring in lumbar region, Canth.

**Bladder**, sensation of a bladder filled with air in the left supra-iliac region, better by lying on back, Bry.

**Blow**, a pain as after a blow had been received above the hip, close by the lumbar vertebræ, Dulc.

— pain in lumbar muscles as from a blow from a fist, Nux-m.

**Bones**, tearing in lower lumbar vertebræ, extending to iliac bones, Chel.

**Boring** in loins, Carbol-ac.

— and biting in lumbar vertebræ, or region, Canth.

— in left loin from within, better from inspiration, Asaf.

**Break** lumbar region feels as if it would break, caused by a draught of air, Nux-v.

**Breath**, a dull stitch outward in left loin, close above the hip at every breath, Dulc.

## LUMBAR REGION.

**Breath**, pain in loins as if pierced with red-hot irons two mornings, worse by moving, arresting the breath and nearly causing faintness, next day pain as if strained, preventing him from straightening or stooping; during the pain in the loins the urine is scanty, of a yellowish ochre color, thick with yellowish green sediment, *Bufo*.

— stitches in the lumbar region taking away the breath till evening, with pain in the head and nape of neck, frequent alternations of chills and heat with apprehension in pit of stomach, *Sul*.

— tearing pains in lumbar muscles which arrest the breath, *Kali-c*.

**Breathe**, tension in lumbar region so that he could not breathe easily, *Nit-acid*.

**Breathing**, pain in lumbar region, worse in right loin after a short walk, worse on motion, deep breathing or sitting up straight, *Convall*.

— sudden violent jerks in lumbar region during a walk in open air arresting the breathing, *Ran-scl*.

— sticking in lumbar region on deep breathing, *Phelland*.

— severe stitches in lumbar region when breathing deeply, *Nat-m*.

— dull stitches in right loin only when not breathing, *Clematis*.

— stitches just above the loins on deep breathing, extending into the thighs with every breath, *Carbo-an*.

**Broken** feeling in the lumbar region, *Cham.*, *Carbo-an.*, *Clem.*, *Coral*, *Ham.*, *Sepia.*, *Kreos.*, *Lycopod.*, *Arsenic.*, *Phos.*, *Magn-c.*, *Fer-iod.*, *Graph.*, *Melil.*, *Cocc-c*.

— pains across loins as if broken, with loss of sexual power, *Cocc-c*.

— drawing pain in the loins when walking, standing, and lying, with a feeling as if broken, *Carbo-an*.

— pain, as if broken, in lumbar region, cannot move, *Phos.*

— violent pain on movement or coughing, from straining back by lifting, *Rhus*.

## LUMBAR REGION.

**Broken** pain in lumbar region, as if broken, with hard stool and colic, as if the intestines would break, *Lyc.*

— feeling in lumbar region at night, *Magn-c.*

— feeling in lumbar region, especially on being touched, *Graph.*

— pain in lumbar region, as if broken to pieces, in morning in bed, *Staph.*

**Bruised** feeling in lumbar region, *Amm-m., Acon., Æsc-h., Agari., Alum., Arn., Ars., Berb., Bary-c., Cham., Cina., China, Bryon., Calad., Calc., Eup-perf., Clem., Hepar., Lac-c., Cocc-c., Nux-m., Sil., Nat-sul., Sul., Rhus, Sul-ac., Graph., Grati., Hydroctyle, Rhod., Ruta., Kali-iod., Meny., Nux-v., Thuja, Bov., Gambog., Plat., Bufo., Kali-n.*

— or beaten in lumbar region, morning when rising, as if, *Nat-mur.*

— feeling in lumbar region, as if crushed, *Berb., Amm-m.*

— feeling as if knocked away in the lumbar region, *Arg-m.*

— feeling in the lumbar region, with thin, white leucorrhœa, *Kali-n.*

— feeling in lumbar region, with nephritis, *Kali-i.*

— feeling, with a paralytic pain on moving, in lumbar region, *Calc-c.*

— feeling, compelling a change of position during a chill, *Rhus-t.*

— feeling in lumbar region, better by walking, *Thuja.*

— feeling in lumbar region, causing limping when walking, *Hepar.*

— gnawing in spot in lumbar region, and, after pressure upon it, only a bruised pain, *Sul.*

— pain, worse by rest and in rainy weather, *Rhod.*

— sensation in right side of lumbar region and in small of back, *Rhus.*

— pain in loins, *Gratiola., Hydroctyle.*

— pain in lumbar vertebræ, *Ruta.*

— pain in lumbar region, worse by sitting bent, stitches, *Kali-iod.*

— pains in the loins during the menses, *Bary-c., Magn-s.*

## LUMBAR REGION.

- Bruised** feeling in region of loins, especially while lying or sitting, Agar.
- feeling in lumbar region when sitting, and when standing, Sul-ac.
  - pain in lumbar region, extending to neck, Acon.
  - pain in lumbar region, Cinnab.
  - pain in lumbo-sacral region and in groins, Cocc-c.
  - sensation from shoulder in morning instead of the habitual pain in small of back, Ox-ac.
- Burning** in lumbar region, *Phos-ac.*, *Helon.*, *Canth.*, *Ran-b.*, *Nit-ac.*, *Nux-v.*, *Berb.*, *Coloc.*, *Magn-m.*, *Phos.*, *Krcos.*, *Lach.*, *Tereb.*, Alum, *Ars-iod.*, *Nat-c.*, *Rhus*, *Mang.*, *Bary-c.*, *Arundo*, *Clem.*, *Cup-m.*, *Guaraea.*, *Zinc.*, *Lac-can.*, *Med.*, *Asar.*, *Zizia.*, *Lac-def.*, *Murex.*, *Lachn.*
- like fire in lumbar region, *Lach.* (amenorrhœa).
  - in lumbar region during menses, *Med.*
  - intense in lumbar region, *Lac-def.*
  - in lumbar region during lying-in time, *Cup-m.*
  - in lumbar region during the sixth month of pregnancy, *Rhus.*
  - in back, with seminal emissions nearly every night, *Phos.*
  - in lumbar region, intense, with frequent urination at night, *Tereb.*
  - from lumbar region to between scapula, *Thuja.*
  - in lumbar region, in typhoid abdominalis, *Nux-v.*
  - pain in a small spot, better by rubbing in the lumbar region, *Phos.*
  - pain in a small spot above left pelvic region toward first lumbar vertebra, *Mang.*
  - in the loins, transversely through body, *Bar-c.*
  - in lumbar region, with great debility and profuse night sweats, and symptoms of slow hectic fever and violent smarting, *Phos-a.*
  - and itching like a flea-bite in the region of the left loin, so that he shudders, Alum.
  - heat in lumbar region, as if clothes were on fire, *Ars-iod.*



## LUMBAR REGION.

- Burning**, cutting and scraping in lumbar region, Nat-c.  
 — feeling in the loins, Rhus.  
 — and tired aching in lumbar region and sacrum on sitting, *Helon*.  
 — stitches in right lumbar region when walking, with a slight burning sensation, *Ran-b*.  
 — paroxysmal cutting and burning pain, with sensitiveness to slightest touch, alternating with pain and burning in tip of penis, urging to urinate and painful micturition by drops of bloody urine; at times passage of pure blood with clots, *Canth*.  
 — in right lumbar region, disheartening, and made him unable to think or work, Nit-ac.  
 — in lumbar region, extending through thigh on stepping and walking, *Nux-v*.  
**Calves**, dull pain in loins, going down back of legs to lower part of, *Phos-a*.  
**Caries** of lumbar vertebræ, Sil.  
**Chill** in lumbar region, *Eup-Pur.*, *Nux-v.*, *Lach.*, Med., Spong., *Dulc*.  
 — distressing pain in lumbar region before chill, *Eupat-pur*.  
 — throbbing pain in lumbar region during shaking chill, *Nux-v*.  
 — commences in lumbar region, *Lach*.  
 — begins in lumbar region and spreads over whole body, *Eupat-pur*.  
 — running up and down lumbar region, lasting about an hour, Med.  
**Chilliness** in lumbar region, *Dulc.*, Kali-iod.  
 — general, with pain in lumbar region on going out-doors, *Myrica*.  
 — in lumbar region at 3 P. M., *Eupat-pur*.  
 — creeps up from lumbar region 6 to 8 P. M., *Sul*.  
 — with heat in stomach, Camph.  
 — pain worse from pressure with chilliness in lumbar region, *Æsc-h*.

## LUMBAR REGION.

- Chilliness** after stool in lumbar region, *Puls.*
- Church**, tired feeling in right lumbar region in evening while sitting in church, *Fer-phos.*
- Coition**, drawing in lumbar region, spine and thighs after coition, *Nit-ac.*
- Coldness** in lumbar region, *Camph.*, *Spong.*, *Canth.*, *Cup-s.*  
 — dull thrust with sensation of external coldness against him, *Stann.*  
 — sensation of coldness and formication in lumbar region on a spot size of the hand, *Canth.*  
 — in lumbar region spreads over body, *Cup-s.*  
 — inner in lumbar region, worse walking, *Camph.*  
 — and aching in lumbar region and legs, *Carbo-an.*  
 — pain in loins as from cold or over-lifting, *Valer.*  
 — lame in loins after taking cold, *Dulc.*
- Constriction**, pain as if a band passed through lumbar region, as if everything were constricted, taking away her breath, especially in morning, *Puls.*  
 — around hips, ending in the pubes, *Lil-tig.*  
 — in lumbar region, prevents walking, *Arundo.*  
 — painful from abdomen to lumbar region, *Calc-c.*  
 — in lumbar region, worse after stool, *Tabacum.*
- Constricting** pains from short ribs to lumbar region, *Camph.*
- Contractive**, spasmodic pain in lumbar region, *Magn-m.*
- Cord**, sensation as of a cord tightly drawn across lower loins, drawing down and also in lumbar region, *Arn.*
- Cough**, inability to cough or sneeze on account of pain in lumbar region, *Nux.*
- Coughing**, violent pressive pains in lumbar region, worse when at rest, so that she has to walk about to alleviate it; by gently stroking the pain is better, but by coughing it is so much worse that she must scream, *Nitrum.*
- Cracking** in lumbar region extending to arms, *Sul.*  
 — in lumbar region when stooping, *Agari.*  
 — in lumbar region when walking, *Zinc.*

## LUMBAR REGION.

- Cramp**, jerk-like pain in lumbar region when sitting and lying, like a cramp, *Bry.*
- Cramp-like** sensation in left lumbar region, *Bell.*
- pain in lumbar region after long standing, when attempting to walk feels as if he would fall, *Thuja.*
  - pain in lumbar region worse from least movement, *China.*
  - pain in lumbar region with prolapsus uteri, *Bell.*
  - pain in lumbo-sacral region, toward evening impeding every motion of the body at night and repeated the following evening, *Sul.*
- Crampy** pains in right lumbar region, *Iris-v.*
- pain and pinching in lumbar region and buttocks, *Caust.*
  - pain at 5 P. M. in lumbar region, *Diosc.*
  - pain in right loin in evening causing sweat, *Iris-v.*
  - jerking pain from lumbar region to anus, *Calc.*
- Crick** in the back and lumbago, *Calc-phos.*
- in lumbar region a sudden "catch," *Sec.*
- Curvature** well marked in the lumbo-sacral region, *Sul.*
- of lumbar vertebræ, *Bell.*
  - lumbar vertebræ bend forward with curvature of spine to left, *Calc-ph.*
- Cutting** in lumbar region hinders labor, *Kali-c.*
- as with glass in left lumbar region, *Calad.*
  - deep pain in right loin transiently disappearing upon pressure. *Dulc.*
  - and burning and scraping in lumbar region, *Nat-c.*
  - in lumbar region so that he could not walk alone, *Psor.*
  - violently in lumbar vertebræ, worse by stool, *Rheum.*
  - and burning pains in lumbar region with sensitiveness to touch, *Canth.*
  - in lumbar region by sitting; afternoon extending to beneath shoulders where it became stitching, *Canth.*
  - in lumbar region in cystitis, *Eup-pur.*

## LUMBAR REGION.

- Cutting** in lumbar region like an instrument going right through into the abdomen, *Sul-ac.*
- as from a knife through lumbar region, cannot walk, *Kali-b.*
- in lumbar region better by heat, *Sul.* (dry heat).
- Darting** in right lumbar region in A. M., *Diosc., Kali-iod.*
- Deep** seated pains in loins, with soreness from motion, *Eup-per.*
- Debility** great in lumbar region and profuse night sweats and symptoms of slow hectic fever, violent smarting and burning, *Phos-ac.*
- Diarrhœa**, painful soreness in lumbar region followed by frequent diarrhœa, *Bar-c.*

## THE HAHNEMANN MONUMENT.

N. E. Cor. 18th and Green Streets.

PHILADELPHIA, November 29th, 1898.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

I enclose you a list of the paid American subscriptions to the International Monument Fund, for the restoration of Hahnemann's tomb, as credited in the *Revue Homœopathique Française*, Paris, France.

Dr. F. Cartier, the Secretary of the Commission, only acknowledges, in this way, the subscriptions when accompanied by the cash. The whole amount in hand thus far (October) is 10,654.35 francs, and it is the desire of the French Society to have 15,000 francs in hand before contracting for the work.

If you have space I should be glad to have you publish this list in an early number of your journal.

I am very truly and fraternally yours,

BUSHROD W. JAMES.

American subscribers to the International Monument Fund, for the restoration of Hahnemann's tomb.

Subscriptions received through Dr. Bushrod W. James, and amounts sent to Dr. F. Cartier, Paris.

Dr. W. P. Wesselhoeft, .....	\$100 00
Massachusetts Surgical and Gynæcological Society, .....	50 00
Dr. John McE. Wetmore, .....	25 00
Dr. Bushrod W. James, .....	20 00
Alumnæ Association of the N. Y. Medical College and Hospital for Women, .....	12 00
Dunham Medical Club of Hartford, Conn.,....	6 00
Dr. Henry E. Spalding, .....	5 00
Dr. L. Dennis, .....	5 00
Dr. Walter Wesselhoeft, .....	5 00
Dr. Thomas Shearer, .....	5 00
Dr. Thomas L. Shearer, .....	5 00
Drs. C. H. & C. D. Martin, .....	5 00
Dr. W. L. M. Fiske, .....	5 00
Summit Co. (Ohio) Clinical Society, .....	5 00
Dr. Jas. Harwood Closson, .....	3 00
Dr. H. C. Allen, .....	2 00
Dr. E. H. Orme, .....	1 00
Dr. J. W. Hayward, .....	1 00
Miss I. Florence Himmelwright, .....	1 00
	<hr/>
	\$261 00

Francs.  
1,316 60

Dr. Tysdale Talbot (paid direct to Dr. Cartier),.....	20 00
Dr. A. B. Norton (paid direct to Dr. Cartier),.....	20 00

## AMERICAN INSTITUTE OF HOMŒOPATHY.

JANUARY 1ST, 1898.

The coming session of the American Institute of Homœopathy will be the fifty-fifth session in its history. Organized with scarcely a hundred of our fellows, to foster and spread the tenets of our school, it finds itself to-day the organized body of nearly or quite 20,000 acknowledged practitioners of the homœopathic faith. Yes, the entire body of

the profession has been called upon the stage since the organization of this, our grand old institute, the oldest national medical society in the United States. What has it done for us? It has inspired noble fathers with a courage, a faith, a conviction, and has given to us a heritage, a knowledge, a conception of the greatest law of cure, and a most honorable place in the world as homœopathic physicians. It has raised the standard of medical education; it has molded just and kindly legislation; it has swept away the barriers and opened to us every honorable place that awaits an honorable profession; it has given us a literature; it has made us what we are. And what have we, its children, done for the American Institute of Homœopathy? In its fifty-five years, perhaps 4,000 of the many thousands who in all these years have avowed allegiance to our master, have for a greater or lesser time been members of the Institute. But only the few have been faithful laborers over many years. The greater number have reaped where others have sown. We cannot believe it is aught but the carelessness and neglect of busy life, but had not the Institute molded public opinion, corrected legislation, and builded for education, how many of us would have had the opportunities for a busy, prosperous life such as we have led? We ask you, who though brothers, are not members with us, to give us your support, and to render unto the American Institute, which has cherished you and your interests, that which is its due. From you, fellow-members, we ask special and personal work. We ask you in every city of the land to arrange to meet your fellows in social gatherings or around the banquet board on the evening of Wednesday, January 25th, 1899. Let the evening be given to the recalling of the past work of the American Institute, to plans and vows of loyalty for the future, to a seeking of new members, to a recognition of the strength of a united force, to the giving up of the selfishness and thoughtlessness of the individual, to the cultivation of a labor not for ourselves, but also

“for others.” The knowledge that on this one evening throughout the breadth of our land we are all giving ourselves to a common cause, may give to Homœopathy and to the American Institute an impetus that shall enable her to place the child of her love and care on a foundation as firm and strong as the granite hills. And may the medical press of February, 1899, give us reports of hundreds of meetings full of enthusiasm and loyalty, that shall sound from ocean to ocean.

BENJ. L. BAILEY, *President.*

EUGENE H. PORTER, *Secretary.*

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### BOOK NOTICES.

ESSENTIALS OF HOMŒOPATHIC THERAPEUTICS; being a quiz compend of the application of homœopathic remedies to diseased states. A companion to the *Essentials of Homœopathic Materia Medica*. Arranged and compiled especially for the use of students of medicine by W. A. Dewey, M. D. Second edition, revised and enlarged. Philadelphia: Bœricke & Tafel, 1898. Price, cloth, \$1.50 net; by mail, \$1.59.

The revelations made by State examining boards of the shortcomings of graduates who apply for licenses to practice; their especial deficiency in the particular branch of homœopathic therapeutics and homœopathic materia medica show the urgent need of a systematic and thorough scheme of instruction in this important element of medical education.

The failures in materia medica, before the medical examining boards, of applicants who hold the diplomas of colleges show how lamentably the colleges fail in their duties in this one particular. Therefore, the attention of college professors should be concentrated on the solution of this one problem.

One attempt at this solution is to be found in the little volume now before us.

It consists of a series of questions and answers, the whole being devoted to the subject of improving the student's knowledge of materia medica.

We have looked over the pages of the book with great interest, and found ourselves urgently in need of the instruction to be found there. An earnest student will at once possess himself of the book, and commit to memory everything it contains, with the satisfactory feeling that he is better equipped for a contest with the examining boards and more likely to come off victorious.

KEYNOTES AND CHARACTERISTICS, with comparisons, of some of the leading remedies of the *Materia Medica*. By H. C. Allen, M. D., Professor of *Materia Medica* in Hering Medical College and Hospital, Chicago. Philadelphia: Bœricke & Tafel. 1898. Price, cloth, \$1.25 net; by mail, \$1.32.

This little volume contains the old, true, and tried keynote indications of the homœopathic *materia medica*. They are about the same as those published in the editorials of *THE HOMŒOPATHIC PHYSICIAN* under the name of "Dr. Guernsey's Keynotes."

They are systematically arranged in groups under the names of the remedies to which they belong, and the remedies are arranged in alphabetical order. They should have been followed by an index repertory, which would have vastly increased the value of the book. Like the *Homœopathic Therapeutics*, by Dr. Dewey, reviewed in this number, the contents of Allen's book should be memorized by every student, and the book itself should be placed among the reference books at the hand of every advanced practitioner.

The copy possessed by the editor, will, from this time, be found on the shelves where he keeps his books of consultation in the daily treatment of cases. This is our testimony to the usefulness of this book.

Another item of value of this book is that it adds yet another effort to the scheme we have been advocating for a system of *materia medica* instruction of graduates, which the reader will find mentioned in the review of Dr. Dewey's book, entitled, *Essentials of Homœopathic Therapeutics*, published in this number.

A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE. For use in training schools for attendants and nurses, and in medical classes. By C. B. Burr, M. D. Second edition, thoroughly revised. Philadelphia, New York, and Chicago: The F. A. Davis Co., Publishers. 1898.

This clever little book by the medical director of Oak Grove Hospital for nervous and mental diseases, at Flint, Michigan, is intended to help



students in classes in the Training School the better to understand the special subjects treated in the lectures on psychology.

Starting with a statement of the definition of psychology and life, it proceeds to analyze, in the simplest possible way, the operations and phenomena of mind, and make them intelligible. It attempts a definition of insanity which is as follows: "A prolonged departure from the individual's normal standard of thinking, feeling, and acting." Without going into a discussion of this definition we may say that it is the best we have seen.

All the statements in the book are concise, and all the subjects are treated in the briefest possible way, though we must add, they are clear. It is a suitable volume to have at hand when attending lectures on psychology, as it really amounts to a syllabus with the addition of the most important explanations so they may be memorized.

It is a good little volume for student and practitioner alike to acquire clear primary principles of the science of psychology.

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## NOTES AND NOTICES.

NEW YORK MEDICAL COLLEGE AND HOSPITAL.—Every graduate is requested to send his name and present address to the Corresponding Secretary of the Alumni Association in order that the new list of all graduates may be complete.

DR. EDWIN S. MUNSON,  
*Corresponding Secretary.*

16 West 45th Street, New York.

DEADLY CASTOR OIL BEANS.—One child dies and three are made seriously ill.—The foreman of the coroner's jury, serving during this week's inquest, has made a record for himself on censures. To-day he incorporated one in the case of Ethel M. Kennedy, four years, 1336 Spangler Street, who died yesterday from the effect of eating castor oil beans, which she picked upon a lot near her home. They had been thrown there by a neighbor, who discarded them from her garden. The juryman wanted the owner of the lot censured for not having complied with the city ordinance, requiring all vacant plots to be enclosed. Deputy Coroner Dugan insisted that the matter was one in which the neighbors should first act by a petition to the Board of Health, as it came within the province of that department.

The father of the child said that other little ones in the neighborhood beside his own had partaken of the beans.

Dr. Cattell stated that from the symptoms of Ethel's illness, as detailed by the father, death had resulted from acute Bright's disease, induced by the beans. He had not made a post-mortem examination, as the mother was violently opposed to it. The active principle of the castor oil bean,

explained the doctor, is ricine, a deadly poison, much used for commercial purposes.

The three Kennedy children partook of the beans on Tuesday afternoon. The other two, Thomas, aged five, and Albert, two years, are now suffering from Bright's disease, which ricine, if swallowed, produces in a violent form. Their condition was not as serious, however, as that of their sister, Ethel, and it is believed they will recover.—*Evening Bulletin*, Philadelphia, Nov. 17th, 1898.

THE MORTALITY FROM WOUNDS AND FROM DISEASE IN THE CUBAN CAMPAIGN.—According to the *Philadelphia Medical Journal* for October 15th, while the mortality from wounds in the Cuban campaign as compared with that in the civil war was only as 2.3 per cent. to 15.3 per cent., indicating the great progress made in surgery in the interval, that from disease was 88.1 per cent. in the Cuban campaign as against 66.6 per cent. in the civil war, or an increase of nearly twenty-five per cent. While progress in medicine has not been so great, no doubt, as in surgery, still *there has been considerable progress*, and it would therefore only have been reasonable to look for some improvement in the mortality percentage. But here we are confronted by an increase instead of a decrease, and a considerable one at that. Now, in view of the fact that, as the *Philadelphia Medical Journal* points out, there has undoubtedly been some progress in medicine during the past thirty-three years, the reason for this must be sought in extra professional causes. What are these causes? This is a subject that demands the most earnest consideration of the investigating commission, and we trust it will get it. The *Philadelphia Medical Journal* has done a good work in calling attention to this fact.—*N. Y. Medical Journal*, October 22d, 1898.

BÆRICKE, RUNYON & ERNESTY.—The copartnership hitherto existing between Wm. Boericke, E. W. Runyon, and F. O. Ernesty has been dissolved by mutual consent: Mr. Ernesty retiring, having sold his interest and good-will to his partners, Dr. Wm. Boericke and Mr. E. W. Runyon, who will continue the business without any change or interruption at the present location, No. 497 Fifth Avenue. The new firm will be known as Bæricke & Runyon Co., and they assume all the assets and liabilities of the old firm.

SEE a lot of young girls in another column with their garments tucked up, treading grapes in a Quinto village of Portugal, during the wine-making season. The practice is kept up to this day. Speer, of New Jersey, however, uses rubber rollers, and makes the most superior wines of the world.

ALSO CLIMAX \* \* \* BRANDY OF GRAPE

The superior vintage of 1878 brandy, introduced by the Speer N. J. Wine Co., is highly spoken of by physicians.

APPENDICITIS.—The following by Dr. H. A. Hare, of Philadelphia, clipped from a paper printed in *Dominion Medical Monthly* of September, must give pause to the cock-sure on appendicitis either way:

I have recently published in the *Medical News* some interesting cases of appendicitis, which show how one may be harassed by conflicting experiences. In one case I implored, besought, pleaded, and insisted that a young fellow with a history of nine attacks in six months should have an operation. He had an immense mass of inflammatory material about his appendix. He finally consented. One of the most eminent surgeons living operated. Stercoraceous vomiting speedily ensued, with collapse and death. I forced this man to an early death. In another instance I advised delay, because after this experience I had lost my nerve, for it came to my hands a few days after. Death met me again. Another case had a sharp attack of pain, with every classical sign of the disease. A surgeon said operate. The weather was excessively hot, the patient a feeble woman of fifty, and I felt sure the operation would kill her. I called a medical consultant who agreed with me. No operation was done, and the patient is now well and has had no attack since. I could go on with such cases indefinitely, and reach no clearer ideas as to the subject.

IN EUROPE SPEER'S PORT GRAPE WINE is ordered by families in Dresden, London, and Paris, for its superior medicinal virtues, and its blood-making quality. It is made from rare grape vines produced from Portugal.

ANTITOXIN.—The man who nightly puts his head in the yawning lion's mouth is reasonably sure that it will not be bitten off, yet he must always experience a slight trepidation. Similarly must those who inject antitoxin into children—if they read the medical journals. Dr. R. Abrahams (*Medical Record*) contributes his experience with this tricky and dangerous stuff as follows:

"F—, six years old, developed tonsillar diphtheria on a Friday. Saturday, at about five o'clock in the morning, I was called because croup appeared. The child was examined; diphtheritic membrane was found covering the tonsils. Although the child was decidedly croupy the breathing was far from alarming. Temperature, 102 degrees F., with a pulse in proportion. At half-past six o'clock I injected between the shoulder blades fifteen hundredth of a cubic centimetre of the antitoxine of the New York Board of Health. The reaction was marked by a rise of temperature of one degree, otherwise the child fell asleep, as most of them do after serum treatment. At eleven o'clock the temperature was the same, but there was evidence of improvement in the breathing and the cough. Nourishment was taken without protest. At one o'clock the report was still more gratifying. At two o'clock the child suddenly began to gasp for air, and became very blue, with cold extremities, poor pulse, and profuse cold perspiration. This alarming condition lasted but ten minutes. Then the child began to breathe quietly, pulse weak, and tem-

perature sub-normal. A slow but gradual paralysis of the limbs and reflexes set in, and by five o'clock, in spite of the most vigorous treatment, the child died in a condition of total collapse and paralysis. The most curious feature of this case was that the quiet though slow breathing was preserved until the last moment, and, were it not for the ghastly appearance of the face, one could not, by mere inspection, tell the approach of death. There is no doubt in my mind, and in that of another physician whom I showed the case, that the antitoxin was responsible for the speedy and fatal termination."

Better stick to the homœopathic remedy, especially as it shows *far* better results than antitoxin at its best, and *never* kills the patient.—*Homœopathic Recorder for October.*

POTASSIUM PERMANGANATE IN MORPHINE POISONING.—*The Medical Visitor*, in its June number, makes a strong plea for the value of permanganate of potassa as an antidote in Morphine poisoning. Experiments on dogs show that one and a half grains of permanganate, hypodermically given, neutralized the toxic effects of two and one-half grains of Morphine.

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#### FUN FOR DOCTORS.

VEGETARIAN DOCTRINE.—"These vegetarians are all wrong."

"Think so?"

"Certainly, meat makes life."

"That's one doctrine perhaps."

"It's the truth. Didn't it take a spare rib to make Eve?"—*Indianapolis Journal.*

There came a young freshman to college.

When he heard that he had to get knowledge,

He said, "Goodness me!

Why, how can this be?

What a queer thing to do at a college!"

SUNDAY-SCHOOL TEACHER.—"Why, Willie Wilson! Fighting again! Didn't last Sunday's lesson teach that when you are struck on one cheek you ought to turn the other to the striker?"

WILLIE.—"Yes'm; but he hit me on the nose, an I've only got one."

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. XIX.

FEBRUARY, 1899.

No. 2.

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EDITORIAL.

THE PRESIDENT OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION desires to call the attention of the members to the announcement that the next meeting of the Association will be held at Niagara Falls instead of Cleveland as had been decided at the last meeting. The Secretary sent out a postal card circular announcing that there had been some objection raised to the meeting being held at Cleveland, and the members were desired to express their choice between Cleveland and Niagara Falls. The returns show an overwhelming preference for Niagara Falls, and therefore the meeting will be held at the Falls. The exact date and the hall of assembly will be announced later.

It is earnestly hoped that every member will make a supreme effort to be present so that a large meeting may be assured and an interesting interchange of knowledge and experience may be secured.

It is urgently desired that all members should feel it incumbent upon them to contribute papers recording their experience and thoughts, still further to promote the interest of the meeting.

When we reflect upon what Homœopathy is, and what its power and influence for good; when we reflect how far in advance of the science of the day it stands and what problems it freely and easily solves; what a boon it is to all who trust their health and their lives to its methods; what a solace to the poor and the aged, and what a safeguard it is to the physician who has to bear so much responsibility for those who commit themselves to his care; it would seem that it ought to fill every man's heart to overflowing with admiration and gratitude, and inspire his tongue to spontaneous outbursts of eloquence that would thrill his fellow-practitioners and stir them to reciprocal efforts.

“Out of the abundance of the heart the mouth speaketh.” Therefore there should be no lack of essays, reports of cases, comments and reflections, that taken together would make the most interesting and instructive meeting ever held by the Association.

There is no doubt at all that we have the material among so many men all industriously and conscientiously practicing the principle. The only difficulty seems to be to get them quietly to recall the experience they have, meditate upon it until they are filled with its glories, then give vent to their feelings in some fervid address, some impassioned appeal to their fellow-members.

No two practitioners of the exact Hahnemannian method can casually meet without falling at once into an enthusiastic interchange of experiences upon the wondrous powers of their system, an interchange highly beneficial to both.

Now, why should not this enthusiasm swell in volume in the much wider field of a meeting of a large fellowship of such practitioners, each one of whom must be brimming over with the remembrance of what he has witnessed in his daily life during the past year, and, indeed, many years? Why should it not take the form of written records that will perpetuate his thoughts and his deeds in the cause, and thus increase the

energy and stimulate the courage of his fellows in their chosen pursuit in life?

We recommend these thoughts to the attentive consideration of every member of the International Hahnemannian Association, and also to those readers of this journal who are not members.

We say to them, send in your applications for membership; be one of us, and infuse your own eloquence, your own enthusiasm into the vortex of friendly discussion and argument at our annual meetings.

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## THE INTERNATIONAL CONGRESS.

The International Homœopathic Congress will hold its next meeting at Paris, in 1900. It was decided at the meeting in London, in 1896, to antedate the next meeting by one year, in order to make it coincide with the Exposition Universelle, in 1900.

The Société Française d'Homœopathie has accepted the task of organizing the Congress, and has appointed a commission for the purpose. It has also obtained from the Management of the Exposition, a place among the Official Congresses meeting in connection therewith.

The date of the Congress is not yet fixed, but will be sometime between July 20th and August 19th, 1900.

The co-operation of the whole profession is desired. Essays for discussion are needed, and representatives of the homœopathic system are desired to conduct these discussions. The members of the commission referred to above are P. Joussett, President; R. Hughes, Permanent Secretary; Victor Chancerel, A. Gonnard, Marc Jousset, J. Love, and J. P. Tessier.

All essays and papers should be sent before January 1st, 1900, to Dr. Léon Simon, 24 Place Vendôme, Paris, France.

PROCEEDINGS OF THE SOCIETY OF  
HOMŒOPATHICIANS.

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WHAT IS THE VITAL FORCE?

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

Two years ago I had the honor of presenting to this society a paper entitled, "What is the Law of Cure?" in which I endeavored to show the relation of the homœopathic principle to the laws of motion, and, incidentally, to show the fundamental agreement between Homœopathy and general science.

On this occasion I wish to discuss, in a somewhat similar manner and spirit, another of the great Hahnemannian doctrines, namely, the "Vital Force" or "Life Force." In doing so I shall bring to bear upon it some results of recent scientific research in the twin fields of biology and psychology, by men of recognized ability and established position in their respective fields.

I shall present, and, as far as time will allow, illustrate three theories, namely, Hahnemann's Dynamic Theory, Gates's Cellular Mentation Theory, and Hudson's Dual Mind Theory, and then endeavor to show how these theories complement and mutually elucidate each other in such parts as are not identical.

If the conclusions of our contemporary authors are not accepted in their entirety, the presentation of new thought may at least prove interesting, and may throw some light upon what has been one of the more occult phases of Homœopathy.

Hahnemann seems to use the terms "life" and "life force," or "vital force," as substantially synonymous, in many passages. In others the term "vital force" is used to express the idea of the *activity* of life as differentiated from the abstract idea of life itself. Vital force conveys the idea of life in action.



In collating the references in *The Organon* to the vital force a peculiar fact is brought out. We find that they fall naturally into two classes, which may be characterized as respectful and disrespectful.

In the first class the vital force is described and defined by the expressions "spirit like," "invisible," "known only by its effects," "omnipresent in the interior of our body," "indefatigable, active vital principle." "During the healthy condition of men this spirit-like force (autocracy), animating the material body (organism) rules supreme as *dynamis*. By it all parts are maintained wonderfully in harmonious vital process, both in feeling and functions, in order that our intelligent mind may be free to make the living, healthy, bodily medium subservient to the higher purpose of our being." (Section 9.)

"The material organism without vital force is *incapable of feeling, activity, or self-preservation*. This *immaterial being* (vital force) alone, animating the organism in the state of sickness and of health, imparts the faculty of feeling, and controls the functions of life." (Section 10.)

"In sickness this spirit-like, *self-acting (automatic)*, vital force, omnipresent in the organism, is alone primarily deranged by the dynamic influence of some morbid agency inimical to life." (Section 11.)

With the body "it *constitutes a unit*, though our reason, in its processes of thought, separates this unit into two ideas, for convenience of comprehension."

It is therefore not only the basis of all the activities of the organism, but *is* the active agent itself, manifesting itself through the various organs and functions of the body, in both health and disease.

Consider the multitudinous and enormously complicated and delicate processes involved, over which the rational mind appears to exercise no control! Think only of growth, nutrition, and repair; of digestion, assimilation, and excretion; of respiration and circulation! Hahnemann is not a materialist.

He recognizes the spiritual character of life constantly. He ridicules, with biting sarcasm, those petty materialists who imagine that disease is in some way material, and endeavor to remove it from the organism by derivatives, sudorifics, cathartics, etc. He declares, with startling boldness, that "*disease is a nonentity.*" This is not to say that it is non-existent, but only that it is a *condition* and not a thing or entity. He recognizes, moreover, the vital importance and superlative value of mental symptoms in disease, based upon the intimate relation between the mind, the body, and the vital force.

Attaching so much importance to the vital force, recognizing so clearly its field of activity, and expressing his admiration of its work, as we have seen, we are surprised to find another class of expressions in which distrust, lack of respect, and almost contempt is expressed. These occur mostly in the introduction, but also in the body of *The Organon*, when he speaks of the operations of the vital force in disease. It is now this "unreasoning life-force;" "this unintelligent vital force, this blind guide;" this "crude, unreasonable, automatic vital energy," which "cannot, like a skillful surgeon, heal a wound by first intention by co-adapting its gaping edges; which does not know how to adjust and replace the divergent ends of a broken bone, notwithstanding its ability to furnish (often superabundantly) osseous matter; which cannot tie a wounded artery, but exhausts all its energy in causing a wounded person to bleed to death; which does not know how to reduce a dislocated humerus, but, on the contrary, prevents human art" (as if the vital force were not human) "from accomplishing reduction by speedily producing a swelling around the joint; which, in order to remove a splinter from the cornea, destroys the whole eye by suppuration." "Nay, this unreasonable vital force rashly receives into the body those chronic miasms (psora, syphilis, sycosis), the greatest tormentors of our earthly existence, the source of innumera-

ble diseases, under which humanity groans for hundreds, nay, for thousands of years, and utterly unable to even palliate one of these, this same vital force is utterly incapable of removing such diseases from the organism of its own accord, but suffers them to rankle in the system until death closes the eyes of the sufferer after a long life of sorrow."

This is a formidable indictment of our vital force. How is defense to be made? Apparently there is inconsistency here. How is it that that which was so trustworthy in health is so untrustworthy in disease? How is it that that which was so expert and skillful in the performance of its duties while the person was in health is such a stupid bungler now? That which required only the simplest co-operation and was worthy of the highest confidences on the part of the rational mind in health, is now a blind guide and utterly untrustworthy. How are these statements to be reconciled?

But hear Hahnemann again:

"The vital force, capable only of acting 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 diseases." (Introduct. p. 34.)

"What man of sense would undertake to imitate nature in her endeavors of coming to the rescue? Those efforts are indeed the disease itself."

"He is in the wrong. *That noble innate power, destined to govern life in the most perfect manner during health, equally present in all parts of the organism, in the sensitive as well as in the irritable fibre; that untiring mainspring of all normal, natural, bodily functions, was never created for the purpose of aiding itself in diseases, nor to exercise a healing art worthy of imitation. No!* the true healing art is that *intellectual office* incumbent on the *higher human mind*, and free powers of thought, discriminating and deciding according to causes; a duty of which office is, whenever that instinctive, unconscious, and unrea-

soning, but automatic, energetic vital force has been thrown into discordant action by diseases, to harmonize those discordances by means of a similar pathogenetic affection of higher degree, originated by a drug homœopathically selected."

Here Hahnemann leaves the subject. If we ask how the vital force can be thrown into discordant action by disease, when Hahnemann has already defined that identical discordant action to be the disease, no answer is given. There is confusion in the use of terms. One significant point is made clear, namely, that there must be intelligent and harmonious co-operation between the "rational mind," or the "higher human mind," and the "unreasoning" vital force. Each is necessary to the other.

It seems as though Hahnemann had failed, after all, to give the vital force its true sphere and character. But we shall see, hereafter, how he was nearer the truth than appears on first consideration, or than he knew himself.

It is inherently improbable, it is absolutely unthinkable, that a blind, unintelligent force, acting automatically, or mechanically, could do any or all of the things attributed to its agency, or be to the person and its material organism what it manifestly is: things that require for their performance the exercise of choice and selection, and the adaptation of means to ends, even though the means are sometimes faulty and inefficient. There is much here requiring explanation.

It is clearly evident upon observation and reflection that *all the phenomena and operations of normal life proceed in an orderly and intelligent manner.*

Intelligence is perceptible in every functional operation in organized beings. Where and what is this intelligence? Consider the wonderful nutritive processes of digestion, assimilation, and excretion going on continuously in our bodies. We are accustomed to speak of them as being "automatically" performed, but close observation of the phenomena shows something more than mere automatism. It is possible to watch

some parts of these operations under the microscope, and observers have repeatedly testified to their astonishment and fascination as they have watched protoplasmic cells moving about, selecting their course and performing their duties exactly as if endowed with intelligence. In the building up of tissues, the removal of waste products and repairs of injuries to organic structures there is constantly manifested the power of choice and selection, and the intelligent adaptation of means to ends. These are functions of mind. Pabulum is conveyed to needy parts and transformed into new tissue, and waste material carried away under the very eye of the observer. Individual cells are seen wending their devious way through tortuous channels, avoiding obstruction, never interfering with each other, until their selected destination is reached and their work accomplished. Everything moves with precision. We know that these wonderful processes are going on within our own bodies constantly, and yet we are not conscious of directly influencing or controlling them. Because we were not conscious of such control we have thought that they were independent of our mind and thought, although related in some way to us through that mysterious, intermediate, unintelligent, and unreasoning something which we call life or life force. Even the effect upon these processes of depressing mental emotions, although often observed, has had no special significance for us. The true character of the relation has escaped us.

Reason tells us that wherever work or activity proceeds systematically and intelligently there must be conscious intelligence directing it; that where there is law there must be a law giver; that behind the manifested or expressed thought there must be a thinker; that back of motion must be the moving force, and back of force *will*. Will is an attribute of mind—of intelligence. This is as true of a cell or an organ as it is of a whole organism, individual or cosmic.

The rational conscious mind of man responds to every

thought presented to it by another mind. Mind responds only to mind. Proving drugs upon the healthy, according to Hahnemann, demonstrates that there is that in man which responds, in some way and under certain conditions, to the impression of every element or combination of elements in the universe. That which responds Hahnemann calls the "life force." That which makes the impression he calls "the spirit-like power concealed in drugs." He goes on to show that the only basis of this correspondence between organism and drug is their similarity of nature and character. Both are spirit-like," or "dynamic." If there is life force in the organism of man there is also life force in the organism of the plant from which the drug comes, and, by a further extension of the same argument, in the so-called "inanimate" drug substance also. All elementary substance is either living substance or capable of being transformed into living substance. Guided by the law of correspondence, which declares that like only responds to like, are we not justified in saying that all elementary substance is living substance? If the principle of life did not inhere in Silica could it respond to or impress the living organism? That in the Silica which responds to the life principle of the human organism, when they are brought into proper relations through the laws of *Similia* and *Potentiation*, is its force, or *dynamis*, as Hahnemann calls it (using the Greek work for force); and all force in the last analysis is living force. The action of Silica is not primarily upon the matter of the organism, but on the life-principle, disturbing or restoring physiological harmony, as the case may be, and this proceeds under the laws of life, acting alike in the Silica and in the organism.

Life, in the largest sense, is the sum total of all the forces in the universe. It is the grand all-inclusive primal substance, and contains within itself all the elements of being. Life in the individual is the sum total of all the elementary organic forces, and is inseparably united with the universal or cosmic

life. In the individual, life is a continuous influx from the universal and infinite life, and finds its perfect manifestation through organism, in harmony with health.

Health, in the physiological sense, is a state of the organism in which, by means of a normal susceptibility to the action of the elementary forces and substances, they are continually received in proper manner and adequate amount to maintain the organism in its integrity.

So long as man is conscious of these great truths, and is master of himself through knowledge of the laws of his being, all goes well. The life force holds all in admirable harmonious sway. But let him lose this consciousness through violation of those laws and he falls from his high estate. That delicate poise and adjustment of his relations, when disturbed or lost, brings sickness, suffering, and death.

We have traced the organic processes in health and disease to life. We have seen that intelligence is involved in these processes. Where is it located, and what is the relation between life and intelligence, or mind?

In these latter days there has arisen a new investigator of physical, psychic, and mental phenomena; one who, by his fidelity to truth, by the excellence of his methods, the keenness of his philosophical insight, by his broad power of deduction and generalization, and his singular originality in devising means and apparatus for experimentation, has broadened the bounds of science in certain directions, and put forward conceptions which are new in the scientific world, although they but confirm the wisdom of inspired prophets and seers long ago recorded. He has made plain the mystical and revealed the occult.

Reference is made to the work of Professor Elmer E. Gates, formerly prominently identified with the Smithsonian Institution, of Washington, but now at the head of his own large and elaborately equipped laboratory, which is specially designed for the investigation and study of the phenomena of

biology and psychology. As his researches and conclusions bear directly upon the subject under discussion I shall let him speak for himself in liberal quotations from his published papers.

From an elaborate series of observations of phenomena in his own person, under all measurable environmental conditions, and in which he recorded, four times a day for a period of two years, all measurable bodily conditions, and all mental activities, he drew "an important conclusion, namely, that our mental life, in all its acquisitive and productive capacities, is not merely directly influenced by every environmental and bodily condition, but that our mental power and processes are the results of a functional interaction between the organism of the individual human being and the larger organism of the cosmical environment. That is, mentation is the result of two factors: first, the activities of the animal organism, and, second, the activities of the cosmic organism. The relation between the two is functional. The significance of this will be seen later on when it will be shown that all physiological functionings are psychologic in their character, and that the difference between an animate and an inanimate body consists in the fact that the animate body possesses mind. The human organism is not only materially and dynamically part of the universe, but, as these experiments show, it is psychologically part of the whole."

In pursuing the course of investigations which led to these conclusions he discovered an *art of mentation* by which he was able to augment the quantity and quality of his originaive work in invention and research. He practiced this art in himself as follows:

"In applying this art to myself for the promotion of my researches I first made a classified synopsis of every verified datum from all of the sciences which had any bearing upon the broad question of the study of the relation between body, mind, and environment, and then, under the previously de-



terminated bodily and environmental conditions which were found favorable to productive mentation, I passed each datum understandingly through my mind, and continued doing so, over and over again, several hours each day for some weeks, believing that by so doing I would not only render each of these data equally vivid in my apperceptive consciousness, but, that I would also, by this repeated refunctioning of certain groups of brain structures promote the growth and associative activity and elaborative processes of these structures and thus bring about superior mentative conditions more highly favorable to originative ideation and invention. Having been told, by a critical observer of my work, that there existed no proof that mental activity leaves any chemical or anatomical changes in the brain I at once proceeded to experimentally determine the facts in the case as follows:

“As has often been described in public print, I conceived the idea of giving one group of animals an excessive training in the use of some one definite mental function, and of depriving another group of animals, of same age and species, of the opportunity to use this same mental function, and then, after a year of such deprivation and training, to kill both groups of animals and contrast their brains, both chemically and microscopically, to see if in those cortical areas, where that function is located, there would be any structural differences. I found that in the seeing areas of the cortex of an animal which had been confined for one year in a darkened room there was no further appreciable development of brain cells than was to be found in an animal of the same species at the moment of birth, and that in an animal of the same species, that for the first year of its life had been trained in the extraordinary use of the seeing functions, there was a far greater number of brain cells than were to be found in an untrained animal of the same age and species that had not been deprived of light, and these brain cells were larger and more complex. By this special process of mind training, which it

is the purpose of a special volume to describe, I succeeded, not merely in giving that animal more brain cells in that part of its brain than any individual of that species had ever before had, *but I also gave it more mind*, in that particular direction, than any number of that species had ever before possessed. Similar trainings with other functions corroborated these conclusions, and the experiments teach what is the functional localization in the brain of any mental faculty, and demonstrate that each conscious mental experience creates in some part of the brain a definite chemical change and structural embodiment of that experience, the refunctioning of that structure being essential to the remembering of that experience. This led to the beginning of an art of brain building for the purposes of embodying more mind.

“Inasmuch as mind creates every science and art, and constitutes the basis of all effort and of all enjoyment and suffering, it follows that to secure more mind becomes a fundamental opportunity and duty; and it follows that the animal organism is nothing more nor less than the mechanism for the manifestation of mind, and that evolution is a process of mind-embodiment—the embodiment being created by the mind’s own activities. Quite recently I succeeded in showing that the same process is applicable to unicellular organisms. The simplest cell is capable of feeling a stimulus and of adapting acts to ends. *Only mind can feel and make such adaptive reactions.* A cell remembers its experiences, and *only mind can remember.* An inanimate piece of gelatine does not feel a stimulus and remember the meaning of such an experience and adapt acts to ends with reference to such memory; but a piece of protoplasm can do these things, and therefore it is animate. It follows that *life is mind*, and that the vital or physiologic processes are simply psychologic processes.

“When unicellular organisms are caused to perform different mental activities correspondingly different structures

arise in these cells—that is, if one group of cells is caused to feel and respond to some stimulus, and if another group of the same species of cells is caused to feel and respond to a different stimulus, and if these activities are kept up in both groups for several months, there will arise structural differences between these two groups of cells which correspond to the differences between their mentative activities. Even in these physiologic units it is the mind which creates organic structure and regulates the metabolism. As is well known, all the organs of the human body are made up of cells, and each cell, as is shown by the above experiments, has its own mental life, and it is this mental functioning which constitutes its vitality. The conclusion is, that the physiological processes are explicable only as psychologic functionings.

“These experiments belong to the domain of psychologic biology, but these results have a deep medical meaning, namely, that the mind activities create and control organic structures and the metabolisms upon which all organic changes depend. An animal is a mind organism. The cells out of which an animal is built are mind organisms, and the duties of each cell are duties which require mind for their performance. A cell cannot perform its functions in the animal economy except in so far as it is capable of *feeling* stimuli and in so far as it is capable of *adapting acts to ends*. To change the mental characteristics of a cell is to alter its physiologic meaning in the animal economy.”

“If mind activities create chemical and anatomical changes in the cells and tissues of the animal body it follows that all physiologic processes of health and disease are psychologic processes.”

From the effects of environmental conditions upon the human individual, and from certain rhythmic phenomena that are synchronous in man and the earth, he goes on to prove that the mind of the human being is functionally connected

with the cosmic whole, and that the human being is an organ in a larger organism.

It is a striking corroboration by the methods of science of the grand truths of the solidarity of the race, of the fatherhood of God and the brotherhood of man, of the unity in Christ of the children of God, taught by Jesus in the parable of the Branch and the Vine, of the teaching of Swedenborg in the figure of the Grand Man, and in many other forms and figures. The idea is as old as the truth itself, but Prof. Gates has demonstrated it by the methods, and clothed it in the language of science.

I have not time to refer to or quote further from the very elaborate experiments upon which these conclusions are based. Prof. Gates is his own severest critic, and his conclusions are entitled to respect. Reviewing his work he says:

“Suffice it to say *the evidence is complete* which demonstrates that every mental activity creates a definite chemical change and a definite anatomical structure in the animal which exercises that mental activity, and that this is the *modus operandi* of animal growth and evolution, and that by this method more mind can be embodied *ad libitum*.

“*The evidence is complete* which shows that every mentation also produces a definite effect upon the environment of the animal which does the mentating.

“Action and reaction are equal. Force cannot come from nothing. Mentation is a mode of energy, and the organism of the animal cannot create the energy of life out of nothing, but must receive it from the great reservoir. *But the conclusion that every mentation affects the environment is based upon direct testimony and quantitative measurement.* Vary the mental activities of an unicellular organism and you will vary its structures, and the same is true of a multicellular dog or man. Mind underlies organic phenomena, and life is mind, and mind activity is the cause of evolution, and mind embodiment is the goal.”

He reiterates: "Mind creates every science and art, and therefore the science of mind—psychology—is the science of the sciences; and therefore the art of using the mind and the art of getting more mind—psychurgy—is the art of arts. Mind is life. Life is not something different from mind. The life of a cell is its mind. The activities of a cell are psychologic activities.

"Life and vitality and physiologic processes are solely mental processes."

We now have an answer to our question, "What is Life?" We see why the operations of life in vital processes proceed intelligently. Thus far we have studied the matter from the biological standpoint, in what may be called normal relations. When we come to study the organism under abnormal conditions, as in disease, difficulties arise. It seems as if vital processes should proceed as intelligently in disease as in health, but judging from the effects of disease Hahnemann was moved to call the life force blind, unintelligent, unreasoning, helpless, or worse, and apparently he was right. Prof. Gates says "Pathology is abnormal *cellular* mentation." In this sentence is the key to the problem, as it is also in Hahnemann's phrases, "*rational* mind" and "*higher* human mind" already referred to. These phrases imply the existence of a *lower* human mind. For the further elucidation of this matter I shall appeal to another class of investigators, and specifically to one author, Thompson Jay Hudson, in whose book, *The Law of Psychic Phenomena*, the first satisfactory attempt is made to harmonize various more or less conflicting theories, and to propound a working hypothesis for the study and investigation of the vast mass of psychic phenomena.

Mr. Hudson's book is quite in harmony with the teaching of Prof. Wm. James, of Harvard, the leading American psychologist, and we shall see how it applies to Prof. Gates's position.

It is quite superfluous to say that the human mind is a very

wonderful thing. It is wonderful enough in its ordinary more or less normal operations, but when we begin to investigate the phenomena of telepathy, of somnambulism or trance, of hypnotism, of mesmerism, of spiritism, of the various forms of mental or metaphysical healing, etc., to say nothing of certain forms of insanity and other diseases, we begin to sympathize with the simple rustics in Goldsmith's "Deserted Village," as they listened to the village schoolmaster engaged in an argument with the parson:

"Amazed, the gazing rustics ranged round—  
And still they gazed, and still the wonder grew,  
That one small head could carry all he knew."

A subject in hypnotic trance, for example, brings up from his inner consciousness so many things he didn't know he knew, and does so many impossible things that we rub our eyes in amazement.

There have been many theories about all this, but no satisfactory working hypothesis until Mr. Hudson presented his, and his book has created an epoch in psychological studies.

During trance, artificially produced, and sometimes during sleep, or natural trance, and in certain febrile conditions the mind may compose beautiful poems (Coleridge thus produced his most exquisite poem—"Kubla Khan"); may deliver learned disquisitions; pronounce orations; solve intricate mathematical problems, as Sir John Herschel did; complete valuable inventions, suspended in despair during waking hours, as Edison has repeatedly done; compose music; write sermons, as Spurgeon once did; recall experiences long forgotten, and do many other remarkable things, all the time being perfectly oblivious to the external world with every objective sense in abeyance, and of which there is not the slightest recollection after waking.

It is not necessary, nor is there time to give illustrations of these peculiar powers of the mind as brought out in the various lines of thought already referred to. They are doubt-

less familiar to you all. The public print has been full of them for years. I will therefore only point out some significant facts in regard to these phenomena, bring forward the hypothesis which explains them, and then show its application to the subject immediately in hand.

I quote from Hudson: "It is well known to hypnotists that when an idea is suggested to a subject, no matter of how trivial a character, he will persist in following that idea to its ultimate conclusion, or until the operator releases him from the impression. For instance if a hypnotist suggests to one of his subjects that his back itches, to another that his nose bleeds, to another that he is a marble statue, to another that he is an animal, etc., each one will follow out the line of his particular impression, regardless of the presence of others, and totally oblivious to all his surroundings which do not pertain to his idea; and he will persist in doing so until the impression is removed by the same power by which it was created. The same principle prevails when a thought is suggested and the subject is invited to deliver a discourse thereon. He will accept the suggestion as his major premise, and whatever there is within the range of his own knowledge or experience, whatever he has seen, heard, or read, which confirms that idea, he has at his command and effectually uses it, but is totally oblivious to all facts or ideas which do not confirm and are not in accord with the one central idea. It is obvious that inductive reasoning, under such conditions, is out of the question."

This is characteristic of all hypnotic conditions, and Hudson goes on to point out the factors upon which he bases his hypothesis. The principal one is that "*hypnotic subjects are constantly amenable to the power of suggestion; that suggestion is the all-potent factor in the production of all hypnotic phenomena.*" He then lays down three propositions, drawn from exhaustive studies of the phenomena of hypnotism, telepathy, mental healing, etc. These propositions are as follows:

First, that "man has, or appears to have, *two minds*, each endowed with separate and distinct attributes and powers; each capable, under certain conditions, of independent action. It should be clearly understood at the outset that for the purpose of arriving at a correct conclusion it is a matter of indifference whether we consider that man is endowed with two distinct minds, or that his one mind possesses certain attributes and powers under some conditions and certain other attributes and powers under other conditions. It is sufficient to know that everything happens just as though he were endowed with a dual mental organization."

He assumes this to be true, and designates one as the *objective*, and the other as the *subjective* mind. Other authors use the terms *conscious* and *subconscious* mind, or self, and still others speak of the *subliminal* mind, or self.

His second proposition is that *the subjective mind is constantly amenable to control by suggestion*.

The third or subsidiary proposition is, that *the subjective mind is incapable of inductive reasoning*. He shows that the broad idea of the duality of man's mind is very old, but that it has always been indefinite, and that no successful attempt has ever before been made to define clearly the nature of the two elements. He says:

"In general terms the difference between man's two minds may be stated as follows:

"The objective mind takes cognizance of the objective world. Its media of observation are the five physical senses. It is the outgrowth of man's physical necessities. It is his guide in his struggle with his physical environment. *Its highest function is reasoning*.

"The subjective mind takes cognizance of its environment by means independent of the physical senses. It perceives by intuition. It is the seat of the emotions, and the store-house of memory. It performs its highest functions when the objective senses are in abeyance. In a word, it is the in-



telligence which makes itself manifest in a hypnotic subject when he is in a state of somnambulism.”

In this state many of the most wonderful feats of the subjective mind are performed. It sees without the use of the natural organs of vision, and in this, as in many other grades or degrees of the hypnotic state, it can be made, apparently, to leave the body, and travel to distant lands and bring back intelligence, oftentimes of the most exact and truthful character. It also has the power to read the thoughts of others, even to the minutest details; to read the contents of sealed envelopes, and of closed books. In short it is the subjective mind which possesses what is popularly known as clairvoyant power, and the ability to apprehend the thoughts of others without the aid of the ordinary objective means of communication.

Hudson's opinion is that the objective mind is merely the function of the physical brain, while the subjective mind appears to be a distinct entity, possessing independent powers and functions, having a mental organization of its own, and being capable of maintaining an existence independently of the body. In other words, he believes it to be the soul. He does not attempt to localize it any more definitely than this. Special emphasis is laid upon the unqualified susceptibility of the subjective mind to suggestion. “The subjective mind accepts without hesitation or doubt, every statement made to it, no matter how absurd or incongruous or contrary to the experience of the individual. If a subject is told he is a dog he will instantly accept the suggestion, and, to the limit of physical possibility, act the part suggested. He may be thrown into a state of intoxication by being made to drink a glass of water under the impression that it is brandy. If told that he is in a high fever, his pulse will become rapid, his face flushed, and his temperature increased.” These facts have been demonstrated thousands of times.

It is also true that “the subjective mind of an individual is

as amenable to the control of his own objective mind as to the objective mind of another," and in this we have the key to the cause and cure of certain forms of disease by mental means.

"The objective mind is capable of reasoning by all methods,—inductive and deductive, analytic and synthetic."

"The subjective mind is incapable of inductive reasoning, while the individual is in the state of hypnotism or trance."

"The feats of the subjective mind have caused amazement for ages, but it has never been noticed heretofore that its reasoning is always deductive or syllogistic. It never classifies a series of known facts, and reasons from them to general principles; but given a general principle to start with it will reason from that down to all legitimate inferences with a marvellous cogency and power."

There is good ground for believing that the memory of the subjective mind is perfect; that no experience through which the individual passes, nothing that he has ever perceived through any of his senses is ever lost. Many illustrations of this could be given if time permitted; of extraordinary feats of memory during illness—of a forgotten language recovered; of whole pages of Greek and Hebrew remembered and recited by an illiterate servant girl, who, years before had worked in the house of a preacher who was in the habit of reading aloud passages from Greek and Hebrew authors, which her ear casually heard while she was working about the room, etc. Suffice it to say that Mr. Hudson's book of four hundred pages is devoted to the application of this hypothesis to the explanation of a vast number of strange and mysterious things, and that it does explain them satisfactorily.

I have already quoted his opinion that the subjective mind is a separate entity, independent of the physical organism. In another place he says, "Subjective memory appears to be an inherent power, and free from anatomical relations. *or at least it does not appear to depend upon the healthy condition of the brain for its power of manifestation.*"

At this point, it seems to me, the theories of Hahnemann, of Prof. Gates, and Mr. Hudson meet and complement each other. Something was lacking in each which the others supply, and a fair consideration of all greatly elucidates the subject we are discussing. Hahnemann's "life force" corresponds to Prof. Gates's "cellular mind," which is nothing more nor less than Hudson's "subjective mind." Prof. Gates definitely locates Hudson's subjective mind and shows how it does its work in bringing about structural changes. A little reflection will show why Hahnemann's life force is "blind," "unreasoning," etc., and why it is not to be trusted in disease. It is subject to every evil suggestion, conveyed from the objective mind of its own or other individualities, and it can only reason deductively. Every mental functioning works tissue change, and the physical evidences of disease are the result.

Hahnemann's "rational mind," and "higher human mind" correspond to Hudson's "objective mind," the highest function of which is to reason, and which is able to reason inductively as well as deductively, analytically as well as synthetically.

Hahnemann's vital force was not, as he thought, unintelligent, unreasoning, and blind, neither is it automatic in the ordinary sense of the word. It reasons correctly, but from a false premise. Working in harmony with the "rational" or objective mind, during health it manifests the highest intelligence and most beautiful reasoning powers, as Hahnemann partly recognized. It is only when it is divorced from the objective mind and subject to evil suggestion that it is at fault. Even then it is true and consistent, and even admirable, though wasting its energy in reasoning on a false premise, as when it suppurates an eye away in the attempt to remove a splinter from the cornea. If the "rational mind" would first remove the splinter, this same subjective mind, this same "blind and unintelligent force" would immediately

and effectually heal the wound, *and by precisely the same process that, carried too far, becomes suppuration.* The same is true in the case of the broken bone and other illustrations used by Hahnemann, already quoted, and easily explained. Prof. Gates' studies of pathology, or as he calls it, "abnormal cellular mentation," have not yet reached a point where he has discovered the laws under which this morbid mentation proceeds. Mr. Hudson has done a large part of that work for him, as has been shown.

The attention of the psychologists has all been centered upon the performance of the subjective mind during the *abnormal* condition of the spontaneous or induced hypnotism. They have noticed the wonderful modification of organic and mental functions during this state and have correctly explained them. But it has occurred to nobody that the power which intelligently presides over those normal functions of the human organism which go on quite independent of the objective mind, such as digestion, nutrition, and excretion, is identical with that power which operates in the abnormal hypnotic condition, namely, the subjective mind. Prof. Gates's experiments demonstrate it although apparently he has not yet made this deduction.

No one seems to have seen the stupendous possibilities of the Hahnemannian "proving" as a method and instrument in biological and psychological research. No other means is so potent to bring into view every function of the economy—mental and physical.

It is only when, in the slow progress of science along the higher lines, we find the most advanced of the workers developing and using methods which are essentially but modifications of that devised and used by Hahnemann nearly a century ago, that we realize how great is our inheritance from that inspired man. The beauty and utility of his method of sounding the depths of the human mind and body consisted in its directness, simplicity, and naturalness. Men of to-day

engaged in analogous or related lines of investigation are trying to accomplish similar results by methods which, though similar, are vastly more complicated and indirect, not knowing that an instrument, formed and perfect, is lying ready at their hand.

Prof. Gates may well devote some time to a careful study of Hahnemann's *Organon*, with special attention to the method and principles of drug proving. If he puts it to practical use Hahnemann's debt to him for elucidating the vital force will be more than offset, for Prof. Gates thinks he is on the eve of discovery of the fundamental law of cure, in addition to all his other great discoveries. If, perchance, his experiments should really lead him aright, and he should discover the law of cure, may it be my happy privilege to point out to him that he has been anticipated by Hahnemann nearly a hundred years. And thus shall we prove the truth of the doctrine that we are all not only debtors to, but *members* of one another, and that our perfection as individuals, and as a cosmic whole, is the goal of human effort.

#### DR. CLOSE'S PAPER: WHAT IS THE VITAL FORCE?

##### DISCUSSION.

Dr. Patch—It is a great pity that Hahnemann did not, in his *Organon* give us clearer ideas as to just what ground he intended to cover by the phrase, "vital force." It is liable to misinterpretation. I do not understand from the phrases quoted from *The Organon*, that he meant to convey any disrespect to the vital force, but that he simply meant to define its limitations, and thereby to show the field for homœopathic remedies. The vital force, I think, is not supposed to be an intelligent force. There is a subtle difference between vital force as expressed by Hahnemann and Hudson's subjective mind. The exercise of choice, for instance, is not incumbent on the vital force, but on other functions. Dr.

Close, in his paper, mentioned the relation between all these lines of thought, but he did not bring out Swedenborg's particular ideas. I would like, with his permission, to show the wonderful correspondence between Hahnemann's vital force, as one may interpret it, and the animal spirit of Swedenborg. Swedenborg says, "The soul, apart from the *animal spirit*, could never have constructed the simple and middle organic forms of the body.

"The soul apart from the animal spirit could never produce the heart, or the vessels, either arterial or venous; or the red blood; or consequently the ultimate organic form of the body.

"Without the animal spirit the soul could determine nothing into action, and could do nothing in the body.

"Without the animal spirit the soul could feel none of the changes that happen to the body.

"The nature of the action and sensation, and even of the imagination and thought in an individual, are correspondent to the nature of the animal spirit and the circulation thereof in the body.

"The animal spirit makes us both spiritual and corporeal.

"In the human microcosm all that is above the animal spirit constitutes the inner man, and all that is below it, the outer.

"The animal spirit is never absolutely similar in any two individuals; on the contrary it is different in all the subjects of human society, and always different at different times in one and the same person.

"The animal spirit is that most pure humor which flows through the medullary fibres of the brain and the nervous fibres of the body.

"The animal spirit is the intermediate essence between the soul and the body, hence it is the mediatorial substance which provides for the communication of operations between the two.

"The animal spirit partakes of the essence of the soul, and of the essence of the body; that is to say, it is both spiritual and material.

“As the animal spirit is conceived and prepared in the cortical glands, it follows that the spiritual and material principles meet in it. The simple fibre arriving from its own simple cortex, pours into the minute chamber or cavity of the gland, a substance of the purest kind, which is conceived and born in the simple cortex—*i. e.*, the substance of the soul. And the finest vessels, which constitute the other portion of this simple or *vascula medulla*, supply a lymph or serum of the purest nature, capable of containing the purest corpuscles. From the marriage of these two substances the animal spirit is born.”

Note the striking resemblance between Swedenborg's words and Hahnemann's, where, in sections nine to sixteen of *The Organon*, he describes the nature of the vital force. In his *Review of Physics*, also, there are several thoughts which are right along this line, and which further elucidate his meaning. These citations from Hahnemann illustrate the same thought. The Divine influx from on high, the impact of which is carried through the efforts of the vital force to the corporeal body below, where it works out its ultimate purpose on earth.

The book by Hudson, quoted by Dr. Close, should be supplemented by a later work by the same author, *The Scientific Demonstration of a Future Life*. I think he shows there that the apparently blind action of the subjective consciousness becomes, under new conditions, and in a new atmosphere, the most potent part of the individual. While here it is under the control of the objective mind by which it is kept in subjection. In the future, after death, when the subjective mind becomes supreme and is rid of its material envelope, it unfolds into the immaterial, everliving soul.

Dr. Kennedy—Mr. Chairman. I feel somewhat the same as I did after Dr. Pease had finished. These are beautiful ideas that have been advanced; beautiful because they suggest not only what is possible, but probable, in the way of learning

more of our being in the future. This one thought seems to me among the most beautiful: "Man is but a branch of the vine in the cosmic organism." In regard to the use of the words "force" and "power." Can we use those words interchangeably? Is not force power in action? I would like to ask, if, in this experiment of Dr. Gates, there was discovered a development of the individual brain cells, or a development by the multiplication of cells.

Dr. Close—Both. He stated that there was not only an increase in the number but in the size and complexity of the cells.

Dr. Kennedy—With regard to Hahnemann's higher human mind I get the idea that the higher human mind is rational. Is not the human mind rational in contradistinction from the mind of the lower animal?

Dr. Close—The word rational expresses the ability to reason, the ability to use the faculties intelligently. An animal reasons on a lower plane. Driving down DeKalb Avenue not long ago, behind a trolley car, my horse was brought to a stop by the stopping of the car. We frequently follow a car in the track. The horse stopped at a distance of about five feet from the rear end of the car, and stood watching the conductor and the people getting on and off. He is very observing, and much interested in the doings of his human friends. Several people were getting off. Before the last one or two passengers had gotten off the conductor reached his hand up to the bell rope, and the instant he did so my horse, who was watching him, started forward. Now why did he do that? The car had not yet started, but my horse had previously observed that it was the action of the conductor in pulling the bell rope which made the car start. He had reasoned that out. I call that a form of reasoning.

Dr. Pease—He certainly used reasoning powers there to the extent of judgment and will.

Dr. Kennedy—It brings up the old question of the difference between instinct and reason. We regard man as a be-



ing capable of judging between good and evil. We accept that as the standard of what is rational and human. Certainly it is the realm into which the lower animal does not enter. This idea of the development of the brain brought to my mind an incident related years ago by a professor of physiology, at that time at Boston University, who was very peculiar, to say the least, in some of his ideas. He claimed that he could, by examining the skull, tell the general characteristics of the man to whom the skull belonged. He claimed that the brain in activity developed more or less at the expense of the bony structure within, so that it was relatively thinner.

We are under the action of certain beneficent laws that so operate as to keep us in health. We may violate these laws at will, but the law still works. We have perverted its action. The power is there, but working in a wrong direction. We cannot blame the power. Through our wrongdoing, or the wrongdoing of some one living before us, the train is set going on the wrong track.

Dr. Pease—As I listened to the paper I could not but realize that there was not such a great fundamental difference between my own thought and that of Dr. Close, as I had begun to think. But I do differ from the ideas quoted from both Prof. Gates and Dr. Hudson and others. I, perhaps, may seem to show egotism, but it is not that. I predict that Prof. Gates and Dr. Hudson and many others of the mental philosophers and investigators of the present time will change their conclusions and deductions in the near future. Hahnemann, in common with other mental philosophers, makes the mistake of calling the manifestations of force the force itself. They use the word "mind" when they mean the soul or essence. They use the word spirit, soul, and mind interchangeably. They will learn the difference between the soul, mind, and spirit in the near future. They are coming to it just as surely as they prosecute their investigations.

In regard to Hahnemann's "blind, unreasoning force acting automatically," that assertion is inconsistent with the operations of our existence. I will concede the blind action in disease, but in health the vital force or power of life acts in accord with the laws of highest intelligence. Because we are not intelligently conscious of the power of life is no sign of lack of intelligent direction of its operations. The essence, the soul, furnishes the intelligence which directs the operation of this vital force. If the instrument, the body, becomes in any way imperfect in any of its functions or organs, then will that power of life be placed in a difficult position. It cannot operate intelligently through the imperfect instrument, or part of the instrument. The essence or substance must be adjusted harmoniously with the instrument which brings that essence to our physical sense. Dr. Close in his paper, and Prof. Gates and Dr. Hudson give illustrations of their observations of the vital operations, and of the director of these operations, the power of life. I tried to demonstrate, in my paper, the source of that control. Prof. Gates's experiments on animals kept under certain conditions prove the position I have taken in regard to the formative and causative influences of mind or of the emotions. By experimenting on these animals he developed the particular faculties under training and observation, and the faculties, through the power of life, caused the elaboration of brain tissue. With the deprivation of light in one experiment, the power of life could not act in that direction, and because there was no action, there was of necessity, no physical tissue expression of that action. All these results and operations observed by experimenters, I hold, are simply manifestations of the faculties of the soul, which, in their sum-total, constitute intelligence. The subjective and objective mind spoken of are mere phases of operation of the faculties. The subject under hypnotic suggestion simply realizes, for the time being, his conscious control of the power of life, and loans it, so to

speak, to the will of the operator, and the power of life operates the subject and his faculties. Whether he is conscious or unconscious is another question. In the restoration of memory and its operation in fever, as in the case of the girl who unconsciously recited from memory what she had heard her master read at some past time, only the faculty of memory, and the faculties immediately related to it operated by reason of the fevered condition of the body. Reason cannot operate without the other faculties of the soul, either subjectively or objectively, by induction or deduction. Every normal form which has intelligence has faculties, and faculties can only act upon the physical structure of that form through the automatic, vital force. That force, I hold, must always be governed by the individuality or essence. In every animal form we meet with the different limitations to which they are subject. Those limitations differ according to the special use to be performed by intelligence, and are represented by the form in which that intelligence dwells.

Dr. Morgan—I don't know that I am able to add anything more than to ask a question about life. In the period of life from conception to birth, there seems to be going on a process of the finest architectural work of growth or structure formation, an organization of matter by some force. That force must come from or be governed by some intelligence, though the subject of the growth of the matter is entirely unconscious of it. The question with me is, What is it? I would like to hear some one give an explanation of that, whether it comes from mere chemical processes or from Divine intelligence. I do not profess to be able to solve the question.

Dr. Patch—Chemical processes would hardly account for the Divine creative instinct back of the pre-natal growth.

Dr. Kennedy—I suppose all these questions are to be resolved back to the primary intelligence.

Dr. Morgan—This paper, as well as the discussion, has been of most intense interest to me. I would rather have

quite a while to study it, however, before expressing any ideas.

Dr. Davis—I greatly enjoyed the paper, but will not take up time in discussing more than to ask a question. I thought the writer was about to carry the discussion into the vegetable kingdom. Is not the cellular action in the vegetable, in its process of development, governed by the same laws that govern the growth and development in the animal? Plants growing only a few feet from each other develop to be entirely different in color and shape and medical properties. Thus we get our different drugs, showing different properties when used. Can an action be called intelligent when it is not conscious?

Speaking of the development of tissue through the conscious action of the mind upon the brain cells recalls an instance which came under my notice where the nerve filaments of the finger had been examined, and there was found actual brain substance in these nerve filaments. It is abnormal, but it corresponded exactly to the development of the convolutions of the brain, as the writer stated. If the soul directs vital force, then all animals possess souls because all animals possess vital force.

Dr. Patch—Dr. Davis speaks of finding brain substance in the tactile corpuscles. Is it not a fact that all glands are analogous to the brain? All glands are similar in structure. Do they not really possess the same nature as brain substance?

Dr. W. S. Talcott—I think the verdict must be left with our psychologists. I do not know that they have taken it up, but as they pursue the subject in every way to determine the nature of the vital force and its action, I trust they will yet explain how results are accomplished. My own belief is that the vital force is a general one, controlling these mental manifestations which are peculiar to each individual. Statements should be made with care, while we look to our laboratories for a demonstration. We want the demonstration that practical experiment gives.

BUREAU OF HOMŒOPATHIC PHILOSOPHY.  
SOME MORBIFIC AGENCY INIMICAL TO LIFE.  
WHAT IS IT?

BY WM. L. MORGAN, M. D., BALTIMORE, MD.

It is not my purpose to try to make any improvements on the works of Hahnemann, to build any new structure in therapeutics, nor to make a new materia medica. I only propose to offer a few thoughts on the relation between the cause, origin, process, and growth of disease, and its cure by the simillimum. It appears to me to be of great importance to prove that Homœopathy is a perfect system, on a scientific basis, complete in every part, and every part perfectly corresponding with all the others. My present purpose is to invite the attention of thinking people to the subject, giving a few of the reasons of my belief, with a hope that some homœopathician who has a better faculty for using words, and a larger vocabulary than I have, will take up the subject and bring it before the profession in a better manner than I am able to do. I hope my colleagues will kindly give a little attention to this subject and then judge my paper on its merits.

It is my purpose to give reasons to sustain the following aphorisms:

That disease is the result of a vital force from outside of the body—an intruder.

That the natural life and diseased life are each nourished from the surroundings outside of the body, by immaterial substances suited for each purpose.

That disease and disease-producing plants, animals, and insects are nourished and grow from the same vital principle as the simillimum.

That the natural life is nourished and sustained by an immaterial vital substance from the surroundings outside the body.

That breathing air which contains an excess of noxious

gases or morbid vital substances will cause a deficiency of vital nourishment, and this deficiency will be supplied by morbid vital substances.

That an excess of morbid vitality makes food for an excess of the lower order of bacteria.

That the excess of supply over the capacity of the bacteria to absorb further displaces natural life and increases sickness. That the simillimum, by affinity, removes the morbid vitality and releases the natural life, restoring the normal condition—health.

Scientists tell us, and they generally agree on the subject, that matter is an aggregation of molecules, and that a molecule is an aggregation of atoms. That atoms composing organized matter do not touch each other, but are separated by an elastic ether. This ether, which may be regarded as a kind of vitality, varies in intensity from that in the hardest metals to that of the most volatile fluids and gases. It varies in kind and characteristics as substances vary. It controls the molecular motion, and we may claim that it controls the formation, organization, and preservation of what is called inert matter, as the natural life performs the same functions in the animal. This vitality, in its various kinds, is as necessary to the integrity of inert matter as life is to the various animals, and if withdrawn or forced away, disorganization will at once begin, just as the animal body will decompose when life is removed at death. Thus we see that this inter-atomic vitality is the life of matter and “the simillimum” of (most similar to) the natural animal life.

In the sphere of animal life we see the infinite variety and kinds of vitality from the highest type of most intelligent man downward through the various degrees of intelligence to the lowest order of parasites, including the microbe varieties, whose useful office to man is to absorb the noxious miasms that cause disease and even death to man and the higher order of animals. Hence, in looking over the vast variety of ani-

mal, bird, reptile, insect, and microbe families, we may say they are legion.

Now let us place alongside of this vast variety of organic, inorganic, fluid, and gaseous forms of matter, the equally great number of ethereal vital forces, keeping before the mind that each and every one of each kind is organized and held together by its own individual inter-atomic (vital) force, without which organic form could not exist.

The material scientist teaches the existence of atoms and molecules, and of the force that holds them together in organic form, though no man has ever seen one of them. Yet he concludes that it must be so to harmonize with other known facts.

With the same kind of reasoning we can understand that organic and inorganic substance is governed and maintained by a special vitality of its own which gives it shape or characteristics differing from all others, just as each class, species, or breed of animals differ from all others, according to its own organizing life force.

By the same reasoning the atmosphere and all gaseous matters are organized and controlled by ethereal life forces of their own kind, giving each its characteristics.

In studying the causes and conditions that lie at the foundation of sickness, we must take into consideration the soil, minerals, and topography of the section of country in which they occur. We can easily determine the locality where certain timber and kinds of vegetation will grow best, and where certain crops will yield the most. By experience and close observation it is easy to learn the healthy or sickly localities. Reptiles and the lower order of animal and insect life choose those localities in which certain vegetation grows most abundantly, for the reason that the life-nourishing ether of the region, which to man is miasmatic, producing fevers, sickness, and death, is best suited to their kind, while the reverse obtains in other places differently situated.

Take a very small seed, apparently composed of the same matter as other small seeds, but which is supplied by its parent stalk with a vital principle. While this principle is invisible to our senses, it is potent enough, when the seed is placed in favorable conditions, to start the seed to growing, and cause it to collect more material and an enlarged supply of vitality of its kind. While it is collecting, digesting, and appropriating material matter from the surroundings to build its own structure, it is also collecting from the surroundings additional vital nourishment to supply the newly acquired material with vitality of the same kind as the parent life. Where noxious plants grow and flourish to most perfect development, in the same localities man is liable to be so over-supplied with these vital plant nourishments as to render it impossible for him to get a sufficient supply of his natural vital nourishment to give force to resist the obtruding disease force. He soon absorbs too much of the latter and becomes sick. If it be of the Eupatorium, we all know of the bone aches, sick stomach, vomiting between the chill and fever in agues, found in localities where boneset grows, and how readily a case of such fever yields to Eupatorium, the simillimum.

What is true of Eupatorium will, by careful study and investigation be found applicable to every drug in the materia medica.

With regard to minerals and mineral salts, we may easily see that where they abound the decomposing processes of nature are constantly at work breaking up the organic structures and setting free the inter-atomic vitality. This floats in the air and water, or loosely combines or mixes with other substances and is absorbed, causing sickness as above mentioned.

The discovery of the X-ray gives much light on this subject. The light is formed by electricity in the ether in the Crooke's tube. In passing through the glass of the tube the light rays are refracted and the dark non-refrangible X-rays pass directly forward through various solid materials till they



strike the sensitive paper, when an impression is made, but if continued too long on human tissues they produce all the blighting effect of freezing. See the application of this in nature. The sun's light comes through the ether of space. The clouds refract away the light rays, but the non-refrangible X-rays pass through the clouds and into the earth, producing many of the phenomena of the X-ray. We see, in long-continued cloudy weather, the many blighting effects on animal and vegetable life and growth, so well known to the observer, where the system is saturated with moisture to the exclusion of a pure air highly charged with vitality to nourish and give strength to the internal vital being. It has the effect of rendering the system susceptible to the encroachment of sickness of various kinds.

The late discovery of the wireless telegraph that sends its message through walls, over or through hills and rocks, and makes an intelligible impression on a sensitive receiver miles away. Those who have given much attention to the subject advance the idea that the inter-atomic ether, or whatever it may be that occupies the spaces between atoms, both in solids and fluids, has much to do as conductor or medium in transmitting this occult force to its special destination.

Sixty years ago the telegraph was not known. Thirty years ago the telephone was not known. Moving heavy cars by electricity, or lifting heavy masses of iron by magnetism was not known ten years ago.

When these discoverers mentioned their ideas they met the strongest opposition, and even ridicule from reputed scientists, until their theories were proven correct and brought into practical use. Then could I, or any one else, expect to mention the theory that the inter-atomic spaces contain the morbid vitality from the outer world (see *Organon*, Sections 11 and 18), which causes sickness, as well as the natural vital nourishment that sustains the vital powers with strength to carry on the functions of material nourishment, and that the natural life requires a constant supply of vital nourishment

from without, and in the absence of that, may imbibe morbid vitality and disease without encountering the usual opposition and even unkind criticisms?

By these and many other illustrations we may understand what Hahnemann meant when he wrote Sections 11 and 18 of *The Organon*, where he referred to disease as "A morbid vitality from without, inimical to the natural life." When the system has become weakened by lack of a sufficient supply of the natural vital nourishment and is over-supplied with some morbid vitality, suited to the nourishment of the lower orders, life is obstructed, sickness and sick symptoms appear, and the morbid products in the excretions are loaded with that class of bacteria which feeds on the same morbid vital nourishment. Like all animals they congregate and multiply where the richest food is found in greatest abundance. But bacteriologists tell us that they never do harm till there is a susceptibility in the patient to their intrusion; hence they do not assemble until the food is provided by the disease vital force. Then they come; they eat, drink, and fatten, and absorb the vital poison and multiply as an evil weed absorbs its vital force. They may be collected in the excretions, triturated and potentiated and become the simillimum and curative for the same or similar sickness, like vegetable or mineral remedies, possessing the same morbid vitality.

From the above references, and by carefully reasoning from effect to cause, we may see in daily practice that sickness is caused by "A spirit-like (dynamic) process, resulting in the hurtful influences of hostile agencies from the outer world acting upon the healthy organism, and disturbing the harmonious process of life." We also may see that the bacteria have no more to do with causing sickness, either hereditary, contagious, infectious, or any other form, than the green flies that lay the eggs that make the maggots, or the buzzards and maggots that eat the carcass have to do with the killing of the animal.

## THE GOSPEL OF HAHNEMANN. HOW ARE WE PROCLAIMING IT?

BY A. L. KENNEDY, M. D., BOSTON, MASS.

By virtue of circumstances, varying more or less in each individual case, homœopathicians to-day possess the knowledge of certain facts, in regard to the treatment of disease, not generally understood by the medical profession. That we are in some degree responsible for this ignorance on the part of our colleagues is the conviction that prompts this effort.

Nearly a century ago Hahnemann gave to the world the good news of the relief of suffering humanity through gentle means, and such relief as can be found in no other way.

In Hahnemann's day a considerable number availed themselves of his benign method of treatment, and since that time multitudes have enjoyed the blessings of its health-restoring power. How many more might have experienced its benefits if all the so-called homœopaths had been true to Hahnemann's teachings and example!

Does it not seem as if the mere fact of the existence of such a blessing would lead the people to demand that it be given them? In every department in life man is looking for that which is best. Given a thing better than that already in vogue and the people want it and will go after the man who has it. Humanity may be foolish but it is not blind. In the history of reforms the people have shown their readiness to test, to investigate, and on evidence, to accept new views; the people have less prejudices to overcome, fewer theories to be refuted. The members of a profession or calling are proverbially slow to recognize any good that does not come in the legitimate channel—that is, from sources to them oracular. The human mind is naturally skeptical, and, incongruous as it may appear, often becomes more so after years of training and study that are supposed to open up and develop

and broaden its powers. To a degree this skepticism may be accounted for from the fact that the individual, owing to the necessity of the case—the brevity of life—cannot personally investigate every question that arises, but must depend upon knowledge gained second-hand from those whose particular experience has led them to become conversant with the facts. And facts even are made to appear in various lights according to the reflecting power of the transmitter. Again there exists also the well-known tendency of man's thought to follow a certain line, to run in a groove, and anything that threatens to disturb such a course is regarded with suspicion. These and many other things might be made excuses for not accepting a truth.

In the medical profession we find no exception. We must take people as we find them; we have no alternative. It has often seemed to us that, if possible, doctors of medicine were more averse to accepting anything not in accord with their pre-conceived ideas than members of any other profession, perhaps, because by the nature of the professional relations they are able, to an exceptional degree, to control the movements, if not the opinions of their patients.

As evidence of this one has but to glance at the history of some of the medical boards during the past few years.

Verily it would seem as if they had constituted themselves dictators to their respective communities, whose members had no rights which they were bound to respect. Indeed, they would fain possess the people, body and soul, and only upon obtaining vouchers duly attested, would the individual be permitted the act of respiration in God's free air! I have nothing against the institution, *per se*; indeed, I regard it as quite necessary. But I must believe the intelligent member of society has some rights that even the average metropolitan board of health is bound to respect. Perhaps no profession exercises such control over its patrons as the medical. This is due in a large part, no doubt, to the universal and wide-

spread ignorance, on the part of the masses, of the laws that govern their physical being.

If along with the study in our public schools of the physiological effects of alcohol upon the human organism, an equal amount of time was devoted to the consideration of the pathological effects of some of the standard drugs in use by the dominant school of medicine, I think it would be of inestimable advantage in warning against their use on the part of the people and a potent factor in limiting their employment by the physicians. There is an altogether too indiscriminate use of drugs that have no legitimate place in any medical armamentarium. Then there is the abuse of drugs which, properly administered, are valuable and effective of good. From the earliest history of medicine to the present day the people have been deluged with drugs sanctioned and advocated by the medical profession. Multitudes of poor unfortunates are thronging our thoroughfares to-day the unconscious victims of this unbridled propensity for drugging. Is it any wonder that daily there come to our offices men and women, and even little children, who bear the marks of this accursed practice! "But the people demand it," one says, "and we cannot stop it." And why do the people demand it? Because they know of nothing better; they are deceived, deluded, ignorant of the injury received by the course they are pursuing. From earliest infancy they are taught by example and precept, not only by parents and guardians but also by the family physician (whom they learn to regard as the personification of wisdom) that this is the thing to do, and that any withholding on their part or deviation from the regular method will be fraught with direful consequences. Thus they go on until, through some accident or chance influence, or, as frequently occurs, through some bitter experience, one and another are aroused to a realization of the fact that there exist some things of which even their family doctor is not aware. We have as much as said that the doctor is the

responsible party, in a great measure, for this hindrance to the progress of truth.

If any one questions it he has but to refer to the records of the past; from the earliest history of the art of healing; from the time when the would-be healer performed over his victim his magic and mysterious incantations, until now, any one who dared advocate any new idea or attempt the application of a different principle from that which was sanctioned by antiquity was most summarily dealt with. Surely in the early days it required a brave man to teach a new truth. Such an attempt was deemed sufficient cause for his execution, and this prevailed not alone in the medical profession but was manifest throughout the scientific world in general.

We all know the experience of Hahnemann; how he was driven from his home and suffered persecution in various ways because he advocated that which was destined to become a blessing to mankind. But we need not despair for the world does move, as evidence of which there came first the modification of the punishment meted out to reformers. Instead of being called upon to pay the penalty with their lives these would-be benefactors were subjected to persecutions, varying in kind and degree down through the years, until now a man may advocate a new truth, or present an old truth in a new form without fear of suffering more than the consequences of ridicule or misrepresentation.

We hopefully anticipate the day when every movement looking toward the improvement of man's condition in any one department of his threefold nature, physical, mental, or moral, will be at least regarded with courtesy till a fair and impartial judgment, born of honest, careful, and wise consideration, shall consign it to the realm of the abandoned or welcome it and gratefully appropriate it as an added proof of the goodness of the Creator.

Now and then there come to us words of refreshing, even as gentle showers upon a thirsty soil, assuring us that our

prophecy is not wholly Utopian. Illustration of this is afforded us in the recent utterance of Prof. William James, of Harvard. The quotation is from his address last March, before the Committee of Public Health of the Massachusetts Legislature, in opposition to the restrictive medical bill :

“I rise to protest against this bill; I come to represent no body or persons with special interests, but simply as a private citizen interested in good laws and in the growth of medical knowledge. The medical profession are urging the bill in the interests, as they believe, of true science. Those who oppose it, they think, can do so only in the interests of ignorance and quackery. I hold a medical degree from Harvard University. I belonged, for many years, to the most scientific of our medical societies; I have taught anatomy and physiology, and now teach mental pathology, in Harvard College. The presumption is that I am also interested in science. I am indeed; and it is, in fact, because I see in this bill (along with some good intentions) a movement in favor of ignorance that I am here to oppose it. . . . One would suppose that any set of sane persons interested in the growth of medical truth would rejoice if other persons were found willing to push out their experiences in the mental-healing direction, and provide a mass of material out of which the conditions and limits of such therapeutic methods may at least become clear. One would suppose that our orthodox medical brethren might so rejoice; but instead of rejoicing they adopt the fiercely partisan attitude of a powerful trades union demanding legislation against the competition of the ‘scabs.’ . . .

“Now as to calling the Massachusetts Medical Society a trades union, trying to influence legislation against scabs, I can hardly imagine any member of the Society affirming that, in the movement of the present bill, trades-union motives are totally absent. I venture to say that you dare not, gentlemen. You dare not convert the laws of this Commonwealth into obstacles to the acquisition of truth. You dare not do

it, gentlemen—and yet that is what you are asked to do, exactly, if you pass this bill.”

Other equally noteworthy and commendable examples of honesty are not wanting.

Now, gentlemen, in view of the present attitude of society toward medicine and the medical profession, are we using our influence to the best advantage and in every possible way to correct the evils that exist, and to banish from our midst that belief in error that to such a degree permeates the minds of a misguided people? Undoubtedly the best way to drive out the darkness is to let in the light; but should we not in all honorable ways and at every opportunity exert ourselves for the good of the community? With all our good work along professional lines unquestionably the best to-day in therapeutics, it seems to me there should be a more rapid advance of a knowledge of the principle that underlies our practice. To be sure, a good deal is accomplished toward this end by our individual personal instruction to our patients, as we meet them from time to time, and something is done also along the same line by some of our homœopathic colleges (we wish them Godspeed); but these and other means at present in use are not doing the work that ought to be done. All the facilities at present at our command are employed primarily to further other objects, consequently of necessity are inadequate to this particular end. Sometimes I have thought that a course of popular lectures, or a series of popular articles, appearing from time to time in the daily press, might do much to aid in this direction. A few simple statements of fact printed upon slips or leaflets, for discreet distribution, might be of value. All of these and many other like measures have been in use more or less, and undoubtedly have been productive of good, but there remains yet a wide field for occupancy.

Nineteen hundred years ago the Great Physician gave to the children of men His injunction: “Go ye into all the world and preach the gospel to every creature.” I believe the spirit



of this command, rightly interpreted, conveys the idea that man is to be so taught, respecting the Divine plan concerning the race that no one need be completely under the dominion of evil, but that all may avoid such experience; and this, I believe, old theology to the contrary notwithstanding. The same principle applies in medicine. True, Hahnemann, one hundred years ago, said, "The physician's highest and only calling is to restore health to the sick, which is called healing." But Hahnemann lived in the days when "old school medicine" and "old school theology" held undisputed sway. To-day we recognize the fact that man need not of necessity go to the devil for a number of years, varying according to the prevailing individual tendencies, in order that subsequently he may become converted and be restored to moral health; nor need he become a physical wreck or even extremely ill before the services of the physician may avail.

The time is approaching when, under the benign and far-reaching influence of the gospel of physical healing the homœopathician will find his highest but not his only "calling" consists in the work of instructing those in health in the art of so conserving the forces of their being as to preserve their powers intact. Upon you and me and those whom we represent devolves mainly the duty, as it also becomes the privilege, to hasten the coming of that day.

Upon us, I say, because we represent those who have recognized that in the law of similars is found the science of therapeutics. This beneficent law, given us by the first Great Healer, and promulgated by His devoted and grateful followers from Hahnemann until now, is in itself the guarantee of the approval of the Almighty and therefore of the justice of the cause and of our final victory.

#### DISCUSSION.

Dr. Close—This is a timely and excellent presentation of genial and cogent philosophy. Just a word as to the pro-

mulgation of the truth that is in Homœopathy. It is certainly one of the highest, if not the highest privilege of the homœopathic physician to be a teacher, not only of the evil effects of drugs, and of the abuse of the organism in various ways, but of the principles of Homœopathy, and that is a very broad field. It does not mean the application of the principle of Similia in the selection of a medicine alone, but also in the direction of the life and thought. The principle of Similia, when legitimately carried out, touches every phase and sphere of human life, and furnishes the solution of every problem of reform or reorganization. The homœopathic physician should so fill himself with the spirit of Homœopathy as to become a living evangel of the higher truth.

Dr. Pease—I too, want to thank Dr. Kennedy for his excellent paper, because it is a fine application of the principles I hinted at in my paper yesterday—that is, in regard to the rules of mental and moral hygiene and sanitation that I believe homœopaths ought to teach. There is no question that people can be helped to understand the evils and ravages of this universal habit of drugging, and prevented from rushing to the thousand and one fads and advertised patent medicines.

Dr. Patch—I would like to applaud Dr. Kennedy's paper most heartily. We ought not to feel superior to our brother physicians, because, I think, physicians are usually earnest and honest in their work. That if they fail the failure may not arise from personal fault. It may be for lack of proper opportunity. I think there is a great deal to be done in the spread of Homœopathy. Every homœopathic physician should be a promulgator of his belief. *The Organon* should be his Bible of practice just as the Bible of Christianity is our great book of faith. There is one grand way in which we may always preach the true gospel. It is by means of the cured case. That is the surest way. Let the people have ocular demonstration in the cured case, and they are im-

mediately convinced that there is something of value behind it.

Dr. Davis—I was exceedingly interested in the paper, and in the remarks that have been made. I think, however, that when the people see the cures we make, they may not be able, unless more light is given them, to distinguish between the true cures we make and the palliation they get from different forms of treatment. They say, “Yes; I have been relieved, but not as quickly as I was when I took Morphine.” There seems to be something necessary to give them insight into what accomplishes the cure. That is the great obstacle I frequently meet with. If we have a case of gall-stone or appendicitis we must do something right off or we have failed in their opinion.

Dr. Pease—And yet, Mr. Chairman, in these very cases of appendicitis there comes the opportunity of teaching the injuries of such drugs as Morphine, not only to the patients directly but in obscuring the symptoms which enable us to select and demonstrate the power of the homœopathic remedy. I find that many times I can illustrate a point and carry conviction in just such cases by demonstrating to them that pain is the kindly teacher of nature to show them that there is something wrong.

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TIGHT LACING.—In a paper read before the Georgia Medical Association by Dr. W. E. Fitch, April 21st, the relation of tight lacing to uterine development and disease of the female organs of generation was considered. The author stated that the Africans, Indians, and all other people who wear loose clothing, are almost entirely free from pelvic disorders. They have most natural and perfect pregnancy, the easiest deliveries, and the most satisfactory puerperium.—*Bacteriological Review*.

## BOOK NOTICES.

A PRACTICAL TREATISE ON THE SEXUAL DISORDERS OF MEN, by Bukk G. Carleton, M. D., Genito-Urinary Surgeon and Specialist to the Metropolitan Hospital and Polyclinic. New York: Bœricke, Runyon & Ernesty, 1898.

This very learned volume has been before the profession for the last five months, and we can cordially recommend it after an experience with it of over three months.

The pathology of the sexual organs is excellent, and the treatment, while not always homœopathic, certainly tends that way. There are details of treatment which belong to the rational therapeutics of the old school. But it has a department of therapeutics which is really homœopathic, and very good as far as it goes. We miss the repertory which should be at the end of the materia medica in this department.

In his preface the author says:

"A careful examination and analytical study of a large number of patients suffering from the various diseases of the prostate, prostatic urethra, seminal vesicles, ampullations of Henel, the testes and spermatic cords, with the numerous associated reflex symptoms, which disappear as recovery progresses, cannot but strengthen the opinion that the great majority of the so-called functional diseases of the sexual organs of man and their accompanying neuroses will be found to be reflexes from a local disease of these parts. If these lesions are recognized and properly treated, many, if not all, of the disorders of sexual function can be relieved, and a normal, moral, and sexual life re-established.

"The nervous reflexes and manifestations associated with sexual disorders have been considered in the past to be diseases *per se*, or as arising *de novo*, it being almost the unanimous opinion that the cause in general was a diseased condition of the brain, aggravated possibly by environment, or communications received through the special senses of sight, smell, and touch. The true causes were however, generally allowed to pass without attention or treatment, and untold thousands of individuals with bright minds were permitted to degenerate or become total wrecks.

"It must not, however, be inferred that the author is of the opinion that all mental and moral depravities or physical and financial failures are due to lesions within the sexual sphere, but he is distinctly of the opinion that a large percentage of these conditions arise primarily from morbid impulses which originate from irritation or local disease of these parts."

The above quotation is here given to more clearly show what is the aim and object of the author in writing this book, and what value it will have to the practitioner in his daily practice.

We trust that his notice gives the desired insight, and that he who procures a copy of it will not find it a disappointment.

THE PORCELAIN PAINTER'S SON: A Fantasy. Edited with a foreword by Samuel Arthur Jones, M. D. Philadelphia: Bœricke & Tafel, 1898. Price, cloth, \$1.00; by mail, \$1.05.

This tiny book is written in the style of a novel with a view of giving the reader a glimpse of the childhood days of Samuel Hahnemann.

By its style it creates a sympathy for the master not obtainable in a more pretentious narrative. It must, therefore, arouse in those who know but little of Homœopathy and nothing at all of its founder, an interest which must lead them to a serious inquiry into the merits of the new school of medicine.

To those who have consecrated their lives to the cause it sets the beloved master in a more tender light and makes his image more vivid. This seems to be its function; this seems to be the intention of the author. In his intention he has succeeded. To it is appended a lecture entitled: "Under which King, Bezonian?" This lecture was delivered in the Homœopathic Hospital at Ann Harbor, Michigan, by request of the Faculty, on the evening of April 13th.

This lecture is very sarcastic and contains many fine "cuts" at the enemies of the homœopathic school.

This little volume is a pleasant means of entertaining one's self for a half hour. It should have a place on the table in the waiting room of every physician.

THE HOMŒOPATHIC THERAPEUTICS OF DIPHTHERIA, by C. M. Boger, M. D. Lancaster, Pa.: T. B. & H. B. Cochran, 1898.

This volume of eighty-two pages is intended by its author, as he says in the preface, to give a "bird's eye view, as it were, of the homœopathic therapeutics of diphtheria as enunciated by our best practitioners."

It consists of a preface in which is taught the true homœopathic method of selecting the remedy; a materia medica in which are given the principal indications of the principal remedies, among which we note Carbolic-acid, Amygdala-amara, Arsenicum-iodatum, Kali-permanganicum, Laccaninum, Cyanide of Mercury, and Plumbum-iodatum, and a repertory in which the values of the remedies are given by differences in the size of the type.

The whole forms a beautifully printed little book of large 12mo dimensions, and can be carried in the pocket for convenient use at the bedside.

It is therefore a convenient and most welcome addition to the monographs that are used by the homœopathic practitioner in his great warfare against sickness and death.

THE PHONENDOSCOPE AND ITS PRACTICAL APPLICATION, with Thirty-seven illustrations; with translations of special articles by Felix Regnault, M. D., of France, and M. Anastasiades, M. D., of Greece. Translated by A. George Baker, A. M., M. D. Philadelphia: George P. Pilling & Son, 1225 Callowhill Street, 1898. Price, 50 cents; post-age, 5 cents.

The Phonendoscope is a new and wonderful instrument which is now replacing the old stethoscope for examining the lungs and heart.

The amplification of the sounds in the chest obtainable through its use is incredible to those who have had no experience of its use.

Not only by it may be made out the ordinary and well-known sounds of the chest with more distinctness but even sounds of the various abdominal organs and of the *fœtus* in utero. It is possible, by its use, to trace out the margins of the various organs of the body and to note the outlines of the *fœtus* itself and determine its exact position. While thus conducting this examination by the ear, it is possible, greatly, to aid the examination by carrying on at the same time a form of percussion examination. For this purpose, the Phonendoscope being placed upon the part to be examined, say the liver, the finger is pressed lightly against the skin and then moved along so as to make a slight rubbing effect. This rubbing produces sounds not at all audible to the unaided ear but of considerable loudness when listened to with the aid of the instrument. Another way is to gently tap with the point of the finger on the part to be examined. The results so obtained being marked with a soft crayon on the naked skin, we can actually map out on the surface of the body the outlines of the organs concealed within.

The book before us describes all these processes and more. It describes the Phonendoscope and gives illustration of the instrument itself and of all the different methods.

BRITISH, COLONIAL, AND CONTINENTAL HOMŒOPATHIC MEDICAL DIRECTORY FOR 1899. Edited by a member of the British Homœopathic Society, and Dr. Alexander Villers, Corresponding member of the British Homœopathic Society. London: Homœopathic Publishing Company, 12 Warwick Lane, Paternoster Row, E. C.

This is a duodecimo volume of 118 pages, whose object is sufficiently explained by its title. It has been noticed in a previous edition in this journal. The present edition is much improved, especially in the continental part being much fuller and more accurate. It is a desirable book

for American travelers abroad who desire homœopathic treatment. By having a copy of it in his traveling bag the tourist can always tell who is the most suitable physician to consult in any town he may be visiting.

THREE THOUSAND QUESTIONS ON MEDICAL SUBJECTS: Arranged for self-examination. With the proper references to standard works in which the correct replies will be found. Second edition, enlarged. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street, 1899. Price, 10 cents.

This book contains, as its name imports, three thousand questions on medical subjects. The answers to these questions are not given in the book. Instead, there follows each question a compound number which, on consulting the key in the front of the book, refers for the answer to some standard book of reference, where, on a page also indicated in the number may be read the correct answer.

The standard reference books which have to be consulted are Gould's Medical Dictionary, Morris's Anatomy, and the various quiz compends which have been the specialty of Blakiston's Son & Co. for some years back.

This book is a valuable assistance for physicians who contemplate practicing in a State where they have not been heretofore registered and find it necessary to appear before a board of examiners. Such physicians can prepare themselves for the examination with confidence by following this book.

THE INTERNATIONAL MEDICAL ANNUAL for 1899 will soon be ready to place in the hands of subscribers.

This is the seventeenth year of its publication. Among the special articles will be found the following: "Practical X-Ray Work," by R. Norris Wolfenden, M. D., B. A.; "Advances in Skull Surgery," by Seneca D. Powell, M. D.; "Surgical Treatment of Paralysis," by Drs. Robert Jones, F. R. C. S., and A. H. Tubby, M. S., M. B. These articles will be freely illustrated, chiefly by reproductions from photographs. "Climatic Treatment of Consumption," by F. de Havilland Hall, M. D., F. R. C. P. An article on "Legal Decisions Affecting Medical Men," by William A. Purrington, A. B., LL. M., will be found interesting and pertinent. In response to the request of many of our subscribers there will be found an article on "The Chief Pathogenic Bacteria in the Human Subject," with descriptions of their morphology and methods of microscopical examination, by S. G. Shattock, F. R. C. S., the Pathological Curator of the Museum of the Royal College of Surgeons, London, illustrated by a series of finely colored plates. Octavo cloth, 700 pages. Price \$3.00. E. B. Treat & Co., Publishers, 241-243 West 23d Street, New York.

## NOTES AND NOTICES.

### THE BACTERIOLOGICAL DIAGNOSIS OF DIPHTHERIA.

BALTIMORE, NOVEMBER 4th, 1898.

*To the Editor of the New York Medical Journal:*

SIR.—Now that we physicians of Baltimore are in the midst of quite a great deal of diphtheria, a recent experience of mine may be of interest to guard against putting too much confidence in an absolute diagnosis being made by bacteriological examination.

In one case in which a prompt recovery had been made in an infant it was desired to get certificates for two brothers to return to school. During the baby's illness one of the boys had had a sore throat and made a quick recovery; the other had not been sick at all. Cultures taken from both throats showed that the boy who had had the sore throat was free, while the case of the one who had not been sick at all was reported to me as being diphtheria. This occurred on October 19th, and up to date the boy has had no symptoms.

Another case was reported to me on the 29th ult. as not being diphtheria; clinically, however, it was the worst case I have ever seen. Two injections of two thousand units of antitoxine each were administered, but gave no relief, and intubation acted simply in prolonging life a few hours.

I am in no way attempting to cast ridicule on the bacteriological examination of cultures to determine a diagnosis. Errors could creep in and mistakes be made. I sent a second culture because of this, and it, too, was returned as negative.

We could be lulled into a sense of false security by a negative report, and such experiences as mine may help any statistics that are being collected on the treatment of this dread disease.

ALBERT S. ATKINSON, M. D.

*(New York Medical Journal.)*

A NEW ANÆSTHETIC.—Two Germans, investigators, MM. Einhorn and Heintz, have lately discovered a new anæsthetic which they call orthoform. It belongs to the group of aromatic amidoethers, and is a light crystalline white powder, tasteless, odorless, and of weak solubility.

With acids it forms soluble salts, which are also anæsthetic, but too irritating to be employed locally on mucous membranes. Applied in powder or ointment to a wound or raw surface, orthoform renders them insensible—a fact confirmed by repeated clinical observation. In extensive burns, especially, orthoform allays the severest pains in a few minutes, and the relief endures for hours. Being non-poisonous, there is no danger in re-applying it as often as may be required after the first effect has ceased.



Thus, in a case of ulcerated cancer of the face, where constant and excruciating pain rendered sleep impossible orthoform to the amount altogether of fifty grams, was dusted over the sore for a whole week. Pain ceased, and no ill effect followed. The remedy is equally safe and effectual when administered internally as an anodyne in cancer of the stomach. Moreover, it is a powerful antiseptic, and consequently promotes healing. Orthoform has no effect on the unbroken skin, but owing to its decided action upon mucous membranes, may prove valuable as a local anæsthetic previous to operations on that region—a question which is now experimentally determined at Munich.—*Paris Revue Scientifique*.

### TOOTING.

A tutor who tooted the flute,  
 Tried to teach two young tutors to toot;  
 Said the two to the tutor,  
 Is it harder to toot or  
 To tutor two tooters to toot?

See the picture in another column of lovely women in the Lagar; girls treading grapes to music at Quinto Cellieros, Portugal, wearing short jackets and pants. Speer, of New Jersey, has improved methods and the excellence of Speer's wines is attested by physicians throughout America and Europe who have used them. Orders are shipped to Dresden and Vienna.

MARCHAND'S PREPARATIONS.—When you cannot procure from your druggist my medicinal preparations in their original, unbroken package, viz., Peroxide of Hydrogen (medicinal), Glycozone, Hydrozone, and Eye Balsam, please address your order to my agent for Pennsylvania, Mr. Wm. T. Berry, 109 So. 11th Street, Philadelphia, who will fill same promptly.

Yours truly,

CHARLES MARCHAND,

Laboratory, 57-59 Prince Street Cor. New Elm Street, New York City.

DR. CYRUS EDSON of the New York Health Board, and Dr. Mott, of the Bellevue Hospital, give their unqualified endorsement to Speer's wines for the sick, and the debilitated and aged.

HOT WATER IN THE TREATMENT OF GONORRHŒA.—C. S. Murrell (*Massachusetts Medical Journal*, 1898, Vol. XVIII) advocates hot water irrigations in the treatment of acute and chronic gonorrhœa. The apparatus consists of a soft catheter, which is passed to within one inch of the prostatic urethra. It is then connected with a "gravity apparatus," in which the water is gradually heated up to the point of tolerance. The

stream flows in through the catheter, and returns between the catheter and the mucous membrane. Several quarts of warm water may be used at each treatment. Some patients can tolerate a temperature as high as 180 or 190 degrees F. The following advantages are claimed for this method of treatment:

1. The course of the disease is shortened by at least two-thirds, making the average limit of the case—viz., stoppage of the discharge—nearer one week than three.
2. The discharge immediately changes from a purulent to that of the nature of gleet, and is reduced to a very small quantity.
3. There is absence of chordee and pain in passing urine.
4. Stricture, as a sequel, which is well understood to be the frequent result of using strong astringents, is improbable.—*Bacteriological Review*.

SERUM-THERAPY.—Geo. W. Cox, M. D. (*Journal of the American Medical Association*, Oct. 8, 1898), in a paper on this subject, gives an account of the history of serum-therapy and its value as a therapeutic measure.

The Turks are credited with being the first to use this form of treatment. Nearly two hundred years ago they practiced a crude form of inoculation against small-pox. Their methods were not practical, so the practice died out, and it was not until several decades later that Jenner revived the idea in the form of vaccination.

The practical application of serum-therapy was not made possible until Louis Pasteur discovered the relation of microbes to disease. Following this discovery, in rapid succession, the numerous and useful ideas now so familiar to every student of medicine, including the explanation of the cause and nature of infection, of contagion, and of the principles of prophylaxis and cure by vaccination.

Pasteur also gave to the world the new treatment for hydrophobia. Thus he laid the foundation upon which the superstructure of serum-therapy is now being erected. He is acknowledged by the whole world to be the "father of bacteriology" as it is known and practiced to-day. Through this relationship he must forever be designated as the *grand-father of serum-therapy*.

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. XIX.

MARCH, 1899.

No. 3.

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PROCEEDINGS OF THE SOCIETY OF  
HOMŒOPATHICIANS,

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BUREAU OF CLINICAL MEDICINE.

F. W. PATCH, *Chairman.*

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RHEUMATISM.

BY A. L. KENNEDY, M. D., BOSTON, MASS.

Rheumatism—what mingled feelings of horror and pity stir the heart at the mention of this name! The thought pervades all classes, the high and the low, the rich and the poor, the dwellers in the mountains and the inhabitants of the plains. It is well-nigh universal, for all are alike subject to the disease, and few may escape its baleful attacks.

Unlike many another dread enemy of man's comfort that seemingly lies in wait like a cowardly foe in ambush watching an opportunity to spring upon the unsuspecting, or, waiting to attack the sufferer already beset by others, this bold disturber of human rest, disdaining help from allies, fearlessly

chooses its victims from among the robust, and even evinces a preference for those in early manhood and womanhood, in whom the life current runs full and strong.

The knowledge that one is afflicted with rheumatism seems to carry with it the conviction—a sort of foregone conclusion—that that one is suffering from an incurable disease, and this opinion is held regardless of the nature or type in question.

That the people should hold such views respecting this affliction is not strange when one considers the attitude of the medical fraternity in the aggregate toward the same condition.

We are all familiar with the story told of the sufferer from chronic rheumatism who consulted a prominent physician of wide experience, with a view to receiving treatment. The would-be patient was most graciously received, but upon making known the nature of his ailment had his attention called very unceremoniously to the space over the office door where rested the doctor's trusty rifle, and at the same moment the voice of the sagacious follower of Æsculapius rang in his waiting ear: "Do you see that gun? Get out of my office as quick as the Lord will let you; if you don't, I'll shoot you."

This incident, though perhaps legendary, yet serves to illustrate the attitude of the dominant school of medicine of to-day toward this troublesome and intractable malady.

With the medical profession holding such views it is not to be wondered at that the laity should be considerably exercised at the idea of a possible attack, for it is a notable fact that the people are not slow to interpret and voice the feelings of the profession toward a prevailing disorder, nor is it to be thought strange that a school of medicine holding the opinion that the cause of disease must of necessity be a *materies morbi* should realize its inability to cope with the malady, the real ætiology of which is entirely unknown. Once given a thorough acquaintance with the determining *cause* of this dis-

order and the method of procedure is comparatively plain (?). Is it an excess of alkali in the blood?—correct it by administering a due amount of acid. Is there already too much acid in the system?—then it should be met and overcome by a sufficiently vigorous alkaline treatment. And if it could only be discovered by some enterprising aspirant for notoriety in the medical world that all infirmities of this nature were due to some wandering member of the microbe family who, separated from his fellows and unable to rejoin the “flying squadron,” is yet determined to let his energies be felt by improving every opportunity to run the blockade and effect a landing on susceptible soil. If such could be the case what a boon to humanity! But alas! an afflicted world still waits for the microbe; but be not disheartened, good people, for even now there are rumors that the trail of the serpent has been discovered, and who knows but that ere long this subtle enemy, this wary strategist will be found, only to be speedily “bottled up” for due inspection and disposition becoming his rank.

What a travesty on medicine! We will not trespass, gentlemen, upon your patience, nor use your valuable time on this occasion, to recount the numerous theories of rheumatism that have successively if unsuccessfully flourished from time to time since the earliest ages. Their name is legion; their history is spread upon the pages of our medical books; whosoever will may read—suffice it to mention at this time two or three only. One, the germ theory, which to-day is gaining so many adherents on other lines, seems to have made but little progress here. In regard to this the *American Year-Book of Medicine and Surgery* for 1898, referring to examinations made for bacilli with the view of determining the infectiousness of the disease, says: “Cultures varied in results, though those made from the fluid in the joint and also from neighboring glands both showed a bacillus. This was regarded as evidence of the infectiousness of the disease. Yet as many before and since have discovered bacilli no reliance

can be placed on any of the claims to the discovery of the specific bacillus." Of this theory Osler says: "Investigations thus far have shown no constancy of any micro-organism in the disease." Another, the nervous theory, is said to have many advocates who regard as analogous, locomotor ataxia, chorea, and the arthropathics of myelitis; but the theory that perhaps of late years has the most adherents is the so-called metabolic, implying the presence in the system of morbid material, the result of defective assimilation, and this material, it has been suggested, is Lactic-acid or Lactic-acid with certain combinations. This latter theory was first advanced a little more than two decades ago, and while still advocated to some considerable extent yet seems doomed like its predecessors to be eventually discarded.

And in the matter of treatment the old school is even less united (if possible) than in the direction of ætiology, but lest I be suspected of prejudice on the point, I transcribe, for the benefit of any who might be so exercised, the words of Prof. Austin Flint, on pp. 1096 and 1097 of the fifth edition of his treatise on *Principles and Practice of Medicine*, published in 1884. He says: "There are few diseases in nosology, the treatment of which, during the last half century, has undergone such mutations as that of acute articular rheumatism. Among the measures more or less in vogue during the period just named are the following: Bleeding, general and local, Mercurialization, Colchicum carried to the extent of producing vomiting and purging, Nitrate of Potassa, an ounce or more given daily, Opium in large doses, large doses of Quinia, and the use of Veratrum-viride. Cases in which reliance has been chiefly placed on each of these measures have pursued a favorable course, and the treatment has seemed to be successful. Want of knowledge of the natural history of the disease—that is, where it has been allowed to pursue its course under favorable hygienic circumstances, uninfluenced by therapeutical interference—has heretofore rendered it difficult to judge

of the effect of different methods of treatment. My report of thirteen cases, and the report by Dr. Sutton of a larger number, treated with only palliative remedies, show an intrinsic tendency in the disease to end within a shorter period, and a less degree of liability to complications than have been hitherto generally supposed. Hence it may be reasonably concluded that the influence of different methods of treatment over the duration of the disease and the occurrence of complications has been over-estimated. Each of the measures above enumerated probably is, to a certain extent, useful in certain cases, but a special controlling influence over the disease is exerted by none, and clinical observation has shown the development of endocarditis, pericarditis, and other complications under treatment by each of them. It is not worth while, therefore, to discuss their merits and demerits severally, inasmuch as few, if any, practitioners now rely upon any one of them." And Osler, in his work recently published, regards the matter in much the same light. He says: "Medicines have little or no control over the duration or course of the disease." And referring to the recent advocacy of Salicylic-acid and its compounds he further says: "Salicyl compounds act chiefly to relieve pain." Other works consulted, including Reynolds, Pepper, Strümpell, Keating, *Reference Handbook of Medical Sciences*, *American Text-book of Applied Therapeutics* for 1896, *American Year-Book of Medicine and Surgery* for 1898, and Gould T. Vint, confirm these views. To the mind honestly striving for something reliable upon which to base a system of treatment, but bewildered in its search by the multitude of conflicting and ever-varying theories that greet him on every page, how refreshing to turn to Hahnemann and note with what assurance he defines the course to be pursued in order to furnish the best results! While his colleagues are striving to determine the particular form of the bacillus for each phase of the disease, respectively, that they may know what drugs to em-

ploy, Hahnemann recognizes no material thing as the essential cause, but with the knowledge that there is a disturbance of the vital force proceeds to apply to cases of all description, to all manner of ills to which mankind is heir, including that under consideration, the one principle of therapeutics, the one law of cure, with the satisfaction of showing by far the best results of any method of practice thus far employed, and the experience of his followers with their tens of thousands of patients for nearly a century has served to confirm the superior excellence of his system.

In a personal experience of over twenty years I have found the same natural law to be applicable in the therapeutic management of *this* as in all other human ailments that have thus far fallen under my observation. Not all the cases of rheumatism that I have treated have been restored to perfect health, but my success has been such as to warrant me in regarding the results as most gratifying. Cases of an acute nature have yielded promptly to the indicated remedy. We are taught that one attack of rheumatism predisposes to another. But in our experience with that phase known as rheumatic fever we fail to recall an instance where there has been a subsequent attack, and this notwithstanding, in some cases, severe exposure. Some of these patients had previously suffered from repeated attacks.

Treatment of cases of a sub-acute and chronic nature—as might be expected—has not shown as satisfactory results. This, I believe, may be attributed to various reasons. The nature of the disease (possibly in some case incurable), the lack of patience on the part of the patient, and the inability on the part of the prescriber to select the appropriate remedy.

Some of these, however, have responded beautifully, which fact is certainly a very suggestive one, and one fraught with hope for many a poor sufferer.

Remedies: Of remedies we have used several as called for,



and each in turn has served us well. We would call your attention to but one, and of that we can scarcely speak too highly. It has helped me greatly in controlling cases characterized by migratory pains. These cases are sometimes very trying, baffling the best efforts of the physician, and keeping him constantly anxious, searching for the appropriate remedy. It is a class of cases in which one is led to consider such remedies as Kali-sulphuricum, Kalmia, Lach., Ledum, Lyco., Puls., Sulphur, et al. The remedy is Lac-caninum. We do not find it referred to in any work on the homœopathic therapeutics of rheumatism, save Lilienthal's. The latter author mentions it briefly, calling attention to its characteristic feature—alternation of sides,—and this is the symptom I have repeatedly verified. Not only is this tendency in the case checked but the whole condition of the patient is speedily and decidedly improved. It would appear that if ever a remedy has a so-called "key-note" then alternation of sides is the key-note of Lac-caninum. This applies not only in rheumatism but in other conditions. In regard to diet I would say that my rule is a light, nourishing, but non-stimulating food. I use some form of cereal as best borne by the individual patient. Fruit and vegetables are desirable, qualified, of course, to suit individual cases. I advise rheumatic patients to refrain from meat, as it has seemed to me they do better without it. In some cases it has seemed best to proscribe even the use of milk. Osler says, "Meat should be used most sparingly." To sum up, in conclusion, we note, First, of rheumatism, considered ætiologically we to-day know nothing. Second, rheumatism in its acute form is curable. Third, rheumatism once cured is not likely to recur.

#### DISCUSSION.

Dr. Kimball—I think any one of us would rather attend to a case of rheumatic fever than a case of chronic rheumatism. Acute cases will get well, usually, chronic ones are doubtful,

to say the least. In regard to the diet I think it is much more important in the acute cases than in the chronic. I always restrict meat entirely, also the use of milk, on account of the Lactic-acid it contains, and acids generally. I have seen decided aggravations occur on account of taking a lamb chop or a glass of milk. In acute cases where fever is not high, and there are no indications of disturbances of digestion, potatoes, fish, cocoa, bread and butter, etc., can be given. If there is much fever the diet is rather unpleasant for the patient, being chiefly, for my patients, water gruels. As I do not want them to eat at all until they are hungry, they are usually hungry enough to take it. In chronic cases I do not believe the diet has as much effect. I forbid the excessive use of meats such as mutton and beef, also acids, and of course stimulants should be avoided in all cases.

Dr. Carleton—That was an orthodox paper from a homœopathic standpoint. I have been interested in the use of Lactic-acid, which is especially indicated if there is a bright, shining, glistening throat. Many cases cannot take milk; some can. Some who cannot take it plain take it scalded. Some who cannot take it in that form can take koumiss. In chronic cases, what agrees with one is poison to another. Do not eat or drink that which hurts, but otherwise eat that which agrees. I am glad to see the Doctor keep so near the rules of Hahnemann. If we follow his rules we shall be all right.

Dr. Butler—I rise principally to ask if any have had anything to do with Lactic-acid. It was prophesied that this would have much to do with rheumatism. Has anybody had any favorable or unfavorable experience with it?

Dr. Patch—I have had one case that was cured by Lac-caninum. It was a case that extended over a good many years. At first it seemed to be a Rhus-tox. condition but later on more careful study, Lac-caninum was prescribed. That was some four years ago and there has been no return of the trouble. I believe it to be a complete cure. The patient had

had much trouble with the heart, and this also is improved. He is a furniture mover and does hard work. Another case, I do not remember the early history, was taken some four years ago with intermittent fever, which was removed by Belladonna. He was a typical Belladonna subject. The following spring he had no intermittent fever, but a rheumatic fever at the corresponding season. I have never been able to formulate any satisfactory rules of diet for rheumatism. I belong to a rheumatic family myself, and for the last five or six years I have been a strict vegetarian, yet this method of living is no specific against the disease. With patients I have not seen any particular results follow the taking away of meat, although I have been in the habit of doing it. Rheumatism, however, has always seemed to me to be associated with digestive troubles.

Dr. Close—The relation between rheumatism, Lactic-acid, and Lac-caninum is often illustrated. The chemists find Lactic-acid in the blood and in the secretions in rheumatism, and many cases are aggravated by the use of milk. It seems as though some principle which is specific in milk bears a very close relation to rheumatism. Lac-caninum corresponds to a type of cases not infrequently met, in which the pains and inflammation shift from side to side.

Dr. Pease—I can also verify the good work done by Lac-caninum in cases of rheumatism, and by Lactic-acid in gout. The only satisfactory experience I ever had with Lactic-acid was in two cases of gout. The wife of our old friend Dr. Ballard had been troubled with rheumatism in the joints, but there was a peculiar Pulsatilla condition. Pulsatilla was studied and given, and did no more than possibly palliate it. The condition that led to these two remedies was the migratory action of the symptoms, but when I noticed the changing from side to side I gave Lac-caninum with very pleasant results.

Dr. Davis—I have had one case in particular where Lac-

caninum was curative, and I think one other observer has spoken to-day of a case where he gave Lac-caninum when at first it appeared to be a Rhus-tox. case. My case also appeared at first to be a Rhus case, but Lac-caninum cured. The symptoms were the same as mentioned in the paper. Pain occurred alternately from side to side.

Dr. Pease—I have just been asked what symptoms I noticed in the two cases of gout. Principally the souring of the milk as soon as it reached the stomach. Strangely enough there was a craving for milk in these two cases. That led to the selection of Lactic-acid.

Dr. Kennedy—The diet, I think, is as important in chronic as in acute rheumatism, but in a little different way. Dr. Carleton has suggested that where milk cannot be borne in its raw state, it is borne sometimes when scalded, and salted. I would like to ask Dr. Pease if this was done in those two cases which were so irritated by milk?

Dr. Pease—Yes, sir; in the case where milk was taken.

Dr. Kennedy—Dr. Carleton also said that acute cases would get well provided we would let them alone. I will not dispute that, but will say that if we treat them homœopathically they will get well sooner and the disease is not so likely to recur. I have had no experience with Lactic-acid. If milk is so objectionable, and causes such aggravation in some cases, it would certainly seem as though there was something about it that affected these cases seriously, and the inference is that it is Lactic-acid. Therefore Lactic-acid, given homœopathically, might cure. When a patient suffering from chronic rheumatism is treated homœopathically and relieved, even if he is not cured, he is likely to remain in a very much better state of health ever after. I am glad to hear so many verifications of Lac-caninum. The first time I used Lac-caninum was in one of those cases of alternation of sides. I studied the case as well as I could. The man was a Pulsatilla patient, and he received Pulsatilla, but it did very little

for him. He would get slight relief and go back as before. I tried other remedies as closely allied to that as I could find. I consulted Dr. W. P. Wesselhœft and he went over it carefully and said to me: "He has had Pulsatilla?" I said "Yes." He said: "Then give him Lac-caninum." He gave him one little powder. I went to see my patient the next day and found the same old story. I fixed the "second best remedy in the materia medica," and gave him a powder of Lac-caninum on his tongue. The next day I visited him and asked him how he was. He said about the same. He had previously been worse in stormy weather, and the night had been rainy. I asked him what kind of a night he had, and he said fairly good. I fixed some of the "second best remedy" to take regularly. The second day, as I went in, he sat up in bed, took hold of both my hands, and said: "I have not been able to do that for three weeks, have I?" He said that he felt a great deal better. He has never had a return of the trouble.

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## EPILEPSY.

### *A Case from Practice.*

BY E. CARLETON, M. D., NEW YORK CITY.

This malady has pestered mankind for ages. It has been persistently studied by the medical profession, and yet is not understood. Anatomical investigation has failed to give any explanation of epilepsy. Every kind of lesion has been discovered; and, again, every particle of tissue in the human frame has been found to be apparently in perfect health. The pathologist surrenders. The disease is styled "functional." The homœopathic physician, alone, understands that in this, as in all other forms of sickness, all the symptoms of the individual constitute the only guide to the similar, curative agent, and that nothing more is needed. The general symptoms have, indeed, been carefully recorded by many able ob-

servers, but for diagnosis, classification, and prognosis mainly. Therefore it is no wonder that the prevailing method of treatment of epileptics is scarcely ever anything but disappointing—so much so that the report of a cure by a physician is pretty sure to be assailed by his professional brethren, who think the case was not properly diagnosed. To come within the pale, either *epilepsia mitior*, sudden, temporary, but absolute arrest of both perception and volition; or of *epilepsia gravior*—complete loss of consciousness; tonic muscular spasm, more on one side; impeded respiration, dilatation of pupils; later, in addition, clonic convulsion, frothing at the mouth, and finally stupor, must be present.

The prevailing treatment is disappointing. What can Old Physic do, but give a bromide, and that in huge doses, which bring but temporary palliation and respite, and work much damage to the patient? Yes, they can besides perform operations, and thereby palliate some cases.

Formidable as is this disease, it can be made to yield to pure Homœopathy. Bönninghausen is said to have cured thirty cases; and all of us have had a measure of success in the same direction. It seems desirable to place on record, from time to time, some unquestionable cures, and thus establish the truth. The following case is given in illustration, for that reason. I have followed the notes in my case book rather closely, thus making a somewhat longer, but, it is to be hoped, also more natural and interesting history.

Mrs. C——, aged thirty-four, first applied for help January 19th, 1893, and described her case as follows: Seven years before gave birth to a child at the seventh month. Digitalis, given for dropsy of the mother, had killed the child, and miscarriage soon followed. Treatment, heroic Allopathy—curette, Ergot, much Whisky. Six days after delivery she was partially paralyzed by embolism of right, middle meningeal artery, the left limbs gradually becoming useless. Consultations were held by eminent physicians, including a specialist

of international reputation in mental and nervous diseases. They gave enormous doses of Iodide of Potassium, Nitroglycerine, and perhaps other drugs. After a long while she became able to walk a little, slowly, dragging the left foot, and to swing the arm and clasp slowly with the fingers. A peculiar feature was her inability to unclasp without aid.

About the time that she became able to limp, epileptic seizures were noticed, gradually becoming more frequent and severe. Patient stated that for a month before their appearance she had, by prescription, had ice applied to the spine, and that it "irritated" her brain. Again the same eminent counsel were brought in. Their diagnosis was true epilepsy. By their direction the attacks were called "fainting spells." She has never been undeceived. Her mother told me, and described the appearance and actions of the patient. The largest permissible doses of bromidēs in variety, Hypo-phosphites, Ammonia, and Fowler's Solution of Arsenic were given. Gradually the attacks diminished in frequency and violence to a certain point, and refused to budge any farther. Their type remained unchanged. Then the drugs named were stopped. Cascara-sagrada was ordered for constipation, and she took much of that. In fact, all the way through her physicians seemed to study their patient's ability to swallow medicine, and to give as much as they thought she could stand. When a "fit" occurred she was simply kept quiet. Old Physic confessed defeat, and retired.

At our first interview it developed that the attacks were irregular, averaging, say about one in three months, usually preceded, about 11 A. M., by fright, palpitation of heart, dizziness, occasionally nausea; between two and three next morning her mother would hear a scream; find patient unconscious, with head twisted to the right, thumbs clenched by the fingers, tonic and clonic spasms, eyes rolled up, and pupils dilated, chewing and frothing at the mouth, tongue bitten, followed by long, stupid sleep.

She was a woman of medium size, dark, languid, calm, of sweet disposition. Reproof would cause dark areas to appear under the eyes; easily hurt, silent, submissive. Strange lapses of memory, temporary and partial, occurred at uncertain times. Itching of scalp; hair greatly inclined to plica polonica; habitually patted the floor with her right foot; left hand and foot in condition described; cold extremities since childhood; poor appetite, good sleep; menses every six weeks, rather free.

Here was a problem to solve—how best to antidote Digitalis, which had suppressed the dropsy, killed the child, and produced miscarriage; also the currettement, Whisky, and loads of drugs; also the ice to the spine, which had precipitated epileptic attacks; and the monumental drugging that ensued. How best to antidote and to cure; for the condition that led to the first bad drugging must be considered. I stuck to the law of cure, studied the symptoms present, and was by them guided to the remedy. No promises were asked for or given, but hope was expressed by me that her condition should be mitigated. The constitution and mental state pointed unmistakably to Ignatia. The spasmodic symptoms and those related thereto, with the concomitants, were fairly well covered by the same remedy. Although Nux-vomica is oftener the antidote to drugs, still Strychnia, the principal constituent of it, exists also in Ignatia. A foot-note by Hering, page 178, Vol. VI, *Guiding Symptoms*, reads thus: "There are many more Ignatia persons in North America than Nux-vomica persons, at least this side of Mason and Dixon's line. C. Hg." Ignatia was chosen. In my experience a drug, especially a vegetable, which is to act in the double capacity of antidote and curative, is often best given in medium potency, at short intervals, until reaction is observed, and then stop.

Accordingly, Ignatia, 200th, in water, was given every two hours until improvement should be observed.

As expected, constipation was the first item complained



of. All drugs, including tea and coffee, had been forbidden. Said the patient: "What shall I do?" My answer was: "Do nothing unless great oppression or uneasiness develops, then use a simple enema of warm water." She was obedient, and constipation steadily improved. My notes do not show when improvement in the case was first noticed, but my recollection is that it was a few weeks—less than a month. I know that improvement soon abated when the medicine was stopped; that it was given again, less frequently and for a shorter period before improvement again appeared; that the second time of improvement was longer than the first, and that the same plan was continued—the need of medicine gradually tapering off. July first, six months after the first study of the case, the following letter was received from the mother:

"She is feeling rather languid. The dizzy turns which seem always to mark the latter part of the interval between the serious attacks, have begun, and she has had two, each one a week apart. They generally begin at four weeks after the serious attack. This time it was six weeks before the first one appeared. Since you have had Mrs. C—— in charge the intervals are longer each time. She is run down and feels poorly."

The next letter was August 14th, three weeks later than the one just read. This is the report:

"She is feeling weak and miserable. Her monthly sickness came August 1st, after the usual six weeks' interval, and ceased the 8th. Yesterday (13th) she was again taken, and has quite a flow. She is very black around the eyes, and looks ill. Appetite and sleep all right. It will be eleven weeks to-morrow since she had one of her bad attacks. A week ago she had an attack of indigestion, which to my great amazement, did not cause a convulsive attack. This is, of course, a great gain."

The next day I sent to Long Branch, where they were, two powders of Ignatia, 200th, one to be taken at bed-time, and

the other next morning. They were too late, as this letter, dated August 16th, will show :

“Mrs. C—— had a convulsive attack yesterday, 6 A. M. It was slight—all over in fifteen minutes. So you see there is improvement. The interval (eleven weeks) was the same as before, viz., March 14th, May 30th, August 15th. I forgot to tell you in my last note there is improvement in the left arm. Certain quick movements not made before. The flow still continues very freely.”

Improvement then went on with little interruption, each seizure being followed by a dose of Ignatia, 200th. The last attack was July 17th, 1894, as I learn from a long letter from the mother, expressing gratitude, written July 18th, 1895. This extract will show :

“I write with a full heart, for it is just one year since my daughter’s last attack. She is well.”

A year ago, June, 1897, I made careful examination of her case, and found nothing wrong. Function was restored to extremities; no “fainting fits;” felt well. This June, 1898, I find no fault. Four years having elapsed without any trouble, the patient being in good health, it is safe to say that this severe and complicated case has been cured.

#### DISCUSSION.

Dr. Kennedy—Epilepsy is a disease which I believe we all dread to meet. I have had but little experience in treating epilepsy. In one or two cases, possibly three, I have been able to prevent the return of the attacks after treating them some time. In the other cases that have come under my observation I have tried the best I could and failed. I do not think that Homœopathy failed, but I did not find the remedy.

Dr. Kimball—The most difficult cases are those in which there has been excessive use of bromides. It seems to make them almost incurable. I have had several and my treatment was nothing more than palliative; they were not cured. As

Dr. Kennedy said, that was not the fault of Homœopathy, but my fault.

Dr. Close—I regard that as a remarkable case beautifully cured. I wish I had in my records a case which would match it, but I am sorry to say that I have not. I have had some very severe and very troublesome cases of epilepsy, and have not perfectly cured any of them. I am inclined to think that one secret of Dr. Carleton's success was his close adherence to the maxim of Davy Crockett:—"Be sure you are right, then go ahead." It is necessary to find at least a close simile, if not the simillimum, and then adhere to it until it accomplishes its work. I am convinced that the steady concentration of the physician's will on the patient in the desire and purpose to cure has something to do with it also. But he must not waver. If he wavers, or doubts, thinking some other remedy may do better than the one selected, he will be very apt to fail.

Dr. Patch—I have been much interested for the last year or two in watching a case which has been under the care of Dr. Ranney, of New York. The case has been the rounds. The people come on to New York and the patient remains under treatment for a few days. So far there has been only slight, if any, diminution in the frequency of the attacks. I think increased care in diet may have had much to do with even that. I often wonder if the cases of epilepsy which come on after the suppression of external disease differ from any other form of the disease. I have one case in mind. A case of eczema in childhood. That was suppressed, and epileptoid symptoms appeared, complicated with intermittent fever. I have been able to bring about a return of the intermittent fever, and hope to be able to cure the entire case in the future.

Dr. Davis—I had, a short time ago, a case which would perhaps hardly be diagnosed as epilepsy, but the cause, so far as we knew, was a blow on the head some time before the seizures commenced. Had them at rate of eight or ten a day. Some of them would last some time, some only a few minutes.

Had been under the care of many physicians but with no result. Influenced by the history of the case I gave Arnica 1M. As the patient lived out of town I sent medicine by mail. The report was that the patient was much better. A recent letter said that she had no return of attack thus far.

### NASAL POLYPUS—A CLINICAL CASE.

BY F. S. DAVIS, M. D., QUINCY, MASS.

October 28th, 1897.—Mr. T. L. W., a strong healthy Englishman *æt.* 47, dark complexioned, dark eyes and hair, large frame, good weight—183 pounds—and ruddy face, came to my office with the following history:

Always enjoyed good health; two years ago worked at stone cutting for several years; now works on watch repairing. At age of eleven months had small-pox; was purposely exposed by his father. Two years ago began to have sneezing spells, with obstruction of nose—coming suddenly—could hardly breathe. Had his nose examined by specialist, who diagnosed polypi, which he proceeded to remove. He was told he would have to come again for treatment, as the growths would return. He was treated sixteen times in six months, getting relief for a time only, the doctor telling him there was no cure for them except to keep cutting until they got tired of growing.

He was telling me of his experience, and I informed him that the trouble could be cured with medicine. As he was at this time trying to get his courage up for another treatment by the specialist he was glad, he said, to place his case in my hands.

On examination nose presented a swollen appearance which destroyed the natural shape, and internally it was red and swollen, making it difficult to examine the growths, but they could be seen. Said he had pneumonia fifteen years

ago; had been well since except at times could not sleep; had taken every kind of sleeping powder and various catarrh cures, but with no benefit.

For two or three years has had diarrhœa spells, coming on suddenly, day or night; painless mostly, except little gripe at first and slight trouble with piles; slight rheumatic pains in left knee and right shoulder only occasionally. Subject to catarrhal trouble in posterior nares—dropping of mucus in throat. His uncle had polypi at same age. Fine capillary vessels very marked over his face. Had pedunculated warts removed from back. When a boy had warts on hands. Now discharges clear water; will sneeze so constantly he cannot work; itching on back of hands but never finds any reason for it. His father contracted itch before marriage.  $\mathcal{R}$ —Sulphur, CM., a powder, night and morning for a few days, then Placebo.

November 4th.—Reported improvement; spells of sneezing much less severe, and less frequent; breathing easier; to-day, had a little diarrhœa—yellow stools. Placebo.

November 27th.—Better, until to-day, when a sudden sneezing spell came on at 8 P. M., with tingling in nose and throat; water discharge from nose drops if head is held down. Last night, on blowing the nose, had a firm mass come away, that had a hard feel to touch, and felt fleshy. Did not see it to examine it. Nose felt free after this except the watery discharge continued; nose is free now. Tells me he found a small pedunculated wart on his back, and that he once had a wart removed from his little finger, years ago. Feet are very dry. Placebo.

December 12th.—No change in the head symptoms; feels cross and aggressive; can't stand any disturbance. He says this is very new for him; constipation. *Nux-v.* 200.

December 26th.—Has been so troubled with nose being obstructed he could not sleep; sneezing almost continuously; comes on as soon as he gets out of bed, better as soon as he lies down. Exhibits his arms covered with wen-like tumors,

some large, others small; also on back and thighs. They have been there a long time—fifteen years.

I gave Placebo, requesting a report in three days, if not better.

December 29th.—No better; sneezing and other symptoms continue. As I had been looking up a remedy, by the help of Dr. O. M. Drake's very complete repertory of polypoid growths, and as my patient seemed to get an aggravation from damp weather, also the nose being sore, which was much increased by touching it, I gave Marum-verum, 1M—a few doses, followed by Placebo.

January 19th.—Reports not much change in head and nose, but calls my attention to a new line of symptoms. The angles of the ribs are so sensitive to pressure of the bed that he cannot lie down in bed; must relieve these parts of pressure; has had more or less of this for the past fifteen years. Heels will be sensitive to pressure of bed; also the knees if they press on each other—old symptoms. Ears will not endure pressure of pillow—old symptom. Heels are tender to pressure on standing, also soles of feet; frontal headache mornings on waking—a dull pain, with slight nausea, with disgust at food. I gave Medorrhinum, 1M.

January 27th.—Head quite clear; very little sneezing; sleep some better. Had diarrhoea at 4 P. M. and at 8 P. M. yesterday—stool yellow with much flatus, and some griping pain, relieved after stool; good sleep last night—free from headache to-day. Ribs still feel sore lying in bed; very sensitive to noise at any time. Placebo.

February 23d.—Has had no headache; better appetite than for some time; sleep much better; stool natural; ribs still trouble; hips seem to get sore in bed; less rheumatic pains; head clear. Placebo.

March 9th.—Reports better in every way; has had no trouble with nose; it begins to look natural in shape; breathing is perfectly free; no headache. Placebo.

April 10th.—Only troubled by the soreness of ribs at night; no soreness of the feet; nose free; no watery discharge. It feels natural; nothing to complain of. Placebo.

April 17th.—In walking, has noticed a tendency for the toes to flex; will not notice it until a painful tiredness comes on; a tendency for the jaws to be firmly closed; will not notice it until they begin to ache from the pressure. Wen-like tumors seem less firm, and it does not hurt to press on them as it used to do; nose looks in natural shape; feet now perspire and feel natural. Placebo.

May 1st.—Itching of ear quite marked about the edges; toes and ribs still troublesome; some nights is so nervous and restless can't sleep; jaws have been natural; had another firm mass expelled from the nose—looked like putty. Placebo.

May 11th.—Improvement. Placebo.

May 26th.—Has two attacks of diarrhœa, coming on in the afternoon—one each week after eating rhubarb. He says rhubarb always causes diarrhœa. I gave one dose of Rheum. 1M.

June 2d.—Reports has had no more diarrhœa; nose feels good. Placebo.

June 19th.—Has had more loose stools, yellow color, coming on 3 to 4 o'clock P. M., and again at 10 P. M., on June 5th, and again on the 10th of June, and also on the 11th of June; June 13th had slight pain in bowels, but no stool; bowels natural since; has had, for days past, itching over middle of chest and at border of ribs, and on the arms near elbow joints; otherwise feels well except the sides trouble him in bed, and he has had some dull pain, at times, in the chest near border of ribs. Placebo.

This case is still under observation. The nose gives no trouble but on the contrary is freer than for past three or four years, and of very much better shape, and his general health is improving.

## DISCUSSION.

Dr. Kennedy—The symptom mentioned by Dr. Davis in his paper, viz.: "Inability to keep the feet still," is very suggestive of another remedy—Zinc. I wish to ask the doctor if he was led to the remedy by that symptom.

Dr. Davis—That symptom being characteristic of Zinc, I consulted the guiding symptoms under Zinc, and there found a close correspondence of not only the verified symptoms, but also those marked as less characteristic, which left no doubt in my mind that this was the simillimum, or at least a close similar, and it is proving curative.

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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 Jan. No., page 22.)

*The Pall Mall Gazette*, of February 21st, 1890, says: "The news is confirmed that leprosy is spreading in New Caledonia, and about 3,000 aborigines had been attacked. Two lazarehouses have recently been built."

"On June 2d Mr. Gourlay called the attention of the Under-secretary for the Colonies to the increase of leprosy in Jamaica. Mr. H. Brown, editor of *The Simla Herald*, writes from Simla on October 2d, 1889, 'Leprosy is spreading almost by leaps and bounds.' In a lecture before the Bath Literary and Philosophical Association, January, 1890, Mr. Austin T. King quoted statistics from the census returns in India, showing that in 1872 there were 99,073 lepers. In the census returns of 1881 the numbers were put at 131,618."

Q. 10,162 (to Sir Charles Dalrymple). The answer of the Under-secretary to the question put to him by Mr. Gourlay was, "There is a considerable number of lepers in certain



districts in Jamaica, but the Secretary of State is not aware whether the number is increasing."

Although not forming part of Mr. Tebb's testimony, it seems to the editor that it will be of use to the student, whether of leprosy or of vaccination, to give here the summary of the conclusions arrived at by Mr. Tebb, in his work, *The Recrudescence of Leprosy*. It is true that Mr. Tebb is not a doctor of medicine but it is the opinion of the editor that he is a man of accurate observation and of painfully conscientious reasoning. He decidedly knows more about leprosy and vaccination than any physician the editor has ever known. The summary now given will be found on pages 350-2, of the work above named:

"1. That leprosy has greatly increased during the last half century, and that it is prevalent in many places where it was formerly unknown.

"2. That whilst the opinion of medical authorities and experts varies considerably on the subject of the contagiousness of leprosy, the preponderance of authority is in favor of the theory that it is not contagious in the ordinary sense of the term, but is communicable by means of a cut, sore, or abraded surface; and this view is confirmed by my own personal investigations.

"3. That other alleged factors such as malaria, a fish diet, syphilitic cachexia, heredity, and insanitation are admittedly unequal to explain the rapid growth of the disease in certain of our (the British) colonies and dependencies, as well as in other countries.

"4. That on one point there is much agreement and hardly any dissent, viz.: the inoculability of leprosy, and that the view of leprosy as an inoculable disease, while it is most clear to those who take the malady to be due to a bacillus, is older than the bacteriological evidence and is not dependent thereon.

"5. That the most frequent opportunities of inoculating the

virus of leprosy are afforded in the practice of inoculating vaccine, which is the only inoculation that is habitual and imposed by law; and that the evidence here adduced is calculated to show that vaccination is a true cause of the diffusion of leprosy.

“6. That the official information, collected by interrogatories and otherwise, has not been hitherto of a kind to show how far vaccination has determined the amount of leprosy in recent times, and that any interrogatories that may be sent out in future should not be limited to ascertaining the effects, as regards leprosy, of hypothetically ‘pure’ lymph. When on very rare occasions interrogatories have been submitted they have been framed to ascertain the results of a purely hypothetical system of vaccination, which is not anywhere discoverable in practice, and alleged to be unattainable (*i. e.*, with pure lymph, and free from hereditary taint), and the replies are therefore futile and misleading.

“7. That with the exception of two groups of cases, those adduced by Dr. Roger S. Chew, of Calcutta, and Dr. S. P. Impey, of Robben Island, those reported in this volume (*The Recrudescence of Leprosy*) have not been the result of special investigation, but have cropped up accidentally in the course of medical practice, and in some instances have been published by practitioners with apologies to the profession for presenting such unwelcome disclosures.

“8. That the increase of leprosy in the Sandwich Islands, the West Indies, the United States of Colombia, British Guiana, South Africa, and New Caledonia has followed, *pari passu*, with the introduction and extension of vaccination, which, in nearly all these places, without previous inquiry or demand from the inhabitants, has been made compulsory.

“9. That as leprosy is a disease of slow incubation, often taking years to declare itself, and in its incipient stages can be detected only by practitioners of large experience, it follows

that in countries where leprosy exists there is great danger of extending the disease by arm-to-arm vaccination.

“10. Leprosy being one of the most loathsome diseases to which the human race is subject, and being practically incurable, it behooves all interested in the public well-being to do their best to prevent its diffusion, and, as a means thereto, to discourage the practice of vaccination on that ground, if on no other.”\*

Q. 10,165. Mr. Tebb quotes the report of the Select Committee of Victoria upon the vaccination law, together with the proceedings of the committee, minutes of evidence, and appendices ordered by the Legislature to be printed March 24th, 1881:

“Fourteen witnesses were examined, of whom six were public vaccinators, and six leading metropolitan medical practitioners. A list of questions was also transmitted to prominent medical men in Ballarat, Geelong, and Sandhurst; and the replies received from them appear in a tabulated form in Appendix B.

“Your committee find that the opinions expressed by the various medical men are so conflicting and contradictory on

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\* The use of the so-called calf lymph, common in the United States, and now proposed in England, is but another of those “shuffles,” whereof, Wm. Cobbett, referring to Jenner, said “Quackery has always one shuffle left.” Small-pox poison passed through the cow until from twenty to thirty ulcers are formed, from which the poisonous matter mixed with the animal’s blood is taken wherewith to impregnate the blood of healthy human beings, is not only likely to communicate small-pox to the vaccinee, but strange to say, ulcers on the cow, from whatever source, seem to have a tendency to take on a form or character resembling syphilis. It will also communicate tuberculosis if the vaccifer cow be tuberculous, a disease to which the bovine race is specially disposed. Many kinds of skin diseases are also liable to be inoculated, though they may not have been recognized in the cow at the time. The long continuance of the process of milking, long after a calf would have been driven off by the cow, which is generally practised from evident economic reasons is probably the main cause for the tubercular disposition of the bovine race.—M. R. L.

many points as to render their testimony of little practical value.

"On the question of re-vaccination, for example, some stated that it was not necessary; others that it should take place every seven years, whilst others, again, would extend the period to 14 years. There was the same diversity of opinion with regard to the number of punctures or incisions to be made in the arm. One witness affirmed that the operation would be of little efficacy unless four punctures were made, and suggested that all vaccinators should be compelled to make that number. Another witness considered one cicatrix sufficient, and a third thought it would be better left to the discretion of the medical man, as some children were not strong enough to bear four marks." . . . Greater unanimity prevailed on the question of the communication of extraneous diseases, such as syphilis and scrofula, by vaccination, although some of the witnesses maintained that there would be no liability to such transmission unless blood were drawn during the operation. Dr. Beaney and Dr. Sparling, however, mentioned instances that came under their observation, of syphilis and erysipelas being communicated to children from purely colorless vaccine matter which contained no trace of blood." \*

Qs. 10,166-7. There was also a committee which reported to the parliament in New South Wales, and in view of the conflict of testimony there also found, legislation was deemed inappropriate, and there is no compulsory law in that colony.

Q. 10,169. In the New South Wales report Dr. Jean Werner Gunst testified that when he was exploring in Madagascar he vaccinated different tribes and found it introduced a number of new diseases. It was the same in New Caledonia.

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\* Strange to say, after expressing these views, the committee contents itself with reporting a recommendation, that calf "lymph," which always contains blood, be substituted for "arm-to-arm"!—M. R. L.

Q. 10,170. Dr. Gunst states: "I was for seven years the only doctor for 120 miles at the Richmond and Clarence Rivers, New South Wales, and I had the best opportunity to watch the effect of vaccination. I was not like a public vaccinator who takes the vaccine and sees no more of the children, but I had to follow up the children and see if they became ill and if they were ill they came to me. I have seen scrofula and eczema and skin diseases of different types, which never appeared in the family before, attack children that before were healthy, and from my experience I calculated that in about 20 per cent. of cases of arm-to-arm vaccination diseases are produced in a family which were never known in it before."

Q. 10,170. In *The Pall Mall Gazette* for October, 1872, is an article under the heading "Vaccination on Virgin Soil," relating to the resistance to introduction of compulsory vaccination in the Isle of Foula (one of the Shetlands). Mr. Tebb wrote to the Registrar of the Island for information, on April 7th, 1883, and about a year later received the following reply:

"DEAR SIR:—Your letter of April 7th, 1883, only reached me lately. There have been no cases of small-pox in our Isle, now, for fifty years back. The parish doctor visits us every two years to vaccinate the children, and many of the parents refuse to permit the operation, because we have seen so much damage done to children through vaccination. The Island numbers in all 267 inhabitants, young and old. Many of the children are being destroyed through skin eruptions, and, instead of being healthy, as formerly, are now sickly and yellow, and some have never had a day's health, and all through vaccination.

"PETER PETERSON,  
"Registrar of Foula Isle."

Wishing for later information, on July 18th, 1889, Mr. Tebb wrote again and received the following reply:

FOULA ISLE, AUGUST 26th, 1889.

“WM. TEBB, ESQ.,

“DEAR SIR:—Yours of July 18th is to hand, on vaccination.

“First, no small-pox ever visited this Isle since year 1800.

“Second, the effect of vaccination upon the public health has been very bad.

“Third, there has been increase of children’s diseases, caused by vaccination.

“Fourth, the present population of the Island is 264.

“Fifth, the people all object to vaccination, and many of the parents of children will rather suffer the whip of the law than give up their children to be vaccinated.”

Qs. 10,173-4. Gives a quotation from the work on *Constitutional Syphilis*, by Dr. James George Beaney, surgeon and teacher of practical and operative surgery to the Melbourne Hospital, expressing a positive opinion that “syphilis is in very many instances communicated by means of ‘child’s vaccine lymph.’”

Q. 10,176. Refers to the Elberfeld disaster in 1887. Report received from the burgomaster of Elberfeld:

“Report on the skin diseases which prevailed during the summer, in consequence of vaccination with animal lymph.

“A few children were taken ill at the end of April of the present year (1887) and several hundred more at the end of June, in connection with vaccination with the animal vaccinating paste supplied by me, presenting symptoms which, for the present, I may briefly explain by stating that they coincide completely with those observed in the summer of 1885, at Wittow, on the Island of Rügen, and in the district of Cleve, which were described at the time as *impetigo contagiosa* (or moist tetter). During the nine years of the existence of my establishment these were the first complications arising from animal vaccination brought to my cognizance.

“There were, in all, three calves to which the vaccine in question could be traced back.”

Then, after making various efforts to show that there was no "causal nexus" between the sickness of the children and one of the calves, he admits that from 600 to 800 children were taken ill, and not only does not deny but expressly admits that "there was no further doubt entertained as to the connection of the latter with the vaccine employed." On page 4 he says, "The vaccinating lymph was derived from the vaccinating institute of Stettin. It had originally been taken from two children at Füllchad, near Stettin, and was diluted with a solution of Thymol (1 : 1000) in the proportion of 2 (lymph) 1 (Thymol diluted)," and on page 5 he says, "It was not possible to find out the nature of the defect in the lymph."

Q. 10,188 (Mr. Hutchinson). "You are aware that impetigo contagiosa is a very slight ailment?" I am aware that it is a very troublesome disease."

Qs. 10,192-3. Shows a statement, *Lancet*, July 17th, 1880, by Mr. J. T. Hibbert, parliamentary secretary of the Local Government Board and a member of the Select Committee on Vaccination which sat in 1871, in which he admitted that the increase in infantile syphilis from 255, in 1847, to 1,554, in 1875, was largely due to vaccination; also the denial of the same by the editor of *The Lancet*.

Qs. 10,195-10,200. In reply to Mr. Hutchinson, Mr. Tebb says he does contend that this increase of infantile syphilis is due to vaccination, and Mr. Hutchinson questions him as to Ireland, but he declines to go into the Irish statistics at present, or to say anything more about Ireland except that "the Irish are an extremely moral race."

Q. 10,203. Return No. 443, entitled, Vaccination Mortality, dated 1877, page 15: Deaths from syphilis in 1847, under one year, are given at 255, increasing to 1,554 in 1875. In a later return, No. 392, dated August, 1880, the deaths from syphilis, under one year, per 1,000,000 of births in 1847, are 472, and there is a gradual increase until the last date given

in the return, viz.: 1878, when it reaches 1,851 per 1,000,000 births.

Q. 10,204. Not being a medical man Mr. Tebb does not feel himself qualified to take a scientific view of the whole case, so he puts the statistics before the committee and proposes to quote Mr. Brudenell Carter to show their connection with vaccination.

Q. 10,205. Mr. Brudenell Carter says in *The Medical Examiner* of May 24th, 1877, "I think that syphilitic contamination by vaccine lymph is by no means an unusual occurrence, and that it is very generally overlooked because people do not know when or where to look for it. I think that a large proportion of the cases of apparently inherited syphilis are in reality vaccinal, and that the syphilis in these cases does not show itself until the age of from eight to ten years, by which time the relation between cause and effect is apt to be lost sight of." And in his treatise upon diseases of the eye, page 276, he says: "I have, myself, strong conviction that the physical peculiarities and proclivities which are usually due to syphilitic parentage are sometimes produced, even in an exaggerated form, by vaccination with lymph, yielded by a vaccinifer who has himself inherited the disease, and that this may happen without the production of any derangement of the course of the vaccine vesicle, or of anything which could, at the time, be recognized as evidence of a specific inoculation."

Q. 10,215. In reply to Mr. Hutchinson Mr. Tebb says he will look up the facts to see if he can find any record in the official department of a case of syphilis during the 20 years in which Mr. Hart asserted there had been none. He then quotes *Lecons sur la Syphilis Vaccinale*, by Mr. Fournier, who holds to-day the same high position as was formerly held by Prof. Ricord, pages 3, 4. From a lecture to medical students, the subject is, Vaccinal syphilis not to be mentioned in public nor "anywhere else but in this amphitheatre," because of its



tendency to do disservice to vaccination. Then, page 6, the subject is, "The Rarity of Vaccinal Syphilis." "Is vaccinal syphilis quite authenticated? Is it absolutely demonstrated in spite of the denials which have been opposed to it? Is it in a word definitely established that a sound subject may receive syphilis by the intermediary of a vaccine lymph taken from a syphilitic source? \* Yes, a hundred times yes; and it is the demonstration of that fact which must occupy us to begin with." On pages 6-12 the lecturer treats of the case of Mr. Millard's patient syphilized by vaccine lymph furnished by the Academy of Medicine. Then on pages 12-17 he relates in detail the case of Dr. Cory, and on pages 17, 18 concludes that there is a real and serious danger, and as every individual is destined to undergo once or several times in his life the vaccine inoculation, the danger of vaccinal syphilis is encountered by all the world once or several times in the course of his life, and is particularly grave in the young, often terminating fatally. Pages 19-30 explains how vaccine syphilis may be propagated and become a public danger; and then on page 53 we have a lecture on the subject of "Vaccinal Syphilis is not to be Disclosed:" that states that there are many more cases on the cards or in the memories of practitioners than in the columns of our journals; that he him-

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\*It is to be borne in mind that before vaccine matter is taken from the arm of a child even by a not very scrupulous operator, care has nearly always been taken to select a robust and perfectly healthy appearing child.

To accuse that child of having inherited syphilis when syphilis breaks out among those vaccinated from it, or even when it afterwards shows itself in the vaccinifer, is without foundation either in logic or pathology. Had not the profession been blinded by their professional religion they would have recognized the fact that they had themselves given the syphilis to the vaccinifer, and that its parents and itself were alike guiltless, until the vaccinator inoculated syphilis into the vaccinifer by their "vaccination," even though performed with the "pure calf lymph" of the New York Board of Health.

self had knowledge of two actual epidemics of vaccinal syphilis which have been kept secret and hushed up.

Qs. 10,216-20. The chairman seeks to weaken the effect of the foregoing statements by Prof. Fournier, as to the concealment of the facts, by the profession, "in the interest of vaccination."

Q. 10,222. (To Dr. Collins) the quotations from Prof. Fournier's work are given in order to contest the statement that "the alleged injury arising from vaccination is indeed disproved by all medical experience."

Q. 10,224 (Mr. Hutchinson). "It is universally admitted that syphilis may be transmitted by vaccination?" "Yes; whereas up to 1860 it was universally denied and has been officially denied in England much more recently."

Qs. 10,230-1. In reply to Mr. Picton, and referring again to Mr. Hart's statement (quoted supra, Q. 9,971), Mr. Hutchinson testified before the committee of the House of Commons that the medical department of the Local Government Board had themselves communicated to him facts of the kind (viz.: of vaccinal syphilis).

Q. 10,237-40. So far from such cases being due to "gross and culpable carelessness on the part of the vaccinator," Mr. Fournier says: "With the utmost care accidents cannot be avoided." Also, that "syphilis may be communicated where there is no trace of blood" (*i. e.*, in the vaccine virus itself.—M. R. L.). The same conclusion was arrived at "upon the investigation of a well-known case of invaccination of syphilis which happened to an official in this country."\*

Q. 10,241. Ricord, Chaumel, Moreau, Rostan, Velpean, and others, who in 1871 alleged that they did not know of any case of syphilis induced by vaccination,† have changed their opinions.

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\* Presumably the case of Dr. Cory.—ED.

† Report of Committee of 1871, Q. 505.

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IN MEMORIAM—TEMPLE S. HOYNE, A. M., M. D.

Like a clap of thunder in a clear sky came the news of the death of this uncompromising disciple of Hahnemann. For years he had suffered in an indefinite sort of way, thinking there might be some organic lesion in first one part of the body and then some other more or less intimately associated portion of the body, but, by judicious living, succeeded in avoiding the sick-bed. Feeling in usually good health, he submitted to an exploratory incision into the bladder, Sunday, January 29th, which revealed nothing abnormal beyond an encysted calculus, which was no longer an active source of irritation.

The recovery from the operation was marked with no untoward symptoms until the third day, when, by reason of a violent fit of coughing the stitches were torn out, followed by evidence of some profound disturbance within the abdomen.

The moments in which hope was held out gradually grew farther and farther apart until the seal of death was written upon his brow. He died Friday morning, February 3d.

Temple Smith Hoyne, was born in Chicago, October 16th, 1841; he was the oldest son of the Hon. Thomas Hoyne, a lawyer and ex-Mayor of the city of Chicago, and was named from his grandfather, J. T. Temple, M. D., of St. Louis, and one of the pioneers of Homœopathy in the West, and his uncle, Dr. D. S. Smith, another staunch disciple of the then despised Hahnemann. It was the desire of his father that he be prepared to succeed him in his legal pursuits, but the influence of his mother, combined with that of his grandfather and uncle, led him to the selection of the healing art as his future avocation.

Graduating with high honors in the Chicago University, Class of '62, he entered Hahnemann, of Chicago, in the fall of

the same year; but believing surgery offered greater inducements to the young man (it was in the midst of the civil war) than medicine, he went to New York in the spring of 1863 and entered the office of Dr. Frank H. Hamilton, the eminent surgeon, and graduated from Bellevue Hospital College in 1865.

During the campaign of 1864 he saw active service at the front, assisting Dr. Hamilton.

In the summer of 1865 he returned to Chicago, and, having surgery in view, was elected to the Chair of Pathology and prosector for the Professor of Anatomy; but a combination of circumstances dampened his surgical ardor, and he turned the full power of his strong, well-balanced mind into the domain of medicine and materia medica in particular. It was through his instrumentality that the valuable proving of *Carbolic-acid* was given to the profession.

Early in his professional life he established the habit of systematic reading and classified the same in an *Index Rerum* so that everything of value could be found at a moment's notice. Out of this grew his *Clinical Therapeutics*, a valuable demonstration of the action of remedies employed in accord with the law of *similia similibus* for the healing of the sick. (At the time of his death he had in preparation MSS. for a third volume, which should be carried through to completion by some trusted friend of the deceased.)

In the course of time the value of his services became recognized by the Board of Trustees of Hahnemann, and he was elected both Registrar and Treasurer of that institution. While in this office it became important for him to have a complete and reliable list of homœopathic physicians. Out of this grew the *Medical Visitor*, a publication known to the majority of the profession.

During the period in which he held the department of Skin and Venereal diseases, he felt handicapped because of the limited literature suited to the needs of the medical student,

and with his accustomed thoroughness he wrote a book on skin and venereal diseases, that serves as a valuable guide to the selection of the indicated remedy.

His professional career of thirty-five years has been marked by unswerving loyalty to the cause of Homœopathy, and his professional confrères showed their appreciation of his excellent worth by electing him to many places of trust, his last post of honor being that of Dean of Dunham Medical College and Hospital.

For years he was a prominent member of the Iroquois Club, but his greatest enjoyment was found in the quiet gathering of congenial friends about the social board.

In 1866 his life was united with that of Miss Vedden, and his unexpected departure is mourned by the wife and their only daughter, Mrs. Bruce.—*The Hahnemannian Advocate*.

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## MISCARRIAGE PREVENTED.

J. E. HUFFMAN, HEALDSBURG, CAL.

February 5th, 1897, Mrs. P., Chicago, suffered a miscarriage, and later had one premature birth. She also had one child that lived two years and then died of spinal meningitis, Pregnant at the present date, and has the following symptoms: Cramps in calves at night; has to get out of bed and stand, constipation, stools are large, hard, and dark; sore pain over left eye; feet swell.  $\mathcal{R}$  Nux-vom., 2c.

February 28th, 1897, was much improved, and I gave, as a constitutional remedy, Calc-c. 45m.

April 21st, 1897, delivered a male child; easy labor and good recovery.

This case occurred in my Senior year.

## PAINFUL MENSTRUATION.

J. E. HUFFMAN, HEALDSBURG, CAL.

Miss M., Ogden, Utah, æt. 15; slender, blond, mild disposition. Sent her sister on July 7th, 1897, for medicine. Had the following symptoms: Menstrual flow began to-day; tosses about bed; cries and screams; is always kept in bed for about a week, though has had homœopathic (?) treatment for a week preceding each period, for some time. R Pulsatilla, 2c; a powder in water to take three doses.

Heard no more of the case for some days, when I learned she was relieved in a few minutes, and went up the cañon two days later.

Next period much less pain, though she got her feet wet just before it came.

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## INTERMITTENT FEVER.

J. A. WHITMAN, M. D., BEAUFORT, S. C.

While visiting in the North the past summer I met with a case of chills and fever that would not yield to Quinine. A young girl 17 years old was taken the first of June with her first menstrual period, which was accompanied with intermittent fever occurring every other day. A druggist treated her with Quinine until he was satisfied that Quinine would not cure it. I saw the case the first of September, and took such symptoms as I could get, and looked them up and decided that Sulphur was the remedy. Not feeling so certain of my remedy I consulted an old friend who had been practicing Homœopathy forty years. After reading my notes to him he suggested Pulsatilla, but upon studying that remedy it did not correspond with my notes. I asked him to look at Sulphur; upon doing so he concluded Sulphur might be the simillimum. I went to the patient and gave her five drops of Sulphur, Mx potency. On leaving, she wanted to know if I was not going

to leave any medicine for her. I informed her no; only what I had put on her tongue. She and her friends thought it strange that that dose would cure her of an ague of three months' duration. I told them we would wait and see. Her next chill day I met the druggist and asked about the chill; he informed me she missed it, and he wanted to know of me if I really thought that one dose of so highly a diluted drug would cure the case, I told him yes, or I would not have given it, and farther, that her periods, which had been suspended during the time would re-appear. He said that was too much for him. I told him that was the trouble with the most of the homœopathists in the vicinity. I did not hear anything from the case for about four weeks, when I called on him and asked about the girl. He told me about seven days after the last chill she had another; that was the last, and not long after that her periods came on, and she was all right; but he could not comprehend it; it was too much for him.

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### EXCISION OF THE OVARIES.

THE NOOK, PENZANCE, CORNWALL, ENGLAND,  
JANUARY 26th, 1899.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:—On page 433 of THE HOMŒOPATHIC PHYSICIAN for October there is a paragraph deprecating justly the excision of the ovary, especially for the purpose of the avoidance of child-bearing.

May it not be considered that when child-bearing is or becomes distasteful to a woman it also becomes unstatesman-like to enforce it; because of the way such children must be influenced, and of the kind of men and women to be thus supplied to the State? Does it not take us further than the poor woman and her surgeon, and turn us backward to the husband and the law?

I am faithfully yours,  
MARY I. HALL WILLIAMS, M. D., Boston.

## VACCINATION.

All members of the medical profession and others who may have knowledge of injuries or sickness following upon vaccination are requested to communicate at once with C. Oscar Beasley, Esq., attorney, No. 311 Fidelity Building, Broad above Arch, Philadelphia, Pa.

Mr. Beasley is the attorney for the relator in the case of *Field vs. McGlumphy*, in which, for the first time in the history of vaccination, its real character has been put in issue in a court of justice, and the truth regarding it may now be judicially determined.

The case is one in which the constitutionality of the law of Pennsylvania, which requires children to be vaccinated as a condition of admission to the public schools, is contested on the express ground that vaccination is both useless and dangerous.

Approved by the Brooklyn (N. Y.) Anti-Compulsory Vaccination League, M. R. Levenson, President; and by the Anti-Vaccination Society of America.

In the above statement we have called attention to the case of *Field vs. McGlumphy*, brought in the Court of Common Pleas (Philadelphia), to test the validity of the vaccination laws of Pennsylvania.

We now invite all who can afford to do so to contribute towards the expenses of getting the case properly before the court. It will be readily understood that the amount of good work which can be done will be necessarily limited by the fund raised.

It will cost considerable to collect the necessary testimony, and it is important that, when collected, this testimony be printed, and this testimony is likely to become voluminous. There are also costly drawings to be prepared and laid before the court.



The whole expense of fighting vaccination in this country has hitherto been borne by a few persons of very moderate means, who have made very heavy sacrifices, both of time and money, to rescue the people from this, which Dr. Creighton, testifying before the recent Royal (British) Commission, called a "grotesque superstition," and which other pathologists term a murderous one.

The burthen of the present contest, which is likely to be a decisive battle, should not be thrown upon the few who have hitherto borne the brunt of the fight, and we urge all who care at all for the public welfare and the establishment of the truth, to contribute whatever they can afford to secure these ends.

Contributions may be sent to the publisher of this journal or to C. Oscar Beasley, Esq., attorney, 311 Fidelity Building, Broad above Arch, Philadelphia, Pa.

Approved by the Brooklyn (N. Y.) Anti-Compulsory Vaccination League, M. R. Levenson, President, and by the Anti-Vaccination Society of America.

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### TUBERCULOSIS.

A special commission of the New York Senate has made a report on the spread of tuberculosis. Dr. Arthur B. Guerard, who made an investigation of the condition of the Fourth and Sixth Wards of New York City, made an interesting and somewhat sensational report. In the Fourth Ward, with a population slightly in excess of 18,000 and 663 dwellings, consumption was found in 248 of these houses. Of 62,000 dwellings in the entire city the proportionally large number of 19,000 were inhabited by persons afflicted with tuberculosis during the last five years.—*Medical Arena* for March, 1899.

## LADIES' HAHNEMANN MONUMENT ASSOCIATION.

BUFFALO, FEBRUARY 1st, 1899.

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

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

Many distinguished women in all sections of the country are interested in this movement. A few names will suffice to show the kind of representation the organization has: Mrs. M. A. Hanna, Ohio; Mrs. George Westinghouse, Washington, D. C.; Mrs. John Dalzell, Pennsylvania; Mrs. James A. Mount, Indiana; Mrs. H. Clay Evans, Tennessee; Mrs. William Appleton, Massachusetts; Mrs. H. N. Higinbotham, Illinois; Mrs. John S. Newberry, Michigan; Mrs. Elihu Root, New York; Mrs. John H. Vincent, Kansas.

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

This effort, combined with the splendid achievement of the physicians' committee in obtaining \$30,000 for this object insures the success of the entire movement.

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

This appeal, only just begun, has, at the outset, met with

most encouraging results, especially noteworthy because many of the physicians whose names are here given had already contributed once, twice, and even thrice, to the Hahnemann Monument Fund. The courtesy of the replies, for promptness, kind words, and the enclosures is deeply appreciated by all concerned.

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

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

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

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

BOSTON, JANUARY 10th, 1899.

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

"The whole subject of the monument, past and present efforts, was discussed with much interest by various members. It was voted to appoint a committee who should have the

power to take the necessary steps to secure the co-operation of the members to raise among the laity, as well as the profession of Boston, a sum that will aggregate at least \$1,000.

"Drs. A. J. Baker Flint, Adeline B. Church, Lucy Appleton, and Sarah S. Windsor, President-elect, were appointed such committee.

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

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

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

"Very sincerely yours,

"BOSTONIAN M. D."

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

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

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

Very cordially yours,

ANNIE H. FROST, *Assistant Secretary.*

## NOTES AND NOTICES.

OBITUARY.—Doctors E. M. Hale and T. S. Hoyne, of Chicago; Dr. W. H. Dickinson, of Des Moines, Iowa; Dr. Virgil L. Todd, formerly of Homœopathic Medical College of Kansas City, died of pneumonia, December, 1889.—*Medical Arena*, March, 1899.

DR. GIVENS'S SANITARIUM for Mental and Nervous Diseases and Habitudes of Drugs and Stimulants, at Stamford, Conn., offers unexcelled advantages for those requiring special treatment. It is located within 50 minutes of New York City, on a hill overlooking Long Island Sound, and with 42 trains each way, daily.

During the past year another cottage and many improvements have been added, and the place is up to date in every respect.

THE STORY OF THE PHILIPPINES.—Active solicitors wanted everywhere for *The Story of the Philippines*, by Murat Halstead, commissioned by the government as Official Historian to the War Department. The book was written in army camps at San Francisco, on the Pacific, with General Merritt, in the hospitals at Honolulu, in Hong Kong, in the American trenches at Manila, in the insurgent camps with Aguinaldo, on the deck of the "Olympia" with Dewey, and in the roar of battle at the fall of Manila. Bonanza for agents. Brimful of original pictures taken by government photographers on the spot. Large book. Low prices. Big profits. Freight paid. Credit given. Drop all trashy unofficial war books. Outfit free. Address, H. L. Barber, General Manager, 356 Dearborn Street, Chicago.

THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.—The annual re-union and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Wednesday, May 10th, 1899.

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, S. E. 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 Fifty-first Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. corner Broad and Locust Streets, Philadelphia.

Banquet cards can be secured by notifying the Secretary. Requests received after Wednesday, May 9th, 1899, cannot be considered.

W. D. CARTER, M. D., *Secretary*,  
1533 South Fifteenth Street, Philadelphia

ALUMNI ASSOCIATION OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—Thursday, May 4th, is the date set for Alumni Day this year. Dr. Helmuth writes: "A carefully prepared programme of the exercises is now being arranged by the Faculty, and additional care is to be extended over all the named clinics, in order that the day may be one of instruction as well as of social reunion."

The annual meeting is the same evening at half-past six, at Delmonico's, Fifth Avenue and Forty-fourth Street. The banquet follows, and promises to outdo the successes of previous years as an elaborate post-prandial programme has been arranged. The price of the dinner will be \$4.00, and all Alumni and friends will be welcome. Send early for tickets to Chas. Helfrich, M. D., 64 West Forty-ninth Street, New York.

EDWIN S. MUNSON, M. D., *Corresponding Secretary*,  
16 West Forty-fifth Street, New York.

SEE two girls in another column gathering grapes for Speer's wine. Read all about them. Speer's wines are unexcelled by any in the world. AMERICAN INSTITUTE FARMER'S CLUB report the wines of Alfred Speer, of Passaic, New Jersey, the most reliable, and his Oporto grape wine as superior to any in the world.

SCIENTIFIC AMERICAN.—The most popular scientific paper in the world. Established 1845. Weekly, \$3.00 a year. Is the only journal published in this country which is devoted to a general treatment of the development of the sciences, arts, and manufactures. It appeals particularly to the inventor, as it is full of suggestive articles relating to the mechanical progress of the day, and it contains a complete list of the patents issued each week, together with the name of the patentee and the title of the invention. Each issue is embellished with numerous illustrations, showing great engineering works, the most recent inventions in bicycles and motor carriages, new forms of machinery, photography, the latest additions to the navy, new guns, locomotives, etc. Many of our patrons have been on our subscription books for a period of thirty or forty years, and we often receive letters from old readers stating that they owe their success in life more to having had the *Scientific American* as their constant friend and companion than to any other one cause. This journal has probably a larger foreign circulation than any other journal printed in the English language.

MUNN & Co., *Publishers*,  
361 Broadway, N. Y.

SEE two girls in another column gathering grapes for Speer's wine. Read all about them. Speer's wines are unexcelled by any in the world. ESPECIALLY FOR DELICATE LADIES AND THE AGED. For medicinal use, physicians say Speer's Port wine surpasses the imported. Delicate ladies and aged people find it the best wine to be procured.

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. XIX.

APRIL, 1899.

No. 4.

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EDITORIAL.

NOTICE TO SUBSCRIBERS.—It has been impossible for the editor of this journal to find time to prepare the editorials for which some of our readers have lately been making inquiries.

The demands upon the editor, by reason of his being in active practice, have been doubled and even quadrupled during the past winter by the outbreak of the grippe, followed a little later by the wonderful epidemic of typhoid fever through which this great city has been passing. To these demands upon his time, which have continued far into the night and have even prevented his getting to bed at all, the editor has to attend to a considerable correspondence, and in addition prepare this journal every month for the readers. As a consequence much of the correspondence yet remains unanswered, and as the profession knows, the journal itself is much behind time in making its appearance. Under such circumstances it is impossible to find time to prepare the notes of Dr. Lippe's lectures for publication.

The subscribers are therefore requested to bear with us for the delinquencies which are referred to, and to look forward to the time when sufficient leisure may be had to make good these deficiencies.

Meanwhile, those readers who are also members of The International Hahnemannian Association are once more reminded that the meeting of that organization will soon take place, and they are urged to make strong efforts to be present at the meeting, and in the interval, to prepare contributions to the work of the society by the recital of clinical cases and the preparation of essays upon medical subjects from the homœopathic point of view.

Those who are not members should make application for admission to our society, and prepare papers that will be of assistance in our work and become a valuable addition to our archives. These archives are published as books and should be possessed by all good homœopathists, and carefully read and pondered, and their contents stored in the memory for practical use when making prescriptions.

We hope to see an excellent attendance at the meeting.

At present we may say that the meeting will probably be held at The International Hotel, Niagara Falls, June 27th.

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INOCULATION AND VIVISECTION.—In Germany a new practice has arisen of performing experimental inoculations of Dr. Koch's Tuberculin upon new-born children in hospitals. Not only Tuberculin, but various other kinds of bacteriological cultures, the malignant virus of black small-pox pus from abscesses and the like have been injected. Dr. Epstein, professor of children's diseases in Prague, infected young children with round worms for experiment. Some of these experiments are detailed in *The Deutsche Medical Wochenschrift*, of February 19th, 1899. Dr. R. E. Dudgeon, of London, has attacked and exposed these dreadful procedures in the name of science. His article is a terrible indictment of the whole practice of inoculation and vivisection, and an arraignment of their authors. It is published in *The Abolitionist*, a new anti-vivisection journal published in London.



PROCEEDINGS OF THE SOCIETY OF  
HOMŒOPATHICIANS,

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BUREAU OF CLINICAL MEDICINE.

F. W. PATCH, *Chairman.*

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CLINICAL CASES.

BY WM. L. MORGAN, M. D., BALTIMORE, MD.

CASE 1, May 25th, 1898.—Freddie, age two years, son of the Rev. W., previously healthy. Has had cold, head and backache for several days past. Has now a fever, thirst, headache, sore throat, and aches all over; wants to eat, but is satiated as soon as he begins; full of wind, tongue coated, and right tonsil covered with a pale yellow membrane, with a membrane in fauces. The day before the family had moved from a very damp house with unsanitary surroundings and bad drainage. I did not take a culture for the city laboratory to pass judgment on, but gave Lyco., MM. and S. L. q. s. Next morning Freddie was well, and has remained well ever since.

CASES 2 AND 3, October 14th, 1898.—Mary and John D., aged four and six; bad sanitary condition of house. Mary had yellow membrane extending all over fauces and up into nose. She got Kali-bichro., CM. John had membrane on right tonsil, for which he got Lycop., CM. Both children were very sick at 9 P. M.

October 15th, 9 P. M., both children were well, and have remained well ever since. No cultures taken.

CASE 4, June 5th, 1897.—Miss L. L., age 17, well grown, good physique, rather pale, with a little yellowish tinge.

Had not yet menstruated. Always constipated.

Has hay fever every year on August 17th, continuing until cold weather. Eyes, nose, throat, ears, and genitals smart, burn, and itch, causing great distress all the time until relieved when the cold season sets in.

Taste and smell absent; can only taste acids.

Has alternate flushes of heat and sweat of the face.

Had milk-crust till seven years of age, which was "cured" with a tar salve. She has had hay asthma ever since, with wheezing in the chest.

She had grippe eighteen months ago; since then has had cough, mucus and sensation of dryness in throat, brow headache, dull pain across lower lumbar region, fever blisters on lips, ankles weak and often turn over when walking.

She got Nat-mur., CM. One dose, S. L., eight powders.

June 12th.—The grippe symptoms have all gone and she feels better in every way.

The mother described the milk-crust from memory as consisting of large scabs. On pressure thin pus would come out and run down on the face and neck, sometimes excoriating. This made me think of Graphites.

I gave her Graph. CM., and S. L.

July 6th.—Menses came on June 18th and lasted five days.

August 23d.—No hay fever on the 17th, and none to the present day.

I will not say whether it was the Nat-mur. or Graph. that cured the case, but my general rule is to attend first to the most prominent acute symptoms that last appeared and then take up the older chronic trouble, or suppressed symptoms next. Since August entirely rid of the constipation; catamenia regular.

Case 5, November, 1897.—Charlotte, two years of age, had been delicate from birth. She had been taken ill at 7 in the morning. I saw her at 5.30 P. M., and was told by the mother that she commenced by crying and screaming as if with intense pain, but could not tell where. The symptoms

were: Very restless, screaming, scolding, wanting everything she saw, and when getting it would refuse it or throw it at anybody near; would pull her hair and pinch her flesh anywhere. Would throw herself into all kinds of postures, as if in intense agony or in a rage of ill nature; must be carried all the time; had not eaten anything during the day. I watched her for ten minutes, and decided it to be a good case for Cham. I put a few pellets of the 50 M. in a dry teaspoon, and when she leaned over the mother's shoulder, with mouth wide open, screaming as if in intense agony, I threw the pellets into her mouth. The tension of her features relaxed, and she soon assumed a natural, quiet expression, and became still. The mother sat down, and in three minutes the child was on the floor playing and laughing with other children. She remained well, without any other remedy or another dose, until she had scarlet fever three months later with other children of the family.

CASE 6.—Hemorrhage for eight years. This case I think worth attention on account of its history, as several of the most prominent gynecologists in the State had exhausted their surgical skill and science, and not only failed to relieve, but rather made matters worse.

Mrs. G., age 62, medium height, brown hair; naturally light complexion, but now bronzed; fleshy, weight about 160 pounds; mother of three grown children.

Saw her first July 17th, 1897.

Has had hemorrhage from the womb for eight years, never able to leave home, and often confined to bed many weeks at a time. Consulted the most eminent physicians and surgeons; was curetted twice with only temporary cessation of the hemorrhage, with other very distressing symptoms. When I first saw her, three months after the last curetting, she was suffering from vertigo—an unsteady feeling; could not trust the movement of her limbs, but must hold to the chair for fear of falling; had to hold to some one to walk or

stand; could not walk in the dark; on turning head loses balance; sensation as if the bed was sinking under her; sensation as if hands were bent backwards; if hands hang down, arms pain like rheumatism.

I gave her Stram., 45 M., and S. L.

August 9th.—The sensorium much improved, but the hemorrhage increased. Sleeps better. Continued S. L.

August 20th.—But little improvement. Continued S. L.

September 4th.—Improvement stopped; hemorrhage worse. Pressing in vertex, all gone sensation in epigastrium at 11 A. M., and many other symptoms for Sulphur.

She got Sulph., M., and S. L.

September 18th.—Generally improved; continued S. L.

September 28th.—The Sulphur symptoms all gone, sensorium and hemorrhage no better. Gave Stram., CM., and S. L.

December 6th.—Sensorium much better, hemorrhage no better; blood, pale watery, with dark clots looking like burnt straw, and other symptoms which indicated Lachesis. Gave Lach., CM.

December 12th.—No better; very sick and vomiting. Gave Ipecac. 200. December 16th, Lach., MM.

December 23d.—No better, and I badly discouraged. No change in symptoms, the hemorrhage now the only trouble. She got Ovi-membrani Swan, DMM., and S. L.

December 26th.—Hemorrhage entirely stopped. It has not appeared since. No unfavorable symptoms following.

She now walks out and drives without inconvenience, which she has not done for eight years before.

I have had some wonderful effects from the Ovi-membrani in hemorrhages, but for want of provings have never used it in any other cases. In this case it must have been the true simillimum, for Lach., which appeared to be well indicated, did not do the work.

## DIAGNOSTIC VALUE OF BACTERIA.

BY WM. L. MORGAN, M. D., BALTIMORE, MD.

April 8th, 1898, Miss E. M., age 20, four years ago had a long sick spell, called typhoid fever, and for several weeks took drugs to the satisfaction of allopathic science, especially Arsenic, Quinine, Iron, and Strychnine. When I received a description of her case and the treatment, which was a complete case of ex-ophthalmic goitre, I at once sent Calc-carb., CM. and S. L., which cured her in a few weeks.

Has all her life been subject to attacks of sore throat, otherwise good health. Has been a student at the State Normal School of the State of West Virginia, to the above date, when she started with 150 others of the school on an excursion to Washington, D. C. Going eastward through the Allegheny Mountains from current of air in cars took cold. On arriving in Washington had some fever, headache, and a sore throat, common with her. A doctor was called, and applied the usual amount of swabbing and drugging. I saw her on the 10th, late in the afternoon. I found her in a hotel, in a small room, with one window and two beds. Four girls had been rooming with her for two nights, and scores of the party were visiting her. The doctor had taken a culture and sent it to the city laboratory, where it was pronounced a true case of diphtheria, with true germs. They had ordered quarantine to be established.

There was a pitted or eating ulcer on left tonsil, very sore, worse after sleeping. I gave her Lach., CM. The next day she was much better, but she must go to the hospital by decree of the health officers. The ambulance was a tight, suffocating conveyance. I left her in the hospital feeling worse from the debilitating ride.

On the 13th I saw her again. The sore had spread to uvula and nasal cavity, and looked yellow. Gave Kali-bichro., CM., and engaged Dr. J. B. G. Custis to manage the case, as

I could not go as often as necessary. He gave Apis, which did well for a few days, and afterward, as improvement seemed slow, a dose of Sulphur finished the cure. On the 24th Dr. Custis wrote me she was well, but could not go out, as there were still germs in the culture.

I at once wrote to her father, directing him to make diligent inquiry if any of the excursionists had taken the disease and to answer by telegraph. The second day a dispatch came: "Investigated carefully; not one sick in any way since."

May 24th.—Went to see patient. Her throat was entirely well and had been for twelve days. No trouble but the bad effects of close confinement.

I was informed by the matron that she would have to stay four weeks after the throat was well, or until the germs were gone, which meant two weeks more. I answered that my contract had now been out two weeks, but that I would pay up to the present, and demand her release. After some hints at my lack of honor in not allowing this to go on, the money was taken, and I went home. I then placed the case in the care of a lawyer, with instructions to proceed. He at once opened correspondence with her father, 300 miles away, in West Virginia.

On the morning of May 9th Miss M. was informed that germs were still present, and there was no hope of her getting out. At 3 p. m. a telegram came from the West Virginia lawyer through the police department, asking why she was detained so long after she was well, and giving a hint that legal proceedings were commenced for her release. At 5 p. m. she was told to get ready to go on the next train. At 7.30 she was dressed and went out without any disinfection of clothes that had been in the room with her for weeks. The culture I took on the 6th and the one she sent me on the 26th still had microbes, but nobody had ever taken the disease from her, though she had been in school and among people all the time until June 13th.

Some of the evidence the health officers and physicians made capital out of was, that certain of the students remembered that several weeks before a boy in another department of the school had a sore throat. Dr. W. took it for granted that my patient had attended chapel service at the same time, but nobody knew whether the boy had left the school or not, so it amounts to no evidence at all as to contagion.

I do not give this history to exploit homœopathic treatment, but to show what abuses can be made of the germ theory by an arbitrary health officer. In twenty-five years' constant practice and careful investigation of all cases of diphtheria within my reach, I have entirely failed to find a single case where there was any evidence of contagion. I have not had one case that could be proved to have the disease by infection from another, nor has any case of mine ever conveyed the disease to another; but I have met with clear evidence of its coming from bad sanitary surroundings, and from sewer and cesspool gases.

#### DISCUSSION.

Dr. Patch—I would like to say a few words about the matter of contagion. Some years ago I had a case of diphtheria that was brought from Nantucket to our town. During the two weeks following the father of the boy acted as nurse, and came down with the disease. He had a long, tedious sickness, resulting in recovery. After a short time a nurse from out of town, who had been called to attend him, also sickened and had to go back to the hospital in Boston. In the cases mentioned after the reading of Dr. Kimball's paper, about ten days after the first case the father was taken sick in the same surroundings, but the youngest child was kept away from the house for some four weeks. After the death and recovery of the first cases everything was taken out of the house and thoroughly disinfected, carpets, curtains, furniture, etc. Then the youngest child was brought back. A few

days after she was taken sick with diphtheria, and in about a week died. This seems very much like contagion.

Dr. Morgan—Did you investigate the sanitation?

Dr. Patch—The child had not been in those surroundings, and the nurse had also come from out of town to nurse the boy. The house was isolated and small, but it was new. It had no plumbing. If there was anything bad in the vicinity it came from a marsh back of the house.

Dr. Kennedy—Dr. Morgan does not think that his cases resulted from contagion, but I think there are well authenticated cases that have resulted from contagion. I recall a case where an Alumnus of Boston University had a difficult case of diphtheria under treatment. In his anxiety and efforts to save the child (it being a case where tracheotomy was performed), he sucked the membrane from the throat to save the little one from strangling, and was taken sick immediately and died. It is very singular how this disease works. We find cases where it is high and dry, and where it is low and damp, in the country, by the sea-shore, and in the mountains, so that it is difficult to account for the disease, but I believe that it is often due to unsanitary conditions.

Dr. Pease—I believe one important element to be thought of in considering the problem of contagion is susceptibility. It is demonstrated where one or more of a family have the disease, and other members pass through the entire siege without any symptoms of the disease appearing. I would like to ask Dr. Patch if any persons from without who came in contact with his cases contracted the disease?

Dr. Patch—In the first case no outsiders were admitted, but in the second case I think there were some who came in contact with it and did not have the disease. We had two nurses who went through it without any trouble.

Dr. Pease—There is no doubt that there is a contagious element as well as in other diseases, but there are people who are not susceptible.



## CLINICAL CASES.

C. C. HOWARD, M. D., NEW YORK CITY.

The first case I wish to present to you is that of an old lady about sixty years of age. I saw her first about ten years ago after the loss of her daughter. She suffered extremely from grief. She had gout for a long time, was very melancholy, and would weep at the slightest provocation. She had dreams about conversations with the dead. The gout was in the form of general soreness all over the body, and she was extremely sensitive to touch. The slightest change of the weather would make her worse. Appetite poor. Complained of everything smelling bad to her. Over-sensitiveness of taste. Mental restlessness. I prescribed for her, and she would be relieved for a time, then would come a change in the weather, and the old condition would come back again. I changed the potency, and she would improve and then go back again. I used Sulph. and Kali-carb. She would be startled on closing of door. Vertigo on one side of the head. For different conditions she had Belladonna, Arnica, and Lycopodium. She finally decided to go to Europe, which she did, and spent most of the time in France. She came back much improved in every way. Gout gone, excessive sensitiveness of smell gone. She looked in prime condition. I did not see her for several months. When I saw her she had become very thin, she had great dryness of the mouth and intense thirst. Complained of constant desire to urinate. Skin was very dry and of scaly appearance. I examined the urine and found  $6\frac{1}{2}$  to 7 per cent. sugar. What she had been doing in France I could not find out. This state continued, and she grew very much worse. Phosphoric-acid helped her for quite a time. No remedy helped her for any length of time. Later she complained of intense itching all over the abdomen, genitals, etc. She had not

told me about it before because she was afraid I might want to look at it. She also had some boils. Besides this she complained of great weakness, and lost all strength from her extremities. The knee-jerk had gone. I gave her one dose of Kali-brom. She improved in a week or ten days, very gradually. First, I noticed that she was better able to walk, less urine, less thirst, looked less haggard, and in three months' time there was less than  $3\frac{1}{2}$  per cent. of sugar. I think she had in all three doses. She insisted on going into her daughter's room, which had never been touched since her death. She developed pneumonia, lived three days, and died. The diminution of sugar in the urine was remarkable, however, and the itching disappeared entirely and the appetite became normal.

CASE 2.—An old German, fifty or sixty years of age, had several attacks of gout and renal calculi. He drank three or four bottles of wine in a day, and would top off with a drink of whisky and a couple of other things. He had gout in his toe. That disappeared suddenly; he lost his knee-jerk, passing a good deal of water. I examined his urine and found  $2\frac{1}{2}$  per cent. of sugar in it. He had pimples on his face and nose. He had had a good deal of business anxiety. One dose of Kali-brom. completely cured that man, and he has had no return of his old condition. No return of the sugar in the urine.

CASE 3. An old lady, sixty years of age. She suffered some from rheumatism and a gouty condition, but was in fair health. She lost her daughter, and about a year afterwards her husband dropped dead of apoplexy—died very suddenly. She lost a son six months afterward of pneumonia, and another son about six months before that of cancer. I saw her about the time of the son's death, and she had all the symptoms of diabetes. Excessive amount of urine, falling out of hair, excessively dry skin. I was called to see her especially in regard to her leg, which had turned black and was

the seat of severe pain. I prescribed for her, and told her if collateral circulation would take place she would get well, but if not, gangrene would result. I gave her Sulphur, the condition left her, and she gained entire use of her limb. She had the same bad condition of the skin as in Case 1, and was afraid I would want to look at it. I prescribed Kali-brom., and in about four weeks the sugar went down from 5 per cent. to less than 2 per cent. Now during the last five years that she has been under my care the sugar has not gone above 2 per cent, and there is no sugar in the urine now. I have let her eat most anything she wanted except food with too much starch in it. I advised her to abstain from tea or coffee.

In these three cases the principal elements seem to be the history of mental shock, the eruptions on the skin, and the multiple anxieties.

#### DISCUSSION.

Dr. Pease—Was there any history in these cases of the former abuse of Bromide of Potassium?

Dr. Howard—I have no reason to suppose that there was any such abuse.

Dr. Patch.—Was any particular diet used in the other two cases?

Dr. Howard—No, sir. I did try to put the woman on a milk diet, but it did no good. I advised them all to refrain from eating too much food with starch in it.

Dr. Kennedy—There was considerable trouble with the nervous system in these cases, was there not, with great cares?

Dr. Howard—Yes, there was considerable mental anxiety and cares, in one from loss of members of the family, in the other from business affairs.

Dr. Kennedy—The excellent results from the use of Kali-brom. are remarkable.

## DIPHThERIA WITH CASES.

S. A. KIMBALL, M. D., BOSTON, MASS.

There is probably no disease so feared by physicians as this. Case after case will yield readily to remedies, and then there will come a series which will be lost in spite of every endeavor.

Some of these would undoubtedly be saved if we possessed the requisite knowledge of the *materia medica* and the skill to properly apply it. But there are others in which the onslaught of the disease is so sudden and overwhelming that there is no time to resist, and nothing seems to help.

Of course, in these latter, as in all cases, there is a deeply seated psoric miasm, to which the disease sets fire, as it were, and the result is severe or otherwise in proportion to the resistance of the vital force.

In the treatment of such conditions the remedy is of first importance, then plenty of fresh air, sunshine, and proper nourishment.

Cases will recover under the indicated remedy in most unfavorable surroundings, but the best of hygienic conditions will not save a critical case that is not prescribed for accurately. So that good nursing and surroundings, with the correct prescribing are all essential in obtaining the most satisfactory results. Fresh air and sunshine are of the utmost value, and are the best disinfectants.

No odorous or non-odorous mixtures under that name should be allowed in any sick room, with the possible exception of charcoal.

They substitute one smell for another, and in either case pollute the air which our patient is expected to breathe. The day of stuffing sick people with food, whether they wish it or not, seems to be waning, fortunately for the patient and for us, also.

It is nearly always safe to allow patients to eat when they are hungry, and not otherwise.

Hunger is the best indication for the need of nourishment, and if food is given without this craving of the system it will act as an irritant to the stomach and bowels.

It is not the amount taken but the amount absorbed that is important. Diphtheria, however, may be an exception to trusting to a patient's sense of hunger, for in cases where the pain on swallowing is severe, many of them, especially children, will prefer to be hungry rather than to suffer the agony of swallowing. It is often necessary, therefore, to insist upon the taking of nourishment at stated intervals.

Liquids, being usually most easily swallowed, are chiefly indicated. Meat broths, made with rice or other vegetables, milk, gruels, fruit juices, ice cream, in fact about everything in reason that the patient can swallow. No alcoholic stimulants should be given, for as action and reaction are equal and opposite, all stimulation from alcohol is followed by just as much reaction, and with the lowered nervous vitality in diphtheria and consequent weakness of the heart an alcoholic stimulant is a dangerous expedient.

In prescribing for the symptoms that make up a case of diphtheria, it is necessary to use the utmost care, for there may not be time to rectify a wrong selection. The general symptoms are of first importance, those which affect the patient as a whole without regard to the condition of his throat; then the mental symptoms, if there are any, and then the particular symptoms of the throat itself. Often we can obtain no other symptoms but the local manifestations, and then it is important to know where the membrane first appeared, and in which direction it extended; external sensitiveness of the neck; swelling of the glands; aggravation or amelioration from hot or cold drinks, from liquids or solids; extension of the pain on swallowing to the ears, or other parts; appearance of the membrane, etc. All of these are of

the utmost importance, and often are all we have to guide us in the selection.

Of course, it is not necessary here to speak of the harmful effects from the use of gargles or topical application. They not only weaken the patient, but distort or destroy valuable indications for the remedy.

We have all had plenty of *Lachesis* and *Lycopodium* cases in which the membrane has melted away in twenty-four, thirty-six, or forty-eight hours, and the patient has speedily recovered, but I have one or two cases here in which they have not recovered, and had I known my *materia medica* better and been better able to apply it, the results, I think, would have been very different.

It is remarkable to what extent the mucous membrane can be involved without the patient being seriously ill. I recall the case of a child three years old, in whom the membrane, beginning in the throat, extended to the nose, and then to the larynx, and yet he had to be held most of the time to prevent his getting down on to the floor to play.

In contradistinction to this the following fatal case is given, which occurred in the second year of my practice. The patient was a boy eight years of age, and when I first saw him there was a dirty green patch of membrane on the left tonsil, with soreness of the left side of the neck externally. He received one dose dry of *Lach.*, *CM.* (Swan).

The next day the throat was about the same, but he felt better generally.

The third day a patch of white membrane appeared on the right tonsil, but both this membrane and that on the left tonsil appeared loose and cheesy, and as he was generally feeling better no remedy was given.

The fourth day the throat was better, but he complained much of aching in his back and limbs, with great restlessness.

Here is where I made a "fatal error," and prescribed a dose of *Rhus.*, *CM.* (Swan).

The next day there was more membrane on the right tonsil, involving the right side of the uvula, but the left tonsil was nearly clean.

During the night he had been very restless with a throbbing headache, jerking and twitching of muscles, and moaning in sleep, which conditions were now present with flushed face and hot head.

He received a dose of Bell., CM. (Swan).

That night he had an occasional croupy cough, and the next day the cough being much worse and croupy, he was given a dose of Kali-bich., CM. (Swan).

The cough was better for a day, then became worse and more croupy, with nose bleed, and he was given Kali-bich. in water, several doses.

That evening the late Dr. Ballard, who was visiting relatives in the town, saw him with me, and advised Lyc. in water, a few doses.

He seemed slightly better that night, but in the morning became comatose and died at 10 A. M.

It was Dr. Ballard's opinion, and is now mine, that if I had not interfered with the action of the Lach. by giving the dose of Rhus. he would have had a much better chance for recovery, and, in fact, it is doubtful if the disease would have at all increased had I known enough to let him alone.

The following cases occurred in the winter of 1895-96:

There were two children in the family, three and five years of age, and both had been having an attack of whooping cough, from which they had apparently recovered.

December 1st, 1895, the elder, a girl, had a left-sided diphtheria, which extended to the nose.

She also coughed up pieces of membrane, but there seemed to be no extension to the larynx.

There was also a small patch of membrane on the inner right side of the mouth. A dose of Lach., 1M. (Fincke) followed by a dose of Lyc., CM., and later a dose of Lac-can.,

CM., relieved her so that by December 10th she was apparently well.

December 12th her little brother, three years old, was delirious in the night, and the next day a membrane appeared on both tonsils, worse on the right.

There was much swelling of the glands of the neck, externally, and later the membrane extended to the larynx with loss of voice, croupy cough, and stringy expectoration.

Two or three remedies had been given as they appeared indicated without much apparent effect, but for this latter condition Kali-bich. 200 was given in water for several doses, which seemed to clear up the whole condition, so that by January 1st his voice had returned, his throat was clear, and he seemed well.

I did not see him again for two weeks, when I was called because he complained of aching in the nape of the neck.

There was weakness of the muscles of the neck, weakness of the knees, tottering gait, and evidences of post-diphtheretic paralysis. He received a dose of Causticum.

When a week later, his condition being about the same, he began to have spasmodic attacks of wheezing, choking cough, with whooping as if the former whooping cough were returning, but it was not the same as before, and from the description was worse than anything he had ever had.

After waiting several days for it to pass away, which it did not do but continued to grow worse, he was given a dose of Spongia. The attacks in a day or two were less frequent and less violent, and everything appeared to be moving in the right direction. The fourth day after the Spongia he was taken suddenly in the night with a convulsion and was dead when I reached the house. He had complained of nothing in particular during the day except that he felt tired.

Now this is a case in which it would seem that if the correct remedy had been given the boy would have lived, and yet the apparently indicated remedies seemed to have a favorable effect.



The action of Causticum was not interfered with until the attacks of choking and wheezing became so alarming that it seemed as if he would not come out from them. There was no sudden cessation from the Spongia but a gradual improvement as would be expected from a properly selected remedy, and the convulsion was as unexpected as a thunderbolt from a clear sky.

The following case was cured with Merc-iod. flavus:

A boy eight years old, both tonsils swollen, with patches of membrane, worse on the right side.

Aggravation from cool drinks; dazed on waking; cries and afraid on waking, and does not seem to know where he is. Generally worse in the afternoon. Lyc. in two different potencies had seemingly no effect.

The fourth day there were the following conditions: Large yellow patch on right tonsil; tongue thickly coated, yellowish white; uvula elongated; aggravation from cold drinks.

One dose, dry, of Merc-iod. flavus, CM. (F.) cleared everything up in two days.

#### DISCUSSION.

Dr. Kennedy—I would like to ask the doctor if he found “the bug” in these cases?

Dr. Kimball—In some of them; others seemed to be bugless.

Dr. Pease—In view of these cases of that terrible disease, and also of the fact that what may appear to be an ordinary sore throat sometimes proves to be true diphtheria, are we not remiss in our duty if we do not study carefully what seems to be even a simple case? I know several cases where serious cases of diphtheria have developed after two or three days of apparently ordinary, simple sore throat. We should very carefully work out that first prescription. We all remember Kent’s article on “The First Prescription,” printed some years ago.

Dr. Adams—It has been my experience that the more simple the case the more serious it will be apt to become.

Dr. Patch—I hope this paper of Dr. Kimball's will be thoroughly discussed. It is of particular interest to us. It is a subject always important owing to its seriousness. We must show what we can do with our remedies, whether we can do better work than the others. My experience has been so unfortunate with this disease that I may perhaps feel more strongly on that account. I have recently had three cases. Each of them was carefully studied, not only by myself, but with the aid of the best counsel I could get. We failed on each of them. The fourth was taken out of our hands, treated with Anti-toxin, and also died.

Dr. Kennedy—I have not had many cases of diphtheria, but in the earlier years of my practice I had a bitter experience with the disease. I had several cases that died. I did the very best I could with them, and I consulted older men, one of whom had been in practice some time. He told me to spray the throat with alcohol, which I did. I might as well have thrown it against the side of the house, as far as results were concerned. I am inclined to think that there is a certain class of cases of diphtheria that are doomed from the first, but that is no reason why we should not from the first give careful attention to the individual case before us, and as has been implied, avoid careless prescribing, thinking it is a case of ordinary sore throat. Those cases which proved to be fatal were characterized by great glandular swelling in the cervical and submaxillary glands, so that almost a deformed appearance was presented. The membrane was about the color of cast iron that had been polished, a dark gray color, thick and leathery, odor strong—so strong in those cases that my clothing was saturated; marked salivation; great prostration. The children were scrofulous.

The cases I have had later have been milder and characterized by different symptoms. There has been membrane-

ous deposit, more or less prostration, foul breath, coated tongue, but not swollen glands. I will say that in a number of the cases which proved fatal the disease invaded the larynx. I got so after a little that when I had a case of diphtheria and the patient began to have that croupy sound, I began to wish I was somewhere else, because they usually died. There is one bright spot, however. I was called by a family where a little fellow had just died of diphtheria. His sister had been taken, and they wished different treatment for her. I studied her case. The disease invaded the larynx, and the croupy symptoms came on. She was about fifteen years old. I found Kali-bich. the remedy, and under it the membrane loosened, and quite a considerable piece was expectorated, which I preserved quite a number of years as a trophy. It was irregular in form, about one and one-half inches long and about one-half inch wide. The girl made a good recovery, and is living and well-to-day. I want to emphasize the necessity of giving special attention to this disease. We have to meet people who believe in Anti-toxin, and it is considered almost criminal if it is not given. We need to study these cases thoroughly.

Dr. Pease—In connection with diphtheria I want to speak of one case in which a rather unusual remedy was used and a perfect cure resulting—that remedy is Cuprum-sulph. It was a child between three and four years of age. The diagnostic symptoms were all present. The child would put its hand up to the back of its neck when I tried to find on which side the pain was. The membrane was a dingy brown, and was here and there over the pharyngeal wall, on tonsils, uvula, and palate. Upon these symptoms I prescribed Nitric-acid, with no results at all. The second day I gave Lachesis, without benefit. A few weeks previous to this I had had a case of ulcerating vulva in a female patient with just such colored membrane all over the mucous surfaces of the labia and with similar discharge. This child's appearance reminded me so

strongly of the conditions in that patient, that not seeing clear indications for other remedies, I ventured to give Cuprum-sulph., 50M. Clinching the hands and itching of the face were other symptoms which reminded me of Copper. On the evening of that day the first encouraging sign appeared. I watched the case carefully, treating with Sac-lac., and the case made a complete recovery. It is the only case of diphtheria in which I have used Cup-sulph. I am very much interested in the remedy, and have come to use it frequently, especially in cases of eroded, foul, exuding, painful vulvæ, with rank, profuse, brownish leucorrhœa. In one case particularly those brownish little patches much resembled a false membrane. The general characteristics of the remedy, so far as I have observed, are general fetor, ulceration, and profuse discharge. Zinc-sulph. is similar, especially in its action on the genitalia.

Dr. Close—I agree with Dr. Kennedy that there is a certain class of cases of diphtheria which are doomed from the beginning, and happy is the man who does not meet them. I have been very fortunate in only meeting three such cases. The first one was an infant nine months of age, in whom no symptoms were noticed by the parents until it had entered into a comatose condition, when I was called and found it impossible to help. It was a case of sheer neglect, although it might be difficult to detect symptoms in a child of that age. The second case occurred under the most discouraging circumstances. A girl fourteen years of age, the worst deformed little creature I ever saw. She had been a poor, patient little sufferer all her life, and had a preternaturally sweet spirit. The pathos of such a life is inexpressible. She lived nine days and died, or died nine days and lived! The third case was that of a young woman attending school, who was of a very reticent, reserved disposition, and morbidly sensitive. She came home from school one day, said nothing, but laid down on her bed and went to sleep, her mother said. In the even-

ing her mother sent for me and told me her daughter would not wake up. I examined her and found she was comatose, with a horrible fetor from the breath, which pervaded the room, as if decomposition had already set in. Blue hands and feet. She did not regain consciousness, and died during the night.

The remainder of my cases have been mostly mild, although I have had some severe cases with glandular involvement, and two cases of membranes in the larynx and bronchial tubes. In both these cases there was a long struggle before recovery took place. I can give no special indications now, but the remedies which have been most serviceable to me have been Lachesis, Lac-can, Lycop., and Kali-bich. The mercuries I have never used with any degree of satisfaction. Have prescribed the Iodides of Mercury, but without good results.

Dr. Kimball—I did not speak of Anti-toxin in my paper, hoping that it would be brought out in discussion. As Dr. Kennedy said, we have it in our section to combat with. Results with this are so much more favorable than the former results of old school treatment that it seems to the people that Anti-toxin cures all cases. It undoubtedly cures some cases. It must be remembered, however, that Carbolic-acid is used in most of the preparations, and if you have read provings of Carbolic-acid, you will see why it may cure some cases. In an epidemic about three years ago in a neighboring town where homœopathic practice was good, bad, and indifferent. the percentages of cures by homœopaths was much in excess of those using Anti-toxin.

Dr. Morgan—I once had in one family seven patients with diphtheria, four of whom died. There were peculiarities in those cases which I think I ought to mention here. In the first place the membrane appeared on the tonsils, and at the sides, and under the strips of membrane ulceration extended into the submucous tissue. The membrane was rather a

canary yellow. In some cases it would spread extensively without ulceration. It would extend up into the nasal cavity, forward into the soft palate, downward into the fauces and larynx. There was no external swelling, but there was a great deal of soreness and exceedingly bad odor. Swallowing was very much interfered with by the soreness. I called to my assistance several physicians. But they could do no good. They all agreed on using Bromo-chloride as a disinfectant. There was great alarm about contagion, and nobody could find where the disease came from. In cases of severe poisoning the breath of a patient would smell like an old filthy cesspool. Arsenicum was used, but it seemed to do no good. Crotalus and Kali-bich. seemed to do some good. Lac-can. helped some cases. Another peculiarity about these cases was that about two days before they died several little red-pointed dots appeared about the lips. Four of the patients died. The father and mother and next to the youngest child got well. Then I made special inquiry if anybody had taken the disease from them, but none could be found. I requested the plumbers to come and examine the waste pipes from the water-closet. They found below the funnel a small opening where considerable air came through, which did not smell, but the pipe went down and back into the yard and emptied into a cesspool. On opening the cesspool there appeared to be the same odor that was in the breath of the patients before they died. The children who were first taken had their room near where this first opening was, and the hall went forward into the house where the parents and the baby had been sleeping. I could find no other source for the disease than the cesspool. Afterwards I found that another family had lived in the house and left it because it was unhealthy. About three months after that I met with three other cases in another family in a different part of the town. Good sanitary conditions but much the same condition of membranes. I commenced to treat them. I treated two

patients lying in the same bed, and saw not one bit of effect of any remedy I gave. They were using disinfectants—chlorides. I was in great distress, because I did not want to lose those children. Then it came into my mind that if chlorides could kill microbes, which might be treated with Sulphuric-acid and live afterwards, they might also kill children. I immediately told the mother to take the chlorides out of the house. I opened the windows and doors and directed that a dose of the same remedy, which I think was Kali-bich., be given to them every hour until I came back. When I returned I found improvement. I continued the treatment and the children got well. I have only lost one case since then, and I have had other cases of diphtheria of very disagreeable nature.

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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 March No., page 130.)

Q. 10,245. Ricord stated that if it should be shown that vaccination introduced syphilis, vaccination must be abandoned, and he afterwards declared that the fact that vaccination induced syphilis was established. The first statement was in a lecture at Hotel Dieu, Paris, April, 1862, and the second was in an address to the Academy of Medicine of Paris, May 19th, 1863 (*Journal de Connaissances Medicales*, March 10th, 1865).

Q. 10,255 (Chairman, quoting Fournier's work, before cited). "We are wanting in circumstantial and sufficient information about the epidemic of vaccinal syphilis of which fifty-eight soldiers of the Fourth Regiment of Zouaves were victims in 1800 in Algiers, etc." Mr. Tebb: "As you have referred to that I may mention that I have here a list of the

names, grade, etc., of the unfortunate soldiers, and that a copy of this document was sent to the Local Government Board at the time the question was asked, and the facts were officially denied."

Qs. 10,261-9. Discussion as to receiving communications to Mr. Tebb from Herr G. F. Kolb, who in his lifetime was considered one of, if not the, most eminent statisticians in Europe; Mr. Herbert Spencer, and Rektor Siljeström.

Q. 10,270. Letter from Herr G. F. Kolb, of Munich, Member Extraordinary of the Royal Statistical Commission of Bavaria: "From childhood I have been trained to look upon the cow-pox as an absolute and unqualified protective. I have from my earliest remembrance believed in it more strongly than in any clerical tenet or ecclesiastical dogma. Open and acknowledged failures did not shake my faith. I attributed them either to the carelessness of the operator or the badness of the lymph. In course of time the question of vaccine compulsion came before the Reichstag, when a medical friend supplied me with a mass of pro-vaccination statistics, in his opinion conclusive and unanswerable.

"This awoke the statistician within me. On inspection I found the figures were delusive, and a closer examination left no shadow of doubt in my mind that the so-called statistical array of proof was a complete failure. My investigations were continued, but with a similar result. For instance, in the kingdom of Bavaria, into which the cow-pox was introduced in 1807, and where for a long period no one except the newly-born escaped vaccination, there were in the epidemic of 1871 no less than 30,742 cases of small-pox, of whom 29,429 had been vaccinated, as is shown by the documents in the State Department. When with these stern proofs before us of the inability of vaccination to protect, we reflect upon the undeniable and fearful mischief which the operation so often inflicts upon its victims, the conclusion forces itself upon us that the State is not entitled either in justice or in reason



to put in force an enactment so directly subversive of the great principle of personal right."

Qs. 10,271-2 cites Mr. Herbert Spencer as opposed to compulsory vaccination, and wishes to put in the names and titles of works by Herr Kolb and by Rektor Siljeström, so that the Commission may see what manner of men these anti-vaccinators are. One object is because one of the most eminent vaccinators, Sir John Simon, has described them by such terms as "ignorant," "dishonest," "quacks," and "idiotic."

Q. 10,275. Herr Kolb was Statistician Extraordinary to the Royal Statistical Commission of Bavaria. He was a member of the Bavarian Parliament and a member of the German Diet, and he held a number of other appointments.

Qs. 10,277-82. Rektor Siljeström is a Doctor of Philosophy, and in 1838 accompanied the French scientific expedition on the corvette "La Recherche." He had written a letter on the statistical aspect of the case, but the Chairman ruled it could not be admitted.\*

Mr. Tebb then gives information relative to the defence or insurance fund, and hands in a number of forms of application for admission signed by candidates. Frequently under the head of "remarks" the candidate explains his objections to vaccination, which are chiefly that a child had been injured, permanently ruined, or killed by vaccination.

They began on January 14th, 1889, and continued to March 14th, 1890.

Q. 10,285 (Chairman). "Supposing a person gives that statement as a reason for joining, after that do you pay all their fines?" "We pay their fines and we pay their law expenses."

Qs. 10,286-7. Witness proposes to bring cases of injury and death before the Commission, similar to those mentioned by

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\* Why not, if the Commission was seeking the truth? Rektor Siljeström is a Swede, and not subject to British jurisdiction.—M. R. L.

Mr. Hutchinson in his evidence before the Select Committee of 1871, where he stated that every week he had cases brought before him at the hospital of alleged injury caused by vaccination.

Qs. 10,288-9 (By Mr. Bradlaugh). Rightly or wrongly a large number of parents have alleged to witness as the reason for not having their children vaccinated, the injury which they allege had been caused by the vaccination of their children—a census has been taken in about eighty towns, villages, and districts in England, with a return of 2,138 cases of injury and 546 deaths recorded up to the end of 1889.

Q. 10,293 (Dr. Bristowe). “Are not those papers largely filled up by agents of the Anti-Vaccination Society?” “I do not think that any of them are filled up by agents of the Anti-Vaccination Society; they are sent by parents direct to our Secretary in London, and the Secretary corresponds with the parents and receives their subscription. They do not come from anti-vaccination leagues, because other leagues have their own defence funds. I may mention that a single notice in a paper will in a day bring from twenty to thirty applications from parents who are desirous of protecting their children from the perils of vaccination.”

Qs. 10,292-5-7. There are a little over 1,000 members of the Defence Fund League; they have no canvassers. The way is generally this: poor parents are summoned and do not know how to pay a fine; they have heard of cases of injury, and, making inquiries, hear of the League and make application. Some of the letters are most touching, detailing their previous experience of vaccination. Mr. Young, the late Secretary of the Society, was of opinion he could get 10,000 members if the Society had funds; but for every 5s. the members pay, it costs the Society about 50 per cent. more.

Q. 10,299. Testimonies of parents who were prosecuted. Amongst the reasons assigned for the non-vaccination of their children is that of previous injuries in their families. Has

newspaper clippings of thirty-six cases since January, 1889; but it is not likely that he gets a quarter even of those which are published.

Q. 10,302 (The Chairman). "But if there is an injury or illness of any kind following the vaccination, the very literature you have spread broadcast would be very apt to make people think that vaccination was the cause of the injury, would it not?" "Yes; no doubt to some extent."

Q. 10,305. Then the census returns. It is far more voluminous; they are statements which have been communicated by householders in different parts of the country.

Q. 10,306 (Dr. Bristowe). "And consequently of no particular authority?" "Yes, there is a sort of authority as you will see."

Q. 10,307. "All of the committees consisting of anti-vaccinators?" "Yes, all the committees being pronounced anti-vaccinators who were willing to give their time and services in order to get this law repealed."

Q. 10,309. These are the sources of his reply to Mr. Bradlaugh (10,289) of 2,138 cases of alleged injury and 546 deaths reported up to the end of last year. Mr. Tebb has not examined them; he brings them just as they came in, that the members of the Commission may see for themselves exactly what they are.

Qs. 10,311-2. An examination into the papers is made in each town, the facts verified, and generally published in the local journals and a scrutiny solicited. These censuses have now been carried on for some years, yet in only one instance has their truthfulness been challenged. In 1886 Mr. Tebb wrote to *The (London) Times*, furnishing the results up to that date. Dr. Saunders in reply challenged the facts. The witness produced a copy of Dr. Saunders' letter, and of his reply, in which he established the accuracy of the returns to the satisfaction, he thought, of any reasonable person.

Qs. 10,313-6. Introduced the proceedings at public meet-

ings of the Society for the Abolition of Compulsory Vaccination, for the purpose of showing the enormous amount of public opinion against it. Thousands of petitions have been presented to Parliament to repeal the law, and not one in favor of it by any persons unconnected with the medical profession. The next point he proposes to give is the testimony of the late Mr. Thomas Baker, barrister-at-law, and of the late Wm. Young, Secretary of the Society, written on his dying bed.

Q. 10,317. Evidence of Wm. Young, pharmaceutical chemist, No. 77 Atlantic Road, Brixton, September 12th, 1889: "I am the Secretary of the London Society for the Abolition of Compulsory Vaccination, prior to which I was Honorary Secretary of the Anti-Compulsory Vaccination and Mutual Protection Society, etc. (naming three societies). For more than twenty years I have paid great attention to the subject of vaccination and its compulsory enforcement. Many cases of death directly resulting from vaccination have come under my personal observation, and where practicable I have in such cases endeavored to get official inquiries or coroner's inquests held, but not always with success. The late coroner, Dr. Lankester, would never, if he could help it, hold an inquest on the body of a child alleged to have been killed by vaccination. I have seen hundreds of cases of skin diseases, abscesses, erysipelas, pyæmia, bad eyes, etc., caused by vaccination. I have made it a practice to ask mothers why they had their children vaccinated. Their almost invariable replies have been, 'We hate it, and would not have it done unless compelled by law.' Others have told me how by various devices, such as (1) non-registration, (2) removal, (3) giving false addresses, (4) forging of certificate, they had escaped the law." That is all Mr. Young was able to write.

Next Mr. Tebb handed in an official report of Dr. Airey on three cases of fatal erysipelas following re-vaccination in the Sudbury Union; next an extract from *The (London) Lancet* of November 2d, 1889, of an infant dying of trismus

which had supervened upon inflammation of the arm, the result of vaccination. The same case was reported in *The Lancet* of November 9th. From the date when the child's arm "took" it began to ail, and when first seen with trismus about three weeks after the performance of the operation, the vaccination marks had sloughed, coalescing and leaving a somewhat considerable cavity. *The Lancet* then goes on to argue that as six children were vaccinated with the same lymph without injury, we are bound to assume that the lymph was not the cause of the mischief! [And this from a medical journal conducted by a physician, who then assumes that the child had been either "recently exposed to the influence of some other morbid or specific infection, or is actually incubating such infection."\*—ED.]

Mr. Tebb continues: A correspondent informed him that the German disasters already before the Commission are unimportant compared with many others brought before the German Commission. On applying to the President of the Berlin Board of Health for further information he was informed that they could not furnish it to private individuals but that the Commission can obtain same through a diplomatic arrangement set of foot for that purpose. He also presents an analysis of a petition to the Reichstag, in 1881, for the repeal of the vaccination law.

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\* This pseudo-science has been improved upon by American physicians. In one case it was learnedly declared that the child (dead from vaccination), was suffering from latent scarlatina. In another, a case of trismus, which occurred in Brooklyn, N. Y., that the germs of tetanus must have got into the wound by exposure, the soil of Long Island being known to be infected with such germs. Then why inflict the wound in Long Island? And yet surely all these pseudo-scientists know that a quantity of a poison, to wit, Opium, which may not injuriously affect one person may kill another: but Opium is a poison none the less.—M. R. L.

## REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

Continued from January No., p. 36.

### LUMBAR REGION.

- Digging** stitches in left loins disappearing with walking, but recurring when sitting, *Dulc.*
- Dinner**, sticking from left loin transversely through abdomen after dinner; worse below umbilicus and toward right groin, *Ran-b.*
- Distress**, aching in lumbar region, intermittent, sharp, with constant distress, *Lept.*
- Distressing** pain in left lumbar region before chill, *Eup-pur.*
- Dorsal**, soreness of last dorsal and first lumbar vertebra, *Bell.*  
— pains between shoulders and in lumbar region, *Con.*  
— tearing in right lumbar and dorsal muscles, worse on moving parts, *Brom.*
- Dragging** dull pain in lumbar region, *Ham.*  
— dull, heavy pain and stiffness in back, especially across lumbar region, necessitating use of arms to raise from seat, *Hydrast.*  
— heavy, dull feeling in lumbar region, with stiffness and want of elasticity, *Syph.*  
— sensation from behind forward, resembling weak labor pains, *Sabina.*  
— and aching in lumbar region, worse from motion, *Pic-ac.*  
— with heaviness in lumbar region and increased urine, *Kali-chlor.*  
— when waking in morning in lumbar region, also till P. M., *Myrica.*  
— pain in lumbar region with leucorrhœa, *Ferr.*  
— across lumbar region, *Carbol-ac.*  
— severe in ulcerated cervix, *Merc.*  
— in lumbar region with dysmenorrhœa, *Sabina.*  
— in lumbar region, cannot move, *Phos.*

## LUMBAR REGION.

- Dragging** and heavy weakening pain in lumbar region, *Eryngium*.
- Drawing**, pressing, tired pain in lumbar region, *Mur-ac*.
- pain as if something alive, pressure and drawing at times; tearing only distinctly felt when standing, *Phos-ac*.
  - labor-like pains, drawing down into groins, *Sabina*.
  - on movement like a soreness or like a spasmodic drawing, *Sul-ac*.
  - in lumbar and dorsal muscles, with heaviness and indolence, on moving in open air, *Tereb*.
  - and tensive pinching in loins and above hips at noon when walking and standing, *Ver-a*.
  - pain when lying quietly in lumbar region, better by moving, *Colchi*.
  - stitches and tensive drawing pains, much increased by moving arms upward, *Con*.
  - pain in lumbar region waking him, worse by turning, *Bry*.
  - acute pain in lumbar region by moving body, with increased urine, *Nitrum*.
  - in lumbar region, spine, and thighs after coition, *Nit-ac*.
  - pressing and stiffness in lumbar region as if broken, *Carbo-an*.
  - pain in loins after stool, *Mag-m*.
  - across loins, worse at every step, *Carbo-an*.
  - pain in the loins when walking, standing and lying, feeling as if broken, *Carbo-an*.
  - sensation of a cord tightly drawn across lower loins drawing down and also in, *Arn*.
  - rheumatic and aching from loins to coccyx, *Carbo-veg*.
  - a pressive drawing pain in small of back and loins, only while resting (sitting, standing or lying down) in daytime, disappearing in walking, *Amm-c*.
  - in right lumbar region, worse by walking, better when sitting, *Æthusa*.
  - through lumbar region when standing, *Con*.
  - with pain through lumbar vertebræ on standing, *Cann-i*.

## LUMBAR REGION.

- Drawing**, a pressive drawing in lumbar region, Sep.  
 — in lumbar region reaching sometimes to testicles, Psorin.  
 — tensive pain in loins, *Puls.*  
 — tearing in bones in lumbar region, Rhod.  
 — cutting in lumbar region beneath short ribs and in forepart of left side of lower abdomen just above pubes, Rheum.  
 — severe pains in lumbar region, Erigeron.  
 — pain in right lumbar region at 9 P. M., passing to right testicle, then dragging pain in left hypochondrium, Erigeron.  
 — from lumbar region to pubes with lucorrhœa, *Sabina.*  
 — spasmodic in lumbar region compelling him to lie still, *Sil.*  
 — stitching in lumbar region on rising from a seat, Sul.  
 — in lumbar region extends along course of ureters, *Berb.*
- Dreams**, pain in loins last two days of menses, with anxious dreams, Caust.
- Dropping**, sensation of water dropping out of a bottle in lumbar region, Medor.
- Dull pain** in lumbar region, Zing., *Caulo.*, *Ham.*, Ind., Cund., *Lil-tig.*, *Lyc.*, *Hydrast.*, Diosc., Dulc., *Phos-ac.*, *Zizia.*, Senecio, *Gels.*, *Pareira.*, Cornus., Ustil., Tereb., Canni, Lycop-vir.
- pains in lumbar region after emission, with despondency and irritability, Ustilago.  
 — pain to testicle, worse bending spine, Diosc.  
 — pain in lumbar region after taking cold, *Lyc.*  
 — pain in loins increased by movement, *Zizia.*  
 — pain in left lumbar region, Senecio.  
 — pain in loins going down back of legs to lower part of calves, *Phos-a.*  
 — dragging pain in lumbar region, *Ham.*  
 — aching pain in lumbar region extending to back, Ind.  
 — aching in lumbo-sacral region, cannot walk, muscles will not obey, *Gels.*  
 — stitches in both loins with sensation as if squeezing from within outward, at every inspiration while sitting bent, Dulc.



## LUMBAR REGION.

- Dull** pains in lumbar region with nephritic colic, Pareira.
- pain in lumbar region with drowsiness and lassitude, Cornus.
- Eating**, pain in lumbar region after eating as from a band just above hips, Cina.
- Electric** sparks like, extending into ribs from above right ilium, Caust.
- Emission**, aching in lumbar region following seminal emission, with weakness of legs, Cobalt.
- Erect**, stiffness of muscles of lumbar region while bending over for a short time, causing great difficulty when assuming an erect posture, *Hydrast.*
- Eruption**, oval patch on lower third of surface of left loin about four and three-quarter inches in length, covered with a powder resembling chalk; the edges of a yellow color; small eruption having the appearance of millet, *Hydrocotyle*.
- itching miliary eruption on lumbar region, Arundo.
- of pimples in lumbar region, China, Clem.
- Eructation**, throbbing pain in lumbar region during shaking chill with eructation, *Nux-v.*
- Evening**, sticking in loins midway between hypochondrium and iliac crests in evening when playing on piano, Stram.
- quivering of muscles of right lumbar region in evening, Agar.
- pain in lumbar region in evening, Sumbul.
- Expiration**, stitches of bones in lumbar vertebræ on expiration, Sul.
- stitches in left lumbar region, worse by expiration, Amm.
- Exercise**, weakness of loins after exercise, Plant.
- Exertion**, pains in loins worse by slightest exertion, obliging him to sit down and rest, Cann-s.
- Fall**, cramp-like pain in lumbar region after long standing; when attempting to walk feels as if would fall, Thuja.
- a feeling as if falling to pieces in lumbar region, with a desire to bind them up tightly, Trill.

## LUMBAR REGION.

**Fatigue** and heaviness of lumbar muscles, Codein.

**Fatigued** pain in loins as if he had stood a long time, *Cina*, Arn.

**Feet**, pain in lumbar region then going down limbs to feet, Sang-c.

**Fever**, severe pain in lumbar region with fever, Tereb.

**Fire**, burning heat in lumbar region as if clothes were on fire, Ars-iod.

**Flannels**, severe rheumatic pains in lumbar regions or muscles contracted by removing flannels too soon, Tereb.

**Flatus**, pain in lumbar region in morning as from incarcerated flatus low down in hypochondrium, *Nux-v*.

— pain in the loins as from flatus which could not pass, toward evening when sitting, Helleb.

**Flea-bite**, burning itching like a flea-bite in region of the left loin so that he shudders, Alum.

**Fleeting** stitches in loins, *Cocc-c*.

**Flying** pains in muscles with persistent aching in loins and occiput, worse on movement, Lyc-vir.

**Formication** in lumbar region, Arundo., Phos-ac., Canth.

— in left lumbar region, Canth.

— painful, rising to shoulders, settling in left clavicle, Arundo.

— violent pains in 1st and 2d lumbar vertebræ when turning, Agari.

— in left lumbar region sensation of coldness and formication on spot size of a hand, Canth.

**Fullness** and pressure in lumbar region, Arn.

— in lumbar region with hæmaturia, *Nux-v*.

**Gnawing** in a spot in lumbar region after pressure upon it, only a bruised pain, Sul.

— in lumbar region at night, worse in bed, Lil-tig.

— in lumbar region, Niccol.

**Grasping**, pinching in left loins on rapid walking, impeding respiration, better by pressure, Drosera.

**Gripping** in lumbar region, Phyto., Sul.

## LUMBAR REGION.

- Gripping** and sticking by false ribs, Stann.
- Gurgling** in right lumbar region, Sepia.
- in left side of lumbar region, extending across it, Lyco.
- Headache**, lumbago alternating with headache, Aloe.
- Heat**, burning in lumbar region as if clothes were on fire, Ars-iod.
- in whole right lumbar region, Sarracenia.
- flushes of heat in lumbar region, Calc-phos.
- dry with coldness of back, Sul.
- flushes of heat in all directions from lumbar region, Bapt.
- Heaviness** in lumbar region with dragging and increased urine, Kali-chl.
- in lumbar region increases pain in legs, *Phos-ac.*
- and fatigue in lumbar muscles, Codein.
- and indolence on moving in open air, with drawing in lumbar and dorsal muscles, Tereb.
- and pressure at end of lumbar vertebræ, Amm.
- Heavy** and constant dull pain in lumbar and sacral region, *Phyto.*
- pain and weakness in lumbar region, Lil-tig.
- pain in lumbar region, worse by stooping, Diosc.
- pulling in right lumbar region at 3 P. M., Sep.
- sensation of a heavy weight in the lumbo-dorsal region, better by lying on left side, with increase of temperature and sensibility of parts affected, *Coloc.*
- dragging dull pain and stiffness of back, especially across lumbar region, necessitating the use of arms to raise from seat, Hydrast.
- Inflammation** of right side toward lumbar region with pain and extravasation of blood, Crotal.
- Inspiration**, tensive stitch pain in the right loin felt only during inspiration and most violent when lying on back, *Coloc.*
- dull stitches in both loins with sensation as if squeezing from within outward, at every inspiration while sitting bent, Dulc.
- piercing pain in right loin during inspiration, Aur-mur.

## LUMBAR REGION.

**Intense** pain in left lumbar region between floating ribs and ilium, *Vib-op.*

— pain in left lumbar region above hip as if he had strained part, worse by standing and especially sitting, *Valer.*

**Itching** burning like a flea-bite in the region of left loin so that he shudders, *Alum.*

— erosive itching on left side of loin inciting him to scratch, *Dig.*

— in lumbar region, must scratch it raw, *Bar-c.*

— erosive about the lumbar vertebræ and in other parts of the body, also on the thigh, *Phos-ac.*

**Jerking**, rending, cutting, shooting in lumbar region, *Calcpfos.*

— in lumbar region in evening in bed, *Sul.*

— stitches in right lumbar region at 7 P. M., *Carboneum.*

**Jerk-like** pain, like a cramp, when sitting and lying, *Bry.*

**Jerks**, severe, single stabs in jerks as if with a fork, close above the right hip beside the lumbar vertebræ, *Dulc.*

— liver sticking to back and thence to urethra, sticking jerks on every motion, *Lach.*

— sudden violent jerks in lumbar region during a walk in open air arresting breathing, *Ran-scler.*

**Knee**, numbness and lameness in right lumbar region from vertebræ to crest of ilium and inner side of thigh down to knee, *Ars-met.*

— sticking in the lumbar region extending to knee in morning, *Psorin.*

**Knife**, pain as from a knife sticking through loins, cannot walk, *Kali-b.*

**Labor-like** pain in lumbar region, *Coff., Vib., Carbo-v., Eupatpur., Kali-c., Kreos., Lyco., Pulsat., Sec., Sabin., Fer., Sep., Aloe., Coccul., Lil-tig., Cycl.*

— pain from lumbar region into buttocks and thighs with impending abortion, *Kali c.*

— pains in lumbar region with dysmenorrhœa, pains down each side of abdomen to pubes, *Cycla.*

## LUMBAR REGION.

**Labor**, pains running through to front at intervals of a few minutes.

occasionally shooting down to glutei muscles, *Kali-c.*

— pains worse standing, with prolapsus uteri, *Aloe.*

— pains with hour-glass contraction of uterus, *Coccul.*

— pain goes to loins and across to pubic bone, *Vib.*

**Labor**, dragging sensation from behind forward resembling weak labor pains, *Sabin.*

**Lame** feeling in lumbar region in morning without pain, *Selenium.*

**Lameness**, pain in sacro-lumbar region with lameness and stiffness, *Helon.*

— and numbness in right lumbar region, from vertebræ to crest of ilium and inner side of thigh down to knee, *Ars-met.*

— in lumbar region, *Cup-ars., Æscul-hip.*

— in lumbar region, painful and weak, *Lach.*

— in lumbar region, with leucorrhœa, *Caustic.*

**Lame**, sore feeling in lumbar region, *Onos., Lept.*

— stiff feeling in back and legs, *Cap.*

— in loins after taking cold, *Dulc.*

— feeling in lumbar region after difficult parturition, *Nux- $\dot{v}$ .*

— feeling follows emissions with lascivious dreams awakening him, *Selen.*

— feeling with prolapsus uteri, *Æscul-hip.*

**Lancinating**, deep pains around loins, *Ginseng.*

— sharp pain in lumbar region, *Senecio.*

— fine tearing on right side beside the lumbar vertebræ, passing away every time he presses upon it, *Aur-fol.*

— in lumbar region, *Cup-m., Lac-can., Asaf.*

**Languor**, tired aching in lumbar region, with a feeling of languor, *Zinc.*

— tired aching over the crest of the ilium and down into pelvis, right side, with general languor and desire to lie down, later the tired aching, worse morning, *Spig.*

**Legs**, aching in loins shooting down legs, *Sil.*

## LUMBAR REGION.

- Legs**, severe pains in lumbar and hypogastric region, extending down legs, *Ham.*
- Lie**, pain in lumbar region at night so must lie on abdomen, *Nit-ac.*
- Lifting**, sudden stitches in lumbar region when lifting, he had to walk bent forward and had stitches if his foot struck against anything, *Sepia.*
- Limbs**, numb feeling extending from lumbar region to lower limbs, *Acon.*
- Lumbago**, *Bry., Sul., Rhus-t., Nux-v., Arn., Actea-r., Berb., Coloc., Dulc., Lyco., Fer-phos., Nux-m., Nat-m., Magn-m., Phyto., Puls., Secale, Rhus-v., Guaicum, Kali-c., Calc-fl., Val., Med., Ant-t., Cal-phos., Colch., Ferr., Kali-s, Led., Nat-s., Oxal-ac., Pet., Rhod., Ruta., Staph., Tereb., Ars-m., Arundo, Asclep-tub., Chromic-ac.*
- alternating with headache, *Aloe.*
  - from lifting: or myalgia of the great muscles of the back, *Sang.*
  - pain worse after, not during motion, *Rhus-t.*
  - and rheumatism of the back, *Nux-v.*
  - chronic for several years' standing. with difficulty in walking, *Oleum-jac.*
  - all night, goes off on rising, *Ferr.*
  - pain in loins like lumbago, *Asclep-tub.*
  - caused by straining and lifting, *Med., Sang.*
  - crampy when standing in street without overcoat, better by external support and adjusting position, *Chin-s.*
  - if *Bry.* has not relieved sufficiently and pain, worse from slightest motion, *Lyco.*
  - pain extends from back around body, down leg, with red and mucous sediment in urine, *Berb.*
  - from strains; pains worse after rest, better after moving a little and from warmth (when *Rhus-t.* did no good), *Calc-fl.*
  - and crick in back, *Calc-phos.*
  - back is very stiff every morning, *Phyto.*

## LUMBAR REGION.

**Lumbago**, and sciatica, the vertebræ feel as if rubbed against each other, *Ant-t.*

— must move, yet motion gives no relief, *Puls.*

— can hardly walk, *Sul.*

— from a cold, *Rhus-v.*

— must lie on left side at night, *Sul.*

— by motion, disturbs sleep at night, *Sul.*

**Lung**, sticking in lumbar region, extending to left lung, *Sepia.*

**Lump**, sensation of a lump the size of a hen's egg, rising and falling in right lumbar region, *Hydrast.*

**Lying**, pain when sitting as if back had been bent too long, and as if one had been lying on it too long, *Rhod.*

— tensive stitch pain in the right loin; felt only during inspiration and most violent when lying on back, *Coloc.*

— bruised feeling in region of loins, especially while lying and sitting, *Agari.*

— pain in lumbar region, worse sitting and by lying, *Tabac.*

— drawing pain in loins when walking, standing, and lying, feeling as if broken, *Carbo-an.*

— on back with great weariness, going to feet from lumbar region, *Lyco.*

**Menses**, bruised pains in loins during menses, *Bary-c.*

— pain in loin the last two days before menses, with anxious dreams, *Caustic.*

— pain in lumbar region during menses, worse at night, *Nat-c.*

— pain in lumbar region during menses, *Ratan.*

— pain in loins as before menses when sitting, *Carbo-a.*

— aching before menses in lumbar region, *Magn.*

— aching across lumbar region during menses, *Lach.*

— aching across lumbar region with menorrhagia, *Coccus.*

— bruised pain during menses, *Baryta-c.*

— scanty flow, with colicky pain, *Sul.*

— cutting in lumbar region before menses when too early, *Ol-an.*

— cutting during menses, *Arg-n.*

— drawing in lumbar region before menses, *Hyos.*

## LUMBAR REGION.

- Menses**, labor-like pain in lumbar region during menses, *Puls.*  
 — pain in lumbar region before menses, with debility, pressure in stomach, water brash, and pain in liver, thick and black flow, *Nux-m.*  
 — pain before, in metrorrhagia, *Sepia.*  
 — pain with early menses, *Niccol.*  
 — pain with too early, profuse and long duration, *Ratanhia.*  
 — tearing during menses, *Caust.*  
 — pain at appearance of menses, scarcely permits breathing, *Asar.*  
 — pain downward during, *Nux-m.*  
 — pain in lumbar region during menses, *Amm-c., Kali-c., Caust., Brom., Berb., Magn-c., Tarant., Kalmia., Lach., Lact-ac.*  
 — pain during first day of menses, *Lach.*  
 — pain in lumbar region when menses should appear, *Spong., Ham.*  
 — as if menses were coming, worse early in the evening and in a close room, better in open air and moving about, *Vib.*  
 — pain in lumbar region after menses, *Berb.*  
 — pain in lumbar region with dysmenorrhœa, *Xan., Lach.*  
 — pressing in lumbar region during menses, *Carbo-an., Lach.*  
 — pressing downward like a stone during menses, *Puls.*  
 — throbbing in lumbar region before menses, *Nit-ac.*  
 — stitches into uterus with menses, *Nat-m.*  
 — pain like a weight during, *Kali-c.*
- Morning**, pain in lumbar region in morning with general indolence, *Ran-b.*  
 — pain on rising in loins, under scapula and in pelvis, *Cedron.*  
 — pain in lumbar region, most painful at 9 A. M., *Chromic-ac.*  
 — acute pain in loin in the morning, *Stann.*  
 — pressure in left side near lumbar region, worse from motion of body and pressure, *Nat-s.*
- Motion**, dull aching pain, worse by motion, in lumbar region, *Æscul.*  
 — backache in cervical, lumbar, and sacral region; worse by motion, *Æscul.*



## LUMBAR REGION.

**Motion**, lumbago pain, worse after and not during motion,  
*Rhus*.

**Moving**, pain in lumbar vertebræ when moving, *Ars-sul-fl*.

**Myalgia**, of the great muscles of the back, *Sang-c*.

**Neck**, pain in nape of neck follows lumbar pains, *Sil*.

**Night**, pain in lumbar region during menses, relieved at night,  
*Nat-c*.

— pain in lumbar region, withered sensation, worse at night and from motion, *Podo*.

— lumbago all night, goes off on rising, *Ferr*.

— severe pains in the lumbo-sacral region, mostly during latter part of night, *Carbol-ac*.

**Noon**, sticking in loins at noon, *Hyper*.

**Numb feeling** extending from lumbar region to lower limbs,  
*Acon*.

— stitching pain in small of back so severe upon motion that he gets upon arms and knees in order to obtain relief, pain unendurable in any other position, *Colocy*.

— as if dead in lumbar region after suppressed foot sweat, *Sil*.

**Numbness** in lumbar region, *Spong*.

— in lumbar muscles with lumbago, *Gnaphal*.

— worse by external hard pressure, *Berb*.

— and lameness in right lumbar region from vertebræ to crest of ilium and inner side of thigh down to knee, *Ars-m*.

**Pain** in loins, *Ver-alb*, *Vipera*, *Sul*, *Curare*.

— and weakness in lower lumbar region, *Amyl-nit*.

— in both loins as if surrounded by bands, *Caustic*.

— across lumbar region, suffers much from it, *Sepia*, *Arg-n*,  
*Cund*.

— across lumbar region or vertebræ, *Gambog*.

— between shoulders and in lumbar region, *Con*.

— as after a blow had been received above the hip close by the lumbar region or vertebræ, *Dulc*.

— dull in loins going down back of legs to lower part of calves,  
*Phos-a*.

## LUMBAR REGION.

- Pain** as from dislocation in loins when sitting and turning the body in walking, *Hepar*.
- in lumbar region when lying quietly a drawing, better by moving, *Colchi*.
  - in lumbar region after eating as from a band above hips, *Cina*.
  - in lumbar region in evening, *Sumbul*.
  - in loins on slightest exertion, obliging him to sit down and rest, *Cann-s*.
  - in lumbar region, then going down limbs to feet, *Sang-c*.
  - severe in lumbar region with fever, *Tereb*.
  - in left loin, *Sumbul*.
  - in loins last two days before menses with anxious dreams, *Caustic*.
  - in morning, on rising, in loins, under scapula and in pelvis, *Cedron*.
  - in lumbar region most painful in morning, 9 A. M., *Chromic-ac*.
  - in lumbar vertebræ when moving, *Ars-s-fl*.
  - in nape of neck follows lumbar pain, *Sil*.
  - in lumbar region of spine followed by apoplexy and paralysis, *Bary-c*.
  - in loins, as if all power was going and the back was turning to pulp, *Colch*.
  - pulsating in lumbar region, *Cimic*.
  - as though the lower lumbar vertebræ would separate when bending forward, *Chelid*.
  - severe in lumbar and sacral region, *Amm-mur*.
  - in loins like toothache when she *stands*, which makes her feel sick and good for nothing, *Colchi*.
  - as if squeezed in lumbar region, *Caustic*.
  - in loins seems to arise in a spot which is tender to pressure, about an inch to right of middle lumbar spine, *Chromic-ac*.
  - in lumbar region at 5 P. M., extending to the testes, *Abrot*.
  - in lumbar portion of spine; myalgic; with induration of the testes, *Med*.

## LUMBAR REGION.

**Pain** in right lumbar region and in anterior portion of right thigh, Cup-ars.

— in loins, with vomiting, Ars-h.

— in loins when walking on uneven ground or from a misstep, Podo.

— in lumbar region on rising from a seat and on beginning to walk, better by walking, Tabacum.

— in region of lumbar vertebræ, Arn.

— in lumbar region, Ars-h., *Sul-ac.*, *Doryphora.*, Eryngium (at 2 P. M.).

— in the back and loins, Chromic-ac.

— in lumbar region of spine, Zinc.

**Paralysis**, muscular paralysis of lumbar region, also of lower extremities, from cold, *Coccul.*

— a sensation of paralysis along lumbar vertebræ immediately above the border of the os ilium; this hinders him in walking when he has risen, Agari.

**Paralytic** condition of lumbar and sacral muscles, *Gels.*

— sensation from weakness back in the loins, worse by walking or standing, Agari.

— pain in loins at 10 P. M., in bed, with dullness and pain in head, Kalmia.

— feeling in lumbar region, *Berb.*, Euphorb.

— feeling at junction of lumbo-sacral vertebræ, *Phos.*

— feeling, painful, would like to stretch, better bending backward, Sabina.

**Piercing** sharp pain in right loin, merely on inspiration, Aur-fol.

**Pierced** pain in loins, as if pierced by red-hot irons, two mornings, worse by movements, arresting the breath, and nearly causing faintness; next day pain, as if strained, preventing him from straightening himself or stooping, Bufo.

**Pinching**, tensive and drawing in loins and above hips at noon when walking and standing, Ver-alb.

— and grasping in left loin on rapid walking, impeding respiration, by pressure, Droser.

## LUMBAR REGION.

- Pinching**, crampy pain in lumbar region and buttocks, *Caustic*.
- Pressing** pain in articulation of lumbar vertebræ and sacrum, left side; pressing on spot causes pain down thigh to knee, *Nat-phos*.
- drawing and stiffness in lumbar region, as if broken, *Carbo-an*.
- Pressive**, shooting pain on the external right side lumbar vertebræ, worse in morning, *Mez*.
- Pressive** drawing in left lumbar region, *Sepia*.
- drawing pains in small of the back and loins only while resting in daytime, disappearing when walking, *Amm-c*.
- violent pain in lumbar region; worse when at rest, so that she has to walk about to alleviate it; by coughing it is so much worse that she must scream, *Phos*.
- Pressure** above the loins, with sensation in legs as if they were stiff and bandaged, *Nat-m*.
- in lumbar region, *Spongia*.
- muscles tender on pressure and stiff, especially on first moving after repose, *Cactus*.
- downward, above left hip, *Stann*.
- and heaviness at end of lumbar vertebræ, *Amm*.
- lower lumbar region is slightly sensitive to pressure, *Arg-n*.
- and fullness in lumbar region, *Arn*.
- outward in left loin, *Taraxac*.
- and tearing in lumbar region, *Carboneum*.
- pain in loins seem to arise in a spot which is tender to pressure about an inch to right of middle lumbar spine, *Chromic-a*.
- in left side near lumbar region; worse from motion of body and pressure, *Nat-s*.
- on left side near lumbar vertebræ and upon upper border of os innominatum, *Aur-fol*.
- Pricking** in loins, *Aur-mur*.
- Psoas** abscess, *Symphytum*.
- first left, then right; latter discharged more than a quart of offensive greenish pus when opened, *Syphil*.

## LUMBAR REGION.

**Psoas** muscle inflamed, *Asaf.*, *Bryonia.*, *Cal-carb.*

**Pulling** in lumbar region, *Hyos.*

— heavy in right lumbar region at 3 p. m., *Sepia.*

**Pulsating** stitches in lumbar region, *Sul.*

— pains in lumbar region, *Cimicif.*

**Pulsation** in lumbar region, *Nit-ac.*

**Quivering** of muscles of right lumbar region in evening, *Agari.*

**Respiration**, above the right loin a pain that obstructs, *Carbo-veg.*

— grasping, pinching in left loin on rapid walking, impeding respiration, better by pressure, *Drosera.*

— tearing in lumbar muscles, impeding respiration, *Kali-c.*

**Retching**, violent pains in lumbar region and sacrum; slightest effort to move causes retching and cold sweat, *Ant-t.*

**Rheumatic** pains in lumbar region, *Berb.*, *Bryon.*, *Ant-c.*, *Sul.*, *Eup-pur.*, *Phyto.*, *Stram.* (*Ustil.*, worse by walking), *Cact.*, *Iod.*

## ARE READERS' EYES WORTH SAVING?

EDITOR HOMŒOPATHIC PHYSICIAN: I wish to congratulate you in regard to the fine paper and large, clear, and readable print, furnished in your journal.

You have refrained from falling into the late fad of printing on that abominable, corduroy-ribbed paper which sub-divides the printed letters and makes ordinary medical journals so hard to read.

This kind of ribbed paper (and consequent poor print) is very injurious to the eyes and often compels the reader to discontinue not only his reading but his subscription. Years ago Professor Gustav Jager drew attention to the necessity for sanitary paper and print in all public journals, and it is surprising that some publishers should pay little or no attention to this matter, and should so entirely ignore the welfare of their subscribers, so far as eye-sight is concerned.

Many subscriptions have undoubtedly been discontinued because of such really criminal neglect of ordinary precautions, and some *otherwise good* journals have gone to the wall on that account.

This is a matter of much moment, for many of the prints of the day in all lines of literature are similarly destructive of the readers' eyes, and it is high time that some one should bring attention in a notable manner, to this very dangerous defect. THE HOMŒOPATHIC PHYSICIAN is in the front rank of homŒopathic literature, and I sincerely hope that you will continue to be aided by the progressive physicians of our school, who have so little time to spare in reading and keeping up with the times in their profession, and who cannot afford to sacrifice their eyes, in order that they may obtain information, contained in other journals of the day. I can read and properly digest the valuable articles published in THE HOMŒOPATHIC PHYSICIAN in half the time taken up with any other publication of the kind, of equal size, and can at the same time turn labor into pleasure in reading its plainly printed pages and enjoying its valuable contents. Hence, I think that the general appearance of your publication, as well as other considerations, make it one to be commended as a pattern for other medical journals to follow.

Wishing you all success, I am,

Faternally yours,

D. ALBERT HILLER.

220 MONTGOMERY AVE., San Francisco, Cal., March 28th,  
1899.

## A CALCAREA CASE.

J. E. HUFFMAN, M. D., HEALDSBURG, CAL.

September 9, 1895—John B., colored, San Francisco, æt. twenty months. Large head; ant. fontanelle, size half a dollar; irritable; cries when spoken to; enlargement of end of radius and ulna; large abdomen; legs crooked; thirsty, cries in night for water; eight teeth; can stand only when has hold of chair, and then not straight; prepuce adherent. ℞ Calc-carb., 50 M.

September 16th.—Broke up adhesions of prepuce, became much better and sleeps all night.

October 4th.—Has a cold, irritable, and eruption behind ears. ℞ Calc-carb., 50 M.

December 11th.—Stands alone; fontanelle closing rapidly. ℞ Calc-carb., 50 M.

Did not see him again. Parents moved to Portland in February, 1896, but I learned afterward that he was walking well at time of removal. I treated him while I was a student. I gave S. L. between doses of medicine.

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## INTERNATIONAL HAHNEMANN ASSOCIATION.

BROOKLYN, N. Y., March 25th, 1899.

*To the Members of The International Hahnemannian Association:*

Though the time before the next meeting of the I. H. A. is rather a short one, yet it might be deemed appropriate to direct your attention to a subject in homœopathic philosophy, which you are requested to place in a clearer light by your contribution to this bureau.

The life of a scientific association does not consist so much in the multitude of members and in their personal participa-

tion in the meetings as desirable as this naturally must be, as in the spiritual endeavor animating the whole body in considering the fundamental principles again and again by the light of critical analysis, which is apt to infuse fresh vigor into the organization.

Long since the old school has thrown out of its sacred precincts the life-force of Hahnemann, as being an idea without object and reason, just as it also ignores the high potencies of Hahnemann and his disciples as mere figments of the brain.

In later times the protoplasmic cell of man has by these searchers of truth been raised to the dignity of the rejected life-force. They transferred its attributes upon that simple cell, even endowing it with mind, and in this manner in conjunction with the subsequent millions of millions of companions in the signification of vital units they made it the creator of the human organism.

Now from the standpoint of a homœopathician, it is inconceivable how a high potency such as a hundred thousand or million, or even a Hahnemannian thirtieth, can act upon the whole body in health, as a proving, and in disease, as a cure, if the conception of a life-force, as Hahnemann delineated it, is excluded from his philosophy.

You are therefore respectfully invited as a member of an Association which stands for the minimum dose and consequently for high potencies to assist in defining and defending the Hahnemannian position against this monocellular theory (a counterpart of the atomic theory), which likewise conceals the old enemy of Homœopathy—Materialism.

But any other subject of your choice will also be welcome.

Yours fraternally,

B. FINCKE, M. D.,

*Chairman of Homœopathic Philosophy.*



## BOOK NOTICES.

OVARIOTOMY AVERTED is the title of a pamphlet of ten pages.

By Dr. Mary J. Hall-Williams, of "The Nook," Penzance, Cornwall, England. Price, 2 pence.

In this essay the author denounces the operation of excising the ovaries, and argues for a more humane and rational treatment of ovarian troubles with medicines and an ingenious uterine support invented by herself.

There is no doubt of the truth of the statements made, and the pamphlet will convince any one who may read it.

THE RATIONAL TREATMENT OF ACUTE AND CHRONIC DISEASES OF THE GENITO-URINARY TRACT. By Charles Marchand, Chemist and Graduate of the "Ecole Centrale, des Arts and Manufactures de Paris."

This is a pamphlet of forty pages, detailing the result of treating certain cases with hydrozone and peroxide of hydrogen. These are gonorrhœa, gleet, urethritis, cancer and gangrene of uterus, pelvic abscess, recto-vaginal fistula, endometritis, protracted labor, chancres, and chancroids. All these conditions are reports by prominent physicians detailing their methods of using hydrozone and their experience in treating cases with it. To this end clinical cases are given and the whole book is a clear exposition of the essential nature of hydrozone, peroxide of hydrogen, and glycozone and methods of application. Copies may be had free of charge by addressing a note to Mr. Charles Marchand, at his *new* address, 57 and 59 Prince Street, New York.

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## NOTES AND NOTICES.

SUPERIOR TO IMPORTED WINES.—Dr. S. F. Howland, of 29 West 42d Street, New York, says: I can say emphatically that I like Speer's Wines far better than any of the imported wines. His Claret and Sauterne are superior dinner wines. His Port beats the world for invalids and weakly persons.

DR. J. A. WHITMAN has removed from Beaufort, S. C., to No. 86 Wentworth Street, Charleston, S. C. He will be glad to receive calls from all homœopathists who may be passing through Charleston.

ALL PHYSICIANS HERE AND IN EUROPE who have used Speer's Port Grape Wine recommend it in preference to any other for its medicinal properties, especially for females, debilitated persons, and the aged.

EXAMINATIONS OF APPLICANTS to fill vacancies on the House Staff of the Brooklyn Homœopathic Hospital will be held on April 19th and again on May 8th, at noon, at the Hospital, 109 Cumberland Street.

HENRY B. MINTON, *Secretary of Committee*,  
165 Joralemon Street, Brooklyn, N. Y.

SEE a lot of men and women in another column carrying on their heads great loads of grapes at Boa Vista vineyards, Portugal, for making into wine. It is interesting. Read all about it. Speer, N. J., wines are made from the same grape, the oldest and finest produced in the world.

THE ACME POWDER MEASURE.—Most of the powders used in medicines are, within moderate limits, of practically the same specific gravity, so that weights can be determined by measurement as well as by the troublesome and time-consuming process of weighing out individual powders by the druggist's scales. It is to meet the want of a quick and easy, yet accurate



method of determining the bulk requisite for 1, 2, 3, and 5-grain powders, or any combination of these quantities, that this little device was invented. It consists of a centre rod about six inches long, to the opposite ends of which are attached four different sized measures, of the capacity of 1, 2, 3, and 5 grains respectively. It is made of German silver, and heavily silver plated. In using the measure it may be inserted into a bottle or other suitable receptacle containing the powdered substance, and in withdrawing it it is to be pressed or scraped against the side of the receptacle (thus filling the measure level full). It will be found to give surprisingly accurate results as to weights of individual powders, and may be very rapidly performed. The standard taken is sugar of milk, which is a fair average of weight for nearly all medicinal powders, as distilled water is the recognized standard of weight of liquid measure. It occupies no more space than a probe, and can be carried in the pocket case with perfect facility, and will be found extremely practical. Sample sent by mail, including weight table of exceptional substances, on receipt of price, 25 cents.

SHARON MANUFACTURING CO.,  
17 N. Juniper Street, Philadelphia, Pa.

CORSETS IN RUSSIA.—Hereafter the women of Russia must do without corsets. The Russian Minister of Public Instruction has issued a decree absolutely prohibiting the use of the corset, on the grounds of public health.—*Medical Times*, November, 1898.

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. XIX.

MAY, 1899.

No. 5.

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## EDITORIAL.

THE PRESIDENT OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION makes a final appeal to the members to use their utmost efforts to attend the next meeting in June (27th) at the International Hotel, Niagara Falls.

The past winter has been so full of remarkable occurrences in the medical world that an interesting accumulation of experience must have fallen to the share of every member. The free interchange of these experiences must be in the highest degree useful to every one. The comparison of results and the clearing up of misapprehensions or mistaken views either upon the principle of Homœopathy itself or upon the sphere and scope of the remedies and the significance and value of symptoms or their genuineness, most instructive.

The knowledge thus acquired is of the highest value in treating cases met with in our every-day life.

It would seem superfluous to recount all this to homœopaths, as they certainly must know it well. But we find that they do overlook it and consequently are somewhat indifferent to the need of attending the meetings, or of communicating papers that are beneficial to the majority.

Some who attend may be found listening to the voice of intrigue that seeks some selfish advancement at the expense of some other member or members, and with the grave result of irretrievably damaging the cause and disintegrating the society. Those who do allow these intrigues to command their attention are belittling themselves, and taking their minds off the great object of the meeting, and assisting in the perpetration of evil, while they inevitably contribute to the dwarfing of the proceedings and bringing them perilously near to total failure.

Experience in the past should be recalled and a lesson taken to carefully avoid similar occurrences in the future.

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## AMERICAN INSTITUTE OF HOMŒOPATHY.

LINCOLN, NEBRASKA, March 17th, 1899.

EDITOR HOMŒOPATHIC PHYSICIAN, PHILADELPHIA, PA. :

During a recent visit to Chicago, Washington, Philadelphia, New York, Boston, and Atlantic City, it was my privilege to attend the annual meeting of the Executive Committee of the American Institute of Homœopathy in New York, to meet the local Committee of Arrangements at Atlantic City, and to come in touch with the profession generally.

The Executive Committee arranged a programme which will give every section at least one meeting before the entire Institute. There will be seven papers on the different fields

of Homœopathy. There will be special features of unusual interest. The memorial exercises will be held during a recess in a busy session, and will be of a character to command our respect and cause us to indeed realize the solemnity of the occasion. It will be a session of thoroughly scientific interest, and one in which the cause of Homœopathy will be kept well to the front. The local Committee of Arrangements have secured for this meeting the Great Steel Pier, probably the quietest and most ideal spot in the United States for such a meeting. The plans for the entertainment of the Institute are the thought of the entire city, and nothing is being left undone that time or money can do. The greatest seaside resort in the world, a Mecca for health-seekers both winter and summer, a spot where nature and man have vied with each other to do their best, where the very well-to-do or the one with modest income can be supplied with just what they desire, and which I can personally guarantee will be thoroughly satisfactory in rate and in comfort. The profession throughout the East are thoroughly aroused to the interest and importance of this meeting. New England may especially be depended upon to send a good contingent of strong workers, but the same is true of the whole Atlantic coast, and Chicago promises the largest delegation in years, while the West is to be well represented, even from the Pacific Coast.

We recognize the present time as one of crisis in the affairs of men. In medical circles there is unrest, and there never was a time when it was more necessary for our school to present a strong, unbroken front than to-day.

Brother, has Homœopathy done anything for you or yours? Do you, as an honest man, believe in its efficiency as a great law of nature? Yes? Then you owe service and sacrifice that through your love for truth and your fellow-man the truth may be published afar and your fellow-man

blessed as you and yours have been. "Set your house in order" and get ready to attend the meeting at Atlantic City.

Fraternally,

BENJ. F. BAILEY, M. D.,

*President.*

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## AMERICAN INSTITUTE OF HOMŒOPATHY.

### NOTICE.

A reduction of fare and one-third for the round trip has been granted by the Trunk Line Association for those attending the meeting of the Institute at Atlantic City, N. J., in June, on the certificate plan. Tickets will be on sale from June 15th to 21st inclusive. Full fare must be paid for the going ticket, and a certificate—which is prepared by the railroads for the purpose—is given to the purchaser. These certificates are not kept at all local stations, but if not, the agent will sell a ticket to the nearest station where they are kept, and the through ticket and certificate be procured there. Be sure to get the certificate, for without it, properly signed and viséed, the reduction on the return trip cannot be taken advantage of.

As soon as the place of meeting is reached the certificates should be handed to the Chairman of the Transportation Committee, who will sign them and have them viséed by the special agent, and they will then be ready for use when the time comes to return home. The limit for the return expires on June 28th.

No refund of fare will be made on account of any person failing to obtain a certificate.

Fraternally yours,

J. B. GARRISON, M. D.,

*Chairman Transportation Committee.*

PROCEEDINGS OF THE SOCIETY OF  
HOMŒOPATHICIANS,

BUREAU OF CLINICAL MEDICINE.

F. W. PATCH, *Chairman.*

THE PROGRESS OF OUR SCHOOL: HAS IT BEEN  
WHAT IT SHOULD HAVE BEEN? IF  
NOT, WHY NOT?

EDWARD ADAMS, M. D., TORONTO, CANADA.

MR. CHAIRMAN AND FELLOW-MEMBERS:

It will possibly occur to you that I have tackled a rather large subject—undertaken too great a contract—if so, you agree with me—so that it is with a strong feeling of hesitancy—a hesitancy extending over years past, and sufficiently strong to keep me silent while hoping that some other, with like feelings, though better fitted, would take the lead. However, I have waited in vain, and now, trusting that “the day of small things will not be despised,” I hesitate no longer, but proceed to ask my questions and to try to answer them.

Some may suggest that I have “applied to the wrong court;” that my subject, pertaining neither to “homœopathic philosophy” nor to “clinical cases,” is unsuitable for presentation to this Society of Homœopaths, but I beg to differ, for if homœopathic societies, professing as their *raison d’être* “the good and advancement of Homœopathy,” do not take an interest in and action upon this and similar urgent questions, I know not where to apply.

Stock-taking is a prime necessity in all business undertakings, but I feel and fear that we as a school of medicine have neglected this duty, have been content to go on in a haphazard manner, “each for himself,” knowing that he had “a

good thing" and content that it should extend its blessings to himself and his immediate patrons.

But as "stock-taking" is a necessity in all successful business, so my plea for it in connection with our school may prove of benefit.

Mind you, I do not assert that such will be the case, nor even that with a thorough "stock-taking" we may not "jog along" as for the past hundred years, compelled to follow, or, better, content to follow methods—or the lack of methods—which in this year of 1898 A. D. and the 143d of Homœopathy, or since Hahnemann first expounded and proved the truth of our law, finds our school in a secondary position to the dominant school, finds us unrecognized by governments, general or State, except in a few instances, which depend upon or result from the homœopathic experience of the ruler or governor, and not upon an imperative demand from the people, *for truth*, and in big doses. As far as I can learn and judge, the promise of rapid growth anticipated by Hahnemann and his early disciples has not been realized.

To-day in most European countries, practitioners by this *truth*, this *law* are under a ban—have to defend their right to exist and practice medicine homœopathically—in fact, in defending themselves they have no time in which to spread the glad tidings of "a new and better way." In most countries outside of Europe our position is still worse—from a *very* few down to no representatives—and among the few we find too often that their professional existence depends upon their practicing Homœopathy surreptitiously, while among the people, as a whole, the title of homœopath—homœopathist—carries no greater weight, gives no greater information if as much, as "Indian doctor" or snake-charmer" did through this and the neighboring countries a few years ago.

This is not a state of affairs which should puff us up or encourage an indulgence in pride. Surely a vast field for missionary effort.



But to come nearer home. In Canada we are slowly advancing *backward*.

Some thirty years ago a medical council was created, solely through the weakness of our so-called leaders of that day, who for "a mess of pottage" sold our rights to an examining and licensing board. And the medical council became a Juggernaut, which has been slowly and surely, not alone preventing advance and progress, but crushing the life out of Homœopathy as a school. Having no homœopathic college on Canadian soil, our young men flocked to homœopathic colleges—so-called—in the United States, where after a two-year course of instruction, they returned home, where they were met by a strict examination in all subjects pertaining to medicine and surgery, including so-called homœopathic subjects, and a requirement of four full years spent in colleges and hospitals. This was bad enough for the newly fledged graduate anxious to benefit humanity, but when in addition the impression obtained, justly or unjustly, that no homœopathic graduate, known as such, would have a fair show, the obstacles became almost unsurmountable, but few being sufficiently certain of their ability and courageous enough to run the attendant risks, entered for the various examinations and succeeded in passing the same.

A few took advantage of an opening in the laws of the council, went to Great Britain or Ireland, obtained their license, under what they considered fairer conditions, where their leaning toward Homœopathy was unknown, and returning home, presented said license or degree and secured registration thereupon. Even at that time but few colleges in Great Britain and Ireland were recognized by *our* council, and since then this privilege, or loophole, as you may choose to regard it, has been cut off or closed entirely. The requirements in education and time spent in study have become more and more ironclad, so that now five full years must be spent in the pursuit of medical knowledge—the medicine of experience—divided

as regards the medical council into a thorough matriculation examination, followed in due time by the junior, intermediate, and final examinations, which if passed successfully and certificates of five years' study being presented—the last of the five years having been spent in hospital and post-graduate work—the applicant is registered and granted a license, and his future professional acts receive the endorsement of law, *secundum artem*. No foreign physician, no matter how great his experience, how highly creditable his professional degrees, how high the position to which he has risen by his abilities, can be or will be permitted to register or practice in Ontario, less even than the Dominion, for each Province has its monopoly, its close corporation in the shape of a medical council, without beginning anew and successfully negotiating all these above-mentioned examinations—an impossible task, as any physician of a few years' standing must admit. Do you wonder that many who would like to settle in Ontario are prevented by the above medical laws, and wisely decide that the price demanded is too great for the advantages offered? Scores of young men but lately graduated whose homes and interests were in Ontario, have settled in the United States, expatriated by too much law and red tape. Still these have not been lost to our school, and what Ontario has lost one or other of the States of your Union has gained. But these help to prove prophetic the utterance of an allopathic member of the council and an examiner for the council, who when the medical council became established and legal, exclaimed: "We have got those d—d homœopaths just where we want them. If we let them severely alone, they are bound to die out." And it looks as though the mantle of a Holmes had temporarily fallen upon him. I have been examiner in homœopathic subjects for two years, four examinations, and have had but one candidate, and he at the last, or May examination. I am glad to add that he was successful. But this represents about the average success for

these many years past. The prospect for Homœopathy in Ontario and Canada as a whole cannot be called brilliant by the most optimistic. At the same time, our school and its practitioners in the United States may avoid our experience by turning their backs upon all allopathic offers to form a medical council of representatives of all schools of medicine; they invariably hold the balance of power. Distrust their offers, plead they "never so sweetly." "The voice may be the voice of Jacob, but the skin will be that of Esau," with all its psoric accumulations. Now as to your country, the only country in the world in which Homœopathy has made any showing worthy of mention, and yet when we come to compare the progress made with the facilities at hand, disappointment must result.

Homœopathy, like all truth, flourishes best in the midst of education and liberty. These she has found in the United States, hence the partial success, which though greater than in all other countries, leaves so much more yet to be accomplished, when we come to compare the number of its practitioners, their position in the eye of the law, or better, perhaps, of the Government, National and State. When we count the number of National or State institutions in which homœopathic truth and practice obtain, we are ready to exclaim with the ancient prophet, "How long, O Lord, how long shall my enemy be established against me?" Now, while admitting with thankfulness what has already been accomplished, I feel that the showing made is dwarfed by considerations of the country and its people, a country and a people whose watchwords are "Liberty, Freedom, Equality" (in the eye of the law!). Here, if anywhere on the footstool, under such favorable conditions, with such vast opportunities, you would expect to find that the "God-given truths of *pure* Homœopathy would find full and free acceptance," would run and be glorified.

Note my adjective, for it is important, *pure*. Pure Homœopathy.

But what do we find? Few even of those who believe in and patronize our system know anything about it, except possibly that cures result and the medicines prescribed are more palatable.

Under your Government, whose foundation principle *was* and should be, the equality of all men before the law, homœopathic professors and practitioners cannot hold professional office, unless their principles and name are held strictly *sub rosa*. We never hear of an avowed homœopathist—a fighting homœopath—being appointed a surgeon in your army or navy, nor even to the office of examiner of pensioners. And it is only of late years that any public institutions, and these under State control, and few in number both of States and institutions, are under homœopathic control. To my knowledge the Government of the United States in no way recognizes Homœopathy. If I can be successfully contradicted, no one will be better pleased than I to make the *amende*, and as a penance promise my next vote. Why, even to come down to the third great power (some assert it to be the first) in this great land, the corporations, monopolies, and companies forbid that a homœopathic physician, as such, should be appointed in their behalf. And so throughout the whole world and society at large Homœopathy does not occupy the position it should, and why? for all these remarks tend to one end, viz.: to discover the cause or causes, and as far as in me lies, aid in their removal. The task is great, but success, even partial, will richly reward honest and continuous effort. The history of the world can show no period so noted for advance in science and art, no period when the mind of man was more active in the search for truth, more ready to utilize when found; hence the absence of a universal appreciation and acceptance of the truth

and blessing of Hahnemannian Homœopathy is the more exasperating.

To return to causes. I feel convinced that one of the principal causes is ignorance of homœopathic law and philosophy and lack of honesty in applying what is known by the vast majority of physicians calling themselves homœopaths. To judge from their practice such men should adopt the title of "eclectic." It is no easy task to follow Hahnemann's direction to take "the case correctly and from the totality of the symptoms select the indicated remedy and let it alone." How much easier to prescribe for a disease by name—to combat pain by tablets or pilules of Morphia—to meet the effects of malaria with massive doses of Quinine! But where is the Homœopathy in such practice? Allopathic physicians knowing of such practice, and knowing how different are the claims made for Homœopathy by pen and tongue, naturally exclaim, "Frauds," "dishonesty!" When they get bad cases they have to resort to our practice, and so, through the fault of some, who, though called by our name, are yet not of us, our school as a whole suffers, and those who know the truth, who live up to the law and practice by it, are alike condemned. Another illustration of the effects of ill associations, of being found in bad company. Of course my remarks refer to that large number who know in part but do not utilize even that partial knowledge conscientiously, and also to another large number who do not know and will not learn, who are content to be ignorant. There is likewise another section who err through ignorance and for whom some excuse can be made, viz.: those who have never been taught the truth.

In this year, A. D. 1898, it may be hard to believe that any great number of such so-called homœopathic physicians exist, and their influence in injuring the advance of Homœopathy is just as great as though no excuse could be found for them, and thus their excuse proves to be another great obstacle to

homœopathic progress. Long ago was predicted the result of the "blind leading the blind," and in our school can be found a practical illustration in the excuse referred to above. I refer to our colleges which for many long years have been homœopathic only in name. The Faculties of these colleges are composed of men who either do not know the truth as it was in Hahnemann, or knowing it, keep the knowledge strictly to themselves.

For long years class after class of students have attended these institutions, the majority desirous of becoming homœopathic physicians, graduating and receiving diplomas which guaranteed to the world their ability to practice medicine according to homœopathic law, yet knowing nothing of Hahnemann and his writings, nor of his philosophy. They were no more prepared to reflect credit upon the school and advance the cause whose name they had assumed than if the homœopathic portion of the curriculum had been confined to a shilling reprint of some English domestic (homœopathic) practice. I speak feelingly, for I suffered and was wronged. Unfortunately I stood not alone, but had thousands of companions, graduates before, during, and since my college days. For all such I have ever felt the deepest sympathy, a sympathy which has broadened and deepened since I have learned something of homœopathic truth—something of the wonders—the *miracles*—which are performed by the practice of Homœopathy as taught by the master. Unfortunately, no matter how much of homœopathic truth a homœopathic physician obtains in after years, he never fully recovers from having been defrauded in his student days. Unless of the fortunate few who spent their *probation* in the office of a Hahnemannian homœopath, he is certain to have gotten into a rut, to have adopted methods lazy or careless, or both, certainly anything but the exactness his lately obtained knowledge demands and must and will have.

For all this he may thank his *Alma Mater*; and, as the ef-

fects of the wrongs from which he has suffered hampers his efforts, doubles his work and lessens his skill, a spirit of forgiveness for the wrong done, both of commission and omission, is not readily cultivated; in fact, I venture the assertion that, instead of forgiveness, his sense of the injury done him will become accentuated as he comes in contact with graduates of Hahnemannian homœopathic schools, of but a few years' existence, who escape the errors into which he fell, avoid the labyrinths through which he wandered, in which he was often lost in his efforts to find that truth which should have come to him gently, almost unconsciously, even as the gentle rain to parched and thirsty ground.

There are additional reasons why at the end of the nineteenth century the fight for truth for the spread of pure Homœopathy is still to be made, and I shall refer to them briefly. But to my mind the causes already spoken of are quite sufficient. Ignorance or dishonesty, or both, on the part of teachers produces a like crop among those who would and should have been taught, and in a large and ever increasing proportion.

Homœopathy will make converts of all who bring to the study of her claims a clear, unbiased, honest mind, but to secure such students, they must first be convinced of our honesty—honesty of our faith and of our methods. The absence of this assurance, the dishonest grafting of allopathic expedients upon so-called homœopathic practice, has prevented thousands from entering upon the study and examination of our law, our philosophy, our claims, which in a large percentage of such examiners would have resulted in their conversion to the truth. For long, long years our prospects have been dark, the clouds lowering above our Zion, but in the last few years the sun of hope for the future of our school has begun to shine, feebly at first, but gradually growing stronger, in the establishment of homœopathic colleges, not alone in name, but in reality, first *one*, now *three*,

where the truth, the *whole* truth, and nothing but the truth, as taught by Hahnemann, his immediate followers, and such of later date on whom the mantles of the above named have fallen.

Already can the good work done in these colleges by these Hahnemannian homœopaths be seen. Already are the graduates from these institutions, knowing what Homœopathy is—for what it should and must stand—knowing our law of cure and how to apply it, are foci from which are beginning to spread among some of our ignorant or careless, aspirations to know and practice Homœopathy as it should and must be known and practiced, in order to be worthy of the name. Perhaps my remarks as to our colleges and their Faculties were too sweeping. In some colleges and Faculties would be found a man who would try to teach Homœopathy in its fulness and purity, to stem the tide of eclecticism which like a flood prevailed. What great and lasting good could result from such a man's efforts and teachings, when by the balance of the Faculty they were laughed at and denied—a double denial in word and practice? But I would be the last to assail any who having done, having tried to do, his duty, yet found not success following his efforts.

Oh! that our colleges, past and present, all of them, had done their whole duty. Then would our school have ere this conquered the errors of superstition and experimentalism in medicine; then would songs of joy and thankfulness be heard in thousands of homes throughout the world over sufferings assuaged and death disappointed, where now hearts and lips are paralyzed by sorrow and loss.

But as I said before or intimated, the dawn breaks, the sun begins to shine, and hope, no longer confined to Pandora's box, begins to animate the hearts, souls, and lives of the disciples of Hahnemann.

Perhaps I might appropriately leave my subject here, but there is another matter demanding notice as it has in the past,



does now, and may in the future delay the coming of the day for which we long and look—the day in which our people shall go up and possess the land.

Early in my remarks I referred to professional selfishness, born in us as men, increased in us as physicians by the superstitious reverence of the masses for the possessor of a something, a power they cannot understand, grounded in us by the competitive system under which all business is transacted, intensified by our close corporations, medical councils, and special privileges under the law. To escape the effects which naturally follow these conditions, necessitates frequent personal “stock-taking,” the keeping of our failures constantly in mind.

Dogmatism, egotism, superciliousness, medical pharisaism, all offshoots of the professional selfishness mentioned above have been found altogether too commonly among us and not confined to either division in our ranks.

Indulgence therein has prevented progress by accentuating differences, developing wrath, obstinacy, and a disposition to call hard names. Now it being admitted that these evil mental conditions have existed and do exist, and to the injury of our school, it is of no importance to consider to what extent they have obtained, nor the amount of injury done, but rather that we avoid cause and effect in this respect hereafter.

In this connection I may say that I believe the best friends of pure Homœopathy have unintentionally retarded the coming of the day for which they longed and looked, have proved obstacles in the way of the spread of the truth by too great an ostracism of those whose knowledge was limited, and as a consequence whose practice was far from Hahnemannian—by means of strong language and harsh names. The line of cleavage became deeper and wider and more and more distinct, until we have experienced to a very considerable degree the fate of the house divided against itself. Kind words

and persuasion produce more lasting good than vituperation and force. A harsh, unkind name is apt to induce a retort in kind, only more so. To my mind the Hahnemannian from the heights he has attained can well afford to extend a helping hand and continue to do so until unnecessary because all know and practice the truth. If we cannot influence and educate so-called homœopaths, how can we expect to do likewise with even greater sinners. The absence of this feeling of gratitude, that "freely have I received, freely will I give," not only exerts an injurious influence not alone upon those on the outside, but also among ourselves, our immediate brethren, tending to cultivate intolerance and illiberality, and it is so easy, so natural to become so affected. I have often thought that Dunham's expression regarding "liberty in homœopathic practice" had its origin in a dread of this very illiberality, this intolerance which he must have felt and noticed was developing among the comparatively few representatives of Homœopathy to be found in his day. An outcry has been heard against him, living and dead, for this utterance, and had it not been impossible to successfully attack his knowledge, teachings, writings, and practice of pure Homœopathy, this spirit of dogmatism and intolerance would have been certain to ostracize him had his useful and all too short life been prolonged, and all because he uttered a plea for liberty! To have liberty, to be truly liberal, we must be within the law. Liberty outside the law becomes license. But even so, before condemning, let us be sure that we have grasped a full knowledge of that law.

Would that all who call themselves homœopaths possessed a like liberality to Dunham, with a like adherence to our law, in life, words, and practice. Having our law of cure and the knowledge and means to apply it which we all possess, we should cultivate charity and humility, until, at least, we never fail to cure all curable cases which come under our care.

Even in societies like our own, composed of men who not

only know the truth but to the very best of their ability practice it, this spirit of suspicion and illiberality may obtain. Then, if admitted, it will make no difference that the life, views, and practice of a member have for long years been known to and endorsed by his fellow-members. Let him attempt to take a step in advance, attempt to prove that the law as laid down by Hahnemann is capable of expansion; to prove that where the end of a good, a long, and well utilized life found Hahnemann and the school he founded, should not necessarily be the end; to follow Hahnemann's own explicit advice, nay, command, "to test and examine all things," we are apt to at once suspect and accuse him of violations of the law, and, as we accuse the dominant school in their treatment of our own—condemn without proof, without testing. I am not going to bore you with a discussion upon Homœopathy vs. Isopathy, nor upon the misnamed "antidotal method" (the christening of which is but another instance of the coming of an "enemy who sowed tares"), but to plead for more charity in our dealings the one with the other, in our words the one to the other. To plead that we prove our faith, not alone by words, but by deeds, let us by our acts and words, by our spirit, prove our faith in the law under which we practice, assured that if a law of nature, then the world (medical) in arms cannot prevail to alter or prove untrue.

On the other hand, should continued study and examination prove it to be more extensive and far-reaching in its beneficence than even Hahnemann saw it, it is our duty and should be our pleasure to publish the fact, and adopting, spread still further the blessing *similia similibus curantur* has conferred.

Let us remember that it is the letter that killeth, while the spirit maketh alive. In our dealings with one another we may, with advantage, adopt our rules in prescribing and first being sure that a prescription is needed, administer our

*criticism* in a single dose and a high potency, grant plenty of time to permit of its full action, and never repeat the dose without taking the case *carefully* and *correctly*.

Each and all doing his duty as far as in him lies—living up to his opportunities and ever striving to increase them, it needs no prophet to predict that the inherent vitality in our system and school will throw off the *miasms* which have dwarfed growth and limited ability to bless, and Homœopathy will become what it should have been ere this, “the joy of the whole earth.”

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### A CASE OF APPARENTLY THREATENED PHTHISIS PULMONALIS.

FRANK W. PATCH, M. D., SOUTH FRAMINGHAM, MASS.

Miss L. W., sixteen years of age, spare frame, dark complexion, weight 111½ pounds; both parents died of phthisis. Present condition in patient following la grippe. No distinct lesion in chest could be diagnosed by auscultation or percussion further than an abnormal respiratory rhythm; chest expansion very slight.

April 5th, 1895.—The symptoms presented were as follows: Dry, hollow cough throughout the day and until she sleeps at night, without expectoration; worse on first lying down; worse from laughing; chest feels “sore;” constipation; biting of nails; hands damp but warm; menses too profuse; very tired; appetite poor; gnawing in stomach after acids.

For the first two or three months there was little change. By careful attention to diet, chest exercises, and personal hygiene, her general health improved a little and she gained one or two pounds in weight, but the essential condition of illness remained unchanged by any of the five or six remedies already prescribed. The indications as above elicited were unsatisfactory and results correspondingly meagre.

June 24th.—A new picture was taken and the following ad-

ditional symptoms were brought to view: Desire to be alone; cough always in paroxysms of two; salivation at night.

This cough was most singular, always deep, dry, and sepulchral in tone, two coughs at once with longer or shorter intervals (usually shorter) between the paroxysms. There was absolutely no expectoration. It was always possible to know of her approach toward my office on account of that unmistakable note of warning, which was easily recognizable anywhere within hearing distance. She now received a dose of Merc.-sol., CM (F.).

July 1st.—The day after taking the last remedy she began to have a steady, dull pain through temples; wakeful nights, followed by an attack of sick headache the next day with vomiting of yellowish matter; now dull, heavy feeling over whole head. I gave her S. L.

July 8th.—Severe backache; no loss of weight in past week. Merc.-sol. CM (F.).

July 20th.—Slightly less salivation; slight improvement in general feelings. Dr. Thurston saw the patient in consultation and made a careful physical examination; evidence negative, though we both thought the girl doomed to die of phthisis. The cough remains unchanged. Medorr. CM (F.).

July 27th.—No change. S. L.

August 3d.—Not as well. Merc.-v., 2C.

August 10th.—Slight improvement, no loss of weight; cough a little easier. S. L.

August 20th.—Cough improving. Two days before last menses had another severe sick headache lasting two days; better lying, worse from noise and light; better from hard pressure: vomiting of bile. (She had not previously been subject to sick headaches.) Merc.-v., 2C.

September 19th.—No headache at last menstrual period. I gave Merc.-v., 2C.

October 2d.—Cough improving; strength better; no further headache. Merc.-v., 2C.

November 4th.—Marked improvement, eats and enjoys three good meals daily; looks rosy and well; cough nearly gone; no further headache. S. L.

March 29th, 1897.—Has been very well up to the present month, when after a cold in the head the old cough has returned in the same paroxysms of two, hollow and barking; appetite failing; very slight salivation. A brother of the patient is slowly dying of consumption in an adjoining town, and the mental effect is evident here. Merc.-sol., CM (F.).

April 4th.—Very slight change. S. L.

April 12th.—Slight improvement. S. L.

May 4th.—Aching across the sacrum; appetite poor; feels weak and tired; cough not improving. Merc.-sol., 50M (F.).

May 22d.—Patient looks improved; backache better; good sleep; cough a little less deep and barking, but about the same in frequency; strength poor. S. L.

June 17th.—Slight improvement in some unessentials; cough same. Merc.-sol., 50M (F.).

July 24th.—Improvement. She picked twenty quarts of blackberries yesterday. S. L.

September 24th.—Has taken cold, which has brought an aggravation of the cough which had nearly left her. Merc.-sol., 50M (F.).

October 8th.—Still depressed from want of strength and “nervousness.” Desire to be alone. Merc.-sol., 1M (F.).

October 19th.—Cough better; appetite and strength not improved. S. L.

November 9th.—Neuralgia in teeth and jaws for past two weeks; sharp, darting pain in sub-clavicular spaces. Bell., CM (F.).

November 23d.—Merc.-sol., 50M (F.). [The brother has just died; patient has been nursing him for several weeks.]

December 20th.—Much improvement, except for occasional attacks of neuralgia. S. L.

May 13, 1898.—Has not lost a day all winter from work in

the shop, which involves a ride of eight miles in an open buggy. At present is suffering from attack of tonsilitis, right side; cough gone. Merc.-sol., 50M (F.).

In looking back over the experience of this case it is easy to point out some of the mistakes. The dose of Medorrhinum was one of these; there was no apparent excuse for it except in the sound of the cough and hope that it might serve to develop something on which to base a better prescription. It is also probable that there were too frequent repetitions of the Mercurius in the earlier part of the case, and possibly the 2C might have accomplished quicker results in the latter months than did the 50M. The lasting effect of the higher potencies ought, however, to turn the balance in their favor.

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### CLINICAL CASES.

DR. F. S. DAVIS, QUINCY, MASS.

April 12th, 1898.—Case of boy, J. J., æt. 5 years. A strong-looking child, dark complexioned; went to bed well, woke up about 12 o'clock very croupy; very much troubled for breath; would jump up and struggle; did not seem to know what he was doing.

After the struggle had wakened him up fully, would take a drink of water; would quiet down, and while not breathing easily would drop off to sleep; would perspire profusely during his exertions for breath. Pulse would be full, irregular, and so quick as not to be counted.

The only symptom decisive of a remedy was the aggravation after every sleep of any length; if more frequently awakened, was not so bad; if he slept quite a while was certain to have a severe time when he did waken. Lach. 1M., one dose dry.

Attacks became at once milder, and in a few hours he slept quietly. Was well the next day; was over his trouble. This

same child had a very severe attack of croup two years or more ago, and in consultation Dr. S. A. Kimball, of Boston, gave it as his opinion that it was of a membraneous character. Kali-bi. was at last given, and relieved, but his recovery was somewhat slow, for he was very weak.

April 2d, 1898.—Mr. A. W. L., minister, æt. 44, a dark-complexioned, well-built man, presented the following symptoms, which so accurately corresponded to those of Zincum that I did not hesitate to give it, and the improvement was very marked both in his mental state and appearance, and in his ability to work. He had been much overworked and complained of feeling all played out—exhausted mentally and physically. As he expressed it, “I am a complete wreck,” “I can’t control myself,” “Can’t keep my feet still.” Forgetful, cannot keep mind on his work or follow out a line of thought. Feels anxious and apprehensive regarding things that never had been of trouble to him. Sensitive to other’s talking; cannot endure his little girl’s talking or play; feels so vexed, wants to drive every one away. Talking distresses him. Easily irritated and startled; wishes he could vent his spite on some one; vexed with himself and every one; disinclined to work; soreness in abdomen and side under short ribs; a fullness as if had eaten over much. Nose feels sore; cannot help picking it; bores nose with fingers if he cannot control himself. Lips dry; picks at them more from nervousness. Several years ago I cured him of a deep crack of lower lip with Nat-mur. (Zincum also has cracked lips.)

The greatest trouble he had, so far as preventing work was concerned, was a weak, husky, nasal voice; could not get his voice out; could not get chest tones. This was very much changed for the better by Zincum, so that his voice was natural and of volume such as he never had before, and it had entirely lost its nasal sound, and the throat clear; no huskiness which had existed so long. The nervous strain of talking was not felt, and, as he expressed it, “I am a new man.”



All this was accomplished by two doses of Zincum, CM., the last given April 14th, on account of a setback which was caused by over-exertion mentally and physically bringing on a nervous weakness, which he located at the navel, extending through to the back. Arms felt as if not under his control; much lack of confidence in himself, and no inclination to work. Mental or physical exertion, even a very little, greatly exhausted him. Legs felt heavy, and as if he was dragging them along after him. These conditions did not affect his voice, which was as good as new all the time—and is so to-day—and he is gaining fast and feeling like a new man.

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### CLINICAL CASES.

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

Case 1.—Boy aged three years. Light complexion, blue eyes. Circumcised one year ago. Operation was unskillfully performed, too much tissue having been removed. Remaining tissue of prepuce is loose, flabby, falls away from glans and with the frenum depends nearly half an inch below under side of penis. This loose, flabby tissue is inflamed, red, the skin and exposed mucous surface rather thickened and rough, and covered with an itching eruption of vesicles, which ooze moisture and form scabs.

The meatus is inflamed and covered with a scab, which covers and closes the meatus, and must be broken or picked off every time before micturition can be performed, causing great pain. He screams whenever this occurs. He is restless and irritable, unhappy and dissatisfied with everything, and is very cross. Wakes frequently at night, crying, with pain in abdomen, worse on right side, apparently from flatus.

Diarrhœa; yellow or brownish offensive stools, which are lumpy and contain undigested food, aggravated by eating sweets. He has been unsuccessfully treated for foregoing

symptoms nearly four months by one of the "leading homœopathic physicians of Brooklyn," who has prescribed many remedies and used many local applications.

On April 25th, 1898, I prescribed Graph. 45M (Fincke), one dose dry, with Sac-lac. powders *quantum sufficit*. In one week improvement was manifest. Itching had ceased, vesicles had begun to disappear and redness and swelling were decreased. Not so much trouble at meatus. Diarrhœa had ceased, and he acted generally better. Two weeks from first prescription, eruption was all gone, and the child well. The following week an attack of measles began; pursued a normal course under a few doses of Pulsatilla, 200, and ended in about eight days. A slight return at that time of the eruption at the meatus was speedily removed by a second dose of Graph., 45M, and he has since remained in perfect health. Considerable contraction has taken place in the flabby preputial tissue, which is now but slightly pendant.

Case 2, March 8th, 1898.—Married woman, aged 36 years. Normal twin confinement in July last. Has borne three children in two years. Since getting up from last confinement has been able to walk or stand only with great suffering on account of a severe pain, shooting, burning and tingling like an electric shock, starting from balls of feet and extending through feet to ankles, and sometimes to knees; worse on left side. She feels no pain when walking barefoot or with stockings only, but even a loose shoe causes such pain that she cannot walk more than a block.

Hemorrhoids just before and during menses, when they feel full as if bursting, and sometimes bleed a little.

The patient came just at the close of my office hour, when I was in a hurry to get out, and I violated Hahnemannian principles by asking a leading question and making a "snapshot" prescription. I did not examine the feet, but asked her if the balls of the feet were calloused. She replied affirmatively, and I gave her Antimon-crud. 200, telling her to

call in a week. A week later she returned and reported "no change." On this occasion I examined her feet and found that there was no callous, and that objectively the feet were in good condition. Standing on her bare feet with the weight of the body borne mostly on the heels, she felt no pain, but deep pressure on the ball of the foot over the digital branches of the plantar nerves caused the cutting, burning, tingling pains. I also learned that she had a laming sore pain, with stiffness, in the sacral region, which made turning over in bed difficult, and was worse when she had been much on her feet. On rising in morning sensation in soles as if stepping on needles.

Eruption of suppurating pimples on chin before menses.

After study of the case I prescribed *Berberis-vulg.* 200, in water, four doses daily, for one week. Eight days later she returned and reported that she was free from pain that day for the first time, although the pain had been steadily decreasing since she began taking the medicine. The same remedy was continued one week longer. She has remained perfectly well since, and walks as well as she ever did.

Case 3, October 3d, 1897.—Spinster, aged 46. Passing through climacteric.

About two months ago noticed a small swelling in left breast. It increased in size rapidly and about a week ago she visited a prominent surgeon, who examined it and advised immediate removal by the knife. Before submitting to operation desired to consult me to see what Homœopathy could do. The tumor was in the outer and lower segment of the breast about an inch and a half from the nipple. It was about an inch and a half in its longest diameter and one inch in short diameter, somewhat flattened. It was movable, hard, resistant, like a cartilage, and only slightly sensitive to pressure. She had experienced little or no pain in it. Her general health was good. She had a well developed goitre in the left lobe of the thyroid gland, which had existed for many years.

Her neck was very thin, though she was plump and well nourished.

Her face flushes very easily, becoming scarlet. She is subject to frequent attacks of tonsillitis, with yellow exudation, which usually begin on the left side. Two attacks, under my care, have been promptly relieved by Lachesis. She is nervous, excitable, and rather irritable. When about twenty years of age she took a great amount of Iodine internally, and it was applied locally to remove the goitre. It failed in its object, but "caused terrible trouble with her stomach."

I prescribed Iodine 45M (Fincke), one dose dry, and S. L. Three days later she came in consternation to show me her breast and report. About forty-eight hours after taking the dose of Iodine the breast began to be painful, with sharp, stinging pains running through it. The breast is swollen, hot, and feels heavy. She fears an abscess is forming. A red spot the size of a silver quarter dollar to the left of the nipple, over the tumor. The nipple is turgid and protruding. The whole glandular structure of the breast appears swollen, and it is very sensitive, but the tumor appears somewhat softer. She feels nauseated and is feverish and apprehensive.

I reassured her, telling her that the disturbance was a part of the curative process set up by the remedy, and would soon pass away, and gave her Sac-lac. to take in water at two-hour intervals. By the next day the pains and swelling began to disappear and the breast resumed its ordinary appearance after about three days, with the tumor growing decidedly softer and smaller. In a little over six weeks no trace of the tumor could be found. No medicine but the one dose of Iodine was given.

Case 4, July 6th, 1897.—Unmarried man, 32 years of age. Up to present time a healthy man, of herculean build, weighing 210 pounds. Uses neither liquor, tobacco, tea, nor coffee.

On June 19th, 1897, cohabited with a prostitute. Ten

days later discovered small chancre in mucus fold of prepuce, back of corona, and near frenum, size of split pea. Examination shows characteristic features of true chancre; induration distinct and clearly defined, surrounding a central erosion or ulcer with yellowish indurated base, which is depressed below surrounding tissue, the sore being only very slightly sensitive to pressure, and painless.

The closest examination failed to elicit but one symptom in addition to the local symptoms. His tongue very plainly showed the imprint of the teeth.

I prescribed Merc-s., CM (Swan), one dose dry, and directed that the parts should be bathed twice daily with pure water, and a small pledget of absorbent cotton applied to the sore.

July 13th.—One week later, reported nothing but a slight itching at site of chancre, which had increased somewhat in size. The yellow base of the ulcer had disappeared and the sore looked clean and red. Sac-lac.

July 20th.—Sore looks rather bluish, and there is now a slight yellowish discharge showing on the cotton. More swelling and slight erosion appears on side of frenum, as if chancre was spreading. Painful on retracting prepuce. Itching slightly. Tongue still indented. Merc-s., CM (Swan), one dose.

July 26th.—Chancre smaller, getting softer, no soreness, no discharge, no concavity—healing. Scalp sensitive to combing. Merc-s., CM (S.), one dose.

August 3d.—Papular eruption, slightly scaly, on scalp, which is still sensitive. Small oval erosion on upper side prepuce, on the skin. Red rash in groins, but no glandular swellings. Tongue still indented. Chancre is clean and growing smaller. Swollen glands on right side, occiput and nape. Merc-v., 45M (Fincke), one dose.

In about ten days the chancre had entirely healed and induration disappeared.

August 23d.—For last ten days has noticed sores in mouth, on edge of tongue and inside lips. Throat feels sore on swallowing and tonsils are swollen and red. Eruption, or rather ulceration, at corners of mouth. Nitric-acid, 45M (Fincke), one dose.

August 28th.—Large sensitive oval ulcer, yellowish base, on right edge of tongue, and smaller one on left side. Tonsils swollen and coated with grayish film of mucus secretion. Throat burns like fire on swallowing. Saliva increased, thick and adhesive. Tongue imprinted. Kali-bi., 45M.

September 1st.—No improvement. Sac-lac.

September 5th.—No improvement; is hoarse, as from a cold. Cough, worse speaking. Burning pain in throat, worse drinking cold water. Ars., 40M (Fincke), one dose.

Improvement followed and continued until October 11th, when increase in throat symptoms demanded a second dose of Ars., 40M, which was given, with benefit, and all went well until January 3d, 1898, when the throat became badly inflamed again. Painful on swallowing, sneezing, and yawning. Tonsils swollen red, with follicular exudation showing in yellowish points, like lid of a pepper-box. Uvula and arch of palate red and swollen. "Cold water burns his throat." Sensation of a lump in the throat, which he can neither swallow nor get up. Desires cold drinks, though they hurt throat. Lac-can., 45M (F.), one dose.

January 17th.—Throat rapidly and steadily improved, and is now nearly well. Sac-lac. About a month later some return of throat symptoms, which were removed by another dose of Lac-can., 45M. I kept him under observation about two months more and discharged him cured.

It so happens that this is the first and only case of syphilis I have ever had in its initial stage and in which absolutely nothing had been done in the way of treatment. The few other cases falling into my hands had always been previously treated by allopathic means, and gave me much trouble. I

was interested in watching the progress of such a case, therefore, under high potencies and single doses. The patient, who had an opportunity to compare his progress with that of a friend who was infected about the same time, was highly delighted at the superiority of homœopathic treatment. I confess, however, that I was disappointed in the result. I had hoped to avoid secondary symptoms, especially as the case seemed such a favorable one for treatment, basing my hope principally on the dictum of Hahnemann, that such would be the result of homœopathic treatment in an uncomplicated case.

#### DISCUSSION.

Dr. Pease—I want to ask members of this society if in the treatment of cases of syphilis that have not been tampered with they observed secondary symptoms coming out? I call to mind three cases I have treated, which, I believe, had not been tampered with. There was a very satisfactory and rapid progress of cure of the initial symptom, but there was absolutely no further demonstration of the disease. Dr. Close's case was remarkable any way in that the secondary symptoms appeared and disappeared so rapidly.

Dr. Kimball—Ought there to have been any secondary symptoms after the disappearance of the chancre? In those cases which have come to me first the chancre usually remained some time without healing, and there was considerable discharge for several weeks. I can only recall one case where the secondary symptoms appeared, and they were only slight eruptions on the face and abdomen.

Dr. Close—The man was apparently a magnificent specimen of healthy manhood, yet, about six years previous to this he came to me with the remains of a serious attack of articular rheumatism, and with heart symptoms quite pronounced. I know nothing about the treatment which he underwent except that it was allopathic, but as I studied the case at that

time I found a perfect picture of Lachesis, and it very promptly relieved him, removing the remains of rheumatic symptoms, and clearing up the heart symptoms perfectly. I think he only had one dose of Lachesis in the 1000th potency. Probably some other miasm besides syphilis was present in the case of which the rheumatism may have been an expression, but the most patient questioning failed to elicit any other symptoms than the few stated. This would account for the appearance of the secondary symptoms in spite of Mercury, which was certainly indicated, and did good work.

Dr. Pease—Was there any offensive element about the discharges?

Dr. Close—No, there was not.

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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 April No., page 173.)

Q. 10,319. The chairman objects to the analysis of the petition, saying, "We want the report of the German Commission." But Mr. Tebb replies that the petition recites the cases which induced the German Commission to make their report—the fundamentals of the case.

Q. 10,320 (Chairman). "All you give is the assertion made in the petition presented to the Reichstag, but we cannot trust to assertions made upon either side simply."

Mr. Tebb points out that being denied information by the Berlin Board of Health it was the best they could do. The objection of the chairman seems to have been maintained, though the report does not so state. Mr. Tebb's next point is the inequality in the operation and administration of the vaccination laws and how, generally, the rich are able to evade all but a nominal compliance with them.



[The same is the case, but even to a greater degree in the United States.—ED.]

Qs. 10,321-2 describe the cruelty exercised in some cases in their execution.

Q. 10,323 likens the pursuit of English parents seeking to escape with their children from the public vaccinator to the escape of slaves from the Southern States and their pursuit under the fugitive slave law. He had personal experience as to both, and he says: "I solemnly declare I never heard more pitiful, cruel, and heartbreaking experiences than I have listened to again and again from the lips of English mothers when detailing the intolerable wrongs done to themselves and children under the operation of the vaccination laws." [Alas for America! The maternal love which leads English mothers to seek to protect their children from the cruel lancet of the blood poisoner at the cost of so much suffering to themselves, seems wholly wanting in those States of the Union where vaccination is enforced by the denial of education to the unvaccinated.—M. R. L.]

Mr. Tebb proceeds (Q. 10,233). In reply to Q. 9,532, by Mr. Meadows White, Mr. Tebb stated that "Medical journals were generally reluctant to publish details of vaccinal disasters or anything adverse to the interests of vaccination. From that opinion there was a strong expression of dissent. It will not, therefore, be inappropriate if I mention that a diligent search in the columns of *The Lancet* and *British Medical Journal* have failed to discover any reference to the disasters at Selns, Rügen, Villefranche, Department de l'Oise, Motte aux Bois, or Elberfeld. There is only one brief allusion to the disaster at Algiers in *The Lancet*, which is rather to discredit the occurrence. No report of the results of the inquiry into vaccination by the Exeter Hall Committee under the presidency of Dr. Charles Drysdale, in 1883, has appeared, nor is there any reference to the various official reports in the Sandwich Islands, British Guiana, and Trinidad, or to the

cases mentioned in Dr. John D. Hillis' work on leprosy in British Guiana, admitting the connection between vaccination and leprosy, or to the disclosures in Professor Fournier's recent work. On the other hand, the two remarkable cases contributed by Professor W. T. Gairdner, of invaccinated leprosy, appeared in the *British Medical Journal* of June 11th, 1887, which contains an apology for producing them though some years after the tragic occurrences." Mr. Tebb mentions several further instances, both of medical journals, not publishing accounts of disasters, even refusing advertisements of anti-vaccination publications containing replies to pro-vaccination literature. Names *The Student's Journal and Hospital Gazette* as an honorable exception. His last point is "Official promises and performance." He handed in a table which exhibited the results of vaccination as he knows them from twenty-two years of inquiry and experience, contrasted with the statements made again and again in the medical journals, in Parliamentary returns, in the rescripts of the Local Government Board, and by the pro-vaccinal press. He quoted from a document known as the Epidemiological Society's Report, on which Lord Lyttleton based his argument for a compulsory law in England from pp. 2 and 5, as follows: "We are ourselves satisfied, and it is the concurrent and unanimous testimony of nearly 2,000 medical men with whom, as we have already stated, we have been in correspondence, that vaccination is a perfectly safe and efficient prophylactic against this disease (small-pox)." *The Lancet*, May 30th, 1868, p. 689, in a review of Dr. Seaton's *Handbook of Vaccination*, says: "Whatever risks there may be of syphilitic inoculation during vaccination, Dr. Seaton states that they are entirely risks of carelessness—risks, indeed, of such and so great carelessness that even as vaccination is too commonly performed in England they have an appreciable existence here. Neither our most experienced vaccinators nor syphilographers have ever met with a case in which syphilis

has been communicated by the art of vaccination, and during the eight years, writes Dr. Seaton, in which there has been systematic inspection of public vaccination in England, some millions of vaccinations have been performed, but the inspectors have no knowledge of any such accident having occurred in any one instance (p. 338)."

The following proclamation was issued by Sir John Simon to Boards of Guardians during the small-pox epidemic, of virulence unequalled during the present century, of 1871. (To be found in the *London Times*, January 7th, 1871.)

PRIVY COUNCIL OFFICE,  
MEDICAL DEPARTMENT, 8 RICHMOND TER.,  
January 6th, 1871.

My Lords observe with regret that from time to time false and michievous statements are still spread among the poorer classes, with a view to excite hostility to vaccination, and tending to promote opposition to the law; but with reference to this subject, their lordships deem it almost superfluous to remind your Board that these statements, whether affecting to question the protecting power of vaccination or pretending to impute general ill consequences to practice, have again and again been utterly refuted by the most extensive and impartial inquiries, and that after seventy years' experience of vaccination, educated medical practitioners of every country of the world are practically unanimous in recommending its adoption.

I am, sir, your obedient servant.

(Signed) JOHN SIMON.

*Medical Officer of the Privy Council.*

Mr. Tebb then quotes the Report of the Select Committee on Vaccination, p. 3, a strong statement that there need be no apprehension that vaccination will impair health or communicate disease, and again on p. 387, in the appendix to the

report, Sir John Simon reiterates this statement in another form, and further says: "Of the various alleged drawbacks to such great advantages, the present state of medical knowledge recognizes no single trace." From a pamphlet published in 1884, entitled *Facts Concerning Vaccination for Heads of Families*, revised by the Local Government Board and issued with their sanction, Mr. Tebb quotes similar statements, and concludes: "Against these statements I have submitted numerous fatal cases, disasters, terrible and widespread, of which vaccination has been the cause beyond possibility of denial or even of dispute, and where the observance of every proper precaution has exonerated the vaccinator from all blame, and revealed grave danger in the operation itself. The assertions which passed and have maintained the law have been thus shown to have been erroneous in theory and false in fact."

During the first two days of the delivery of Mr. Tebb's testimony and of his cross-examination, Lord Herschell, the Chairman, required the production of every authority for every statement made by Mr. Tebb. These he furnished to the very great disgust of Lord Herschell and the majority of the Commission. These consisted of medical journals, official reports, proclamations, correspondence, etc.

The production of the *Medical Observer*, published in the early part of the century, and of the suppressed report of the Royal College of Surgeons condemning vaccination, were examined with considerable interest and surprise, not to say dismay.

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[The foregoing completes the testimony of Mr. Wm. Tebb. It is the condensation of many years' experience and effort to demonstrate the fallacies of vaccination. To this task he has consecrated most of his time and spent a large amount of money, currently believed to be \$500,000! A short review of his life will be added, and the whole will be republished in book form.—ED.]

## REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

Continued from April No., p. 189.

### LUMBAR REGION.

- Rheumatic** pains contracted by removing flannels too soon,  
Tereb.  
— drawing and aching from loins to coccyx, *Carbo-veg.*  
— pains of loins and hips extending to left shoulder and chest,  
*Colch.*  
**Rheumatism** of back, lumbago, *Nux-v.*  
— of lumbar muscles, *Phyto.*  
— of lumbar muscles extends to or goes to the toes, *Colch.*  
— of lumbar muscles, worse from every motion, *Bryon.*  
— of lumbar muscles after getting wet while warm, stitching,  
drawing, *Dulc.*  
**Rising**, pain on rising from a seat and beginning to walk, better  
by walking, *Tabac.*  
— tearing in lumbar region rising, so that he became erect only  
gradually, *Iris-v.*  
— lumbago all night, goes off on rising, *Ferr.*  
— painful stiffness in loins when rising from a seat, *Led.*  
**Rubbed**, lumbago and sciatica; the vertebræ feel as if rubbed  
against each other, *Ant-t.*  
**Sciatica** and lumbago; the vertebræ feel as if rubbed together,  
*Ant-t.*  
**Scream**, stitches in the lumbar vertebrae compelling him to  
scream, *Phos.*  
— violent pressive pain in lumbar region, worse when at rest, so  
that she has to walk about to get better, but by coughing it  
is so much worse that she must scream, *Nitrum.*  
**Sensation** as if a bladder filled with air in left supra-iliac region,  
*Bry.*  
— of a heavy weight in the lumbar and dorsal region, worse by

## LUMBAR REGION.

lying on left side with increase of temperature and sensibility of parts affected, *Coloc.*

**Sensation** of cramp in left lumbar region, Bell.

**Sensitive** to touch in lumbar region, Med.

— slightly sensitive to pressure in lower lumbar region, Arg-n.

**Sensitiveness** of lumbar vertebræ, *Agari.*

— of lumbar muscles to touch, Bry.

**Separate**, pain as though lower lumbar vertebræ would separate, when bending forward, *Chelid.*

**Severe**, aching in lumbar and sacral region, Ptelia.

— pain in lumbar and hypogastric region extending down legs, *Ham.*

— pain in lumbo-sacral region, Amm-m.

— continuous aching in lumbar region, Lyco-v.

— pain in lumbar region with fever, Tereb.

— pain in lumbar and sacral region mostly during latter part of night of long standing, *Carbol-ac.*

— pain in back and loins, *Cauro.*

**Sewing**, pain in lumbar region all day while sewing, Iris-v.

**Sexual** excitement constant with pain in lumbar region, severe erections, numbness and tingling in feet and legs, Onos.

— pain across loins as if broken, with loss of sexual power, *Coccul.*

**Sharp** pains toward sacrum from lumbar region, Sul.

— stitching pains, from loins and nates, pulse weak and soft, awakens him at 3 A. M., he must get up and walk about, *Kali-c.*

— pains in loins, Kalmia.

— pain first in lumbar region, then in left leg extending up thigh, then in right; feels weak as if over-fatigued, Lyco-vir.

— merely on inspiration a sharp piercing pain in right loin, Aur-fol.

— lancinating pain in lumbar region, Senecio.

— stitches in left loin by the last false rib, Caustic.

— pain in lumbar region extending to testes, Diosc.

## LUMBAR REGION.

- Sharp**, sudden sharp pain in right lumbar region in the morning during forcible expiration when standing, *Coca*.
- Shock-like**, in left loin a shock-like motion downward as from a dropping fluid, *Zingiber*.  
— a wave-like shock above left loin, *Stann*.
- Shooting** and sudden tearing in lumbar region, *Colch*.  
— frequent in left lumbar region, *Mag-m*.  
— or aching pain in lumbar region, *Jug-cin*.  
— down legs and aching in loins, *Sil*.  
— forward in left loin while sitting, *Still*.  
— pressive shooting pain on the external right side of the lumbar vertebræ, worse in morning, *Mez*.
- Shudders**, burning itching, like a flea bite in region of left loin so that he shudders, *Alum*.
- Sitting**, bruised-feeling in region of loins especially while lying and sitting, *Agari*.  
— shooting forward in left loin while sitting, *Still*.  
— tired feeling in right lumbar region in the evening while sitting in church, *Ferr-phos*.  
— violent pains in the loins when she rises after sitting, *Carbo-an*.  
— bruised pain in lumbar region, worse by sitting bent; stitches, *Kali-iod*.  
— bruised sensation when sitting and standing, *Sul-ac*.  
— pain in lumbar region, worse by sitting and lying, *Tabacum*.  
— pain in loins when sitting as before menses, *Carbo-an*.  
— burning and tired aching in lumbo-sacral region on sitting, *Helon*.  
— pain when sitting as if back had been bent too long, and as if one had been lying on it too long, *Rhod*.  
— drawing in lumbar region (right), worse walking, better sitting, *Æthusa*.  
— obtuse stitch outward, kind of forcing out, in both loins at every inspiration, while sitting bent forward, *Dulc*.

## LUMBAR REGION.

- Sitting**, aching around loins from long sitting and when rising at night, Pallad.
- digging stitches in left loin, disappearing when walking, but recurring when sitting, Dulc.
- Smarting** and burning violently in lumbar region, and symptoms of slow hectic fever, *Phos-ac.*
- in lumbar region, Lac-c.
- Sneeze**, inability to sneeze or cough on account of pain in lumbar region, Nux-v.
- Sore** pain extending around abdomen from loins externally, Baryta-c.
- pain in lumbar region when bending over to either side, Cornus.
- and tense on touch in lumbar region, Nux-v.
- lame feeling in lumbar region, Onos.
- Soreness** in lumbar region, *Agari.*, *Caps.*, *Berb.*, *Baryta-c.*, *Cimex.*, *Brom.*, *Nux.*, *Æsc.*, *Nat-c.*, *Ptel.*, *Lyss.*, *Colch.*, *Uran-n.*, *Sul-ac.*, *Eupat-per.*, *Diosc.*, *Conval.*, *Cornus.*, *Onos.*, *Rhus-t.*
- lumbar pain of three weeks standing after a strain; great pain and soreness, worse getting warm in bed and on beginning to move, *Rhus.*
- of lumbar region, in A. M., *Diosc.*, *Convall.*
- on movement or like a drawing in lumbar region, *Sul-ac.*
- internally in lumbar region extending toward the abdomen, *Nat-c.*
- deep-seated pains in loins with soreness from motion, *Eupat-per.*
- lumbar pain, aching distress, soreness on waking or wakens him at 4 A. M., *Ptelia.*
- of last dorsal and first lumbar vertebræ, *Bell.*
- painful in lumbar region followed by frequent diarrhœic stools, *Baryta-c.*
- Sparks**, electric sparks like extending into ribs from above ilium, *Caustic.*



## LUMBAR REGION.

**Spasmodic** lumbar pain, Copaiva.

— lumbar pain does not allow him to arise, *Sil.*

— lumbar pain by motion, cold and contact during menses, *Coccul.*

**Sprained** pain in lumbar region, Rhod.

— violent pain as if sprained in the lumbar region, and sacral ; unendurable on adduction of left thigh compelling him to limp, *Arg-met.*

— pain in lumbar region after heavy lifting and taking cold at same time, *Sul.*

— pain in lumbar region in afternoon and evening in bed, *Sepia.*

— after lifting a heavy weight during pregnancy, *Sec.*

— as after over-lifting, worse while at rest, at night, and when rising from a seat, *Staph.*

**Squeezed**, pain as if squeezed in lumbar region, *Caustic.*

**Squeezing**, dull stitches from both loins with a sensation of a squeezing from within outward at every inspiration, after walking, *Dulc.*

**Standing**, pain with drawing through lumbar vertebræ on standing, *Cann-i.*

— sudden sharp pain in right lumbar region in morning during forcible expiration when standing, *Coca.*

— pain in loins like toothache when she stands, which makes her feel sick and good-for-nothing, *Colch.*

— tensive drawing and pinching in loins and above hips at noon when walking and standing, *Ver-a.*

— a paralytic sensation as from a weakened back in loins ; worse by walking and standing, *Agari.*

— drawing through lumbar vertebræ when standing, *Con.*

— and walking better, weakness in lumbar region, *Diosc.*

— lumbago, crampy when standing in the streets without overcoat ; better by external support and adjusting position, *Chin-s.*

**Stand**, weakness in lumbar region and lower limbs so he could scarcely stand alone, *Sul-ac.*

## LUMBAR REGION.

**Sticking** in loins at noon, *Hyperi.*

- griping by false rib, *Stann.*
- in loins midway between hypochondrium and iliac crests in evening when playing on piano, *Stram.*
- pain in lumbar vertebræ with every expiration, *Sul.*
- in lumbar region, extending to knee in morning, *Psorin.*
- in lumbar region, *Berb.*
- in lumbar region on deep breathing, *Phelland., Merc-s.*
- in left lumbar region; better during inspiration, *Asaf.*
- in lumbar region, extending to left lung, *Sepia.*
- to small of back, liver, and thence to urethra, *Lach.*

**Stiff** pain in loins after sitting, *Cham.*

- lumbago, back very stiff every morning, *Phyto.*
- muscles tender on pressure and stiff, especially on first moving after repose, *Cact.*
- pressure above the loins, with sensation in the legs as if they were stiff and bandaged, *Nat-m.*
- and lame feeling in back and lumbar region, *Cup.*

**Stiffness** in lumbar region, *Amm-m., Onos., Ledum, Sul., Syph., Carbo-an., Cact., Cup., Helon., Bry., Hydrast., Anac., Apis., Benz-ac., Berb., Diosc., Petrol., Sepia, Uran-n., Kali-c., Lyco., Lauroc., Manc., Baryta-c., Lach., Cham., Rhus, Sil., Phyto.*

- of lumbar region, with amenorrhœa, *Kali-c.*
- of lumbar region at night, *Lyco.*
- painful in lumbar region, *Mancin., Lauroc.*
- painful on motion, *Bry.*
- painful into thighs, *Lach.*
- in lumbar region; must use arm to rise from seat, *Hydrast.*
- when rising from seat, *Sil., Led.*
- a heavy, dragging, dull feeling in lumbar region, with stiffness and want of elasticity, *Syph.*
- tearing and tenderness in joints and muscles of lumbar region, prevents motion and stooping most when standing or sitting, better when lying, *Bry.*

## LUMBAR REGION.

**Stiffness** in lumbo-sacral joints, Caustic.

— of loins, Carbo-an.

— drawing and pressing in lumbar region, while bending over for a short time causing great difficulty when assuming an erect position, *Hydrast.*

— pains in lumbo-sacral region, with lameness and stiffness, *Helon.*

— aching across lumbar region, with stiffness, Onos.

— painful in loins when rising from a seat, *Led.*

— in lumbo-sacral region, which made it difficult to lean forward and forced him to stretch, Sul.

**Stinging** in lumbar region, Lyss.

— under left rib in lumbar region, Sars.

**Stitch**, dull, outward in left loin, close above the hip at every breath, Dulc.

— dull in right lumbar muscles, Spong.

— tensive in right loin, felt only during inspiration, most violent when lying on back, Coloc.

— in lumbar region when walking, *Ran-scl.*

**Stitches** in lumbar region, *Acon.*, Agari., Arund., *Berb.*, *Bry.*, *Cepa.*, *Colch.*, Dig., *Hyper.*, Ign., Iod., *Kali-iod.*, *Magn-m.*, Niccol., Plumb., *Puls.*, Spong., Sul., Zing., Con., Amm., Amm-c., *Cocc-c.*, Dulc., Bov., Carbo-a., Lauroc., Canth., Cajup., Cann-s., Nat-m., Elater., Enony., Caust., Sep., *Ran-b.*, *Ran-scl.*

— in left abdomen toward lumbar region, *Calc-c.*

— with cough *Amm-c.*, *Bry.* (in lumbar region).

— when coughing breathing deeply or walking, Arn.

— during cough, better by pressure on lumbar region, Bor.

— dull in right lumbar region, Spong.

— in lumbar region in gastritis, *Coccul.*

— in right hypochondrium towards lumbar region, *Calc.*

— during inspiration in lumbar region, Amm.

— into limbs from lumbar region, Stann.

— worse from motion, sciatica, *Calc.*

## LUMBAR REGION.

**Stitches** in lumbar region when moving and better by pressure,  
*Dulc.*

- in lumbar region from ovaries, *Coloc.*
- in lumbar region, worse in turning body, *Bov.*
- above loins on deep breathing, extending into thighs with every breath, *Carbo-a.*
- cutting worse when sitting afternoon, extending to beneath shoulders, where it becomes stitching, *Canth.*
- alternating above right hip and lumbar region, *Carbo-a.*
- through lumbar region when stooping, *Cajup.*
- slow intermittent stitches in left side beneath lowest ribs, *Cann-s.*
- severe in lumbar region when breathing deeply, *Nat-m.*
- dull in both loins, with sensation as of squeezing from within outward at every inspiration when sitting bent, *Dulc.*
- fugitive stitches in lumbar region more on right side, *Elater.*
- in first lumbar vertebræ near left side, of spine, about middle of body, *Euonymus.*
- in back and lumbar region, *Caust.*
- sudden stitches in lumbar region when lifting, he had to walk bent forward, and had stitches if his foot struck against anything, *Sepia.*
- and tensive drawing pains in back much increased by moving arms upward, *Con.*
- in left lumbar region, worse by expiration, *Amm.*
- sudden in right loin, *Amm-c.*
- in lumbar vertebræ compelling him to scream, *Phos.*
- fleeting stitches in loins, *Cocc-c.*
- sharp in left loin by the last false rib, *Caustic.*
- dull in right loin only when not breathing, *Clem.*
- obtuse stitches outward, a kind of forcing out in both loins at every inspiration while sitting bent forward, *Dulc.*
- dragging stitches in left loin, disappearing when walking, but recurring when sitting, *Dulc.*
- in bones of lumbar region on expiration, *Sul.*

## LUMBAR REGION.

- Stitches** in right lumbar when walking, with a slight burning sensation, *Ran-b.*
- in right loin, *Lauroc.*
  - through pelvis to external genitals, *Kreos.*
  - from left lumbar region into penis, *Dros.*
  - pulsating stitches in lumbar region, *Sul.*
  - during rest, ceasing on walking, *Staph.*
  - in right lumbar with nausea, *Nat-s.*
  - in right lumbar with tension across abdomen, worse on motion, must sit forward with elbows on knees, face in palms, when walking, stooped forward with hands on knees (hepatitis), *Kali-c.*
  - when sitting, in lumbar region, *Amb., Asar., Kali-iod., Nat-c., Lyco.*
  - in lumbar region when sneezing, *Arundo.*
  - in lumbar region better after stool, *Ind.*
  - when rising from stooping, *Lyco.*
  - sudden in lumbar region, *Cinnab.*
  - in lumbar region tearing, *Magn-m.*
  - tensive in right lumbar region, felt only during inspiration, worse when lying on back, *Coloc.*
  - with drawing through vertebræ while standing, *Con.*
- Stitching**, sharp pains from loins and nates, pulse soft and weak, awakens him at 3 A. M., he must get up and walk about, *Kali-c.*
- pain in small of back so severe upon motion that he gets upon arms and knees to obtain relief, pain unendurable in any other position, *Colocy.*
- Stool**, constriction in lumbar region, worse after stool, *Tabac.*
- drawing pain in lumbar region after stool, *Mag-m.*
  - pain in lumbar and sacral region, worse during stool and worse still afterward, *Podo.*
  - forcing in lumbar region as if to stool, jerking in region of hips, *Ratanhia.*
  - violent cutting in lumbar region or vertebræ, worse by stool, *Rheum.*

## LUMBAR REGION.

**Stool**, pains in lumbar region before stool, *Puls.*

— pain in lumbar region during soft stool, *Niccol.*

— pain in lumbar region if he does not have a stool, *Cepa.*

— pressing in lumbar region after stool, *Carbo-v.*

— pain in lumbar region after stool, must walk for relief, *Lyss.*

— pain in lumbar region better after stool, *Ox-ac.*

— drawing pains in loins after stool, *Mag-m.*

**Stooping**, pain in loins preventing stooping, *Bufo.*

— pain in loins on walking and stooping, *Hyos.*

— stitches through lumbar region when stooping, *Cajup.*

— pain in lumbar region worse by stooping, *Rhod.*

— pain in lumbar region worse by protracted stooping, so that walking is impeded, better by rest when sitting or lying, re-appearing as stitches on slightest turning of body, better afternoon, *Sarsa.*

— pain, violent, tensive as if everything was too short when stooping, *Sul.*

— pain, as after stooping a long time, *Dulc.*

— heavy pain in lumbar region, worse by stooping, *Diosc.*

**Straighten**, must walk about sometimes before he can straighten up, *Hydras.*

**Strain**, lumbago from strains: pains after rest after moving a little, and from warmth (when *Rhus* does no good); *Calc-fl.*

— lumbar pain of three weeks' duration after a strain, *Rhus-t.*

**Strained**, pain as if strained in lumbar region, preventing him from straightening himself or stooping during the pain in the loins; the urine is scanty, of a yellowish ochre color, thick with a yellowish sediment, *Bufo.*

— intense pain in left lumbar region above hips as if he had strained parts by standing, *Valer.*

**Sweat**, crampy pain in right loin in evening causing sweat, *Iris-v.*

— cold in lumbar region, *Plant.*

— in lumbar region, *Sil., Asaf.*

**Swelling**, thick swelling of lumbar muscles, very painful when the body is moving, *Lyco.*

## LUMBAR REGION.

**Swelling** of lumbar region, *Aur-Mur*.

— of lumbar muscles extending to legs, *Berb*.

— of lumbar region in acute Bright's disease, *Apis*.

**Tearing**, in lumbar region, *Æsc-h.*, *Agari.*, *Aur.-fol.*, *Berb.*, *Brom.*, *Bry.*, *Cinnab.*, *Cup-met.*, *Chel.*, *Caustic.*, *Colch.*, *Ham.*, *Mag-m.*, *Kali-c.*, *Polyg.*, *Rhus*.

— across lumbar region after heat, *Ham*.

— worse on one side in lumbar region, *Berb*.

— pain now in right side now in left side of lumbar vertebræ, while walking, *Agari*.

— with pressure in lumbar region, *Carboneum*.

— pains commencing along lumbar vertebræ, running forward around left lumbar region to linæ alba, *Caustic*.

— in lower lumbar vertebræ extending to iliac bones, *Chel*.

— in hips and lumbar region when walking, *Æsc-h*.

— and shooting suddenly in loins, *Colch*.

— sudden in lumbo-sacral region in afternoon, *Sul*.

— in lumbar muscles impeding respiration, *Kali-c*.

— drawing on bone in lumbar region, *Rhod*.

— in lumbar region on rising so that he can become erect only gradually, *Iris-v*.

— fine tearing, lancinating on right side beside the lumbar vertebræ, passing away every time he presses upon it, *Aur-fol*.

— in right lumbar and dorsal muscles, worse by moving those parts, *Brom*.

— pain in loins with arthritic tearing in lower limbs, *Ver-alb*.

— and tenderness in joints and muscles, lumbar region prevents motion and stooping, most when standing or sitting, better when lying, *Bry*.

**Tender**, pain in loins seems to rise in a spot which is tender to pressure about an inch to right of middle of spine, *Chromic-a*.

— muscles tender on pressure and stiff, especially on first moving after repose, *Cact*.

## LUMBAR REGION.

- Tension**, lumbar region so he could not breathe easily, *Nit-ac.*  
 — in lumbar region, *Zinc.*, *Nat-m.*, *Nux-v.*, *China.*, *Berb.*, *Aur-mur.*, *Agar.*  
 — painful in lumbar region, *Puls.*, *Sul.*, *Baryta-c.*, *Amb.*, *Benz-ac.*, *Thuja.*  
 — in lumbar region, worse going up stairs, *Carb-s.*  
 — in lumbar region, worse stooping, *Clem.*
- Tensive** pain in right loin; only perceived during inspiration and most severe while lying on the back, *Colocy.*  
 — pain in lumbar region, very violent, and in shoulders, *Zinc.*  
 — drawing in lumbar region, reaching sometimes to testicles, *Psorin.*
- Testicles**, pain in lumbar portion of spine with myalgic inflammation of testicles, *Medor.*  
 — pain in lumbar region at 5 P. M., extending to testicles, *Abrot.*
- Throbbing** pain in lumbar region, *Nux-v.*, *Sepia.*, *Coloc.*, *Sil.*, *Nat-m.*, *Thuja.*, *Lac-can.*, *Alum.*  
 — pain in lumbar region, with eructations during shaking chill, *Nux-v.*  
 — dull pain in left lumbar region, worse by lying down; was compelled to walk about room with walking-stick pressed across back to obtain relief, *Vib-op.*  
 — in lumbo-sacral region, *Sil.*  
 — painful in lumbar region, *Actea-rac.*, *Nat-m.*  
 — in lumbar region during stool, *Alum.*
- Thrust**, dull with sensation of external coldness against him, *Stann.*
- Tired** aching over crest of ilium and down into pelvis; worse in right side, with general languor and desire to lie down; later the tired aching, worse morning and A. M., *Spig.*  
 — aching in lumbar region on awaking, *Pic-ac.*  
 — pain, pressing, drawing in lumbar region, *Sepia.*, *Mur-ac.*  
 — and weak and aching across lumbar region, *Helon.*  
 — sensation in lumbar region, *Carbol-ac.*, *Pallad.*



## LUMBAR REGION.

- Tired** feeling in lumbar region (right) while sitting in church,  
Fer-phos.  
— in lumbar region, Senecio.  
— feeling when walking, Camph.  
— painful feeling in lumbar region, *Puls.*  
— painful feeling in lumbar region with uterine disease, Murex.  
— feeling; is obliged to sit down, Cimex.  
— feeling in lumbar region, *Helon.*, Sabin., *Æsc-hip.*, Arg-nit.,  
Chen-v., Cimex, *Coloc.*, Mancin., *Cina.*, *Pallad.*
- Tiresome** feeling as if bruised, *Sul.*
- Touch**, sore and tense on touch in lumbar region, Nux-v.  
— lumbar vertebræ sensitive to touch, Med.  
— spot on spine sore as if ulcerated very sensitive to touch,  
*Colchi.*  
— sensitiveness of muscles of lumbar region to touch, Bry.
- Trembling** in lumbar region, Benz-ac., Berb.
- Turning** or bending, aggravates pain in left lumbar vertebræ,  
Ginseng.  
— stitching in lumbar region by turning body, Bov.
- Twitching** in lumbar region at 2 P. M., Thuja.  
— in lumbar region, *Coloc.*, Agari, Ratanhia.  
— visible of lumbar muscles, Crotal.
- Uneasy** feeling in lumbar region with a sensation as if a drop  
of urine were in penis, Cedron.
- Uneasiness**, indescribable in lumbar vertebræ, *Sabina.*  
— in lumbar region in evening, Petrol.
- Unendurable** pain in loins and hip-joint at night if he lies upon  
opposite side, Cham.
- Ulcerating** pains in lumbar vertebræ as if flesh were being torn  
off, Kreos.
- Ulcerative** pains in lumbar region, Cann-s.  
— pain in lumbar region at night so can only lie on right side,  
better in morning after getting up, Nat-s.
- Urging** in lumbar region, *Calc.*
- Urine**, pain in lumbar region on retaining urine, *Nat-s.*

## LUMBAR REGION.

**Urinary**, violent writhing in region of loins and urinary passages,  
*Colch.*

**Violent pain** in loins when she rises after sitting awhile,  
Carbo-an.

— pain in loins and small of back, *Tabacum.*

— pain in first and second lumbar vertebræ when turning, with  
formication in feet, Agari.

— pain in lumbar and sacral region, slight effort to move causes  
retching and cold, clammy sweat, *Ant-t.*

— pain as if sprained in lumbo-sacral region, compelling him to  
limp, Arg-met.

**Vomiting**, with pain in loins, Ars-h.

— loins affected after vomiting, Therid.

**Waking**, a drawing pain waking him, worse on turning, *Bry.*

— dragging when waking in morning in lumbar region, also till  
P. M., Myrica.

**Walking**, pain in loins with giving away while walking, Bufo.

— pain in loins, better by walking, rest or pressure, *Phos-ac.*

— pain in loins on walking and stooping, Hyos.

— dull lumbar backache, worse by walking, *Bapt.*

— pain as from dislocation in loins and os ischia when sitting,  
and when turning the body in walking, Hepar.

— burning in a small spot on left side of lumbar vertebræ and  
same time in lower part of left scapula, worse from rising  
from a seat, better when walking, Baryta-c.

— stitches in right loin when walking, with a slight burning  
sensation, *Ran-b.*

— stitch in lumbar region when walking, *Ran-scl.*

— burning in lumbar region, extending through thigh on walk-  
ing, *Nux.*

— tearing pain, now on right side, now on left side of lumbar  
vertebræ while walking, *Agar.*

— with pressive drawing pain in small of back and loins only  
while resting (sitting, standing, or lying down), in daytime,  
disappearing on walking, Amm-c.

## LUMBAR REGION.

**Walking**, digging stitches in left loins, disappearing when walking; but recurring when sitting, *Dulc.*

— pain on rising from a seat and on beginning to walk, better by walking, *Tabac.*

— tearing in hips and lumbar region while walking, *Æscul.*

— weakness, better by standing, *Diosc.*

— pain in lumbar region, worse by protracted stooping, so that walking is impeded, relieved by rest when sitting or lying; reappearing as stitches on slightest turning of body, relieved P. M., *Sarsap.*

— chronic lumbago of several years' standing, with difficult walking, *Oleum-j.*

— drawing pain in loins when walking, standing and lying, and feeling as if broken, *Carbo-an.*

**Walk**, sudden stitches in lumbar region when lifting; he had to walk bent forward, and had stitches if his feet struck against anything, *Sep.*

— dull aching in lumbar and sacral region; cannot walk, muscles will not obey, *Gels.*

— must walk about some time before being able to straighten up, *Hydrast.*

— pain as from a knife through loins, cannot walk, *Kali-c.*

— cutting in lumbar region, so could not walk alone, *Psorin.*

**Warmth**, lumbago from strains, pains worse after rest, better after moving a little and from warmth, *Calc-fl.*

**Washing**, lumbar backache after washing, *Podol.*

**Water**, sensation of water dropping out of a bottle in lumbar region, between posterior and superior spine of the ilium and vertebræ, *Medor.*

**Weakness** of lumbar region, *Sepia.*, *Ars.*, *Æscul-h.*, *Agari.*, *Arum-d.*, *Benz-ac.*, *Calc.*, *Chen-v.*, *Cimic.*, *Chromic-ac.*, *Eupat-per.*, *Kali-b.*, *Kali-c.*, *Nux-m.*, *Petrol.*, *Arg-n.*, *Ox-ac.*, *Ruta.*, *Selen.*, *Thuja*, *Colch.*, *Zinc.*

— in lumbar region, *Psorin.*

— painful in loins after running too fast, *Raphanus.*

## LUMBAR REGION.

- Weakness** and pain in lumbar region, *Amyl-n.*  
 — and dull aching in lumbar region, with hemorrhoids, *Æsc-hip.*  
 — in lumbar region, with tension in head, *Zinc.*  
 — from lumbar region to legs, *Ox-ac.*  
 — of lumbar region follows seminal emissions, with lascivious dreams, waking him, *Selen.*  
 — when walking, from uterine trouble, *Scpia.*  
 — and heavy pain in lumbar region, *Lil-tig.*  
 — in loins after exercise, *Plant.*  
 — in lumbar region with prolapsus recti, *Ruta.*  
 — in lumbar region, *Sabina.*  
 — in lumbar region, better by standing and walking, *Diosc.*  
 — and heavy dragging pain in lumbar region, *Eryngium.*  
 — and trembling pain in lumbar region, *Cimic.*  
 — in lumbar region and lower limbs, so he could hardly stand alone, *Sul-ac.*  
 — a paralytic sensation as from weakness in back and loins, worse by walking and standing, *Agari.*  
 — of lumbar region after riding, *Berb.*  
 — of lumbar region with waning of sexual desire, from over-indulgence, *Sul.*  
 — on walking, in lumbar region, *Graphites.*  
 — in lumbar region with discharge of acrid mucous stools during urination, *Puls.*  
 — at junction of lumbo-sacral vertebræ, *Phos.*  
 — early on rising like paralysis, *Nat-m.*  
 — in lumbar region at 6 P. M., *Sepia.*  
 — in lumbar region with irritable bladder, *Sepia.*
- Weight** and pain in lumbar region extending around body, *Cimicif.*  
 — sensation of heavy weight in lumbo-dorsal region, *Coloc.*  
 — sense of great weight across loins, *Arn.*  
 — and pain in lumbar region, *Kali-chl.*
- Withered** pain in lumbar region, sensation of worse at night, *Podo.*  
**Writhing** violently in region of loins, *Colchi.*

DEATH CAME WHILE HE WAS TRYING TO SAVE.  
DR. REUBEN LUDLAM STRICKEN AT THE CRITICAL POINT  
OF AN OPERATION—HIS SON FINISHES.

CHICAGO, April 29th.—Dr. Reuben Ludlam, Sr., President of Hahnemann Medical College and one of the most widely known homœopathic practitioners in the world, was stricken with heart disease to-day just at the critical point in an operation he was performing at the college hospital. Although Dr. Ludlam was carried from the operating room in a dying condition, his son, Dr. Reuben Ludlam, Jr., who had been acting as assistant, immediately seized the instrument from his father's hand and, to save the life of the patient, continued the surgical work.

Dr. Reuben Ludlam, Sr., expired within five minutes in a room adjoining the operating room, but it was not till a half hour later that the son, the patient having come safely through the operation, went to his side. The patient was a woman. The operation was the removal of a fibroid tumor of large size from the abdominal cavity. The patient probably will recover as the result of young Dr. Ludlam's service.—*The Times*, April 30th, 1899.

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DRUG INTEMPERANCE.—There is a source of nervous ailments entirely special to this age, and the unexpected outcome of our nineteenth century chemistry and advertising. Intemperance in drugs is becoming more common, and it may possibly outstrip the abuse of alcohol in its evil results. The manufacture of new chemical products is supplying the public with endless carbon derivatives of high molecular power, and of imperfectly known physiological action. Some are most dangerous, and their continued indulgence leads to confirmed neuroses or hopeless nerasthenia, and it thus comes to pass that as the therapeutic activity of the profession tends to abolish disease, that of the public is manufacturing it.

## BOOK NOTICES.

THE INTERNATIONAL MEDICAL ANNUAL, 1899. A work of reference for medical practitioners. Alphabetically arranged. Combines the features of an annual retrospect with those of a medical encyclopedia. Copiously illustrated with elegant plates, in colors and black and white. Each volume contains entirely new matter. Seventeenth year. 8vo, cloth, about 700 pages. Price, \$3.00 net, post or express paid. E. B. Treat & Co., Publishers, 241-243 West Twenty-third Street, New York.

It will be seen that this work is something more than a mere retrospect of the past year. It includes a series of articles intended to bring the reader's knowledge up to date on subjects of modern investigation, and the present volume contains new matter of practical interest concerning almost every known disorder.

Among the special articles will be found the following: "Practical X-Ray Work," by R. Norris Wolfenden, M. D., B. A.; "Advances in Skull Surgery," by Seneca D. Powell, M. D.; "Surgical Treatment of Paralysis," by Drs. Robert Jones, F. R. C. S., and A. H. Tubby, M. S., M. B. These articles will be freely illustrated, chiefly by reproductions from photographs. An excellent article on "Climatic Treatment of Consumption," by F. de Havilland Hall, M. D., F. R. C. P., as well as one on "Legal Decisions Affecting Medical Men," by William A. Purrington, A. B., LL. M., will be found interesting and pertinent. There is also an article on "The Chief Pathogenic Bacteria in the Human Subject," with descriptions of their morphology and methods of microscopical examination by S. G. Shattock, F. R. C. S., the Pathological Curator of the Museum of the Royal College of Surgeons, London, illustrated by a series of finely colored plates.

The *Annual* is now a standard work of reference in all parts of the world, and the publishers 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 ANTIKAMNIA CHEMICAL COMPANY has just issued a handsome Foetal Chart and Parturition Calendar.

It consists of three cards giving six pages of the progress of gestation for each month, finely illustrated by colored dia-

grams, so that the obstetrician, by consulting it, may form an accurate idea at a glance of what is the development of the foetus at any given period of its inter-utero life. It is issued solely to the members of the medical profession, and it is desired that every practitioner shall have a copy of it. Those who fail to receive it may procure it by writing to the company. No attention will be paid to such requests, however, unless they are accompanied with the professional card or other evidence that the writer is a practicing physician. Address The Antikamnia Chemical Company, 1723 Olive Street, St. Louis, Mo.

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## NOTES AND NOTICES.

See a woman, in another column, picking grapes for Speer's wines. Read all about it. Excellent for weakly persons and the aged, particularly for females.

DR. J. HENRY ALLEN will remove his residence on May 2d, to No. 219 East Forty-second Place, near Cottage Grove Avenue, Chicago, Illinois. Telephone, Oakland, 492.

Endorsement of Speer's wines by the Faculty of N. Y.—Dr. Cyrus Edson of New York Board of Health, says there are no better wines in the world.

DR. JOHN STORER wishes to announce his removal on May 1st, from 809 Columbus Memorial Building to 1007 Columbus Memorial Building, Chicago, Illinois. Office hours, 10 A. M. to 1 P. M. Telephone, Main 4575. Residence, 108 South Oak Park Avenue, Oak Park, Ill. Hours: 8 to 9 A. M.; 5 to 7 P. M. Sundays: 12 to 1. Telephone 1272.

N. Y. Board of Health on Wine.—Dr. Janes, of the New York Board of Health, says: "I take pleasure in testifying to the superior qualities of the wine produced by Alfred Speer. I recommend it as a superior wine for the sick and debilitated." The Port and Burgundy have no equal.

THE HOMŒOPATHIC MEDICAL EXAMINING BOARD OF PENNSYLVANIA, June 20th, 21st, 22d, and 23d, 1899. Place of meeting, Philadelphia, Church of New Jerusalem, Twenty-second and Chestnut Streets. Members of the Board—Dr. Augustus Korndorfer, president, Philadelphia; Dr. Joseph C. Guernsey, Secretary, 1923 Chestnut Street, Philadelphia; Dr. Isaac G. Smedley, Philadelphia; Dr. John F. Cooper, Pittsburg; Dr. John J. Detwiller, Easton; Dr. Edward Cranch, Erie; Dr. Lewis H. Willard, Allegheny.

See a woman, in another column, picking grapes for Speer's wines. Read all about it. Excellent for weakly persons and the aged, particularly for females.

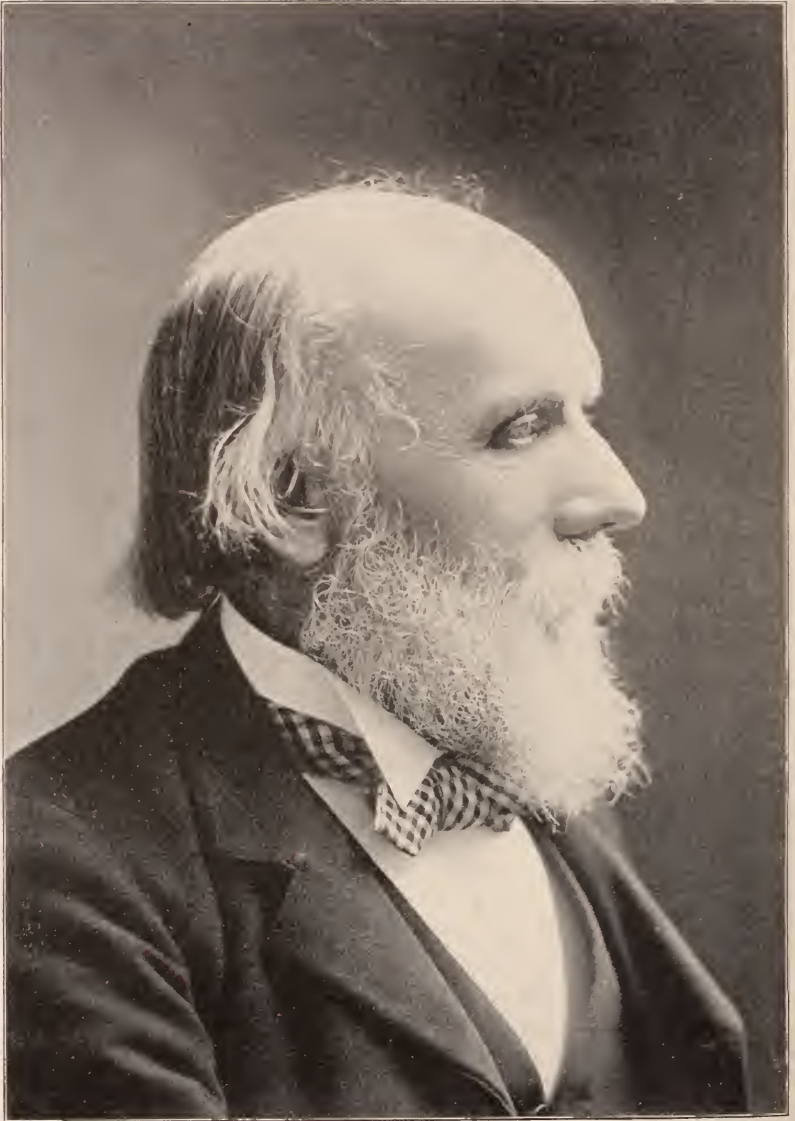
## CASE OF CHRONIC PYROSIS.

Ella Sterrett, Long Island City, American, age thirty; first seen June 10th, 1898; suffering from chronic pyrosis, for which she had been under treatment for twenty-four years with only occasional temporary relief from this most painful condition. Almost everything generally known had been done for her, but without effective result. From the beginning of the complaint, in her sixth year, up to the age of twenty-eight, while it was a source of great pain and discomfort, it did not seem greatly to interfere with assimilation and nutrition. But at twenty-nine, it took on a more violent form: she became unable to retain anything on her stomach, unless preceded by cocaine combined with some other stomach sedative. Even this was but partially successful, as the stomach would often throw it all off in spite of the medicinal action. After her twenty-ninth year, she began to lose flesh rapidly; so that her weight had already been reduced within the last year from 160 to 83 pounds. When first seen she presented every appearance of malnutrition and debility. Her bowels would sometimes not move for a week, in spite of cathartics and hot water injections.

The patient was now put to bed and given the following treatment: first the stomach was washed out with a weak Thiersch solution, and ten drops of bovine in iced grape juice were given every hour, extending through the night. After twenty-four hours, she said her stomach felt greatly relieved. The bovine was then increased to a teaspoonful in a wineglassful of milk every two hours; the first two doses being thrown off, but the third and subsequent ones were retained, without discomfort. This was continued until the 10th, with steady improvement, when I deemed it wise to suggest an operation for a relief of the constipation, as the bowels refused to respond to any but the most drastic cathartics, and these being weakening and irritating, it seemed not wise to continue them. Patient finally consented to operation, and on the 16th, under chloroform, the rectum and anus were thoroughly stretched and the bowel washed high up with soap-suds and water. This was followed by a most copious evacuation. She reacted nicely from the anæsthetic, and since then the bowels moved regularly once a day. On the 18th, the bovine was increased to a tablespoonful in milk every three hours. To this time, she had lived on nothing but the bovine in milk, and through all she showed perfect nutrition and no loss of strength. After this she was allowed in addition some easily digested food. She increased in weight, and had no further attacks of the gastric colic. On the 29th, the bovine was increased to a wineglassful in milk and grape juice alternately. July 7th, 1898, patient was discharged cured, at a weight of 124 pounds; a most remarkable and unparalleled gain of 41 pounds in less than a month.—*Modern Medical Science.*







WILLIAM TEBB.

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, 1899.

No. 6.

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EDITORIAL.

THE USE OF ANTI-TOXIN as preventive of diphtheria is still being strongly advocated in many quarters, and it is probable that it will not be very long before the inoculation of this new remedy will become legally obligatory, unless the efforts now being made to repeal compulsory vaccination laws shall be successful. If this latter object be attained, it will, of course, have a discouraging effect upon the efforts to make inoculation of anti-toxin universal.

Physicians of every point of view on this subject should study more closely just what it means to inject these unknown and virulent fluids into the system of a human being.

For this purpose the most exhaustive examination, especially by means of chemical analysis, must be made.

We are all wanting in understanding of the subject, because we have not studied it from this standpoint.

Yet some idea of it may be gained by referring back to the phenomena of fermentation.

A ferment is a plant which, falling into an organic fluid, takes from that fluid by decomposition what is needed for its own sustenance and leaves a residue which rearranges itself into new compounds, just as when the keystone is taken from the arch, the arch falls into ruins of more or less fantastic new shapes.

When the yeast plant falls into grape juice, it decomposes the juice in order to find food for itself. If an animal feed on this same grape juice, it takes the whole fluid unaltered into its economy and whatever decomposition occur is within the confines of its system. This is the essential characteristic of animal digestion. But the yeast plant in feeding brings about the decomposition outside of its own economy, abstracting just as much of the carbon and hydrogen atoms as are needful for its sustenance, and, rejecting the rest, which falls into new shapes like the broken arch. These new shapes being alcohol, carbonic acid water and various others which give the bouquet. When the diphtheria germ is implanted into the juices of the horse or other animal it feeds upon these juices, abstracting as much of the carbon, hydrogen, and nitrogen elements as are needed for its own use, just as the yeast plant does in the grape juice. The remainder reform themselves into various compounds of the most unexpected character. As these processes take place in *animal* fluids, which are more complex than vegetable substances, the products are more complicated in their composition. They are very changeable and are tremendously poisonous.

Animal substances generally are built up of various combinations of carbon, hydrogen, and nitrogen, in certain complex compounds. These compounds are united with each other to make the resulting products still more complex, and these combinations seem to be very loosely held together, so that they are liable to extensive changes from seemingly

slight causes. Of these causes the principal ones are the various microscopic plants, such as molds and other fungi, and bacteria. When these plants produce their changes, the results of the decomposition are very varied and for the most part unknown, while all have high toxic power. We are all familiar with the dangers from putrefaction of animal bodies. All students of medicine know well the dangers from dissection wounds. The disasters from such accidents fall directly under the remarks here made. The products which produce the terrible illness which follows a prick of the finger while dissecting a dead human being or animal, can be isolated and exhibited to the eye and their qualities further demonstrated by chemistry and pathogenesis.

The inoculation of anti-toxin or of vaccine is not essentially different from the dissection wound. The results are liable to be the same. Yet notwithstanding this scientific parallel, we medical men do not hesitate to practice inoculation or vaccination with rarely a misgiving as to the outcome, while we fly from the dissection wound in terror.

Therefore, if we persist in using such agents upon human beings, it is our duty to find out their exact chemical composition, isolate the active principles which give them virulence and examine their pathogenic spheres of action that we may know exactly what we dare do with them.

As it is we administer them blindly and it is only a matter of chance whether they produce instant death (as has occurred more than once) or prolonged and unnecessary sickness or are actually curative.

With this uncertainty they represent the very worst form of empiricism. Homœopathy is a continual protest against that, but as numbers of men in our school nevertheless continue to use anti-toxin, they ought at least to make themselves familiar with the peculiarities of the remedies they use.

PROCEEDINGS OF THE SOCIETY OF  
HOMŒOPATHICIANS,

BUREAU OF CLINICAL MEDICINE.

F. W. PATCH, *Chairman.*

INTERMITTENT FEVER.

FRANK W. PATCH, M. D., SOUTH FRAMINGHAM, MASS.

A list of fifteen cases treated during the season of 1897; with comments. Reported for the Society of Homœopaths.

Case 1.—Mrs. S. J., fifty years, dark complexion, stout, nervous temperament; attack in afternoon or evening; beginning in upper extremities; shaking, restlessness; despondent, loquacious delirium, talks of killing herself; at one attack left the house and was found wandering toward a brook, where she said she would drown herself; wanted to be held while shaking; thirst, bitter vomiting, severe headache, worse from light and noise; sweat on face and hands; peculiar mapped tongue appearing like a ringworm. After *Lycopodium*, the chills ceased for a time, only to return in a week or so with redoubled vigor. *Stramonium*, CM (F.), proved curative.

Case 2.—Miss E. P. B., fifty years, stout, light complexion, of inferior mental development; tertian. Paroxysms in the afternoon, beginning with cough; creepiness and shivering without real shaking; headache with throbbing; bitter vomiting; drinking aggravates nausea; heat, with flushed face; thirst; sensitive to odors of food; desire for open air; tongue red and clean; owing to the want of intelligence in this patient, it was particularly difficult to obtain reliable

symptoms; the cough and severe vomiting seemed the ruling features. Ipecac, CM (F.), was given with a palliative result. Gradual improvement went on in what seemed an orderly manner, for two weeks when the symptoms returned with daily paroxysms. Pulsatilla, CM (F.), cured.

Case 3.—A. F., unmarried woman of forty years; thin, light complexion; tertian; anticipating. Chill, bitter vomiting during or at close; mostly in hands and arms; cough; yawning; heat, with flushed face; nausea; sleepiness; sweat, with headache, vertex, and temples as though screwed in a vise; no thirst in any stage; dislike of talking; throbbing in head; aggravation of general feelings from acids. Ferr-met., CM (F.).

Case 4.—Mrs. H., seventy years, dark complexion, nervous, loquacious temperament; irregular tertian. Chill consisting of coldness without shaking, not always perceptible to nurse; thirst; tongue with broad, dry centre, like chip of wood; drinking nauseates though thirsty; burning of feet; greenish vomiting; pain in right arm; headache through temples; retching; involuntary urination; incoherent talk; rolling of head from side to side; sensation as though apart and could not get herself together again; burning in stomach; red pepper-like sediment in urine. Bell., CM (F.).

Case 5.—Miss H., age forty, dark complexion; tertian; afternoon paroxysms. Prodrome; thirst; headache in vertex and eyes; chill, with shaking above knees; restless, irritable; desire to be alone; aggravation of headache from noise and light; catching pain in left hypochondrium on deep breathing; at first thirst in chill for ice water, which aggravated, later no thirst in chill; heat, with severe headache and throbbing in vertex, as though eyes would be pushed out of head; intense, burning thirst; mental confusion; covered, sleep, sweat from below upward; thirst for hot drinks; uncovered, sweat at night in sleep; stiffness of muscles of neck and back on waking each morning; hives appearing night before chill.

The full picture of this interesting case did not come out well at first, the chill, as noted, being absent and many of the other symptoms indistinct. Nat-mur., CM (F.), served to reduce it to a beautiful state of order, the shaking chill then coming out with severity, and the way seeming to be made clear for the curative remedy, Ignatia, CM (F.).

Case 6.—C. B., three years; plump, medium complexion, sallow skin; anticipating, tertian; afternoon. Chill with cold extremities, blue fingers; quiet; thirst before and during chill; heat and sweat with thirst and restlessness; lachrymation; perspiration of head; fretful. Nat-mur., CM (F.).

Case 7.—Mrs. E. O. D.; seventy years. This case reported two years ago as an unsatisfactory one, making a doubtful recovery on Nux-vom. This year returned as was expected sooner or later. It should not have been reported before. Chill in forenoon, anticipating, tertian, preceded by pain in back and legs; thirst; tongue with broad, white centre; wandering delirium throughout intense heat; no sweat. Hyos., CM (F.).

Case 8.—M. C.; about seventy years; a weak-minded old man, said to have been disappointed in love in young days; hardly competent to answer questions intelligibly; tertian; forenoon; only shivering chill; frontal headache; nausea; thirst; flushed face in heat; trembling; twitching of muscles about mouth; stupid, half-sleeping condition, perfectly quiet, from which only a grunt could be elicited in rousing. Phos-ac., CM (F.).

Case 9.—H. S.; child of sixteen months; light complexion; tertian, afternoon. Chill with shaking; goose-flesh; sleepiness; nails purple; paleness; quiet; no thirst; heat, with flushed face; gasping respiration; palpitation visible; sweat profuse on head, neck, and face; impatient; dark circles under eyes; skin yellowish. Arsenicum, CM (F.).

Case 10.—F. S.; active, wiry man of thirty-five; dark complexion; tertian, anticipating. Chill very severe, with thirst;



covered, face purple, ringing in ears; tongue white; heat and sweat following in order with thirst. Nat-mur., CM (F.).

Case 11.—Mrs. G. T.; forty-five years; full habit, reddish complexion; tertian, anticipating attacks. Chill, beginning in arms, going up and down back; nausea, bitter vomiting; thirst, vomits soon after drinking; catching pain in left hypochondrium and in epigastrium through to back, worse from jar, breathing, etc.; thirst for large quantities of ice water in heat; vertigo on rising; tongue, broad white centre; red, dry edges, dry mouth; backache; faintness; intense burning heat, with great physical restlessness and mental agitation. Arsenicum, CM (F.).

Case 12.—Mrs. J. B. McC.; fifty years; stout, plethoric, dark complexion; tertian, changing to quotidian. Chill with shaking; covered; cough; aching of left shoulder, preceded by left-sided headache; vomiting of bile; heat, with mild delirium; flushed face; chilly, if uncovered; much thirst; restlessness; sweat, profuse, sticky; hydroa about mouth, tongue dry, brown centre, white edges.

This was one of the most trying cases imaginable, and reflects little credit on the prescriber. Search after search was made for the simillimum, with no further result than palliation or some slight modification of symptoms until, on the indication of the time of chill, Gamboge, CM (F.), was given and the attacks ceased for a week or more. It seemed hardly possible that this could be permanent and, sure enough, it was not; everything returned as before. This time another and more careful examination revealed the fact that for six months previous to this attack the patient had suffered from a watery diarrhoea, worse during the day, with sleepiness in the middle of the day, before dinner. Aloes, CM (F.), made a prompt and lasting cure. It seems strange that, even after years of experience with this disease, one will neglect to get the totality of symptoms at the start. These lessons must be learned over and over again by the

hard knocks of failure. Often the full picture does not develop at the beginning of a case of intermittent for the need of an antipsoric remedy or, through natural sluggishness of the system, but there is no reason why old symptoms should not be ferreted out, except when one is so blinded by what is immediately before him that more important things are lost sight of.

Case 13.—Illustrates another feature in the treatment of these cases, the need of paying strict attention to the psoric features of the case in hand in order that the acute remedy indicated may have opportunity to properly do its work. Mrs. D. N.; forty-five years; dark complexion, thin, wiry, irritable, nervous temperament; tertian, anticipating. Chill beginning in hands; numbness of hands; coldness of extremities; backache; pain in legs; nausea, sour vomiting; heat, with thirst for large quantities; restlessness; vertigo; sweat, only when sleeping after the attack; tongue with broad, white centre, red tip; hydroa about mouth; tongue trembles on protrusion; restless sleep after 2 A. M.; impatient and irritable. Nux-vom. was given with great confidence here in the early part of the case, waited for, and yet no result. Then other studies were made, and several other remedies used without avail. Finally a dose of Sulphur was prescribed, which apparently of itself offered no check to the progress of the chills, but Nux-vom., CM (F.), was then given again with a most satisfactory and prompt cure following. Here the antipsoric should have been given in the first place, and would have been had the nature of the case been thoroughly understood. The next case further illustrates the same principle.

Case 14.—A. S.; forty-eight years; slight build, dark complexion, easy-dispositioned man. First attack, July 15th, chill, with vertigo; foul tasting mouth; great thirst; flushed face; intense burning heat after slight chill; dry, tickling cough, hoarseness; dull backache. Bryonia, CM (F.),

promptly relieved, and after a few days the patient was out and went away for a vacation. On the day of his return, before getting into the house, he was taken with a most severe chill, and it was at once seen that a tedious fight was to be expected. The Bryonia, of course, failed to do anything now, except to make one undecided whether to let it alone or work out the case anew. The picture finally presented was as follows: Chill, with shaking all over; cough before and during sensation of coldness for some time before shaking begins; vomiting; heat, with thirst; backache; nausea after drinking, and when lying on right side; face flushed; faintness, amounting nearly to collapse at times; throbbing head; sweat, with chilliness and cold feet, must be covered; no thirst; tongue with heavy, yellow coat; face, sallow, brownish; belching after eating. Sepia, CM (F.).

Case 15.—A. H.; young woman of twenty; tertian, anticipating type; prodrome; thirst; nausea; paroxysm begins with nausea and backache; hands purple in chill; intense, throbbing headache in vertex and nape in heat, worse from motion; impatient; face flushed; drinking aggravates nausea; feet very cold; pillow seems hard; sleep immediately follows heat; tongue white, red tip; continual aching of the neck, wakes every morning with stiffness of the muscles of the nape, and aching from nape to spine; belching immediately after eating.

This was another trying case where a better knowledge of materia medica would probably have saved much discouragement for the physician and many suffering days for the patient. It seemed at first as though Nat-mur. would surely make quick work of it, but, to my surprise, it seemed to do nothing, not even a palliation followed its administration. Several other remedies were given with a similar result, when a more careful study of the symptoms seemed to show that the peculiar conditions present were the singular headache and the terrible throbbing. Glonoine was about the

only remedy that just covered these symptoms, though it did not seem possible that it could cure this case. It was given and the chills ceased for a few days, together with the anticipation and the headache. It was only temporary, however, and within a week the attacks, with slight anticipation, began to creep back again, but without the head symptoms or the throbbing. Now Nat-mur., CM (F.), was given again with a beautiful cure resulting. This seems to be a singular instance of the occasional necessity of a short acting medicine, which should prepare the way for the deeper antipsoric remedy that was previously ineffective.

#### DISCUSSION.

Dr. Kennedy—This is one of the papers I am always interested in. I want to ask the doctor if he has noticed the time of day of the return of the paroxysms, and if he considers that of value when he is selecting his remedy? I notice also that he does not mention thirst as being peculiar to any one of the three stages. I have had but little experience with the disease. I have been able to cure the few cases I have had.

Dr. Pease—I notice in the reports of the cases that most of them were elderly people. Is that correct, doctor?

Dr. Patch—There were two young persons. One was twenty.

Dr. Pease—Was this their first experience with the disease?

Dr Patch—I do not recollect at this moment whether any of these were second attacks or not, but I think they were all first cases.

Dr. Morgan—I do not feel that I can say anything instructive to Dr. Patch, for the cases and his management of them show such thorough investigation and careful research in finding the right remedies, that I do not think any man could improve upon them. I think he has done wonderfully good work. I have found the time of day the chill occurs of a great deal of importance. I have also found that an excellent time

to give the remedy is just between the chill and the fever. Remedies act better when given then than at any other time.

Dr. Adams—I merely wish to say that I think Dr. Patch is to be congratulated on the care he has taken to adhere strictly to Hahnemann's rules. The paper is an inspiration to me.

Dr. Pease—Have you ever had a Quinine case?

Dr. Patch—I rarely find a Quinine case. In an experience of almost ten years with the disease I have seen one or two cases that have been cured by China.

Dr. Pease—Dr. Patch, have you noticed any of the conditions of locality in regard to the type? I believe I mentioned a few remedies that seemed to be most called for in certain localities. Have you investigated that?

Dr. Patch—I had three Bryonia cases a few years ago in one locality, but it may have been mere coincidence. My cases probably differ from those of the West. The disease here is apt to attack people who are not in good general health and bring out the psoric condition of the individual.

Dr. Morgan—Down near the lake in Baltimore there is a district where nearly every case I get requires Eupatorium. There is a swamp region there, and the Eupatorium grows in abundance.

Dr. Davis—I have read that in every locality would be found the remedies necessary to cure the diseases peculiar to that region. The question arose in my mind whether the Eupatorium was not the father of the disease. It is a curious thing that these plants should be where the disease predominates.

Dr. Patch—In closing the discussion, I will say that I think Dr. Kennedy will find in reading the cases that the time of day is not important in these particular instances. The majority of my cases are of what is termed the "anticipating" type, in which the time of day cannot be depended upon. I do not take it into account.

## AMALGAM FILLINGS IN TEETH.

WM. L. MORGAN, M. D., BALTIMORE, MD.

Mrs. W., age about thirty, tall, slender, dark hair and eyes, sallow complexion; generally unhealthy appearance; enlarged indurated submaxillary glands. Some years ago had had an enlarged tumor of same kind taken from right side of neck, back and below the ear; also suffering from indigestion, headache, neuralgia of face and jaws. All symptoms indicating Mercury.

Patient especially desired to get rid of the tumors. My impression is that Mercury was the first remedy given, but afterwards from the broad, flabby, indentated tongue, and other symptoms, gave Hepar Sulphur, which slightly improved the digestion and relieved the headaches. She had many large amalgam fillings in the teeth and a red rubber plate. I assured her they were the cause of her trouble. After some months' treatment without further benefit, she consented to have them removed, and gold fillings and a black rubber plate replaced the former fillings. Then Merc-viv., CM, one dose, and S. L. was given. Within three weeks the enlarged glands were visibly diminished, health and complexion much improved. Six weeks later enlargement of glands diminished by half; complexion and health good; the lady well pleased and glands still diminishing at last interview.

With three months' more treatment the enlargement of the glands will be entirely gone. The last interview was about a week ago.

This is given from memory, and dates not remembered.

### DISCUSSION.

Dr. Pease—The real interest in this paper hinges of course upon the causative influence of the Amalgams. I think that in

cases like this we should credit the Amalgam with the symptoms that were so obstinate and persistent. There is no doubt that the red vulcanite had its influences also, and that the two substances, Amalgam and red vulcanite are allied in producing the effects in such cases, because both of them contain at least one of the preparations of Mercury. I have here some clinical notes and provings of Amalgam, which I have verified in practice. These are all characteristics of the effect of Amalgam: First, ulceration of the edges of the tongue, of the gums and buccal membranes; second, chronic bad breath. Now, that breath is peculiar. It is not like the breath of a syphilitic patient, nor breath from ozena, or ulcerated nasal passages. I cannot describe it. Imprints of teeth, which is a general Mercury symptom. Headache is general, with neuralgic pains in the sides of the face. For example, the patient will suffer from a disagreeable painful headache, and associated with it are twinges of pain which resembles that which they have in the head. It will go into the sides of the face, and is felt in the teeth and in the ears. Pains in the feet, worse in hot and rainy weather. Dysenteric attacks with the characteristic mercurial painful stools, and these dysenteric attacks will come again and again. They do not run their regular course. A patient may suffer with an attack of dysentery, which will last perhaps twenty-four hours or it may last several days, but the twenty-four hour attack will be just as bad as the one which lasts two or three days. Periodical attacks of tonsilitis attended with great thirst, slow development of pus, fetid breath, much dryness of the throat and buccal cavity, or profuse saliva with sensations of dryness. Inability to swallow food: it may be for days. Attacks suddenly grow worse at night, and more often on the left side. There are marked changes in the quality of voice, especially in singers. This I have verified.

Now in connection with this subject I will give the salient points in the case of a young lady twenty-three years of age.

dark hair and eyes, robust, well-developed figure. For several years she had suffered from repeated and periodical attacks of tonsilitis. The attacks would come on suddenly and at the same time of year. She would go to bed feeling usually well, and awake in the night or in the morning with a fully developed attack of tonsilitis. Pain, swelling, inability to swallow food, and having great dryness of the mouth and throat. She had received all manner of remedies for the attacks during the several years, and at last a specialist removed the tonsils. Her singing voice was a deep, full, and musical contralto. About six months before her tonsils were removed her voice changed until it was much less musical, much deeper tones and with inclination to hoarseness. She was very much alarmed because her professional engagements were interfered with. After the tonsils were removed the voice did not improve at all, in fact, became more husky and coarse in timbre. This condition continued for something like two years following the tonsilotomy, and she also had attacks of this same tonsilitis without the sore tonsils. The attacks would involve the entire field—the soft palate, larynx, etc. She came under my observation about last February. I took very carefully the history of her case. She had been under the care of a good homœopath with negative results, since very soon after the tonsils were removed. When the case came into my hands, knowing that a good prescriber had done good work, and recognizing the symptoms that had disappeared under the potentized Amalgam, I concluded to try potentized Amalgam. I ordered the removal of all the Amalgam fillings from her teeth. She promised that this should be done. I gave Amalgam, CM. Some days afterwards the patient came to my office and told me that she had had a severe attack of tonsilitis, that it only lasted two days, and that she had noticed that her voice had changed very much in the succeeding seven days. Her appetite had returned. She felt very different from what she had following



the previous attacks. I gave Bro. Kennedy's "next best remedy," and in two months her voice had returned to its original pitch, the "husky coarseness" had disappeared, and the voice had regained its original purity of tone. She returned to health, and I have not had to prescribe for that case since.

Dr. Kennedy—How long after you gave the dose of Amalgam were the fillings removed?

Dr. Pease—About three weeks.

Dr. Patch—Have you ever had a case of that kind when the fillings were not removed, and given the Amalgam?

Dr. Pease—Yes, sir. In a case of recurring dysentery with the ulcerations in the mouth. With the potentiated Amalgam I could only palliate the case. They would return but not so severe. Then the amalgams were removed. There were no amalgams left in the mouth to all appearances. Still the attacks would return. Pains in the feet, especially in the heels. I examined the mouth one day very carefully, and buried in the gums were the remains of a tooth. I ordered it removed, and in it was found quite a large filling of amalgam, which had been hidden for years. The case recovered after that.

Dr. Close—Theoretically, it seems as though the susceptibility of the individual to the amalgam filling should be removed by a high potency, even with the old filling remaining, because it is largely a question of susceptibility.

Dr. Pease—I can say this, Dr. Close, that in several cases where the patients have absolutely refused to have the amalgams removed because they could not afford it, the conditions have disappeared under the potentized amalgam, and have not returned. I can safely say there are several cases where the amalgam symptoms have been removed, and yet the amalgam remained in the teeth.

Dr. Adams—My experience has been that while the dose of potentized vulcanite relieved temporarily, as long as the

plate remained the attacks remained. Finally changing to black rubber was followed by intense aggravation in one case, but after that went away the patient was better than for some years.

Dr. Pease—The mercurial miasm is different with different individuals. There is another point to think of in connection with these cases. If the potency does not remove the susceptibility to amalgam, it is probable that the organism of that patient suffers from some other form of mercurial disease, to which Amalgam is not the simillimum?

Dr. Close—There are yet other points to consider. One is that dentists use different kinds of amalgam. Another point is that Mercury in its various forms has been used a much longer time than Iodine and many other drugs have, and the hereditary element enters in. It is an older and therefore a more obstinate miasm.

Dr. Pease—That difference in the various amalgams is an important point. The difficulty in producing the required results with only one potency of the amalgam might be to a great degree lessened by making a compound of many different amalgams, and potentiating it.

Dr. Young has just asked me if in cases where I have observed both gold and amalgam fillings, there have been any different symptoms. I believe I have noticed quite a difference in systemic symptoms. Patients who have both are much more subject to neuralgia without inflammation than are those with amalgam fillings only.

Dr. Morgan—I have made the same observation.

Dr. Pease—Can there be in these cases a possible battery current between the gold and amalgam, with the saliva acting as the battery fluid?

## THE MERCURIALS DIFFERENTIATED.

F. O. PEASE, M. D., CHICAGO, ILL.

From Gross' *Comparative Materia Medica* we find most of the following, comparing Mercury with Nitric Acid:

### MERCURY.

Light hair; skin and muscles lax.  
Increased irritability of tissue.  
Pain passing outward.  
Rending pain downward.  
Sore pain in external parts.  
Eruptions generally dry.  
Scars get red.  
  
Hot swelling of glands.  
  
Sweat smelling sour or moldy.  
Thirst predominates in all stages of fever.  
Loss of hair: forehead and temples.  
Moods serious; also amorousness.  
Absent-minded; imbecility; apoplexy.  
Averse to greasy foods.  
Diarrhoeas usually painful.  
Urging and tenesmus, during urination.  
Urine frequent, copious, hot, sour odor.  
Menses late, profuse, flow bright red.  
Leucorrhœa either mild or acrid.  
Expectoration during the day.  
Foot sweat odorless.  
Worse during and after sweat.  
Worst at night when warm in bed in cold weather.

### NITRIC ACID.

Dark hair, rigid fibre.  
  
Want of bodily irritability.  
Passing inward.  
Rending pain upward.  
Internal parts.  
Moist.  
Hurt with change of weather; break open.  
Painless (cold) swelling of glands.  
Sour or like urine.  
Wanting in the chill.  
  
Top of head.  
  
Distrustful.  
Very rarely apoplexy.  
  
Desires fatty foods.  
Predominately painless.  
Urging and tenesmus after urinating.  
Scanty, cold or hot, smelling strong.  
Too soon, blood dark.  
  
Rarely mild.  
Worse at night or evening.  
Offensive.  
Better after sweat.  
Much less aggravation in cold weather.

Thus far and in many other conditions we find Nitric-acid is almost exactly the opposite of Mercury in the movement of its phenomena, which would seem to place this remedy

not so much in an antidotal as an antipathic relation to Mercurius; therefore not a true homœopathic or dynamic, but more of a chemical antidote. However, in so far as the Nitric-acid provings show symptoms similar, or seem to work along parallel lines it may be a homœopathic similar to the mercurial disease.

It is interesting to note that Nit-ac. in potency is more effective in cases that have been abused by both Nitric-acid and Mercury. Susceptibility to both these drugs is an element that should be considered in prescribing either. The drug power (or "sick-making force") is marked in these two drugs. They profoundly affect the tissues and functions of the body, and we know also they are extensively abused.

A question which I believe is capable of being answered is suggested, How or why do potentized remedies act in accordance with the law of similars, and why are there so many so-called polychrests?

We are told it is because of more thorough provings, of better knowledge of them, and that these polychrests stand in closer relationship to the human organism than others. Very true, but why is it that among these very important polychrests there are so many drugs and substances that have for hundreds of years, and for generations past been used and abused by the antique school in their "system" of legendary therapia? Sulphur, Opium, Aloes, Mercury, Nucis Vomica, the Hemlocks, Antimony, Iodine, Potassium salts, Cinchona, etc., the old time "simples" and syrups, acids, alkalies, etc.

Are not these drugs polychrests simply because the abuse of them for centuries has caused the great artificial miasms or diseases to which they correspond? During these generations heredity, environment, and the abuses fostered by the therapeutic methods of the always dark ages of "regular" medicine have combined to burden humanity with corresponding artificial diseases. Hahnemann, by his discovery

of potentiation, brought these drugs into curative relation to the diseases they had originally caused when given in crude and massive doses, and they become our invaluable poly-chrests. There is much evidence to prove this position.

Hahnemann, in *Lesser Writings*, p. 627, states in unmistakable terms as follows: "Every true medicine, namely, acts at all times, under all circumstances, on every living, animated body, and excites in it symptoms peculiar to it (even in a perceptible form if the dose be large enough), so that every living human organism must always and inevitably be affected by the medical disease and infected so to speak, which, as is well known, is not the case with respect to (medicines?)." The last word is evidently a typographical error. See the statement in preceding paragraph of the same article, viz.: "Diseases (spontaneous) are only the exceptional states of the human health," etc., therefore "medicines" above should read "spontaneous or natural diseases." At the top of the same page he says in italics, "The living organism is incomparably less capable of being affected by natural diseases than by medicines." I wish all would read the whole of this "spirit of the homœopathic doctrine of medicine" written by the master in 1813. It contains philosophy that becomes wonderfully bright and instructive to-day.

I mention a few of the points of difference in the mercurials that have proven valuable to me:

#### MERC-VIVUS.

Weakness; obtuseness of memory.  
 Imaginary fears; tries to turn away; homesickness.  
 Face pale, yellow, earthy, sunken, woe-begone, anxious.  
 Teeth loose, fall out, caries, swollen, bleeding gums.  
 Tongue, swollen, flabby; takes imprints of teeth; inflamed, indurated, suppurating; ranula.

#### MERC-CORROS.

Weakness of intellect.  
 Hypochondriasis, discouragement.  
 Swelling and distortion of face; staring expression.  
 Loose teeth, gangrenous gums and tissues; burning pains.  
 Inflammation and swelling of buccal cavity, cheeks, gums, throat, soft palate.

## MERC-VIVUS.

Much slime collects; coppery taste; ulceration of salivary glands.

Violent, burning thirst, especially for beer, milk, and liquid food.

Merc-j-flav., right-sided throat affections predominate; Merc-j-rub., left side.

Merc-viv. stools, undigested, pitch-like, tenacious, dark-green and bloody mucus mixed. Urinary symptoms not nearly so marked *with* the rectal tenesmus as in Merc-corr. Urine more apt to be copious and frequent.

In diarrhœas, dysentery, etc., the "cannot get done" feeling may be considered as a general symptom of the mercurials—but more pronounced in Merc-viv. and Merc-dulcis.

Much blood in urine, presumably albuminuria is a symptom common to the mercurials.

Gonorrhœa, with phimosis or chancroidal ulcers; (Cup-sulph.) green discharges, worse at night.

Merc-j-flav.: "Hard chancre, given at once will prevent secondary symptoms" (Hering). *Painless chancres*, with great swelling of inguinal glands, not disposed to suppurate. Merc-

## MERC-CORROS.

Ptyalism; marked putrefaction, ulceration; disgusting odor from mouth.

Unquenchable thirst for cold water.

Tonsils enlarged; covered with ulcerations, either side or general. Common to both Merc-corr. and Merc-viv.

Stools yellow, green, bilious, *followed* by slime and blood; very marked tenesmus as in dysentery, associated with painful urinary urging; scanty or suppressed urine, passed in drops with great pain.

In dysentery, without urinary tenesmus associated with the rectal tenesmus, this remedy would hardly be indicated.

Albuminuria, following scarlatina, and in Bright's disease.

Gonorrhœa, greenish, purulent, offensive; may be bloody, with filaments, flocks, or flesh-like shreds of mucus in the urine. Gonorrhœa complicated with tenesmus and painful diarrhœa, with the urinary group; or gonorrhœa with intensely inflamed, swelled external or internal piles, which may be or are ulcerating.

Leucorrhœa, pale, yellow, disgusting, sweetish odor; acrid, profuse: expect the characteristic rectal and vesical tenesmus.

## MERC-VIVUS.

j-rub.; suppurating buboes, ulcers in the bladder.

## OTHER MERCURIALS.

Merc-j-flav., similar, except in odor, and has yellow leucorrhœa in children.

Merc-j-flav., the open air relieves unpleasant sensations.

Merc-viv. and others, worse in damp, cold weather (spring).

Merc-dulcis, general cold, clammy sweat, smelling sour, of greasy consistency.

Merc-j-flav., disturbed by frightful dreams, restless before midnight; Merc-j-rub., restless after midnight; dreams of swimming, traveling; lascivious.

Merc-j-flav., suppuration, even when acute inflammatory symptoms are not so marked as in Merc-corr.

Disease movement not so rapid in the *Iodides* of Mercury as in the corrosivus.

Merc-j-rub., fissures and cracks sore, oozing, and easily bleeding; pustules, inflamed base, scabs over, but pus oozes; ulcers inclined to pustulation. Follows Belladonna well in scarlatina, with the throat complications, especially left side.

Merc-j-flav., hard papules over body (*Rhus-rad.*) more tendency to scabbing and itching.

## MERC-CORROS.

Fever; chilliness predominates; is worse from least motion (*Nux*) in open air in evening, especially the head at night.

Sweat, often on the forehead, and general and cold, with anxiety.

Sleep, violent jerks of body on falling asleep.

Hot swelling of glands; inflamed buboes.

Rapid progress of disease movement.

Skin, ulceration tends to go deep; perforating and phagedenic.

Purple spots; spots like scorbutus, mingled with itch-like eruption.

In acute tonsilitis I have learned much of value in discriminating between the points of divergence in the five mercurials, viz.: Merc-viv., Merc-cyan., Merc-j-flav., Merc-j-rub.,

and Merc-cor. To generalize: Merc-viv. is related to the soft palate and tonsils, when ulcerated or swollen, and does its best work after we are sure there is pus formation; hastening the process (Hepar.) to pointing and discharge—*i. e.*, the disease movement is (*vide* Gross) from within outward—Merc-cyanuret. The tonsils are greatly inflamed, dusky red, swollen, with whitish spots, which soon become deep ulcers, with yellow green pus (diphtheria), great fetor, right side apt to be the worst, submaxillary glands swollen. Merc-j-flav.: We find the pharynx, uvula, and tonsils inflamed, worse on right side; stiffness of jaws, cannot open mouth, voice altered (throaty), cervical glands enlarged, sensation of a lump in right side of base of tongue or throat, soreness extends up to right ear (left, Lac-can.), or even side of head and face. Tongue yellow, back part; clean in front; refuses to eat or drink.

Merc-j-rub.: The symptoms generally begin or are worse on the left side (Lac-can.); there is much hawking and spitting of tough white phlegm, submaxillary glands swollen, many ulcers in throat; tonsils more promptly suppurate, point, and discharge. Marked prostration; patches of membrane “looking like dried starch” (varnished or like the broken edge of china (Lac-can).

Merc-corrosivus: Either side may be attacked; there is more complaint of pain, less glandular swelling, and frequently there is marked urinary strangury, scantiness, or suppression, and prompt appearance of albumen in the urine.

To differentiate the mercurials from other remedies would be work for a much longer paper. In this, my desire has been, so far as possible, to aid in the separation of the mass of symptoms that are usually credited to the general term Mercurius, but which ought to be separated and placed to the credit of the particular preparation to which they belong. There are many remedies in our records of materia medica



whose symptoms are almost hopelessly mixed—*e. g.*, the mercurials, Carbo-animalis and Carbo-veg., Arg-nit., Arg-met., Rhus-tox., Rhus-rad., etc., etc.

When homœopathic prescribers learn to differentiate closely between the medicinal members of the same family of drugs, there will be more enthusiastic and successful homœopathic prescribers.

I append a list of the mercurials, placing them in the order of study which seems to me would tend to further acquaintance with the genius of each drug in relation to the sick human organism. The list is: Merc-viv., Merc-corrosivus, Merc-sol., Merc-j-flav., Merc-j-rub., Merc-dulcis, Merc-præcipitatus, Merc-acetate, Cinnabaris, Red-vulcanite, Merc-sulph., and Amalgam. From a study of the Red-vulcanite and Amalgam we will gain most valuable knowledge of the diseases and symptoms which they cause, and by using them potentized, will be enabled to effect cures in many cases where we would miserably fail without them.

#### DISCUSSION.

Dr. Kennedy—I am glad that Dr. Pease has done this work. He has called attention to a fact that we all recognize—that there is too much generalization in regard to certain classes of remedies. I welcome it as a valuable aid to our study of the remedies. It will help us to get nearer the specific remedy.

Dr. Patch—I want to thank Dr. Pease, personally, for this paper, because I realize just how thankless such work often is. This is a great addition to our literature on this subject, and adds much to the value of our transactions.

## RAISON D'ETRE.

C. F. MENINGER, M. D., TOPEKA, KAN.

(Read before The Kansas Hom. Med. Soc. at Topeka, May 4th, 1899.)

If we will examine the college statistics for the past ten years we will be amazed to find that there has been but a small percentage of increase over the preceding ten years in the number of graduates from homœopathic medical colleges, while for the same period of time the percentages of old school medical college graduates show a large gain. Why so small an increase of homœopathic graduates and a so much larger increase of old school graduates? This query is the cause for this paper, and suggested the title, "Raison d'Etire," or the reason, cause, or excuse for being; or applied, "Does there exist a reason or excuse for being a homœopathic physician?" or broadly, "What reason is there for the existence of our Homœopathic School of Medicine?" It is desired also in this reflection then, too, if just and sufficient reason for our existence as a school can be found, to find the cause and to point out the remedy for this evil that in the end seems to point to our complete extinction.

There need be but little time spent in pointing out the reason or cause for the beginning of our school 100 years ago. All are familiar with the abominations and crudities of therapeutics before and at the time of the announcement of the law of similars; that Hahnemann said something after this manner to himself: "If I think that the sick will fare better without our haphazard medicines—and in my heart I do so think—why do I practice? Am I honest in so doing? I know that I can prescribe as skillfully as the best of those who now give medicine, but if I am convinced that the sick will do better with no medicine at all, God help me! I will practice no more!" And we know what followed. Hahne-

mann was not the only practitioner in those days who realized the worse than deplorable state of therapeutics, even though we do not have authentic history for it. Yet we positively know that after the announcement of similia only a short time elapsed ere Hahneman had many followers. In fact, if we study the history of medicine and the conditions of the times, at the time when Hahnemann brought forth this new law, we will be forced to see that there was a genuine need for something better in the therapeutic world. Homœopathy filled this long-felt want. The times were ripe for it, and it needed a devout searcher of the truth, who had the courage of his convictions, to bring it forward. Once stated, there were companions to help in the establishment by actual test of the new therapeutics. Although violently combated and assailed, its growth was steady, slow, but sure. Now we find such men as Bœnninghausen, Hartman, Hartlaub, Trinks, Jahr, Gross, Mueller, and a host of intellectual giants, trained in the best of German universities, thoroughly educated in old school medicines, who had long felt the conviction in their hearts that "It is not I who am at fault, it is the art of medicine that is wrong." These men thoroughly put the law to the test, and became ardent champions. And the new medicine grew apace. In our own country such men as Hering, Dunham, Lippe, Guernsey, Wells, and others thoroughly imbued with the majesty of this law of cure, gave their lives for its development and "for the healing of the nations." They cured quickly, safely, and pleasantly with this law as a guide. They had no difficulty in explaining why they were homœopaths, nor did they seek to excuse their actions in adopting and applying in the severest cases the infinitesimal doses of Homœopathy. Do you think that they ever raised the question, "What reason is there for the existence of the 'Homœopathic' School of Medicine?" Were they in favor of wiping out our distinctive title, "homœopathic"?

You will say, "That was nearly fifty years ago, and times and knowledge of science have changed since then." Yes, perhaps, that's true, but has the change in our school been for its good? Have we gained by changing? At that time the majority were users of the higher potencies, the single remedy and the minimum dose. Now the majority are users of combination tablets, mother tinctures, and alternators. We have thrown away the instructions of our early teachers, the builders of our school, and are seekers after strange gods. We are attempting to keep our distinctive name Homœopathy, yet at the same time we are making use of allopathic methods and medicines. Yes, times have changed since the days of Hering and Dunham and Lippe, and the old school are accusing us with no little degree of justice that we stick to the word "Homœopathy" for commercial purposes.

If science has changed since those days, have we in allopathy any better guide for the selection of the remedy that will cure more quickly, more safely, and more pleasantly than did the law of similars as applied by Hahnemann, Bœninghausen, and Hering?

Let us take the testimony of some of the leaders of the old school and see if their system will serve as a guide or rule of action.

In 1875, Dr. H. C. Wood, in the preface of his work on therapeutics, says: "What has clinical therapeutics established permanently and indisputably? Scarcely anything beyond the primary facts that Quinia will arrest an intermittent, that salts will purge, and that Opium will quiet pain and lull to sleep.

"To establish therapeutic facts the profession clings as with the heart and hand to one man—clings with a desperation and unanimity whose intensity is the measure of the unsatisfied desire for something fixed. Yet with what a Babel of discordant voices does it celebrate its 2,000 years of experience! . . .

“Looking at the revolutions and contradictions of the past—listening to the therapeutic Babel of the present (1875)—is it a wonder that men should take refuge in nihilism, and, like the lotos-eaters, dream that all alike is folly—that rest and quiet and calm are the only human fruition?”

In 1889, in the address to the Mississippi State Medical Society, Dr. Haralson, of Forest, Miss., said among other things:

“In reviewing the history of therapeutics, even from its remotest existence down to the present time, we are unable to find a period in which so many new remedies were presented to the profession as now. While this is a fact, it is equally true that actual progress in this department of our science is very slow. . . .

“In investigating this subject we might take up a few of the leading diseases and see if any improvement has been made in their treatment during the past few years. Do we know anything more about the treatment of syphilis than a few years back? Can we treat malarial troubles more satisfactorily than a decade ago? . . .

“We have made, during the past quarter of a century, some improvements in the treatment of typhoid fever and pneumonia, but not by the application of medicine to the disease. We have learned to let them alone, or, in other words, to practice a judicious forbearance. I do not believe that we possess a single medicine that will shorten, in the least degree, the course of typhoid fever.”

It is indeed deplorable that all medical practitioners cannot be imbued with the following ideas, as expressed by Dr. Haralson:

“When two men, equally learned and wise in science, differ materially concerning the action of a certain drug, and when that difference of opinion is the result of honest and careful investigation, that drug has no exact place in the science of medicine or as a therapeutic agent. When an overwhelm-

ing majority of the profession get similar results on the human organism from a certain medicine, then we can ascribe to that drug an exact place in science."

If all were to study Homœopathy conscientiously they would be able to rejoice in just such certainties.

In conclusion, Dr. Haralson gives a most melancholy view of his science of therapeutics as follows :

"During the long centuries of our existence as a profession we have fallen into many errors; we have found few truths. We have witnessed seeming gem after gem of truth vanish from our view. We have seen that which past generations regarded as truth, tramped in the dust by the next. We are not unmindful of the contradictions of the past, of the incongruities of the present. Under such circumstances we look around us for a place of safety and are almost driven to seek it in nihilism. So many ages and ages have been spent in its study; so many brilliant minds have been consumed, offered as sacrifices upon its altar, and yet so little progress has been made. With an experience of 2,000 years, and what do we know? Echo answers, 'What do we know?'"

And now the last authority on this subject. It is from a paper by Elmer Lee, A. M., M. D., Ph. B., of Chicago, and was read by him before the American Academy of Medicine, at Atlanta, May 2d, 1896. He says:

"The study of Bartholow during college days was as interesting as a romance. Fothergill's elaborate practice, and the prescriptions which it contained, surprised and delighted the inquiring mind. The recommendations were closely followed, and hope of the recovery of the sick was believed to be near at hand. The shock which followed the disappointment of the expectations has never been forgotten. Page upon page of the materia medica was scrutinized for fresh material with which to meet urgent and anxious appeals from the patients. Experience after experience taught that, after all, the cure of the disease was remotely dependent upon the

materia medica. The first decade of the physician is a series of experiments with the recommendations of the text book. The failures which ensue are ascribed to inexperience, and hope springs afresh, in each instance, that a little more experience will teach the correct use of the all-powerful healing agents. The medical life wears on, and the hope of greater triumphs deferred from time to time. The realization of the fond expectations of a perfect system of scientific medication ends in disappointment."

"In no other allied science would such a state of confusion be tolerated as that between the materia medica and the theory and the practice of medicine. Chemistry is definite, physiology definite, and anatomy stable; therapeutics based upon materia medica are unsettled. When may we expect a change for the better? Is it to come through the use of horse serum? Emphatically, no! Will coal-tar products reduce the materia medica to a science? No. The profession has been going on for over 3,000 years, studying the diseases of the body and experimenting, to find out a system of therapy which is scientific. It is as far to-day from that perfection, which is desired by all, as it was 100 years ago."

If we forsake our own principles and attempt to follow the old school in its therapeutics, is there any wonder, then, that we should be losing ground? Is there any certainty more sure than that we will be entirely extinct in the course of another half century if we continue to desert the absolute law of Hahnemann for the everchanging, uncertain, and unscientific therapeutics of the old school.

Can you see any reason why we should be graduating a smaller percent. of students proportionately now than ten years ago? Is it not apparent to all that the fault lies with ourselves, and especially in our teachings?

Is there any reason for our existence as a separate school of medicine to-day, or will we merge ourselves into the old school and, dropping our distinctive title so dear to our fore-

fathers in medicine, "Homœopathy," simply use the term "physician" and continue to alternate, and use combination tablets and mother tinctures?

Shall we do as Dr. Kraft says, "If Homœopathy is only a rotten plank in a mildewed platform, a hundred years old, which is kept in the public eye out of reverence for its past usefulness, and because there yet remain a few of the old-fashioned homœopathic patients (who believed it was something better than Calomel in seven-grain doses—Morphine and Quinine), let us be men and throw the festering sore into the deeps of oblivion and come out under real colors and be a liberal school, or, as lately called, a rational school of medicine."

If not, what can we, nay, *what must we do to avoid this threatening evil?*

Briefly and succinctly: *Teach in connection with all other collateral branches of medicine and surgery simon-pure Homœopathy. Let it be the distinctive feature of instruction from matriculation to graduation.* Then we will have practice accordingly.

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THE SECRET OF GLADSTONE'S LONG LIFE, with a clear intellect unto the last, the *Lancet* thinks, was in a measure due to the fact that he was not only able to sleep easily, but that he was always ready to abandon even the most urgent task and to lie down and sleep then and there when he felt really fatigued. The same could be said of the late Dr. Pepper, in his being able to accomplish as a physician, author, and teacher an almost incredible amount of work with such perfect ease and with such marked ability. The mind refreshed by a few minutes' sleep awoke to action as keen and sensitive as ever. Perhaps there is no profession in which there is so much uncertainty as in ours, and there is certainly none in which there is so much worry and vexation.—*Medical Times.*



## INTRODUCTORY MEMOIR—MR. WILLIAM TEBB.

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

Whoever will take the pains to read the abstract here published of the extraordinary testimony given by Mr. William Tebb, before the Royal (British) Commission, on vaccination of 1889, will surely want to know something of the remarkable man by whom that testimony was given.

The portrait, which is here presented, was taken in 1896, and gives a fair idea of the man. The prevailing feature of the portrait, as in the character of the original, is evidently benevolence; but this is tempered, as his prominent eyebrows and broad and lofty forehead indicate, by keen observation and sound judgment.

The excellent business qualities, which the physiognomist and phrenologist will discern from the portrait, have enabled Mr. Tebb to acquire wealth, which his benevolence and combativeness have directed to a revolt against tyranny, and to channels of the highest value to mankind.

William Tebb belongs to a family of English yeomen, of the agricultural county of Westmoreland, noted for its beautiful scenery, and known as the home of the school of the Lake poets. In 1827, his parents removed to Manchester, where the subject of this memoir was born on the 22d of October, 1830. He inherited from his parents, and from a long-lived race of ancestors, a hardy constitution; but when a child he had an attack of scarlet fever and, in pursuance of the medical routine of the time, the little child, already enfeebled by his fever, was bled, both with leech and lancet. As a consequence of this *enlightened* medical practice of the nineteenth century, his constitution was impaired. He has suffered all his life subsequently from enfeebled digestion, and, for many years from excruciating nervous headaches on the least provocation.

Among his school-boy recollections is that of the boys flocking around the open surgeries every morning, watching the operation of bleeding as then practiced. The patients, many of them pale and sickly looking, needing more blood rather than to be depleted of that which they possessed, were by their venesection so weakened that, not seldom, they fainted under the operation.

It is well to bear in mind that the medical men of that day were well-nigh unanimous in asserting the benefits of periodical venesection. Professor Francis W. Newman, the celebrated author (brother of Cardinal Newman), told Mr. Tebb that at one time he had had seventy leeches applied to him, and that his constitution had been permanently weakened thereby.

The doctors in those days, at least in Lancashire, says Mr. Tebb, recommended bleeding in the spring and autumn; some of them insisted upon it every three months, and Mr. Tebb remembers his father telling him that in Westmoreland the doctors recommended bleeding once a month! To this the author of this sketch adds that his own father was bled and blistered to death under the direction of one of the most eminent physicians of the time in London, England. The medical belief in the efficacy of bleeding in fevers and in many other ailments (even in the case of accidents, when the patients had already lost blood) was almost unanimous both in England and on the continent of Europe, as well as in the United States. It is also worthy of note, that the doctors of that day were as arrogantly certain of their immense superiority over all previous generations of physicians as are the microbomaniacs of to-day of their superiority over the physicians of the last generation.

What would have been the consequences had parliament passed a law making the practice of venesection obligatory under pains and penalties, or even merely required that every child should be venesected as a condition of admission to the

public schools, and with a staff of highly-paid officials to issue statistics in support of the practice, with a judicious system of bonuses for successful venesections, the issue of periodical reports, manifestoes, and ingeniously-concocted statistics by Boards of Health, together with appointments to offices, professorships, promotions, and membership in learned and influential associations?

The permanent physical injury Mr. Tebb sustained through the operation created in his mind a mistrust as to other medical practices, and particularly when it was found necessary to substitute force for reason, and to obtain their adoption with the aid of the police and the prison. Suffering under physical weakness from this treatment, he found himself handicapped in all athletic games and sports, but he took a vivid interest in watching them, and quietly admired the robust victors in a race or in a game of foot-ball.

Mr. Tebb received the amount of school education then general in the class of society in which he was reared, and which was about equivalent to what is now reached in the second or third grades of our grammar schools. It is to be observed that at that time there were but few free schools in England, except charity schools, and not many grammar schools. The public schools, such as Dulwich, Harrow, and Westminster, etc., had been perverted from the objects of their founders, and were, as they still are, monopolized by the rich. Consequently, all middle-class teaching in England had to be paid for by the parents, as was done by the parents of Mr. Tebb. The training and instruction given in such schools were by no means commensurate with their cost. Discipline was generally maintained by flogging.

When about fifteen, his father found him a place in the office of a leading business firm in his native city. The hours were long, and the duties irksome and monotonous, but they were lightened by looking forward to the evening classes of the Mechanics' Institution (though the mechanics

who attended were, unfortunately, few in number), with its weekly lectures, conspicuous among which were those delivered by Ralph Waldo Emerson, of Concord, Mass.; by George Dawson, of Birmingham; James Crowden Clarke, and Henry Vincent. Then there were the Saturday evening concerts and entertainments given by the now octogenarian Henry Russell, author of "Cheer, Boys, Cheer," "To the West, to the West," "The Ship on Fire," "The Maniac," "Robin Ruff," etc.; Samuel Lover, author of *Handy Andy*; the inimitable John Parry; and the dramatic readings by John Kemble, Vandenhoff, and Bass. He took an active part in the Rusholme Young Men's Discussion Society, under the presidency of Mr. George Darling, and was appointed its secretary. Several papers, written by him, chiefly on social and literary subjects, were debated, but politics and religion were excluded. Being fond of traveling, he took frequent pedestrian excursions, walking through several counties of England, particularly Yorkshire, Lancashire, Nottinghamshire, and Leicestershire. He organized numerous excursions with his companions to places of historic or picturesque attractions, the most important of which was one to London in 1851, the year of the great international exhibition in Hyde Park and, after two weeks of unmixed enjoyment, the memory of which survives to this day (staying during the time with a relative in the metropolis), he planned an extension of the trip to Paris, whose magnificent palaces, art galleries, brilliant shops, boulevards and cafés, the gayety of the people, and their outdoor life completely enchanted him. Coming from a smoke-begrimed town, with blackened and unsightly factories, the brightness of the stately houses of Paris, and the clearness of its atmosphere was a revelation. When at St. Cloud, he saw Louis Napoleon, then Prince-President of France, who was at that time planning his notorious "coup d'état" (coup de scélérat). The few days of his extended vacation passed all too quickly,

but he returned home with indelibly pleasant reminiscences, and a growing impression that he should like to have a wider outlook on life and to see more of the world.

Mr. Tebb was young, in his "teens" when Cobden, Bright, Fox, Thompson, Elihu Burritt, Joseph Hume, and many others toiled to awaken the masses to a sense of the injustice of the "protective system," then dominant in Great Britain, as it still is, alas! in this country. He became interested in freedom of trade, and though too young to take an active part in that crusade for right, a lasting impression was made upon his mind, not only by the stirring speeches of the free-trade orators, but by the sights which met his eyes in the dens of misery, which were the abodes of many of the working classes. This misery was regarded by the free-trade orators as largely the result of "protection;" and it is true that this system of handing over to the idle the products of the labor of the industrious was one factor in that result; but, as has been clearly shown by the great man, who recently passed from among us, "protection" is but one form of that system of monopoly which is crushing the poor beneath the Juggernaut of special privilege, whereof the monopoly of the land is the corner-stone.

Mr. Tebb was a witness and, young as he was, an observant witness of the tremendous financial crisis of 1844, when the working classes of Manchester, in their terrible distress pillaged the bakeries to procure a momentary relief for their wives and children. Reduced to starvation wages, as are to-day so many of our own people, lodged in great numbers in miserable, windowless cellars, the death-rate among the working classes was appalling.

The evil was aggravated by the medical practice of venesection, then as much a medical fad in cases of sickness, as vaccination is to-day in the case of health, and, for that reason, somewhat less irrational. Fortunately for the human race, this sanguinary rite was never enforced or maintained

by State law or State aid, as unhappily vaccination is to-day.

The confinement indoors, entailed by his occupation, was unfavorable to young Tebb's health; his prospects also did not seem encouraging to his youthful aspirations, and coupled with a desire to see more of the world, led him to seek a wider field in the United States. In August, 1852, he took passage in the Inman S. S. "City of Manchester," for Philadelphia. The passage was a stormy one—described by the captain as "an exceptionally rough passage," and lasted seventeen days, the decks being frequently covered with broken masts and torn sails. For nine days after his arrival no food would remain upon his stomach. Youth at length conquered, and he proceeded to deliver some of the numerous letters of introduction with which his friends had supplied him. He soon obtained employment in a wholesale dry goods store at the corner of John Street and Broadway, New York City, but finding it uncongenial to his tastes, he accepted an invitation to visit a friend near Hamilton, Canada West, whom he found living in a secluded district near the shore of Lake Ontario.

His friend, a graduate of Edinburgh University, was trying to perfect an industrial process, in which he promised young Tebb a share, and which, with the "bright hopefulness of youth," they both thought would lead to fortune.

The young inventors had no servant and very little furniture, and, as the younger, it fell to Tebb's lot to do most of the chores. Their food was of the simplest description—fruits and farinaceous articles, which with the keen, pure, and invigorating air of a Canadian winter, cutting wood, fetching supplies, excursions on the lake shore and to surrounding settlements, wonderfully improved his health.

The invention proved a failure, but on his return to New York, after an absence of about seven months, his friends scarcely recognized in the hearty young man before them

the weakly dyspeptic of a few months past. A healthy environment, wholesome food, daily exercise, and hygienic advantages of many kinds had worked the change.

A friend at Lodi, N. J., was instrumental in procuring young Tebb the offer of an appointment as cashier in what was then the largest manufacturing establishment in Massachusetts, which he gladly accepted.

Slavery, its extension in the United States or its restriction and final abolition was the burning question of the day, and absorbed public attention in both Church and State.

It was not long before young Tebb was in the thick of the fight, writing to the local papers, speaking and taking every opportunity of visiting Boston, the headquarters of what Mr. W. H. Seward (Secretary of State under Mr. Lincoln's Administration) described as the "irrepressible conflict."

He became personally acquainted with William Lloyd Garrison, Wendell Phillips, Theodore Parker, Francis Jackson, Aden Ballou, and other anti-slavery apostles. The clergy, the professional, the wealthy, and so-called "respectable classes" were with few exceptions all on the side of the slaveholders, and cheerfully aided the authorities in the rendition of fugitive slaves to their masters. Marshall Rynders, of New York, with the aid of the police and firemen, cleared out an anti-slavery meeting held in that city as a public nuisance, in which disgraceful proceedings he was supported by nearly all the press. Theodore Parker declared that of 30,000 clergymen in the United States, he could count upon his ten fingers all who were openly opposed to slavery. Senator Hammond told Congress that he would yet call the roll of his thousand slaves from the top of Bunker's Hill. New territory was demanded from Congress for the extension of slavery. George Thompson, the famous English orator, whose stirring orations exercised so great an influence on the movement, had been mobbed and obliged to leave America. Garrison had been dragged through the streets of Boston

with a rope round his neck. Charles Sumner had been bludgeoned in the Senate House at Washington. At Blackstone and neighborhood Mr. Tebb raised the question on all possible occasions, and held a discussion in the Millville Methodist Church, which was continued four nights, with a Democratic pro-slavery member of the Massachusetts Legislature, and obtained a majority vote condemning slavery. The minister of the Congregational Church at Blackstone, the Rev. T. E. Bliss, was an upholder of slavery, and the only occasion on which he would allow this question to be introduced in his meeting-house was to invite the Hon. Thomas H. Benton, Senator for Missouri, to deliver an address in defense of slavery and for the purpose of showing that the Constitution of the United States was favorable to the continuance of the domestic institution. The Rev. Mr. Bliss, in his Christian labors, went further, and occupied himself in persuading the Democratic proprietors of the Blackstone Manufacturing Company that persistent speaking against the enslavement of four millions of people on Sunday was an unpardonable form of "Sabbath breaking," an offense against religion and the best interests of the community. The Christian efforts of the Rev. T. E. Bliss were successful, and Mr. Tebb was requested to resign his appointment. Mr. Tebb was of opinion that the manager of the company, who wrote the letter requesting the resignation of Mr. Tebb, was ashamed of the business. A narrative of the incident was recorded in one of the local papers.

During his residence at Blackstone Mr. Tebb had the happiness to become acquainted with the lady who afterwards became his wife, Miss Mary Elizabeth Scott, of Scott Hill, Mass., then living at Hopedale, a community of anti-slavery and social reformers founded by Aden Ballou, a man honored and beloved by all for his elevated teachings and his spotless life. At a later period Mrs. Tebb was one of the first in their circle of acquaintances in London to perceive the absurdity



of inoculating disease to obtain health, and assisted in organizing the Mothers' Anti-Vaccinating Society in London, which was the pioneer of the London Society for the Abolition of Compulsory Vaccination, and kept the movement alive after the death of Mr. Richard Gibbs; but we are anticipating.

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### COLONEL WARING.

If this city (New York) owes a lasting debt of gratitude to Colonel George E. Waring, Jr., for his energetic and most efficient service in his sanitary work in New York, he has placed the nation under a still more lasting obligation for his work in Cuba, which should be met as far as is possible by an Act of Congress granting a pension to his family. Holding a commission in the civil service, Colonel Waring's death would not be included in the pension list of the army and navy, but who in the army and navy has done better work or encountered greater peril? The commission of which Colonel Waring was the head was sent to Havana to devise some plan to improve its sanitary condition, and thereby rid the Western Continent of one of its worst breeding places of yellow fever. In the prosecution of his work Colonel Waring was indefatigable, visiting without hesitation the most poison-tainted localities in the city, and formulating a plan which will undoubtedly be adopted by government, which will rid the island of a pestilence which has not only been its scourge for hundreds of years, keeping back its progress, but a menace to the health of the adjoining islands and the United States. The public gratitude for the work Colonel Waring has accomplished, and in the prosecution of which he lost his life, should be met by some more substantial reward than votes of thanks, or monuments of bronze or marble. We look to Congress for an act which will place the family of the hero in a position above pecuniary want.—*Medical Times*.

## REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

Continued from May No., p. 244.

### SACRUM.

- Abdomen**, constant, dull, heavy pain in sacrum and abdomen extending to thighs and legs, *Sepia*.
- pain from abdomen down through back to sacrum, *Armor-sat*.
  - pain in sacrum during stool, with distension of abdomen extending into chest, *Carbo-an*.
  - menses delayed by five days, with pains in abdomen and sacrum, *Sul-ac*.
  - during the menses, pain in abdomen, straining and pressure, like labor pains, anxious pains in the back and sacrum commencing with tickling, *Graph*.
  - pressive pain in sacrum so that he had to remain bent down (with pressive pain in abdomen), *Caust*.
  - sore pain in abdomen, with pressure toward genitals as in menses and pain in sacrum, *Kali-c*.
  - severe sacral pains with labor-like pains in abdomen and discharge from vagina, *Kali-c*.
  - an occasional stitch from the sacrum through left side of abdomen toward chest, *Kali-c*.
  - pain in sacrum so violent that it drew chest together, with pressure on stomach and constriction of abdomen, *Lyc*.
  - sore pain on inner side of sacrum toward the abdomen, equally when at rest and when in motion, *Nat-c*.
  - frequent pinching, daily in the whole epigastrium, in the sides of the abdomen and toward the sacrum, *Nat-m*.
  - burning pain in abdomen when sitting bowed forward, extending into sacrum and ceasing when he straightens himself, *Nitrum*.
  - ordinary stool after previous pinching and pain in the abdomen and sacrum, *Nitrum*.
  - pressure in the abdomen and on the sacrum as from flatus,

## SACRUM.

which also passes off sparingly, affording some relief, Phos.

**Abdomen**, sensation of inflation and at times actual inflation of abdomen, at times pressure; better by moving, with impeded deep respiration or with a bruised pain in sacrum and abdomen, Phos.

— pinching then shooting pains in abdomen and sacrum especially in morning and evening, Nitrum.

**Above**, frequent pain just above sacrum when sitting, Kali-c.

— tickling, fatiguing pain above sacrum, Kali-c.

**Aching** in sacrum in evening. Better by pressure, *Sepia*.

— in sacrum, *Sil.*, *Phyto*.

— and soreness of thighs as if beaten, with aching in sacral bones, *Calc-ph*.

— beating throbbing pain in lumbo-sacral region, *Sil*.

— after confinement aching pain in sacrum, and very suddenly extends down limbs to knees like in the bone, passing down gradually to ankle and returning again to sacrum, with jerking pains in different parts of the body, *Phyto*.

— pains in sacrum also down into each buttock, *Helon*.

— prolapsus uteri with dragging aching pain in sacrum, *Helon*.

— in sacrum and knees, *Jambos*.

— violent aching pain in sacrum at night; better daytime if moving about slowly, but unable to lift anything, *Kali-b*.

— across joints of sacrum, *Kalmia*.

— in sacral region extending down thighs, *China*.

— in region of left sacro-iliac articulation with crawling in left sole as though it were asleep, *Coloc*.

— severe aching in sacral region from walking a short distance, followed by nausea and lassitude, *Con*.

— constant aching in sacrum, much worse by walking or stooping forward, *Æscul*.

— pain in lumbar region and sacrum, especially during exertion in daytime and while sitting, pain sore aching, back not sensitive to touch, *Agaricus*.

## SACRUM.

- Across**, cutting pain across top of sacrum and in left hip, also in muscles just above sacro-iliac symphysis of left side, Gambogia.
- dull pains across loins and sacrum, Lil-tig.
  - bruised pain across sacrum and both hips with sensitiveness to touch, Mag-mur.
  - stitches transversely across sacrum, Sul.
  - severe pain across sacrum and back as if it would break in two, Æscul.
  - constant dull pain across hips and sacrum, Æscul.
  - labor-like pains across sacrum, Kali-c.
  - aching across joints of sacrum, Kalmia.
  - intense unbearable pain across supra sacral region extending to right nates and down right sciatic nerve, Lac-can.
  - tensive pain from sacrum across left hip, on least motion interfering with walking, Sarsa.
  - pain across sacrum with urging to stool, Amm-benz.
- Across**, pressing dragging pain over sacrum, and at same time over hips, burning pressure in sacrum extending across dorsal region and under right scapula like that produced by sewing, Sepia.
- sharp stitches across sacrum close above the hips, Nat-m.
  - shooting in lumbo-sacral region extending across pelvis to left trochanter on stepping, causing limping, Sul.
- Afternoon**, sprained pain in sacrum above hips in the evening in bed and in afternoon, Sepia.
- weakness of sacrum in afternoon when standing at a desk writing, Lith-c.
  - bruised pain in sacrum from morning till afternoon, Mag-c.
- Alternating** with headache, a broken sensation in lumbo-sacral region, worse by sitting, better by walking or standing, Melil.
- Ants**, crawling in sacrum as from ants, Sarsa.
- Anus**, jerking pain extending from left sacrum to anus, Calc.
- Apart**, sacro-iliac sychondroses, feel as if falling apart, wants to be bound tightly, Trill.

## SACRUM.

**Around**, pain in sacrum extends around hips and down right leg, *Bap.*

**Awaking** pain in sacrum in morning on awaking, she could not remain in bed, she must get up, *Nitrum.*

— pain in sacrum in morning on awaking extending into left hypochondrium, for several hours, *Nitrum.*

**Backache**, involves sacrum and hips, *Puls.*

**Bearing down** on to sacrum, *Bell.*

— pain in sacrum and bearing down as if parts would be forced out, worse when moving, *Secale.*

**Bed**, painful throbbing in sacrum evening after going to bed, *Nat-m.*

— severe itching on sacrum evening while in bed, *Nat-m.*

— all joints are stiff in morning on rising from bed, especially the shoulders, sacral and hip joints, *Staph.*

— painless jerks in evening in bed, *Sul.*

— sits up in bed, leaning forward to avoid contact of bed-clothes, *Lob-i.*

**Beaten**, feeling as if beaten in sacrum, *Nat-m.*

— pain in os sacrum as if beaten in morning, worse stooping, not better by rising again, extending from time to time to renal region, better by walking in open air, worse on right side, *Tell.*

— feels as if beaten or dislocated in sacrum, *Agari.*

**Beaten**, pains in the back and sacrum as if beaten, *Sul.*

— aching and soreness of thighs as if beaten, with aching of sacral bones, *Calc-Phos.*

**Beating**, aching, throbbing pain in lumbo-sacral region, *Sil.*

**Belching**, ameliorates pain in back, *Sepia.*

**Bending**, pains in sacrum when bending backward, *Con., Mang.*

— pain in sacrum only when bending backward, not while at rest, *Kali-c.*

**Bent**, back and sacrum stiff, cannot be bent; after some exertion in riding, walking, and stooping he can raise himself only slowly and with much difficulty, *Lyco.*

## SACRUM.

- Biting**, burning and sticking as from a mustard plaster between skin and flesh of sacrum in afternoon, *Aloe*.  
 — sudden biting on right side of sacrum, *Phelland*.
- Blow**, in the left hypochondrium pain as after a violent blow, with pain in sacrum often so intense that she could not lie down, followed by leucorrhœa of eight days' standing; this and the pains in the sacrum only ceased with the appearance of the menses, *Nitrum*.  
 — pain in sacrum as if she had received a blow, mornings, *Nitrum*.
- Bone**, severe pain in sacrum almost only when moving, so that he could hardly walk; it seems to be in the bone, *Nit-ac*.  
 — shooting and tearing in sacral bones, *Zinc*.  
 — needle-like pains in the sacrum and like pains in the hip bones, *Chimaphila*.
- Board**, feels as if lying on a board; has to change position often, bed feels so hard; worse in sacrum, *Bapt*.
- Boring**, and burrowing in sacrum and anus, *Calad*.  
 — in sacrum, *Ledum*.
- Break**, severe pain in back and in sacrum as if it would break in two, *Æscul*.
- Breath**, stitching, jerking, piercing in back and sacrum arresting breath, *Caustic*.  
 — attacks of stitches in the sacrum that take away the breath, with pain in the head and nape, followed by frequently alternating chill and heat, with anxiety about the scrobiculus cordis until evening, *Sulph*.  
 — stitches close above the sacrum when taking a deep breath, *Carbo-an*.
- Breathing**, sticking in sacrum on breathing, *Merc*.
- Breathe**, painful tension in sacrum so that he cannot breathe deeply, *Nit-acid*.
- Broken**, drawing pain in sacrum and a sensation as if broken when walking, standing and lying, *Carbo-an*.

## SACRUM.

**Broken** pain in sacrum as if it were broken, especially sensible to bending backward, *Plat.*

— pain in sacrum with hard stool, as if it would be broken ; with colic as if the bowels would burst, *Lyco.*

— violent pain in sacrum as if it was broken on moving, *Kali-c.*

— pain in sacrum as if broken in two when bending and stretching, *Mag-m.*

— sensation in sacrum in morning as if broken while in bed and on rising she could raise nothing from the ground till 8 or 9 o'clock, then hunger, then cutting in abdomen and diarrhoea which was slimy, *Staph.*

— pain in sacrum as if broken, anxiety and restlessness and rush of blood to head, *Ars.*

**Bruised** pain in sacrum, *Arn. Merc., Fluor-ac., Ginseng.*

— severe bruised pain in sacrum chiefly in morning when rising, *Kali-c.*

— pain in sacrum and small of back, *Nat-s.*

— pain in sacrum when lying on side, *Actea-spicata.*

— pain in sacrum when walking as if bruised, *Hepar.*

— pain in sacrum from morning till afternoon, *Mag-c.*

— violent bruised pain in sacrum from afternoon till evening, *Mag-c.*

— sensation in sacrum (left) on stooping and on rising, *Ver-alb.*

— pain in sacral region in evening, *Sarsa.*

— sensation in hip bones, *Ruta.*

— digging as if bruised just above sacrum when sitting after a long walk, better by continued walking, returning when standing still or sitting, *Ruta.*

— cramp-like pain in sacrum on pressure, *Plat.*

— pain in sacrum as if bruised when starting to move after lying down, *Dig.*

— pain in sacrum equally violent when in rest or in motion, *Nat-c.*

— pain in sacrum when sitting and when rising up, *Nat-m.*

— feeling in sacral region, *Verat-a.*

## SACRUM.

**Bruised** pain in sacrum at night, at 3 A. M., she could not turn over for pain, Nitrum.

— pain in sacrum in every position in evening during menses, Nitrum.

— severe bruised pain in sacrum and coccyx, Sul.

— sacral region and back feel bruised in morning on arising, Callad.

— impeded deep respiration or with a bruised pain in sacrum and abdomen, Phos.

— sensation as from a bruise in sacrum toward evening for several hours, with discharge of leucorrhœa, Caust.

— pain in sacrum as if contracted and bruised, particularly while sitting, less when walking, Mag-c.

— after menses violent pain in sacrum as if bruised during stooping and at other times in the afternoon and evening, Mag-c.

— severe pain and bruised sensation in sacrum and extremities, copious sweat without relief, spasms, Eupat-perf.

**Bruise**, pain as from a bruise in sacrum, Graph, Mag-m.

— pain in sacrum and in back as from a bruise, Alum.

**Bubbles**, pain as from inflation in sacrum in A. M. in bed, with a feeling as if great bubbles were accumulating in sacratory, Kali-c.

**Burning** and itching in sacrum above nates, Mag-c.

— in sacrum somewhat to right, a pressive burning, Stann.

— pain in sacrum near the anus, Sul.

— sore or burning pain near sacro-iliac symphysis, Rùmex.

— pain in spot above left sacral region extending to first lumbar vertebræ, Mang.

— stitch in sacrum causing one to start, *Mur-acid*.

— itching in sacrum and below right patella, Kali-c.

— itching, worse by scratching on outer part of thigh, on sacrum and hips, succeeded by burning, Mag-m.

— tearing and burning in sacrum and hips afternoon and night, Mag-m.

— pain in spot above sacrum, Phos-ac.

— in os sacrum at 4 P. M., Lachn.



## SACRUM.

**Burning** in sacrum, Colch.

— severe burning along sacrum, Coloc.

— pain in sacrum, Sul-ac.

— biting and sticking as from a mustard plaster between skin and flesh of sacrum in P. M., Aloe.

— pressing, dragging pain over sacrum and at same time over hips, a burning pressure in sacrum extending across dorsal region under scapulæ, like that produced by sewing, *Scpia*.

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HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The forty-second annual commencement of the Homœopathic Medical College of Missouri took place on the evening of April 5th, at Y. M. C. A. Hall, Franklin and Grand Avenues, St. Louis. A large crowd was present. All the graduates wore the regulation cap and gown, the members of the faculty appearing in full dress. The exercises, which were very interesting, were opened, after the invocation, by a solo, "The Vagabond," by Dr. Malcolm Robb, which was followed by the report of the Dean, Dr. William G. Richardson. Miss Adah Block sang "A Song of Thanksgiving," after which Dr. James A. Campbell, President of the Board of Trustees, conferred the degree of Doctor of Medicine on the following graduates: C. A. Baldwin, Amboy, Ills.; Kate W. Beall, St. Louis; William Henry Bickley, Waterloo, Iowa; Edward Albert Bruno, Elkhart, Wis.; Mrs. Sara Isabel Barnard, St. Louis; Frank Willard Gillham, Brighton, Ills.; Joseph Adams Hirsch, Plymouth, Wis.; Augustus Stone Hunt, Jerseyville, Ills.; Fred L. Mitchell, Sibley, Iowa; Louis James Meurer, Chester, Ills.; Bertha Stark Pease, Hamilton, Ills.; Leslie C. Sammons, Dowagiac, Mich.; Charles Augustus Schreiner, Sigourney, Iowa.

After the conferring of degrees, Miss Helen Thorell rendered a violin solo, "Romance and Rondo," by Wienawski.

The "class honors" were then awarded by Frederick H. Bacon, the faculty prize being awarded to Joseph A. Hirsch, and honorable mention being given to Edward A. Bruno and Charles A. Schreiner. Miss Block and Mrs. Carl J. Luyties sang a duet, "Love," after which the address on behalf of the faculty was delivered by Rev. Cornelius H. Patton, D. D., the programme closing with a duo for harp and 'cello by Miss Adele Ghio and Mr. A. D. Woodward.

The commencement exercises were then closed by a banquet the following evening at the West End Hotel, given by the Alumni Association of the Homœopathic Medical College, and for which one hundred and thirty-five covers were laid.

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### HAHNEMANN'S TOMB.

TO THE MEMBERS OF THE HOMŒOPATHIC MEDICAL PROFESSION OF THE UNITED STATES:

The Commission appointed at the last Medical Congress in London, for the restoration of Hahnemann's Tomb is actively at work. All who have subscribed to the fund should send in their unpaid subscriptions at once.

Any members of the profession, or laity, desiring to contribute anything further towards this restoration of Hahnemann's Tomb in Père La Chaise Cemetery, at Paris, France, should forward the amount at once, either to me, as the American Representative, or to Dr. François Cartier, the Secretary, at 18 Rue Vignon, Paris. The Commission has thus far collected about fifteen thousand francs, which will be utilized to the best advantage. Thanking all who have contributed, and trusting the work of the Commission will be acceptable to the homœopathic profession of the world, I am,

Fraternally yours,

DR. BUSHROD W. JAMES,

*American Representative of the Commission.*

N. E. Cor. Eighteenth and Green Sts., Philadelphia, Pa.

## BOOK NOTICE.

THE NEWER REMEDIES, including synonyms, sources, methods of preparation, tests, etc. A reference manual for physicians, pharmacists, and students. By Virgil Coblentz, A. M., Phar. M., Ph. D., F. C. S., etc., Professor of Chemistry and Physics in the New York College of Pharmacy. Third edition, revised and very much enlarged. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1899. Price, \$1.00.

This manual of one hundred and fifty pages contains a short description of each of the newer remedies, all arranged in alphabetical order.

The work includes in its list all the famous "coal-tar derivatives," that in bewildering number, have come like a deluge into the materia medica and pharmacology of the old school of medicine.

In a separate chapter entitled "Addenda," it contains a list, with descriptions, of all the various therapeutic agents derived from the organs of animals, such as the thyroid and thymus extracts.

Arranged as it is, it forms a valuable book of reference to find out the nature of any remedy which the practitioner may never have heard of before, or the knowledge of which is insufficient. A book of this character is absolutely necessary for every intelligent physician, as it is not possible for him to keep up his knowledge of the myriads of new remedies that are introduced to the notice of the profession.

The editor of this journal is glad to have this book on his own shelves, and he has no hesitation in saying that every other doctor should have one.

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## NOTES AND NOTICES.

See Speer's Chateau wine cellar of New Jersey vineyards. Read all about it and about the unfermented Grape Juice.

### PICRIC ACID IN THE TREATMENT OF BURNS.

About six months ago I began the use of picric acid in the treatment of this class of injuries. The results were uniformly so satisfactory that I now depend wholly on it in burns and scalds of the first and second degree. This form of treatment has been in use in France for some years, but not in America. I have always used what is known as a saturated solution, which consists of ninety grains of salt dissolved in three

ounces of alcohol, and this diluted with one quart of water. The clothing of the part having been removed, the burnt surface is cleansed with some of the solution and absorbent cotton. Blisters are opened and serum allowed to escape, but the epithelium covering preserved. If area involved is extensive the whole surface may be bathed in the solution and strips of sterilized gauze soaked and applied to entirely cover it. Over this a layer of absorbent is placed and all held in place by a light bandage. The dressing soon dries and should be allowed to remain three or four days before trying to remove it when it should be thoroughly moistened and carefully removed, as it adheres to the burnt surface very closely. The second dressing is applied as the first and is allowed to remain a week. Among its disadvantages is the staining of the hands and bed-clothes but a solution of boric acid will remove this.—*Dr. A. L. Blackwood, in The Clinique.*

#### PORT GRAPE WINE FOR THE SICK.

"We can confidently recommend Speer's Port Grape Wine, a superior article of wine for the sick and debilitated."—*Medical Review.*

No brandy is better than Speer's \* \* \* *Climax* of 1878.

#### REMOVED.

Munson & Co., Western Homœopathic Pharmacy, established 1868, W. F. Bockstruck, proprietor, have removed to their grand new store, Stifel building, 908 Pine street, St. Louis, Mo. The largest selection of new goods, new books, new medicines. The purity of our medicines is warranted and our prices are the lowest.

#### NEW JERSEY GRAPE JUICE SENT TO EUROPE.

Mr. Speer, of New Jersey, has a reputation extending over the world as being a reliable producer of Oporto Grape Juice and Port Wine. They are ordered by families in Dresden, London and Paris for their superior virtues.

#### BROKEN DOSES.

A very subdued looking boy of about 13 years, with a long scratch on his nose and an air of general dejection, came to his teacher and handed her a note, before taking his seat and becoming deeply absorbed in his book. The note read as follows: "Miss B., please excuse James for not being thare yesterday. He played trooant, but I guess you don't need to lick him for it, as the boy he played trooant with an' him fell out an' the boy licked him, an' a man they sassed caught him an' licked him, an' the driver of the sled they hung onto licked him also. Then his pa licked him, an' I had to give him another one for sassing me for telling his pa, so you need not lick him until next time. I guess he thinks he better keep in school hereafter."—*Leon (Kan.) Indicator.*

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. XIX.

JULY, 1899.

No. 7.

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ADDRESS OF THE PRESIDENT OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION,  
AT ITS ANNUAL MEETING AT NIAGARA  
FALLS, JUNE 27th, 1899.

FELLOW-MEMBERS: The present occasion finds us once more assembled to do honor to the cause which we espouse, and to compare notes and contribute to each other's knowledge in the new and great method of healing the sick which we call Homœopathy.

Our beloved system has instructed us, not alone in the best way of selecting remedies to relieve immediately the suffering which we see about us and to terminate favorably the diseased states from which that suffering arises, but also enables us to take more just and more comprehensive views of the phenomena of drug action, the scope and meaning of the action of poison, the just importance of that new fad in med-

icine, auto-intoxication, and the real truth of the famous germ theory.

Last and greatest of all it enables us to form clear conceptions of the nature and origin of disease in the human system.

A man standing close to the foundations of a great edifice is not in a position to comprehend the plan of its building, its proportions, or the beauty of its design. He must get away from it to a convenient distance that will enable him to include its height and its breadth in one angle of vision, before the true idea of its character can enter his mind.

The traveler toiling along some lonely trail that leads him from one cañon to another, from a pass in the mountains to some river valley, where his path winds in and out through tangled bushes, "beds of reeds, and many a fen where the serpent feeds," later into some darkened forest glade, and thence over hills and mountains, in endless confusion, can form no idea of the character of the country, the trend of landscape, the direction of the streams, the relationship of the mountains, or the extent and luxuriance of the vegetation. He must get above his surroundings; he must climb some mountain peak, or attain some great plateau, which will enable his eye to find a wider horizon before the full panorama of the country bursts upon his vision and gives rise to the comprehensive idea which will enable him clearly to understand the scene about him.

Applying these images to the question of the nature of disease and the relationship of remedial measures to it, it can be said that the man who slowly and painfully studies the phenomena of one form of disease or who spends all his time in gazing down the tube of a microscope at some pathological growth; or who concentrates his whole attention upon the growth, development, and variation of the cell, to the exclusion of the whole phenomena of human life, human history, human sufferings, and the wonderful spectacle of man's occult characteristics is like the spectator who stands in the

shadow of the palace, or the wayfarer in the valley, oblivious—the one to the grandeur of the building, the other to the beauty and diversity of the landscape.

It is not intended in these remarks to detract from and discourage the numerous minute investigations that are being pursued in various channels and by various means; notably the microscope, the spectroscope, and the Roentgen rays, to enlarge the boundaries of human knowledge and assist in the problem of curing the sick.

All that it is sought here to convey to the mind is that these workers in special fields of scientific research are not in a sufficiently lofty position, have not a sufficiently wide intellectual horizon to enable them to form a generalization that is at once logical and in consonance with the facts.

All who deny heredity in disease are open to the force of these criticisms.

All who seek in the phenomena of perverted cell action an explanation of the singular phases of sickness, all who persistently refuse to leave the material plane in studying these actions are alike vulnerable to such criticisms.

Hahnemann by his remarkable comprehensive philosophy, by his keen analysis, his patient research, his rare historic knowledge, was enabled to form a brilliant generalization, that, in its results, is like taking us on to a high mountain-top where we may view the landscape and get a map of the devious road we have traversed.

By his scientific generalization we are enabled to bring about an orderly arrangement in our own minds of the many different phenomena and isolated occurrences that without his instruction would be impossible to comprehend.

These thoughts are suggested by the news received in this country that the illustrious Professor Virchow, the father of cellular pathology, in an address before the Tuberculosis Congress, declared there was no evidence that tuberculosis was inherited, as he had never in the course of his micro-

scopical investigations found any trace of its presence in the unborn babe, though he admitted it could acquire the disease in one day after birth.

The information referred to is contained in a cable dispatch to the *Evening Telegraph* of Philadelphia, Pa., and was published in that journal on Saturday evening, May 27th, 1899. The dispatch is as follows:

“BERLIN, May 27th.—Professor Leyden gave a brilliant reception last evening to the delegates to the Tuberculosis Congress, which was attended by the Imperial Chancellor, Prince von Hohenlohe, the foreign diplomatists, and other notable persons.

“Yesterday afternoon Professor Rudolph Virchow delivered an important address before the Congress, rejecting the theory of hereditary tuberculosis. This doctrine, he declared, was contradicted by all his pathological researches. He said he had never found tuberculosis in unborn or newborn infants, though it might be contracted during the first day’s existence.”

According to this celebrated pathologist there can be no possibility of future tuberculosis, no potentiality of tuberculosis, as electricians would say, unless there be traces of the condition under the microscope in the foetus. His conclusion is thus diametrically opposite to general opinion, to the observed phenomena in the experience of many of us and to the revelations made by Hahnemann’s own observations and subsequent generalizations.

Though I am not an investigator, nor in late years have I worked at all with the microscope, yet I venture to disagree with Professor Virchow in his conclusions, and consider them based on insufficient evidence. Because there is no visual trace of tuberculosis in the foetus, that is no guarantee of the absence of tendency to tuberculosis. The *potentiality* of energy that would culminate in tuberculosis can reside in the cell life of the foetus without our being able to perceive it.



Potentiality of energy without visibility frequently happens in the scientific world.

When the two poles of a galvanic battery are kept separated, they are apparently without any power whatever. Bring them into contact with each other and action is at once apparent. A spark passes, magnetism develops, electrolytic decomposition occurs, and other phenomena. It would be folly to deny this power lying latent when the poles are separated merely because not seen.

It is possible to so impel a billiard ball along a billiard table by suitable impulses from the hand, without the aid of a cue, that the ball will travel two-thirds of the length of the table, then stop, seem to reflect, and return upon its course.

Now when that ball starts on its journey forward it appears to have only one impulse: that a motion which would seem to carry it the whole length of the table. Yet concealed within its mass is a second impulse which will, at the proper moment, assert itself, overmaster the forward motion, destroy the latter, and finally exert its own power to cause the return of the ball to the starting point.

A spectator might be supposed to be skeptical concerning the presence of this second impulse within the ball, and seeing no manifestation of it during the forward motion of the ball, might deny its existence and might predict that the ball would fail to return to its starting point.

In the same way a bowler at base-ball can give the ball a combination of two or more impulses, in obedience to one of which it will proceed directly toward the batsman, but having arrived in that neighborhood will suddenly deflect and avoid the bat, going round it.

The spectator unfamiliar with these possibilities in pitching a ball might be supposed to be skeptical of the existence of these impulses, might have time to deny their existence, and argue against the possibility of such a result. Such we think is the attitude of Professor Virchow.

Now the human being is projected into this world by inscrutable natural forces, under conditions which may be symbolized by the billiard ball or the base-ball projected from the hand. The human projectile has an initial impulse which will send it along the path of life through childhood, manhood, and old age. Superposed upon this impulse is a secondary influence which will stop its career at a certain point and cause its return toward that mysterious oblivion from which it came. With each individual who thus comes into the world the secondary impulse is greater or less, taking him a greater or less distance. In one this secondary impulse is represented by cancer. In another it is tuberculosis, in another, it is a tendency to meet with accident, and this last being noticed and recognized is called a "fatality." Whatever the form in which it come to the individual it is of the nature of a secondary impulse that tends to limit his progress through the world and cause his return to the infinite. These secondary impulses are exceedingly numerous and were comprehensively included by Hahnemann under three great classes, Psora, Syphilis, and Sycosis.

Here then we get a new view of the greatness of Hahnemann's mind, the depths of its workings, and the beauty of his generalizations.

Tuberculosis belongs to the class of psora. Its impress upon an individual human germ before birth is an invisible potentiality which according to the force of its original impulse will declare itself in one case in youth, in another in adult life, and in still another in old age.

Any scientific observer who declares its non-existence because of the absence of obvious indications places himself in the attitude of the bystander who being told of the several impulses within the mass of the billiard ball or the base-ball, denies the existence of all except the initial impulse, because he cannot see them.

This is the position in which the learned Professor Virchow

has placed himself to-day. Yet in spite of his denial these secondary impulses are acting right under his eyes and are cutting off myriads, and he himself displays his misgiving of the truth of his assertion by the saving clause that "it (tuberculosis) might be contracted during the first day's existence."

The subject does not end here.

If, as Professor Virchow says, there is no evidence that tuberculosis is inherited, adopting his view then the other explanation must be correct—that it is a germ and that it is therefore contagious. If so, how does it happen that one person should be affected by it and another one should escape? Why are not all the members of a family attacked with tuberculosis when one is obviously suffering from it?

There is undoubtedly a selective affinity exercised to bring about the discrepancies which we perceive on every hand. What is the origin of that selective affinity?

Plants generally need a suitable soil for their successful growth. Germs or bacteria or bacilli *are* plants, and must therefore have suitable soil. If tuberculosis be a germ it is not different in needing a suitable soil. The human system is gifted with remarkable resistance to the incursions of all sorts of poison, parasites, and injuries. Why is it not universally and invariably so? The answer lies in the fact that there are influences which have entered into and deteriorated this resisting power. These influences are inherited.

This answer to our question brings us back to the doctrine of the miasms of our own school of medicine. Hahnemann himself has furnished the answer in his conception of the three great inherited miasms, psora, syphilis, and sycosis. These are the influences which have broken down the resisting power of the system and so enabled germs to find a lodgment and perpetrate their ravages, as we see in the inroads made by tuberculosis.

Here we have a clear reason why tuberculosis should attack one person and neglect another; and no matter whether

the view be adopted that it is an inheritance or that it is an infecting germ, it all resolves itself into the great fact that the supreme influence which determines its action is an inheritance of deteriorating tendencies which furnish a soil in which the poison or the germ finds suitable nourishment and encouragement for growth and propagation. In what way are these inheritances transmitted from parent to offspring?

Is it a perverted cell that generates its own kind, with always the same perversion; and which enters the foetus whilst yet in the uterus; and that continues to propagate its own species after the birth of the matured child? Such is, evidently, the view held by Professor Virchow, his not finding this perverted cell leading him to a conclusion that is directly opposed to almost universal experience.

Is it *anything* material that is transmitted? I do not think so. The influence impressed upon the father or mother or both is what may be called a "tendency." It is an energy imparted to the cell life; an energy of a perverted character, that as soon as the offspring starts out on an independent life, and begins to assimilate food and to propagate true physiological cells and general complete growth and symmetry and reciprocal relationship with all the other cells of the economy in which it belongs in accordance with the evident design of its creation, this perverted energy begins to create abnormal cells with all the attendant phenomena, which grouped together, we call by the significant title tuberculosis.

It is, therefore, idle to expect to find anything visible which may indicate this tendency to tuberculosis. It is no more rational to expect any such visible manifestation than it is to expect to find on the moving billiard ball before referred to, the manifestation of the secondary impulse which resides in its mass, in advance of the time when it is to produce its own peculiar action upon the ball.

If we examine a fragment of so-called "dead matter," say

a crystal of quartz, we find in it a number of properties that must always fill us with surprise and admiration.

In the first place, we find that if the crystal be unsupported it will fall to the ground—that is, it is attracted to the earth—and we call this influence the attraction of gravitation. Here is a perfectly obvious phenomenon, and yet the influence that brings it about is perfectly invisible. No microscope or other instrument will discover its presence in advance of its support being removed from it. Only the balance will make it apparent, and that is only another method of withdrawing from it its support, and is therefore only a result. Here, then, is a force residing within the crystal and perfectly invisible.

Examining the crystal again, we find it to be a hard mass, its particles strongly cohering together. This shows the presence of a second powerful influence, the attraction of cohesion, residing within the crystal and perfectly invisible. But we find this crystal composed of a number of widely different substances. There is silicon, which is a solid; and oxygen, which is a gas; and water, which is a liquid; and water in its turn is composed of two gases, oxygen and hydrogen. The crystal then is made up of the three states of matter—solid, liquid, and gaseous—and this is due to still another and a third form of attraction, chemical affinity residing within the crystal. Yet it is invisible and imperceptible except in its results.

Again looking at the crystal we find that it has a definite shape. It is a six-sided prism, terminated at each end by oblique six-sided pyramids. All uniaxial quartz crystals have this same shape. What is the cause? It lies in the action of a peculiar kind of attraction, the attraction of crystallization or atomic polarity, by virtue of which the atoms arrange themselves in a certain order and direction and develop a peculiar and unvarying shape. But this power or attraction of crystallization, though residing in the crystal, is

not visible except in its results, and is not to be determined in advance of its action in any given case.

We observe, too, that the crystal is transparent, inasmuch that fine specimens of quartz are ground down to make spectacle lenses, and the Chinese show their skill by grinding large masses of it into spheres of surprising diameter, extraordinary transparency, and great value. What is the source of this transparency? It is the combination of the silica with water under the influence of both the chemical and the crystallographic attractions.

Hang up a crystal of quartz by an unspun silk fibre so that its long axis is horizontal, and directly between the poles of a powerful magnet the crystal will set itself at right angles to a line connecting the poles, and this we call diamagnetism. Here is a mysterious property residing within the crystal that is not visible except by its effects.

Rub the crystal upon a piece of woolen cloth or cat's fur, and it will develop electricity.

Hold it in the sun and then immediately afterward take it into a dark room and it will glow with a faint phosphorescent light.

Select a variety that is called "bi-axial" and look through it at a flame, an open window, or a spot on a piece of white paper, and all these objects, so observed, will appear double and we call it "double refraction." This is one of the phenomena of polarized light.

Trail the crystal over the skin of some nervous woman along the course of some superficial nerve, and she will complain of a slight irritant effect. Set up the crystal in a darkened room and let it be seen by an epileptic or cataleptic patient and she will complain of its burning with a blue flame.

Now all this wonderful assemblage of qualities lies unnoticed within the confines of a crystal, a piece of rock, a fragment of the earth, a morsel of so-called "dead matter." But

they are all energies of powerful character. This scrap of the rocky crust of the earth lies in the ground close to the root of a growing stalk of wheat. The wheat seizes upon it, disintegrates it, absorbs, it, builds it into its own structure, and we see it forming a portion of its long, tubular stalk, that surmounted by its beautiful, but heavy head of grains, waves gracefully in the passing breezes.

Turning our attention now to this ear of wheat, we see in its growth the action of a number of forces all imponderable, mysterious, and perfectly independent of man's power. There is the faculty of development by which the stalk forms leaves, flowers, and fruits. There is the chemical energy which generates chlorophyll, starch, gluten, and earthy salts. All these forms of energy are as mysterious as the forces we find in the crystal, only more so.

The grain of wheat on its way to the mill to be ground into flour has in its small mass the promise and potency of a whole stalk of wheat with fifteen or twenty grains. Plant these grains and they will grow twenty times as many more; plant these and a greater number will be produced, and so we may go on until we have raised a whole ten-acre field of wheat from one grain. Thus we have the promise and potentiality of a ship's cargo of wheat from a single grain. This is evident to any one who will take the trouble to think of it, yet because it is an every-day observation, we never trouble our minds with the subject.

Now, if we adopt the mode of thought of Professor Virchow in his assertions concerning tuberculosis, we must deny the truth of the foregoing train of reasoning, because we can find no trace of the future field of wheat in the single parent grain. This is evidently an absurdity. If we pass from the vegetable kingdom to the animal, we find even more complicated energies carrying on processes of growth and development. These energies are perfectly invisible and unrecognizable in advance of the period assigned to them

to perform their task, just as the second impulse to the billiard ball does not appear until it is time for it to perform its allotted work.

Recall for a minute all the wonderful phenomena that go on in an animal body. Think of the growth, assimilation, respiration, heart beat, circulation, and various other phenomena. Think of the variety of cell structures: muscular, nervous, and connective tissues; think of the intricate formations; their vast variations; the certainty and accuracy of their construction; think of the mental phenomena and processes of thought, and then recall that all these lie latent and potential in a microscopic, impregnated egg! The mind is staggered by the thought! Yet these phenomena give no sign of their future action in the seemingly simple process of fission, multiplication, and proliferation of the yolk of an egg seen under a high power of the microscope.

If, then, such stupendous potentialities lie hidden in an egg, how can so great a man as Virchow, familiar as he undoubtedly is with all the foregoing considerations, deny the potentiality of tuberculosis in the fœtus because its beginnings are not apparent to his vision armed with the microscope!

Incessant repetition dulls perception to the point of insensibility: familiarity brings about indifference; and so the wonderful potentialities here depicted as incubating in an egg make no impression because so universally and so incessantly observed.

This insensibility has clouded the scientific vision of the great cellular pathologist, and thus he denies a truth which would otherwise inspire him if only brought to him by analogy of the wonderful facts ever before him.

WALTER M. JAMES.



## BIOGRAPHICAL MEMOIR OF MR. WM. TEBB.

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

(Continued from June No., p. 287.)

The election of Abraham Lincoln as President of the United States was justly regarded as a triumph for the Anti-Slavery party and created intense excitement throughout the country. A few days after the election Mr. Tebb was on his way to St. Louis, a city where violence had been repeatedly shown to persons suspected of being inimical to the slave power. After remaining in the city a few days he took the train to Kansas, where Free State colonies with much difficulty had been established and defended by riflemen with arms supplied by the Free State party in the New England States. When in the cars he happened to sit next to a young man who was traveling in the same direction, and conversation turned on the political situation. The conversation was overheard; a meeting of Missourians was rapidly convened, and the resolution was arrived at of ejecting them from the train and throwing them into the Missouri river which ran close by. This was in the days of what was known as "border ruffianism," when raids and outrages upon Free State settlers were of every-day occurrences. Looking at these miscreants, Mr. Tebb felt as though he was in a cage of wild beasts, and would undoubtedly have been sacrificed to their fury had it not been that in the midst of the excitement and contemplated outrage, the train pulled up at the vine growing settlement of Hermann occupied by a German community. By means of the friendly aid of the train conductor, and amidst the confusion of passengers getting in and out of the train he succeeded in escaping and took refuge in a wine shop until the train had passed on. After walking through

the village he took the first train back to St. Louis, and the steamer down the Mississippi to Cairo, Illinois.

In 1862, his health having again become undermined by excessive labors and by the malarial fevers common to so many places in the United States, to which the lowering of his vitality by venesection rendered him particularly susceptible, Mr. Tebb returned to England. There his business capacity soon found employment. He became interested in and a director of a company established for the manufacture of chlorine and of a bleaching powder by new processes which were destined to revolutionize their manufacture and to cheapen every sheet of paper throughout the world. The patents have, however, long since expired.

In 1870 Mr. Tebb's attention was drawn to the subject of vaccination in the manner so graphically described in his testimony before the Royal (British) Commission, on the 16th of May, 1890. (See Q. 9,457.) As an abstract thereof is given in *THE HOMŒOPATHIC PHYSICIAN*, September, 1898, page 384, it will not be repeated here.

The repeated prosecutions to which Mr. Tebb was subjected for refusing to have his children vaccinated, opened his eyes to the cruel iniquity of the law, and had the effect of leading him to make a thorough investigation of the question of vaccination from every point of view, and has been of infinite value to the public health and to human rights, violated in their most fundamental principles by law-enforced vaccination over the greater part of the civilized world. But for the repeated persecution to which Mr. Tebb was subjected, it may well be doubted whether his attention would have been called to the monstrous character of those laws, and the cause might have lacked the support of his indomitable energy and admirable skill in conducting the struggle, as also the substantial support furnished by himself, the Countess de Noailles, the late Mr. P. A. Taylor, and other friends of personal freedom. That without this financial backing the

cause would most likely have languished on for many more years, is rendered probable by its condition in the United States at the present time, where just such support is lacking.

Mr. Tebb has traveled into every portion of the globe in prosecution of his researches into the effects of vaccination. Among the countries visited were every part of his own country from Land's End to the Shetland Islands, almost every State in Europe from the Mediterranean to the North Cape, countries intervening between the Tagus in the west and the Volga, Danube, and Bosphorus in the east; Morocco, Algeria, Upper and Lower Egypt, Asia Minor, Upper and Lower Canada, Nova Scotia, and most of the States and Territories of the United States; India, China, Japan, Venezuela and British Guiana, the Virgin, Windward, and Leeward Islands, the French and Danish West Indies, the Archipelagoes of Greece and Hawaii, the Island of Ceylon, Tasmania, New Zealand, and the colonies of Australia.

In an interview which Mr. Tebb recently gave to a reporter from the Boston *Evening Transcript*, he said:

"One of my principal efforts in visiting some of these countries has been devoted to investigating the alleged increase of leprosy in various parts of the world, a subject which has peculiar significance to the United States now that it has extended its boundaries so as to include countries that are afflicted with this disease. I have recently published a volume of over four hundred pages entitled \**The Recrudescence of*

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\*A copy of this work presented by the author to his wife bears the following inscription:

"To my dear wife, who first called my attention to the evils of vaccination; who stood by my side during thirteen harassing police court vaccination prosecutions; who for more than twenty years has been the devoted companion of my labors in the arduous struggle for the emancipation of my countrymen from an odious and indefensible tyranny, and who has

*Leprosy and its Causation*, giving the detailed results of my investigation, including the testimony of upwards of over forty physicians and medical superintendents of leper hospitals, showing that leprosy is an inoculable disease and is communicable by means of a cut, bruise, abraded surface sore, and principally by vaccine virus taken from a leprosy subject. The population of the Sandwich Islands, which, when discovered by Captain Cook, was estimated at half a million, now numbers only about twenty-five thousand natives, and the diminution continues, partly by reason of the increased death rate due to leprosy caused by vaccination. The result of my inquiries may be briefly summarized as follows:

“That evidence from all authorities shows that leprosy is seriously increasing throughout the West Indies, that the theory of contagion put forward to account for this increase is doubtful, and is denied by the highest medical authorities, that the only method of inoculation extensively practiced is by means of arm-to-arm vaccination, and that leprosy has been distinctly traced to this source by medical practitioners in the West Indies and in Norway, including several medical superintendents of leper asylums, and by distinguished authorities such as Dr. Tilbury Fox, Sir Erasmus Wilson, Dr. Gavin Milroy, Prof. W. T. Gardiner of Glasgow, Dr. G. A. Hansen, superintendent of the leper asylum at Bergen, Dr. A. M. Brown, Dr. Hall Bakewell, Dr. Bechtinger, and others. A well known medical practitioner of Honolulu unhesitatingly expressed the opinion that the dissemination of leprosy in Hawaii was largely due to inoculation by the lancet of the public vaccinator, a most serious matter not only for Hawaii, but for all other countries where the repulsive and destructive disease is epidemic.

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accompanied and encouraged me in the researches in various parts of the globe detailed herein, I present this first bound copy of a work to which her inspiration has so largely contributed.

“BARSTOW, SURREY, Jan. 23d, 1898.”

“When in India I made extensive inquiries regarding the increase of leprosy, which I attribute to the same cause—vaccination. Mr. H. Brown of Simla, who has devoted much attention to the subject, wrote in 1889:

“‘Leprosy is increasing in India, almost by leaps and bounds, and the Government, disinclined as it has hitherto been to give the subject attention, is now obliged to move in the matter. The present number of lepers in India has been calculated at three hundred thousand, but are probably twice as many. A new home for lepers has just been opened at Ma-toonga, near Bombay, with accommodations for two hundred lepers, and is already crowded, many applicants being refused admission. The enormous increase, especially during the last two decades, is believed to be largely due to preventable cause, and one for which the medical department of the English, Indian, and colonial governments cannot be freed from responsibility.’ In Ceylon, as I learned from personal inquiries made in the island, leprosy is extending among the native population.

“It should be observed that Jenner received thirty thousand pounds (\$150,000) for his alleged discovery before vaccination had been submitted to the test of a small-pox epidemic. The first violent small-pox outbreak showed the utter inutility of vaccination and I produced evidence before the Royal Commission in 1889 of more than five hundred cases of small-pox certified by medical authorities, after vaccination, and numerous cases of injury and death due to vaccination, within six years after Jenner’s pretended discovery. In 1853, a law was passed in England making vaccination compulsory, and in 1867 the law was made more rigorous by a further act of Parliament, from which time there has been a continued and greatly increased opposition to both vaccination and compulsion up to the time when the Royal Vaccination Commission was appointed in 1889.”

In *The Recrudescence of Leprosy*, Mr. Tebb gave to the world the results of his investigations mainly into one of the mischief-producing consequences of vaccination. He has published numerous other writings upon the subject, and has been one of the most active agents in spreading a knowledge

of sanitation, that is, personal and municipal cleanliness, as the true prophylactic against zymotic disease, and especially small-pox. Without any acknowledgment to Mr. Tebb, boards of health have availed themselves of his labors in this respect, all the while denouncing their author, whose facts and arguments they were unable to dispute, while they relentlessly forced vaccine poison into the blood of the people.

In 1870, Mr. Tebb established in London *The Vaccination Inquirer and Health Review*, a monthly publication which became the organ of the London Society for the Abolition of Compulsory Vaccination upon its establishment shortly after. He appointed Mr. Wm. White its editor, than whom no more fortunate selection could have been made.

Mr. White wrote a masterly treatise entitled *The Story of a Great Delusion*, in which he dragged into light the entire history of this revolting superstition.

In the same year Mr. Tebb organized and contributed largely to the success of the First International Anti-Vaccination Congress held in Paris. A deputation waited upon the French Minister of the Interior (M. Constans), the late lamented Dr. Hubert Boëns, of Brussels, and Prof. Vogt, of Berne, and Mr. Tebb proved to the minister the many lamentable results of vaccination; and as a consequence of the facts submitted to him the bill for universal compulsory vaccination which M. Liouville had presented to the French Assembly was withdrawn. A similar deputation had audience with M. Tirard, afterwards Prime Minister. Unfortunately for France, however, medical ignorance had for a long time succeeded in thrusting the practice of vaccination upon the army and navy, and, as the entire adult male population of France (with certain unimportant exceptions) pass through either the army or navy, the result is that nearly every adult male in France is vaccinated. Vaccination is also obligatory in the public schools.

## REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

(Continued from June number, page 295.)

### SACRUM.

- Burning pain** in abdomen when sitting bowed forward, extending into sacrum; ceasing when he straightens himself, Nitrum.
- intense in small of back and sacrum, commencing in region of kidney, passing around on both sides above hips into groin, also downward from renal region through gluteal region down back part of thigh; burning pain, ameliorated by no position, *Lac-def.*
  - startling stitch in sacrum, Mur-acid.
  - cutting and scraping in sacrum, Nat-c.
  - in sacrum when sitting, Borax.
- Burrowing** and boring in sacrum and anus, Callad.
- sticking on left side near sacrum, Dulc.
- Carriage**, riding causes pain in sacrum, *Nux-mosch.*
- Catamenia**, pain in sacrum when sitting as if the catamenia would appear, Carbo-an.
- Chest**, pain in sacrum so violent that it drew chest together with pressure on stomach and constriction of abdomen, Lyco.
- during confinement at night a sort of spasm of chest coming from sacrum up the back, first into the gastric region, then into chest; it makes breathing difficult and causes anguish, Lyco.
  - pain in sacrum during stool, with distention of abdomen, extending into chest, *Carbo-an.*
  - at night pain in sacrum and stitches in both hips and in left side of chest, Lyco.
  - an occasional stitch from the sacrum through left side of abdomen toward chest, Kali-c.
  - at night colic for two hours with subsequent stool, then in the

## SACRUM.

morning pain in sacrum and chest, and afternoon all the limbs feel bruised, *Kali-c.*

**Chills** run up back from sacrum to base of occiput, *Gels.*

— and cold feeling across loins and sacrum, *Lil-tig.*

— from sacrum up back, *Kali-iod.*

— attacks of stitches in sacrum that take away the breath with pain in the head and nape, followed by frequently alternating chill and heat, with anxiety about the scrobiculus cordis until evening, *Sul.*

**Chilliness** and pain in sacrum during menstruation, *Puls.*

— in sacrum, *Lyc.*

**Clucking** in right side beside the sacrum, *Sepia.*

— somewhat to the left upward from the sacrum, *Lyc.*

**Contractive** pain in sacrum, *Helleb.*

— spasmodic pain in sacrum, *Mag-m.*

**Confinement**, pain in sacral region after confinement, *Phos.*

**Cold** feeling and chills across loins and sacrum, *Lil-tig.*

— feeling in sacrum, *Dulc.*

**Coldness**, a sensation of coldness, numbness, and tension in sacrum, *Carbo-v.*

— a sensation of coldness in sacrum, *Benz-ac.*

**Couch**, pain in sacrum as if one had been lying on too hard a couch, *Merc.*

**Cough**, cutting pains in region of sacrum, hypogastrium, and groins with too early menstruation too profuse and pale, weak and with night cough, *Senecio.*

— shooting in sacrum when he coughs, *Nit-ac.*

— during cough lancinating pain above the left hip extending into the sacrum, *Sul.*

**Crawling** as from ants in sacrum, *Sarsa.*

— sensation with stitching pains in sacrum, *Graph.*

— beneath the skin of sacrum, *Jatropha.*

— aching in region of left sacro-iliac articulation with crawling in left sole as though it were asleep, *Coloc.*

**Cracking** in sacrum on walking, *Zinc.*



## SACRUM.

- Cracking** sound in sacrum extending to anus, Sul.  
 — in sacral joints on bending, Lyco.
- Creeping**, painless creeping in sacrum, Tarax.
- Crick** in back extends along spine to neck evening and goes to lower limbs, Agari.
- Cries** out if any attempt is made to touch sacrum, *Lob-i*.
- Crouching**, severe stitch in sacrum when arising from crouching down, Phos-ac.
- Cutting**, thrusts in sacrum, worse bending forward with tensive pain, Sambucus.  
 — before menses straining cutting and pain in sacrum as if contracted and bruised, particularly while sitting, less when walking, Mag-c.  
 — tearing low down at both sides of sacrum, Mez.  
 — a uterine hemorrhage that comes with every stool, with cutting in abdomen and pains in sacrum and loins, Iodium.  
 — pain in sacrum in morning after rising, and in evening before going to sleep, only when moving and bending down, not when standing upright, Petrol.  
 — severe pain in sacrum like a cutting through, during movement and at rest, so he could neither stand, walk, nor lie down, Hepar.  
 — in the epigastrium as after a laxative, extending into sacrum in the morning, Mag-m.  
 — pains in sacrum in mornings, All-sat.  
 — and pinching in stomach toward the sacrum and the left side, Nat-c.  
 — burning and scraping in the sacrum, Nat-c.  
 — in sacral region with pain, Mag-m.  
 — severe in sacrum at the least motion, extending into the calves and feet, so that he cannot walk nor stand or lie down, Zinc.  
 — pain in outer left side of sacrum, shooting up and down, *Kali-bichrom*.

## SACRUM.

- Cutting** pain across sacrum and left hip, also in muscles just above sacro-iliac symphysis of left side, Gambog.
- pressure in sacral region, Mag-m.
- Day**, pain in sacrum all day, *Lil-tig*.
- during menses violent pain in sacrum only during day, Nat-c.
- Darting**, sensation when sitting, as though something were darting through back toward sacral vertebræ, Aspar.
- Digging**, shooting pain in left side near sacrum, Dulc.
- as if bruised just above the sacrum when sitting after a long walk; better by continued walking and returning when standing still or sitting, Ruta.
- Dinner**, weak in sacrum, as if paralyzed in loins; could neither stand right nor walk; he feels best when lying down all the day; it is worse after dinner, Nat-m.
- Drawing** pressure in sacrum, extending to muscles on inside of ilium when standing, Sambucus.
- from sacrum to neck, causing trunk to bend forward, *Ars*.
- fine tearing, drawing from middle of sacrum toward lumbar vertebræ, Mur-ac.
- pain in sacrum when standing; better by pressure, Ledum.
- in sacrum while sitting, Calc-c.
- painful drawing in sacrum, as if a heavy body was moving downward there, Baryta-c.
- pain in left sacral region in evening first day of menstruation, Zing.
- pain in sacrum, Stram., Sul., Diosc., Kali-c.
- pain in sacrum with weakness, Sul.
- pain in sacrum, and a sensation as if broken in walking, standing, and lying, Carbo-an.
- pain just before menses from hypogastrium into sacrum, Carbo-veg.
- pain in sacrum for seventeen days, Lyco.
- pressive pain in sacrum down to coccyx, Carbo-veg.
- pain in sacrum toward evening, Nit-ac.
- pain in back and sacrum, *Chelid*.

## SACRUM.

- Drawing** from sacrum to right side of scrobiculum, *Chelid.*  
 — stitches in sacrum when standing, with drawing through lumbar region, *Con.*  
 — in sacrum, *Thuja, Ant-c.*  
 — violently drawing pressive pain on left side near sacrum, *Mez.*  
 — a pain in sacrum drawing hither and thither, worse by walking, *Hepar.*  
 — severe writhing pains in sacrum and bowels, radiating upward and downward until whole body and even fingers and toes become enveloped in spasms, so severe as to elicit shrieks, *Diosc.*  
 — severe constant drawing in sacrum, alternating with throbbing, relieved by lying down, *Kali-c.*  
 — pain in sacrum on moving, like soreness or like a spasmodic drawing, *Sul-ac.*  
**Dragging**, prolapsus uteri with dragging, aching pain in sacrum, *Helon.*  
 — backache, with dragging in sacrum and stringy colorless leucorrhœa, beginning with walking, *Aletris.*  
 — pressing pain over sacrum, and at same time over hips, burning pressure on sacrum extending up across dorsal region and under scapula, like that produced by sewing, *Sepia.*  
 — from sacrum toward rectum, *Calc.*  
**Dull** pain in sacrum when stooping, *Borax.*  
 — pain in sacrum, *Sepia.*  
 — constant dull, heavy pain in sacrum and abdomen, extending to thighs and legs, *Sepia.*  
 — constant dull pain across sacrum and hips, *Æsc.*  
 — pain in sacrum and hips, *Ham.*  
**Enuresis** with cutting scalding in the urethra and spasmodic pain in the sacrum, *Phos-ac.*  
**Eruptive** nodules, sometimes itching and sometimes painful on occiput, the sacrum and nates, *Lyc.*  
**Evening**, drawing pain in sacrum toward evening, *Nit-ac.*

## SACRUM.

- Evening**, pain as from weakness in sacral region after lying down in the evening, Zing.
- painful throbbing in the evening after going to bed in sacrum, Nat-m.
- bruised feeling in the sacral region in the evening, Sarsa.
- bruised pain in sacrum in every position in evening, during menses, Nitrum.
- paralytic sensation in sacrum in the evening, Mag-m.
- Excoriation**, pain in sacrum as from excoriation and a bruise, Mag-m.
- rheumatic sensation in neck extending to sacrum, worse when going to stool, as if skin was excoriated, Ver-a.
- Exercise**, menses two days too early, very thin and of short duration and with violent unusual pains in sacrum, which went off during exercise, Graph.
- Expiration**, shooting pain in sacral bone at every expiration, Sul.
- Eyes**, heat in the eyes, pain in sacrum and great anxiety, Nit-ac.
- Face**, pain in sacrum, so that he cannot lie on his back but must lie on his face, Nit-ac.
- Fall**, pain in os sacrum as from a fall, *Kali-iod*.
- Fatigue** and tickling pain above sacrum, Kali-c.
- pressing pain as from fatigue in sacrum in evening, *Puls*.
- pain in sacrum as from fatigue when stooping and when leaning back while sitting, Hepar.
- Feeling**, of paralysis in sacrum, *Kalmia*.
- bruised feeling in sacral region, Sabad.
- Feet**, pain in sacrum extending into feet, Lyco., Phyto.
- Fever**, violent pain in sacrum, with fever, *Lob-i*.
- Flatus**, pain as from inflation in sacrum in the morning in bed with a feeling as if great bubbles were accumulating in sacral region with tenesmus, all of which vanishes on the emission of flatus, Kali-c.
- hasty urging but only an ordinary stool coming twice after

## SACRUM.

previous shooting and pinching in abdomen and going from there backward to the sacrum as from flatus in morning after awaking, Nitr.

**Flatus**, pain in sacrum as from flatus, Agnus-c.

— pressure in the abdomen on the sacrum as from flatus which passes off sparingly, affording some relief, Phos.

**Fluttering**, sense of fluttering-like movements of a watch commencing in region of sacrum and gradually arising to occiput, *Oleum-jec.*

**Forced**, pain in sacrum and bearing down as if parts would be forced out, worse when moving, Secale.

**Forcing**, pinching about the navel and forcing down toward the sacrum, then sudden urging to stool and a soft yellow stool with a piece of tape-worm, Mag-m.

**Formication**, intense formication in sacrum, Stann.

**Fracture**, pain as from fracture in sacrum, Nat-m.

**Fullness** in head and pressure in sacrum while sitting, with drowsiness at same time, Borax.

**Genitals**, sore pain in abdomen with pressure toward genitals as with the menses and pain in the sacrum, Kali-c.

**Gnawing** ameliorated by rubbing in small of back and sacrum, Phos.

— in sacrum in evening, Canth.

— pain in sacrum and the whole back in the evening after lying down, seemingly in the marrow, extending to the neck, so that she cannot sleep for pain and has to toss about continually, Mag-m.

**Gripping** in sacrum worse by standing and better by walking, Merc.

— severe and twisting in sacrum as with tongs, and then also pain in arms and feet as if it would turn them outward, Graph.

**Gugling**, dull "gugling" in sacral bones, Angustura.

**Headache** alternately with a broken sensation in the sacrum and lumbar region, worse by sitting, better by walking or standing, Melilotus.

## SACRUM.

**Heaviness**, during menses, pain in sacrum like heaviness, Kali-c.

— pain in sacrum, like a great heaviness, arising suddenly when sitting, and ceasing when moving about, Nat-c.

— in sacrum and loins as from a cold, Baryta-c.

**Heavy**, dull pain in region of sacro-iliac symphysis and a dull pain in liver region, Diosc.

**Heels**, acute squeezing pain in the left thigh in the morning on awaking, on turning over it extends to sacrum and terminates with shooting pains in the heels, Nitrum.

**Intermitting**, during menses frequent, but intermittent pains in sacrum, Mag-c.

**Intolerable** pains in sacrum, Calc-c.

**Iron**, pain in back as if hot iron was thrust through sacral vertebræ, Alum.

— sensation in sacrum as if a red-hot iron passed up spine to the atlas, around occiput, over eyes from right side, stopping at left ear, leaving a charred feeling; to perform the passage it takes six hours, Can-ind.

**Itching** on lower part of sacrum, Kali-c.

— and burning in sacrum and below right patella, Kali-c.

— eruptive nodules, sometimes itching and sometimes painful on the occiput, the sacrum and nates, Lyco.

— single itching stitches in sacrum, Caustic.

— severe itching on sacrum in bed, in evening, Nat-m.

— worse by scratching on outer side of thigh, on sacrum and hips succeeded by burning, Mag-m.

— and pricking in sacrum when walking, *Merc.*

— on back, chest, the dorsum of left foot, and on the sacrum, not going off by scratching, Mag-m.

— burning in sacrum above nates, Mag-c.

**Jerking**, shooting pain in sacrum, Euphorb.

— sticking, piercing, jerking in sacrum, and back arresting breath, Caustic.

— after confinement aching pain in sacrum, very suddenly going

## SACRUM.

down limbs to knees like in the bone, passing down gradually to the ankle and returning again to sacrum; jerking pains in different parts of the body, *Phyto*.

**Jerking** pains extending from left sacrum to anus, *Calc-c*.

— in sacrum, *Fluor-ac*.

**Jerks**, painless jerks in sacrum in evening in bed, *Sul*.

— painful jerks in sacrum during many movements, *Petrol*.

— intermitting tearing in sacrum after rising from stooping; while standing still it quietly draws in jerks, *Phos-ac*.

**Labor**, during the menses pain in abdomen, straining and pressure like labor pains, pain in back and anxious pains in sacrum, commencing with tickling, *Graph*.

— like pains across sacrum, *Kali-c*.

— spasm in sacrum and rectum like labor pains, *Lyc*.

**Lame** feeling in-region of sacrum, *Sil*.

**Lameness** in sacrum in morning when rising, *Nat-m*.

— and numbness in sacrum, *Calc-Phos*.

**Lancinating**, during cough lancinating pain above left hip extending into sacrum, *Sul*.

**Lancination** in sacrum, *Zinc*.

**Lassitude**, pain in sacrum extending to hips and thighs to below knees with weakness and lassitude when moving, when going upstairs, as if limbs would refuse to act before reaching top, *Sepia*.

— severe aching in sacral region from walking a short distance, followed by nausea and lassitude, *Con*.

— severe pain in sacrum after walking a little, *Con*.

— pain in sacrum when lying upon it with great lassitude, *Lyc*.

**Leucorrhœa**, backache, with dragging in sacral region and stringy, colorless leucorrhœa, beginning when walking, *Aletris*.

— sensation as from a bruise in the sacrum toward evening for several hours, with discharge of leucorrhœa, *Caustic*.

— pain as after a violent blow in the left hypochondrium; with

## SACRUM.

pains in sacrum, often so intense that she could not lie down, followed by leucorrhœa of eight days' duration; this and the pain in the sacrum ceased only with the appearance of menses, Nitrum.

**Lie**, pain in sacrum so that he cannot lie on his back, but must lie on face, Nit-ac.

— severe pain in sacrum like a cutting through during movement and at rest so that he could neither stand, walk nor lie down, Hepar.

— severe pain in sacrum so she could neither sit nor lie down, Calc-c.

**Lifting**, pain in sacrum from heavy lifting, Calc-c.

— pain in sacrum when lifting, *Sang-c.*

— like a gathering in a small spot in sacrum, a steady throbbing pain most felt at night and hinders sleep, violent aching pain, better in day when up and walking about, but unable to do any lifting, *Kali-b.*

— violent pains in sacrum when lifting a slight load, takes her breath, Anag-ars.

— pain in sacral region, back and neck after overlifting or feeling as if wrenched, *Calc-c.*

**Lying**, lameness in sacrum in morning when rising, weak in sacrum, as if paralyzed in loins; could neither stand right nor walk; he feels best when lying down all the day; it is worse after dinner, Nat-m.

— severe constant drawing in sacrum, alternating with throbbing, better by lying down, *Kali-c.*

— pressive, tensive sensation in sacrum, deep internal when severe, with feeling in bone as pressed asunder, worse when sitting and when lying, *Berb.*

— pain in sacrum as if one had been lying on a hard couch, *Merc.*

— pain in sacrum as if bruised, when starting to move after lying down, Dig.

— pain in sacrum when lying on back in morning, Ign.



## SACRUM.

**Lying**, gnawing pain in sacrum and the whole back in evening after lying down, seemingly in the marrow, extending to the neck, so she cannot sleep for the pain, and has to toss about continually, *Mag-m*.

— drawing pain in sacrum and a sensation as if it were broken, in walking, standing and lying, *Carbo-an*.

**Menses**, a drawing pain from hypogastrium to sacrum just before menses, *Carbo-veg*.

— bruised pain in sacrum in every position in evening during menses, *Nitrum*.

— delayed five days with pains in abdomen and sacrum, *Sul-ac*.

— sore in sacrum before menses, *Spong*.

— fourteen days too early with pain especially violent in sacrum, worse when sitting, better while walking, *Mag-c*.

— violent pain in sacrum during menses, but only by day, *Nat-c*.

— four days late and of shorter duration than usual, with violent pain in sacrum, *Mag-m*.

— during normal menses, pain in sacrum, *Iodum*.

— during menses, pain in sacrum like heaviness, *Kali-c*.

— during menses, severe pains in sacrum mornings on rising from bed so she could not move, *Lyc*.

— two days too early, very thin, of short duration, with violent, unusual pains in sacrum, which went off during exercise, *Graph*.

— at the appearance of menses, a violent pain in the sacrum for an hour, *Nit-ac*.

**Menstruation**, chilliness and pain in sacral region during menstruation, *Puls*.

— drawing pain in left sacral region in evening first day of menstruation, *Zing*.

**Morning**, lameness in sacrum in morning, with weakness when rising as if paralyzed in loins; could neither stand right or walk; feels best when lying down all day; is worse after dinner, *Nat-m*.

— bruised pain in sacrum from morning till afternoon, *Mag-c*.

## SACRUM.

**Morning**, pain in sacrum in morning as if she had received a blow, Nitrum.

— cutting pains in sacrum in morning, All-sat.

— sensation in morning as if sacrum were being pressed inward from both sides, Kali-c.

— pain in sacrum in morning; on awaking she could not remain in bed; she must get up, Nitrum.

— pain in sacrum as beaten; in morning worse by stooping, not better by rising again; extending from time to time in renal region; better by walking in open air, worse on right side, Tellur.

— pain in lumbar and sacral region in morning on waking, Erigeron.

— pain in sacrum morning on rising; better in evening, Lil-tig.

— drawing pain in sacrum; better by moving in morning, Lil-tig.

— pain in sacrum at once in morning after rising, Calc-c.

— sacral region and back; feel bruised in morning on rising, Callad.

— colic at night for two hours, with subsequent stool; then in morning pain in sacrum and chest, and afternoon all the limbs feel bruised, Kali-c.

— lying on back; pain in sacrum in morning, Ign.

**Motion**, she painfully feels every motion of the body in the sacrum, Caust.

— stitches in sacrum; worse when sitting than when in motion, Bar-c.

— shooting pain in sacrum, so that he must keep perfectly quiet; worse by every motion, Coloc.

**Moving**, restless, sleepless night on account of violent pains in sacrum, which force him to be constantly moving Mag-m.

— severe pain in sacrum almost only when moving, so that he can hardly walk; seems to be in the bone, Nit-ac.

— pain in sacrum, passing on both sides around the pelvis forward toward the genitals; worse at night and when moving, Sarsa.

## SACRUM.

**Moving** pain in sacrum on moving like soreness or like a spasmodic drawing, *Sul-ac.*

— pain in sacrum extending through the hips and thighs to below the knee, with weakness and lassitude when moving, especially when going upstairs, as if limbs would refuse to act before reaching top, *Sepia.*

— sprained pain in hip beside sacrum when moving, *Petrol.*

**Nausea**, severe pain in sacrum after walking a little, then nausea and lassitude, *Con.*

**Needle** like pains in sacrum and in hip bones, *Chimaphilla.*

**Night**, pain in sacrum at night, and on the top of that shoulder on which he is lying, *Sil.*

— tearing and burning in sacrum and hips afternoon and night, *Mag-m.*

— pain in sacrum and back at night so violent that she could not lie still, *Mag-c.*

— violent pains in sacrum at night, they awakened her and did not allow her to sleep again, *Nitrum.*

— a feeling of prostration in sacrum at night, *Lith-c.*

— pain in upper part of sacrum and pelvis at night is worse, *Helon.*

— pain in sacrum passing on both sides around the pelvis forward toward the genitals worse at night and when moving, *Sarsa.*

— bruised pain in sacrum at night, at 3 A. M. she could not turn over, *Nitrum.*

**Nose**, pain as from a bruise in sacrum when blowing nose, *Dig.*

**Numbness** and lameness in sacrum, *Calc-phos.*

— a sensation of coldness, numbness, and tension in sacrum, *Carbo-v.*

**Numb** pain from sacrum down legs, *Graph.*

**Pain** in sacrum as after long stooping, *Dulc.*

— violent bruised pain in sacrum from afternoon till evening, *Mag-c.*

— in sacrum, *Chelid., Sepia., Sul-ac., Nit-ac., Mez., Borax., Calc-c., Ver-vir., Podo., Lyco., Mag-m., Carbo-an., Magnolia, Abrot., Absinth.*

## SACRUM.

**Pain** in lower part of sacrum, Carbo-an.

- begins in sacrum and goes into left hip, tensive as if muscles were too short, Caust.
- in sacrum when straightening himself after long stooping, Nat-m.
- sore pain in sacrum even while at rest, also when not touched, Nat-c.
- as if flesh about lower part of sacrum was detached, Lyco.
- especially in hip and sacrum with prolapsus uteri, Æscul.
- in sacrum, cannot lie on either side, Nat-s.
- bruised pain in sacrum and small of back, Nat-s.

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C. J. FIELD vs. AD. McGLUMPHY.

Most of our readers will remember that we mentioned this case in our issue of March last (Vol. xix, p. 136).

On Monday, June 12th, the case came on to be heard on the application of the plaintiff for an alternative writ of mandamus.

The application was supported by affidavits of eminent physicians forming a volume of 153 printed pages.

The plaintiff's petition claims that the vaccination laws of the State inflict disease and sometimes death upon healthy children, and are therefore in violation of Art. xiv of the Constitution of the United States.

The testimony, which is exceedingly strong and apparently convincing, seems to establish the following points, viz.:

(1) That vaccination has no effect in protecting the vaccinee from smallpox.

(2) That the disease which the vaccinists claim is implanted by vaccination and to which Jenner gave the name "vaccinia" is ordinarily a more severe disease than ordinary small-pox.

(3) That severe vaccinia is a much more severe and dangerous disease than severe small-pox.

(4) That the dangers of small-pox have been greatly exaggerated and that properly treated it does not become infectious.

(5) That vaccination is often performed with variolous vaccine virus, and in such cases produces small-pox; of this many illustrations are cited, and (pp. 30, 31) it is cogently argued that ten of the cases of small-pox, in two of which death resulted, reported by Dr. D. Welch, physician to the Municipal Hospital of Philadelphia, in his report for the year 1895, were cases in which Dr. Welch had himself implanted the small-pox with his vaccination.

A rule *nisi* was granted and the need for enlightening the public upon the subject is illustrated by the fact that in the course of the argument one of the Judges asked Mr. Beasley (of counsel for the plaintiff) whether the refusal of admission to the school was not like refusing admission to a child with measles. It was on Mr. Beasley's pointing out that the two cases were totally unlike, as this was the refusal of admission to a healthy child, that the rule *nisi* was granted.

Now comes the tug of war and the main expense: and we earnestly renew the invitation given in our issue of last March to all persons who can afford to do so to contribute to the expense of the case which, if it goes to the Supreme Court of the United States and be decided, as we think it must be, adversely to compulsory vaccination, will dispose of all laws to that effect in all the States.

The volume of testimony in this case is a repertory of the subject, and all persons who subscribe \$2.00 or upwards to the expenses of the suit will receive a copy of this testimony on signifying their desire to do so on sending their subscriptions. Remittances may be made to C. Oscar Beasley, attorney, No. 311 Fidelity Building, 112 North Broad street, Philadelphia, Pa.; R. N. Taylor, Esq., 35 South Front street, Philadelphia, Pa., or to Dr. M. R. Levenson, Fort Hamilton, N. Y.

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IN MEMORIAM—DR. SAMUEL MILLS FOWLER.

Dr. Fowler, a well known and distinguished veteran homœopathic physician, died at his residence, 619 East Sixty-sixth street, Chicago, Illinois, on Tuesday, March 28th, 1899, at six o'clock in the morning.

Dr. Fowler was an old soldier in the war of the rebellion, having entered the army as a private in Company F, Third Michigan Cavalry. In October, 1862, he was mustered out, but immediately re-enlisted and was finally discharged in San Antonio, Texas, in 1866. His attachment for his old comrades in arms continued all his life, and his work among these decrepit, prematurely-old, broken-down "boys" was untiring wherever he met them, and they in turn were equally devoted to him.

He was buried with their beautiful memorial service and they will erect a tablet to his memory in their magnificent memorial hall in the new Library at Washington. He wore a gold watch which was given him by these comrades, with an inscription upon the lid expressive of their esteem for him. This watch he gave to his first-born son on his twenty-first birthday, to be preserved by him as a family heirloom.

The war of the rebellion being over, Dr. Fowler began the study of medicine in the office of Dr. Sill in Kalamazoo, Michigan, and attended lectures in Cleveland Homœopathic Hospital College in 1870 and 1871. He graduated from the Hahnemann College in Chicago in 1872.

Whilst attending lectures at the Cleveland College he met his future wife, Miss Carrie H. Rogers, who was at the same college studying medicine. These two were married March 7th, 1872, in Dubuque, Iowa. Dr. Fowler was then 29 years old. He located first at Adrienne, Michigan. This proved unfortunate for his wife, who became a victim of ague. The

young couple consequently removed to the home of the wife, Dubuque, Iowa, where Dr. Fowler went into partnership with Mrs. Fowler's preceptor, Dr. E. A. Guilbert.

In 1876 he dissolved this partnership and practiced with his wife. In 1883 Mrs. Fowler's mother was taken severely ill at DeLand, Volusia county, Florida. There Dr. and Mrs. Fowler repaired to the side of the invalid, at the same time practicing medicine and raising oranges.

Whilst living here an epidemic commonly called typhomalarial fever broke out in St. Augustine, and Dr. Fowler was tempted to go there to try the efficacy of Homœopathy. His wildest hopes were realized. Out of sixty-nine fever cases he lost but one, and that one had been abandoned by the allopathic attendant and lay for two days without any treatment. This experience made him very popular and very soon he had a fine practice. In 1888 yellow fever appeared and caused a panic among the people and they fled from the city, and his practice was soon reduced to very narrow limits.

Next he tried Gainesville, Texas, being persuaded to come by his brother and uncle. Here he had an excellent practice for two years, when a fire broke out in his dwelling that consumed all valuables, household goods and books, the accumulation of twenty years of married life. Whilst living in Gainesville he cured a number of cases given up to die by the old-school physicians. Among these was the infant child of the leading jeweler of the town. The child was kept in a stupor with Morphine injections to relieve spasms and had taken enough Gelsemium to scare the druggist who prepared it. The traditional mother-in-law was at hand and suggested the calling in of the "new doctor" and he gave the strictly homœopathic remedy and saved the babe.

But the conflagration having destroyed all he owned, Dr. Fowler no longer desired to live in a town where he had had such disaster.

Having heard of the formation of the new Hering Medical

College in Chicago and of Dr. Allen's desire for help in starting it, Dr. Fowler decided to move to Chicago. Nothing could be more in harmony with his enthusiasm in the cause of Homœopathy than to be one of the active spirits in conducting it and in having a chance to teach the doctrine in all its simplicity and accuracy, and incidentally to infuse into his hearers some portion of his own strength of conviction and loyalty to its principles. Therefore he was a most active and efficient teacher and inspiring spirit in the faculty. A disagreement having broken out in the faculty, a considerable number seceded and formed the Dunham Medical College. Dr. Fowler joined the new college and became professor.

In August, 1897, his rapidly failing health caused him to relinquish his professorship in the college and return to Florida, establishing himself at Miami. Here he continued to reside until December, 1898, when he came on a short visit to Philadelphia.

During his stay in this city he called upon the editor of *THE HOMŒOPATHIC PHYSICIAN*. His appearance was shocking and eloquently told the story of his suffering. Notwithstanding his illness, he spent several pleasant evenings in our house and accepted our invitation to Christmas dinner. He heartily enjoyed this festival occasion and warmly expressed his pleasure. It was the last enjoyment he ever experienced, for the very next day his illness assumed so grave a phase that he telegraphed for his devoted and admirable wife to come to him. She responded promptly and on her arrival decided to take him away immediately to the home of his father, the Rev. Samuel Mills Fowler, Sr., in Kalamazoo, where he retired to his bed never to rise again. His sufferings were terrible and wrung the heart of his noble wife to the last extreme with anguish. Even though he is dead, the memory of those hours of pain have made a deeper impression and created a more poignant agony in this devoted and heroic woman than even the bereavement of his end and her own desolation.



After death an autopsy was held to determine the cause of his illness. The following is a copy of the certificate given by the surgeons who made the examination :

MARCH 28th, 1899.

Examination of the body of Samuel Mills Fowler, M. D.

Spleen measured 8x6x4 inches; dense omental adhesions to the abdominal wall on the right side in the region of the cœcum. Appendix had degenerated into a fibrous cord. Liver greatly enlarged. A calculus  $2\frac{1}{2}$  inches long and  $1\frac{1}{2}$  inches in diameter completely filled the gall bladder, the walls of which invested it closely; the stone extended to and obstructed the common duct.

D. H. GALLOWAY, Allop.,

W. H. SCHRADER, Allop.,

HOWARD CRUTCHER, Hom.,

Surgeons.

Dr. Fowler has the distinction of being one of the most learned men and one of the most enthusiastic homœopathists in the profession. He was one of the most accurate, painstaking, and therefore successful prescribers in our school.

He was the bitter foe of every innovation that was likely to lead the mind of the practitioner away from the strict detail of studying the case, comparing it with the materia medica, selecting the proper simillimum, and in the potentized dose, and watching the results of its careful administration. He had an abiding faith in the salutary results to be expected from the carefully selected remedy and in consequence he was able to save many a life for continued usefulness in this world, and also to stave off the time for the approach of the dread destroyer in his own case. His presence anywhere was the signal for the working of medical miracles in the relief of suffering and death. His meetings with his fellow-practitioners were enthusiastic conferences upon the powers of homœo-

pathic principles, relations of his own successes in individual cases and the giving of valuable indications for remedies, or encouragement and good advice to his listener, if the latter were in doubt upon his own cases.

His widow has received from Dunham Medical College the following expression of feeling on the part of the faculty. Its brief sentences speak a volume of his character and attainments:

“CHICAGO, April 10th, 1899.

“MRS. S. MILLS FOWLER:

“DEAR MADAM—At the last faculty meeting of the Dunham Medical College the Registrar was requested to express to you the heartfelt sympathy and deep loss, not only our college, but the community sustained in the death of your good husband.

“Words at such a time can feebly express one’s thoughts. His memory will ever be dear to hundreds, not only in Chicago, but everywhere. His sterling worth, splendid reputation and marked success in the practice of the Homœopathy of Hahnemann have left a record that few can hope to attain in this world.

“Yours very truly,

“JOHN STORER.

“Registrar.”

#### IN MEMORIAM—DR. WALTER B. FARLEY.

“FARLEY.—On May 25th, Dr. Walter B. Farley, aged 31 years. Funeral services Sunday afternoon at 2 o’clock, at the residence of his mother, Berwyn, Chester County, Pa.”

The above notice appeared in the *Philadelphia Times* of May 27th, 1899. It announces the death of one of the brightest young physicians of Chester county, in the State of Pennsylvania.

Dr. Farley graduated from Hahnemann College, Philadel-

phia, in 1890. He immediately set up in practice at Berwyn, a village less than twenty miles from Philadelphia.

He was a strict homœopathist and a man of unimpeachable character.

If his earthly career had not been brought to a termination so soon, he would have become a prominent and successful physician and one of the leading doctors of Chester county.

He was a member of The International Hahnemannian Association and of The Medical Council of Philadelphia. The latter society was founded by the late Dr. Mahlon Preston with the object of affording professional advice and assistance to those of its members who may be treating difficult cases that baffle their skill.

Dr. Farley has a brother, Dr. Robert Farley, of Phoenixville, Chester county, Penna., well known in the profession as a successful practitioner of the strict methods of pure Homœopathy.

The deceased leaves a wife and one child to mourn his untimely removal from this earthly plane.

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## A WARNING.

### A SEVERE EPIDEMIC FORETOLD FOR THE NEXT YEAR.

We have had two seasons of epidemic influenza, and now a prolonged drought, permitting aerial percolation of the soil to an unusual depth.

One of the few things which has been learned of the nature of epidemics is, that the above conditions are premonitory of a severe epidemic next year. When the soil is saturated with cadaveric poisons, such for instance as prevailed in consequence of the wars and famines and imperfect burials of the Middle Ages, and when towns and country vied in filth and insanitary conditions, the plague, the black death, the sweating sickness, and typhus fever made periodical ravages among

an ignorant and filthy people, whom nature took this means of impelling to better behavior.

Sanitary conditions generally have been greatly improved in most parts of Europe and the United States; but the accumulations of cadaverous poisons in the soil which entailed such severe chastisements down to within the past three centuries, have been replaced by a yet more barbarous practice, more inexcusable by far than the soil-poisoning of the Middle Ages. The cadaveric poisons, now absent or nearly so, from the soil have been instead accumulated in the bodies of the races which inhabit Europe and the United States.

For more than a century the poison of diseases of men and beasts have been inoculated into human beings, under the strange hallucination that such a pathogenic element, infiltrating the human organism and finding therein a culture medium among the most fertile in nature, can produce in such organism a capacity for resisting epidemic diseases. We do know, and it is one of the very few laws of pathology which we do know, that toxines and ptomaines and our excreta, and the excreta of other animals are among the factors which produce fevers, inflammations, and infectious diseases, and that their products are to be found in their most concentrated form in the matter of abscesses and the like. We do know, as was truly said by Sir John Simon, that "when a given body is possessed by a metabolic contagion no product of that body can be warranted as safe not to convey the infection," and the pouring of this cadaveric poison into the blood of the race for now several successive generations, must have produced in the race a receptivity to epidemic diseases which the merest spark may raise into a devastating plague. Something of this condition was probably the principal cause of the great pandemic of small-pox in the years 1871-3, and as unfortunately the world which assumes to itself the title of "civilized" failed to read the lesson aright, a new and perhaps more terrible affliction is to be speedily looked for.

Philadelphia has already experienced something of this in a severe epidemic of typhoid fever, now probably temporarily at an end. It is true that it has been attempted to ascribe that epidemic to the bad water obtained from the Schuylkill river. It is by no means certain that the bad water was even an inciting cause of the epidemic, but alone it could not have produced the fever; a predisposing cause was essential, and this was furnished and the community prepared to receive the infection by the inoculation of successive generations with the putrefying matter of disease.

MONTAGUE R. LEVERSON.

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### THE CASTRATION OF IDIOTS.

The question of the desirability of unsexing certain of the criminal classes has been given considerable attention in the editorial columns of the medical press for some time, but the possibility of preventing the multiplication of the mentally unfit seems to have received less consideration than it deserves. Any one who has taken the pains to observe the pauper classes, whether in large or small towns, is aware that its ranks are being increased from year to year, mainly by multiplication of its own kind; it is true that immigration has added to the numbers and that some degenerates have fallen into the ranks from the higher classes of society, but the greater part of the pauper tax is for the support of sons and daughters of paupers.

Reports of boards of charities show that the number of paupers is steadily increasing, and with this increase is a corresponding increase in the burden of taxation for their support. Criminals of any given class are not all totally depraved, sometimes they have been led astray by evil associations, and it is difficult to see how a law could be framed suitable for all cases, but there is no great difficulty in determining at the age of puberty whether a child has sufficient

intelligence to be able to support itself. Inasmuch as the State has to provide for the vast majority of imbeciles, why should its officers not be given power to prevent the multiplication of this class?

This matter is by no means as novel as it may first seem, as is evidenced by the fact that a prominent surgeon in one of our large cities has several times been consulted with regard to this matter and has performed castration at the request of intelligent but unfortunate parents upon their imbecile children. Whilst there is an occasional imbecile child born of intelligent parents, the vast majority illustrates the law "like begets like." Not only would castration prevent procreation by these unfortunates; it would also do away with masturbation and venereal disease among them, conditions horrible for the patient and loathsome and disgusting for attendants. Nature weeds out a considerable proportion from these classes by the tedious and painful process of disease: unsexing of both males and females would be a swift and merciful way of accomplishing the same end.—*Philadelphia Med. Journal.*

## BOOK NOTICE.

### CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS.

A practical treatise on the Diseases of Women and their Treatment by Electricity. By G. Betton Massey, M. D., Physician to the Gynecological Hospital, etc. Third edition, revised, rewritten, and greatly enlarged. Philadelphia, New York, and Chicago. The F. A. Davis Co. 1898.

This book has been reviewed in its earlier editions in this journal before.

The first edition was reviewed in the number for August, 1889, page 358, and the second edition in July, 1890, page 329.

The issue now under review is the third edition.

The author is well known to the editor of THE HOMŒOPATHIC PHYSICIAN, who can unhesitatingly say that he stands at the head of the profession in Philadelphia as an electrical specialist. He is in every sense a fully trained physician, paying, however, special attention to electrical methods of therapeutics. His book in this light has the value of being the highest authority on the subject of which it treats.

Those who have the previous editions will hardly recognize the present volume as a third edition so greatly has it been expanded.

Says the author in the preface. "What was a mere treatise on the use of electricity in fibroid tumors and certain other affections has been transformed into a treatise on the medical and surgical diseases of women with special reference to the therapeutic use of electricity. This broadening of the scope of the work has been made necessary by the fact that nearly all the modern treatises on gynecology have been written from a purely surgical standpoint."

The author distinguishes himself and commends himself to the favorable consideration of all people who are not riding a hobby, but whose minds are open to the consideration of all sides of a therapeutic problem, by his denunciation of the indiscriminate performance of operations upon the genital organs of women. Thus at page 11 he deprecates "the removal of an ovary for pain due, in reality, to lateral sclerosis of the spinal cord, and the removal of both ovaries for similar symptoms due to scoliosis of the spinal column." He also similarly denounces indiscriminate abdominal surgery, and says: "No organ should be subjected to a mutilating operation, certainly none removed from the body, *until the powers of conservative medication have been intelligently tested.*" Electricity in the hands of our author is "conservative medication" and is most intelligently applied as a further examination of his pages will abundantly show.

He positively disclaims electricity as a cure-all, and does not wish the reader's mind so filled with ideas of electricity that he will neglect any simpler means of treatment.

For the treatment of tumors there is given the whole process of electrolysis, with the philosophy and with suggestive experiments to enable the student the better to understand the principles involved.

The principle of cataphoresis is very well explained and is one of the author's specialties in treatment, as we shall soon see. Cataphoresis may be explained in the words of the author, as follows: "There is another physical accompaniment of the transmission of galvanic currents through a liquid-containing conductor such as the body, and that is the actual transfer of liquids and solids (in solution or in small particles) through it in the direction of the current. This is analogous to ordinary osmosis, but is entirely determined in direction and amount by the current. It is called cataphoresis, and since medicaments can be inserted into the body by it, chiefly from the anode or positive pole, it has also been termed 'anodal diffusion.'"

The process is defined by the author very completely, the quotation here made being only a part of the whole statement.

The author has originated a most unique use for it. He applies it to the dissemination of Mercury in atomic proportions directly into diseased tissues. In this process the electricity is literally driven forward into the tissues.

Turning now from the definition of cataphoresis on page 42 to page 236, we learn how the author uses cataphoresis in the treatment of cancer.

A gold needle electrode is amalgamated with Mercury and made the positive pole of a powerful galvanic battery. This pole is then inserted into the cancerous tumor while the negative pole, consisting of a wet pad, is applied to the outer skin. Under the influences of the electrical current flowing off from the positive pole into the tumor, the Mercury is carried into the tumor and there produces a "lethal effect" upon the tumor by which it is made to disappear. The author then quotes a number of cases treated with more or less success. He is, as usual, very conservative in his claims, but points out that it is a suggestion of what may yet be done in this direction.

This idea of treating cancerous tumors is the most important point in the whole book and the one to which the attention of readers of this journal is particularly directed. As the author well says of his methods that he has obtained "results, which though few in number and not always successful, yet point to the germ of a truth of vast importance to the human race."

It is to be distinctly understood that the author of the book is the sole originator of this method. On that point he says: "The underlying principle that constitutes the novelty of the method is that there is a virtue in the electrical diffusion of nascent chemicals throughout a malignant growth, which when of sufficient density per area will cause an interstitial



death and ultimate absorption of the malignant cells at a distance from the electrode, without destroying the connective tissue surrounding them, and that this intracellular lethal action is independent of and additional to the ordinary destructive action of a strong current in the immediate neighborhood of the electrodes."

There is much more than the above points considered in this excellent book, but time and space are wanting. The book is embellished with an immense number of cuts and many colored plates. The plates representing the appearance of the os uteri in life while suffering from leucorrhœa are the best we have even seen.

Details of apparatus, minute directions for manipulating, diagrams for explaining principle of action of the various apparatus, and tables showing details of treatment and results in treating a great number of fibrous tumors, enrich the book and make it indispensable to every practitioner who seeks to make use of electricity.

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## NOTES AND NOTICES.

DR. J. B. GREGG CUSTIS announces that on June 29th he will remove his office and residence from 110 East Capitol Street, to 912 Fifteenth Street, McPherson Square, and after that date his office hours will be from 8 until 9 o'clock in the forenoon, and from 3 until 6 o'clock in the afternoon. Washington, D. C. Telephone, 397.

SEE picture of Alfred Speer on another page, the original wine grower in the United States, whose wines have become famous over the world, also his \* \* \* Climax Grape Brandy.

DR. GIVENS' SANITARIUM for nervous and mental diseases at Stamford, Conn., offers excellent advantages for patients requiring special care and treatment.

SEE WHAT A PRESIDENT SAYS ON BRANDY FOR SICKNESS.—The President of the Baltimore Medical College, who has thoroughly tested Speer's wines and brandy, says: "Speer's Climax Brandy is a pure and valuable article in all cases of disease in which a reliable stimulant is required. I regard it superior to most French brandies."

Dr. B. F. Baily, President of the American Institute of Homœopathy, says: "I have known Dr. Amos J. Givens, of Stamford Hall, Stamford, Conn., for ten years. I have visited his Sanitarium, and have placed patients under his care and treatment, and can recommend Dr. Givens and Stamford Hall in the highest manner."

ALSO ABSOLUTELY PURE GRAPE JUICE.—Speer's Unfermented Grape Juice is perfectly divested of all fermenting principle by electricity and

fumigation. His Port, Burgundy, and Claret beat the world for excellence both as a family and medicinal wines.

DR. KIMMELL (who has devoted his entire TIME and PRACTICE to the painless extraction of teeth for the past twenty-one years, using perfectly pure nitrous-oxide manufactured by himself daily) has removed to 1218 Walnut street, and has taken the entire second floor (with all the conveniences) and now has the largest, handsomest, and best furnished offices in Philadelphia. The doctor also administers nitrous-oxide largely for physicians in minor surgical operations. Dr. Kimmel has no students or assistants—all operations in extracting teeth are done personally. Office hours, 8.30 A. M. to 5 P. M.

[The editor of THE HOMŒOPATHIC PHYSICIAN cordially recommends Dr. Kimmell as a skillful and rapid operator, and a careful administrator of nitrous-oxide gas. The doctor has given the most satisfactory service in several cases in the practice of the editor.—W. M. J.]

YELLOW FEVER CONTRACTED AT NIGHT.—A number of convincing instances are related by V. Godinho in a study of yellow fever (*O Brazil Medico*), in which persons escaped yellow fever completely by leaving the infected spots before sundown and sleeping elsewhere at night. At Rio Janeiro and S. Paulo, business can be carried on during the day by non-immunes, without danger of infection, if they have their homes at Petropolis or some other suburb. The head of a prominent German business firm at Santos thus passed unscathed through several epidemics, even the epidemic of 1889, but one night found it more convenient to sleep at Santos and contracted the disease that night. Similar instances are constantly being reported. Sanarelli has demonstrated that the *bacillus icteroides* is destroyed by seven hours' exposure to sunlight. Globig, of the German Navy, recently published a communication (*Arch. de Med. Nav.*) stating that while in port at Rio Janeiro none but the sailors on night duty contracted yellow fever. The popular belief that yellow fever is only contracted after an attack of indigestion Godinho explains by the fact that indigestion and fever are the initial symptoms of the invasion of the infection, caused by the efforts of the system to eliminate toxins.—*Health*, July 15th, 1899.

HAY FEVER.—An Ohio editor says hay fever is caused by kissing grass widows. A Missouri editor says it is caused by a grass widow kissing a fellow by moonlight. An Iowa editor says it is caused by a fellow kissing the hired girl when feeding the cow. An Illinois exchange is of the opinion that it is caused by missing the hired girl and kissing the cow.—*North American Chemical Review*.

All wrong. It is caused by the picnic grass lunch.

A SIMPLE METHOD OF REMOVING A NEEDLE.—“I think it may be of service to record a simple means by which I obtained the removal of a

broken needle from the heel of a young lady, aged twelve, whom I saw lately walking about on her toes to avoid her right heel (into which a needle had been broken) touching the ground. The buried end could be felt, but any pressure led to its further entry. I directed her to wear a large, thick corn-plaster around the spot, with a little wet cotton-wool in the centre, and to tread freely on the heel. Within a week afterwards she showed me the needle, which had protruded, and she had easily withdrawn it. Thus no wound was made, and no scar left to be a tender spot on the plantar surface."—*Dr. Charles Steele, in British Medical Journal.*

A CORRESPONDENT of the *New York Sun* wants to know who wrote the following verse:

Beneath a shady tree they sat;  
 He held her hand, she held his hat;  
 I held my breath and lay right flat.  
     They kissed, I saw them do it.  
 He held that kissing was no crime;  
 She held her head up every time.  
 I held my peace and wrote this rhyme:  
     They thought that no one knew it.

When you think of the inherent meanness of the act of the author, it is no wonder that he, or she, failed to give a name, even as an evidence of good faith.

THE *Public Health Journal* for October has the following clever satire on the "Triumph of Modern Surgery:"

They sawed off his arms and his legs,  
 They took out his jugular vein;  
 They put fancy frills on his lungs,  
 And they deftly extracted his brain.  
 'Twas a triumph of surgical skill  
 Such as never was heard of till then;  
 'Twas the subject of lectures before  
 Conventions of medical men.  
 The news of this wonderful thing  
 Was heralded far and wide;  
 But as for the patient, there's nothing to say,  
 Excepting, of course, that he died.

CHEMISTS ORDER SNAKES.—Four hundred live rattlesnakes and copperheads would be a rather startling order, even if received by a zoological garden or the menagerie of the average circus, but consternation reigned among the farmers of Fayette county when H. K. Mulford & Co., of this city, communicated with parties in Uniontown and endeavored to secure the deadly reptiles, which are to be sent here for use in their Philadelphia laboratory, where their virus will be used to inoculate

animals and the stricken creatures experimented with in an endeavor to find an antidote for the poison and a cure for the snake-bitten, there now being no known remedy for their bites.

Snakes are plentiful enough in the mountains around Uniontown, but the farmers and mountaineers at first did not greatly relish the idea of entering upon an extended search for that particular form of death. The agent, however, finally succeeded in enlisting the services of a number of the more daring ones, and they will soon fill either that order or the graves of martyrs to the cause of science.—*The Times*, June 15th, 1899.

ELECTRICAL SAWS.—The Boston Emergency Hospital has adopted the use of an electric circular saw to take the place of the knife in making amputations. Dr. Galvin claims that by its use no anæsthetic is necessary, as the operation is painless, and it shortens the time, as it cuts through almost instantly. This he claims lessens the shock. No ligatures are needed, and all the cases so far treated have done better than by the old method.—*Medical Times*.

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#### FUN FOR DOCTORS.

Temperance Worker.—“My friend, when you have a craving for strong drink you should think of your wife.”

Toper.—“Madam, when the desire is upon me I am absolutely devoid of fear.”

Expectant Father.—“Well, is it a little peach?”

Excited Nurse.—“No, it’s a little pair.”—*Ex.*

#### VERY PROFITABLE.

A Dublin newspaper has an advertisement possibly more truthful than intended: “Wanted, a gentleman to undertake the sale of a patent medicine. The advertiser guarantees that it will be profitable to the undertaker.”—*Medical Times*.

#### ELIZA’S SUCCESSOR.

I’ll si’g you a so’g which wo’t be lo’g,

All od accou’t of Coryza!

I’ll tie my charger with a tho’g,

All od accou’t of Coryza!

Bud Doble is a doblemad;

He helps a fellow when he cad—

I cad prodouse his nabe, bedad,

All od accou’t of Coryza!

“If I get sick, dear, send me to the hospital.”

“What! among all those pretty nurses! I guess not!”—*Exchange*.

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. XIX.

AUGUST, 1899.

No. 8.

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EDITORIAL.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION MEETING was a great success, being both instructive and interesting, notwithstanding the few members and the shortness of the session. This is the more gratifying since for two months preceding the time of meeting an underhand attempt of the most determined and concerted character had been made to nullify the meeting and break up the I. H. A. completely.

Although the utmost secrecy was practiced, yet accidental and unintentional intimations of this malignant scheme had been communicated to the President several weeks before the meeting, leaving him with the firm conviction that when he would go to the Convention he should have the unique experience of presiding over nothing but empty chairs. Notwithstanding, he resolved to do his duty, and intended if only *one* member appeared on the scene he would nevertheless hold a meeting with the aid of that one member and save the Association, if possible, from this dastardly attempt to wreck it. He was successful beyond his best hopes, and when the hour

of assembling arrived, he was pleased to see twelve members present, who were superior to the influences of this ridiculous intrigue.

A harmonious and instructive series of sessions was the result, absolutely free of the vexatious and underhand intrigues that have threatened the continuance of so many conventions in the past. Attention not being divided with these small plots, it was instead concentrated on the legitimate work of the Society, and hence the success already recorded. Another set of officers who would carry on the work for another year was elected, and thus the Association was saved from the threatened destruction.

A short summary of the proceedings together with the list of members in actual attendance will be found in this number. The President's address has been already published in the July number.

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### COMMENTARIES ON HAHNEMANN'S *ORGANON*— THE PROTOPLASMIC CELL AND THE LIFE-FORCE OF MAN.

[*Organon* 5th Ed., Secs. 7-17.]

B. FINCKE, M. D., BROOKLYN, N. Y.

"While there are many scientific men there are few scientific thinkers."  
—DRUMMOND, *Ascent of Man*.

The high priest of Cellology has written a pamphlet in 1849, entitled, *The Efforts at Unity in Medicine* (Die Einheitsbestrebungen in der Medicin), in which he said what was not new: "The cell is the simplest form of vital utterance which is represented fully by the thought of life, is the organic unit, the indivisible living thing." "Life is bound to a determined form of the cell, without it it does not appear. The expression of life, therefore, is the formation of the cell, the organization; only the organic is alive." Yet "the cell itself is not from the beginning a cell, it does not stand there all on

a sudden, but a series of successive processes presents itself to our eye, the last term of which is the perfected organic unit, the cell." "To our eye" is here meant metaphorically, for nobody ever has watched the formation of the original protoplasmic cell. The analogy which he now cites moves on a sophistical ground. He compares the mother-liquor from which the crystal starts with the blastema or protoplasm from which the cell is formed. In both cases these are physico-chemical processes which furnish the morphological product of the crystal and cell. To be sure life is to him nothing but the physico-chemical process which from the forming crystal that can be watched is applied to the forming cell that no eye can see. Then he says: "The outer plastic act, the organization which we may parallelize with the crystallization, is dependent upon the one preceding it, it can be considered as the necessary result of the properties of the new chemical materials formed by the inner act as the association of these materials to distinct forms based upon their properties." There we have now the favored properties of matter which are to mediate the process of the organization of the cell as well as the crystal. *Principiis obsta!* What are these properties after all? They are handled like legitimate coin in the physico-chemical realm, but can find no application in the doctrine of life or biology. They are the forces of lower life given to matter of multifarious kind. All at once the author finds that "the inner preparatory act, the premorphological motion, is a chemical catalytic act," in order to make the genesis of the cell more comprehensible, that the inner catalytic but, properly speaking, genetic act is not introduced at all by the chemical affinities," which are his properties. He brings in the new conception, catalysis, which belongs to chemics, in order to bring it nearer to the genesis of the cell. But it is a direct contradiction to his former assertion, and he acts like the impartial judge who gave both parties right, only in the reverse, inasmuch as he blames both the

chemists and vitalists as being in the wrong, and he finds an exit from the blind alley in which he finds himself in the mechanical perception. But this will not do, because even "the mechanical laws of physics and chemics are not manifest everywhere and at all times, as he says, because they are often latent." And yet, the "processes of life, inasmuch as they occur at mechanical materials (now, what is mechanical materials?), offer in single cases no deviation from the common utterances of the mechanical laws." And yet, "the mechanics of life, the physics and chemics of the vital processes do not contain the fundamental ground of unity." But above the premorphological motion was a chemico-catalytical act. How can that be reconciled? Through a questionable kind of reasoning he comes to the "excitation" (*Erregung*) as the cause of motion, and since every motion presupposes an excitation, as one is already the sequel of the other, he is urged to assume an original excitation, a creation, and now the endless series of excitation causing motion comes to a sudden end; when he declares the first term, the excitation to be "transcendent because it leads upon a field which contradicts all experience and for which every possibility of a perception of conscious knowledge is missing." Thus the cat walks around the hot porridge, for he cannot escape the conditions of the origin of the first protoplasmic cell which now to him is a mechanical affair resting upon the ordinary physico-chemical mechanics—*i. e.*, making the ordinary properties of the materials contained in the blastema or protoplasma manifest. Now he arrives at the reasonable thought that the excitation of this motion is not this motion itself, and he admits that science cannot answer such questions, for he has no idea of what motion really is. In spite of his admission that "the chemist has not yet succeeded to compose the bodies of the blastema (fibrine, albumine, starch, etc.) from the elements, and the physicist has as yet been unable to form any of these bodies when they were given, into organization



outside of the living body," he still falls a prey to the physico-chemical perception with its material premises, because he is wrecked upon the definition of motion. Though, as he says, mechanics and life are not identical, yet in the same breath "life is a peculiar kind of mechanics and the most complicated form at that." Here is the great difference between Hahnemann and the physico-chemical school. Hahnemann, with many of his predecessors and successors, has seen life not only in the organic beings which developed from the original protoplasmic cell, but also in all inorganic matter, and said: "Everything lives." Only everything according to its kind and degree, from the lowest to the highest. Already in the expression "motion" lies the direction from which the scientists *par excellence* hie away to hide their heads in order not to see what they do not want to see. The expression "motion" points to an existence of something acting. The horse which draws the wagon moves, the wagon does not move by itself. The matter is inert and moves only when it is moved. But the matter is kept in its integrity by that which gives it its form, its weight, its affinity for other matter. But, says the thinker of the physico-chemical school, this goes beyond my horizon, *ignoramus* and *ignorabimus* cries another authority, *agnoscimus* still another. Yes, all the great naturalists who have blessed mankind with so many useful and brilliant inventions, admit that they cannot penetrate that board of their own application before their eyes. And thus it happens that the protoplasmic cell is exalted to the dignity of a creator of man though it is only the material in the invisible hand of the Almighty builder. Since our author cannot proceed any further, he, nine years later, in his Cellular Pathology, startles us by the declaration, "Every animal (to which man is reckoned) appears as a *sum of vital units* of which every one carries the full character of life. The character and the unity of life cannot be found at a distinct point of a higher organization—*e. g.*, in the brain of man but only in

the distinct constantly acting arrangement which every single element carries in itself. From this it follows that the composition of a larger body always amounts to a kind of social institution where a mass of single existences are intimately related to each other, but so that every element has a special activity for itself, and that every one allows the essential performance to get out of itself though the incitation to such activity is received from other parts." In these words he proclaims the socialistic commune of the cell-government in the organism (which is incompatible with the American system), therefore the direct contrary to his efforts of unity in medicine, viz. : the multiplicity of life in all the organic world.

In the course of time follow the extravagant ideas expressed by other great lights of evolution, one of which, *e. g.*, assigns "the most ancient and simple form of love to the elective affinity of two simple cells." But the latest investigators in biology surpass everything that a rational being can think of. The human creature can think much, but when there is no logical truth in it, what is it good for? The devotees of Christian Science, *e. g.*, say there is no such thing as matter. There is no such thing as individual mind. All is mind, there is no matter, matter is mind. Matter is the denial, not the fact of existence. The opposite of truth is error. Where is here any science, nay, any sense in these utterances? Christ, they say, was imperfect, not having conquered the belief in material life. He never died. There is no resurrection. Where is, then, the Christianity of Christian Science? It is nothing but a nonsensical perversion of thought, and cannot be admitted for a moment to consideration. All the pomposity with which these teachings are preached cannot help their falsity and confusion, and are sophistry, but not philosophy. Another monstrosity of egregious nonsense is that Book of Mormon, which is full of abominations, immorality, and blasphemy, and contradicts what its adherents profess before the American nation. Another scientific thinker says:

“The simplest cell is capable of feeling a stimulus and of adopting means to ends. Only mind can feel and make any adaptive reaction. A cell remembers its experience, and only mind can remember. A piece of protoplasm can do these things, and therefore it is animal. It follows that life is mind. The cells out of which an animal is built are mind-organisms, and the duty of each cell are duties which require mind for their performance. The life of the cell is its mind.” This looks like logic, but is only a caricature of it. Because the simple cell of an amœba changes its form of a sac to reach at something and shoots out a projection like a finger, or to change its place, it must have a mind, a soul. What a poor idea the learned man must have of a soul if he could transfer his observation of the simplest cell upon the protoplasmic cell of man without heeding the great intervening chasm separating them? The simple operation of life of a simple-cell-animal on the lowest rung of the organic ladder in relation to its nourishment and motion seduced him to assume the presence of mind, of a soul, understanding, intelligence, memory, will, common and special sensation, consciousness and conscience. Against such an induction, which is nothing but a stretching of a fact to unjustifiable conclusions, a venturesome jump into vacancy, science should defend itself; but it does not. If philosophy is the working with conceptions, the first thing to be sure of is the correctness of our conceptions as the premises for our conclusions. But if they are uncertain, confused, and perverted, they can only bring the misery of misunderstanding among those who want to progress in knowledge seeking the light, and are apt to lead weak intellects to disappointment and despair, if not to the insane asylum.

The simple protoplasmic cell which, according to the testimony of the biological students, proceeds first out of the surrounding blastema or protoplasma, which itself again proceeds from materials which no physics, no chemics can produce, and which nevertheless exists in the motherly organ

ready to be set in motion after the sexual conception in such a way that from it the first organic formation of the protoplasmic cell proceeds, this at once is declared with great emphasis as the acme of the human organization to which without much ado are assigned all the spiritual activities which it contains, and upon it the glorious hypothesis of evolution is erected which finally points to the origin of man by physico-chemical processes. The good people forget in their zeal that the transcendentality which precedes the formation of that cell and which they have excluded from the precincts of their science as inaccessible to experience, goes through the entire creation, as it ascends from the observations of a series of organic beings from the lowest to the highest, the human being; yea, as it repeats itself in these various stages of creation in the motherly organ in the incarnation of man. Thence comes the misfortune which the materialistic philosophy has brought upon the world, inasmuch as it leads man away from his divine origin, and the constant divine guidance during his life and substitutes fundamentals which instead of being grounded upon the rock of universal life in nature, infused by the Almighty, are built upon the quicksand of the multiplicity of cells. What a violence is done to reason when the primitive protoplasmic cell is made responsible for the total organism! However, all the biological inquirers are unanimous in the fact, that "the first embryonic abodes of the moss and fern and pine or shark and crab and coral polyp, of lizard, leopard, and man are so exactly similar that the highest powers of mind and microscope fail to trace the smallest distinction between them." Now the monstrosity of the contradiction with the well-known fact to the almightiness of the protoplasmic cell, as far as the formation is concerned, is silenced by the introduction of its environment into the argument, from which the subsequent developments to organs and the continued combination among them to the complete organisms are explained. But it is only a disingenuous logical

theft in order to escape from the animating thought that behind the protoplasmic cell and its environing blastema is the high potency given by the Eternal, which models the materials in the motherly organ as an unseen sculptor to whom not only the crude stone and clay, but even the elements which compose them, with all their indwelling life-forces are subjected. How should this, to the observer, invisible cell when it enters the fallopian tube, possess the property to move on, to imbibe nourishment, and to grow in certain directions if not the short human understanding like skillful prestidigitator would substitute for the acting high potency his own physico-chemical conceptions, which are good enough for physics and chemics, but not for the biology of man? What arrogance of these brave scientific men who want to impute the highest honor of science to the protoplasmic cell when they place it above Him who has created them with all their acquirements and lovingly holds them in His almighty hand as His children! How can they dare to assign to this simple, primitive cell such a high place which does not belong to it? It does not last long before this same cell is gone forever. It has doubled itself and occupies a larger space than before. It has lost its identity because it is a double body now, and then it continues to divide into embryonic cells, which increase in number and decrease in space till finally they result in a large cell with innumerable small cells inside which are quite different from the one that entered the tube. Now it enters the abode of the motherly organ, which serves as the receptacle for the embryo, to be formed from that cell, and the next appearance presents to the observer a simple line from which gradually the organs of the new being are developed. O Thou wonderful Architect of the Universe, how hast Thou with unsurpassed wisdom undertaken the building up of the future human being; Thou to whom all forces are subject

which are given to the ubiquitous, so mysterious, and yet so manifest, life in all things!

Of right the German inquirer says: "Behind the cooperating forces of nature, which aim at one goal, we must recognize a cause—incomprehensible, according to its nature of which we can only say with certainty that it is theological." What an uproar there was in that convention of the physicians and natural philosophers when one of their greatest members declared that science were the propædeutics of religion! How at once he fell from his high estate, being considered as laboring under the infirmities of old age by these aristarchs of science!

If now the further development of the organism proceed by renewed formation of cells, and rebuilding and changing of the cells into organs, it is another logical theft to endow the protoplasmic cell which lost its identity long ago in the subdivision and change in its transit through the tube, with forces which appear in the continually perfecting organs till in the complicated organ of the mind, the brain with its nervous system they harbor the spiritual nature of man. Now, by the trick of attributing already to the original protoplasmic cell the forces which belong to the perfected cellular structure of the brain, they deny just that which makes the unity of the total parts of the body in their multiplicity possible, the life-force which dynamically enables the lowest and highest organs built up from cells to pursue a regular course of action for the existence and benefit of the whole being, so that if any disturbance occurs, from out or inside, there is a possibility to reach it by the homœopathic remedy in lower or higher potency. These investigators, who award to the protoplasmic cell the physiological omnipotence, could just as well make the small part of drug responsible for the whole series of symptoms which can only be obtained by a series of its potencies in its provings, and they could just as well attribute to it also the cure which the homœopathician

can make by the administration of a hundred-thousandth or a millionth potency, if he proceeds according to homœopathic principles. How could we, without the Hahnemannian doctrine of the life-force, imagine how a high potency could heal a suffering in the most remote part of the body when we place a few globules moistened with the potency upon the tongue and, *e. g.*, remove the gouty pain in a big toe, or cure a long-standing psoriasis palmaris, or quiet mental excitement, produce sleep or stop blood-poisoning, etc. These scholars who expect so much from the simple protoplasmic cell should first localize the cell or cells which are made responsible for these disturbances of the life-force, and then indicate the means by which the healing remedies can reach them. They cannot do it because they are without the guiding principle of the healing art and science and follow the crudest empiricism and the ever-changing kaleidoscope of pathological opinion. It is clearly out of their range of vision, since they have not the least idea of potentiation, and simply ignore, deny, and ridicule what the homœopathician, through a long series of years and laborious experiments has found out.

Only recently a German professor who is on the road to Homœopathy, expressed his disapproval of the cellular theory in these words: "The physician treats at the bedside not only sick cells, but sick organs. That what he sees and what the patient feels are not changes occurring at the single cells, but the phenomena presented singly or in the totality by the organism deviating from the normal state. The cell belongs to the theoretical science; the organ, the organism to the practice. Of what happens in the pathologically acting cells when we administer medicines we can at most have only ideas, but a well-founded knowledge in this respect is at the present time out of the question, and it cannot well be otherwise on account of the great difficulties opposing the final solution of it. With hypotheses, however,

may they be ever so ingeniously thought out and fascinating at the first sight, the medical practice, the therapy in the true sense, is not satisfied."

In order to justify the inexcusable attitude of the allopathic biologists in regard to the protoplasmic cell, their honesty is made their excuse. But what honesty has to do here is not easy to be seen. If one calls his honesty to his aid, to supply his ignorance of scientific knowledge, he enters upon a field with which natural science has nothing to do, morality. He may settle that with himself and let others alone.

How the life-force of the organism is connected with the material parts of it, is no clearer than when the protoplasmic cell gets the ability to introduce the development and perfection of man; and the knowledge is not indispensably necessary for healing. When, however, the unity of the organism, with its multitudes of cells and the organs resulting therefrom, must rationally be acknowledged, since the facts prove it, in the course of human life as well as in its physical and chemical utterances and its spiritual activity, the opinions of the allopathic biologists cannot be held, and must be thrown overboard without mercy. Only then new points of view will appear which presently by the by-ways of bacterianism and the arrogance of commercial chemistry to assume the business of healing are veiled. Just as these allopathic biologists throw the divine influence out of science as transcending their experience, they do also with the life-force of Hahnemann, with his high potencies, and do not even know that they deprive themselves of the only standpoint which they can have in science at all, because they consider Homœopathy as standing outside of all science.

*Ceterum censeo macrodosiam esse detendam.*



## THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The twentieth annual convention of the International Hahnemannian Association was held at Niagara Falls, June 27th, 1899.

The convention was called to order by the President, Walter M. James, with the following members present: Dr. Wm. P. Wesselhœft, Dr. James Henry Allen, Dr. H. C. Allen, Dr. John Storer, Dr. H. W. Pierson, Dr. Clarence Willard Butler, Dr. T. Dwight Stow, Dr. B. L. Baylies, Dr. John Campbell, Dr. E. H. Kendall, Dr. S. L. Guild Leggett, Dr. Thomas L. Dillingham, Dr. S. F. Shannon, and the following visitors: Dr. Smith, editor of the *Medical Visitor*; Dr. Arthur Fisher, Dr. E. H. Wilsey, Dr. H. A. Mumaw, Dr. G. E. Waring.

The Secretary, Dr. E. E. Case, was absent owing to the critical illness of his father. In his absence Dr. Kendall, of Detroit, was made Secretary pro tem.

The President then read his address, already published in the July number of THE HOMŒOPATHIC PHYSICIAN.

The Necrologist, Dr. Storer, then read his report on deaths of members of the Association during the past year.

Dr. Wm. P. Wesselhœft made some remarks upon the death of Dr. Winn, of Boston.

The delegates' reports being in order, Dr. Storer reported as delegate from Dunham College; Dr. H. C. Allen from Hering College. Dr. Pierson reported from Engleside Society; Dr. Mumaw from Northern Indiana and Southern Michigan Society; Dr. Butler from New Jersey State Society.

A committee on the President's address was appointed, consisting of Drs. Wm. P. Wesselhœft, Clarence W. Butler, and H. C. Allen.

When this committee reported, discussion upon the points

of the address was carried on by Drs. Wesselhœft, Butler, Stow, H. W. Pierson, and H. C. Allen.

Dr. Baylies, Chairman of the Board of Censors, made a report. There were eleven candidates for membership.

The Treasurer, Dr. Franklin Powel, was absent, owing to the death five days previously of a most estimable son, just turned twenty-one years of age, just come into possession of a handsome fortune, just about to enter the ministry, and shortly to be married to a charming young lady.

In the absence of the Treasurer, Dr. Butler was elected Treasurer pro tem., and instantly set to work to collect annual dues.

The report of the Bureau of Materia Medica being in order, the Chairman, Dr. Boger, being absent, Dr. H. C. Allen was appointed Acting Chairman.

Contributions to this Bureau were papers on Rhus-tox. and Rhus-radicans, by H. C. Allen; China, by C. M. Boger; "Scattered Gems," by C. M. Boger; Xantoxylum, by Dr. Boger; Ruta-Graveolens, by Dr. Fincke; X-Ray, by Dr. Fincke; "Confirmed Symptoms," by E. E. Case.

The Bureau of Homœopathic Philosophy was opened, and there were several contributions to this Bureau. Among them were the following: "Use and Relative Value of Symptoms," by S. L. Guild Leggett; "Actual and Potential Existence and Action," by J. Henry Allen.

Dr. Case's report as Secretary having been received, was read.

Dr. Lawrence Stanton, Corresponding Secretary, sent a report, which was read.

An amendment to the by-laws by which the words "Homœopathic treatment only of obstetrics and surgery" was inserted, was adopted.

The election of several members was confirmed.

Dr. H. C. Allen offered the thanks of the society to Dr.

Dillingham for his gift to the members of printed copies of the chart compiled by Dr. Boger.

The Bureau of Homœopathic Philosophy was opened, and in the absence of Dr. Yingling, Chairman of this Bureau, Dr. Wm. Wesselhœft was appointed Acting Chairman.

Dr. Stow read a paper on Clinical Cases, and followed it with an address upon the evils of vaccination.

Dr. Leggett read an admirable paper of Clinical Cases, which evoked very warm commendation.

Dr. Wesselhœft read a paper entitled "Chronic Cephalalgia with Chronic Catarrh."

A paper entitled "Malaria Officinalis," by Dr. W. A. Yingling, was read by Dr. J. Henry Allen.

Dr. Storer read a paper entitled "The Rational Feeding of Infants." He also read a paper on "Intermittent Fever with Mastoiditis."

Next on the programme was the report of the Bureau of Obstetrics. In the absence of the Chairman, Dr. Tomhagen, Dr. Stow was appointed Acting Chairman.

There were several papers contributed to this Bureau. Among them were: "Another Case of Painless Labor," by Dr. A. McNeil; "Gynæcology," by Dr. Majumdar, of Calcutta.

The Bureau of Surgery, Chairman, Dr. J. Henry Allen, was next opened. After which there was an election of officers, resulting in the choosing of the following:

President, Dr. James Henry Allen, of Chicago; Vice-President, Dr. S. L. Guild Leggett, of Syracuse, N. Y.; Secretary, Dr. E. E. Case, of Hartford, Conn.; Corresponding Secretary, Dr. Lawrence M. Stanton, of New York; Treasurer, Dr. Franklin Powel, of Chester, Pa.; Chairman of Board of Censors, Dr. B. L. B. Baylies, of Brooklyn, N. Y.; Necrologist, Dr. John Storer; Chairman of Bureau of Homœopathic Philosophy, Dr. B. Fincke, of Brooklyn, N. Y.; Chairman of Bureau of Materia Medica, Dr. E. H. Wilsey, of Parkersburg, W. Va.; Chairman of Bureau of Clinical Medicine, Dr. E. H. Kendall, of Detroit, Mich.; Chairman of Bureau of Obstetrics,

Dr. Clarence Willard Butler, of Montclair, N. J.; Chairman of Bureau of Surgery, Dr. Thomas L. Dillingham, of New York.

In response to the invitation of Governor Pingree, of Michigan, the next meeting will take place at Detroit, Mich., in June, 1900.

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### DIET.

J. A. WHITMAN, M. D., CHARLESTON, S. C.

How long would it be necessary for a physician to treat a case like the following before it could be said to be cured? The symptoms were: Bitter taste in the mouth; mouth dry, with unquenchable thirst; a condition that might be properly called "bilious." Various remedies were taken without effect.

The patient was myself. Being very fond of milk, I used it very freely in the condensed form. It occurred to me that I was taking too much of it. I then stopped its use entirely—excluding it even from my tea and coffee. The result was that in about forty-eight hours my system was restored to its normal condition. I had a similar spell two years ago. I was in the North visiting at the farm of a dairyman, where milk was as free as water. I drank much of it and ate much country cheese. In about a week it brought on the same condition. On that occasion it took four days to overcome the attack. If I had not had a knowledge of hygiene, or if ignorant of medicine I had gone to an old-school physician, he would probably have pronounced it biliousness, and I would most likely have been dosed with Calomel. How long it would have taken to relieve the condition if I had continued the use of milk is a question it would be hard to solve. As it was, stopping the cause brought about the cure of the disease. We are not always so lucky in determining the cause or in so easily bringing about the cure.

Aggravation by milk is constitutional in my case. I inherited it from my father, who for years could not take milk at all, not even in his tea and coffee.

Many of our ailments are immediately due to errors in diet. If we could determine the exact article that causes the trouble we could cure ourselves by the very simple expedient of abstaining from it. Very few persons stop to consider that what enters at the buccal cavity, sooner or later passes even through the heart, excepting, of course, what is waste material, which is rejected in the form of fecal matter. How essential is it, then, that we should keep watch and ward over what goes under our nose into the cavern below.

Thinking this experience may be an eye-opener to some other poor sufferer and set him to investigating, I give it to the readers of *THE HOMŒOPATHIC PHYSICIAN* for what it is worth.

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## CHILDREN'S PARADISE.

M. F. UNDERWOOD, M. D., SAN FRANCISCO.

A city of one-third of a million inhabitants with only 240 deaths from children's diseases is the astonishing figure given in the report of the Board of Health of San Francisco for the past year, classified as follows: Cholera infantum, 47; infantile diarrhœa, 7; measles, 1; diphtheria, 154; pertussis, 25; thrush, 1; croup, 5.

From the above it will be seen that the death rate from intestinal diseases was almost nil. The statement that only forty-seven children died in this city of cholera infantum during the whole year is almost beyond credit to one who has practiced in other climates; but such is the phenomenal truth. In fact, cholera infantum is so seldom met with that it is commonly said that children are exempt from it in California. Only five deaths from croup, and that terribly fatal disease,

membranous croup, had not a single victim. What a contrast to the record of cities in other parts of the world!

It is on this account that so many people of means bring their children here to give them, during the first years of their life, this almost entire immunity from those diseases which bring down such a large percentage of children as their prey.

Scarcely a single ward in New York, Chicago, St. Louis, or New Orleans can show so few deaths from these diseases as this whole city; and it pleases me to say that not a single death occurred here when pure Homœopathy was employed.

Children's diseases of all kinds are very light here; even diphtheria is much less severe than in other localities, making California as it is truly named, "The Children's Paradise." The bracing pure air, blowing from the northwest, laden with ozone and cool ocean vapor, furnishes such a vigorous atmosphere that sudden changes seldom occur and the vitality is kept at such a normal gauge that little can come to in any way overthrow the equilibrium of the life-force of the child.

The soil, too, being so sandy and of such great depth, and so dry and porous, is also a source of both health and happiness to the little ones. The governess, however, has many sad experiences in trying to keep her charge from its normal mischief, namely, "rolling in the nice, clean dirt."

Children love the earth, and to deprive them of either joy or benefit of "playing in the dirt" is scarcely pardonable.

I have often wished for a sort of children's home where pale, anæmic children of the city could be taken and turned loose in brown duck, with little spades and hoes and buckets and encouraged to indulge to their hearts' content. It would be better than medicine to the little pale residents of the crowded streets of our cities. Why don't these philanthropic millionaires institute such things for the poor children instead of stylish asylums by which to advertise their generosity?

In many a back yard in this city will be found a box about a foot deep and say ten feet square, filled with clean, white

ocean sand. This is for the children to play in, and great frolic they have, too, with this wise provision. Ocean sand being as clean as grass, and impregnated as it is with the elements of the sea, is more than mere sand.

While I am writing this (July 7th) the temperature is sixty-two degrees F. and the same weight of clothing is being worn as in the holidays, and with the same comfort. The cool, bracing summers, and almost the same thermometer the year round gives to the young children such a start in the race against disease that they grow up into the most perfect types of manhood and womanhood to be found in this country.

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## ACROMEGALY AND VACCINATION.

M. R. LEYERSON, M. D., FORT HAMILTON, N. Y.

If the case of Mary Fogarty, mentioned in the *New York World* of July 21st, be investigated, I predict that it will be found that her "acromegaly" (*i. e.*, excessive growth of bone) began to develop within a few years, probably within two years, after she was last vaccinated.

The disease of acromegaly—or osteomegaly, was unknown until the rite of vaccination became common.

The connection of cause and effect between the two follows clearly from the known laws of biology, or the science of life-growth.

The same laws of biology explain the connection between vaccination and the enormous increase in cancer in recent times. The same laws of biology account for the terrible increase in tuberculosis from the same cause, though the learned men recently in Congress in Berlin were unable to see it; it was too plainly before their eyes. "They could not see the forest for the trees." "Yankee Doodle came to town upon a little pony. He said he could not see the town; there were so many houses."

## REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

Continued from July No., p. 330.

### SACRUM.

- Pain** in sacral region, worse by rising from seat, *Lyco*.  
— violent pains in sacrum, *Carbo-an*.  
— pressive pains in sacrum, *Carbo-an*.  
— in sacrum extending into feet, *Kobalt*.  
— in sacral region, worse by sitting or bending backward,  
*Puls*.  
— in right side of sacrum where it unites with the pelvis, *Ver-v*.  
— as from a fracture in sacrum, *Nat-m*.  
— in back as from a hot iron thrust through lower verte-  
bræ, *Alu*.  
— in sacrum passing into right thigh, *Tellur*.  
— in sacrum from heavy lifting, *Calc-c*, *Sang-c*.  
— in sacrum while walking, *Borax*.  
— on right side of sacrum, *Mez*.  
— in sacrum as if stiff, *Nit-ac*.  
— commencing in sacral region and apparently going to uterus,  
*Syph*.  
— in left side of sacrum, *Sepia*.  
— in region of sacrum and loins, *Cimex-lec*.  
**Paralysis**, a feeling of paralysis in sacrum, *Kalmia*.  
**Paralytic** sensation in evening, *Mag-m*.  
— pain in sacrum worse when straightening himself, *Nat-m*.  
— and weak feeling at junction of lumbo-sacral region, *Phos*.  
— bruised sensation in sacrum and knee joints, rising from seat,  
*Verat*.  
**Piercing** in middle of sacrum, *Nat-s*.  
— pain and tension in sacrum, *Sul*.  
**Pimples**, on the sacrum and nates, *Calc-c*.



## SACRUM.

**Pinching** pains in sacrum with hysterical spasms, Caustic.

— frequent in the whole epigastrium, in the sides of the abdomen, and toward the sacrum, Nat-m.

— then shooting pains in the abdomen and sacrum especially morning and evening, Nitrum.

— about the navel and forcing down toward sacrum, then suddenly urging to stool, soft yellow with a piece of tape-worm, Mag-m.

— and squeezing in sacrum all day, Nitrum.

— and cutting in stomach, toward the sacrum and left side, Nat-c.

**Plaster**, biting, burning, and sticking as from a mustard plaster between skin and flesh of sacrum in afternoon, Aloe.

**Plug**, severe pain in sacrum; she cannot sit, for then it seems as if there were a plug in her back; she must put a pillow under her, Carbo-v.

**Pressive** pain in sacrum when sitting, Caustic.

— pains in sacrum, Nit-ac., Carbo-an., Lyco.

— pain in sacrum while at rest, Euphorb.

— pain in sacrum as from fatigue in evening, *Puls.*

— bruised and sharp pressive pain in sacrum and in lumbar vertebræ, but especially in the junction of sacrum with pelvic bones, Iod.

**Pressive** pain in sacrum when standing and sitting as if from much stooping, Mur-ac.

— violently drawing pressive pain on left side near sacrum, Mez.

— tensive sensation in sacrum; deep internal when severe, with feeling in bone as if pressed asunder; worse when sitting and lying, *Berb.*

— burning in sacrum, somewhat to right, Stann.

**Pressed**, sensation in morning as if sacrum were being pressed inward from both sides, Kali-c.

**Pressing**, dragging pain over sacrum and at same time over hips; burning pressure in sacrum extending across dorsal

## SACRUM.

- region and under scapula like that produced by sewing,  
*Sepia*.
- Pressing** pain in sacrum, right side; later moves to middle of back, Lyssin.
- in sacral region only while walking, and particularly while putting the left foot down, Spong.
- Pressure**, cannot bear even pressure of soft pillow on sacrum,  
*Lob-i*.
- aching in sacrum in evening, better by pressure, *Sepia*.
- sharp pressure on and below sacrum, *Sepia*.
- pain in sacrum in evening; better by pressure on awaking from a nap; worse on left side in lumbar region all night, across loins when moving, *Sepia*.
- fullness in head and pressure in sacrum while sitting, with drowsiness at same time, Borax.
- oft repeated sharp pressure on sacrum and a little below it, *Sepia*.
- pain as from soreness in sacrum, with subsequent pressure in hypogastrium as if everything was coming out at the rectum and pudendum, Caustic.
- drawing pain in sacrum when standing, better by pressure, *Ledum*.
- pain in sacrum worse by standing, with pressure downward in hypogastrium, *Lil-tig*.
- in lumbo-sacral region and on rectum, *Lil-tig*.
- as with a dull point here and there internally as if near a bone; worse in evening on left side of sacrum, *Lith-carb*.
- bruised cramped pain in sacrum on pressure; sacral pain,  
*Podo*.
- drawing pressure in sacrum, extending to muscles on inside of ilium when standing, *Sambucus*.
- pain in sacrum so violent that it drew chest together, with pressure on stomach and constriction of abdomen, *Lyco*.
- dull shooting tearing in sacral region removed by pressure,  
*Mag-m*.

## SACRUM.

- Pressure** in sacrum when standing in a stooping posture, Sul.  
 — in sacrum, Graph.  
 — tearing in sacrum, Carbo-veg.  
 — in abdomen on sacrum as from flatus, which passes off sparingly, affording some relief, Phos.  
 — pain in sacral region as from pressure of dull instruments, Convall.  
 — sacral sores, vitality of skin destroyed by pressure, *Peonia*.  
 — during menses intense pressure in the hypogastrium as if everything were coming out of the genital parts, with pain in sacrum; it drew downward in hips into lower limbs, Nit-ac.  
 — pressure in sacrum as of a heavy load as if it would burst, Agari.  
 — pressure in sacrum when standing, Tarax.  
 — outward pressure in left sacrum, Thuja.  
 — tension and weakness in lumbar and sacral region, Zinc.
- Pricking** and itching in sacrum when walking, *Merc*.
- Prolapsus** uteri, with dragging pains in sacrum, *Helon*.
- Prostration**, a feeling of prostration in sacrum at night, *Lith-c*.
- Pulsation** in sacrum, Nit-ac.
- Pulsating** stitch in os coccyx when sitting, and with stitches between scapulæ, Paris-q.
- Pustules** on sacrum, very sensitive when touched, Nat-c.
- Rectum**, dragging from sacrum toward rectum, Calc.
- Rest**, pain in sacrum only when bending backward, not while at rest, Kali-c.
- pain so severe as to prevent sleep or rest; at same time diphtheritic sore throat on right side, with sensation of a lump, could not swallow solid food, Lac-can.
- pressive pain in sacrum while at rest, Euphorb.
- pain in sacrum; more while walking than when at rest, Mez.
- sore pain in sacrum even when at rest, also when not touched, Nat-c.

## SACRUM.

- Resting**, stiffness and lameness in sacrum; worse on resting after exercise, *Rhus*.
- Restlessness**, pain in sacrum as if broken, anxiety, restlessness, rush of blood most to the head, *Ars*.
- Riding**, carriage riding causes pain in sacrum, *Nux-mosch*.
- Rise**, pain in sacrum so that he could not rise again after sitting down, *Calc-c*.
- twitching pain in sacrum when stooping so he could not rise for a time, *Kali-c*.
- tensive pain in sacrum; worse in evening, so that he could not rise from his seat nor bend backward, *Bar-c*.
- painful stitches in sacrum; he can rise from a seat only with difficulty, *Sul*.
- Rising**, severe bruised pain in sacrum, chiefly in morning on rising, *Kali-c*.
- severe pain sacrum in morning on rising; going off on motion, *Graph*.
- pain in sacrum; worse from rising from a seat, *Lyc*.
- Rheumatic** pains in sacrum, *Oleum*.
- Rumbling** about abdomen, with forcing against the sacrum, *Mag-m*.
- Scratching**, itching worse by scratching on outer side of thigh, on sacrum and hips, succeeded by burning, *Mag-m*.
- Scrobiculum**, drawing from sacrum to right side of scrobiculum, *Chel*.
- Shooting**, acute squeezing pain in the left thigh, in morning on awaking, on turning over it extends to sacrum and terminates with shooting pains in heels, *Nitrum*.
- Severe** though brief pain in sacrum when rising from a seat, *Petrol*.
- sacral pains with labor-like pains in abdomen and discharge from vagina, *Kali-c*.
- constant drawing in sacrum and throbbing, better by lying down, *Kali-c*.
- pain in sacrum morning on rising, going off on motion, *Graph*.

## SACRUM.

- Severe** pain in sacrum like a cutting through during movement and at rest, so that he could neither stand, walk, or lie down, Hepar.
- pain in sacral region extending to pubes, *Lauroc.*
  - during menses severe pain in sacrum in morning on rising from bed so she could not move, *Lyc.*
  - pain in sacrum, he cannot straighten up while sitting, he must bend forward, *Lyc.*
  - pain and bruised sensation in sacrum and extremities, copious sweat with no relief, *Eupat-perf.*
  - pain in sacrum so she could neither sit nor lie down, *Calc-c.*
- Sharp** pain in post-sacral region, *Convall.*
- sacral pains, *Calc-phos.*
  - drawing transversely through the sacrum, very sensitive at every step, *Carbo-an.*
  - oft-repeated sharp pressure on sacrum and a little below, *Sepia.*
  - pressure and bruised pain sacrum and lumbar vertebræ, but especially at the junction of the pelvic bones it darts down into the lower limbs and causes a sort of limping in walking; the pain continues while sitting, standing, and lying, *Hepar.*
  - tearing and sharp shooting in sacrum on moving, *Dig.*
- Shooting**, digging, shooting pain on left side sacrum, *Dulc.*
- jerking pain in sacrum, *Euphor.*
  - pain in sacral bone at every expiration, *Sul.*
  - frequent in sacrum when straightening himself up after stooping, *Mur-ac.*
  - and pain in sacrum only when sitting and not when walking, *Nat-c.*
  - in sacrum when he coughs, *Nit-ac.*
  - Throbbing in sacrum at 6 P. M., with shooting, *Sumbul.*
  - pinching, then shooting pains in abdomen and sacrum especially in morning and evening, *Nitrum.*
  - pains shooting from sacrum down both hips, *Phyto.*

## SACRUM.

- Shooting**, dull shooting, tearing in sacral region, removed by pressure, *Mag-m*.
- in sacrum extending down outside of legs to feet, *Phyto*.
  - and tearing in sacral bones, *Zinc*.
  - pain in sacrum so that he must keep perfectly quiet, worse from any motion, *Coloc*.
- Sitting**, tension and sensation of weakness in sacrum when sitting, with tension in head, *Zinc*.
- pain in sacral region, worse by sitting or bending backward, *Puls*.
  - pain in sacrum like a great heaviness, rising suddenly when sitting and ceasing when moving about, *Nat-c*.
  - pain in sacrum in sitting as if the catamenia would appear, *Carbo-a*.
  - burning in sacrum when sitting, *Borax*.
  - pain in sacrum so that he could hardly rise again after sitting, *Calc-c*.
  - severe pain in sacrum, he cannot straighten up while sitting, but must bend forward, *Lyco*.
  - tearing in sacrum transversely while sitting up straight, *Lyco*.
  - pain in sacrum as from fatigue when stooping and when leaning back while sitting, *Hepar*.
  - frequent pain just above sacrum when sitting, *Kali-c*.
  - could not sit on account of most violent pain in sacrum, *Apis*.
  - menses fourteen days too early, with pains especially violent in sacrum, worse when sitting, easiest while walking, *Mag-c*.
  - before menses, straining and cutting in sacrum, with pain as if contracted and bruised, particularly while sitting, less when walking, *Mag-c*.
  - pain in sacrum in sitting, *Asaf*.
  - sensation when sitting as if something were darting through back toward sacral vertebræ, *Aspar*.

## SACRUM.

**Sitting**, pressive, tensive or pressing sensation in sacrum, deep internal when severe with feeling in bone as if pressed asunder, worse when sitting and lying, *Berb.*

— sticking in sacrum when sitting, worse by inspiration and expiration, *Spig.*

— a fine, tearing pain in sacrum while sitting, only passing from right to left side and upward, *Spong.*

— pain in sacrum after sitting a long time, *Phos.*

— pain in lumbar region and sacrum, especially during exertion in daytime and while sitting, *Agari.*

— pressure outward in left sacrum when sitting, *Thuja.*

— stitches in sacrum, worse when sitting than when in motion, *Bar-c.*

— pain in sacrum when sitting and stooping as from pressure, *Borax.*

— pain above the sacrum while walking, not while sitting, *Sul.*

— sprained pain in sacrum in morning in bed, also when sitting, *Petrol.*

**Sore** or burning pain near sacro-iliac symphysis, *Rumex.*

**Soreness** and pain in sacrum, *Sarrac.*

— pain in sacrum like soreness on moving, or like a spasmodic drawing, *Sul-ac.*

— of thighs as if beaten, with aching in sacral bones, *CALC-PHOS.*

— in tuberosities of ischia in a lean person, *Selen.*

— and pain in back and sacral region, *Sepia.*

— in sacro-iliac symphysis as if separated, *Calc-phos.*

— pain in sacrum as from soreness, with subsequent pressure in hypogastrium as if everything was coming out at the rectum and pudenda, *Caust.*

**Sore**, pain in sacrum even when at rest, also when not touched, *Nat-c.*

— pain in abdomen with pressure toward genitals as in menses, with pain in sacrum, *Kali-c.*

— sacral sores, vitality of skin destroyed by pressure, *Peonia.*

## SACRUM.

- Spot**, violent stitch on small spot between left ilium and sacrum, with slightest motion, has to lie on same spot without moving, *Calc-ph.*
- burning pain in a spot just above sacrum, Phos-ac.
- Sprained** pain in sacrum on motion, *Puls.*
- pain in hip beside sacrum when moving, Petrol.
- pain in left sacral region and hip when walking, Sul.
- pain in sacrum above hip in evening in bed and in afternoon, Sepia.
- Spreading** pain in sacrum, spreading over all parts of the body, Mez.
- Squeezing**, acute squeezing pain in left thigh in morning on waking; on turning over it extends to the sacrum and terminates with shooting pains in the heels, Nitrum.
- pinching in sacrum all day, Nitrum.
- Stand**, severe pain in sacrum like a cutting through during movement and at rest, so he could neither stand, walk nor lie down, Hepar.
- severe cutting in sacrum at the least motion, extending into the calves and feet so that he cannot walk, stand or lie down, Zinc.
- Standing**, griping in sacrum, worse by standing, better by walking, Merc.
- drawing pain in sacrum and sensation as if it were broken in walking, standing and lying, Carbo-an.
- pain in sacrum after standing or walking for a time, Kali-c.
- pain in sacrum when raising himself from a stooping position, and while standing, less while walking, Phos.
- pain in sacrum when standing, Ver-a.
- stitches through sacrum with drawing in lumbar vertebræ when standing, Con.
- dull pain in region of right ilium and sacrum while standing, Spong.
- drawing pain in sacrum when standing, better by pressure, Led.



## SACRUM.

**Standing**, pain in sacrum, worse by standing, with pressure downward in hypogastrium, *Lil-tig*.

— stitch in sacrum, pain when standing, with confusion of head, *Lith-c*.

— intermitting tearing in sacrum after rising from stooping, while standing still quietly draws and jerks, *Phos-ac*.

— pressive pain in sacrum when standing and sitting, as if from much stooping, *Mur-ac*.

— cutting pain in sacrum in morning after rising and in evening before going to sleep, only when moving and bending down, not when standing upright, *Petrol*.

— pressure in sacrum when standing in stooping posture, *Sul*.

**Step**, sharp drawing transversely through the sacrum very sensitive to every step, *Carbo-an.*, *Acon*.

**Sticking** in sacrum, *Ign*.

— burrowing on left side near sacrum, *Dulc*.

— outward and downward in sacrum, *Lith-c*.

— in sacrum when sitting, worse by inspiration and expiration, *Spig*.

— in sacrum on breathing, *Merc*.

— in right side of sacrum near false spinous processes, *Merc*.

— drawing, while walking, in sacrum, *Bry*.

— in left sacrum while walking, *Calc-c*.

— in sacrum at 5 P. M., *Phelland*.

**Stiff**, all joints are stiff in morning on rising, especially shoulders, sacral, and hips, *Staph*.

— back and sacrum stiff, cannot be bent after some exertion in riding, walking, and stooping, he can only raise himself slowly and with much difficulty, *Lyco*.

— pain in sacrum as if stiff, *Nit-ac*.

**Stiffness**, in sacrum and in hips, cannot walk straight, *Rheum*.

— and lameness in sacrum, worse on resting after exercise, *Rhus*.

— painful stiffness in sacrum, he can only rise from his seat with difficulty, *Sul*.

— tensive pain and stiffness in sacrum, *Carbo-v*.

## SACRUM.

**Stiffness** in sacrum, Kali-c., Lyco.

- in the lumbo-sacral articulation, Caustic.
- in sacrum on bending or beginning motion extending to hip-joint and thigh as if sinews were too short, *Lach.*
- drawing in sacrum with stiffness of back, *Ledum.*
- in scapula, hip-joints, and sacrum, *Nat-m.*

**Stitch** in sacrum occasionally, *Nat-m.*

- a stitch passing down the thigh at every breath, *Carbo-an.*
- a severe stitch in sacrum, *Carbo-a.*
- a sudden violent stitch in sacrum while walking in open air, *Agar.*
- a burning, startling stitch in sacrum, *Mur-ac.*
- a sudden stitch in sacrum in evening so that he could not move for a few minutes, *Nat-c.*
- severe stitch in sacrum after crouching down or rising up, *Phos-ac.*
- a stitch into the right ilium toward the sacrum, *Mag-m.*
- an occasional stitch from sacrum through left side of abdomen toward chest, *Kali-c.*
- burning stitch in sacrum causing one to start, *Mur-ac.*
- violent stitch in a small spot between left ilium and sacrum with slightest motion, has to lie on same spot without moving, *Calc-ph.*
- during coughing a stitch in sacrum, *Nit-ac.*
- transversely through sacrum, *Cup.*
- a stitch in rectum from the sacrum, *Lyco.*
- pain when standing with confusion in head and stitch in sacrum, *Lith-c.*

**Stitches**, in sacrum, *Lyco.*, *Iod.*, *Mag-c.*, *Nit-ac.*

- attacks of stitches in sacrum, that take away the breath, with pain in the head and nape, followed by frequently alternating chill and heat, with anxiety about the scrobiculus cordis until evening, *Sul.*
- through sacrum to loins, *Aloe.*
- in sacrum on stooping, *Verat-alb.*

## SACRUM.

**Stitches**, in sacrum when standing with drawing through lumbar region, *Con*.

- twitching stitches in sacrum and at same time on the leg above the ankle, *Calc-c*.
- at night pains in sacrum and stitches in both hips and in left side of chest, *Lyc*.
- along down sacrum to anus, *Asaf*.
- constant pulling stitches in sacrum, *Berb*.
- in sacrum, worse when sitting than when in motion, *Bar-c*.
- transversely across sacrum, *Sul*.
- sharp stitches right across sacrum, close above hips, *Nat-m*.
- close above the sacrum when taking a deep breath, *Carbo-a*.
- in sacrum and back, *Bry*.
- a weakness in sacrum mornings, a pain as if he had not sufficient strength in sacrum, stitches during certain movements, especially when walking, *Calad*.
- in sacrum, with drawing through the lumbar vertebræ when standing, *Con*.
- single itching stitches in sacrum, *Caustic*.

**Stitching**, crawling sensation, with stitching sacral pains, *Graph*.

- piercing jerking in back and sacrum, arresting the breath, *Caust*.

**Stooping**, pain in sacrum when stooping, *Dig*.

- pain in sacrum when straightening himself as after long stooping, *Nat-m*.
- violent pain in sacrum when and after stooping, *Sarsa*.
- pain in sacrum when sitting and stooping as from pressure, *Borax*.
- pain in sacrum; soon extends around hips and down right leg, with pressure and feeling of fatigue as from long stooping, *Bap*.
- after menses violent pain in sacrum as if bruised during stooping and at other times during the afternoon and evening, *Mag-c*.
- dull pain in sacrum while stooping, *Borax*.

## SACRUM.

- Stooping**, stitches in sacrum on stooping, Ver-a.  
 — intermittent tearing in sacrum after rising from stooping down, while standing still it quietly draws in jerks, Phos-ac.  
 — momentary pain in sacrum, which for some time makes stooping and straightening one's self impossible, Nat-c.  
 — twitching pain in sacrum when stooping so that he could not raise himself for a time, Kali-c.  
 — bruised pain in sacrum on stooping and rising, Sul.  
 — pain in sacrum as from fatigue, and when leaning back while sitting and when stooping, Hepar.  
 — bruised feeling in left sacrum on stooping and on rising, Ver-a.  
 — pressive pain in sacrum while standing and sitting as from too much stooping, Mur-ac.  
 — violent pain in sacrum as after long stooping, Graph.  
 — pain in sacrum as after long stooping, Dulc.  
 — pain in sacrum when raising himself from a stooping position and in standing, less while walking, Phos.
- Stomach**, pinching and cutting in stomach toward the sacrum and left side, Nat-c.  
 — pain in sacrum so violent that it drew chest together, with pressure on stomach and constriction of abdomen, Lyco.
- Stool**, a uterine hemorrhage which came with every stool, with cutting in abdomen, and pains in sacrum and loins cease, Iod.  
 — pains in sacrum, with much discharge of mucus with stool, Borax.  
 — pain across sacrum, with urgency to stool, Amm-benz.  
 — pain in sacrum, with hard stool as if it would break, Lyco.
- Straining**, before menses, straining, cutting, and pain in sacrum as if contracted and bruised, particularly while sitting, less when walking, Mag-c.  
 — constant in sacrum toward rectum, Calc-c.
- Strain**, violent pain in sacrum as from a strain caused by lifting, worse on motion, Caustic.
- Straighten**, he cannot straighten for pain in sacrum, *Kali-bichro.*

## THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

This Society held a meeting at Niagara Falls the last of June and we stopped on our return from the American Institute for a short visit among those who claim to stand for pure Homœopathy. It was a matter of much disappointment to find at the meeting less than a baker's dozen, and the question very naturally arose in one's mind if the Society had not outlived its usefulness.

Twelve members are not much of a showing for an international affair. It strikes the outsider that if they desire to convert one, it will require more enthusiasm on the part of those who so loudly proclaim their purity and a greater effort to be present at the meeting. The fact really is that what good, if any, could have been done by the splitting away from the parent institution, has been accomplished and the proper thing for them to do is to return to the folds of the old Association and use what little influence they possess in educating the vast membership into a higher ideal of prescribing.

Every one there was a firm believer in the Homœopathy as taught and practiced by them, and it would seem, if they wished to convert others, that they should not wrap their cloaks about themselves and keep away from those in darkness, but that they should go among the heathens and carry the gospel of purity where it will have some opportunity of reaching those who know but little of the effects of using remedies as they believe they should be used. We believe there is a good text for them in the passage of Scripture where it says one should not hide his light under a bushel. We hope to see the whole Association members of the old Institute again, for it is there that they will find the heathens.

This is written in the spirit of good will. Not a desire to

find fault enters into the thought which prompts the writing, but a desire, if they are right, that the truths they stand so strongly for shall be spread before all the people. We believe that a majority of those who belong to the I. H. A. feel about this as does *The Medical Visitor*.—*Wilson A. Smith, M. D., in Medical Visitor.*

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### ORIFICIAL SURGERY.

The announcement of the thirteenth annual course of instruction in Orifical Surgery by Dr. E. H. Pratt is received.

According to this pamphlet the course will be held September 4th, 5th, 6th, 7th, 8th, and 9th, 1899, at the Chicago Homœopathic Medical College. Each session will last four hours. Clinics will be held with the special material supplied by the members of the class. These operations will be selected to illustrate the effect of this special kind of surgery upon cases of asthma, dyspepsia, paralysis, eczema, and other chronic diseases.

All the different operative procedures in this special surgery will be thoroughly explained and vividly illustrated.

The art of tissue reading will receive marked attention in the coming class. All sorts of capital operations will be performed and explained.

As seats will be at a premium, those who wish to attend should apply early. The classes will be divided into sub-classes of ten, which will be received into the operating room in rotation. Thus ample opportunities will be furnished to all for close observation.

The tuition will be \$25.00 in advance to practitioners, for whom it is especially designed. Address Dr. E. H. Pratt, 100 State St., Chicago, Ill.

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IN MEMORIAM—I. TISDALE TALBOT, M. D.

We, the members of the Consulting Board of the Westboro Insane Hospital, shocked and profoundly saddened by the sudden loss of our honored Chairman, Dr. I. Tisdale Talbot, desire to express our grief and our sense of personal bereavement in the sundering of the close ties which have so long united us as men, as physicians and as co-workers upon this Board; as well as our keen realization of the loss to this institution of his wise counsels, his ever-active interest and his ripened experience.

We desire, also, to tender to her who labored with him for the welfare of this hospital, as in many other fields of usefulness, and to the other members of his family, our sincere and heartfelt sympathy.

HOWARD P. BELLOWS,  
CHAS. L. NICHOLS,  
JOHN PRENTICE RAND,

*For the Board.*

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A FINE OPENING FOR THE YOUNG PHYSICIAN.—We are too crowded in the United States, but there is a land where room is plentiful and the country overrun with patients. Russia has a population of 127,000,000 and only 18,334 physicians, or one doctor to every 6,926 inhabitants, while the United States, with a population of 75,000,000, has 120,000 physicians, or one doctor to every 625 inhabitants.—*Charlotte Medical Journal.*

## HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The thirty-third semi-annual meeting will be held at Binghamton, N. Y., September 19th and 20th, 1899. The forty-eighth annual meeting will be held at Albany, February 13th and 14th, 1900.

Officers for 1899-1900: President, Jay W. Sheldon, 501 Fayette Park, Syracuse; Vice-Presidents, F. W. Adriance, 306 Lake street, Elmira; George E. Gorham, 160 Hamilton street, Albany; Newton M. Collins, 43 East avenue, Rochester; Secretary, John L. Moffat, 17 Schermerhorn street, New York, B'kn; Treasurer, Charles Deady, 110 W. Forty-eighth street, New York, Mhn; Necrologist, W. S. Garnsey, Gloversville; Counsel, J. C. Coleman, Esq., 100 Broadway, New York, Mhn; Censors, M. O. Terry, Utica; J. E. Slaughter, Warsaw; H. D. Schenck, New York; C. E. Teets, New York; L. A. Frazier, Amsterdam; L. A. Martin, Binghamton; M. E. Graham, Rochester; W. L. Hartman, Syracuse; D. M. Hibbard, Olean; Fred. D. Lewis, Buffalo; E. G. Cox, Albany; A. W. Palmer, New York.

The semi-annual meeting will be held as usual on Tuesday and Wednesday, September 19th and 20th. Binghamton, the place of meeting is easy of access, with ample hotel accommodations; the sessions will be held in the Hotel Bennett, which will give our members a discount of \$1.00 a day from their regular rate of \$4.00. Other hotels at \$2.00 a day and upward, are the Arlington, the Crandall, and the Lewis.

Each appointee on a bureau has pledged a paper; papers are to be in the hands of their respective chairmen in time for submission to their disputants; the title must be in the hands of the Secretary two weeks before each meeting for announcement in the programme.



Attention is called to by-law V.

In justice to subsequent bureaus, papers should be presented in abstract if their reading is likely to occupy more than fifteen minutes. It is the duty of chairmen of following bureaus to speak for those interested in their respective bureaus and to object to extensions of time. When the writer of a paper is absent his paper will be read by title unless the Society is ahead of its schedule.

Society dues are a debt of honor!

This announcement is sent to every homœopathic physician in the State with the hope that he or she will attend the meeting and, if not already a member, join the Society. See the Committee on Increasing Membership. The work of this Society has been of practical benefit to every homœopath in the State; every one who shares these benefits should contribute to the advancement of the Society.

The undersigned appeals to every reader of this for corrections (at any time) to our State Directory, for "good openings" for practice, and for the times and places of meetings and names of officers of our county societies.

JOHN L. MOFFAT,  
Secretary,

17 Schermerhorn street, New York (Brooklyn Borough).

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EPILEPSY is often difficult to diagnose. It may be so light that the sufferer is unaware of his infirmity. He may stop in the midst of conversation, be silent a short time, and then continue unconscious that his talk has been interrupted. The subject may have attacks at night and awake in the morning unaware of its occurrence. The objective signs are tremor of the tongue, with sometimes sores from biting during a convulsion, and hemorrhage of the conjunctiva and muscles, particularly abdominal, as also malformations of the ears and skull with protruding under-jaw.—*Charlotte Medical Journal*.

## MUD BATHS.

Volcano baths are the proper things nowadays in certain parts of California and Mexico. Down in Mendocino County, Cal., such baths have become most frequent.

The volcano bath is not a water bath, nor is it a fire bath nor a lava bath, as might be supposed. It is a mud bath, and no ordinary mud bath at that.

Ice-cold mud of a bluish tint and of the consistency of freshly mixed mortar is the element into which the bathers plunge, splashing and spluttering. The way they manage it is unique.

A sapling is felled in the forests near the volcano craters, stripped of its limbs, carried to the crater and placed across it, so that each end of the pole rests on firm ground.

Fancy yourself sliding out on one of these saplings stretched across a crater's mouth, then slipping gently off into the middle of a gurgling, bubbling, ice-cold mass of mud and swinging yourself there by your hands until fatigued! Then with just life enough left to crawl back along the log you reach unyielding ground again.

Fancy that situation and you may realize what volcano bathing is like. It is a combination of gymnastics and mud-dipping worth going miles to see. To hold onto the sapling is the thing, for to let go would mean horrible death. To let go of that pole would mean a visit to the interior of the earth—a sort of post-mortem Jules Verne exploration of a bottomless pit, as one writer puts it.

Once plunged into one of the craters of mud, with all the ties to the sapling severed, a person would be lost forever, being swallowed up in the murky depths in an instant, for vastly quicker in action and surer of its victim than quicksand is the mud of Mendocino's mysterious volcanoes.

Cleanliness has nothing to do with it. It is not that for which people face the dangers of the volcano bath. The mud which is belched forth from the earth's interior is supposed to contain important medicinal properties, and it is to be benefited by these that people risk their lives. Frail humanity will hesitate at nothing in search of health.

There are about twenty-five of these singular mud-belching volcanoes in Mendocino County, and they are among California's many wonders. They are situated high on a mountain side, seven miles from Cahto. At this time of the year they are unusually active. Their gurgling roar may be heard for a distance of several miles when they are most violent.

The mud frequently shoots over the rim of the crater, flows down the mountain like a lava stream and enters one of the Eel River's tributaries called Mud Creek. It fills the craters, which are about five feet above the earth's surface and bounded with a circular base or miniature crater from four to seven feet in diameter at the base and two to three feet at the top.

Prospecting parties have hewn down saplings fifty feet in length and pushed them into the mouth of a crater. Some of these have disappeared altogether. Others remain near the surface, playthings of the muddy element, which tosses them about like fishermen's bobbins in a rough sea.

A significant coincidence is the fact that when the ocean, twenty miles away, is unusually heavy and rough, the volcanoes become intensely active, belching forth not only their burden of ice-cold mud but volumes of warm vapor. In some mysterious way the ocean seems to control their action.  
—*Public Health Journal.*

## PERIOD OF ISOLATION OF SCHOOL CHILDREN FOR CONTAGIOUS DISEASES.

According to the *Revue Mensuelle des Maladies de l'Enfance*, August, 1898, the Medical Council of the Russian Empire has established the following periods of time for the isolation of school children who have been exposed to an infectious disease or have themselves suffered from such a disease :

SCARLATINA.—After exposure, and without development of symptoms, an isolation of from twelve to fourteen days is required. A child that has been ill may be allowed to return to school six weeks after the appearance of the eruption, provided there is after a time no trace of desquamation.

MEASLES.—Fifteen days after exposure ; or, in case the disease has been present, four weeks from the beginning of the eruption, if there is no trace of desquamation.

RUBELLA.—Sixteen days ; or after two weeks from the beginning of the eruption.

VARICELLA.—Seventeen days ; or after the fall of the crusts.

PERTUSSIS.—Fifteen days to twenty days ; or after six weeks from the beginning of the cough, if kinks have ceased, and there is no expectoration.

MUMPS.—Twenty-two days ; or after three weeks from the beginning of the parotid swelling.

DIPHThERIA.—Seventeen days ; or three weeks after recovery, and after the disappearance of hyperemia of the pharynx, larynx, and nose ; if bacteriological examination is possible, only after the disappearance of the bacilli.

VARIOLA.—Fourteen days ; or after the fall of the crusts.

All convalescent patients should receive two or three warm baths at 35 degrees C.—*American Journal of the Medical Sciences*, December, 1898.

## CALENDULA DRESSING.

CHAS. B. MORRELL, M. D., HYDE PARK, OHIO.

Robert P——, aged 54, stepped out of a second-story stable door and landed on his heel. He suffered a compound dislocation of the ankle. The tibia was forced out of a ragged wound and completely denuded. Fibula fractured.

The man was hurt at three o'clock in the morning, nine miles from his home. He was carried that distance in a carriage with no other dressing than a piece of old cloth that was very dirty. The hemorrhage was profuse. I saw the man at eight o'clock. He was very weak, suffering from shock and loss of blood. The head of the tibia protruded from the wound nearly four inches. Hemorrhage on slightest touch. I adjusted a tourniquet bandage, dressed the wound with cotton dressing, and sent for assistance, deeming an amputation the only safe procedure. Counsel (Dr. C. A. Pauly) arrived at ten. After consultation it was decided that an amputation was not to be considered and the dislocation was reduced and the limb placed in a fracture box. As might be expected, suppuration set in with great vigor. The limb swelled, became œdematous and blotched, and with other symptoms, death seemed the only outcome of the case.

I determined to save the case, if possible, and chose as my principal remedies the Peroxide of Hydrogen and Calendula. The suppuration was rapid, involving the seat of the injury and extending up the limb following the track of the arteries. For nine days it seemed that the fight was lost, but my faith in these remedies, with indicated homœopathic remedies, which I will mention, never wavered, and on the tenth day I began to get results, and on the one hundred and first day the man walked out with a very good foot.

A slight deformity and a small open ulcer was all that was

left to show the terrible ordeal, if I except the scars of the openings.

The treatment was simple. The Peroxide until the wound was perfectly clean whether it took an *ounce* or a *pound*. I used eleven pound packages.

After cleansing, I washed the cavities with an infusion of calendula and packed them with Halsey's surgical dressing. I could see the improvement every day. I believe that the *dressing* saved the case. The wound healed perfectly, even the openings throwing up healthy granulations and only in the seat of the injury were there any unhealthy granulations.

Internally I gave Arsenicum 3x, Baptisa 1x, China-off. 2x, and Hepar-sulph. 3x, winding up the case with Silicea 6x.—*The Medical Visitor*.

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#### THE CAUSE OF DEATH OF COL. INGERSOL.

No medical man can read the account of the death of Col. Ingersol in the daily papers without a misgiving that the large doses of a particular medicine he took, and that a most powerful one, had much to do with it.

The doctor directed him "to keep taking Nitro-glycerine tablets that he had prescribed once in fifteen minutes till the pain subsided.

"These tablets are so powerful that the instant one was swallowed it made the veins on Col. Ingersol's forehead stand out like whipcord. The medicine is given to relieve the strain on the heart by distending the blood-vessels, thus making its work lighter."

Now if the reader will turn to the pathogenesis of Nitro-glycerine or, as it is called, "Glonoine," in our materia medica, and carefully note what is there said, he will see that the drug in such powerful doses, so frequently repeated, was the cause of death, and that it was a most lamentable case of mistaken zeal to have prescribed it.

The rational explanation of the action of Nitro-glycerine

given in the newspaper cutting is a most deceptive incentive to its careless use and to utter blindness to its power for evil.

This case should be a warning to all medical men who believe in giving large doses of powerful remedies and especially of Nitro-glycerine, the effects of which are little known.

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### THE LAUGHTER CURE.

We have all heard of the patient who, while nearly suffocating under a bad attack of quinsy, laughed so hard at some ludicrous incident, that the abscess broke and he recovered forthwith. Dr. Russell H. Conwell, the noted Philadelphia divine, in his popular lecture, "The Jolly Earthquake," illustrating the value of laughter as a therapeutic agency, tells about a similar but far more remarkable occurrence, as follows:

"A man was suffering from that most dreaded of all diseases, hydrophobia. Attendants held him to the bed, that he might do no harm to himself or to other members of the family. The death dew was already on his forehead and the family had been called in to witness the last sad agony. His sister, in her excitement, brought with her to the room her little three-year-old boy, not noticing what he carried with him. At the bedside the little fellow, wishing to contribute as best he could to make his uncle's passage a peaceful and happy one, held up a gayly-painted jumping-jack, working it most energetically. The poor sufferer, in a lucid interval, catching sight of this rather novel form of entertainment at the deathbed, began to laugh, laughed long and loud, and at last exhausted, sank into a state of deep unconsciousness from which he soon awakened asking for water. The danger was over. The disease had succumbed to a laugh. Dr. Clark, of Bellevue, who first related the story, adds: 'It would be better for many patients if they had jumping-jacks for their doctors.'"—*Medical Times*.

## CONSUMPTION AND VACCINATION.

Says *Health* (London) anent the Tuberculosis Congress:

“It may be a satisfaction to English people to know that they suffer less from phthisis than do either the French or Germans, but this is no reason for delaying the precautions that are essential to suppress the malady altogether, or to refrain from using the means for the alleviation of the pain and misery already existing.”

In Germany and France no one escapes vaccinations; in England a very large number escape it; hence less consumption. The way to stop consumption and cancer is to cease implanting them; or, in other words, vaccinating. Among the white races this superstitious rite of vaccinating is a potent cause of making the human ground ready for tuberculosis, cancer, and scrofula in various forms, while among the darker races it spreads leprosy as wind does a prairie fire.—*Homœopathic Envoy*.

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## BOOK NOTICES.

THE SEXUAL INSTINCT: Its Use and Dangers as Affecting Heredity and Morals. By James Foster Scott, B. A., M. D., C. M. New York: E. B. Treat & Co., 241-243 West Twenty-third Street. 1899. Price, \$2.00.

This exceedingly valuable book, valuable for the lessons it teaches, for the advice it gives, for the good it is intended to do, should be in the hands of all men and women whether in or out of the medical profession.

It is an earnest and eloquent protest against the sexual abuses that shame the individual man and woman, disgrace the community, and lead to the terrible crimes which threaten the very foundations of society.

It treats of the sexual instinct, its uses and its influence. It describes clearly the physiology of the sexual life; it gives “a proper calculation of the consequences of impurity from the personal standpoint;” it pays a high tribute to woman, whom it calls the “sweetest of God’s creatures;”



it treats of the influences which incite to sexual morality; it devotes a chapter to prostitution and its causes; it inveighs bitterly against criminal abortion; it unfolds the disasters of gonorrhœa and syphilis; and it warns against Onanism and other perversions.

As the author well says in his preface, "This book contains much plain talking, for which I offer no defence." Its design "to furnish the non-professional man with a sufficiently thorough knowledge of matters pertaining to the sexual sphere—knowledge which he cannot afford to be without."

In defence of his motive for writing the book, which is to, in some measure, reduce the amount of sexual depravity, the author says:

"It is commonly said that it is a hopeless task to turn the stream of the sexual activities into orderly channels. So also is it a hopeless task to do away with murder, theft, drunkenness, lying, and other prevalent misdeeds. Evils, however, can be mitigated, if not cured, if we subject them to philosophical analysis, which may suggest remedies."

"Painful as it is to treat subjects so repulsive, a man cannot choose his duty, nor can he honestly evade it. Therefore, knowing no other book of like character, I present this as the best effort of which I am at present capable for the preservation of the individual and the welfare of the race."

With this short notice and the quotations of the author's own statements of his reasons for writing the book, we commend it to the consideration of the appreciative readers of this journal.

THE PRACTICAL DOG BOOK for both the professional and amateur fancier. We have received from the Associated Fanciers, 400 N. Third street, Philadelphia, Pa., a copy of their Dog Buyers' Guide. It contains a finely-executed colored frontispiece; well drawn engravings of nearly every breed of dog, and all kinds of dog furnishing goods. We should judge that the book has cost a great deal more to produce than the price asked—15 cents—and we would advise all of our readers who are interested in dogs to send for the book.

A BOOK ON POULTRY, containing 116 pages, a beautiful lithographic plate of a group of different fowls in natural colors, engravings of all kinds of land and water poultry, descriptions of the breeds, plans for poultry houses, how to manage an incubator, all about caponizing, and the value of

different breeds. It will be mailed to any of our readers for 15 cents by the Associated Fanciers, 400 North Third street, Philadelphia, Pa.

**THE TOY DOG.** A copy of Mr. John E. Diehl's latest book on the Toy Dog has just been submitted to us for criticism. We can speak of the little volume only in terms of the highest praise. The author, who was recognized for years as an authority on domestic pets of all kinds, has evidently put his best efforts on his last production, so that this becomes almost invaluable to all who admire, or intend to provide themselves with a toy dog. The book has been published by the Associated Fanciers, 400 North Third street, Philadelphia, Pa., who offer to mail it to any address on receipt of 25 cents, preferably in postage stamps.

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### NOTES AND NOTICES.

**CHATEAU DE SPEER.**—See the Chateau de Speer on another page where Alfred Speer, the most honest and persevering wine grower in this country, forty-eight years persistent in overcoming obstacles and prejudices against native wines, has succeeded in New Jersey, and now produces the finest wines of the world and has his extensive wine cellars with hundreds of thousand gallons stored. They are most excellent.

**DR. JOSEPH T. O'CONNOR** will remove September 1st, 1899, from 18 West Forty-third Street to 29 West Forty-fifth Street, New York, Borough of Manhattan. Office hours till 12 M., 6 to 7 P. M.

**FOR SICKNESS GET THE BEST.**—Old Choice Wines from Speer's vineyards. The rich Port, Claret, Burgundy and Unfermented are unexcelled for entertainments, family use and invalids.

**WINE FOR WEAKLY PERSONS.**—Weakly persons use Speer's Port Grape Wine, unfermented Grape Juice and Burgundy or Claret. They give tone and strength to the system. They are superior to all other wines in the world.

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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OBSTETRICS AND OBSTETRICAL SURGERY.

BY ERIC VONDERGOLTZ, M. D., NEW YORK.

(Synopsis of 565 Obstetrical Cases.)

Recent publications show, on one side, that the expected benefit from antisepsis is not visible in private practice as compared to the results in hospitals regarding morbidity and mortality of the mothers.

On the other side, many authors claim superior results from a strict asepsis rather than from antisepsis.

Therefore, I examined my records carefully to find why these opposed, or seemingly opposed, opinions could be sustained by a considerable literature.

The rational manipulation of a hospital resembles the regularity of a well-adjusted machine, where each part has its own function. This, generally, will not be witnessed in the private home during confinement.

There prevails a certain anxiety and consequent disorder, and almost everything depends on the physician, that he must take entire management and control in his own hands.

If in each case the physician will follow a well-defined way of his own, an established routine will give a good result, even in encountering the most daring obstetrical operations.

In looking over the various works on gynæcology and obstetrics, we will find on every page of a gynæcological book the detail with which the single and diminutive steps of an operation are described—even when referring to the smallest operation of minor surgery, while we find in obstetrical books merely a wholesale dealing with the anti-septic and aseptic preparation of an obstetrical operation. Perhaps the writer is too anxious to explain most thoroughly an operation that more or less will be asked for of every physician. At the beginning of my practice I strictly followed the rules of the management of Basle; T. T. Bischoff, late professor of obstetrics and gynecology, wrote, in 1875, an article concerning his antiseptis and of his results. Although his paper is now twenty-four years old—and, generally, a medical thesis loses in the lapse of time—the *punctum resistentiæ* has remained the same. I will try to translate his words:

“Try to overcome and remove, as much as possible, all probable cause of any endangering decomposition from the vaginal tract before any lesions by the delivery could happen.”

The results obtained by Dr. Bischoff in 1875, when the technique of antiseptic surgery was by no means such a safe one as to-day, have been so favorable that the publication of his article, “Prophylaxis des Puerperalfiebers,” was the result.

But I soon found the importance of varying these rules on account of the many differences in the habits of the people, so that I could more easily meet every arising emergency.

If called for and arrived at the home of the parturiens, I see, first, if all my previous orders have been followed, that the water is boiling in clean vessels, that towels, bed-clothes, and bed are prepared according to my wishes, that the patient

has donned such garments as I advised during the engagement call.

Then my instruments (forceps, needles and needleholder, sutures, scissors and ligatures) are immersed in a boiling two per cent. Lysol solution—if needed or not. The hands and arms cleaned to the elbows, as also the genitals of the parturiens preceding the examination. Then I give a very scrupulous washing and vaginal irrigation with one-half per cent. Lysol solution, before and after the examination. If the right time for the delivery is not yet at hand, everything remains in order. I go home, and call again as labor progresses. If my first examination does not reveal the necessity, no further examination will be made, and, therefore, no further vaginal irrigation is necessary, otherwise every examination will be followed by a cleansing as vigorous as the first. It must be understood that the evacuation of the bowels and bladder has been previously demanded, so that no interrupting accident is to be expected.

The authorities of a management of labor without vaginal examination and without prophylactic vaginal douches, like Winkel, Gusserow, Mermann, Tippins, and Köld are clinical obstetricians, and so the management can, perhaps, be made safe by an enforced asepsis, which last, but not least, will prove a derivation of antiseptic cauteles—but only effective in their own institutions.

Not every one is such an obstetrician that he can neglect the vaginal examination.

Besides this, we have to consider the surroundings in the private home. There are few stained floors—we are endangered in our asepsis by carpets, rugs, papered walls, and pictures.

All this, certainly, will not confirm the abstinence from antiseptic precautions, especially as we have to deal so often with dark bedrooms, where the germ-destroying influence of air and light cannot penetrate.

The value of the vaginal injection has to be regarded from

the side of the technique. Here we have to consider two points—the instrument and the manipulation.

The first demand, in my eyes, is that every physician shall have his own syringe, as also his own forceps. The syringes of the household cannot be used, as they are not clean for the use of the surgeon. In referring to the manipulation, a simple syringing is ineffective; this syringing has to be done as an effective cleaning; and this is a scrubbing and washing, but, of course, with absolutely and unquestionably clean and aseptic, *vice versa* antiseptic, fingers.

All that material of the advocates of asepsis lacks one point—the manipulation has not been explained; and then I do not find the necessary absolute confirmation of no puerperal infection. One especially, Mermann, had under this treatment “no case of severe puerperal infection.” . . . “One woman only was discharged on the eighteenth day.”

As soon as the delivery draws to the end, I bring the parturiens on the transverse bed on a perineal pad; the body is protected by a blanket and the feet are dressed in clean stockings.

Two relatives or friends are supporting the legs, so that the woman does not feel uncomfortable. I take my place in front of the patient. If necessary, the external genitals will be again cleaned and the delivery goes on.

One of the bystanders is instructed to receive and hold the new-born till the ligaturing and cutting of the cord is done.

In this position the patient will be kept till she is dressed and put back in her clean and unsoiled bed. All water, blood, and placenta will be received in a pail, slipping down the pad. All this does not take so much time, as where everything is spoiled, and the woman remains in her water and blood, perhaps, for a very long time. The after-treatment consists of a vaginal douche of two-tenths per cent. Lysol solution, twice a day, up to the fifth day. Every three hours the Lysol gauze, which protects the vulva, will be changed by the attendant, who, before touching the woman,

has to clean her hands with a one-half per cent. Lysol solution.

One of the most important questions is the preparation of the physician; and this preparation will be a success only if the instruments and the whole outfit are subjected to the most vigorous application of antiseptic rules.

The obstetrical bag must be used only for confinements. The instruments must be cleaned after each use and packed away fully sterilized. My outfit consists of forceps, of medium size; needles and needleholder; pair of scissors; two trachelium-forceps, and Edebohl's speculum and legholders; curettes, and an intrauterine catheter; also, silkworm and cord ligatures and fifteen yards of prepared two per cent. Lysol gauze; three pairs of long (tuit) and six pairs of short (déan) hæmostatic forceps, and two straight and one curved blunt-pointed knives. These legholders are the best help for restoration of the cervix and perineum, where the assistance of the relatives may prove very unsatisfactory.

My failures in the first years of my practice, especially in the restoration of cervical and complete perineal tears, were readily overcome when I made these operations on a table. This can be done quickly if everything (as I quoted in a former place) is kept ready for eventual use.

I must add that for emergency cases I fill another bag with the required instruments. These instruments, so far, have proved absolutely reliable as being always in a state of perfect cleanliness (after each use they are boiled in soda-suds, polished in Lysol solution and dried by heat). Then an immersion in ten per cent. Lysol solution shortly before the operation will be sufficient. The high grade of Lysol and the slipperiness will be removed by immersing in plain boiled water when taking for use.

Such a handling of a confinement will seem, at the first glance, polypragmatic, but I believe that such a polypragmacy will benefit also the physician, who has to encounter an instrumental delivery with following operations. So

the confinement will be turned easily into a safe channel, well prepared concerning patient, room and attendance, with a good result.

If such vigorous antiseptic cleanliness has been achieved, then we will have better results in cases where the most important operations, as accidental, during confinement have to be performed.

Finally, I have to add that my patients receive instructions for immediate preparation of the body, nourishment, etc., the same as in cases of operations. I am convinced more and more that preparations in this line regarding diet, evacuation of the bowels, learning to pass the urine in a reclining position, spare many inconveniences.

The nurse is the only factor that could increase the cost. In every household we must have a woman to do the housework during the confinement, so the expense will not necessarily be increased.

The seeming sacrifice rests with the physician; but only at first. After practising such self-imposed rules every one will find a saving of time, where, generally, we hear that these confinements disturb the regular day's routine.

I believe it to be my duty to explain why I do not follow the general rule, to carry with me those obstetrical instruments advised by our great teachers. To take these complicated and so very seldom needed instruments will not improve the absolute cleanliness demanded, and, again, the examination of the pelvis during the engagement call will suggest the eventual use.

*The engagement call and examination is the basis of successful antiseptic midwifery.* Then, when called in by urgency at the last moment, the antiseptic or aseptic management is utopian.

I am convinced that nobody will undertake the performance of any operation, or treatment, neither give a prescription, without an exact examination leading to such an advice. It sometimes occurs that a lady asks a medical man through



her husband to attend her confinement—perhaps, only to save her the examination—the feelings of the patient being too sensitive. Dr. Lusk speaks, in his book, *Science and Art of Midwifery*, about this false modesty as mock modesty in reference to the conduct of normal labor, when rupture of the water-bag is imminent; I would like to draw the line broader and call the whole modesty mockery, as soon the earnest work of the accoucheur is hampered, either in preparation or in conducting the labor. We must not forget that this modesty is a result of the present existing fashion. To bow to such a fiction under certain conditions will pay poorly. All mock modesty can be overcome by honest work on the part of the accoucheur.

If aggressive antiseptics will be carried out a following occurrence will belong to the past.

A midwife has in charge a slowly progressing confinement for twenty-eight hours, finally a doctor is called in, on account of atony of the uterus and to save the infant. The woman is easily delivered by the forceps. The doctor has his highly polished and plated instrument boiled and carbolyzed, hands clean and disinfected.

Two and a half hours later the patient gets chills, a high temperature of 105 degrees sets in, distension of the abdomen, vomiting, facies Hippocratica, etc. Who is the culprit? Of course, the family charges the doctor. This juncture of the darkest and most regretful uncleanness can be witnessed very often. I know that many physicians are very cautious in accepting calls for aid in such cases.

In addition, I may be allowed to make some propositions to frustrate the evils lurking around the lying-in bed:

1. That during the engagement call the examination of the pelvis will be conducted with the utmost accuracy for judging the obstetrical aid so far as possible.

2. To instruct the engaging party as to cleanliness concerning person and surroundings, under the impression that so mother and child will be best provided.

3. That the medical profession shall try to enlarge and educate their clientele to absolute cleanliness as the preparatory step to antiseptis and asepsis.

4. That the medical profession shall try all means to bring antiseptis and asepsis to a better understanding of the midwives, for greater safety in regard to obstetrical operations:

5. That the preparation of the physician will be carried out in a strict and pedantic way—always regarding the individualism of the concrete case.

The plea of this whole essay in regard to the obstetrical work of the practitioner, for a minute system prominently in antiseptis, is caused by the following observation, that as everybody must learn and broaden his experience by the different observations, many trials of the beginner in the direction of a certain operation will be less destructive if finally given up as impracticable. It is easy to teach that an operation shall never be undertaken if all pro and contra are not fully understood; this happening will be on the one side easier avoidable, and on the other side less dangerous.

Easier avoidable, as such a preparation gives chance to observe every particular moment, and, second, that this trained management gives better chances for execution of operations, otherwise well chosen, but impossible, as the patient does not occupy the favorable position, etc.; as for instance, a friend of mine called me to help in a forceps delivery. The physician was exhausted. The patient was, on my arrival, under the influence of Chloroform on the transverse bed, the legs were kept in position on chairs by the attendants. A hasty examination showed forceps in the right position—only the patient was lying with the buttocks too far from the edge of the bed, so that there was no place to work the forceps! As the patient was brought well down, and the legs were well bent and adducted to the abdominal parietes, the forceps delivery was the easiest imaginable, to the surprise of my friend.

All this must be considered more or less important, but at times such management in all its details will show the profits.

If, on the other side, any operation must be given up on account of being ill chosen, while everything was done in a perfect antiseptic way by means of far-going preparations, such an abandoned manipulation has no bearing; different trials of version will be harmless, where finally an embryotomy will confine the mother.

As a former Allopath, I was anxiously looking for the benefits of Homœopathy at the bedside. My observations on this subject are abstracted from experiments. On the one side, I felt myself perfectly confident as to the surgically conducted confinement; on the other side, I felt a need for a substitute for my surgical activity, remembering fully that nature had not created a physician or surgeon standing at the bedside of the first parturient woman on earth.

Besides the known remedies in their excellency regarding pains, expulsion, etc., I will enumerate some which were tried by me (only on the supposition of correspondency in their activity in other regional complaints of the body).

*Apis-mel.*, excellent in reducing the swelling after primary trachelorrhaphy and perineorrhaphy with too tight sutures, where either a gangrene was to be expected or where the sutures had to be removed.

*Arnica-mont.*, very sensitive and hysterical primiparæ; to overcome quickly the nervousness, etc. The patient regains more easily her equilibrium, and everything begins to go on as if nothing had happened.

*Belladonna.* I prefer to give Bel. if to the third day after delivery the reinvolution of the uterus is not well established. We always can find more Belladonna symptoms—as I personally have found—but this landmark, found by the daily palpation of the abdomen, is sufficient to prevent in time any perimetritis and parametritis, going out from this slow reaction of the uterus.

*Hypericum-perfol.* If the whole system is affected, like by an electric shock.

In regard to the question: Where comes Homœopathy during labor, and what position to take regarding instrumental delivery? I am now following this maxim: I wait and follow up with homœopathic remedies as long as I do not see exhaustion of either the parturiens or of the child (heart-sounds, etc.).

The pride of the obstetrician shall be not the final expulsion of the fetus, dead or alive, but to terminate a confinement by judicious application of reliable means.

Such an act of a homœopath as the following citation is unworthy. It seems like the man who lets a child fall into deep water, waiting till it is nearly drowned, then takes it from the water and *recalls it to life by proper care.*

Richard Hughes, L. B. C. P., Edin., writes, in his *Manual of Therapeutics*, verbatim:

“In the case of a woman, twenty-six years of age, in her first labor, in whom the sacro-pubic diameter of the superior strait did not offer more than two inches and a half, I had the patience to wait for seventy-two hours the natural efforts of labor. The head being in the first position, at the end of the second day it began to engage in the superior strait. At the end of the third day the pains slackened very much; the woman became very feeble, was pale, exhausted, and had lost all hope. I put *Secale-cor.* 30 into a glass of water, and gave her a teaspoonful at 11 o'clock in the evening. Some minutes after she fell asleep and slept very quietly for three-quarters of an hour, when, awakened by a violent pain, she made a courageous effort, and two hours after gave birth to a child, pale, in a state of asphyxia, but which was recalled to life by proper care.”

Every rational obstetrician will (as I firmly believe) approve the following statement of mine, and so give a damaging critique of such a doing:

If the stadium of expulsion has begun and the child is not

born between two to four hours after, and the remedies, etc., could not effect the expulsion, the physician shall extract the child by means of the forceps, etc.

I ask, Are these waiting physicians (seventy-two hours!) so absolutely sure to be able to cope with a sudden rupture of the uterus? Do not these physicians think that a gangrene by pressure will be easily effected by their "patience"?

I am a convinced homœopath, and have seen many deliveries effected by my remedies, where, as consulted physician, I was preparing my instruments for any occasion. It is my custom to give, after a few questions, one dose of the indicated or needed medicine, to see, perhaps, the effect, during that time necessary for my preparations. If then I am convinced that the remedy will effect the expulsion, I am homœopath enough to wait; and I am glad to state that my trust in Homœopathy did not fool me.

On the other side, if called for help to a bed of a parturiens in pains for longer than from six to ten hours, I hastily give the necessary medicine, arrange my preparations, and if now ready for action, and the remedy without result, I put it down as an absolute duty to finish the confinement as speedily as possible under Chloroform!

I am decidedly against the absolute medical treatment, where one of the easiest and simplest manipulations will bring a quick finish.

The placenta and velamina if not expelled in from thirty to sixty minutes must be taken by the obstetrician.

The residua of abortions must be removed. To wait, to give medicines for weeks—only not to interfere—is not what Hahnemann understood by Homœopathy.

The post-partum hemorrhage and the severity of the after-pains of a multipara—occupying such a great space in homœopathic threapeutics is, after my observation, the result of too much medical and too little judiciously mechanical help—in a mostly mechanical field.

Except in hæmophiles, I hardly know the danger of

uterine hemorrhage; hemorrhage is always, in my opinion, proof of retention of some part of the placenta or a deep laceration of the cervix, etc. Curette and a few sutures will be the real remedy.

The too-severe after-pains in multiparæ is a proof of some faults in the management, as we will mostly observe these painful after-pains in multiparæ, where a slow reinvolution takes place; this is only the reaction of something wrong during the management of one of the second or third periods.

We never must forget that the manifestation of the minimal sepsis will sometimes not be recognized as sepsis and result of sepsis, but something different.

This is the result of my observations during the management of five hundred and sixty-five obstetrical cases, as compared with the management of other obstetricians without such absolutely decided antisepsis. It may seem overdone, such a management, but the following case teaches me to remain firm in my doings.

Mrs. T. G., æt. 34. eighth part.—I was called, July 11th, 1895, at six o'clock P. M. The fetal head well down, cervix began to thin. At eight o'clock A. M., July 12th, the water broke. The pains were till then very good, so that after this last event I congratulated the husband (a brother-physician) that the much dreaded confinement would turn out a self-development. But this prognosis was erroneous, as suddenly the cervix began to get rigid—and nothing would help. Finally, at twelve M., I sent for my assistant to give the anæsthetic. Meanwhile the patient began to get delirious. Chloroform was administered, and the patient, on the transverse bed in the exaggerated lithotomy-position, was scrupulously cleaned and washed; the very narrow and œdematous cervix was incised right and left, the blades of the forceps introduced and the head extracted with all care not to make any larger laceration. The narcosis was so splendidly given that I was not hindered in anything. The cord was wound twice around the neck of the child and so

too short, thus giving the real cause of this delaying labor. The cord was cut immediately, the placenta already in the vulva, but the velamina were retained. I went in the uterine cavity with my hand and brought it down in one piece. What I am always doing as precaution I did in this case again. I curetted with a large, dull placental curette, and rinsed the cavity with hot one-half per cent. Lysol solution. A small superficial perineal tear was then closed. Everybody witnessing the labor was astonished to see the recovery.

More than this, the patient made a quicker and an absolutely uneventful puerperium, no fever, no distention of the abdomen, no severe after-pains, no protracted lochiæ, which had been features of all her former regular and unaided self-developments.

The baby was in danger, the mother was exhausted. Was I there to wait? Was not my action proved by the result?

The reason I cite this case is the circumstance of the difference in the subjective and objective signs of her former and of this last confinement.

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#### SECOND PART.

The foregoing pages contain the abstract of the following histories, which shall show the applied operations, technical points and final results; on the other side shall be shown the difficulties which the obstetrician encounters regarding antiseptic cleanliness, handiness and readiness of assistants, etc.—absolutely indispensable for good surgical work.

The material of these five hundred and sixty-five cases is distributed in the following manner:

	OWN PRACTICE	CONSULTATION
Self-development, . . . . .	225	225
Instrumental Operations, . . . . .	73	107
Manual Operations, . . . . .	19	76
Abortus, . . . . .	17	48

#### MORBILITY AND MORTALITY.

	OWN PRACTICE	CONSULTATION
Morbidity of mother, . . . . .	. .	13
Mortality of mother, . . . . .	3	4
Morbidity of children, . . . . .	7	15
Mortality of children, . . . . .	3	19
Still-births, . . . . .	4	21
Abortus, . . . . .	17	48

#### INSTRUMENTAL OPERATIONS.

MODUS OPERANDI	OWN PRACTICE	CONSULTATION
Forceps on the head, . . . . .	42	68
Forceps on the breech, . . . . .	25	10
Traction-forceps (head), . . . . .	3	17
Cephalotribe, . . . . .	1	2
Embruley, . . . . .	. .	4
Symphysiotomy, . . . . .	2	6
Forcible dilation of the cervix, . . . . .	41	11
Episiotomy, . . . . .	27	19
Tamponade of the uterus, . . . . .	15	9
Curettage for abortus, . . . . .	17	48
Curettage for retentio placenta, . . . . .	22	72
Trachelorrhaphy, . . . . .	51	32
Perineorrhaphy, . . . . .	75	105
Tears in the vaginal laquears, . . . . .	22	30

#### MANUAL OPERATIONS.

MODUS OPERANDI	OWN PRACTICE	CONSULTATION
Version and Extraction of fetus, . . . . .	19	76
Manual Detachment and Extraction of placenta, . . . . .	49	52

[TO BE CONTINUED.]



## BIOGRAPHICAL MEMOIR OF MR. WM. TEBB.

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

(Continued from July No., p. 316.)

In 1879, Mr. Tebb again visited this country for the purpose of trying to spread among us a knowledge of the real character of vaccination, as shown by the official statistics and blue-books.

Dr. Constantine Hering, of Philadelphia, Drs. Alexander Wilder, Robert Gunn, Jos. Dobson, Winterburn, Holhoohan, J. Emery Coderre, professor of "Materia Medica and Therapeutics," at the School of Medicine and Surgery at Montreal, under the impulsion given by Mr. Tebb, founded the Anti-Vaccination Society of America, with Dr. Wilder, professor of Physiology, for president.

After the departure of Mr. Tebb, the society languished until 1895, when it was reorganized with Dr. M. R. Leverson, of New York, as secretary and Dr. Barclay, of Newburg, president. This gentleman, unfortunately, thought his duty complete when the anti-vaccinators of Newburg triumphed in the local election, and secured a school board pledged to disregard the law requiring the vaccination of school children.

Mr. Piehn, of Nora Springs, Iowa, is at present the very active president of the Society, Dr. Leverson and Mr. L. J. Weyprecht, of New York, and Dr. Clausen, of St. Ansgar, Iowa, act as vice-presidents. Frank D. Blue, of Terre Haute, Indiana, is indefatigable as secretary, and Mr. E. C. Townsend, of New York, formerly editor and proprietor of the *Anti-Vaccination News*, is assistant secretary for the Eastern States.

International Anti-Vaccination Congresses were held in Cologne, Berne, Charleroi, and Paris under the presidency of Dr. Hubert Boëns, and the reports of the proceed-

ings were sent to leading government officials, and the chiefs of Public Health Departments in all countries.

Dr. Boëns was at the time of his death the oldest veteran among the numerous men of science who have opposed vaccination. Herbert Spencer and A. R. Wallace, declared themselves in opposition thereto later in point of time to Dr. Boëns, who was also the first, not only to detect the resemblance amounting to an almost identity between cow-pox and syphilis, but also to trace the frequent origin of so-called spontaneous cow-pox to actual syphilis in man.

The Sixth International Anti-Vaccination Congress was held in Berlin, in September, 1899. It had been announced for June, 1899, and delegates from the United States had actually started to attend it when they were informed of its postponement until September. As a consequence, the United States were not represented at the conference, though Dr. Levenson forwarded a paper which he had intended to read had he been present.

The agitation in England was actively continued, and after many years of struggle, the people succeeded in electing guardians pledged not to enforce the compulsory law in Banbury, Gloucester, Leicester, Keighley, Oldham, and many other places; and in Leicester in 1885, a public demonstration was held in which 50,000 of the inhabitants took part, with delegates from all parts of the United Kingdom. The procession was over a mile long, and displayed hundreds of flags and banners with pictorial allusions in every form of serious and grotesque attack upon the Jennerian system. Among these were the following: "Sanitation not Vaccination," "Better a Felon's Cell Than a Poisoned Babe," "It Is Not Small-pox You Are Stamping Out, But Human Creatures' Lives," "Revolt Against Bad Laws Is a Christian Virtue and a National Duty." The great procession assembled in the market-place of this ancient city, when speeches were made by the leaders of the movement, and the vaccination

acts were publicly burned amidst the cheers of the vast population assembled, and in the presence of the mayor and other public officials. This was the greatest public demonstration that has ever been held in the history of this midland town.

The result of the demonstration, which was fully reported in *The Times* and in every leading paper in the country, was that the Leicester Board of Guardians, whose office is to enforce the vaccination law, refused to prosecute the conscientious and intelligent objectors, and the law became a dead letter. From that time forth, it was found impossible for the authorities not only in Leicester, but in many other towns, to enforce vaccination upon unwilling parents, many of whom had become opponents of the Jennerian rite, by having had their children injured or killed by vaccination. The troubles of Leicester, we regret to note, are not yet over.

In July, 1898, an amendment to the vaccination acts was proposed in Parliament by Mr. Pickersgill, prohibiting all prosecutions for neglecting to vaccinate a child except upon permission for such prosecution given by the guardians, *i. e.*, the local authority. Mr. Chaplin, the president of the Local Government Board, gave a pledge, or what at least was understood as a pledge, by members of all parties in the House that so long as he held office there should be no attempt to enforce vaccination, or for the vaccinating officer to prosecute without the consent of the guardians. This construction was put upon his words by several members in Mr. Chaplin's presence, in appealing to Mr. Pickersgill to withdraw his amendment as being unnecessary in the face of such a pledge. Mr. Chaplin heard these remarks and made no sign. Hansard reported Mr. Chaplin's speech in the same sense, and there appears the asterisk used by the publishers to denote that the speaker had revised the proof. In the teeth of this, the Local Government Board now calls on the vaccinating officers to prosecute without any authority

from the guardians, and Mr. Chaplin says that Hansard's report and the testimony of numerous members of both sides of the House are inaccurate. In this state of things the vaccination officer of Leicester resigned, and the guardians have declined to appoint a successor except upon the condition that he do not prosecute except as authorized by them. To this the Local Government Board have refused assent and have mandamusd the Board to appoint a vaccination officer. The mandamus has been made absolute. What course the guardians will now take is not yet known. One thing, however, is as certain as anything human can be, and that is that the noble men and women of whom the Leicester Board of Guardians is composed will one and all go to prison before they will appoint a legal poisoner of the children of their city.

The case is an instructive one from several other points of view. 1st. As emphasizing the importance of local self-government; 2d. As demonstrating the absurdity of the machinery of government adopted by a race which arrogates to itself special and almost exclusive knowledge of self-government; 3d. The ignorance of the law-makers of England of the science of legislation. But this ignorance, almost universal as it is in England, is still more so in the United States,—perhaps we might add arrogance as well with regard to the very subject upon which their ignorance is most complete!

Thus, before the Royal Commission was appointed, the vaccination laws had become inoperative in about one hundred and twenty towns and districts in England, and the Government had no alternative except to appoint a Commission of Inquiry, which lasted seven years, and is the first and only exhaustive investigation made in any country as to the results of vaccination. Lord Herschell, formerly Lord Chancellor of England, was the chairman of the Commission. Upon this Commission only a single representative of the anti-

vaccination movement was given a seat, while twelve at least of its fifteen members were known believers in the efficacy of vaccination as an antidote to small-pox.

More than one hundred witnesses, including medical men of high position, gave evidence to show that vaccination neither mitigated nor prevented small-pox, but that it was instrumental in spreading inoculable diseases, which diseases had seriously increased, *according to official statistics*, from the year vaccination had been made compulsory. The most important recommendation of the Commission was that a law should be passed allowing conscientious objectors to make a declaration before a magistrate, and thus escape prosecution and judicial penalties.

The discussion in both houses of Parliament on this question was considered to be the most interesting and important of the session. Mr. Balfour, the leader of the House of Commons, and Lord Salisbury, the Prime Minister, and leading members of both the Government and Opposition benches, spoke strongly in favor of this recommendation, and, on the 12th of August, last, the Queen appended her signature to the bill, and thus put an end to some of the worst features of vaccination tyranny in England. Vaccination, however, is still in force in the army, navy, and civil service, and is also obligatory upon pupil-teachers in the Board Schools, but Mr. Tebb is of the opinion that this anomaly will not long be permitted to survive.

During the numerous conferences organized by the anti-vaccination party in London, medical men and persons interested in the public movement were invited to give their views. On several occasions visitors from the United States attended and furnished details of the oppression and injustice which many persons have to undergo in various States of America, by reason of the public schools being closed to the children of parents who object to vaccination. These parents stated at the conference that they were obliged to send their children

to private schools at considerable expense, and in the case of poor parents they said the hardships were more acute, as the children must either be submitted to an ordinance to which they conscientiously objected or consigned to ignorance. There were even stronger features of the vaccination tyranny disclosed by some of the speakers, who called attention to the fact that in some States fines were imposed on those who refused to submit to vaccination, and that vaccination has on numerous occasions been forced *vi et armis* with the aid of the police. The fines are cumulative and crushing in their severity.

The subject of vaccinating immigrants before permitting them to land in the United States has frequently been brought to notice in the English and Continental press, and before the International Anti-Vaccination Conferences, which have been held in various parts of Europe. At the Congress held in Berne, Switzerland, in 1883, a deputation of medical men, appointed by the Congress, waited upon the American Minister and called his attention to numerous cases of injury, some incurable, induced by vaccination as enforced at the Atlantic ports of the United States. A memorial was afterward drawn up at the request of the Minister, giving details of these cases of injury, with photographs of the suffering victims, for the purpose of presenting them to the Health Department at Washington. Since then various efforts in the same direction have been made, but unfortunately without result.

Mr. Tebb has recently paid another visit to the United States, accompanied by his wife, in furtherance of the emancipation of the people from the gross superstition forced upon them. He arrived in Boston on the steamship "Canada," September 16th, 1898. On the previous day, all the immigrant passengers, about five hundred in number, were examined and those not showing recent vaccination marks were compulsorily vaccinated, in spite of strong expressions of indigna-

tion at the injustice to which they had to submit; the saloon passengers, meantime, many of whom were as much opposed to vaccination as is Mr. Tebb, were none of them interfered with. This discrimination shows that in respect to vaccination, there is one law for the rich and another for the poor. It may be remarked here that in no other country in the world do immigrants have to submit to a like ordeal.

Mr. Tebb is of the opinion that if a summary of the facts that were laid before the Royal Commission could be reprinted in America and studied by the reflective portions of our citizens, vaccination would be abandoned to as great an extent as it has been in England, and that the people would be liberated from what many regard as an odious and indefensible tyranny.

An abstract of all this testimony is now in course of publication in *THE HOMŒOPATHIC PHYSICIAN*, but unhappily, the general apathy of the people of America to what concerns the general good and even their own rights and duties as parents as well as to the well-being of their children, presents an obstacle which it will be hard to overcome.

While essentially a *people's question* and one which, as a subject for legislation, the common people are as competent to judge of as is the most learned physician, and in many cases more so, it is well to bear in mind that the opposition to vaccination numbers within its ranks many of the most distinguished men in medicine and science. Among them may be reckoned the late Drs. Hamernick, of Prague; Ancelon, of Nancy, France; Hubert Boëns, of Brussels; Professor Vogt, of Berne; Professor Emery Coderre, M. D.; Dr. Aitkin; Dr. Charles Creighton, formerly demonstrator in anatomy at Cambridge University and a prominent writer on pathology in the *Encyclopædia Britannica*; Professor Crookshank, the eminent bacteriologist of King's College, London; Dr. Alfred R. Wallace, F. R. S., the co-discoverer with Darwin of the doctrine of evolution; Dr. Garth Wilkinson, described by Emer-

son, in his volume entitled *English Traits*, as the greatest writer of English since Bacon; Professor Francis W. Newman; John Stuart Mill, and Herbert Spencer, all of whom have been opposed not only to compulsory vaccination, but have had no faith in vaccination as a preventative of small-pox. The Right Honorable William E. Gladstone believed that the value of vaccination has not been sufficiently proved to warrant making it compulsory, and he distrusted the practice.

But the plain truth of the matter is, *that almost every man of science, who has carefully investigated vaccination at any time within the past forty years, has condemned the practice.* Yet, in the teeth of this fact, the official doctors refuse to investigate, and the majority of the daily press refuses to publish anything which tells against this unphysiological rite, worthy only of an uncivilized tribe of savages.

The medical officers in the vaccination department of England hoped to get rid of the objection to vaccination by introducing a new system of vaccine lymph made in Germany; namely, vaccine matter mixed with glycerine. But, in Mr. Tebb's evidence before the Royal Commission, he produced an official report, issued by the Board of Health of Berlin, of two hundred and forty cases of injury at the Isle of Rügen, North Germany, due to this variety of poison, made or produced from a Government establishment at Stettin, North Germany, and in a volume recently published, entitled, *A Century of Vaccination*, Dr. W. Scott Tebb, M. A., of Cambridge University, shows conclusively by abundant evidence that this variety of vaccine has no advantage in point of safety over the now discredited arm-to-arm virus. Small-pox and other zymotic diseases are not prevented by the inoculative method, nor by vaccine or any other virus, but by personal and municipal sanitation. Epidemics occur from foul air, defective house drainage, insufficient and improper water, and overcrowding. These outbreaks are prevented by the intro-



duction of public baths and wash-houses, and the increase of open spaces and parks, scientific sewerage, and the removal of rookeries, and to these remedies public attention is now being extensively directed by municipal authorities all over the United Kingdom. It is estimated that £300,000,000 have already been expended in this important work in the last thirty years in England alone, with the result that the death-rate has enormously diminished, and it must be noticed that the death-rate in Leicester, the centre of the anti-vaccination agitation, which when nearly all the people were vaccinated, and when vaccination was considered a preventative of small-pox, was over twenty-six per thousand, has fallen to fifteen per thousand, with a downward tendency, since its abandonment.

Drs. Close, Foote, Dobson, Levenson, and others of the leading opponents of vaccination in New York, were desirous of tendering a public reception to Mr. Tebb, but the state of his health rendered it impossible. Though constantly suffering, he visited several of the chief cities of the East, as well as Washington, D. C., and Richmond, Va., Baltimore, and Philadelphia, and was interviewed by reporters in nearly all those cities, though frequently racked with pain while submitting to the interviews. He paid few visits while in the United States, but among the few he called on was the widow of his friend, the friend of man, Henry George, at her home at Fort Hamilton.

In the various interviews which Mr. Tebb gave to the representatives of the press Mr. Tebb modestly disclaimed much of the merit he really deserves for the progress and success of the agitation against compulsory vaccination in England.

He entered upon the work nearly thirty years ago, upon the instigation of his wife, after it had been well started by the Gibbises, the Hume-Rotherys, the Dornbrusches, Mr. Alex. Wheeler, the Countess de Noailles, and other pioneers, whose work and worth are recorded by William White in his

classical work, *The Story of a Great Delusion*, which should be read by every one who cares to understand how so monstrous a delusion as that of intentional blood poisoning came to prevail. To the student of the human intellect also, a study of that work is invaluable, as showing how "myths" can arise in semi-scientific times and be maintained in what is called a scientific age in the teeth of facts and of reason.

Mr. Tebb considers that he has only been the mouthpiece of his defenceless and persecuted fellow-countrymen, who by their sufferings and devotion have borne the brunt of the fight during a long and arduous struggle. But in truth he has been much more than all that. He was himself one of the early martyrs to the tyrannical law which was surreptitiously smuggled through the British legislature, the passage whereof illustrates some of the defects of British and American procedure against which the wise provisions of the great legist Bentham proffered an altogether neglected protection.

Mr. Tebb, in his investigations into the revival of leprosy, has also done much original work which but for him would have been left undone.

Accompanied by his wife, Mr. Tebb left New York for Southampton on the "St. Louis" on the 16th of November, and reached his home, Rede Hall, Surrey, England, upon the 23d of November, arriving in somewhat better health. There we leave him, wishing, not more for his own sake than for that of humanity, that he may yet be spared many years in restored health, to continue the part he has so manfully played during the past fifty years for the well-being and advancement of mankind.

The union of Mr. and Mrs. Tebb has been blessed with four children, three daughters and one son. His son, Dr. W. Scott Tebb, became a physician, having graduated from Cambridge University, where the reigning superstition continues to be taught as an incontrovertible dogma. He emancipated himself from its chains, and in a volume of 450 pages, entitled, *A*

*Century of Vaccination*, has further pulverized beneath the weight of statistical science and logic this hydra of vaccination. Conceived in ignorance, delivered in fraud, sustained by falsehood, greed, and physical force, it will be forever the scandal and opprobrium of the nineteenth century, and of the people who have submitted to so shameful and tyrannical a yoke.

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LIQUEFIED AIR.—The process of liquefying atmospheric air has by a recent invention become so simplified that it can now be produced in great abundance and at a comparatively trifling cost. We understand a plant is now being erected in Los Angeles with a capacity of 1,500 gallons a day. The uses to which this agent can be applied as a force easily directed and controlled will be increased with study and experience. Already our physicians are testing its power, with the most satisfactory results, as a cooling agent in the sick room, as a clean caustic and as a destroyer of microbes. Dr. Murray, of the City Hospital, recently obtained excellent results from the application of liquid air to several cases of migratory erysipelas. It was lightly brushed over the surface and seemed to speedily control the inflammation. Equally good results were obtained in sloughing ulcers which had proved intractable to other treatment. Dr. Murray thinks the intense cold freezes the bacteria without producing appreciable harm to the living tissue, and suggests that in this powerful agent we may possibly find a controlling power in the treatment of leprosy, a disease which has thus far baffled the world. It is very evident that this new agent is yet to play a most important part, not only as a mechanical force, but in the treatment of diseases.—*Medical Times*, Sept., 1899.

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IN MEMORIAM—I. T. TALBOT, M. D.

At a meeting of the Committee appointed by the President of the American Institute of Homœopathy to draft resolutions on the death of Dr. Israel Tisdale Talbot, the following were presented and adopted:

In accordance with the inexorable law which governs all created things, our colleague and ex-President of the American Institute of Homœopathy, Israel Tisdale Talbot, M. D., has been called to rest from his labors; therefore

*Resolved*, That we deplore the loss of one who, having the deepest interest in the cause of Homœopathy, had done more than any other member to insure the growth and success of this Institute. Possessing great executive ability, eminently gifted in the organization and government of large bodies, to him this Institute is indebted for its admirable constitution and code of by-laws.

We shall miss him at our gatherings as he was rarely absent from our meetings, miss his words of counsel, his matured judgment in all matters appertaining to the furtherance of this body, miss his cordial greeting and his interest in each individual.

He could truly say, "I have fought a good fight, I have finished my course. I have kept the faith." We are confident "that henceforth there is laid up for him a crown of righteousness."

*Resolved*, That the American Institute of Homœopathy extends to his widow and family the deepest sympathy in their great bereavement; that these resolutions be entered on our record, and a copy be transmitted to his family.

HENRY E. SPALDING, M. D.,

HIRAM L. CHASE, M. D.,

CONRAD WESSELHÆFT, M. D.,

ADELINE B. CHURCH, M. D.,

FRANK C. RICHARDSON, M. D.,

*Committee.*

## RUMINATION IN A BOY OF NINE YEARS.\*

By LUTHER C. PETER, M. D., PHILADELPHIA, PA.

The case which I bring before you is the subject of that interesting and rare phenomenon of disease, if I may so designate it, rumination or mericismus.

He is a bright boy, nine years of age, of a quick, nervous temperament, the oldest of six children, all of whom are nervous, but more robust than our patient. The father is intemperate, and the mother is subject to attacks of migraine, and seems to have bequeathed to her children an unstable, excitable disposition. Two years ago the parents noticed that the child, after leaving the table, made some slight effort, as in vomiting, and continued to chew and swallow. The habit was also observed by his playfellows, and the boy was jeered by his companions and corrected by his parents, but to no avail—he persisted in the practice. His own account is to the effect that he accidentally discovered that he could bring up his food after eating, and since it tasted just as when he swallowed it the first time, he rechewed and swallowed it. Later, however, the food came up apparently without effort on his part, and in fact when he did not desire it. For some minutes after eating, the food regurgitated is sweet, and he can recognize the various articles of diet, but after a time it becomes sour, and he is compelled to reject it. Although constantly corrected by his parents, he persisted in the practice, partly because he could not stop it without much effort and partly because he liked the habit. It is his usual custom to reswallow the food, but reject it when sour, unless he is in school or some place where this is not possible. His mother says he has grown thin, and is so nervous of late that he cannot be corrected for misconduct. His appetite is poor, his diet consisting of little else than meat, of which he is very fond.

The appearance of the food varies much with the amount

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\* Read before the Philadelphia Pediatric Society, June 13th, 1899.

of time that intervenes between the ingestion and the regurgitation. Soon after eating, it consists of finely divided solid particles, not disagreeable in odor; an hour later it is semi-fluid and of a sour odor. There is nothing abnormal in its appearance, and the digestive process seems to progress naturally. Dr. Kane, of St. Christopher's Hospital, made a number of examinations of the vomited matter, and invariably found hydrochloric acid present one hour after the food was eaten. It is quite evident from these tests that the food passes directly into the stomach after being swallowed; and furthermore, repeated examinations with the bougie, to which the patient submits readily, failed to reveal an obstruction or pouch, which is alleged in some cases to act as a receptacle for the food when first eaten.

When he came to the hospital he could at times, with great difficulty, prevent the regurgitation of food, and could reproduce his breakfast at will when requested. Under a tonic sedative, and suggestive line of treatment, the boy has practically overcome the habit, and now has it under control.

The condition is a rare one, even in adult life, and in children one may judge of its rarity by a total absence of any discussion of the subject in most of our modern text-books on diseases of children. Among children the phenomenon occurs most frequently in idiocy, and in these subjects is usually caused by boulimia. Dr. James Hendrie Lloyd, in discussing a paper read by Dr. David Riessman on this subject (Proceedings of Philadelphia Neurological Society, 1895) cited a number of cases which occurred at Elwyn during his term of service, in some of whom the habit was most disgusting. It does, however, occur in children of normal mental development, in whom, however, as in adults, there is a history of some disturbing nervous element. Sommers reported a case, five years of age (*N. Y. Med. Record*, 1897), associated with hydrocephalus. Singer (*Deutsche Archiv. f. Klin. Med.*, 1893), described two cases of sixteen

and seventeen years of age, in whom the fields of vision were much contracted, and other nervous phenomena marked. Another case of seven years, reported by Runge (*Boston M. & S. F.*, 1895), was the third member of a family who had acquired the habit—his father and grandfather both having been victims of rumination. Holliday (*N. Y. Med. Record*, 1897) gives an interesting account of his own case. He had acquired the habit in early childhood and continued until he was eighteen, when he learned to smoke. Smoking after each meal took away the desire to regurgitate.

The vast majority of cases occur among men, physicians and students being the most frequent subjects. It usually is associated with a profoundly neurasthenic condition or idiocy, and is therefore classed as a neurosis. To this rule our patient is not an exception. He is rather young to be a victim of neurasthenia, but springs from a neurotic ancestry, and is distinctly a nervous child, as his every movement indicates. He is also a great lover of meats, a peculiarity which is shared by most of these patients. His generally poor physical condition is, no doubt, due to his pernicious habit. He was compelled of late by his parents to reject the food when it regurgitated, and, being a light eater, he probably has not received much nourishment.

The therapeutics employed, which were Blaud pill, bromide salts, 15 grains daily, and suggestion have accomplished much good. His general health is improving; he is still nervous, but his habit is broken. It is generally thought that the habit is within the control of the will, and the termination of a majority of the cases warrants this conclusion. Trephining has been advocated and practiced by some to effect cure. The cases benefited are probably not cured by the trephining, but by mental impression, and as Dr. Lloyd expresses it (*Proceedings of Philadelphia Neurological Society*, 1895): It does not seem to be necessary "to cut a hole into a man's skull in order to put a suggestion into his mind."

## CONCLUSIONS.

1. Rumination is a neurosis, associated with a profound neurasthenic condition or idiocy.

2. It is not, as a rule, associated with a diverticulum or dilatation of the lower end of the esophagus, but is primarily a stomach neurosis.

3. It may at times be hereditary.

4. It occurs more frequently in males than in females.

5. It usually is within the control of the will.

6. The prognosis as to cure is good.—*Pediatrics*, July 15th, 1899.

## FIRST A SURGEON; THEN A SON (CLINICALLY).

At a Chicago hospital, a surgeon, assisted by his son, also a surgeon, was stricken with heart disease while performing an operation. The attack came at the most critical moment of the operation, and any delay in completing it meant probable death for the patient, and very great peril as a matter of certainty. The son had to choose, and instantly, between devoting his attention and his skill to the unconscious form on the table, or to the other unconscious form on the floor—between a person to whom he owed a professional duty, and his own father. Presumably, the son knew of his father's malady and that the seizure was likely to be speedily fatal. The son did not hesitate. He picked up the fallen scalpel and completed the operation, allowing his father meanwhile to be removed and cared for by others. But, sad to relate, when the son's work was done and the patient safe, the father was dead.

The subjoined comment of a New York daily paper is a just tribute to the trying situation and decision of the son, and to the professional ideal of paramount duty, on which alone the trust of humanity can repose.

"It seems to us that the young surgeon deserves the highest commendation and that his act was truest heroism. Under



great stress of feeling he reached without delay a sound conclusion and accepted it. There was nothing he could do for his father that others could not do, while only he knew just how the operation in progress had been planned, the minute details of the patient's condition, and the course indicated by previous study of the case as safest and most hopeful. Any other surgeon would inevitably have been delayed by the necessity of examining into the steps already taken, and so the patient's chance would have been decreased with no practical benefit to the original operator. Consciously or unconsciously, the son reasoned all this out, retained command of his nerves and feelings, deferred the manifestations of his filial anxiety—and did his duty.”—*Modern Medical Science*, July, 1899.

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#### DEATH FROM INTRA-UTERINE INJECTION OF GLYCERIN.

The patient was a woman, about thirty years of age, and pregnant for the second time. At about the second month of gestation she resolved to terminate the pregnancy by the intra-uterine injection of glycerin. The quantity of glycerin used is uncertain, but it is said to have been but a few drams. This was introduced into the uterus by means of an English catheter, with a syringe attached. The ovum was expelled on the following day. Within twenty-four hours after the injection she was seized with moderate chills, and the temperature rose to 103 degrees F.; for the next two days it ranged between 103 degrees and 104 degrees F. From the third day the temperature did not exceed 99 degrees, and for the most of the time was subnormal. After the second day there were frequent vomiting and diarrhœa. On the third the teeth were covered with sordes, the saliva was blood-stained, and a profuse hemorrhage occurred from the nose, which was controlled only by plugging. The vomitus con-

sisted of coffee-ground material, and later the stools were tarry. The urine was from the first almost wholly suppressed, and was of a dark-red color from the presence of hæmaglobin. Death occurred on the sixth day.

The dangers of Pelzer's method are well-known, and they have led to its abandonment. Luchsinger, Schwan, Filehne, Lébédéff, and Wiener have shown that glycerin is liable to cause disintegration of the red blood cells. The destructive action of the glycerin upon the red blood corpuscles obviously cannot be prevented by any care that can be used in the intra-uterine injection. Affanassiew's experiments would seem to prove that the blood is more surely disorganized when the drug is absorbed through the decidua than if thrown into an open sinus.—Dr. Charles Jewett, Brooklyn.—*Modern Medical Science*, July, 1899.

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### A CONSUMER OF PINS.

Dr. Thomas Annadale reports the case of a twelve-year-old, feeble-minded boy who claimed that he had swallowed a large number of pins. He was, however, not believed, because aside from slight epigastric pain, he neither complained of nor manifested other noteworthy symptoms. Nevertheless, a dose of Castor oil was administered, following which he passed per rectum a quantity of straight and bent pins. Within the next fourteen days the following bodies were discharged *per vias naturales*: Fifty-two pins, one needle, five large nails, with broad heads, three smaller nails, one shirt button, four carpenter's nails, and finally three shoe nails. The case is noteworthy, in that the patient was almost free from symptoms, notwithstanding the large number of foreign bodies he disposed of.—*Dietetic and Hygiene Gazette*, September, 1899.

AMERICAN INSTITUTE OF HOMŒOPATHY.

LINCOLN, NEB., August 15th, 1899.

WALTER M. JAMES, M. D., Editor:

The Atlantic City meeting of the American Institute was admittedly one of the greatest and most satisfactory meetings of its history. This was the result of the more thorough appreciation by the profession of its debt to the Institute for the past, and a recognition of the possibilities for the future.

No business prospers that is only furthered by periodical spasms of interest. There is a necessity for watchful, persistent work twelve months in the year. The business of the American Institute is no exception to this rule. The present officers of the Institute desire to be faithful to their trust to the very last minute of their tenure of office, that they may be able to place the Institute in the care of their successors strong and well equipped. Now, as in the earlier part of the year, this is only possible by the faithful help of the individual members. During the remaining four or five months of 1899 the canvass for new members should continue, each member being loyal enough to determine to secure at least one application for membership. This can easily be done, and we appeal to the Institute membership to give their attention to this promptly.

Application blanks may be secured of the Secretary, Dr. Eugene H. Porter, 181 West 73d Street, New York City, New York, and when filled should be sent with the necessary seven dollars to Dr. Geo. B. Peck, Providence, R. I., Chairman of the Board of Censors.

And yet, after all, what doth it profit a society if we enlist new blood only to lose each year nearly as many who have only joined from chance or some circumstance of social interest? We appeal to the "old guard" to stand firm, not merely retaining their membership, but keeping in close

touch with the officers and committees of the Institute and doing continual missionary and organization work in their respective localities. We want every present member of the Institute to remain in the work. We want applications and fees for five hundred new members in the hands of the Board of Censors by January 1st, 1900. So easily done, if each one does his duty!

To foster this work we request that those who have been faithful members of the Institute give to the medical press in a few words the reason for their faith and loyalty. We are sure that the journals will be more than glad to give space for hundreds of such twenty or thirty-word letters. You love the old Institute,—tell your fellow why! Arouse his interest, push the work along. *Don't wait.* Write that word *at once.*

This is a work the body of the Institute can prosecute. That the committees will vigorously execute the detail of committee work we have no question; but there is a work resting in the hands of one committee that cannot be carried to successful completion without the aid and abetment of the individual,—this is the work of the Hahnemann Monument Committee. A monument is already completed and ready for erection in Washington, that noble Capitol City of our land. A work of art second to none; when erected, a constant reminder to an ever-passing public of our honor and gratitude to the father of our faith; an argument stronger than words for the strength of our school, and such an example of art that he who sees cannot forget; and remembering, he thinks again and gratefully of you, of me, of all of that school of medicine that through their love and loyalty have given such a gift of love to the people.

Would we be known and respected throughout the length and breadth of the land, we must write our history and work on the public scrolls. This committee, under the direction of the American Institute and the encouragement of the profession, contracted for this work. The Monument Com-

mittee has done its work and done it well, and now asks you who gave them your work to do for the necessary amount to meet their liabilities so that this monument may be erected free from debt early in 1900.

The committee will make a most vigorous canvass during the fall—the money must be raised—it will be raised. We know enough of the personnel of our profession to rest assured that early, yes, easy, response and success awaits the work of this committee.

Proud of your inheritance, anxious for the perpetuity of the memory of your benefactor in the faith, lay aside something for this work.

Fraternally,

BENJ. F. BAILEY,

*President American Institute of Homœopathy.*

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## PERNICIOUS ANÆMIA.

A fatal form of anæmia. It is an extreme anæmia advancing steadily, or with slight remissions, toward a fatal ending; yet no cause can be detected for the profound and disastrous alteration the blood is undergoing, nor, indeed, can any adequate cause be discerned for its origin. To pernicious anæmia belong, therefore, most of the cases of "essential" or "idiopathic anæmia," which since the time of Addison have been reported.

The disorder is most frequent in women, and has been especially observed in child-bearing women; still, it also often happens in men, especially before the age of forty. It sometimes seems to have its origin in long-continued dyspepsia or diarrhœa, or to arise after protracted hemorrhages or incessant worry—after indeed slowly but steadily acting debilitating influences; and it has been noted to be of parasitic origin. But in the majority of instances it originates seemingly with-

out cause, and although it has periods of deceptive improvement which may last for months, or, as I have known, even for a year, it usually progresses relentlessly toward a fatal issue. It is true that recently some cases of recovery have been recorded by me under the blood treatment, but of these it is not quite certain that they presented all the well-marked and characteristic symptoms.

What are these characteristic symptoms? An insidious beginning for the obvious anæmia, except at times when this develops itself in the pregnant state; pale tongue; bloodless lips; pearly eye, becoming paler, more bloodless, more pearly, from week to week; breathlessness; palpitation of the heart, especially on exertion; weak digestion; constipation, or constipation alternating with diarrhœa; loud systolic murmurs in the heart, and venous hum in the jugulars; vertigo; finally, extreme exhaustion, sluggishness of mind, fainting fits and dropsy, without persistent albumen in the urine, or disease of the liver or enlargement or valvular disease of the heart, to account for it. In the later stages, too, hemorrhages from the nose and from the gums are not uncommon; and hemorrhages from the uterus or from the kidneys or into the skin and into the retina, may also be noticed; the latter especially is very frequent. Yet, notwithstanding all these grave signs, the body appears well nourished; there is certainly no decided emaciation, except in instances in which fever is more commonly marked. Now, fever is a significant feature of progressive pernicious anæmia; it has been present in every case that I have met with. It is not an early symptom, belonging to the full development or to the latter part of the disease. It is of very irregular type, and not of high intensity, the temperature rarely exceeding 103 degrees F. It is apt to be continued, or to show occasional exacerbations, followed by remissions, the febrile state lasting for days, or even for a week or two at a time; then there are periods of shorter or longer duration when it wholly dis-

appears, to come on again in an outbreak attended with all the usual signs of a febrile paroxysm for which no cause is apparent. Toward the end of the case it is not unusual for the anæmic fever to have entirely ceased, and for the temperature to have fallen below the normal standard. The disease may run an acute course.

The state of the blood in this perilous malady has naturally been made a subject of minute investigation; the red globules are pale and strikingly diminished in number; the white corpuscles are not relatively altered, they may remain normal, and seem to be increased, because the red globules are much fewer. The paleness of the red corpuscles is due to deficiency of hæmaglobin. The shape of these was stated by Eichorst to be characteristically changed, in so far at least that the blood contains a quantity of ill-developed, small, spherical red corpuscles. But these are not pathognomonic. Nucleated red corpuscles were detected in the blood of all the patients examined by Howard; and a much larger proportion than is found normally of small disks of deep color is regarded as important.

Of the real cause of the disease we are in ignorance. No constant lesion of the blood-making glands has been found to explain the steady and destructive impoverishment of the blood. The structure of the spleen and of the lymphatic glands is not altered; the marrow of the bones may or may not be. The most constant lesion is fatty degeneration of the heart, often associated with the same change in the inner coat of the large arteries. A recent writer argues against the separation of pernicious anæmia from chlorosis.—From *Provisional Hand-Book of Hæmathery*, published by the Bovine Company, whose advertisement appears in this number.

## BOOK NOTICES.

THE TWELVE TISSUE REMEDIES OF SCHÜSSLER, comprising the theory, therapeutic application, materia medica, and a complete repertory of these remedies. Homœopathically and Biochemically considered, by Wm. Bœricke, M. D., and Willis A. Dewey, M. D. Fourth edition re-written and enlarged. Philadelphia: Bœricke & Tafel, 1899; price \$2.50; by mail \$2.73.

In all the history of the literary productions of the homœopathic school of medicine, nothing is more surprising to the homœopathist than the popularity of Schüssler's system of medicine. Constructed as it is with the apparent intention of abridging Homœopathy; of making prescribing by Homœopathy an easy task; of giving it a more *scientific* appearance by building upon it a speculative philosophy that is strikingly like the old school of medicine; its undoubted effect is to eclipse Homœopathy and to cause the latter to be abandoned as an effete and useless method of practice. This result is accomplished in nearly all minds which have not been seriously trained in the true principles of Homœopathy, and have not been enlightened as to the enormous clinical value of homœopathic methods of practice.

No book in the school has ever enjoyed so wide a circulation. No author has ever had so many ambitious editors. No work in the school has ever had such a variety of independent and unrelated editions. All these varied editions have been noticed in this journal as soon as produced.

Schüssler's latest edition translated by Prof. Tafel was brought out last year. Our opinion of it is recorded in THE HOMŒOPATHIC PHYSICIAN for December, 1898, page 554.

Now comes the fourth edition of Bœricke & Dewey's rendering of it.

A review of the third edition was given in THE HOMŒOPATHIC PHYSICIAN for May, 1893, page 300. We do not think we can add anything to the criticism there recorded. This criticism was in the main favorable for the reason that the authors had subordinated Schüssler's theories and fancies to the solid principles of the pure homœopathic method. The *provings* of the drugs are given; the guiding symptoms and characteristics are conspicuous, and the whole treatment of these drugs is like that usual in the homœopathic materia medica; and then there is a good repertory. All these considerations remove the tissue remedies from the domain of Schüsslerism to that of legitimate Homœopathy. Of course the editors have been conscientious in recording Schüssler's ideas and teachings. But



those who use the book have abundantly more to find a prescription upon than these teachings.

The plan of the book is as follows: Part I, an introduction in which Schüssler's ideas are elaborated. Part II, a materia medica in which Schüssler's speculative suggestions for each remedy are given, and in addition its actual positive materia medica and characteristics. Any one opening the book at this part would almost imagine he was looking at an ordinary homœopathic materia medica. Part III is an alphabetical arrangement of diseases with the indications for the remedies. Part IV is the repertory.

Thus we have a complete book which is far more useful than it would be if published just as Schüssler wrote it. This volume is the only complete exposition of Schüsslerism and the only practical working arrangement.

It does not prevent the reader from learning what Schüssler's teachings are, but it also does not veil Homœopathy.

Schüssler's philosophy is delusive notwithstanding the popularity of it, and will be found to be a failure in practice.

Homœopathy is amazingly successful when accurately applied.

This book supplies much that is wanting in Schüssler's teachings to enable the practitioner to make successful prescriptions.

LEADERS IN HOMŒOPATHIC THERAPEUTICS, by E. B. Nash, M. D. Philadelphia: Boericke & Tafel, 1899; 380 pages; price \$2.50; by mail, \$2.63.

This excellent book was brought out at the beginning of this year. Its appearance is significant of the change that is going on in the opinions of the profession, and in consequence a new and better standard of medical practice more in consonance with the teachings of Hahnemann, is prevailing in the ranks of medical practitioners. Demand creates supply. In this instance the supply is admirable, and none who wish to avail themselves of the marvelous powers of homœopathic practice will have to turn away in disappointment from this work.

Dr. Nash, the author, is a well-known standard homœopathist. He has been in close touch with the veterans of the new school of medicine and he has imbibed from them an accurate knowledge of the wonderful system of Hahnemann. He confesses this in his introduction, where he says. "In my younger days I found much pleasure and profit in reading the writings of Hering, Dunham, Wells, Lippe, and others who have now ceased from their labors and gone to their well-earned rest. I have carefully tested their teachings, and now that my own hair begins to grow frosty, I desire to leave some testimonial to the truth of those teachings."

The remedies are not arranged in alphabetical order and in order to find any remedy we must refer to the index.

The very first remedy treated is Nux-vomica. Glancing at the statements made we find the following:

"After aromatics in food or as medicine, particularly ginger, pepper, etc., and after almost any kind of so-called hot medicines. Also will benefit persons who have been drugged by mixtures, bitters, herbs, and so-called vegetable pills, etc." Then the author remarks, "This is putting it in too wholesale a fashion. It would be true if said that Nux-vomica will *often* benefit such cases. The fact is that it will benefit those cases in which the use of such drugs, aromatics, pills, etc., has brought about a condition that simulates the symptoms produced in the provings of Nux-vomica, or in cases to which it is homœopathic and no others. Another fact is that these things often do produce such a condition and that is one reason why so many physicians are almost invariably prescribing Nux-vomica, the first thing, in cases coming from allopathic hands, without even examining the case. But it is unscientific. We have a law of cure, and there are cases in which the Nux-vomica condition is not present but another more similar remedy must be given."

No finer sample of close homœopathic reasoning, of clear comprehension of the homœopathic principle and of accurate application of it, could be adduced than the foregoing quotation from the first page. Experienced prescribers of our school will recognize its truth, and will have their admiration excited by it, and will need nothing more to commend it to their regard.

Turning to Bryonia we find the following: "When writing upon Pulsatilla we noticed the characteristic action of that remedy upon the mucous surfaces. Here Bryonia acts just as characteristically, but it is so different. With Bryonia it is excessive dryness or lack of secretion in them. It begins in the lips, which are parched, dry and cracked, and only ends with the rectum and stools which are hard and dry as if burnt. The same condition is undoubtedly present in the stomach which is evidenced by the excessive thirst; which can only be satisfied by large drafts of water; a little does not satisfy."

What a striking idea of Bryonia we get from the foregoing. It is admirable, and, what is more, the idea will remain in the mind. It will not be forgotten. Such an idea is of immense help in getting a simillimum for a case. It means *success* in the curing of the case.

All through the book such statements as the above occur, and they are genuine helps. Need more be said?

## MINERAL PRODUCTS OF THE UNITED STATES, 1889 TO 1898.

United States Geological Survey, (Department of the Interior), Charles D. Walcott, Director. David T. Day, Chief of Division of Mineral Resources.

This chart 36 inches by 23 inches, gives detailed amounts of products of this country. This includes not only the metals found within our

borders, but such products as coal, stone, petroleum, natural gas, clay, cement, mineral waters, phosphate rock, salt, gypsum, grindstones, precious stones, and other like substances.

Quantities and amounts in value are given in parallel columns and the grand totals for each year. There is a supplementary table showing the totals of all products for each year since 1880. These charts are very valuable for those who deal in statistics; for Congressmen and others dealing with tariff questions, and for all who are interested in the growth of this country.

THE CHRISTIAN LIFE: Vol. II, No. 50, July to September, 1899. Published by the National Purity Association, 79-81 Fifth Avenue, Chicago, Ill.

This is a small tract devoted to the subject of sexual continence and purity. The following are the principles of the National Purity Association:

The divine right of every child to be well born and welcomed into existence.

The improvement of the race through the observance of pre-natal laws and improved environments.

The right of children to be wisely, lovingly instructed in all that pertains to the right use of the sex nature.

The character of children should be improved by right thought and action on the part of parents during the pre-natal existence of their children.

Parents can, and should, endow their children with a better heredity than they themselves possess.

The destruction of the germ of life after conception is murder.

The only right means of limiting the number of offspring is continence and the exercise of wise self-control.

Procreative intercourse must be had only when offspring is mutually desired, wisely designed, and can receive the best inheritance the parents can give.

A fallen man is just as guilty as a fallen woman. "A white life for two," both in and out of marriage, is scientific, scriptural, and the only right way to live.

Marriage should be a sacred institution, where the sweetest, purest, holiest communion takes place, where "love is life and truth the light."

The true home is the most vital factor in the elevation of mankind and the prosperity and greatness of a nation, therefore, the purity and enlightenment of the home, through its individual members, transcends every other movement in importance and magnitude.

"Life force consecrated to highest use, is the divine law which man did not make, nor can he override it with impunity."

We believe in the right of woman to determine when she shall assume the maternal office.

The two things that most powerfully affect humanity for good or ill—heredity and environment—should be made as good as possible.

Ignorance is a fruitful source of vice; therefore wise instruction of the young is a good preventative, and a wise investment.

A child born of mutual love, wisdom and goodness, rightly environed, is sure to be a blessing to the world.

Stirpiculture—the improvement of humanity through pre-natal influences, etc.—is a most important science.

We believe that greatest good can come to humanity only through the observance of true and righteous rules of life, that exalt the soul, purify the mind and give strength and solidity to the moral nature.

Life may be and should be as pure and holy in its inception as it is possible for it ever to become.

Vital force wasted produces exhaustion and a demand for stimulants—resulting in widespread intemperance.

Vitality retained is transmuted into brain, nerve and mind force.

The Scriptures, rightly interpreted, favor the highest purity.

**THE TREATMENT OF CAGE BIRDS.** The most complete book of the kind ever published, irrespective of price. Mailed to any address on receipt of 15 cents by the Associated Fanciers, 400 N. Third Street, Philadelphia, Pa.

We all love birds, but few know how to care for them properly. Every one owning a bird will therefore be interested in a book containing over 150 engravings and a lithographic plate showing all the different kinds of fancy canaries in their natural colors; it gives full information in regard to song and fancy canaries and how to breed them for profit. Hints on the treatment and breeding of all kinds of cage birds, with description of their diseases and the remedies needed to cure them. All about parrots and how to teach them to talk. Instructions for building and stocking an aviary.

**THE POULTRY DOCTOR.** If you are interested in Poultry, by all means send 25 cents in postage stamps to the Associated Fanciers, 400 N. Third Street, Philadelphia, Pa., for their new book, on the diseases of poultry. Although comparatively small, it is so concise, terse and lucid as to be of great value to the fancier and the breeder of poultry. It shows how to manage and rear fowls, how to detect their

different ailments, and how to treat them by either allopathic or homœopathic remedies. It is from the pen of Mr. John E. Diehl, the well-known American Poultry Association Judge, one of the highest authorities on poultry.

**THE DOMESTIC CAT.** The prominent attention lately bestowed upon the domestic cat by fashionable society and the great success of several cat shows have induced Mr. John E. Diehl, the well-known authority on domestic animals, to prepare a handy little volume under the above title. It carefully describes the different breeds and varieties, and states how to keep and rear cats; how to recognize their various diseases and how to treat them. The publishers' price for the book is 50 cents, but the Associated Fanciers, 400 N. Third Street, Philadelphia, Pa., will mail a copy of it on receipt of 25 cents to any subscriber of this paper.

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### NOTES AND NOTICES.

DR. E. S. BEAUMONT has removed to Luling, Texas. His former address was San Antonio, Texas. The HOMŒOPATHIC PHYSICIAN extends to him greeting and best wishes for success.

THOUSANDS UPON THOUSANDS of people in both Europe and America are being restored to health and strength by the use of Speer's Port Wine.

This Wine is a little higher in price but worth five times as much as others for invalids on account of the iron derived from the soil of the extensive vineyards in which the Oporto Grape vines from Portugal are grown in New Jersey. Speer's Port Wine has been adopted by the most scientific and experienced physicians.

DR. WILLIAM DAVIS FOSTER, 420 West Eleventh Street, will remove his office to the Altman Building, southeast corner of Eleventh and Walnut Streets, Room 522, about September 15th. Office hours 2 to 5 P. M. Telephone, Main, 2995.

GRAPES OVERHANG TWO MILES OF CARRIAGE DRIVES.—Grape Arbors loaded with Grapes two miles long and over 300 miles of vines trained on wires. This is the extent of Speer's Oporto Grape Vineyard at Passaic, N. J., only twelve miles from New York City. Those who

doubt it can have their expenses paid and \$100 given them by the Speer N. J. Wine Co., if they will come and see and do not find the above true.

A GOOD THING MOTHER WAS AT HOME.—The *Journal of Medicine and Science* for August quotes the following from the *Sanitarian*:

"Well, Maggie," asked a teacher of a little girl, "how is it you are so late this morning to school?"

"Please, sir, was the reply, "there was a wee bairn can' to oor hoose this mornin'."

"Ah!" said the teacher, with a smile; "and wasn't your father very pleased with the new baby?"

"No, sir; my father's awa' in Edinburgh, and dinna ken about it yet; but it was a good thing my mither was at hame; for gin she had been awa,' I wadna hae kent what to dae wi' it."

EXEMPTION FROM TESTIFYING.—Governor Roosevelt has signed an amendment to the Civil Code which prohibits absolutely a physician from divulging any information concerning one of his patients, either before or after the death of the latter. Up to the present time the insurance law has permitted the physician to testify concerning the physical condition of the policyholder.—*Medical Times*.

THE BUBONIC PLAGUE.—The Russian health authorities are reported to be alarmed at the advance of the plague towards Europe. It appeared some time ago in Russian Turkestan and is now said to be raging in Mecca.—*Medical Times*.

LEPROSY.—A bill has been introduced into Congress asking that a commission of medical officers of the marine hospital service be formed to investigate the origin and prevalence of leprosy in the United States, and to report upon what legislation is necessary to prevent the spread of the disease.—*Medical Times*.

The eminent surgeon closed up his pocket book with a snap on the \$100 fee a wealthy patient had just paid him for a successful operation for appendicitis. "Tell me the appendix vermiformis is a useless organ, will you?" he soliloquized.—*Public Health Journal*.

"Our standing army would be simply rank were it not for the officers."

"There is always a tender connection between the locomotive and the train."

There was an old man named Jerome.  
Ate shad and he swallowed a bone.  
He cried I shall die.  
The doctor said why—  
I will call it up with the 'phone.

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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OCTOBER, 1899.

No. 10.

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OBSTETRICS AND OBSTETRICAL SURGERY.

(Concluded from Sept. No., page 406.)

ERIC VONDERGOLTZ, M. D., NEW YORK.

If we are going now over the different operations and their statistics we will find that the forceps were applied 165 times, as follows: Breech, 35; Head, 95; After-coming head, 35.

Once before I stated, in the *Medical Century*, No. 12, 1895, my position regarding the application of the head-forceps to the breech of the infant under due consideration of a logically-built forceps. Here I will shortly refer to the use of the forceps on the after-coming head, either after version or after the trunk and limbs are born in a case of breech-position. To confirm my position on this question, I will cite the *American Text-Book on Obstetrics*, p. 484: "But as cases frequently occur in which the head can be delivered with far greater ease by a rapid alternation between two or more methods than by the continued use of any one alone, it is for this reason, if for no other, well to be familiar with all the methods which have been found of value."

I am still satisfied of the correctness of my statement, although I remember that an obstetrician claimed to find it absolutely false when, in 1888, I was recommending the forceps on the after-coming head.

Shall all other methods be tried and used, until—the much-abused baby will be dead! In all these methods we see the manual traction play an important part—and this traction injures the spinal cord, etc., and so causes death to a larger proportion than the generally supposed suffocation. The absolutely condemning position of the late Carl Schroeder, of Berlin, echoed by H. Fehling in 1889, must be opposed, and is opposed by the authors of the *American Text-Book*, who are instinctively recommending the axis-traction forceps (without giving reasons). “Moreover, there are but few cases in which a skilled operator, aided by efficient suprapubic pressure, fails to deliver by manual extraction; but as some cases do occasionally occur, the forceps should always be at hand before the delivery is attempted. If forceps be used the body should be raised to a nearly vertical position, and the forceps should be passed into place upon the sides of the head, beneath the abdomen of the child.”

The statement, “to have the forceps on hand,” is a concession that the once-started operation must be abandoned and superseded by another one—on account of failure. This failure means loss of time, and so, unnecessary danger to the baby’s life. Now every physician knows that every change in an operation is generally regarded dangerous and as proof of bad and hasty judgment.

I most emphatically believe that we must choose without hesitation such means in delivering a woman as will warrant surety of work, no danger to the mother, and the least danger and injury whatever to the baby.

My rule is the following: As soon as the trunk, etc., of the baby is delivered, and if the head is not following easily and immediately, no time is lost and the forceps is applied to



finish the act of delivery. As I had to operate under the most unfavorable circumstances—being consulted after many trials and long delays—the results will be compared favorably to the statistics of H. Fehling (Vol. III, *Obstetrics*, Ed. P. Müller, 1889).

Case No. 450.—May 14th, 1896, Mrs. M., æt. 19, was in labor ten hours, with slow progress. Her attending physician sent for me at 1 A. M. As soon as I arrived at her home Dr. B. chloroformed the patient. Having prepared everything in the described way, patient was put on the transverse bed. The examination showed the breech firmly engaged in the superior strait of the pelvis. I applied the forceps without any difficulty. Having now delivered the body and disengaged the arms, I immediately applied the forceps to the head under the body, as the occiput occupied the left quadrant of the maternal pelvis. The baby was so easily delivered and rapidly, that Dr. B. and myself could observe the suffocative motions of the baby while bringing down the arms. The placenta was then easily brought down, and the perineal laceration was closed with four deep and six superficial silk-worm sutures. Patient was discharged the fourteenth day.

Breech presentation in first part, on account of greatly contracted pelvis.

Case 640.—June 10th, 1896, Mrs. D., æt. 28, first part.; attended by a midwife. Patient was in labor for the last seventeen hours as I was called in. On examining, I found breech-presentation, back of the child occupying the posterior right pelvic quadrant. I immediately, after having made every preparation, quickly applied the forceps and delivered the baby (body inclusive of the arms, which were firmly retained). As that had cost much time, I applied the forceps to the after-coming head according to the rule to apply the forceps from the abdomen. With a difficult and steady traction I also delivered in this case a living child. The patient was under Chloroform during the operation, as

also afterwards for the repair of the complete perineal tear. Patient was in my office for removal of the superficial silkworm sutures July 7th.

Under the same chapter regarding the forceps, I must refer to my way of doing episiotomy contrary to the teaching of most of the text-books. It is done in the median line, after the French mode (Chantreuil). The difference consists in this point, that I make the median incision while the forceps are applied and the outer part (the raphe) and the lowest part of fossa navicularis with the frenulum laborium are forming (by stretching to the utmost) an edge. This edge is incised with short strokes of a pair of scissors. Every further manipulation of the forceps will renew the appearance of the described edge, which then will be immediately relieved by one or two strokes with a pair of scissors. It must be remembered that the cutting will be done so even that, finally, the whole episiotomy will appear as done at once. So I was able to save many sphincters ani from rupture. The necessary closing of this artificial tear is not different from the operation of laceration. The reunion, perhaps, goes quicker as the surfaces will be coapted better than in general lacerations; so that lately I smooth the lacerated parts in perineorrhaphy before closing tears.

The repairing operation after delivery was done: trachelorrhaphy, 83; perineorrhaphy, 180; vaginal tears, 52; total, 315.

The immediate repair of the cervical tear was done by me in 1890, and published in *Med. Monatschrift*, Vol. II, No. 8, N. Y.

The operation will be generally easy, as the uterus in the most cases will be pushed so far down by pressure on the abdomen, that the lacerated cervix in front of the vulva will be repaired by one or two silkworm sutures. If the artificial desensus uteri should be incomplete, the oper-

ation, with the aid of a speculum (Edebohl's) will be executed like any other secondary trachelorrhaphy.

I must remark regarding trachelorrhaphy after labor, that we have in this operation one of the only reliable remedies for hemorrhage post-partum.

The way to operate primary perineorrhaphy is a two-fold one, to proceed in the old way by different rows of interrupted sutures, or a running one, as described in the *N. Y. Hom. Jour. of Obs.*, 1895, No. 5.

Case No. 315 will illustrate a case of episiotomy, trachelorrhaphy, and perineorrhaphy after labor.—February 5th, 1895. Mrs. D., æt. 42, second parturition; first child born seventeen years ago—premature still-birth.

Pains began March 16th, 1895, about 10 A. M. and worked on slowly until March 17th, 2 A. M. Cervix then open for one finger; later, broke at 4 A. M.; pains stopped at 6 A. M. As patient was exhausted and cervix so far dilated that I could introduce cautiously the forceps, I began to operate. If during my traction the perineum stretched and formed the described edge, I slowly incised. By thus doing the sphincter ani, at least, was saved, but the laceration had extended so far into the vagina that finally the perineorrhaphy and repair of the vagina *posterior* required twenty-two sutures. The placenta came complete in twenty-five minutes by itself. In this case the uterus could not be brought down, so the repair of the cervix was done in the described way with the aid of the speculum.

The child (17 lbs.) was born nearly suffocated. Puerperium was uneventful; but patient discharged in perfect health, union post-partum, March 20, 1895.

To have together all operations which more or less are preparatory or afterwards needed, where the delivery of the infant was managed with instruments, I must make some remarks here about incisions in the rigid cervix—to gain room on the one side, but mostly to overcome the rigidity on the

other side. If these incisions (bilateral), as I am accustomed, are not carried deeper than one-eighth to three-eighths of an inch, no sudden unmanageable tear will result. I prefer to cut with a somewhat curved blunt-pointed bistoury—the tears are securely closed afterwards with silkworm sutures. A possible cutting of a branch of the descendent arteria uterina will be of little concern. And the closure afterwards will be of less difficulty than if an irregularly-shaped tear would necessitate the primary trachelorrhaphy.

The following history explains well the foregoing remarks:

Case No. 381.—Mrs. B., æt. 23, third part.; in labor-pains for fourteen hours; cervix in all that time not more dilated than to be passed by the end of the fourth finger. As I was called in by Dr. G., I prepared patient in the most rigorous way, as I saw that the surroundings were of the most unfit condition; the room back of the small store was without light and ventilation. Patient was chloroformed and washed with five per cent. Lysol solution, and as I anticipated a considerably complicated laceration, I immediately shaved the vulva. After a second Lysol ablution and a most scrupulous vaginal syringing and rubbing, I performed, as described, the hysterostotomy. The effect of this procedure is sometimes a miraculous one, and in three minutes the cervix was dilated so far that I could apply the forceps. The baby (male), of about ten pounds, was dead. The head was in the third position. The extraction was the most difficult ever met with, as the pelvis was narrowed by an osseus growth in the last five years.

Patient was under Chloroform from 9.30 A. M. to 12.20 P. M. The terrific post-partum hemorrhage was effectively checked after the artificial cervical tear and the complete perineal laceration was fully repaired. All in all, forty silkworm sutures were used.

For safety's sake a Lysol 0.5 per cent. gauze tampon was left in utero and vagina for the next twenty-four hours.

The delivery and all operative manipulations were done in a dark bed-room, with the attendance of husband and mother-in-law; the husband had to light my work with a not brightly shining oil-lamp.

Patient was under my care from September 16th to October 6th, 1895. The superficial cervix, vaginal and perineal sutures were removed October 1st.

Cephalotripsy and emboly were performed seven times in all—without one single death, where generally the mortality is very high.

I cannot otherwise explain these good results than that in all cases I proceeded with the utmost care and most absolute antisepsis, combined with the fact that I closed, after completed operation, every minimal laceration of cervix and vagina, besides this (while the patient was under Chloroform) I made the most energetic use of the uterine curette with following hot intrauterine Lysol irrigation.

The most remarkable cure is the following, No. 155.—In the evening of January 10th, 1890, Dr. V. sent word for me to take charge of the confinement of a patient, as he was sick in bed.

Mrs. M. F., æt. 39; one child (girl) 4 years old. My examination revealed the following state: Cervix well dilated, head of the child in second (Bush) position, occiput in the right anterior pelvic quadrant. From the following morning at 9 A. M. pains became weak, and suddenly the heart sounds of the baby could not be auscultated any more.

As the patient grew weaker every hour, she consented to have another physician sent for to give Chloroform. She was readily brought under the anæsthetic, and after a careful examination I decided to try the version. I succeeded in bringing down the feet and so to have effected the version, until suddenly the abnormally large body of the infant was firmly inwedged. As the last resort, I eviscerated the dead infant and removed the contents of the thorax. By this

time I had finally succeeded in bringing down the extraction to the arms. The bringing down of the upper extremities was tedious, but in some time was successful. The head having resisted all and every manœuvre, was finally perforated between neck and chin, the head having been raised, as the occiput was caught by the maternal symphysis pelvis. The perforation was comparatively easy. After having washed away some brain-matter I applied a strong Nægele forceps and delivered finally the patient. A complete laceration had resulted, going upward in the rectum two and a half inches.

Having detached the placenta, curetted the uterine cavity, and washed out most thoroughly, I immediately repaired the perineal laceration. This repair was done without Chloroform, as patient was extremely weak. All in all, twenty-five silkworm sutures were used. Patient made a good recovery; sutures were removed January 23d.

The narcosis was conducted by Dr. P. The operation lasted from 11 A. M. to 2.30 P. M. As the baby appeared to have been of an immense size all parts were put together on the scale, and with the loss of blood and brain, etc., the remnants of the body weighed 20.8 pounds.

Patient was in my office February 17th, 1890, and I took the following measurements: Conjugata area, 10.75 cms.; tr. (inlet), 9.0 cms.; tr. (outlet), 7.3 cms.; ant. part. outlet, 7.4 cms. From these data I would like to diagnose this pelvis as a narrow, funnel-shaped pelvis.

To-day I would perform, in this case, symphysiotomy.

Only a few words must be added in regard to the treatment of the 65 cases of abortus with two deaths—both in consultation. Since the publication (*Med. Monatschrift*, Bd. I, No. 6, 1889) I have changed so far in my treatment that I believe it rational to empty speedily the uterus of its contents without delay, especially if we remember that most patients, without many exceptions, have waited for some time. We must not forget that the external genitals and vagina are not in such a

condition that we can safely leave the proceeding to itself.

The *modus operandi* is the following:

Patient (with or without narcosis, corresponding to her nervousness and state of dilation of the cervix) is put in lithotomy position on a Kelly-pad on a table. Vulva and vagina are washed, and, if necessary, the vulva is shaved. A Simon or Edebohl's speculum is inserted, the cervix is steadied by a heavy (Skene) traculum-forceps, and, if necessary, dilated to such a degree that the largest number of the required curettes will pass easily and freely. The best dilator, in my eyes, is Dylie's. I begin with an abundant intrauterine injection and then I begin to extract with the largest curette as many particles of the ovum as possible; as soon as the large débris are removed, I begin to use the next smaller curette to remove as thoroughly as possible all velamina. Finally, the smallest size of my curettes must remove as much as possible out of the tubor ostia.

This curettage is several times interrupted by an intrauterine injection. Finally, the vagina is loosely packed with 0.5 per cent. Lysol gauze for the next twenty-four hours.

Case 440.—April 16th, 1896, Mrs. S. A., æt. 18; first part., third month. Patient was treated for three days by a druggist of the neighborhood. As I saw her for the first time and heard this statement—besides that she was somewhat feverish (101.5 degrees; pulse, 120)—I sent immediately to Dr. B. to give Chloroform. As soon as patient was under the anæsthetic she was placed on a Kelly-pad in lithotomy position with the help of Dr. Edebohl's leg-holders.

Having cleaned (that means thoroughly washed) the external genitals and scrupulously syringed the vagina, and, after removal of all dried blood-coagula, I examined and found that the uterus was perfectly closed (on account of Ergot); the fetus was expelled, the placenta retained, recognized here by the torn and prolapsed umbilical cord. I then dilated carefully the cervix and curetted after a copious preliminary

intrauterine irrigation. Finally, after having curetted as much as possible all débris, and as the irrigation fluid was returned absolutely pure, the vagina was packed loosely with Lysol gauze and the patient was restored to her bed. The next day temperature was 99 degrees and pulse 100. Patient was discharged the fifth day, cured.

Regarding symphysiotomy I will state that all my eight cases recovered, and that the reunion of the dissected bones was per perineum. I briefly describe the operation, as I intend to publish an essay on symphysiotomy later on.

*Instruments.*—I use a common scalpel, a slightly curved, narrow-bladed, blunt-pointed bistoury, Hagedorn needle-holder and curved needles, silkworm sutures, six hæmostatic forceps (déan), female silver catheter, and one-half per cent. Lysol gauze, adhesive rubber plaster, muslin binder.

*Assistants.*—Three assistants are necessary—but as in most cases I had only one, a brother-physician for the narcosis. I accustomed myself to operate with two lay assistants, generally two women, to do just what they were asked.

*Preparatory Operation.*—As soon as the patient is fully chloroformed she is put on the table, and the abdomen, pubes, and vulva are as fully prepared as for any celiotomy. For a short time the patient is posted in the lithiotomy position to clean and disinfect the vagina. Shortly now, before the patient is ready for the first step of the operation, I examine the mobility of the sacro-iliac joints.

*Operation.*—The patient is now put straight on the table with flexed legs but drawn apart. After the depression on the upper margin of the symphysis is found by the searching finger, and after the catheter is introduced into the urethra (to hold the neck of the urethra back and sideward—mostly to the right), the long incision is invariably made, terminating at the root of the clitoris. The retropubic tissues now are separated by the introduced index, by gliding and tearing down and behind the symphysis, and hooked under the in-



ferior ligament. The curved, blunt-pointed knife is now introduced under guidance of the inserted index to the lower ligament to sever the structures of the ligament until the bones are felt to have separated. During this whole time both halves of the pelvis must be supported by the assistants to prevent a sudden giving away and injury to the fascia of the sacro-iliac joints.

As soon as the symphysis has been cut the woman is delivered as required by the concrete circumstances.

After delivery the symphysis is brought together by pressure on the trochanters. The wound is closed by two rows of silkworm sutures and the pelvis is immobilized by adhesive straps of rubber plaster helped with the muslin binder.

The dressing consists of my Lysol gauze. The after-treatment does not differ from any other aseptic vaginal after-treatment, especially regarding care of vaginal secretion.

The patient must be kept in bed in the unchanged posture on the back with closed and outstretched limbs.

The pelvic bandage must be worn from six to eight weeks.

*Manual Operations.*—In all manual operations I invariably perform the extraction of the infant immediately after version. And, consecutive to the condition of the patient, I deliver the placenta or wait for its natural detachment for thirty minutes, as I used to do in every case of spontaneous labor with self-development of the baby.

In all cases of manual extraction of the placenta, I curette and wash out the uterine cavity.

If in any way this procedure should be thought too rigorous I believe that the result, no death in 290 cases, speaks favorably for my method. I include in these 290 cases the detachment of placenta adhæsiva, etc.

In overlooking my 565 obstetrical cases, I make the following conclusions:

(1) That in private practice the physician must rely more

on antiseptics and antiseptic preparations of the most rigorous manner to protect the patient most thoroughly.

(2) That the operation always must be modified by circumstances, and that absolutely normal types of operations in obstetrics cannot exist—on account of surroundings, assistance, etc.

(3) That any obstetrical operation can only be judged by the final result for mother and baby. Any theoretical criticism will finally prove fully irrelevant, like the criticism of symphysiotomy by H. Fehling in 1889, as: "I am sorry that I cannot omit in this place to refer to an old and nearly rightly-forgotten obstetrical operation, as it is revived by some Italian obstetricians."

The histories of the seven deaths of these 565 patients are following:

(1) Mrs. G., æt. 28, fourth part.; attended by a midwife for thirty-two hours. Fetus in transverse position. Version easy without narcosis. Died two hours later. Sepsis. Case No. 31.

(2) Mrs. R., æt. 28, third part.; attended by a midwife. Rigid os, head-presentation in third position. Version and extraction of a dead child. Died second day after delivery. Was in labor for thirty-six hours. Case No. 160.

(3) Mrs. E., æt. 25, third pregnancy; abortus of twelve weeks. Patient was treated by different physicians. Dr. D. called me in consultation. Patient had temperature of 102 degrees and pulse 160. Uterus enlarged, and vagina several placental residues. I proposed, as the last resort, curettage. Curettage was done under Chloroform at 9 P. M.; patient seemed to improve. Temperature 100 degrees and pulse 120 at 1 A. M. Collapse and exitus at 9 A. M. Case No. 443.

(4) Mrs. M., æt. 31; attended by Dr. K. I was sent for at 8 P. M. to apply the forceps. Complete perineal laceration with following primary perineorrhaphy. Patient was well until fifth day (August 12th, 1896), 5 P. M. Patient did not

show any signs of sepsis, but was suddenly suffering from the fearful heat. Patient anxious, dry skin (perspiration had stopped suddenly at 4 P. M.). I was in permanent attendance until exitus at 8 A. M., August 13th. Sunstroke. Case No. 477.

The deaths in my own practice were as follows:

(5) Mrs. O., æt. 37; abortus second month; fifth pregnancy. Sent for me the fifth day after blood began to go. As patient was very feverish I immediately recommended curettage; by consent I curetted the same day. The septic process was gone too far, and patient died from septicæmia the third day after curettage. Case No. 120.

(6) Mrs. G., æt. 28, fifth part.; easy self-development. Detachment of placenta. Thrombus and embolus. Death the third day. Case No. 212.

(7) Mrs. P., æt. 34, was sterile for nine years; finally successfully treated in Berlin (G.). Shoulder-presentation, version and extraction in narcosis. Everything went all right until the sixth day. Sudden exitus. Vitium cordis. The post-mortem examination proved: *Insufficiëntia abortæ*, *hypertrophia cordis sinistri* as cause of death. Case No. 236.

#### THIRD PART.

In the foregoing pages several points could not be mentioned, as, for instance, placenta prævia, modified Turndelenburg's position, bandaging the abdomen, arrest of milk-secretion, etc., which in reproduction of the different histories cannot be omitted, if the description of obstetrics in private homes *versus* hospital work shall be considered complete.

*Placenta prævia* was encountered fourteen times without one death. In all cases the version of the fetus with following extraction was done. These fourteen cases must be divided in two groups: *Placenta prævia centralis*, 9; *Placenta prævia lateralis*, 5 (left side of the mother, 2; right side of the mother, 3).

I encountered one case of placenta prævia lateralis sinistra in which undoubtedly I could observe that the lateral position caused a marked slowness of the labor-pains, resulting from a certain degree of uterine paralysis going out from the seat of the placenta (*Med. Monats.*, Vol. I, No. 11). Since that time I have carefully investigated the seat of the placenta in every slower-going labor, and to-day I believe firmly that the progress of the labor is directly proportional to the seat of the placenta—if nearer down to the internal os, slower and more irregular, the labor will be found equal to tendency of uterine hemorrhage intra-partum. It must be stated further that the seat of the placenta to the right or to the left of the uterus wall is nearly equally distributed and of no special consequence.

Case No. 137.—Monday, September 8th, 1889, I was called to a first parturition with generally contracted pelvis. The vaginal examination showed the external os cervicis partly passable for three fingers. Head was in third (Bush) position. Water-bag was ruptured five hours ago. The pains growing stronger without any result. The carefully repeated examination revealed that the posterior lip of the cervix appeared paralyzed like a fold of thin skin dangling down.

The observation that the dilation did not proceed while the pains had more and more the character of tetanic contractions, and finally that the heart of the fetus began to become weaker caused me to execute the version with following extraction in Chloroform narcosis. During my dilation of the cervix and introduction of the hand into the uterus I found that immediately over the perplexing posterior cervical lip the placenta was literally inverted (from *Med. Monatsch.*, Vol. I, No. 2).

Case No. 476.—Mrs. K., æt. 46 years, fourteenth part., had different uterine hemorrhages during pregnancy (treated by different physicians). Labor expected August 18th, 1896. I was called August 15th for a sudden and copious

hemorrhage (without any pain). Uterus was closed. The vagina was filled with coagulated clots, which I removed. As patient was in a half-ugly, half-tearful humor, I gave Cham., expecting to see some dilation while waiting. At my next visit, three hours later, patient rested comfortably; during this whole time no pains.

At 11 P. M. I was called on account of a new hemorrhage. I found the patient nearly bled to death. Hurriedly I sent for Dr. S. in the neighborhood to give Chloroform. As soon as narcosis was complete, the patient was put on the transverse bed. The cervix was dilated manually. As I passed the internal os I found a cavity like a vestibule filled with coagulated blood; on the left side of the intrauterine wall the over-reaching margin of the placenta could be felt through the velamina. The whole ovum was intact. The fetus was in transverse position. I now ruptured the velamina, turned on the feet, and extracted the child. Immediately the placenta was removed and the uterine cavity carefully curetted. Patient was in a very low condition after the operation.

The puerperium was uneventful and I discharged the patient August 29th. Mother and baby (girl of eleven and one-half pounds) in good condition.

Trendelenburg's position, or a modification of it, has been used by me several times, and, as I must confess, without intention the first time. Only the casual observation caused me afterwards to use the elevation of the pelvis with full deliberation. The following history will illustrate fully the foregoing remark:

Case No. 117.—Mrs. Ch. B., æt. 30, first part. I was called at 2 A. M., March 21st, 1892. I found the fetus in breech-position, half-way, firmly engaged in the pelvic bones. My efforts to push the fetus upward, for bringing down the feet, was as unsuccessful as was that to bring down the baby by the hook manœuvre. As a last resort, I tried the forceps.

The bed-room was of such small dimensions that there was

no room for other furniture besides the bed. If now the patient was on the transverse bed, there was absolutely no room in front of her for me to stand while applying the forceps.

As the bed had a low foot-end I placed a board incline over this foot-end with the patient in narcosis on it. I had expected from my foregoing examination severe difficulties in applying the instrument. My surprise was considerable on finding the breech relatively disengaged, so that I did not encounter any difficulty; nay, I may state that if it had not been for the sake of false criticism, I am positive that in this position the bringing down of the feet would have been an easy task. Since that time I have had several occasions where the elevation of the pelvis on account of the rules of gravitation worked as a great help, especially in versions.

Case No. 172.—Mrs. R., æt. 22, first part.; attended by a midwife. I found during examination face-presentation in the transverse diameter. As the midwife had administered some Ergot and the face was considerably deep engraved, I arranged the Trendelenburg's position and could now easily effect the version.

*Bandaging of the Abdomen.*—As a rule, I am against bandaging, as the muscles will be paralyzed and the lymphatic stream in removing the deposit of accumulated fat during pregnancy will be prevented. It is my custom to bandage only the very pendulous and large abdomen of very stout women, more for the personal comfort of the patients than for any other reason. The actual harm of a bandage will be illustrated in the following history:

Case No. 138 (Vide *Med. Monatsch.*, Vol. I, No. 11):—Called by a midwife the fourth day after delivery, I found the patient with red, flushed face, laboring breath, brilliantly shining eyes, and tortured by singultus without cessation, headaches, vertigo and fear.

The physical examination proved a temperature of 103

degrees, pulse much accelerated, vagina hot and dry, no lochiæ, uterus sensitive, hard and contracted, os cervicis firmly closed. As patient complained much about the binder I allowed her to have it removed.

Two hours later the lochiæ began, and the next day all symptoms had disappeared, and the temperature was 98.2 degrees.

It was clearly the retention of the lochiæ effected by the binder, especially the personal observation of the patient, who stated that soon after the removal she felt beginning relief, and before the prescribed medicine had reached her, the temperature with dyspnœa, etc., began to go down; besides, there are several cases on my records of similar observation; and, finally, nobody believes that such a puerperal fever (on first sight) could be cured so quickly.

*Arrest of milk-production* in cases of still-birth, etc., besides the medical treatment was successfully established by enforced diet. That means that for the first five to eight days the woman must be put on smallest rations to urge the constitution to use up all material which under other conditions would be transformed in milk. This regimen, starting on the first moment, prevents all after treatment.

*Narcosis*, as best material in my cases proved Chloroform. That to this day Chloroform is not regarded as highly as deserved can be understood from the fact of generally wrong administration. To the present day I cannot see the evil results of Chloroform after the second state, as Lusk mentions. It may be stated here that I firmly believe that such an opinion results from the bad administration by unskilled assistants; as Ether is easier given.

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*New York City.*

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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 May No., p. 228.)

Dr. Charles Creighton began his testimony on the 4th of December, 1889. It was continued on the 11th of December, on the 22d of January, and on the 29th of January, 1890.

Qs. 4,181-7. He is a doctor of medicine; has been occupied since 1872 with original laboratory work on pathology and the allied sciences; also with teaching anatomy. He has translated a treatise of Professor Hirsch on "Geographical and Historical Pathology;" has written papers on pathological subjects, and since 1886 has made a special study of vaccination and small-pox.\*

Q. 4,818. He began by inquiring into the nature of small-pox and the historical sources of vaccine lymph, and (Q.

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\* He is the author of the article on "Vaccination" in the new (ninth) edition of the *Encyclopedia Britannica*, of "Cow-pox and Vaccinal Syphilis," and of "Jenner and Vaccination."



4,819) has also investigated the subject from its statistical aspect, but has not written upon that part of the question.

Then (Q. 4,820) with regard to the historical sources of British vaccine; the first put into circulation was that of Woodville, which became the source of a continuous series of vaccinations and was of a much milder type than that tried experimentally by Jenner, from which he did not succeed in raising a stock (Q. 4,824).

Qs. 4,821-2. There were two sources employed by Woodville, one being directly from diseased teats of cows, and the other from disease contracted by milkers through handling diseased teats.

Q. 4,825. The point this illustrates is the original characteristics of cow-pox as Jenner experienced them, and as they have been found by other observers.

Q. 4,826. Woodville's success was owing to the fact that the lymph started was taken from a milder type of cow-pox than that of Jenner.

Qs. 4,828-9. The characteristics of cow-pox, as it occurs in the cow, as loosely described by Jenner and more particularly by one of his veterinary neighbors and contemporaries who practiced in Gloucester,\* were that the disease was an ulcerous disease on the teats, and for the most part confined to them; it occurred only in a cow in milk, and it was supposed to begin in one particular animal and to be carried by the hand of the milker to other animals. No medical man seems ever to have seen the disease in its earlier stages. No person capable of describing the initial steps of the process ever saw those steps, so far as it known. The milkers were the sole authorities as to the first appearances of the disease. Whenever the affected teats of a cow were seen by medical men

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\*Mr. Clayton, whose description of it was published by Dr. Beddoes in his "Contributions to Physical and Medical Knowledge," Bristol, 1799, p. 387.—M. R. L.

or veterinarians, they were in a state of ulceration covered by crusts. The disease, wherever it has been seen by any one capable of describing it, has been described as an ulcerous affection of the paps for the most part covered by large crusts; sometimes the crusts have been less adherent than at other times, in which case one sees the ulcerous nature of the process quite distinctly; large ulcers described by Ceely forty years after as having hard, round, sloping edges, and sometimes with granulations rising from the floor of the ulcer. Ceely says he never could get lymph from unbroken vesicles. Mr. Clayton, who described the disease with more precision than Jenner, said: "This disease may arise from any cause irritating or excoriating the teats, but the teats are often chapped without the cow-pox succeeding. In chaps of the teats they generally swell, but in the cow-pox the teats seldom swell at all, but are gradually destroyed by ulceration."

Q. 4.830. Ceely adopted this view that the cow-pox arises on the top of casual cracks or other common ailments of the cow paps, and has practically accepted the view that it arose spontaneously. "Spontaneously" is not an accurate term, but it was that generally used. It was used by Jenner in his evidence before the Parliamentary Committee of 1802.

Q. 4.831. By "spontaneous" was meant that it was not derived by contact with any other animal or with a human being.

Q. 4.832. The milker's cow-pox was thus described by Jenner. After describing their beginning, he says:

"These symptoms, varying in their degrees of violence, generally continue from one to three or four days, leaving ulcerated sores about the hands, which, from the sensibility of the parts, are very troublesome and commonly heal slowly, frequently becoming phagedenic, like those from whence they sprung. The lips, nostrils, eyelids, and other parts of the body are sometimes affected with sores, but these evi-

dently arise from their being heedlessly rubbed or scratched with the patient's infected finger." He then gave references to some sixteen cases which had been infected, and now and then mentioned the nature of their sores; for instance, he speaks of corroding ulcers\* in one case; in another, of "a poor girl who produced an ulceration on her lip by frequently holding her finger to her mouth to cool the raging of a cow-pox sore by blowing upon it."†

Q. 4,833. Ceely confirms this account, which is published in the eighth and tenth volumes of "The Transactions of the Provincial Medical and Surgical Association." He gave colored plates of the sores upon the milker's hands, and one on the temple in which the sore was three-quarters of an inch long.

Q. 4,834. Ulceration was a common sequel of the original vaccinations, and Dr. Creighton believes it was the real barrier to his establishing a stock for general use. The instances of ulceration following vaccination in the first removes from the cow are so numerous and uniformly recorded by observers in all countries that Dr. Creighton thinks it unnecessary to mention particular cases, but quotes from a pamphlet by Mr. Hicks, an intimate friend of Jenner, and a strong supporter of his practice.

Q. 4,835-6. Quoting from Mr. Hicks's pamphlet, published at Stroud, 1803, p. 43: "Large ulcers are often the consequences of such casual affection (*i. e.*, accidentally in the case of milkers), and the virus may probably be rendered more mild after having passed several times through the human constitution. This, I think, is the only satisfactory way in which we can account for the fact of sore arms being so prevalent in the first stages of vaccine inoculation, and for their having almost entirely disappeared since." The same

\* Case XI, William Stinchcomb, "An Inquiry, etc.," Jenner.

† *Ubi.* Sup., p. 50. *Idem.* Vol. II, of Crookshank's "History and Pathology of Vaccination," p. 25.

frequency of ulcerations in the early practice was noticed at Rotterdam, at Brandenburg, at Milan, and at other places abroad which I cannot now enumerate, as well as frequently in England. But in Woodville's cases there seems to have been only one in which ulceration followed.

Q. 4,837. At the end of 1798 Jenner had no lymph to supply those who wrote to him for it. In January, 1799, Woodville heard of cow-pox at a cow-house in Gray's Inn Lane, and by a remarkable piece of luck managed to start a stock of lymph which went on continuously for thirty or forty years, and may be going on still.

Q. 4,838 (Sir James Paget). "You admit the element of luck?" "A large element of it. Perhaps I might explain wherein I think the luck consisted. Woodville got notice of the disease very soon after it had broken out in Gray's Inn Lane, so that he obtained matter from those cows at an early stage of the disease, and when only two or three of the cows had become infected and when it was comparatively new and had not become cultivated into a more inveterate and virulent type."

Q. 4,840 (Professor Michael Foster). "It must have been an ulcer, I think; it must have been an ulcer under a crust."

Q. 4,841 (Chairman). "Why do you think so?" "Because no one sees it in the cow in any other form."

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#### LOCKJAW THE RESULT OF VACCINATION.

Carl, the eight-year-old son of Carl Pfeffer, Sr., a shoemaker, of Millvale, is dying (Sept. 9th) of lock-jaw, caused by vaccination. The case is one of the most remarkable in the history of medical practice in Allegheny County and has excited the wonder of the physicians who have attended the boy.

The Pfeffer boy was vaccinated three weeks ago Thursday by Dr. A. K. Lyon, a reputable physician of Millvale, who

sailed for Berlin, Germany, yesterday, to take a year's post-graduate course in medicine. Thursday morning the boy was taken ill. The first symptom was the hardening of the muscles of the jaw and the back of the neck. As the trouble did not disappear, Dr. T. M. Fife, an experienced physician of the town, was sent for. He immediately diagnosed the case as genuine tetanus, and, failing to find evidence of any other cause, decided it was due to the effects of vaccination, performed three weeks before.

To satisfy himself on this point, however, Dr. Fife consulted with Dr. J. M. McCready, of Allegheny, who called and saw the boy. Dr. McCready also pronounced it lock-jaw and gave it as his opinion that it was caused by the scratching of the boy's arm by the doctor's lance. There is quite a deep impression on the left arm where it was vaccinated, but Dr. Fife says it is not as large as other marks he has seen.

The boy has grown worse rapidly since Thursday morning, and yesterday afternoon was not expected to live longer than to-day. His jaws locked Thursday and he passed from one convulsion to another every five minutes. The doctor succeeded, with great efforts, in forcing some medicine down his throat, and the spasms came with less frequency.

Yesterday he lay in a stupor, had not been able to receive any nourishment and was suffering intensely. His fever was 106, and the convulsion occurred about every ten minutes. In the afternoon a trained nurse from Allegheny was secured to help the worn-out father and mother, who had been watching and nursing their son day and night. The boy's jaws became more tightly locked yesterday and his temperature increased several degrees. All the attendants and physicians could do was to keep ice packed around his head and face to reduce the high fever as much as possible and inject medicine and milk through the teeth by means of a straw.

The Pfeffers are a highly respected German family and live

in a neat double-story frame house on Stanton Avenue extension. The stricken lad is a bright-eyed, light-haired little chap and was the pet of the family.

The case has caused considerable alarm in Millvale, where over a thousand children have been compelled to undergo vaccination before being admitted to the public schools.

Dr. Fife told a *Dispatch* reporter that there were quite a number of people in Millvale who have been opposed to vaccination and he thought the Pfeffer case would tend to confirm their opinions and those of other anti-vaccinationists, that the operation is both dangerous and useless. He said he had hesitated to decide that tetanus had resulted from vaccination, but he saw no other alternative, although it was the first that he had ever known or read of.

He said no blame could be attached to Dr. Lyon, as he was a physician of high standing in his profession, and, like all other doctors of Millvale, had performed his vaccinations with virus obtained from the Pittsburg Bureau of Health.

Dr. E. G. Matson, of the city bacteriological department, was seen last evening in reference to the Pfeffer case. He is of the opinion that some other cause than vaccination produced lockjaw. He thinks that a further investigation of the case will show that his view is correct. "Lockjaw," said he, "is produced by a tetanus bacillus, a germ which poisons the blood. It is quite common, and it is surprising that more deaths are not caused by it. It exists in the earth and is very dangerous when introduced into the system. If the boy had no other wounds on him, it is possible that the tetanus germ may have gotten into the vaccination sore, but not through the vaccine virus. We buy our quills from a New England company, and this is the first case that has come under my notice causing any trouble. I do not even know that the vaccine used in this case was purchased from us. Vaccine virus is sold at nearly all the drug stores and the physician may have gotten it somewhere else.

"There have been more cases of lockjaw this year in Pittsburg than ever before. The reports show that seven people have died as a result of the disease. This is not because the tetanus germs are more numerous, but because the conditions are more favorable. In every instance the victim sustained some serious wound through which the germ was introduced. The Pfeffer boy may have suffered an abrasion of the skin or a puncture which healed hurriedly with the tetanus germ inside. In time this would develop and pass into the blood, causing death from lockjaw. Even if it were possible that the vaccination in this case caused lockjaw it is not to be compared to an epidemic of small-pox which the operation will avert. The public need not be alarmed, and I believe, as I first stated, that some other cause than vaccination caused the lockjaw in this instance."—*Pittsburg Despatch*, September 9th, 1899.

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### A CHANCE FOR BENEVOLENCE AND PHILANTHROPY.

It is gratifying to note that a few medical journals are alive to the fact that it is the duty of the physician to do all in his power, both by pen and voice, to educate the people concerning the evil effects of alcohol, tobacco, and other drugs which have a deleterious and degenerating effect upon the human system.

The physician can have no nobler purpose than to devote his time to the prevention of disease. His field of labor in this direction is a broad one. There are opportunities for his services on every hand.

From the *Medical Brief* for May we quote the following concerning the evil effects of beer:

"Beer acts as a poison in the human system. It dulls the faculties, and when used habitually, tends to produce insanity

in victims of the habit. The Germans, by long addiction, are able to indulge with less suffering than our countrymen, on the same principle that the Chinese coolie can subsist on rice alone with less digestive disturbances than other races can.

"There is little doubt, however, that the large consumption of beer in Germany is partially responsible, at least, for the decadence and degeneracy of the arts and sciences so manifest in the fatherland to-day. Science has gone to seed in Germany. An intolerable pedantry has taken its place, and when the intelligence of a nation loses its virility, it is time to look for the cause in the habits of the people.

"America can learn a lesson from the deplorable condition of Germany. The Anglo-Saxon cannot stand continual beer guzzling. By constitution and temperament he is less phlegmatic than his German brother. The fires of life, constantly fed by alcohol, would burn out in the more nervous organization of the American.

"Sumptuary laws will not check the evil of beer drinking.

"Prohibition would only arouse and strengthen a perverse determination to have it at any cost. Men cannot be coerced into doing right. Their minds must be convinced of the wisdom and justice of any measure, and then obedience can be secured without resorting to force.

"Men can be educated to understand that the drinking of beer, wine, brandy, whisky, or spirits of any kind is injurious to them. None of them contain nutritive principles. It is a marvel how such an idea ever came to be entertained. The medical profession is an influential body of men, enjoying peculiar facilities for teaching men truths of this kind. Doctors can do a world of good by calling attention to the wide-spreading damage done by alcohol.

"Alcohol pulls a man down and keeps him down. It absorbs his surplus earnings, so that he can never get ahead. It insidiously undermines his health. It robs him of pride,



ambition, the power of conscientious accuracy and persevering application. It makes him careless, indifferent, spendthrift.

"Here is a mighty field where benevolence and philanthropy may labor for the regeneration of humanity, and physicians know better than any one else just how to set about it."—C. E. S., in *Modern Medicine*, July, 1899.

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### ALCOHOL AND INSANITY.

Could the drunkard see for a moment that in his slavery to a debasing vice he may be planting the seeds of misery, of degradation, of crime, and possibly of idiocy in his future offspring, he might realize in such force the words of the inspired teacher, "to eat, drink, and be merry," to indulge in full the animal-passions of his nature; "but remember for all this God shall bring you to judgment," as to cause him to start back in terror as from the brink of hell. Statistics tell with fearful force upon the story of idiocy, crime, and insanity blossoming and ripening in fruit bitter as the apples of Sodom, from seed planted in a previous generation. Statistics by one of our most painstaking physicians show that out of 300 idiots whose history could be traced, 155 were the children of drunken parents. In a large asylum, as stated by the superintendent, out of 958 admissions one-fourth could be clearly traced to intemperance in drink. This report is confirmed by the lunacy commission, who, in taking an average of the last five years proved that drink as a cause averages from one-fourth to one-fifth of all the admissions to insane hospitals. The offspring of drunken parents, says Forbes Winslow, by a law of vital physiology, if they do not actually follow in the wake of their parents, still are in great danger of exhibiting some trace of moral or mental obliquity or of a nervous disorder clearly traceable to a deterioration

of physical structure, probably seated in the brain, caused by a long and persistent indulgence in the use of intoxicating liquors.—*Medical Times*, September, 1899.

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#### A PROVING OF GLONOINE, CRUDE.

We had the distinguished honor of being blown up with Nitro-glycerine a few nights since. But reserve your obituaries, brethren and friends. Funeral postponed. We had business down in the city, and returning before midnight boarded a street-car. After reaching one of the most aristocratic sections of our city, the book we were reading suddenly flew out of our hand, and we as suddenly after it. We were seated directly over the wheel which exploded the n. g., which had been carelessly left on the track by a few infamous scoundrels. The detonation was terrific, and after we had recovered from the shock and extricated ourselves from the upheaved and up-torn flooring and blinding smoke, we could not hear a sound for some minutes. But this wore off. The car wheel was blown into "flinders." A noticeable thing was that the glass in the window against which our back rested, which was directly over the wheel, broke into innumerable fragments, but almost wholly in square or rectangular pieces: very few sharp splinters. We prefer to take our Glonoine in the highly attenuated form, as we now fully realize that a proving of the crude chemical is attended with no marked mental or other symptoms, except those of an indecent haste to go elsewhere.—*American Homœopathist*, August 15th, 1899.

[Dr. Kraft now knows how Lazarus felt when he "came forth."—ED.]

## AN ADDRESS TO THE AMERICAN PEOPLE.

Office of M. L. Lockwood, National President, The American Anti-Trust League, Zelenople, Pa., July 17th, 1899.

The object of the American Anti-Trust League is to drive from public places the subservient tools of the trusts, monopolies, combines, and corporations, and to establish the equal rights of American citizens in the commerce and industries of the country.

To-day in every legislative hall, both state and national, omnipresent stands the lobbyist and corruptionist of this great railroad, monopoly, trust combination, which has formed an alliance offensive and defensive, by which they expect to control legislation and to plunder the producers and consumers of America.

And, what is still worse, there also stand the representatives, elected by the people, who have become debauched and who are the secret servants and instruments of this great corporate power and are ever ready to do their bidding, while proclaiming their devotion to the rights of the people. We find them everywhere—in the Legislature, in Congress, in the Senate, and on the Bench. The political life of this kind of representatives is made easy. Their renominations are arranged for them by the political bosses, who are but the servants of this power. Campaign funds are furnished. That part of the public press that can be managed is used to eulogize and lionize these subservient tools. Their elections are managed for them.

There also stands the representative elected by the people, who is true to the principles of manhood and is governed by the promptings of public welfare. He stands a bulwark against the legislative schemes by which this great railroad, monopoly, trust combination expect to plunder the people. He is obnoxious to this dominating and controlling power.

and their emissaries are sent into his district to undermine and destroy him politically. Some popular man is encouraged to become a candidate for nomination to his place, and the power and influence and money of this corporate conspiracy are put behind this candidate, and the true servant of the people finds himself defeated for renomination, and he is retired from public life—retired because he was a true representative of the people and dared to defy this corporate monster. This process has been worked so silently and secretly that the people have not recognized the handiwork by which a majority in their legislative bodies have been controlled.

In many of our great cities the street railway traction companies have created a political despotism. The man who is ambitious politically, before he can hope to be nominated to any position of public trust must first kneel at the throne. Yes, and in many, many cases before a laborer can hope to earn bread for his family he has first to show that he wears the brand and collar of their ward boss. They have created a despotism so damnable that man must become a serf to this corrupt corporate power before he can obtain an opportunity to work. I have talked with these men who mourn the loss of their liberty as American freemen. This great railroad, monopoly, trust, traction combination is "corrupting our public affairs and debauching our public men" and destroying the foundations of the Republic by the corrupt use of money in our political life.

The purpose of the American Anti-Trust League is to arouse the only power on earth that is stronger than the power of money in our public life. That power is the patriotic impulses of the people. The little finger of that power, when awakened is stronger ten thousand times than the influence of all the billions of the trusts and combines of the land. The memories of the many sacrifices of the fathers call us to action. If these trust combinations are allowed

to go on they can plunder each of us into poverty. No man knows how soon the fear of hunger for his wife and family will make him a coward. It behooves us to strike while the fire of liberty yet burns.

The American Anti-Trust League is non-partisan. We call all American freemen to council. If a Democrat, or a Populist, or a Republican, public man has shown himself to be a subservient tool of this great corporate power, then all the united power of all the men of the American Anti-Trust League will be used to crush him and drive him from public life. We will adopt the tactics of our enemy until we have created a legislative, judicial, and executive power in sympathy with the public welfare. And we call upon every American citizen who loves his country and the great principles of popular government better than he does his party, to join us in the work of re-establishing the equal rights of American citizenship.

M. L. LOCKWOOD,

*President, American Anti-Trust League.*

*"Salus Populi est Suprema Lex."*

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WHORTLEBERRY IN ECZEMA.—Daxenberger, in a German journal, speaks very favorably of the use of the extract of whortleberry in various forms of eczema, especially of children, also in the myotic forms in smaller ulcerations of the skin and mucous membranes. A syrup of the extract is applied with a brush after the surface has been cleansed and dried; over this any simple dusting powder may be applied. Drying speedily takes place and no other dressing is required. The cure is often effected in two or three days.—*Medical Times, Sept., 1899.*

## REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

(Continued from Aug. number, page 378.)

### SACRUM.

- Support**, often placed her hand on sacrum to support it and complained of a pain in sacro-iliac synchondrosis, Oleum-jec.
- Suppurating**, a spot in sacrum feels as if suppurating, worse by touch, Colch.
- Tearing**, and burning in sacrum and hips afternoon and night, Mag-m.
- in sacrum, kidneys, and back, especially near spine, *Lyc.*
  - in sacrum extending to occiput left half of brain and inflamed eyes and bloated cheeks, *Ledum*.
  - intermittent tearing in sacrum after rising from stooping down; while standing still it quietly draws in jerks, *Phos-ac.*
  - a fine tearing pain in sacrum while sitting, passing from right to left upward, *Spong.*
  - cutting, tearing low down at both sides of sacrum, *Mez.*
  - and sharp shooting in sacrum on moving, *Dig.*
  - pressure in sacrum, *Carbo-v.*
  - and shooting in sacral bones, *Zinc.*
  - fine tearing, drawing from middle of sacrum toward lumbar vertebræ, *Mur-ac.*
  - in sacrum transversely while sitting up straight, *Lyc.*
- Tenderness**, extreme over sacrum, *Lob.*
- Tension** and sensation of weakness in sacrum when sitting, with tension in head, *Zinc.*
- painful tension in sacrum so that he cannot breathe deeply, *Nit-a.*
  - piercing pain and tension in sacrum, *Sul.*
  - in left sacral region and hip, *Sul.*
- Tensive**, cutting thrusts in sacrum, worse bending forward; with tensive pain, *Sambucus.*

## SACRUM.

- Tensive**, pain from sacrum across left hip on least motion, interfering with walking, *Sarsa*.
- pain near left side of top of sacrum when walking, *Sumbul*.
- pain in sacrum, *Thuja*.
- pain at the slightest movement extending from sacrum over hip, impeding walking, *Sarsa*.
- pain and stiffness in sacrum, *Carbo-v*.
- violent tensive pain in sacrum, *Caustic*.
- pain in sacrum, worse evening, so that he could not raise from his seat nor bend backward, *Bar-c*.
- Throbbing**, a threatening throbbing in lower part of sacrum, *Bar-c*.
- in sacral region in evening, *Tabac*.
- in left side of sacrum, *Sumbul*.
- severe in sacrum, *Nat-m*.
- in sacrum, *Graph*, *Ign*.
- aching, beating, throbbing pain in sacro-lumbar region, *Sil*.
- frequently in sacrum, *Caustic*.
- a steady throbbing pain in sacrum in a small spot like a gathering, most felt at night, and hinders sleep, violent aching pain, better in day when up and walking about, but unable to lift anything, *Kali-b*.
- Thighs**, aching in sacral region, extending down thighs, *China*.
- Tickling**, anxious pain in sacrum, commencing with a tickling, *Graph*.
- Tingling**, intolerable tingling stitches in lower part of sacrum and in other places, *Lyco*.
- Touch**, cries out if any attempt is made to touch sacrum, *Lob*.
- bruised pain across sacrum and both hips, with sensitiveness to touch, *Mag-m*.
- Touched**, pustules on sacrum, very sensitive when touched, *Nat-c*.
- violent pain in sacrum as from a bruise, especially when being touched, *Graph*.
- in a spot above the sacrum, stitches on being touched, *Calc-c*.

## SACRUM.

- Turning**, pain less when walking than when rising from a seat, turning in bed, and every motion sideways, Staph.
- when quickly turning the body there arises suddenly a dull pain in the sacrum which shows itself more while sitting or lying down through the day, Mag-m.
- Twitching**, spasmodic twitching pain from sacrum toward anus, Calc-c.
- pain in sacrum when stooping so that he could not raise himself for a time, Kali-c.
- Twisting**, severe griping and twisting in sacrum as with a pair of tongs, and then also pain in arms and feet as if it would turn them outward, Graph.
- Ulceration** of sacrum after typhoid fever, *Ars.*
- Uterus**, pain commencing in sacral region internally and apparently coming around to uterus, Syph.
- Violent** pain in sacrum which does not allow her to lie on her back, awakens her at 2 A. M., Nitrum.
- pain in sacrum, *Berb.*
- pains in sacrum, Carbo-a.
- most violent pain in sacrum after walking, Nat-c.
- stitch in region of sacrum, Bar-c.
- very violent pains in sacrum for two hours, Graph.
- pains in sacrum when and after stooping, Sarsa.
- after menses, violent pain in sacrum as if bruised during stooping and at other times in afternoon and evening, Mag-c.
- Wakes**, pains in sacrum wakes him at night, *Colch.*
- Walking**, pain in sacrum after walking or standing for a time, Kali-c.
- a broken sensation in lumbo-sacral region alternating with headache, worse by sitting, better by walking or standing, Melil.
- severe pain in sacrum after walking a little, with nausea and lassitude, Con.
- pain in sacrum in afternoon when walking, Sep.
- pain in sacrum when walking on a level, Ver-a.



## SACRUM.

- Walking**, pain in back and sacrum as if broken after walking for an hour, Plat.
- tensive pain at slightest movement extending from sacrum over hip impeding walking, Sarsa.
  - severe pain in sacrum almost only when moving, so that he can hardly walk ; it seems to be in the bone, Nit-ac.
  - pain in sacrum more while walking than when at rest, Mez.
  - sudden violent stitch in sacrum while walking in open air, *Agari*.
  - constant ache in sacrum and hips, much worse by walking or stooping forward, *Æscul*.
  - backache with dragging in sacrum and stringy colorless leucorrhœa, beginning when walking, Aletris.
  - pain above the sacrum while walking not when sitting, Sul.
  - pain in sacrum worse by standing better by walking, Phos.
  - weakness in sacrum after a walk, Petrol.
  - bruised pain in sacrum while walking, Hepar.
  - a pressing in sacral region only while walking and particularly setting down left foot, Spong.
  - pain in sacrum less when walking than when turning in bed or rising from a seat if turning sideways, Staph.
  - tensive pain in top of left sacrum while walking, Sumbul.
  - sprained pain in left sacral region when walking, Sul.
  - sticking and drawing in sacrum while walking, Bry.
  - sticking in left sacrum while walking, Calc-c.
  - drawing pain in sacrum and a sensation as if it were broken, in walking, standing and lying, Carbo-a.
  - Shooting and pain in sacrum only when sitting, not when walking, Nat-c.
  - pain in sacrum while walking, Borax.
  - pain in sacrum drawing hither and thither, worse by walking, Hepar.
  - hard pressure in sacrum, diminished while walking, Sul.
  - pain in sacrum, better by walking, Mag-c.
  - back and sacrum stiff, cannot be bent ; after some exertion in

## SACRUM.

riding, walking and stooping, he can raise himself afterwards, only slowly and with much difficulty, *Lyc.*

**Weakness** in sacrum after a walk, *Petrol.*

— and drawing in sacrum, *Sul.*

— of sacro-iliac region, *Sep.*

— in sacral region from crest of ilium down outside of thighs to knees, beginning in afternoon, *Nat-ars.*

— in sacrum in afternoon when writing, standing at a high desk, *Lith-c.*

— pressure, tension and weakness in lumbar and sacral region, *Zinc.*

— pain in sacrum as from weakness after lying down in evening, *Zing.*

— in sacrum as if paralyzed, could neither stand or walk right, *Nat-m.*

— in sacrum mornings, *Calad.*

— and paralytic feeling at lumbo-sacral junction, *Phos.*

**Weariness**, on right side of sacrum, worse by walking, *Bry.*

— and pain in sacrum, *Sep.*

**Weight**, sensation of weight in pelvis, *Gnaphal.*

**Wrenched** feeling in back and sacrum with pain as from over-lifting, *Cal-c.*

**Writhing**, severe drawing writhing pains in sacral region and bowels, radiating upward and downward until whole body and fingers and toes become enveloped in spasms so severe as to elicit shrieks, *Diosc.*

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NEW METHOD OF EXTRACTING FOREIGN BODIES FROM THE NASAL FOSSÆ IN CHILDREN.—M. Felizet (*Journal des Praticiens*) related to the Surgical Society a method of extracting foreign bodies from the nose in children, which he has used with satisfactory results for five years. He injects through the sound nostril a current of warm salt water at a moderate pressure which, returning by the posterior nares of the occluded nostril, forces the foreign body out, or at least allows of its being seized with forceps.—*New York Medical Journal.*

## BOOK NOTICES.

THE CHANGE OF LIFE IN WOMEN, AND THE ILLS AND AILINGS INCIDENT THERETO. By J. Compton Burnett, M. D. Philadelphia: Bœricke & Tafel, 1898. Price, cloth, \$1.00; by mail, \$1.06.

Dr. Burnett is well known to the members of our school of medicine for his numerous autographs on special medical subjects. These little works, written in his charming style, are most instructive and inspiring to the homœopathist and stimulate him to an emulation of his methods and his successes.

His explanation of the menstrual function is admirable and we herewith reproduce it for the benefit of our readers.

"The girl's digestion and assimilation are so arranged that she shall for some thirty years or so of her life's course, from puberty to menopause, make blood enough for her own maintenance and activities plus what should or might be needed for gestation and lactation, the menstruation being primarily a means of maintaining her equipoise by throwing overboard at stated times a given not-called-for blood supply, prepared by the time of each ovulation as a possibly needed food reserve, which throwing overboard of said supercargo does not occur if impregnation of the ovule takes place. It is this menstrual arrangement which must be kept in view if we are to understand the change of life and its sequels and indeed if we are to understand women's diseases at all at any period."

At page 18, he speaks of flushes of heat, for which his principal remedy is Lachesis. After that he prefers *Urtica-urens*, and also speaks favorably of *Glonoine*. Leucorrhœa he regards as a "constitutional outlet for many morbid products;" and concludes that the use of injections for its suppression is "utterly bad, a downright sin against nature's ways." He considers injections a "stupendous error and fraught with untold evil consequences, and nasty and vulgar to boot."

Here is a lesson we all need to learn and it is likely to be remembered clothed in the foregoing forceful words. On pages 28 to 30, he relates a case where the suppression of the leucorrhœa by injection gave most prolonged sickness and suffering to the patient.

In the view of the author, the change of life ought to be perfectly free from pain if the patient be healthy. This view is that of older masters of Homœopathy like the late Dr. Henry N. Guernsey.

Tumors of the breasts and womb appearing about the time of the change of life are regarded by Dr. Burnett as representing the accumulation of pre-existent constitutional taint that previously found its outlet in

the menstrual flux and in leucorrhœa. He then proceeds to give a case where a cured was effected.

He finds from his own experience, that the itch is not curable by homœopathic remedies. It is necessary to destroy the itch insect by germicides if we are to succeed. Then he would treat the *effects* of the psora with homœopathic remedies. The foregoing give the main points of value in the book and enable the reader to form some idea of its contents. No review can do these little books of Dr. Burnett justice. Every physician should have a full set of them and read with a view to remember all they contain.

Dr. Burnett would be doing something both sensible and serviceable if he would publish a repertorial index or concordance repertory to the whole set; each indication for a remedy having a reference to volume and page.

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### NOTES AND NOTICES.

DR. E. MATHER formerly of Detroit, Michigan, has removed to Birmingham, Oakland County, Michigan.

See a lot of Portuguese men in another column treading grapes with their feet for making wine. Read about it, also about Speer's improved method of mashing grapes and making wine.

BACTERIOLOGY AS A FAD.—The following remarkable statement appears in *The Home Magazine*: "Dr. Heneage Gibbes, after occupying the chair of bacteriology for ten years or more at Ann Arbor has accepted the position of health officer for the city of Detroit. Dr. Gibbes to-day denies bacteria as a causative factor in disease. It has to be borne in mind, too, that in publishing this statement he does not give it as his opinion merely, but as a fact based upon actual experiments; said experiments, consisting of inoculation with bacteria, having been performed upon himself time and again without the slightest effect. He not only says that the idea of dodging a bacillus here for one thing and another somewhere else for another thing, is absurd and 'simply a fad,' but he absolutely denies the fact that—hitherto urged as a proof of their etiological nature—that these 'pathogenetic' micro-organisms are always present in disease. He says: 'I have conducted hundreds of autopsies on consumptives without finding a trace of the bacillus tuberculosis. I taught along the lines of Koch, but presented results for what they were worth only. There is no such thing as *German science*, science is universal. My personal investigations have convinced me that the whole germ theory of disease is a fad. In Germany, Dr. Koch's theories are regarded as *theories* only; but in this country they are held too frequently to be *facts*.'"—*Medical Times*.

NOAH AFTER THE FLOOD planted the first fruit, the grape; the most healthy of all the products of the earth.

## CASE OF VIRULENT CHRONIC CATARRH CURED.

DR. S—, NEW YORK.

Margie Bowers, age 24; January 11th, 1897; chronic rhinitis, from scrofulous diathesis; mucous membrane much thickened and dark red; a number of polypoid growths; considerable ulceration and loss of structure; thick, tough, greenish, and fetid secretion; large accumulations of dried mucus; sense of smell entirely lost, and hearing nearly so; constant frontal headache; congestion of the eyes; in fine, profound general anæmia.

All the known treatments were pursued, with little or no relief. But on January 16th, at the suggestion of a professional brother, I determined to test the blood cure, and commenced by giving bovine every two hours. The nasal passages were thoroughly cleansed with Thiersch solution; the polypoid growths were snared off, and the points of ulceration were touched up with 25 per cent. pyrozone. BOVININE in salt water was sprayed into the passages every two hours; preceded every time by washing out with Thiersch solution.

The effect of this course of treatment, continued, can only be described as magical. Within the first forty-eight hours, the before constant headache ceased; the discharge was diminished, and its fetid odor had disappeared. January 28th, the sense of smell had returned, and the hearing was improved. February 20th, the points of ulceration was entirely healed and all symptoms were practically normal.—*Handbook of Hæmotherapy.*

FOR THE WEAK AND AGED.—The best thing for weakly persons and invalids is Speer's Port Grape Wine. His Burgundy and Claret Wines are used at dinner by the best society people in New York and Washington.

## OLD CHRONIC NASO-PHARYNGEAL CATARRH.

DR. J—, NEW YORK.

John Bostwick; age 22; June 10th, 1897; old chronic case, anterior nares showing three distinct points of ulceration; the posterior nares tremendously hypertrophied, occluding the passages almost entirely; tonsils hypertrophied; fauces covered with points of ulceration; large accumulations of fetid mucus and breath so foul that he never went anywhere among others; had been treated by several of the best specialists, with but slight and temporary relief. In my judgment an operation was indispensable, and I so advised; but he refused to submit to any operation whatever. My former success with bovine blood encouraged me to try it; spraying bovine into the nasal passages and throat, following it with a spraying of peroxide, and then washing out the product with Thiersch. The patient was directed to apply iodoform-bovine with a medicine-dropper, and to swab the throat with the same, three times a day, and return every morning for the bovine-peroxide treatment. July 17th, all points of ulceration were healed, and the patient was relieved of the distressing accumulation of mucus. The sense of smell was regained, and the hearing almost entirely restored.—*Handbook of Hæmotherapy.*

THE FREQUENCY OF LEFT-HANDEDNESS.—Among other peculiar observations made by Dr. Hrdlicka, in recent studies upon anthropology, were those made to ascertain the number of left-handed individuals among the children. There is no particular significance in the simple fact that a person is left-handed, or, at least, we know as yet positively of no such significance, and the investigations as to this point have up to now been largely only statistical. Among the 1,000 inmates of the asylum where the investigation was made there were six left-handed boys and four left-handed girls. In some of these subjects the left-handedness probably was more apparent than real, as in two of the boys and three of the girls, notwithstanding the left-handedness, the right arm was found to be the strongest.—*Archives of Pediatrics*, August, 1899.

Speer, the oldest wine grower in the United States, has vineyards of the Portugal Grape, from which his wines are made and fully matured by great age, and are valuable.

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## FUN FOR DOCTORS.

### THE DOCTOR AS A BIOGRAPHER.

Visitor.—“Why did you say that gentleman who went out was your biographer? I am sure it was Dr. Jones.

Invalid.—“Same thing! He is at work on my life.”—*Medical Record*.

### TUMORS.

Doctor (Ear at patient's chest)—“This swelling here must be reduced at once.”

Patient.—“Go slow, Doc, that swelling happens to be my pocket-book!”—*Truth*.

### WORSE THAN THE DISEASE.

“Yes,” said the physician, “I will not only cure you, but I will also put your portrait in the papers.”

“Then let me die!” exclaimed the unhappy man in a voice of anguish.

### TOOK HIM AT HIS WORD.

“What you n ed,” observed the doctor, “is change.”

“Exactly,” replied the patient. “I've left all mine at home; you must allow me to be in your debt for this visit.”

But this wasn't the doctor's meaning at all.

### NO LAUGHING MATTER.

“The ills of some of your patients are wholly imaginary, are they not, doctor?”

“They are.”

“I suppose you have many a good laugh over them.”

“Not at all, my dear sir. I do not laugh at that which brings me my bread and butter.”—*New York Press*.

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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KALI-BICHROMICUM.—The frequent requests on the part of the readers of this journal for a continuation of the notes from Dr. Lippe's lectures have induced the editor to once more resume them, notwithstanding the other demands upon his time. Accordingly we begin with Kali-bichromicum. This remedy is of the greatest use in the treatment of catarrh of the nose. It is particularly useful in cases where the discharge has been suppressed by applications.

A remarkable and constant characteristic of the remedy is headache preceded by temporary blindness. The sight is restored as the headache increases. There is another characteristic of Kali-bichromicum. It is headache preceded by shimmering before the eyes like that of sunlight on the surface of a sheet of water.

Kali-bichrom. has stinging headache and Pulsatilla similarly stinging headache here and there.

This remedy has morning headache. Many remedies have this same symptom, but Dr. Lippe mentioned only four. Kali-bichrom., Nux-moschata, Nux-vomica, and Lycopodium.

Kali-bichrom. has headache from suppression of the dis-

charge from the nose in nasal catarrh. Hence the statement previously made that it is useful in suppression of nasal catarrh.

Kali-bichromicum has heaviness of the upper eye-lid on waking; it requires an effort to open it.

Dr. Guernsey's keynote of Causticum is paralysis of the upper eye-lids.

Dr. Lippe gave the following comparisons:

Sepia, eye-lids painful on waking as if too heavy and as if he could not keep them open. Inability to open the eye-lids at night.

Rhus-tox., heaviness of the eye-lids. Swelling of eye-lids.

Natrum-muriaticum, spasmodic contraction of eye-lids.

Argent-nit., left upper eye-lid falls further over the eye than the right.

Gelsemium, heaviness of the eye-lids, cannot keep the eyes open.

Mercurius, violent contraction of eye-lids; it is difficult to open them.

Pulsatilla, the eyes are glued together in the morning preventing their being opened until washed.

Kali-bichrom. and Pulsatilla both have the eyes glued together in the morning.

Kali-bichrom. has œdematous swelling of the eye-lids, this is similar to Apis.

Kali-bichrom., edges of eye-lids seem rough, causing sensation of friction as if from sand on the eye-balls. Sensation of sharp sand in the eyes.

Arsenic has sensation of great dryness of edges of eye-lids and as if they were scratching the eye-ball. The tarsi burn.

Natrum-muriaticum, sensation of sand in the eyes in the morning.

Caulophyllum, sensation of something under the eye-lids.

Mercurius, pains under the eye-lids as if from a cutting body.



Kali-bichrom. has soreness of right caruncula.

Bromine has darting pains through left eye.

Kali-bichromicum has photophobia.

Mercurius has photophobia with violent inflammation of the eye.

Pulsatilla has photophobia with stitches in the eyes from the light.

Kali-bichromicum has lachrymation and burning of the eyes.

Mercurius has violent lachrymation in the evening.

Pulsatilla has lachrymation in the open air and in the wind.

Thuja has lachrymation in the open air. The tears do not run off but remain standing in the eye.

Kali-bichrom. has brown spots on the conjunctiva and Nux-vomica has red spots.

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## EPIDEMICS, ENDEMIC, AND CONTAGIONS.

W. L. MORGAN, M. D., BALTIMORE, MD.

In a former paper entitled, "That Morbid Vital Force From Without Inimical to Life: What It Is?" I showed that the inter-atomic elastic ether is the force which holds the atoms of matter together, forms, gives shape and distinguishing characteristics to each and every species and kind of organic and inorganic matter, by which they are distinguished from each other.

I showed that this force is of infinite variety of kinds, equal to the number of the various kinds and species of matter, each one controlling its own species, that the life-force within the seed directs new growth after the fashion of the parent stalk; that when men or animals imbibe too much of the vital ether that is designed for some poisonous plant, it will displace or obstruct the natural vitality and cause sickness or death; that when we take the record of the symptoms of a sick person, they lead us to find some plant or other substance that is

known to have produced similar symptoms in a healthy person, and that, if it is a plant, we may conclude that it has collected from the surroundings the similar vital ether which directed its growth, and know that it is the similar and curative remedy for the case; that the decomposing processes of nature serve to break up the molecular formation of matter and set free this inter-elastic vitality; that the restless agitation of air and water serves to attenuate and expand it to a degree suitable for reformation into new generations of similar species; and that it may miscarry and be taken up into other susceptible organisms where its influence is more blighting than nourishing.

With a knowledge of the above causes of the efficacy of high potencies in provings and in the treatment of the sick, as a basis for logical reasoning as to, "What is cause, and what causes produce certain effects?" we may by such reasoning and deductions, arrive at a proper understanding of the origin, movement, and spread of epidemics and endemics, their relation to contagions, and their phenomena and characteristics.

All malarial and miasmatic diseases are endemic in character, as they are confined to certain localities, generally where there are low grounds and swampy places, where there is much vegetation in the various stages of decomposition, or where there are large tracts of level country along the margin of rivers and lakes, with fertile soil and a rich growth of vegetation.

During the rainy season, the streams overflow, the low lands are flooded, remaining inundated for many days. Finally the sediment settles and forms a mud-covering over the vegetation, often becoming many inches thick before the water runs off. This becomes dry and attains various degrees of heat from the sun and there result fermentation, decomposition, and the generation of fungoid growths of mold in the vegetable mass below, the baking process having gone on for

some time. The mud covering cracks opens in seams, through which the noxious gasses, miasms, and disease-producing elements of various kinds rise, according to time, quality, and kind of vegetation, depth of covering, degree of temperature, stage of decomposition, etc. These floods generally occur in the spring or early summer, leaving the hottest part of the season for the heating and fermenting process. This is liable to fill the air of large districts with these poisonous vapors for several months at a time. The miasms may be carried by the winds for many miles in all directions, and although they may become highly diluted or mixed with air, we may suppose even equal to the two-hundredth or one-thousandth potency, yet they are still sufficiently strong to leave disastrous diseases in their track. In fact, strong, regular winds, blowing over an extensive district of fermenting hot-beds, can throw these miasms hundreds of miles over the land and afflict, for a season, the inhabitants of an otherwise healthy locality. These cases occur sporadically, the victims having had no intercourse with parties from any other place, and yet they are found to have all the symptoms of the cases at the home of the miasm. This gives an excellent example of the disease-producing power of miasms, even though so far from home and so highly attenuated with such large quantities of air. However, the susceptibility to these more severe forms of fever may be augmented by the milder miasms of the locality. From these observations, we conclude that epidemic, endemic, and sporadic malarial diseases are all from the same source, only in a different degree of intensity or potency, made by nature's machine (atmospheric attenuation), similar to the method employed by the homœopathic pharmacist in preparing his high potencies. In the higher and cooler latitudes and altitudes, these miasmatic conditions cause agues and intermittent, remittent, bilious, malarial, and typhoid fevers, while in the southern latitudes or tropics, we find cholera, dengue, and yellow fever resulting.

The epidemics of the hot climates being explained as above, we come next to the higher mountainous districts and colder regions, where we find an entirely different class of diseases prevailing. Here such diseases as pneumonia, typhoid fever, diphtheria, measles, and scarlet fever become epidemic. Only the last two, however, are contagious, and, although quite different in characteristics, they originate from a similar, though different miasm. In the higher mountain regions, we find the country covered with heavy forests, in which there are many dead and rotting trees. This state of affairs is also found in the rolling and hilly districts, where there are deep ravines. In such places, the leaves fall in the autumn and mingle with the fallen trunks and branches of the dead trees. They remain soaked with the rain and the snow until the heat of the next summer, when the new leaves form a shade and prevent the sun from drying the undergrowth. This vast field of dead vegetation is in a continued state of moisture, but not submerged with water, nor covered with mud, neither is it subjected to the sweating or baking process like that of the low or level lands. In consequence, the rotting or decomposing processes are much slower. In these shaded and damp places, large amounts of dead vegetation are always found, especially wood, bark, and leaves. There is always found a great variety of mosses and fungoid growths, which in turn die and contribute to other new growths of vegetation: the fungoid growths are those large and small, hard and soft, pasty and jelly-like substances, which exude from the dead and rotting wood and bark of trees, adhering to the outer surface as a new covering. Here allow me to call the attention of any one who has had the opportunity of seeing both, to the near resemblance this fungoid growth has to the exudation from the devitalized or dead tissues of the diphtheritic membrane in the throat of a child suffering with that disease. Now I will ask such a one to think quietly for a few minutes, before condemning this comparison. Collect from your

memory these facts: In such localities and where such conditions exist, you always find the greatest virulence of that disease; wherever diphtheria and typhoid fever exist, you always find decomposing or rotting vegetation somewhere near by or to windward of the place where the disease was contracted; that this same kind of fungus, which is found on the dead bark and wood and on the diseased limbs of living trees is composed largely of a growth of the same appearance as that which is found on the diseased tissues of a living child's throat. So you see, that the idea that the two growths come from the same conditions and causes is not so far-fetched. It is well to keep in mind, that all molds seen upon damp things in the house are only another form of fungus growth.

From these observations, we should understand the reason why malarial and intermittent diseases are found in low, swampy places, where the rotting processes go on under water and mud, and why the inflammatory and exanthematous diseases are more common in the higher or mountainous regions, where the rotting substances are not mixed with standing water, but with the clearest of rain water, and are free from hot air.

That these emanations from disease-producing forces should cause sickness in the near vicinity, is easy to understand, but remember, they can also be driven by the regular wind currents, continuing for a long time in one direction, to very long distances, and being highly potentiated and mingled with the air, they are able to disturb the vital harmony of many people over large districts of country. Then for a few weeks and sometimes for a few months an epidemic prevails. But some day it will suddenly disappear as mysteriously as it came, simply because the direction of the wind has changed, although this is not noticed by any but close observers.

In this way, the two kinds of miasms may mingle together in the winds and afflict the people of a territory far from the home of either, causing depressing effects and sicknesses of a

mixed character, such as grippe, which may have the characteristics of many diseases in the patient at the same time. That grippe should be considered to be the result or product of a combination of miasms, ought not to be considered strange by physicians who practice by symptoms. In analyzing a common case, we find it commences suddenly with the chill, fever and sweat of the swamp miasm, the aching, strained feeling of the dengue, and the bilious symptoms of the tropical fevers, the slow remittent fever and tired-out feeling of the chest, lungs, and abdomen of the mountain typhoid, the sore throat and cough of diphtheria, and the pneumonia of the higher countries. It is not confined to any locality, latitude, altitude, land, sea or season, and travels too fast for any motive power except electricity. Hence we can form no other opinion with logical reason, than that it is epidemic from combined miasms from long distances and far apart, highly attenuated with atmospheric air and highly potentiated by the winds and storms. Then just like high potencies, it acts quickly and with deep and lasting effect, and when taken in too frequent doses by a susceptible subject, makes itself severely felt.

The grippe has not yet been successfully proven by clinical experience to be contagious. However, in this enlightened age some microscopist will soon discover a suitable microbe and soon after some M. D., Ph. D., etc., will take a scab from a mangy dog of the swamp regions of the south and inoculate a jack-rabbit of Colorado and get a serum. He will then in turn inoculate a few people with it and publish abroad that, "It is a sure preventer of grippe, because hundreds of people were inoculated and have not had the grippe since." At once the combined health boards will apply to the legislatures and have grippe made contagious by act of assembly. Then they will have money appropriated, with which to enforce the law. This will make it highly contagious; it will be no longer epidemic.

Another very powerful factor in making up the list of causes

of epidemic diseases is found in the influence of clouds and the sun's rays upon the vitality, when the clouds approach near the surface of the earth. The light on reaching the clouds is subject to the natural laws of refraction. The bright, warmer, and vitalizing rays are refracted and turned away, while the dark or X-rays pass directly through to the earth and like the rays from the Crookes tubes, have a blighting or killing influence on both animal and vegetable life. By reason of cloudy weather of long continuance, we often hear the remarks, that vegetation will not grow, but looks pale and sickly, and that animals in the fields look dull and drooping. Little does the chronic rheumatic think, when he dreads the approach of cloudy weather on account of the severe pain it causes, that it is the X-rays on a large scale, with moderate effect, doing the kind of work that they will do in a condensed and more violent way from the Crookes tube. While the cloud rays make a man melancholy and remind him of all the misdeeds and misfortunes of his past life, the rays concentrated and sent out from the tube penetrate flesh and blood, and, continued long, will forcibly remind him of the torments in the future life for the disobedient, for which statement, I refer you to the provings made by Dr. Finke and published in *HOMŒOPATHIC PHYSICIAN*, and confirmed by myself and others. Add to all these effects of both cloudy and stormy weather, the low barometer, and the thin air heavily charged with miasms and deficient in vital nourishment, and you will well understand how under such conditions, the sick persons should succumb and the well ones become sick. You will well understand how the vitality becomes so deranged as to be unable to rally, when better conditions prevail, until after a long and wearisome sickness, or indeed so deep may be its influence, that its baneful effects may be fatal or disturb the health during the remainder of life.

Fogs arising from the moist lands and forests, no doubt contribute to the toxic effect of the miasms, but running

water, which is supposed to be a dangerous carrier of disease elements, makes a two-sided subject, with many evidences for the negative. All streams run over either earthy, sandy or rocky bottoms. In the smaller branches, all the water comes in contact with the earthy substance and it is well known that earth and sand are the greatest absorbents of water contaminations and are the best purifiers of water known. At the same time water is known to absorb malarial miasms. A paludal district to windward of a large sheet of water is troubled with intermittent and other malarial diseases, while those districts on the leeward side are seldom or never visited by such fevers. This is evidence that the water absorbs the disease miasms from the wind as they pass over it. This is from old history of agues with recent observations. Just view the situation in the Allegheny mountains. On the western slope, the Monongahela river rises in West Virginia, it flows northward until it meets the Allegheny at Pittsburg, where they form the Ohio, which flows west and south. Typhoid fever and diphtheria are the prevailing diseases high up on the tributaries of both rivers. In these districts the per cent. of cases is much greater than in Pittsburg, where all the wash from all the cases of all the country flows into the city and is pumped into the reservoirs for washing, drinking, and all other purposes. Now this same water, plus all the sewerage of Pittsburg and all the filth gathered in its course down the Ohio, is pumped into the reservoirs at Cincinnati to be used for the same purpose. Yet in spite of all this additional dirt and filth, there is a less percentage of typhoid and diphtheria there than at Pittsburg, and I think these same observations may be made of the Potomac River in regard to Cumberland and Washington. With these and many other references, which might be mentioned, we must conclude that the preponderance of evidence is that wherever water contamination is supposed to be the cause of the spread of disease, a careful investigation will prove that it comes instead from some form



of rotting vegetable matter near by; the second, third, or any number of cases coming after the first, either in the same house or near by, are from the same source as the first, and, in the cases of diphtheria and typhoid fever, are not transmitted from one to another, the disease is endemic, a miasm in the house or neighborhood, and can only be remedied by a general cleaning and renovating of the premises, and removing from the surroundings all damp or rotting vegetation of every kind.

When the water of a well is supposed to be the cause of sickness, it will be effectually remedied by taking away all moss, old rotting wood, and other kinds of rotting vegetable or animal matter, cleaning out the contaminated water and mud, washing every part clean, finishing the top with cemented brick or stone, and supplying an iron pump or new bucket. The new supply of water will be pure and good, for there will be no rotting or molding substances to produce disease-generating miasms or food for the supposed-to-be-dangerous microbes to live on, and they will not come again till there is another supply of rotten stuff to make food for them. Rotting animal matter combined with decaying vegetation is a prolific source of yellow fever miasm, as was proved by Gen. B. Butler's sanitary orders when in command at New Orleans.

#### DIPHThERIA IN A DRY COUNTRY.

Since writing the above, I received a letter from R. A. Blackburn, M. D., of Sutton, Nebraska, describing an epidemic of diphtheria in western Nebraska, an exceedingly dry country, stating that it was worse in winter and after a heavy snow or blizzard. And also a statement from Dr. H. Peters from northern New York, near the Hudson river, that in his experience he had found it worse in winter and after the first heavy snow. Both ask how these facts harmonize with my theories as expressed in the paper on diphtheria, published in the *Hahnemannian Advocate*.

I think these judicious inquiries are answered in the above, where I explain that the miasms rising from the swamps, fields, and forests where they are generated, are carried along with the fogs by the winds to very great distances. The fogs become frozen into snow and descend to the ground in an otherwise healthy country and contaminate the air and surface soil. With these influences combine the extreme changes of temperature and the blighting influence of the cloudy weather and dark rays, or X-rays. All those depressing conditions are at any time liable to distune the life-force and render the system susceptible to the ravages of the epidemic miasms, imported and intensified by the snow, and spread serious sickness over territories, otherwise healthy, even thousands of miles from where it was generated.

While these reasons are entitled to consideration, there may be other causes and sources that may also create and spread diseases that cannot be so easily traced.

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### BACTERIOLOGY AS A FAD.

CHICAGO, Nov. 26th, 1899.

Editor THE HOMŒOPATHIC PHYSICIAN, Philadelphia, Pa.  
Dear Sir.—I notice in your October number at page 474, that you publish the article from *Home Magazine* and *Medical Times* about "Bacteriology as a Fad."

I take pleasure in calling your attention to this (Nov.) issue of *Medical Times*, where Dr. Gibbs *denies* the article. Even with this denial, there will be a certain class of journals, publish it nevertheless, and can expect to see this as well as other quotations similarly denied, used as *stock quotations* from now on by those who do not know the difference between harmful and helpful bacteria.

Respectfully,

EMMET L. SMITH.

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

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

(Continued from Oct. No., p. 458.)

Q. 4843 (Mr. Meadows White). Woodville speaks of a pustule? Yes; *Jenner having constantly spoken of pustules when he meant ulcers.*

Q. 4844-5. In Woodville's cases an ulcer was only once produced. In the other cases it produced a whitish vesicle like the vaccine vesicle we now see on the arms of children and others. Ulceration frequently followed the use of Woodville's lymph in other hands.

Q. 4848-9. A connection between cow-pox and small-pox was attempted to be proved by Jenner before he published his *Inquiry*, and by his contemporaries within the first few months of the introduction of the practice, first by experiment and then by observing what followed in the vaccinated in the ordinary way of experience.

Q. 4850. The question of the chairman, "What were the experiments?" leads to an exposition of the remarkable self-deception on the part of the vaccinationists which led them to believe they had proved cow-pox to be prophylactic against small-pox. This demonstration was especially unpalatable to the majority of the commission, most of whom had over and over again publicly committed themselves, not merely to the doctrine of the prophylaxy of cow-pox but to its identity with small-pox and to the rigid demonstrations of Jenner and his successors. Accordingly, they not only pursued Dr. Creighton with a severe cross-examination, but (probably unintentionally), made repeated efforts to lead him away from important points into side issues. The result was a valuable discussion, but one which needs to be closely studied to disentangle it from the confusion in which it was involved by the indis-

criminate and disconnected questionings of Dr. Creighton by the chairman, by Sir James Paget, by Prof. Michael Foster, by Mr. Savory, by Dr. Bristow, and by Mr. Hutchinson.

Dr. Collins evidently had a clear insight into the whole subject, and with the aid of a pertinent question now and then from him, Dr. Creighton steered his evidence through the rocks and shoals of irrelevancy into clear water. To give an abstract of his testimony in the order of questioning which took place, would weary even an attentive reader. I will try to give its substance, giving the words of the parties to this colloquy only where it seems specially desirable so to do. The reasons before assigned for giving the exact words of the witness have but slight application to the case of those (the opponents of vaccination), whose statements even a prejudiced reader is hardly likely to accuse me of misrepresenting.

Dr. Creighton explained the Suttonian method of inoculation in which the object sought was to produce a single local variolous pustule. Sometimes it produced a general eruption, but frequently nothing but a local pustule, and when this occurred the patient was said to have had small-pox and to be proof against a second attack.\* Sutton's inoculation consisted not in inoculating actual small-pox, but matter obtained from a mild inoculated case at an early stage, and so from arm to arm, by which means the effects were reduced "to the mere formality of small-pox; that is to say, to a local pustule and little else" (Qs. 4850 and 4895). Persons who had been infected with the cow-pox, whether by accident or by intentional inoculation, were then subjected to what was called the "variolous test," and when what was produced

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\* It has been pointed out above that there is no evidence to establish the theory of the auto-protection of small-pox. I am sorry to observe that Dr. Creighton adopts the current view (Q. 5003). He gives no reason for this opinion; but there was no call for him to do so at that time, therefore the omission here noted is not intended as a reflection upon him.  
—M. R. L.

was the same as the result of the Suttonian inoculation, he was said to have resisted the small-pox. Dr. Creighton says (Q. 4852), "It appears to me that the margin of difference (between the results of the variolous tests following upon vaccination, and the ordinary result of the Suttonian inoculation) *was an imperceptible one; that practically the same results followed.* In the hope of diminishing the effect of this accurate detection of the variolous test fallacy which if not got rid of, it was seen, utterly destroyed every appearance of scientific support on which vaccination has been supposed to rest, Dr. Creighton was specially examined on the case of the boy Phipps, concerning whose vaccination and subsequent submission to "the variolous test," Mr. Savory stated Jenner said, "The boy has since been inoculated for small-pox which as I ventured to predict, produced no effect." But this was in a letter to his friend Gardiner, and Dr. Creighton calls it Jenner's colloquialism (Q. 4862), contrasts it with his statement in the *Inquiry* in which a formula is used similar to what he uses in a letter to Shorter, of Bloxham, and which in that case clearly meant *a local pustule*, and says, "I would attach no importance to slight differences in Jenner's language, because he was notoriously unprecise in his statements (Q. 4864). Dr. Creighton calls attention to Jenner's discrepant statements, that he was capable of making no difference between 'no effect' and a local pustule, that in the case of Mary James, he admits that the variolous test produced a local pustule, fever, and a transient eruption on the wrist; and when the chairman seeks to get rid of that as just 'one particular case,' Dr. Creighton shows that all Jenner's tests amounted to only two or three cases of children" (Q. 4869). Woodville recorded some 400 cases, all of whom had been vaccinated, but many of these were attacked by small-pox and the variolous test was applied to all indiscriminately. Woodville took the small-pox cases to be the results of his cow-pox inoculations, and biased unwittingly by the impudent title of "small-pox of the cow," given to cow-pox by Jenner, he concluded from

these facts, that cow-pox was indeed derived from human small-pox, and this belief was widely spread before the fact was discovered that Woodville's cases were valueless to the end to which they were quoted, because of the fact that he vaccinated in the small-pox laden atmosphere of the small-pox hospital. To these small-pox cases, as well as to those of cow-pox, he applied "the variolous test." Woodville never drew any contrast between the results of the ordinary Suttonian inoculations and the results of the variolous test in these cases. Woodville's cases having spread the erroneous notion of the identity of cow-pox and small-pox, the belief continues to this day, in spite of the discrediting of those cases.

"The sequence of events," according to Dr. Creighton (Q. 4914), "was this, that when they inoculated a cow-poxed subject and found only very little effect they said 'It does not signify,' forgetting that very shortly before they had been content with that same effect as a due result of small-pox inoculation."

The lightness of the effects of the Suttonian inoculation may be judged from the criticism of Salmade (Q. 4912), a French physician, who wrote a treatise on inoculation about the same time as Jenner's *Inquiry* was published. In this he stated that after taking the matter from arm to arm in what the Suttons called a crude state (*i. e.*, in an early stage of the pustule) through a certain number of arms, the effect would go off altogether.

This was, nevertheless, supposed to be a sufficient attack of small-pox to protect from a future attack; but when applied after a cow-pox inoculation and an effect was produced with a "margin of difference absolutely imperceptible" from the Suttonian effect, it was recorded as proof that the subject was no longer susceptible by reason of his cow-poxing. The majority of the Commission were absolutely staggered by this discovery, and tried over and over again to destroy this seemingly incredible fact, but Dr. Creighton piled evidence upon

evidence in its proof. In the view taken by the majority of the medical profession, and in which Dr. Creighton concurs, that small-pox is auto-protective, the detection of this remarkable fallacy would be fatal to the pretension that cow-pox is bovine small-pox, for if small-pox can be taken so immediately after it, cow-pox must be something different from it. The editor of this abstract does not share in the prevailing opinion of the auto-protection of small-pox. To him the fact that a state of things being regarded as one thing when it was desired to be that thing, and as nothing at all when it was desired to be nothing, furnishes to him only a fresh illustration of the marvelous influence of *bias* or *prejudice* upon otherwise intelligent men to hinder the perceiving of palpable truths, and to cause things to be imagined as seen which have no existence in fact.

Dr. Creighton disposes of a criticism made upon the summary of the Ward cases, given on pp. 130-31 of his work, *Jenner and Vaccination*, by supplying a copy of Mr. Ward's statement from the *Medical and Physical Journal*, II, p. 134, September, 1799. In his summary, Dr. Creighton stated Mr. Ward's Case I is one of inoculated small-pox following vaccination. It turns out to be really a case either of *in-vaccinated* small-pox, or of concurrent cow-pox inoculation and small-pox. Cases 2, 10, and 11 of Mr. Ward's report seem to be of a similar kind. It is evident that Mr. Ward thought the small-pox which supervened upon the inoculation to be a normal effect of cow-pox inoculation, and thus helped to spread the illusion of the identity of cow-pox and small-pox. Dr. Creighton has been unable to ascertain the source of Ward's vaccine matter.\*

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\*The editor of this abstract has also tried to ascertain the source of Mr. Ward's virus, but without success. It is extremely probable that Mr. Ward was one of the numerous practitioners to whom Woodville distributed what he supposed was cow-pox virus, but which in many cases was small-pox.

Dr. Creighton is of opinion that Case 2 was *caught* from Case 1, and not from its being *invaccinated*, because, while being the brother of Case 1 and living in the same house, the small-pox did not declare itself until the thirty-third day. "If it had been the vaccine exanthem the difference would have come out sooner" (Q. 4947).

Dr. Creighton sets out all that is important of a published correspondence between Mr. Shorter and Jenner. Mr. Shorter describes the inoculation of Wm. and Ann Barrett, on the 7th of December, 1799 (Q. 4978). "with matter on a thread, taken only the day before. They soon were sensible of some effect from it. The first twenty-four hours they felt smarting and itching in the incisions. On removing the threads they observed them moist. There *was* little further to be perceived until the fourth day, when inflammation was evident on William's arm, sufficient for me to have assured him *that if he had not had the cow-pox I should have been positive he had received the infection.* Ann's arm appeared very doubtful. From this day to the seventh the inflammation was progressive, and on examining the arms *a pustule presented itself on Ann's*, with matter in it on the inoculated part. She also informed me that this day she was very unwell, was feverish and had a tendency to sickness. William's arm was also more inflamed on the fourth day. The incision had a rising appearance, and felt hard, and toward the lower part there was a pustule just appearing; but he had not the least indisposition this day or any succeeding one. On the 9th William called on me and informed me that on the 8th he had observed matter in the pustule on his arm; but when I inspected it this day it had the usual aspect of small-pox just declining. He also told me that the pustule on Ann's had discharged matter on the eighth day, but that on this day it appeared to be dying, and all indisposition gone. On the twelfth day I saw them both again. Ann's arm had inflammation which extended almost from the



shoulder to the elbow, and so painful and sore that she applied an emollient poultice to it. The incision now had a large scab upon it, and there was on the bend of the arm a sort of blighted pustule. Ruminating on these appearances for a moment, I could not but persuade myself that she had certainly received the variolous infection."

At Q. 4983 Dr. Creighton gives an extract from Jenner's reply, which is dated 29th December, 1799. ". . . However, I must at once observe that the cases you adduce, in my opinion, do not in the least militate against the safety of cow-pox as a protective against small-pox. Pray, recollect how seldom we find the skin insensible to the action of variolous matter in those who have previously gone through the small-pox. The cow-pox leaves it in the same state. The patients you mention were not insensible to the local action of the variolous virus." \*

"This," says Dr. Creighton, "seems to me to explain the periphrasis with which Jenner describes the result of the variolous test upon his first case, the case of James Phipps.

Dr. Creighton also says, in reply to Professor Michael Foster (Q. 4996), "I can confidently say that there is no distinction drawn by any one between the local pustule and the proper pustule," but (Q. 5000) he agrees with Sir James Paget "that the variolous test produces the same effect after vaccination in Jenner's cases as after small-pox."

At Q. 5008, Prof. M. Foster and Dr. Bristow established the fact that after vaccination the results of inoculation were generally mild. But Dr. Creighton shows that the ordinary Suttonian inoculation was also frequently so.

Dr. Creighton then puts in evidence two control experiments, one conducted by Ballhorn and Stromeyer, and the other by Sacco. On the Chairman asking if Drs. Ballhorn

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\* William Cobbett's saying in relation to Jenner will doubtless recur to the reader: "Quackery has always one shuffle left."

and Stromeyer were medical men of any repute (Q. 5010), Dr. Creighton informs him, "They were indeed; they were the leaders of the vaccination movement in Germany."

(Q. 5017.) "But apart from their being leaders of the vaccination movement, were they medical men of any repute? Yes, undoubtedly; one was a court surgeon, and the other was, I think, a court physician at Hanover."

Two children of a Mr. Kirchner were vaccinated on June 26th, 1799 (Q. 5019). That on the boy succeeded; that on the girl is stated to have failed. On April 24th, 1800, both brother and sister were variolated. The result in both is practically the same. "On the 28th the place where the blister had been placed upon the two children had suppurated" (Q. 5021). The small-pox poison had been placed in a blister intentionally produced upon the left arm of each of them, and yet in the face of a description of each case, showing that "the margin of difference was an imperceptible one; that practically the same results followed." Drs. Ballhorn and Stromeyer summed up these cases thus: "The whole of this history proves that the inoculation of small-pox *had no effect upon the boy*" (the inoculated spot suppurated *on both!*), "and that the small-pox of his sister was extremely benign and mild; which might be a beneficent result of the trial of the vaccine inoculation, even where its success has been null or incomplete." \*

Dr. Creighton in answer to Mr. Meadows White (Q. 5047), gives the cases of Thornton, of Strand, in which the variolous test failed. These cases were published by Dr. Beddoes in his contributions to medical knowledge in 1799. Mr. Savory at Qs. 5050-1-2, tried hard to excuse these failures on the ground that at that early stage it was natural that errors as to the time of taking the lymph should be made.

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\* How remarkable and striking an illustration is here seen of the inveteracy of prejudice and bias, leading such men as Drs. Ballhorn and Stromeyer to see what they want to see, in the teeth of contrary facts stated by themselves!

## REPERTORY OF THE BACK.

E. H. WILSEY, M. D., PARKERSBURG, W. VA.

(Continued from Oct. number, page 472.)

### COCCYX.

**Abdomen**, tearing pain in coccyx, better by pressing hands against abdomen, *Merc.*

**Aching**, rheumatic drawing and aching from loins to coccyx, *Carbo-v.*

— excessive aching and neuralgia of coccyx, *Fluor-ac.*

— pain and aching soreness, pressure, tearing and shooting in os coccyx, *Calc-ph.*

— pushing, aching, or at times pinching pain in coccyx, *Zinc.*

— coccyx seems elongated, sensitive to pressure and aching, could not sit except on a cushion, *Xanthox.*

**Across**, sticking across coccyx before stool, *Sep.*

**Around**, heat around coccyx, *Calc-c.*

**Below**, ulcers below coccyx, *Peonia.*

— pressive pain as from soreness below coccyx, *Carbo-v.*

**Bent back**, sudden violent concussive tearing, stitching pain in coccygeal region as if spine were bent back, *Mag-c.*

**Bladder**, jerks in coccyx toward bladder, compelling her to urinate, *Carbo-a.*

— pain in os coccyx, sore to touch, on pressure pain extends through to bladder, worse by motion and exercise, *Fluor-ac.*

**Blow**, sensation of numbness in coccyx, as after a blow, while sitting, *Plat.*

**Bruised** pain in coccyx extending to sacrum, *Ruta.*

— coccyx feels bruised, *Carbo-a.*

— drawing bruised pain in coccyx, *Carbo-a.*

— or darting in os coccyx, *Caustic.*

— violent pain as from a bruise in small of back and in coccyx when touched, *Alum.*

## COCCYX.

**Bruised** pain in coccyx while sitting still, especially in slumber, Amm-m.

— straining pain as from a bruise on coccyx, Carbo-a.

— feeling in coccyx, Aloe.

— pain in coccyx when sitting, worse when sleeping, Amm-m.

— pain as from a bruise in coccyx, Caustic.

— pain in coccyx all day, Sul.

— burning pain in coccyx preventing sitting, worse from touch, Cist-can.

**Burning** pain which on touching the place becomes burning pain, Carbo-a.

— drawing up the back from coccyx, apparently under the skin, Mur-ac.

— pressure in coccygeal region; worse from any attempt to sit down in evening, Apis.

— feels burning when touched, Carbo-an.

**Bubbling**, pressure above anus in coccygeal region at 9 A. M., Valer.

**Clucking** in coccyx periodically, Aloe.

**Coccydynia**, Apis, Calc-ph., Canth, Con., Fluor-ac., Gambog., Hyper., Kali-c., Lach., Merc., Phos., Rhus., Ruta., Sepia., Zinc., Kreos., Act-rac., Æsc-h., Bell., Cann-s., Lactu-v., Cicuta., Paris., Petrol., Phos-ac., Plat., Sil., Thuja.

— coming on for the first time during the catamenia after parturition, Cicuta.

— with milky leucorrhœa, Kreos.

— after confinement, Tarant.

— with excessive aching, especially in rheumatic persons, Fluor-a.

— coccyx hurts after riding, Sil.

**Coxalgia**, hip-joint feels as if femur were fastened to os innominatum with iron claws, accompanied by pains which dart periodically from sacro-lumbalis muscle into the thigh, Coloc.

**Constant** pain in sacrum and coccyx, Lach.

## COCCYX.

**Cramps**, painful in coccyx, *Grat.*

**Crawling**, violent itching and crawling on the coccyx, so that he cannot bear it without scratching, *Borax.*

**Creeping** in sacrum, extends to coccyx, *Aloe.*

**Cutting** pain in abdomen, and simultaneous a dull shooting pressure in coccyx, *Phos-a.*

**Darting** in coccyx, *Caustic.*

**Diarrhœic** stools; aggravated pain in coccyx, three times daily, *Euphorb.*

**Dragging**, sensation as if a heavy load was hanging on end of coccyx, dragging downward all the time, *Ant-t.*

— and sometimes pinching in coccyx, *Zinc.*

— bruised pain in coccyx, *Carbo-a.*

**Drawing** dull pain in region of coccyx, *Caustic.*

— and rheumatic aching from loins to coccyx, *Carbo-v.*

— heaviness in os coccyx, extending along pelvis, with painful drawing as before menses, *Arg-n.*

— dull in coccyx in evening, *Graph.*

— pain along coccyx to rectum and vagina, where a spasmodic pain is felt (contractive), *Kreos.*

— sticking stitches in coccyx, *Rhus.*

— and burning up the back, apparently under the skin, *Mur-ac.*

— and tearing pinching in coccyx, *Calc-c.*

— pain in coccyx prevents erect position after long sitting, *Thuja.*

— in coccyx during menses, *Cic.*

**Elongated**, coccyx seems elongated, sensitive to pressure and aching; could not sit except on a cushion, *Xanthox.*

**Evening**, in bed a pricking itching in region of coccyx, *Carbo-v.*

**Fall**, inability to walk or stoop after a fall on coccyx with violent pain, *Hyper.*

— pain in os coccyx as from a fall, *Kali-iod.*

**Gnawing** in os coccyx, *Kali-c.*

— itching gnawing above the rectum on coccyx, *Phos-ac.*

— in coccyx repeated, *Gambog.*

## COCCYX.

**Gnawing** in coccyx in evening; better by stretching, Alum.

**Heat** around coccyx, *Calc-c.*

**Heavy weight** in coccyx, Ant-c.

— sensation as of a heavy load hanging on the end of coccyx, dragging downward all the time, *Ant-t.*

**Heaviness** in os coccyx, extending along pelvis, with painful drawing as before menses, Arg-n.

**Itching stitch** in coccyx, Phos-a.

— in coccyx (when standing), Vera-a.

— on the coccyx, Alum., Spig.

— on left side of coccyx an itching corrosion, Agari.

— stitches on coccyx where before there was itching, Amm-c.

— violent itching and crawling on coccyx, so that he cannot bear it without scratching, Borax.

— stitching in coccyx when sitting, Dros.

— gnawing on coccyx above rectum, Phos-a.

— intolerable itching at top of os coccyx; must scratch until parts become raw and sore, Bov.

— a pricking itching in os coccyx evening in bed, Carbo-v.

— of coccyx, extending upward; worse at night from heat of bed and rubbing or scratching, better from cold water and pinching parts, *Petrol.*

— violently in coccygeal region, the part becoming moist with scurfy formations, *Graph.*

**Jerking** in coccyx, with dysmenorrhœa, *Cic.*

— tearing and jerking in os coccyx, *Cic.*

**Jerks** in coccyx towards bladder, compelling her to urinate, Carbo-a.

**Lancination** in coccyx, *Canth.*

**Menses**, heaviness in os coccyx, extending along pelvis, with painful drawing as before menses, Arg-n.

**Menstruation**, neuralgia of coccyx during menstruation, *Cic.*

**Micturition**, pain in coccyx during micturition, *Graph.*

**Needles**, a very painful stitch through the rectum and anus, starting from the coccyx as with a hot needle, Carbo-v.

## COCCYX.

**Neuralgia** of coccyx; worse by rising up; must sit perfectly still, *Lach.*

— os coccyx, *Carbo-a.*

— of coccyx, especially when driving in carriage, *Nux-m.*

— of coccyx during menstruation, *Cic.*

— of coccyx, excessive aching, *Fluor-ac.*

**Numbness** in sacrum and coccyx, *Plat.*

— sensation of numbness in coccyx as after a blow while sitting, *Plat.*

**Pain** in coccyx, a quick, penetrating pain, *Mag-c.*

— in coccyx while sitting, *Kali-b.*

— in sacrum and coccyx, *Iod., Med.*

— in left side near coccyx, in bone as if pressed forcibly by a hard body, *Can-s.*

— violent pain as from a bruise in small of back and coccyx when touched, *Alum.*

— bruised pain in coccyx while sitting still, especially in slumber, *Amm-m.*

— in os coccyx, *Mur-ac.*

— tearing in coccyx; better by pressing hand against abdomen, *Merc.*

— in coccyx at its junction with sacrum, sometimes in lower sacral vertebræ, *Syph.*

— of coccyx as if in the bone; worse on rising from sitting, and beginning to move, *Euphorb.*

**Palpitation**, feels it in os coccyx, *Agari.*

**Paralytic**, heaviness in os coccyx, with paralytic sensation preventing long sitting and obliging him while walking to stretch dorsal spine, *Arg-n.*

**Piercing**, sudden pain in coccyx, *Mag-c.*

**Pinching**, drawing, and tearing pinching in coccyx, *Calc-c.*

— dragging and sometimes pinching in coccyx, *Zinc.*

— straining, pressing, and sometimes pinching pain in coccyx, *Zinc.*

— pushing, aching, or at times pinching pains in coccyx, *Zinc.*

## COCCYX.

- Pressing**, after riding in morning a heavy pressing pain extending from point of os coccyx to anus, *Ars-sul-rub*.
- Pressure**, stinging in os coccyx which is painful to pressure, *Sil*.  
 — pain in os coccyx, sore to touch on pressure, pain extends through to bladder, worse by motion and exercise, *Fluor-ac*.  
 — a bubbling pressure above anus in coccygeal region at 9 A. M., *Valer*.  
 — burning pressure in coccygeal region, worse from any attempt to sit down in evening, *Apis*.  
 — as from a dull instrument in left side of sacrum above coccyx, *Mosch*.  
 — coccyx seems elongated and sensitive to pressure, and could not sit except on a cushion, *Xanthox*.  
 — acute pressure in coccyx in evening, *Kali-b*.  
 — as with a sharp point in coccyx, *Can-s*.
- Pressive**, sore pain beneath coccyx, *Carbo-v*.  
 — pain as from soreness below coccyx, *Carbo-v*.  
 — pain in coccyx and sacrum, which increases and diminishes, *Iod*.  
 — straining, pressive, and at times pinching pains in coccyx, *Zinc*.
- Pricking**, a pricking itching in region of coccyx, evening in bed, *Carbo-v*.
- Pulling**, sensation of pulling upward from tip of coccyx, *Lil-tig*.
- Pulsating** stitching in os coccygis when sitting, and with stitches between scapulæ, *Paris-q*.
- Raw**, intolerable itching in tip of os coccyx, must scratch until parts become raw and sore, *Bov*.
- Rheumatic** drawing and aching from loins to coccyx, *Carbo-v*.
- Riding**, coccyx hurts after riding, *Sil*.
- Rising**, painfulness of coccyx as if in the bone, worse on rising from sitting and beginning to move, *Euphorb*.
- Scabby**, elevated scabby spots on coccyx above fissure of nates, *Sil*.



## COCCYX.

**Scratching**, violent itching on coccyx so that he cannot bear it without scratching, *Borax*.

**Sensitiveness**, and pain in coccyx while sitting, *Petrol*.

— to touch (coccyx) *Euphorb*.

**Sharp** stitches in coccyx and on left side near sacrum, *Agn-c*.

— pain in coccyx as if an abscess were forming, *Raphan*.

— pain in os coccyx feeling as sitting on something sharp, *Lach*.

— pressure as with a sharp point in coccyx, *Can-s*.

**Shooting** pain and aching soreness and pressure, tearing and shooting in os coccyx, *Calc-p*.

— cutting pain in abdomen and simultaneous dull shooting pressure in coccyx, *Phos-ac*.

**Sitting**, pain like that of subcutaneous ulceration, worse by sitting or lying, *Carbo-a*.

— pain in coccyx every evening while sitting, *Castor-eq*.

— pain as if sitting on something sharp, pain in os coccyx when sitting, *Lach*.

— sensation of numbness in coccyx as after a blow, while sitting, *Plat*.

— pain and sensitiveness in coccyx while sitting, *Petrol*.

— tearing in coccyx while sitting, *Paris-q*.

— bruised pain in coccyx while sitting still, especially in slumber, *Amm-m*.

— pain in os coccyx, worse from walking or touch and after rising, after long sitting, *Kali-b*.

— pain in coccyx while sitting, *Kali-b*.

— painful uneasiness in coccyx, better by standing, worse by slightest movement sitting or lying on bed, or by least pressure, *Tarant*.

— painful in sacrum and coccyx and thighs, which after sitting long prevented his standing erect, *Thuja*.

**Stiffness**, great weariness and stiffness in sacrum and coccyx in evening, *Petrol*.

**Soreness** of os coccyx, *Ars-s-r*.

— pressive pain as from soreness below the coccyx, *Carbo-v*.

## COCCYX.

- Soreness** and aching pressure, tearing and shooting pain in the os coccyx, *Calc-p.*
- Sore** moist places on os coccyx, *Arum-tr.*
- intolerable itching at top of os coccyx, must scratch until parts become raw and sore, *Bov.*
- Sticking**, drawing stitches in coccyx, *Rhus.*
- in coccyx, *Colch.*
- across coccyx before stool, *Sep.*
- Stiffness** in coccyx extending up spine, *Ars.*
- Stinging** in coccyx preceded by itching, *Amm-c.*
- in os coccyx which is painful to pressure, *Sil.*
- Stitch**, a very painful stitch through the rectum and anus starting from the coccyx as with a hot needle, *Carbo-v.*
- an itching stitch on coccyx, *Phos-a.*
- itching stitch in coccyx when sitting, *Dros.*
- in coccyx where before there was itching, *Amm-c.*
- acute sharp stitches in coccyx and on left side near coccyx and sacrum, *Agn-c.*
- violent stitches between coccyx and anus, *Thuja.*
- drawing sticking stitches in coccyx, *Rhus.*
- hot stitch extending from coccyx through rectum and anus, *Carb-v.*
- with tearing in os coccyx, *Canth.*
- sudden violent concussive tearing, stitching pain in coccygeal region as if spine was bent back, *Mag-c.*
- Stool**, wrenching pain in coccyx after stool, *Grat.*
- Straining** pain as from a bruise in coccyx, *Carbo-a.*
- pressure, at times a pinching pain in os coccyx, *Zinc.*
- Stretching**, gnawing pain in coccyx, in evening, better by stretching, *Alum.*
- Tearing** from os coccyx into middle of left thigh in the bone, evening, with piercing, *Nat-s.*
- in coccyx when sitting, *Paris-q.*
- pain in coccyx, better by pressure of hands against abdomen, *Merc.*

## COCCYX.

**Tearing** and jerking in os coccyx, *Cic.*

— drawing and pinching in coccyx, *Calc-c.*

— pain and aching soreness, pressure tearing and shooting in os coccyx, *Calc-p.*

**Touched**, coccyx pains when touched as if an ulcer was there, Phos.

— coccyx sensitive when touched, *Euphorb.*

— pains in os coccyx; worse by walking or being touched and after rising from long sitting, *Kali-b.*

**Twitches** at point of coccyx in morning, Alum.

**Ulcer**, coccyx pains when touched as if an ulcer was there, Phos.

— below coccyx, *Peonia.*

**Ulcerated**, pain in coccyx as if ulcerated, hindering motion, followed by painful stiff neck, *Phos.*

**Urinating**, while urinating a pain in os coccyx, *Graph.*

**Weariness** from coccyx upward, Brach.

— great weariness and stiffness in small of back and coccyx in evening, Petrol.

## THE RATIONAL TREATMENT OF THE MORPHIA HABIT.

The practice of employing Alcohol, Chloral, Ether, or other substitutes for Opium invariably results in grafting a new drug upon the old one. The employment of coco-wine, which has been highly recommended for use in cases of this sort, should be condemned in the strongest terms, for as is now thoroughly well known, these preparations are nothing more or less than a solution of Cocain in Alcohol.

The victim of the drug habit is usually a person of nervous temperament, and in many instances the drug habit is acquired as the result of a morbid condition of the nervous system which renders pain unendurable without the mitigating influence of some narcotic.—*Modern Medicine*, Aug., 1899.

## THE AMERICAN INSTITUTE OF HOMŒOPATHY GOES TO PARIS IN 1900.

A TOUR THROUGH EUROPE IN COMPANY WITH FRIENDS.

A trip abroad is always interesting, but when arranged so as to avoid the worry incident to the care of baggage, seeing to tickets, securing lodging and that greatest of all nuisances—the giving of tips—the whole time from home may be one round of pleasure. This has been so arranged by the committee of arrangements appointed by the Institute, and the party, limited to homœopathic physicians, their families, and friends, will have the rare fortune of being in the care of Dr. Howard S. Paine, who, for fourteen years, has personally conducted parties of tourists through Europe, and he will see that travel is first-class in every respect—Steamships, Railways, and Hotels. ALL NECESSARY EXPENSES, including carriage drives, fees on land and admission to all places of interest, are included in the rates quoted, and are from New York to New York. Every thing of interest along the various lines will be visited. London, Paris, and all the principal cities will be intelligently explored, giving most time to the things of greatest interest. All night travel will be avoided and the Sabbath will be a day of rest. THOSE INTENDING TO MAKE THE TRIP MUST APPLY BY DECEMBER 15th, or at the very latest, by Jan. 1st, 1900, as the steamship companies refuse the ordinary favors of holding berths to near sailing time this season, on account of the heavy travel anticipated. *Commence talking about going right away!*

Six tours, designated "A," "B," "C," "D," "E," "F," all arranged so that they will be in Paris for the meeting of the INTERNATIONAL HOMŒOPATHIC CONGRESS,

July 18th, 19th, 20th, 21st, 1900, are graded in prices to suit the tastes and means of every one.

Tour "A."—Eighty days, costing \$635, leaving New York June 27th, and arriving home Sept. 15th: visiting: Antwerp, Brussels, Paris, Versailles, Geneva, Lake Geneva, Castle of Chillon, Berne, Lake Thun, Interlaken, Lauterbrunnen, Staubbach Falls, Lake Brienz, Brunig Pass, Lake of the Four Cantons, Lucerne, Menaggio, Lake Como, Milan, Pisa, Rome, Florence, Venice, Brenner Pass, Bozen, Munich (trip to Ober-Ammergau optional), Dresden, Berlin, Potsdam, Frankfort, Wiesbaden, Biebrich, The Rhine, Cologne, Antwerp, Harwich, London, Stratford-on-Avon, Warwick, Kenilworth, Leamington, Southampton.

Tour "B."—Sixty-six days, costing \$565, sailing same date as tour "A," and arriving home Sept. 1st. Visiting: The same as tour "A," as far as Bozen, then Innsbruck, Constance, The Black Forest, Heidelberg, Frankfort, Wiesbaden, Biebrich, The Rhine, Cologne, Antwerp, Harwich, London, Stratford-on-Avon, Warwick, Kenilworth, Leamington, Southampton.

Tour "C."—Fifty-three days, costing \$435, sailing from New York same as "A" and "B," arriving home Aug. 18th. Visiting same as the two previous tours as far as the Rigi, then Neuhausen, The Falls of the Rhine, Heidelberg, Wiesbaden, Biebrich, The Rhine, Cologne, Brussels, Ostend, London, Warwick, Stratford-on-Avon, Kenilworth, Leamington, Southampton.

Tour "D."—Forty-nine days, costing \$405. Sailing from New York June 20th, arriving in New York Aug. 7th. Visiting: Southampton, Salisbury, Stonehenge, Winchester, Cambridge, Peterborough, Ely, Lincoln, Doncaster, Ripon, Fountains Abbey, Durham, Melrose, Abbotsford, Edinburg, Sterling, Trossachs, Loch Lomond, Loch Katrine, Glasgow,

Keswick, Ambleside, Windemere, Chester, Stratford-on-Avon, Leamington, Kenilworth, Warwick, London, New Haven, Dieppe, Paris, Brussels, Antwerp.

Tour "E."—Thirty-seven days, costing \$270. Sailing from New York July 7th, arriving in New York Aug. 12th. Visiting: Boulogne-sur-Mere, Paris, Versailles, Dieppe, New Haven, London, Warwick, Kenilworth, Stratford-on-Avon, Leamington, Chester, Glasgow.

Tour "F."—This tour of Denmark, Norway (North Cape), Sweden, and Russia is not, at present writing, entirely completed as to details, but will offer a most delightful trip for those who have already visited England and the Continent, and particulars will be given in a short time.

In securing Dr. Paine to assume the management of these tours we have a guarantee that members will be taken care of in a thoroughly first-class manner, even in Paris, where those having less experience would have difficulty in securing good accommodations during the Exposition. Do not delay in making your arrangements to go, for already some steamship lines are making many bookings. Ten have already signified their intentions of going. A circular, giving a complete itinerary, with dates of visits and length of time spent at each place, will soon be ready for distribution and will be sent to all who desire to look the matter up.

*Note.*—The rates quoted are subject to modification according to location of the room and number of persons occupying the room.

Address all inquiries to the chairman,

DR. JOHN B. GARRISON,

No. 111 East 70th Street,

New York, N. Y.

FINANCIAL REPORT OF THE HAHNEMANN  
MONUMENTAL COMMITTEE.

Nov. 8th, 1899.

RECEIPTS.

From subscriptions, interest on deposit, sale of models, etc. . . . .	\$29,233.84
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EXPENDITURES.

Contract for building, account of. . .	\$25,000.00	
Contractor, expenses of . . . . .	191.10	
Awards, competitive designs . . . . .	721.73	
Models . . . . .	525.15	
Photographs . . . . .	117.91	
Printing, circulars, booklets, stationery . . . . .	829.94	
Postage . . . . .	433.50	
Clerical assistance . . . . .	880.90	
Expressage and freight . . . . .	29.50	
Railroad fares . . . . .	220.11	
Incidentals, telegrams, collections, commissions . . . . .	52.63	
Auxiliary committees, expenses of. .	119.06	
Cash on hand . . . . .	112.31	\$29,233.84

NEW YORK, Nov. 28th, 1899.

Editor of THE HOMŒOPATHIC PHYSICIAN.—The Finance Committee appointed by the American Institute at their meeting at Atlantic City, in June, of this year, have received from the Monument Committee the foregoing report of the present financial condition of the project. This report extends over a period of nearly eight years and will show the receipts and expenditures during that period. The committee requests its publication in order that your readers may have an oppor-

tunity to examine it and appreciate the large amount of work that has been done by the Monument Committee. It is estimated that \$25,000 more will be required to place the monument upon its pedestal, and plans are now maturing that it is hoped will result in rapidly providing that amount.

Will you kindly give this space in your next number.

Very truly yours,  
The Finance Committee.

Geo. G. Shelton, chairman; 521 Madison avenue, New York; O. S. Runnels, M. D., secretary, 203 N. Meridian street, Indianapolis, Ind.; Benjamin F. Bailey, M. D., Lincoln, Nebraska; John R. Kippax, M. D., 3154 Indiana avenue, Chicago, Ills.

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#### THE DISPOSAL OF SEWAGE IN INDIA.

An experiment has just been brought to a successful conclusion in the Presidency Gaol, Calcutta, which is likely to have an important bearing upon the future sanitation of India. It has been to try the efficacy of the new aseptic pit system for the disposal of sewage, which has been very favorably reported upon at home. The aseptic pit is uncommonly like the old unwholesome cess-pit. It is managed, however, on scientific principles, and therein lies all the difference. The cess-pit in the new system is a dark, underground chamber, with well-luted sides, in which is cultivated the aseptic germ, a microscopic organism which has only to be introduced and supplied with a properly regulated flow of sewage to convert the evil-smelling products of the drains into harmless fluid. The sewage is allowed to remain in the pit just long enough to allow the necessary chemical changes to take place. This done the product passes out through a rough filter of well-aërated slag, where it becomes thoroughly deodorized, eventually leaving the apparatus in the form of a limpid and harmless product.



Extraordinary as it may appear, this product can not only be used with advantage for enriching the soil for crops, but is so innocuous that goldfish have been raised in it successfully at home, while in the case of the Calcutta experiment the tank-fish placed in the receptacle at the end of the series are growing fat and thriving. Exact statistics of cost and requisite dimensions have yet to be worked out, but in the event of these proving as low as expected, a future of great utility awaits the system. In the case of Calcutta, for example, it would be easy to adapt it to the insanitary slums in the north, where the sewers have never completely penetrated. While mofussil stations, as yet innocent of sewers, will shortly be able to consider it as an alternative. One of its chief advantages is that it enables the sewage from a single house or group of houses to be disposed of independently upon the spot, thus saving the heavy cost of sewage channels.—*Health*, Sept., 1899.

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## ACCIDENTAL WOUNDS OF THE FEMALE BLADDER.

BY FREDERICK HOLME WIGGIN, M. D., NEW YORK CITY.

Presented to the Section on Obstetrics and Diseases of Women, at the Fiftieth Annual Meeting of the American Medical Association, held at Columbus, Ohio, June 6th-9th, 1899.

(Abstract from the *Journal of the American Medical Association*, of Sept. 9th, 1899.)

Accidental opening of the bladder has, for many years, been considered one of the most serious accidents that could occur in the course of the complicated work which gynecic surgeons are often called on to perform. The following case is offered in illustration of this type of injury:

M. H., unmarried, æt. 41, was admitted to the City Hospital, Blackwell's Island, N. Y., Sept. 30th, 1898, suffering from a large myoma, which sprung from the anterior uterine wall

and extended above the umbilicus. On Oct. 3d, the abdomen was opened, and the tumor, which weighed seventeen pounds was drawn through an incision six inches in length, freed from its attachments and removed, together with the body of the uterus amputated near the internal os. As hemorrhage was profuse it became necessary to remove the mass very rapidly, to accomplish which the anterior attachment of the tumor was clamped and cut, when it was discovered, from the escape of urine, that the bladder had been opened near the fundus.

The general cavity had previously been shut off with gauze pads and thoroughly irrigated, followed by the use of Hydrozone in half strength, and this, in turn, by a saline solution. The gauze pads were now changed, and the opening in the bladder, four inches in length, was closed by means of two layers of chromicized catgut sutures. The wound was then disinfected, and there being a large peritoneal flap, it was attached to the bladder and made to cover the line of sutures, thus making the bladder-wound extra peritoneal. After further washing out of the abdominal cavity with Hydrozone and the saline solution the external wound was closed, without drainage, and the usual dressings applied. The patient being feeble it was not thought advisable to make a vesico-vaginal fistula to drain the bladder, but, instead, a self-retaining catheter was introduced. At the end of ten days, however, tumefaction occurred over the lower angle of the abdominal wound, and, on opening it, urine began to escape. A vesico-vaginal fistula was now made in order to afford adequate drainage. The sinus in the abdominal wall was curetted and, after being thoroughly disinfected with Hydrozone, its walls were sutured. Soon afterwards, the sinus having closed, the sutures which kept open the vesico-vaginal fistula were removed, and the latter closed quickly without any further operative interference.

Percival (in *British Medical Journal*, 1897, Vol. I, p. 1282)

reports a case of ruptured bladder on which he had operated. It was closed by means of a double wall of Lembert silk sutures. The wound in the abdominal wall was closed, after the peritoneal cavity had been flushed out with boric acid solution and a large quantity of clots and urinous fluids had been removed. For a few days the patient did well, and then died from peritonitis. But the necropsy proved that the bladder-wound had completely healed. It is the writer's opinion that had saline solution and Hydrozone been used, instead of boric acid, and the abdominal wound been closed leaving saline solution in the peritoneal cavity the patient would probably have recovered.

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#### CROTALUS IN BUBONIC PLAGUE.

The Indians inhabiting the country of the tributaries of the head waters of the Amazon, are subject to a disease, never epidemic but endemic, which resembles in a very marked degree some of the distinctive features of the bubonic plague. There is the same bubonic abscesses, sloughing ulcers, rapid wasting of flesh and speedy failure of the vital forces. The country is covered with dense forests, often impenetrable to the sun, the land low and swampy, and the air full of noxious vapors. The huts are filthy, the food, mostly fish, and the habits of life but little above the animal. The disease, of a bubonic nature, but having no name, is often controlled by a scarification on the skin with the fang of the crotalus, through which is introduced into the circulation of the blood a minute portion of the poison. The poison of the crotalus overpowers that which is raging in the blood. Following this injection of the poison a decoction is given of the cedron, a nut resembling in its medicinal action cinchona, to neutralize the action of any excess of the crotalus and in the destruction of the poison germs of the disease.—*Medical Times*, Sept., 1899.

## PROFESSOR BUNSEN.

Professor Robert Wilhelm Bunsen, the eminent chemist, has recently died at Heidelberg, at the age of eighty-eight. Bunsen's greatest work dates back forty-three years, when with his master, Professor Kirchoff, of Heidelberg, he shared the honor of laying the foundations of spectroscopic astronomy, to which we owe the whole of our knowledge of the chemical constitution of the sun and stars. Newton's classical experiment of passing a beam of light through a glass prism is well known, but it led to no practical result in the advancement of science until early in the present century. In 1814 Fraunhofer, applying the same test to the light of the stars, found that different stars gave different "spectrums," as the rainbow-tinted band of light spread out by the interposition of the prism is termed. Some of these light-bands were crossed by dark lines, which were absent in others. No interpretation of the dark lines was, however, available until Kirchoff and Bunsen alighted upon a curious discovery. They found that the dark lines were identical with the bright lines produced by heating various chemical elements to incandescence and passing the light through a prism; and the inference followed that the dark lines were produced by the absorption of rays of light from those elements in the atmospheres of the sun and stars. Thus where the bright lines given by hydrogen are found to be replaced by dark lines in the spectrum of a star, hydrogen is known to be one of the constituents of the star, and in this manner the composition of the most distant bodies in the universe is now revealed. Bunsen also made many other discoveries in chemistry, among them the charcoal pile which bears his name. Born in 1811, he had a long and brilliant university career.—*Health*. Sept., 1899.

## BOOK NOTICES.

REPERTORY OF THE URINARY ORGANS AND PROSTATE GLAND, INCLUDING CONDYLOMATA. Compiled by A. R. Morgan, M. D. Philadelphia: Bœricke & Tafel, 1899. Price, half morocco, \$3.00 net; by mail, \$3.10.

This most excellent, practical, and soundly homœopathic book, is warmly welcomed to our editorial table.

In his preface the author says, "The work might undoubtedly have been better." This *is* doubtful. The work could *not* have been better. Then he goes on to say, "but it certainly could not have been more conscientiously done." This we unreservedly believe. Its carefulness and its minute elucidation of the symptomatology entitle it to all praise, all confidence of the practical prescriber seeking to find the true simillimum with the invincible determination to cure his case.

Its division and sub-division are somewhat peculiar. But it can be readily learned. We note some of these divisions: Kidney, Ureters, Bladder, Urethra, Meatus Urinarius, Fossa Navicularis, Desire to Urinate, Emission of Urine before Micturition. On Beginning Micturition, At Close of Micturition, After Micturition, Before and During Micturition, Before and After Micturition, During and After Micturition, Before, During, and After Micturition, Between Acts of Micturition, Character of Urine, Color of Urine, and so on. A glance at these headings will convince the homœopathist of the pains-taking character of the preparation of this book. Sediments and odors are given and the remedies are indicated in three kinds of type, according to their importance, after the manner of Bœnninghausen. Further on we find a separate repertory of the prostate gland, and then come some diagnostic tables, which are excellent, and the several urinary tests.

The diagnostic table is especially commendable as it enables us to interpret the meaning of any symptom or appearance of the urine, at a glance. We observe one slight omission in this table, and that is headache as a frequent cause of temporary increased quantity of urine. This, however, is of no importance, and is utterly insignificant in the presence of the great number of valuable qualities possessed by the work.

It must become at once the every-day companion of the homœopathist and he will not be induced to part with it.

We are happy to note that there is in these days a great increase in the number of practical working books of the Hahnemannian prescribers, and this valuable production must stand out as one of the most distinguished of them because it is instantly, continuously, and readily available in getting the right remedy in prevalent complaints.

The zeal of the author for true Homœopathy is well known. His energetic championship of the cause has even led him at times to severe criticism of his friends.

The editor recalls how at one time, at a public meeting of a society the author of the book under review brought the editor before the society for censure for merely publishing in the pages of this journal the foibles of a professional brother; even going so far as to publish a private letter relating to the subject. For this we bear him no malice notwithstanding we know it was a mistake, but accepted it as being an over-exertion of his energy for the cause and not an exhibition of personal malice.

BEE LINE THERAPIA AND REPERTORY. By Stacy Jones, M. D. Second edition. Philadelphia: Bœricke & Tafel, 1011 Arch Street, 1899. Price, in flexible morocco, \$2.00 net; by mail, \$2.06.

This is a familiar hand-book to most homœopathic physicians now enlarged in the second edition to twice its original size.

It is in alphabetical order so that there is no method of arrangement to be learned in order to use it. Thus we find such words as Aconite Adenitis, After birth, After Pains, Agalactic, Aggravation, showing that its arrangement is that of the dictionary. In other letters of the alphabet we find the same arrangement: names of remedies, particular symptoms, and names of diseases, all following each other as indicated by their first and second letters.

Looking at the word aggravation, we find the following sub-divisions: As to food, worse. Under this heading we find different kinds of food given with the remedies most useful. As to drink, worse; here we find a similar arrangement. As to sound, worse; As to odor, worse; As to weather, worse; As to time, worse; As to heat, worse; As to cold, worse; As to rest, worse; As to motion, worse; as to touch, worse. In these sub-divisions varieties are given and the indicated remedies.

Under Ichthyol, we find the following: "Dose, adult, 2 gr. pill, two or three times a day. For any pain or for any blood or skin disease." We regret to meet with such a statement as this; as, in its attempts to make Homœopathy easy, it reduces it to a practice of empiricism and rule of thumb, to the injury of the patient and the discredit of the cause. There are several other objectionable things to be noticed about this little book, and consequently we are not able to recommend it to the profession.

RENAL THERAPEUTICS, INCLUDING ALSO THE STUDY OF THE ETIOLOGY, PATHOLOGY, DIAGNOSIS AND MEDICAL TREATMENT OF DISEASES OF THE URINARY TRACT. By Clifford

Mitchell, A. M., M. D. Philadelphia: Bœricke & Tafel, 1898. Price, cloth, \$2.00; by mail, \$2.16.

Professor Mitchell, the author of this book is well known for his long connection with the faculty of the Chicago Homœopathic College. He has produced a learned work in all that pertains to anatomy, physiology, and pathology. But when he comes to therapeutics his book is lamentably deficient; the treatment being less a matter of Homœopathy than of empiricism.

The cuts illustrating the minute anatomy of the kidney are particularly good and must help the reader to a clear mental picture of the details of the kidney and to an understanding of the phenomena of secreting urine. We regret that we cannot give unqualified praise of its methods of treatment.

THE LOGIC OF FIGURES; OR, COMPARATIVE RESULTS OF HOMŒOPATHIC AND OTHER TREATMENTS. Edited by Thomas Lindsley Bradford, M. D. Philadelphia: Bœricke & Tafel, 1899. Price, cloth, \$1.25 net; by mail, \$1.32.

As is said in the preface, "This book is a compilation from all available sources of the comparative results of homœopathic and other kinds of medical treatment, both in public institutions and in private practice."

The book represents an immense amount of research conducted by the author in his well-known, thorough way. Yet he says that it is not exhaustive. If not the figures given are of the greatest importance to homœopaths.

The bibliography of statistical books is given so that the reader who may desire to do so can delve into the figures and go deeper, if he wish, than Dr. Bradford himself has gone.

In our opinion what is here given is all that even advanced students of Homœopathy will need for general use, and those who are not students will be greatly impressed with the comparative values given, representing in nearly all cases the superiority of our school of treatment.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1898. Volume XXXIII. Edited by the Secretary, John L. Moffat, B. S., M. D., O. et A. Ch., Brooklyn, New York, 1898.

It is a moral impossibility to do justice to this book within the limits of a review. There are too many subjects and they are too ably treated

to leave anything for us to say. Thus if we take the address of the president, Eugene H. Porter, we find that he touches upon a large number of highly important subjects from a public point of view. Thus he opens with a discussion of the question of expert testimony in the courts and its evils. Next he treats of the abuses of medical charity, then upon public medicine, then closes with a definition of what constitutes a homœopathic physician.

The society voted to print the address as a separate pamphlet and it is likely a copy may be obtained of the secretary, Dr. John L. Moffat, 17 Schermerhorn St., Brooklyn, N. Y.

The other papers we have not the time or space to notice.

ON THE RELATIONS OF ANTITOXIN TREATMENT TO HOMŒOPATHY, INCLUDING A NEW EXPLANATION OF THE LAW OF SIMILIA. By Emanuel M. Baruch, Ph. D., M. D. New York: Bœricke & Runyon Co., 1899.

This little volume sets forth the success of antitoxin as an indisputable fact in curing diphtheria and calls it a triumph of modern medicine. It then proceeds to claim that its action is homœopathic to diphtheria, and a further proof of the truth of Homœopathy. We are not able to agree with the author in his views and conclusions; but it would take too much time and space to set this forth adequately. So we will simply say we disapprove of antitoxin and consequently disapprove of this book.

A TEXT-BOOK OF MATERIA MEDICA, AND THERAPEUTICS OF RARE HOMŒOPATHIC REMEDIES. A Supplement to Dr. A. C. Cowperthwaite's *Materia Medica*, or every greater *Materia Medica*. By Oscar Hansen, M. D., Copenhagen, Denmark. London: The Homœopathic Publishing Company, 12 Warwick Lane, Paternoster Row, E. C., 1899. Price, 4 shillings net.

This little book contains all, or nearly all, the new remedies of the materia medica which have come to the notice of the profession since the great books of materia medica, such as the *Encyclopædia* and the *Guiding Symptoms*, have been published.

It is noticeable that these newer remedies are very imperfectly proved. None of them can show the pathogenesis which can be found under Phosphorus, Sulphur, Aconite, Belladonna, and other remedies, which are the masterpieces of the homœopathic healing art, and have made it such an overwhelming success in practice. In this little book these partial provings are still further abbreviated and so we have a small volume of



about 120 pages which contains notices of over three hundred and fifty new medicines.

In his desire for abbreviation the author does not state what these new medicines are, and so we are left in a state of ignorance concerning many of them. The work is furnished with an excellent index and a list of authorities from which the data are taken, and thus it forms a ready reference book which has cost its author a large outlay of labor, since he must have gone over almost all literature published in the homœopathic school.

THE PHYSICIAN'S VISITING LIST FOR 1900. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

This visiting list is highly recommended by the editor of this journal who has used none other for twenty years. It is convenient in all respects and being uniform from year to year, the physician becomes familiar with its arrangement and knows just where to look for any memorandum he wants. For sizes and prices the reader is referred to the advertisement.

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NOTES AND NOTICES.

BLOOD CURE OF CHRONIC CATARRH.

CASE OF DR. T. J. B., NEW YORK.

Ethtel Strobel; age 29; May 3d, 1897; naso-pharyngeal catarrh of long standing; had been treated by various specialists, at many clinics; the passages covered with hard crusts, with points of ulceration; severe headache almost constant.

Treatment as already described, and spray of bovine and salt water every two hours. In ten days the abnormal secretion almost ceased, and the constant catarrhal headache had entirely disappeared. When last seen, June 14th, the ulcerations were entirely healed, and the passages looked healthy.

CHRONIC ULCERATION NASO-PHARYNGEAL CATARRH.

BY DR. T. J. BIGGS, SOUND VIEW HOSPITAL.

Sam Ellard, New Haven, Conn.; age 26; June 10th, 1898. Had undergone four operations; under the care of the best specialists, for eight years; growing steadily worse. Anterior nares, entire left, one ulcer; six ulcers in the right. Passages now deputed with peroxide-on-bovine, and touched up with Paquelin cautery. Both nasal passages daily

depurated, packed with bovine in gauze and sprayed with bovine every two hours. Bovine also given internally, as in all cases. July 9th, the healing was complete, all over; a result without a parallel to my knowledge.

#### VALUABLE IN CHANGEABLE WEATHER.

People are benefited by the use of Speer's Port Grape Wine, especially ladies. It purifies the blood and makes their eyes shine like stars.

#### OLD ULCERATIVE CATARRH.

##### CASE OF DR. R—, NEW YORK.

Michael Navarro, age 27; August 12th, 1897; case of many years' standing, treated at various institutions without result; ulceration of the surfaces exuding such large quantities of mucus as to cause severe attacks of vomiting, followed by hemorrhage. After thoroughly cleansing, I sprayed bovine and salt water into the passages every two hours. Within a week many small points of ulceration had healed, and others were rapidly becoming covered. September 10th, examination showed complete healing of all the ulcers.

#### FEMALES AND WEAKLY PERSONS

At this season should use Speer's Port Grape Wine. Physicians recommend it as a strengthening and blood-purifying tonic, and the best wine to be obtained.

DEATH FOLLOWED VACCINATION.—Frank Swalsmy, aged eight years, of Spring Garden, near Mt. Pleasant, died Oct. 23d, from the effects of vaccination. Owing to the small-pox scare in that locality, the boy was vaccinated a week ago by a physician. Five days thereafter, the boy became very ill, his arm swelled and broke out in pimples resembling small-pox. He suffered terribly until death came.

See the girls in another column carrying large baskets of grapes to a winery in Portugal for making wine. It is worth reading about. Speer, of New Jersey, makes wine from the same grape. His wines are unsurpassed by any in the world.

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. XIX.

DECEMBER, 1899.

No. 12.

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EDITORIAL.

DR. HERING'S REPERTORY OF TOOTH-ACHE.—Dr. Hering's admirable repertory of tooth-ache was first published in his *Domestic Physician* and afterward reproduced by his friend and admirer, Dr. Charles G. Raue, in his *Special Pathology and Therapeutic Hints*. By it the editor of THE HOMŒOPATHIC PHYSICIAN has made many a seemingly miraculous cure of tooth-ache. Careful differentiation of the symptoms is absolutely necessary if we would achieve success in conquering this excessively painful complaint. This repertory of Dr. Hering more than anything else enables us to make this differentiation successfully and the editor can warmly testify to its usefulness in finding the simillimum. Many of the members of our school continually make use of this help, but there is a large number of the profession who seem to have forgotten this as well as many other valuable guides published in Dr. Raue's excellent book.

To once more remind the profession, and at the request of one or two members, we reproduce the repertory in this number of the journal; at the same time reminding our readers that it may be found combined with many other useful indi-

cations for treating tooth-ache in Dr. Raue's *Special Pathology and Therapeutic Hints*, third edition, page 246.

It has not been deemed advisable to reproduce all the notes there found, as the book itself is still in print and can be purchased of the publishers, Bœricke & Tafel.

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## SOME DRUG EXPERIENCES.

A. G. DOWNER, M. D., PRINCETON, ILL.

The manner of teaching students the art and method of prescribing is all wrong; that is generally speaking, as any physician who is a student, after a practice of ten years must agree with me. I graduated from the New York Homœopathic Medical College, taking the three years' course, and I am fully satisfied with the course in general, but the instruction in materia medica was not satisfactory. Why? To begin every drug has its own particular individuality and characteristics, which in the main are easily and quickly comprehended. Then what? Next relationships, conditions of aggravation, amelioration, but these points are only lightly touched upon, and let me say here, I never heard a word said about the miasms, psora or sycosis, etc. Then again the question of potency was utterly ignored, here of course we begin to tread on the only debatable ground that has been fought over and over again. One says, tinctures to 3x dilutions or triturations. No, says another, 30x to 200x. Utterly wrong, says the high potency man, 200x to 1 M. to C. M. always, and a single dose. From my experience all are right, but none altogether so. However, the closer the man prescribes and that a high potency, and has the courage to wait, that man will attain the best and lasting results. I well know we must cause terrible aggravations by low prescribing, and why not, if our grand law of cure is true?

As before said, when in college never in lecture or clinic did I hear a high potency prescribed, except from the late

Samuel Lillienthal or Dr. Burdick. And never once heard a lecture on the use of high potencies, and worse yet, left college thinking high potencies and their users only visionary, theoretic cranks. And was it not natural?

I honor the position Dunham College of Chicago has taken to teach pure Homœopathy, and the use of the high potencies and the unadulterated law of cure as laid down, line upon line by father Hahnemann.

It is not strange that so many good would-be students degenerate into mongrels, and the question comes, why is this? My idea is the prescription is, perhaps, good enough, but too often too pat to the case, and naturally an aggravation is caused. Why should it not? Is the law true or false? And instead of waiting or going higher a change is made, the case is mixed up; patient and physician are disgusted; the physician resorts to some mongrel palliative and some way the patient crawls from under the load of drug and disease, and the good doctor drifts and drifts and is gone. Another reason is a chronic indisposition to exertion to study the cases. It takes courage, my fellow-physicians, to step out on the high potency premises and still more faith and courage to wait and see the salvation which comes.

Drug aggravations cause a new disease on the base of the original one, and are the hardest to prescribe for, and why not? I am deeply indebted to Dr. E. W. Sawyer, of Chicago, for a revelation in medicine in the high potencies, the antidotal relations of high for the low, and his interpretations of points of interest of syphilis, psora, and sycosis. I am only slowly creeping now, but fully hope some day to rise and walk with full confidence in the light.

My first experience was with Silicea, throwing the 3x bottle out of the window and using the 30x. I can see you smile at my boldness, but the 30x did far better than the 3x, and now I can pin my faith on Silicea anywhere from 30x to C. M., and know it is faithful to the trust I give it. And my trial

on other drugs was continued in the same manner. I find I am not alone in my search after light, recently in conversation with a successful homœopathic physician of thirty-five years experience and who stands high in the profession and his native city, but this man had no experience of any potency higher than 30x and that rarely, and knew nothing of the homœopathic antidotal drug relation, and nothing of the nosodes. Just think what this man has missed by not knowing anything about these points. Why, I think my most brilliant successes have been made by simply antidoting drug effects, lifting off a burden of drugs greater by far to bear than the disease itself. My first two cases were just to lift a load of Quinine off the sufferer with a high potency of Quinine, and the first case only took one dose for an ailment of ten years' standing. The second case was one in which the antidotal dose of Quinine high had to be repeated three times. I am telling no fairy tales. All I say, try for yourself.

Not enough stress is laid on conditions of aggravation and amelioration, and why should this not be? What makes worse, what makes better, but not a word in college lectures. The professor comes in and fills up his hour with a book lecture of symptoms from A to Z, anything a student can find out for himself, but the real point of the drug is not touched upon. To be sure the study of materia medica is a matter of each individual who studies his case from the foundation. Some things no one can learn for you, but to direct the student into the right line of study is the thing. Teachers are supposed to direct, aid, assist. Any one can take Hering, Lippe, or any text-book and give a lecture, but that is not wholly the point.

In the April *Medical Advance*, page 280, a physician, Dr. J. W. Cartlich, comes out flat-footed and withdraws from the Kansas City Homœopathic Medical College, giving as his reasons: First. That the teaching is wrong; advising alternation, mixing *one, two* or three remedies together. Second.

Ridicule of single remedy and high potency. Third. Graduating any who apply. I honor such a man. The Allopathic school still clings to its grand triumvirate of drugs, Morphine, Quinine and Whisky. These are surely by this time canonized allopathic gods.

Hahnemann's *Chronic Diseases* is a powerful, masterful production appealing to reason. Clear, clean-cut, concise, and, from my experience, it is true. Read it and *The Organon* and then read the shallow, vacillating, shifting, experimental subterfuge of Allopathic methods, the more you read the less you are sure of, and ends in—oh, well, an anodyne—or some makeshift. Verily "A diarrhoea of words and a constipation of ideas."

I have found by first antidoting the drug symptoms, which are masking the case, a great strategic plan. A lady wrote me from Iowa, a letter containing thirteen pages of woe. The facts were, her whole left side had been decorated with Iodine for a heart trouble, after they had used their slender means to relieve her and she came very near being ruined by the Iodine. I at once gave her one dose Iodine C. M. and made no other prescription for a month; but let me say the Iodine C. M. lifted off the burden she was carrying and began at once to improve. Can anything act better? The lady wrote saying: "Why couldn't these physicians help me, seeing me every day, and you send me a little medicine which helps me at once?"

Vaccination to-day is a ruinous, pernicious practice, and I have not a bit of doubt that many people are ruined yearly. And here the high potencies are effective in antidoting the crude drug effect, and its consequent train of symptoms, besides this I have given the C. M. potency of Variolinum and had all the symptoms of the crude vaccination itself, backache, malaise, fever, minus the awful consequences which are usually attendant upon the common method.

It is time, fully time, that widespread attention be given to these truths, first to students, and second to physicians

who know they do not grasp fully the true spirit of the law. And some broad liberal means should be sought and enacted to educate the masses to grasp and avail themselves of the advantages of homœopathic practice. I do not think homœopathic physicians are outspoken enough for the cause. Allopathy is continually flaunting, with flaming advertisement, their false creed, and with jealous, spiteful invective and ridicule assailing the grand law of cure, which they cannot and will not understand. Then let us more openly proclaim our wonderful law of cure. Of course the way to down them is to do so by showing the difference everywhere, and this is continually being done; but some way the masses of people, the common people, do not fully appreciate its great value. The start must come from physicians themselves, and, as I have before stated, the right education given to their students, then when these students commence they will commence right. They will not feel as I did, after ten years of practice, that they had been ten years groping around in the dark. Our medical schools need a *heroic* purging of mongrelism. I also think the press should be used as an educator. Say, for instance, some popular Chicago daily once a week publish a column article from the pen of some well-known homœopathist, relative to Homœopathy. This would be a plan to attract attention and would result in much good, and I recommend this to the committee on publication for their action. Of course we are a busy people and comparatively few in numbers.

Homœopathy has come to stay. We must not allow her to degenerate. We should have one of the insane asylums under our control in Illinois. Why are we so behind? We have all the truth on our side and should take advantage of what we have. But materia medica must be taught right; it is the keystone of the arch, and I plead for a higher education of our students.—*The Medical Visitor*.



## DRUG ACTION.

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It is known, though not generally made use of or even recognized, that every active drug has at least two different effects upon the human body, and that these effects may be, and are directly opposite or antagonistic if the drug is taken in the minimum and then in the maximum dose. For example—Opium introduced into the system in very small quantities causes excitation of the nervous system, while in large doses it is a powerful sedative; Strychnine in minute doses is an antispasmodic, while large doses cause tetanic convulsions. It is given to cure constipation in the former, and will produce constipation in the latter dose. Study any remedy and satisfy yourself of this dual nature of drugs.

In the homœopathic materia medica how often we find symptoms like the following: "Pulse, quick, strong, slow, feeble." One prover has used a large, the other a small dose; or, what is the same, a large dose was taken and the primary and secondary actions of the drug, which are opposite, were recorded. A practical materia medica should indicate whether the symptoms were caused by a large or by a small quantity of the drug; for, if we admit that a drug has two actions which are diametrically opposed to each other, it is very certain that a small dose prescribed according to the law *Similia Similibus Curantur* will not have the same effect on the patient who presents symptoms similar to those caused by the small dose, and on the patient who presents symptoms similar to those caused by the large dose of the same drug. This would mean that the small dose prescribed would have two directly opposite actions, and it has never yet been shown that a drug given in a specified quantity at different times would produce opposite effects.

Probably the majority of symptoms recorded in our materia medica were obtained by proving with a large dose. Then, it is evident from the foregoing that the symptoms obtained are opposite to those caused by small dose. Now, a patient presents the symptoms similar to those caused by the drug in large doses, and, according to our law, we give him the same remedy, but in a *small dose*, which is in reality *antagonistic* to the symptoms presented. A great many theories have been promulgated in an effort to explain the action of the indicated remedy. For instance, Hahnemann in *The Organon*, says, that a drug disease similar to the actual disease is set up and that while the vital force expends itself on the artificial disease, nature overcomes the actual disease. Others have advocated the "Vibration Theory," etc., but the above simple explanation seems to me the most tenable and satisfactory and furthermore can be proved.

To every unprejudiced physician it is obvious that cures are made by men of all other schools, even though the remedy is applied empirically. As there can be but one combination of elements in the production of water, so can there be but one law of cure; but there are different methods used in combining those elements. Our friends, the "Regulars," have found by experience that Strychnine in small doses will cure constipation where there is a diminution of the peristaltic action of the intestines, thereby unconsciously using the indicated homœopathic remedy. In most cases, however, a drug *antagonistic* to the symptoms presented is prescribed in *large doses* and often a cure is the result. But why not, by following the homœopathic law, place the practice of medicine on a scientific basis, do away with dangerous drugging, reduce expensive drug bills, be able to prescribe accurately for a disease in its incipiency, and still cure the patient, if he is curable, in the shortest and most gentle manner possible.—*The Medical Visitor*.

## TOOTH-ACHE.

CONSTANTINE HERING, M. D.

### LOCATION OF PAINS.

**Most in the front-teeth**, Bell., Caust., Carbo-veg., Cham., China, Coff., Ign., Merc., *Nat-mur.*, *Nux-mos.*, *Nux-v.*, Phos., Phos-ac., *Rhus*, Sil., Staph., *Sul.*

**Most in the Eye and Stomach-teeth**, Acon., Calc., Hyosc., *Rhus*, Staph.

**Most in the Molars or Back-teeth**, Arn., Bell., *Bry.*, Calc., *Carbo-veg.*, Caust., Cham., China, Coff., Hyosc., Ign., Merc., *Nux-mos.*, *Nux-v.*, *Phos.*, Phos-ac., Puls., *Rhus*, Sil., *Staph.*, *Sul.*

**Most in the Upper-teeth**, *Bell.*, *Bry.*, *Calc.*, *Carbo-veg.*, *China*, *Nat-mur.*, *Phos.*

**Most in the Lower-teeth**, *Arn.*, *Bell.*, *Bry.*, *Carbo-veg.*, *Caust.*, *Cham.*, *China*, *Hyosc.*, *Ign.*, *Merc.*, *Nux-v.*, *Phos.*, *Puls.*, *Rhus*, *Sil.*, *Staph.*

**One-sided**, Acon., Bell., Cham., Merc., *Nux-v.*, Puls.

**On the Left side**, Acon., *Apium-v.*, Arn., *Carbo-veg.*, *Caust.*, *Cham.*, *China*, *Hyosc.*, *Merc.*, *Nux-mos.*, *Phos.*, *Rhus*, *Sil.*, *Sul.*

**On the Right side**, *Bell.*, *Bry.*, *Calc.*, *Coff.*, *Lach.*, *Nat-mur.*, *Nux-v.*, *Phos-ac.*, *Staph.*

**A whole Row of Teeth**, Cham., Merc., *Rhus*, *Staph.*

**In Hollow Teeth**, *Ant-crud.*, *Bell.*, *Bry.*, *Calc.*, *Carbo-veg.*, *Caust.*, *Cham.*, *China*, *Coff.*, *Hepar*, *Hyosc.*, *Lach.*, *Merc.*, *Nux-mos.*, *Nux-v.*, *Phos.*, *Phos-ac.*, *Puls.*, *Rhus*, *Sil.*, *Staph.*, *Sul.*

**In the Gums**, *Ant-crud.*, Arn., *Bell.*, *Bry.*, *Calc.*, *Carbo-veg.*, *Cham.*, *China*, *Hepar*, *Hyosc.*, *Lach.*, *Merc.*, *Nat-mur.*, *Nux-mos.*, *Nux-v.*, *Phos.*, *Phos-ac.*, *Puls.*, *Rhus*, *Sil.*, *Staph.*, *Sul.*

— **Upper**, *Bell.*, *Calc.*, *Nat-mur.*

— **Lower**, *Caust.*, *Phos.*, *Staph.*, *Sul.*

— **Interior of**, Arn., *Nat-mur.*, *Phos-ac.*, *Puls.*, *Rhus*, *Staph.*

### OBJECTIVE SYMPTOMS.

- In the Gums, Swollen**, Acon., Bell., Calc., Cham., Carbo-veg., Caust., China, Hepar, Lach., Nux-v., Nat-mur., Phos., Puls., Rhus, Sul.
- **Painful**, Apium-v., Arsen., Calc., Carbo-veg., Caust., Lach., Merc., Nux-mos., Nux-v., Phos., Staph., Sul.
- **Bleeding**, Bell., Calc., Carbo-veg., Caust., Lach., Merc., Nux-mos., Nux-v., Phos., Staph., Sul.
- **Ulcerated**, Bell., Calc., Carbo-veg., Caust., Hepar, Lach., Merc., Nat-mur., Nux-v., Phos., Staph., Sil.

### CHARACTER OF THE PAINS.

- Pressing**, Acon., *Arn.*, Bry., Carbo-veg., Caust., China, Hyosc., Ign., Nat-mur., Nux-mos., Nux-v., Phos., *Rhus*, Sil., *Staph.*, Sul.
- **Inwards**, Rhus, Staph.
- **Outward**, Phos.
- **Asunder**, Phos-ac.
- **As if from Congestion of the Blood**, as if the teeth were too close, Acon., *Arn.*, Bell., Cham., Calc., China, *Coff.*, Hepar, Hyosc., *Nux-v.*, *Puls.*
- As if pulled out or wrenched**, *Arn.*, Caust., Nux-mos., Nux-v., Phos-ac., Rhus.
- Too Long**, *Arn.*, Arsen., Bell., *Bry.*, Calc., Carbo-veg., *Caust.*, Cham., Lach., Hyosc., Nat-mur., Nux-v., Rhus, Sil., *Sul.*
- Loose**, *Arn.*, Arsen., Bry., Carbo-veg., Caust., Cham., China, Hepar, *Hyosc.*, Ign., Merc., Nat-mur., Nux-mos., Nux-v., Phos., Puls., Rhus., Staph., Sul.
- As if too Loose**, Arsen., Bry., *Hyosc.*, Merc., Rhus.
- Blunt**, Acon., China, Dulc., Ign., Lach., Merc., Nat-mur., *Nux-mos.*, Phos., Phos-ac., *Puls.*, Sil., Staph., Sul.
- Sore, Bruised**, *Arn.*, Arsen., Bell., Bry., Calc., Carbo-veg., Caust., *Ign.*, Nat-mur., Nux-v., Phos., *Puls.*, *Rhus.*
- Burning**, Cham., Merc., Nat-mur., Nux-v., Phos., Puls., Rhus, Sil., Sul.
- Gnawing, Scraping**, Cham., Nux-v., Rhus., Staph.

**Digging**, Ant-crud., Bry., Calc., China, Ign.

**Boring**, Bell., Calc., Lach., Merc., Nat-mur., *Nux-v.*, Phos., Phos-ac., *Sil.*, *Sul.*

**Jerking, Twitching**, Apium-v., Anti-cru., Arsen., Bry., Bell., Calc., Caust., Cepa, Cham., Coff., Hepar, Hyosc., Lach., *Merc.*, *Nux-v.*, *Puls.*, *Rhus*, *Sul.*

**Drawing, Tearing**, Ant-crud., Bell., Bry., Carbo-veg., Calc., Cepa, Cham., China, Glon., Hyosc., Lach., Merc., *Nux-v.* Phos-ac., *Rhus*, *Staph.*

**Cutting, Piercing**, Acon., Ant-crud., Bell., *Bry.*, Calc., Caust., *Cham.*, *China*, Lach., *Merc.*, *Nux-v.*, *Nux-mos.*, Phos., Phos-ac., *Puls.*, *Rhus*, *Sil.*, *Staph.*

**Beating, Pulsating**, *Acon.*, Arn., Arsen., *Bell.*, Calc., Caust., Cham., China, Coff., Glon., *Hyosc.*, Lach., Merc., Nat-mur., Phos., *Puls.*, *Rhus*, *Staph.*, *Sul.*

**Intermittent**, Bell., Bry., Cham., Coff., Calc., China, Merc., *Nux-v.*, *Puls.*, *Rhus*, *Sil.*, *Staph.*, *Sul.*

### CAUSE.

Caused by damp night-air, *Nux-m.*

— Damp-air, Merc.

— Cold damp weather, *Nux-m.*, Cepa, *Rhus.*

— Wind, Acon., *Puls.*, *Rhus*, *Sil.*

— Draught, Bell., Calc., *China*, *Sul.*

— Taking Cold, Acon., *Bell.*, *Bry.*, Calc., Caust., Cham., China, Coff., *Dulc.*, *Hyosc.*, Ign., *Merc.*, *Nux-v.*, *Nux-m.*, *Phos.*, *Puls.*, *Rhus*, *Staph.*, *Sul.*

— Taking Cold, when overheated, Glon., *Rhus.*

— by getting wet, Bell., Calc., Caust., Hepar, Lach., *Nux-m.*, Phos., *Puls.*, *Rhus*, *Sul.*

— Suppressed Perspiration, Cham., *Rhus.*

### AGGRAVATION.

Constant, day and night, Bell., Calc., Caust., Nat-m., *Sil.*, *Sul.*

During the day only, better in the night, Merc.

— none in the night, Calc., Bell., Merc., *Nux-v.*

— worse in bed, Ant-c., Merc.

**Worse in the night**, Acon., Ant-c., Ars., *Bell.*, Bry., *Carbo-v.*, *Cham.*, China, Coff., Hepar., Hyosc., Merc., Nat-m., Nux-m., Nux-v., Phos., Phos-ac., *Puls.*, *Rhus*, Sil., *Staph.*, *Sul.*

**By night only, not during the day**, Phos.

**Most before midnight**, Bry., *Cham.*, China, Nat-m., *Rhus*, *Sul.*

— **after midnight**, Ars., *Bell.*, Bry., *Carbo-v.*, *Cham.*, China, *Merc.*, Nat-m., *Puls.*, Phos., *Rhus*, *Staph.*, Sulph.

**When awaking**, *Bell.*, *Carbo-v.*, Lach., Nux-v. (See Sleep.)

**In the morning**, Ars., *Bell.*, Bry., Caust., *Carbo-v.*, China, *Hyosc.*, Ign., Nat-m., *Nux-v.*, Phos., Phos-ac., *Puls.*, *Rhus*, *Staph.*, *Sul.*

**At noon**, Cocc., *Rhus*.

**Afternoon**, Calc., Caust., Merc., *Nux-v.*, Phos., *Puls.*, *Sul.*

**Towards evening**, *Puls.*

**At night**, Ant-c., *Bell.*, Bry., Calc., Caust., Hepar, *Hyosc.*, Ign., *Merc.*, Nux-m., Nux-v., *Phos.*, *Puls.*, *Rhus*, *Staph.*, *Sul.*

**Every other day**, China, Nat-m.

**Every seventh day**, Ars., Phos., *Sul.*

**In spring**, Acon., *Bell.*, Bry., Calc., *Carbo-v.*, Dulc., Lach., Nat-m., Nux-v., *Puls.*, *Rhus*, Sil., *Sul.*

**In summer**, Ant-c., *Bell.*, Bry., Calc., *Carbo-v.*, *Cham.*, Lach., Nat-m., Nux-v., *Puls.*

**In autumn**, Bry., China, Merc., Nux-v., Nux-m., *Rhus*.

**In winter**, Acon., Ars., *Bell.*, Bry., Calc., *Carbo-v.*, Caust., *Cham.*, Dulc., Hepar, *Hyosc.*, Ign., Merc., Nux-m., *Nux-v.*, Phos., Phos-ac., *Puls.*, *Rhus*, Sil., *Sul.*

**Getting worse from Cold air**, *Bell.*, Calc., *Hyosc.*, Merc., Nux-m., Nux-v., Sil., *Staph.*, *Sul.*

— **in the mouth**, Acon., *Bell.*, Bry., Calc., Caust., *Hyosc.*, *Merc.*, Nux-m., Nux-v., Phos., *Puls.*, Sil., *Staph.*, *Sul.*

— **Opening of the mouth**, Bry., *Cham.*, Caust., Hepar, Nux-v., Phos., *Puls.*

— **Breathing**, *Puls.*

— **Drawing air into the Mouth**, *Ant-c.*, *Bell.*, Bry., Calc., Caust., Hepar, Merc., Nat-m., Nux-m., Phos., Sil., *Staph.*, *Sul.*

- Getting worse from Cold washing, Ant-c., Bry., *Calc.*, Cham.,  
*Merc.*, *Nux-m.*, Nux-v., Puls., Rhus, Sil., Staph., Sul.
- Eating cold things, Bry., Calc., Cham., Nux-v., Puls., Rhus,  
 Staph., Sul.
- Drinking cold things, Bry., Calc., Caust., Cham., Hepar,  
 Lach., Merc., Nat-m., Nux-m., *Nux-v.*, Puls., Sil., Staph., Sul.
- Rinsing of the Mouth with Cold Water, Sul.
- Cold in general, *Ars.*, Ant-c., Calc., Carbo-v., Merc., Nat-m.,  
 Nux-m., Nux-v., *Puls.*, Phos-ac., *Rhus*, Sil., Staph., Sul.
- In the open air, *Bell.*, Calc., Caust., *Cham.*, *China*, Hyosc.,  
 Merc., *Nux-m.*, *Nux-v.*, *Phos.*, Puls., *Rhus*, *Staph.*, Sul.
- Staying, *Bell.*, Bry., Cham., Hyosc., Merc., Nux-v., Phos-ac.,  
 Staph., Sul.
- Walking, Nux-v., Phos., *Staph.*
- In a Room, *Apium-v.*, Ant-c., *Cham.*, Hepar, Nux-v., *Puls.*, Sul.
- after coming out of the open air, Phos.
- In a warm Room, Bry., *Cepa*, Cham., Hepar, Nux-v., *Puls.*,  
 Phos-ac.
- Warm Stove, *Ars.*, Puls.
- External warmth, Bry., Cham., Hepar, Merc., Nux-m., Nux-v.,  
 Phos., Phos-ac., Puls., Rhus, Staph., Sul.
- Something warm, Bry., *Calc.*, Carbo-v., Cham., Coff., Lach.,  
 Merc., Nat-m., Nux-v., Phos-ac., *Puls.*, Sil., Sul.
- Eating warm things, Bry., Calc., Cham., Nux-v., Phos., Puls.,  
 Sil.
- Something hot, *Bell.*, *Calc.*, Phos-ac.
- Drinking warm things, *Bry.*, Cham., Lach., Merc., Nux-m.,  
 Nux-v., Puls., Rhus, Sil.
- Warm bed, *Bel.*, Bry., Cham., Merc., Nux-v., Phos., Phos-ac.,  
*Puls.*, Rhus.
- Getting warm in bed, Cham., Merc., Phos-ac., Phos., Puls.
- Drinking, Cham., Calc., Caust., *Lach.*, Merc., Puls., Rhus, Sil.
- Cold or warm, Lach.
- Water, Bry., Calc., Carbo-veg., Cham., Merc., Nux-v., Puls.,  
 Sil., Staph., Sul.
- Wine, *Aconi.*, Ign. [*Nux-v.*, after wine].

- Getting worse from Drinking Malt liquors, Nux-v., Rhus.
- Coffee, Bell., Carbo-veg., Cham., Coccul., Ign., Merc., Nux-v., Puls., Rhus.
- Tea, China, Coff., Ign., Lach.
- Smoking tobacco, Bry., Cham., China, *Ign.*, Merc., Nux-v.
- Salty things, Carbo-veg.
- Eating, Ant-crud., Arn., Bell., Bry., Calc., *Carbo-veg.*, *Caust.*, *Cham.*, Coccul., Hepar, Hyosc., Lach., *Merc.*, Nux-m., Nux-v., *Phos.*, Phos-ac., *Puls.*, Rhus, Sil., *Staph.*, Sul.
- Only while eating, Coccul.
- After eating, Ant-c., *Bell.*, *Bry.*, Calc., Cham., China, Coff., *Ign.*, Lach., *Merc.*, *Nat-m.*, *Nux-v.*, Rhus, *Staph.*, Sul.
- Chewing, Arn., Ars., Bell., Bry., Carbo-veg., *Caust.*, *China*, Coccul., Coff., *Hyosc.*, *Ign.*, *Merc.*, *Nat-m.*, *Nux-v.*, Phos., Phos-ac., Puls., Sil., *Staph.*, Sul.
- Only while chewing, China.
- Swallowing, *Staph.*
- Biting, Ars., Bell., Bry., Calc., Carbo-veg., *Caust.*, China, Coff., *Hepar*, Hyosc., Lach., *Merc.*, Nux-v., Phos., Phos-ac., Puls., *Rhus*, Sil., *Staph.*, Sul.
- something soft, Verat.
- soft food, Coccul.
- hard food, Merc.
- Touched by the food, Bell., Ign., Nux-v., Phos., *Staph.*
- Picking, Puls.
- Cleaning, Carbo-veg., Lach., Phos-ac., *Staph.*
- Touching, Ant-c., Arn., Ars., *Bell.*, *Bry.*, Calc., *Carbo-veg.*, *Caust.*, *China*, Coff., *Hepar*, Ign., *Merc.*, *Nat-m.*, Nux-m. *Nux-v.*, Phos., *Puls.*, *Rhus*, Sul., *Staph.*
- with the tongue, Carbo-veg., China, Ign., Merc., Phos., Rhus.
- even very softly. *Bell.*, Ign., Nux-v., *Staph.*
- Pressing on the teeth, *Caust.*, China, Hyosc., *Nat-m.*, *Staph.*, Sul.
- Sucking the gums, Bell., Carbo-veg., Nux-m., Nux-v., Sil.
- Rising, Ign., Merc., Plat.
- Moving the body, Arn., *Bell.*, *Bry.*, China, *Merc.*, Nux-v., Phos., *Staph.*



- Getting worse from Moving the mouth, Caust., Cham., Merc.,  
Nux-v.
- Talking, Nux-m.
- Deep breathing, Nux-v.
- Being at rest, Ars., Bry., Cham., Puls., Rhus, Staph., Sul.
- Sitting, Ant-c., Merc., *Puls.*, *Rhus*.
- too much, Acon.
- While lying down, *Ars.*, Bell., Bry., *Cham.*, Hyosc., Ign.,  
Merc., Nux-v., Phos., *Puls.*, *Rhus*, Staph., Sul.
- on the painful side, Ars., Nux-v.
- on the painless side, Bry., Cham., Ign., Puls.
- in bed, Bry., Cham., Nux-v., Puls.
- In bed, *Ant-c.*, Bell., Bry., *Cham.*, *Merc.*, Nux-v., Phos., *Puls.*
- Sleep with yawning, Staph.
- When going to sleep, Ant-c., Ars., Merc., Sul.
- While asleep, Merc.
- When awaking, Bell., Bry., Calc., Carbo-veg., Lach., Nux-v.,  
*Phos.*, Sil., *Sul.*
- Mental emotions, Acon.
- Vexation, Acon., Cham., Rhus, Staph.
- Passion, Nux-v.
- Mental exertions, Bell., Ign., Nux-v.
- Reading, Ign., Nux-v.
- Noise, Calc.
- Being talked to by others, Ars., Bry.
- Menstruation, before, Ars.
- during, Calc., *Cham.*, Carbo-veg., Nat-m., Lach., Phos.
- after, Bry., Calc., Cham., Phos.
- During pregnancy, Apium-v., Bell., Bry., Calc., Hyosc., Merc.,  
Nux-m., Nux-v., Puls., Rhus, Staph.
- While nursing, Acon., Ars., Bell., Calc., China, Dulc., Merc.,  
Nux-v., Phos., Staph, Sul.

#### SUITABLE FOR.

For women, Acon., Apium-v., Bell., Calc., Cham., China, Coff.,  
Hyosc., Ign., Nux-m., Puls.

For children, Acon., *Ant-c.*, Bell., Calc., Cham., Coff., Ign., Merc., Nux-m., Puls., Sil.

For irritable, nervous persons, Acon., Bell., Cham., Coff., China, Hyos., Nux-m.

For persons who have taken much Mercury, Bell., Carb-v., Hep., Lach., Staph.

— who drink much coffee, Bell., Carb-v., Cham., Cocc., Merc., Nux-v., Puls., Sil.

### AMELIORATION.

Getting better from—

Cold air, Nux-v., Puls.

Wind, Calc.

Uncovering, *Puls.*

Drawing air into the mouth, Nux-v., *Puls.*

Cold washing, Bell., Bry., Cham., Puls.

External cold, Bell., Bry., Cham., China, Merc., Nux-v., Phos., *Puls.*, Staph., Sulph.

Cold hand, Rhus.

Finger wet with cold water, Cham.

Holding cold water in the mouth, Bry., Cepa, Coff.

Cold drinking, Bell., Bry., Cham., Merc., Nux-v., Phos., Puls., Rhus, Sulph.

In the open air, *Ant-c.*, Bry., Cepa, Hep., Nux-v., *Puls.*

In the room, Nux-v., Phosph., Sulph.

External warmth, Ars., Bell., Calc., Cham., China, Hyosc., Lach., Merc., Nux-m., Nux-v., Puls., *Rhus*, *Staph.*, Sulph.

Wrapping up the head, Nux-v., Phos., Sil.

Eating something warm, Ars., Bry., Nux-m., Nux-v., Rhus, Sulph.

Drinking something warm, Nux-m., Nux-v., Puls., Rhus, Sulph.

Getting warm in bed, Bry., Nux-v.

Drinking, Bell.

Smoking tobacco, Merc.

When eating, Bell., Bry., Cham., Phos-ac., Sil.

After eating, Arn., Calc., Cham., Phos-ac., Rhus, Sil.

When chewing, Bry., China, Coff.

- Getting better from biting, Ars., Bry., China, Coff.  
 Picking the teeth, so that they bleed, Bell.  
 Picking the teeth, Phos-ac.  
 Rubbing the teeth, Merc., Phos.  
 Touching the teeth, Bry., Nux-v.  
 Sucking the gums, Caust.  
 Pressing upon the teeth, Bell., China, Bry., Ign., Nat-m.,  
 Puls., Phos., Rhus.  
 Moving, *Puls., Rhus.*  
 When walking, Puls., Rhus.  
 When at rest, Bry., Nux-v., Staph.  
 Sitting up in bed, Ars., Merc., Rhus.  
 Getting up, Phos., Nux-v.  
 When lying down, *Bry., Merc., Nux-v.*  
 — on the painful side, *Bry., Ign., Puls.*  
 — painless side, Nux-v.  
 — lying down in bed, Merc., Puls.  
 In bed, Sulph.  
 When going to sleep, Merc.  
 After sleep, Nux-v., Puls.

#### EXTENSION OF PAINS.

The pains extend

- to the jawbones and face, Lach., Merc., Nux-v., Hyos.,  
 Rhus, Sulph.  
 to the cheeks, Cham., Caust., Bry., Merc., Sil., Staph.,  
 Sulph.  
 into the ears, Ars., Bry., Calc., Cham., Hepar., Lach.,  
 Merc., Staph., Sulph.  
 into the eyes, Caust., Cham., Merc., Puls., Staph., Sulph.  
 into the head, Ant-c., Ars., Cham., Hyos., Merc., Nux-v.,  
 Rhus, Staph., Sulph.

#### ACCOMPANIMENTS.

With headache, Apium-vir., Glon., Lach.

- rush of blood to the head, Acon., Calc., China, Hyos.,  
 Lach., Puls.

- With swollen veins**, of the forehead and hands, China.
- **heat in the head**, Acon., Hyos., Puls.
  - **burning of the eyes**, Bell.
  - **flushed cheeks**, Acon., Arn., Bell., Cham., Merc., Nux-m., Nux-v., Phos., Puls., Rhus, Sulph.
  - **pale face**, Acon., Arsen., Ign., Puls., Staph., Sulph.
  - **swelling of the cheek**, Arn., Ars., Bell., Bry., *Cham.*, Lach., *Merc.*, Nat-m., Nux-v., Puls., Phos., Phos-ac., Staph., Sulph.
  - **salivation**, Bell., Dulc., Merc.
  - **dry mouth and thirst**, China.
  - **dry mouth without thirst**, Puls.
  - **dry throat and thirst**, Bell.
  - **chilliness**, Puls., Rhus.
  - **heat**, Hyos., Rhus.
  - **warm perspiration**, Hyos.
  - **chilliness, heat, thirst**, Lach.
  - **diarrhœa**, Cham., Coff., Dulc., Rhus.
  - **constipation**, Bry., Merc., Nux-v., Staph.

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### TOOTH-ACHE NOTES.

PHOSPHORIC-ACID is suitable for bleeding and swollen gums; tearing pains which are worse when warm in bed, and also from heat and from cold, burning in the front teeth during the night; pains from hollow teeth, extending into the head.

APIUM-VIRUS for the most violent pains in the gums, also for jerks and throbbing in the molars, with involuntary sudden biting together of the teeth, headache, and bleeding of the gums.

SILICEA for tedious, boring, tearing pains day and night, worse during the night, spreading over the whole cheek, also into the bones of the face; discharge of offensive matter from openings near the roots of the teeth, or from the gums; swelling of the jaw.

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

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

(Continued from Nov. No., page 496.)

Dr. Creighton in answer to Mr. Meadows White (Q. 5,047), gives the cases of Thornton, of Stowe, in which the variolous test failed. These cases were published by Dr. Beddoes, of Bristol, in his *Contributions to Physical and Medical Knowledge* in 1799. Mr. Savory, at Qs. 5,050-1-2, tried hard to make excuses for these failures on the ground that at that early stage it was natural that errors as to the time of taking the lymph, etc., should be made, etc.

Dr. Creighton disposes very conclusively of the stories of the opposition against which Jenner contended, showing on the contrary an anxiety to accept it, and that it was not until 1804, that opposition to it really commenced.

At Q. 5,068 he deals with Mr. Fry's experiments, saying that the inoculation with small-pox of milkers who had had the cow-pox produced no constitutional effect in thirty or forty cases. "Nor any greater degree of local inflammation than it would have done in the arm of a person who had before gone through the small-pox." But that was the same phrase with which Jenner had waived aside Shorter's cases in which variola unquestionably appeared. Then (Q. 5,074) we have the cases of the Coborne family in which two children and a lad in the employment of Mr. Coborne were vaccinated, were inoculated with small-pox, and all developed both the local pustule and a general eruption. Two other members of the family developed a local pustule. Mr. Savory at this explains that this local pustule was recognized by the observer as not being small-pox.\*

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\*In my as yet unpublished work on the pathology of vaccination, I have shown that the description given of the cow-pox in these two cases resembles the classical descriptions of the syphilitic chancre.—M. R. L.

Q. 5,089. Mr. Hutchinson quotes from Dr. Creighton's *Jenner and Vaccination*, page 226, where fourteen cases are mentioned quoted from Von Sömmering: "Fourteen children have been vaccinated, all of whom were inoculated with variola afterwards and not one of whom had any eruption."

Q. 5,092. "You say at page 227, the absence of the general eruption was therefore no marvel?" "I think the absence of the general eruption was no marvel where the small-pox matter was inserted soon after the cow-pox, which was the case in Von Sömmering's cases, as it was certainly the case in the great body of variolous tests which were officially communicated to the Prussian Medical Department; in them the test was tried on the eighth or tenth day, and I assume it was about the same in Von Sömmering's experiments. I say the absence of the general eruption was no marvel, for this reason. The effect of cow-pox in the earlier removes from the cow was to cause a considerable swelling of the nearest absorbent glands, just as it used to do in the milkers, in whom it produced a painful affection in the glands of the armpits, which caused them to go about with their shoulders raised so the people knew at a glance they were suffering from cow-pox. \* \* \* From that I conclude that another substance inoculated into the skin at or near the same parts, as it usually was, had not a good chance of being absorbed into the circulation, because it followed upon an acute inflammation of the lymphatic glands which should have absorbed it.

Q. 5,094. "You admit, do you not, that the testimony is conclusive, that in those fourteen cases it did in some way prevent successful variolation? I should not confine myself to one thing as restricting the amount of small-pox produced by the test. I have already expressed the opinion that the mode of small-pox inoculation used in those years was chosen deliberately for its limited effects."

Q. 5,097. (Dr. Collins). "You admit a convalescence prophylaxy, a protection lasting during the convalescence, or

to put it in other words, do you explain those cases by a protective influence or an inhibitive influence being operative in the system or in the lymphatics upon the variola poison by virtue of the antecedent vaccine? I think I stated that the obstruction, so far as there was an obstruction, was of a mechanical nature."

Q. 5,111. Dr. Creighton then spoke of what he proposes to call the epidemic test; that is to say, small-pox broke out and a certain number of cases occurred among the vaccinated. Thereupon Jenner and his supporters endeavored to explain these cases away by asserting that the vaccinations had been spurious. It was a very elastic term and appears to have been applied co-extensively with occurrence of small-pox after vaccination.

The same plea was used in France and Germany as well as in England.

Q. 5,112. Historically it was a question of absolute protection or none, the plea of partial protection was put forward at a much later date. He refuses (Q. 5,115) to endorse a suggestion of Sir James Paget that Jenner and his supporters may have been mistaken. The middle course of asserting that although vaccine does not protect from small-pox, yet it determines a milder form of small-pox was adopted later (Q. 5,117). They said it modified the kind of small-pox which ensued; but that was a rather late development.

Q. 5,119. "I do not quite understand how that becomes important? If you ask me my opinion, it seems to me the conclusion ought to have been that the cow-pox had no relation to small-pox."

Qs. 5,120-25. Efforts are made to entrap Dr. Creighton into admissions with regard to statistical evidence, but he declines to go out of the pathological and historical lines on which he had come to testify. At last the chairman at Q. 5,125, asks, "Do you think upon these early facts to which you allude that the conclusion would be justified that vaccination

was an illusion without an examination of the facts which experience has furnished us with during the many years that vaccination has been in operation?" To which he replies, "No, I do not; and, personally, before I came to a conclusion in the matter, I examined the statistical evidence also."

Q. 5,126. "And as I understand it, drew your conclusion from the early history of vaccination, that it is a delusion and an imposture which has been fostered by the medical profession, and which has no other foundation? I suppose the reference is to page 352, where I say: 'The anti-vaccinists are those who have found some motive for scrutinizing the evidence, generally the very human motive of vaccinal injuries or fatalities in their own families or in those of their neighbors. Whatever their motives they have scutinized the evidence to some purpose; they have mastered nearly the whole case, they have knocked the bottom out of the grotesque superstition.'"

Q. 5,127. "I would not have said that much if I had not made a careful examination of the statistical evidence, and allowed it to weigh with me along with the pathological and historical facts to which I have been calling attention."

Q. 5,128. (Dr. Bristow.) "Then you agree with Mr. White? I do, as you ask me."

Q. 5,129. Dr. Creighton next took up the supposed scientific connection between cow-pox and small-pox as sought to be proved by the experiments of Thiele, Ceely, and others, down to Dr. Voigt, of Hamburg. He goes into details with regard to the last of these. The attempt as to all was to inoculate small-pox on the cow. The result was that when a sore was produced on the cow and the matter from it inoculated on man it produced small-pox. But Dr. Voigt's experiments have been cited to prove that small-pox after its inoculation upon a calf is transformed into cow-pox, but Dr. Creighton reports them in full, and the mere statement serves to show that all his simple small-pox inoculations produced



small-pox; but in a fourth experiment he inoculated small-pox at five shallow incisions from a discrete case on the shaven surface of the left hypogastrium, and at the same time he inoculated cow-pox matter at a spot, as he says, sufficiently remote from the other; but does not say where the spot was. Four out of his five small-pox insertions came to nothing, the fifth became a large yellowish-white vesicle. The cow-pox inoculation also produced vesicles from which lymph was taken. A number of children were inoculated with the lymph. Then from the large, pearly vesicle he inoculated a calf at twelve incisions and all produced a crop of vaccine vesicles, and from that calf he inoculated a child which had axillary swelling upon the ninth day and six discrete nodules under the skin for several weeks after. A second child had an areola and pain in the axilla. A third child, inoculated at eight places, had all by the fourteenth day turned to large gray ulcers surrounded by erysipelas. Dr. Voigt discusses the question whether he had not mixed up on the calf's hypogastrium the small-pox inoculation and the cow-pox inoculations.\*

The commission press Dr. Creighton to give his view as to that, but he resisted all their pressure until finally (Q. 5,137) Dr. Collins says: "Do you think it fair to say that the experiment of Dr. Voigt served to illustrate that small-pox inoculated upon the cow would give cow-pox?" To which he replies, "I think the evidence is insufficient for that conclusion;" and again (Q. 5,140) he knows of no experiments which are unambiguous, which demonstrate the possibility of converting small-pox into cow-pox by inoculating a cow.

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\* Dr. Voigt resolves the question in favor of the lymph. It is evident from his argument that he looked upon the cow's body as something in the light of a building having different chambers, into one of which you might place something which will have no connection with any other chamber. This strange misconception goes through much of the vaccinist literature.—[Ed.]

In reply to Sir James Paget (Q. 5,142), he says that he believes Ceely gave small-pox to the children he vaccinated; that is to say, small-pox of the inoculated sort.

Q. 5,143. That this was carried on through several removes, as has been frequently done in the last century, and that in all the successive vaccinations Ceely carried on from child to child and arm to arm, he really gave them small-pox, that if it was small-pox in the first, he does not know what else it could have become in the other cases, and that down to the last case which Ceely described of vaccination with this matter was nothing else than ordinary small-pox as inoculated.

Q. 5,149. Cow-pox and small-pox are different in local effects and in the epidemiological facts and in their clinical history.

Q. 5,151. Sir James Paget calls attention to Ceely's great care and accurate observation, and asks Dr. Creighton if he could have done wrongly in regarding them as cases of vaccination, to which Dr. Creighton replies, "I think that nothing was impossible in the matter."

The chairman then (Q. 5,152) asks whether the fact that a most competent observer mistakes one for the other in a large number of cases does not prove that small-pox in one of its forms must be very similar to cow-pox; but Dr. Creighton shows that he was dominated by Jenner's "original idea," that cow-pox was small-pox of the cow. "He was under the influence of the idea that he was going to prove the identity of cow-pox and small-pox by this experiment on the heifer, when one would suppose that a very brief study of the epidemiological history of small-pox, and on the other hand, of the morbid anatomy of cow-pox, would have kept him right," and then, being still further pushed on the question, he says: (Q. 5,153) "They may have made such an impression upon the mind of Mr. Ceely according to the principle, *credo quia impossibile, which has a wide application to mysterious things!*"

Q. 5,154. (Dr. Bristow.) "But you have no ground for believing, have you, that there is any anatomical difference between cow-pox and small-pox?" "*I have, indeed. I so stated at the beginning of my evidence.*"

[We have here again a striking illustration of a *preconceived idea*, as Dr. Creighton so well shows. Another illustration has very recently come under the observation of the editor of these abstracts. A physician in large practice in Mississippi, where a small-pox scare prevails at the present time, was asked by a member of the bar to criticise the pathological table of small-pox, cow-pox, and syphilis, familiar to the readers of THE HOMŒOPATHIC PHYSICIAN. He told him that he found no fault with the table, which had, no doubt, been correctly compiled from the books, but that cow-pox and small-pox were the same disease although the symptoms might be different, and that cow-pox and syphilis were distinct although many of their symptoms might be the same!—M. R. L.]

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## XIII<sup>TH</sup> INTERNATIONAL MEDICAL CONGRESS.

AMERICAN NATIONAL COMMITTEE.

BALTIMORE, MD., November 1st, 1899.

DEAR DOCTOR:—The American National Committee of the XIII<sup>th</sup> International Medical Congress, to be held in Paris, from the 2d to the 9th of August, 1900, in connection with the French Exposition, has been organized as above indicated.

All doctors of medicine are entitled to membership in this congress by making the proper application and paying the sum of \$5. The secretary-general in Paris has instructed the American National Committee to receive the applications of American physicians, and for this purpose a blank form is enclosed, upon which is to be written full name and address, degrees and any position of note held, together with the section

of the congress to which the writer wishes to belong. A visiting card should also be appended. These forms, with the \$5, are to be returned to the secretary of the national committee. He in turn will send receipt and forward slips and money to Paris, where they will be registered, and in due course of time a card of admission to the congress mailed to each applicant.

The committee hopes the American representation in this extremely important medical congress may be as large as possible, and they would urge every member of the profession to enter his name for membership, this alone entitling him to receive a digest of the full proceedings of the congress and the printed report of the section to which he belongs.

Very sincerely yours,

HENRY BARTON JACOBS.

*Secretary American National Committee.*

3 West Franklin St., Baltimore, Md.

(Physicians should write to Dr. Jacobs for a copy of the circular and letter from which full information can be obtained.—ED.)

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## NASTINESS.

CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

On October 17th, 1893, I was called to see baby W., six months old. I found a miniature old man, dried up to a skeleton; he had never smiled, but whined and cried most of the time; his stools were white, stinking, and turned green on standing in the diaper; vomited most of his milk, being bottlefed. Made no change in milk; gave Psorinum (Hering), 42 m. (Fincke), one dose; on the 21st he looked a little better; on the 27th he was much better, the stools having changed a little to yellow, and he cried less; on the 29th he had a severe vomiting spell after fretting for some time, followed by ex-

haustion, but after recovering somewhat, he looked up into his mother's face and smiled for the first time.

On December 25th, having gained much flesh, he began to be colicky and to cry much at night, but under proper treatment soon got better; to-day, March 30, 1894, he is so fat that his wrists show the creases and he is a picture of health.

Go to! thou immaculate, who holdest up thy hands at Psor. 42 M. and then injecteth an astringent into a gonorrhœic urethra to stop the flowing out.

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### ENZYM.

Dr. Oscar Loew, a bacteriologist in the Agricultural Department of Washington, has published in a German medical journal a description of a newly discovered agent which he thinks, with other bacteriologists, may replace serum in the treatment of various forms of disease where that is now used. The new agent, which he says is similar to serum or antitoxin in some respects, and quite as potent, is manufactured without the aid of dumb beasts. Instead of introducing the deadly microbes into the blood of animals, and thus letting the disease-killing serum form, the noxious bacilli are confined in a glass jar, where they secrete a kind of ferment, which becomes so strong that it kills the very germs which make it, and even destroys their bodies. This fluid is the enzym, and is practically the same as antitoxin. In describing the new agent Dr. Loew says: "It has been known for a long time that certain bacterial growths in the animal body and in man will reach a point where they will cease, as of their own accord. In such cases the disease seems to run its full course, and then entirely die out of the system. According to previous theories this was due to acids, to noxious products or to the stimulation of the animal organism to itself produce a bacteria-killing product. It was never noted that in such cases the whole bac-

illus growth became completely dissolved by the time the course of the disease had been thus run. When I observed this, about a year and a half ago, I concluded that the germs which became thus dissolved had themselves produced the material which accomplished their dissolution. I communicated my theory to my friend, Dr. Rudolph Emmerich, bacteriologist, of Munich. We at one experimented upon a large scale, and produced enzymes.

“Our first enzym was produced by bacilli taken from ulcers formed in the disease known as pyocyaneus. A concentrated solution measuring one cubic centimetre killed, in from several hours to several days, many millions of bacilli of bubonic plague, cholera, typhoid fever, diphtheria, and anthrax. Thus you see the pyocyaneus bacilli formed an enzym fatal not only to themselves but to the germs of all these other diseases, and doubtless to many more which future work will determine.

“We next experimented upon animals. A large dose of bacilli causing anthrax, that dread disease fatal to brutes and often to man, was injected into a rabbit. The dose was sufficient to kill rapidly in from one to three days. Soon afterward from two to five cubic centimeters of the enzym solution were injected into the same animal. This treatment was repeated five or six times. More animals were similarly used, and all were cured of anthrax, and became healthy again. One or two were then painlessly killed and dissected.

“It was discovered upon microscopical examination that the anthrax bacilli had multiplied so rapidly in the beginning that they had reached as far as the liver and spleen. But the enzym injected into the blood had reached even these. It had destroyed and almost dissolved them. The enzym had thus acted in the animal body just as it had in the glass flask of the laboratory. Experiments with other disease germs showed results equally gratifying.”—*Medical Times*.

## REPERTORY OF THE BACK.

BY DR. E. H. WILSEY, PARKERSBURG, W. VA.

### KIDNEY REGION.

**Abdomen**, pain in region of kidney, extending downward and toward abdomen, aggravated at night, Tellurium.

— sudden pain in region of right kidney, extending to epigastric region, then spreading over abdomen, causing warmth in abdomen, Hydroc-ac.

**Above**, sticking above region of right kidney, Lyco.

**Aching** across back and in kidneys, Med.

— in kidney region and in lower part of left loin when walking, Apoc.

— on taking a drive in kidney region and in loins, Calc-c.

— and drawing pain from kidney to sacrum and in thighs and legs; better by drawing the legs up, Cinnab.

— pain in right kidney and stomach, *Crotalus*.

— dull aching pain in sacrum, running up into kidney, Eup-pur.

— in kidney at 10 P. M., Helon.

— in kidney region at 4 P. M. while walking, Hyperi.

— in region of left kidney as if urine had been retained too long; worse by sitting, better by pressure, but worse afterward, Pallad.

— frequent urging to urinate and aching in bladder, and next day aching in left kidney when sitting, Pallad.

— heavy aching across kidneys mornings on waking, Æthusa., Ham.

**Across**, drawing across region of kidney, with warmth during the fever, Lach.

— from 4 A. M. till evening pain in both kidneys and across hips; severe and a little burning; better at 9 P. M., Lyssin.

— and in kidneys, aching, Med.

— pain across kidneys, then diuresis, Morphinum.

— pain across region of kidneys, Still.

— heavy pain across kidneys in morning, urine high-colored and not as easily voided as usual, Sang.

## KIDNEYS.

**Acute** pain in region of kidneys, Codein.

**Afternoon**, pain in right kidney in afternoon, Bad.

**Arms**, sharp pain in region of kidneys when moving arms, Ant-t.

**Awake**, pain in kidney keeping him awake at night, *Can-ind.*

**Before** urinating, a pain in kidney region, Tabacum.

**Bladder**, pain in ureters extending to bladder, *Canth.*

— stitches from kidney into bladder, *Berb.*

— sticking from kidney along ureter to bladder, Cocc-c.

— drawing pain in right kidney extending along ureter to bladder, waking him at 5 A. M., Cocc-c.

— soreness of kidney region gradually extending to bladder, with frequent urging to urinate, with increased dark urine, Cocc-c.

**Burning** pain in kidney, with profuse urine, smarting and burning in urethra, then profuse micturation of clear urine and along ureters, as if boiling water was poured through them, Cedron.

— in region of left kidney, deep, extending toward right side, Lachn.

— in kidneys, *Can-ind.*

— 4 A. M. till evening pain in both kidneys and across hips, severe and a little burning, better at 9 P. M., Lyssin.

— pain in left kidney, with burning in all urinary organs, Euphorb.

— drawing pain in region of kidneys, *Tereb.*

— in renal region with frequent burning and micturation, increased and drawing along ureters, Thuja.

**Breathing**, stitches in region of kidneys arresting breathing in P. M., Croton.

**Breath**, heat in kidney region on taking a long breath, Sepia.

**Bruised** feeling in kidney region, Physos.

— pain in kidneys and above kidneys, extending to gluteal and thighs, worse by motion and touch, especially stooping, Clem.

— pain in lumbar region and across kidneys from 2 P. M. till 4 P. M., Conval.



## KIDNEYS.

- Chills**, creeping in region of right kidney, throbbing, contracting, drawing, and relaxing, as if caused by icy-cold insects with claws, Med.
- Constriction** spasmodic from kidney to bladder, Nit-ac.
- Creeping** sensation occasionally in region of left kidney, Med.
- Cramp-like** pain in hip from kidney to thighs, with sensation as if hip joint was fastened by iron clamps, *Colocy.*
- spasmodic pain in region of kidneys streaming out from both sides in afternoon, when sitting, to be compared with cramp-like pain after an injury to testicles by an emission of flatus, Cocc-c.
- Cramp**, shooting pains from right kidney down to knee like cramp, *Ip.*
- Crawling**, heavy pain in kidney region, with darting pain occasionally, with crawling sensation, Dirca-p.
- Cutting** at times in right kidney region, at times a drawing pressure, Zinc:
- violent pain in region of kidneys when lifting arm or blowing nose; pain in back jerking, cutting, and shooting, *Calc-ph.*
- above region of left kidney, Merc.
- and dragging down from kidneys before urinating, Graph.
- Darting** pain occasionally through kidney, Cund., Dirca-p.
- pain in region of left kidney, darting over left hip, especially when spine is pressed upon, Med.
- pain in left kidney on waking at 6 A. M., then in right, with heavy pain in left testicle, Stilling.
- Deep**, penetrating, dull stitches in region of right kidney, worse during inhalation, Cyclamen.
- Digging** in kidney region, evening in bed, then sticking, making him jump, Cocc-c.
- Drawing** in region of kidney, extending along loins when sitting, Ruta.
- in right kidney, extending to right hip, Tereb.
- burning in renal region, with frequent burning micturition, increased and drawing along ureters, Thuja.
- across region of kidney, with warmth during the fever, Lach.

## KIDNEYS.

- Drawing**, creeping chills in region of right kidney, throbbing, contracting, drawing, and relaxing, as if caused by icy cold insects with claws, Medor.
- and aching pain from kidneys to sacrum, and in thighs and legs, better by drawing up legs, Cinnab.
- pain in right kidney, extending along ureter to bladder, waking at 5 A. M., Cocc-c.
- in region of right kidney, with pressure, Iod.
- Drive**, aching in kidney region on taking a drive, also in loins, Calc-c.
- Formication** in kidneys, Hydrocotyle.
- Fluttering** sensation in kidney region, sometimes one and then the other, without pain or uneasiness, *Chimaphila-umb.*
- Gripping** in region of kidneys, Cadmium.
- Heat** in kidney region on taking a long breath, Sepia.
- and tension in renal region, even while sitting; walking tires him, Nat-m.
- Heavy** pain in kidney on waking, Oxytropis.
- pain across kidney in morning, urine high colored and not as easily voided as usual, Sang.
- darting pain in left kidney on waking at 6 A. M., then in right with heavy pain in left testicle, Stilling.
- pain in kidney region with crawling sensation and occasional darting pain, Dirca-p.
- pain over right kidney, preventing sleep first part of night, Equise.
- Heaviness**, obstruction in right kidney with heaviness, Hydrocotyle.
- Hot**, sensation as if kidneys were two bags of hot water, Helon.
- Itching** stitches in kidney region, Staph.
- Jerking** under left kidney, Astacus.
- Laughing**, pain in kidneys when laughing, *Can-ind.*
- Left**, pain in region of left kidney, Elater.
- Morning**, heavy aching in morning across kidneys on waking, Æthu.
- Movements** in region of kidneys, Camph.

## KIDNEYS.

- Pain** in region of left kidney, *Cepa.*, *Chloro.*, *Clem.*, *Zinc.*  
 — in right kidney at 9 P. M., then in left, extending down to side of sacrum, *Equisetum.*  
 — in left kidney with burning in all urinary organs, *Euphorb.*  
 — desire to pass water with pain in kidney region, urine albuminous, feet and legs dropsical, *Fer.*  
 — in kidneys, *Gnaphal.*  
 — in region of kidneys, *Bovis.*, *Papaya-vul.*, *Kali-brom.*  
 — sudden pain in region of right kidney, extending to epigastric region, then spreading over abdomen, causing warmth in abdomen, *Hydroc-ac.*  
 — in right kidney, *Iris-v.*, *Stilling.*, *Lyco.*  
 — in kidneys with tenderness, *Oxytropis.*  
 — in region of left kidney, running around ilium, and bruised feeling in kidney region, *Physos.*  
 — great pain in back and region of kidney, aggravated after urinating, *Syph.*  
 — in region of kidney before urinating, *Tabacum.*  
 — burning, drawing pain in region of kidney, *Tereb.*  
 — in region of kidneys, extending downward to abdomen, worse evenings and night, *Tell.*  
 — in right kidney from 4 to 5 P. M., *Lyssin.*  
 — in kidney region with profuse urination, *Nat-ars.*  
 — in kidney during apyrexia, *Nat-m.*  
 — in kidney region, as if ulcerated, *Can-Sat.*  
 — drawing pain in kidney region extending to inguinal glands with anxious nausea at pit of stomach, *Can-Sat.*  
 — in kidney and abdomen with such pain on urinating that he could not pass a single drop without moaning and screaming, *Canth.*  
 — in kidney region late in evening, *Canth.*  
 — in kidneys with profuse urine, smarting and burning in urethra, then profuse micturition of clear urine and burning along ureters as if boiling water were poured through them, *Cedron.*  
 — in kidney region with urging to urinate, *Ars-h.*

## KIDNEYS.

**Pain**, oppressive pain in kidney region, *Cocc-c.*

**Pinching** in kidney region, *Caustic.*, *Zinc.*

**Pressing** in region of kidneys, *Lyssin.*

— soreness in region of right kidney when pressing back against carriage seat, *Amm-benz.*

**Pressure** in region of right kidney, *Mar-v.*

— in region of right kidney with drawing, *Iod.*

— or stitches in region of both kidneys, *Kali-c.*

— or sticking in kidney region, worse by pressure, *Lyco.*

— or severe pain in back in kidney region, better by pressure across back with arms crossed, *Viburnum-op.*

— in kidney region, worse turning body with sticking, *Berb.*

— in region of kidneys painful to pressure, *Cocc-c.*

**Pulling** sensation, a feeling over right kidney as if something pressed hard against it; better by pressure, but leaves a pulling sensation, *Amm-brom.*

**Pulsating** stitches in region of loins and kidneys, *Sul.*

**Rectum**, sticking in kidney region extending into rectum, *Lyco.*

— pain in kidney penetrating into right iliac fossa, then shooting through to sigmoid flexure of colon, then extending to rectum, *Sang.*

**Rise**, when she stoops cannot rise again without violent pain in kidney region, *Med.*

**Rising**, backache in kidney region when rising in morning, *Ham.*

**Sacrum**, dull aching pain in sacrum running up into kidney, *Eup-pur.*

**Sensation** of pain in back and kidney and lower portion of spine, starting from lumbar vertebræ, *Fer-i.*

**Severe** pain in back in kidney region better by pressing arms across back, *Vib-op.*

**Sharp** pains in kidney region when moving arms, *Ant-t.*

— pains in region of right kidney leaving soreness, *Convall.*

— pain in kidney region as if nail had been driven in side vertebræ, *Cinnab.*

— pain in region of left kidney (plunging), *Myrica.*

## KIDNEYS.

- Shooting** sharp pains, first left then right renal region extending down thighs, worse on motion, *Kali-b.*
- pains from right kidney down to knee like cramp, *Ipec.*
- pain in kidney region penetrating into right iliac fossa, then shooting through to sigmoid flexure of colon, then extending to rectum, Sang.
- Shot**, sudden aching in kidney region at night when undressing, as if, Helon.
- Sitting**, tension in kidney region even when sitting, with heat, and walking soon fatigues, Nat-m.
- frequent urging to urinate and aching in bladder, and next day aching in left kidney when sitting, Pallad.
- sticking in region of left kidney when sitting, Dig.
- aching in region of left kidney as if urine had been retained too long, worse on sitting, better from pressure, but worse afterward, Pallad.
- stitches in kidney region when sitting down, Valer.
- Sleep**, heavy pain over right kidney, preventing sleep in forepart of night, Equisetum.
- Sleeplessness**, stitching in region of left kidney, waking him at four A. M., then tossing about and sleeplessness, Cinnab.
- Soreness** of kidney aggravated in right, Equisetum.
- Sore pain** in small of back in kidney region all day, Hydrast.
- spot over right kidney, Amm-brom.
- Soreness** slight in region of kidneys when bringing muscles into action, Apoci-can.
- soreness in region of kidneys, Mancin.
- of kidney region gradually extending to bladder, aggravated into sphincter with frequent urging to urinate, with increased high urine, Cocc-c.
- weakness, pain and soreness in kidney region, Phyto.
- Spasmodic** constriction from kidneys to bladder, Nit-ac.
- pain in region of kidneys streaming out from both sides in afternoon when sitting, to be compared to the cramp-like pain after an injury to testicles, better by emission of flatus, Cocc-c.

## KIDNEYS.

**Squeezing** in left kidney region, *Hyperi.*

**Sticking** in left renal region, *Croton.*

— in region of kidneys, *Dig., Vipera.*

— in kidneys and liver, *Sepia.*

— inward in kidney region, *Stann.*

— in region of right kidney, *Lob-i.*

— in region of left kidney, *Lyco.*

— above region of right kidney, *Lyco.*

— in kidney region, worse by pressure, *Lyco.*

— from kidneys along ureters to bladder, *Cocc-c.*

— and pricking pain in region of kidneys, *Carbo-an.*

— pressure in kidney region, worse turning, with sticking, *Berb.*

**Stiffness**, dull pains in region of kidneys and stiffness in loins, *Benz-a.*

**Stinging**, sharp stinging pains in kidney region, *Kali-b.*

**Stitches** in region of kidneys, *Ran-scl.*

— itching stitches in region of kidneys, *Staph.*

— pulsating stitches in region of loins and kidneys, *Sul.*

— in kidney region when sitting, *Valeriana.*

— in kidney region, *Zinc.*

— in renal region, *Phos-ac.*

— from kidneys into bladder, *Berb.*

— in region of kidney arresting breathing, *Croton* (in P. M.).

— in left kidney, *Gambog.*

— pressure or stitches in region of both kidneys, *Kali-c.*

— in right kidney region, *Canth.*

**Stomach**, aching pains in right kidney and stomach, *Crotalus.*

**Stoops**, when she stoops cannot rise again without violent pain in region of kidney, *Medor.*

**Stooping**, tearing in region of kidney, worse by stooping, *Raphanus.*

**Stretching**, tired sensation in region of kidneys, desire to rub parts, with much stretching, *Mancin.*

**Stooping**, bruised pain in and above kidneys extending to gluteal region and thighs, worse by motion and touch, especially stooping, *Clem.*

## KIDNEYS.

- Tearing** in region of right kidney, worse by stooping, Raphanus.  
— from both sides of vertebræ into kidneys, worse from motion of trunk, Stann.  
— in region of right kidney, *Lyco*.
- Tenderness**, pain in kidneys with tenderness, worse in right, Oxytropis.  
— weakness and tenderness of kidneys on pressure, Plant.
- Tension** in kidney region when sitting with heat, and walking soon fatigues, Nat-m.  
— and pain in region of kidneys, *Colch*.
- Testicle**, darting pain in left kidney on waking at 6 A. M., then in right with heavy pain in left testicle, Stilling.
- Throbbing**, twitching in right kidney region with throbbing, Canth.  
— and thumping in region of right supra-renal capsule, seeming to come from an abscess or sore spot just below fifth rib, right side under breast, Med.
- Through**, darting pain occasionally through kidneys, Cund.
- Tired** sensation in region of kidney, desire to rub parts, much stretching, *Mancin*.
- Toothache**, pain in loins like toothache when she stands, which makes her feel sick and good for nothing, *Colchi*.
- Twitching** in right kidney region with throbbing, Canth.
- Undressing**, sudden aching at night on undressing as if shot, Helonias.
- Uneasiness** and weight in kidney region, *Helonias*.
- Urgent**, dull pain in region of right kidney with urgent desire to urinate, *Equisetum*.
- Urinating**, great pain in region of kidney, worse by urinating, Syph.
- Urination**, pain in kidney region with profuse urination, Nat-ars.
- Ureters**, pain in ureters extending into bladder, *Canth*.
- Violent** pain in region of right kidney, could lie only on his back, worse from pressure and motion, *Colchi*.
- Waking**, heavy pain in kidney on waking, Oxytropis.

## KIDNEYS.

**Waking**, darting pain in left kidney on waking at 6 A. M., then in right kidney with heavy pain in left testicle, Stilling.

**Walking**, aching in kidney region and in lower part of left loins when walking, Apoc-can.

— at four P. M., aching in renal region while walking, Hyper.

**Water**, sensation as if kidneys were two bags of hot water, Helonias.

**Weakness**, pain and soreness in region of kidney, Phyto.

— in region of kidney, loins, and sacrum, Lyss.

— in left kidney region, Cund.

## MEDICAL RECIPROCITY.

At the annual meeting of the Massachusetts Surgical and Gynæcological Society held in Boston December 13th, 1899, the following resolutions, suggested by the president, Dr. J. P. Rand, in his annual address, were unanimously adopted:

WHEREAS, The Massachusetts Surgical and Gynæcological Society, believing that the laws for medical registration, as they appear in many States, are unjust to the reputable practitioner who for any reason may desire to change his location from one State to another; therefore be it

*Resolved*, That this society call upon the American Institute of Homœopathy, as the oldest national medical organization in this country, to take some action towards bringing about a uniform system for registration in medicine, whereby a physician legally qualified to practice in any State or territory of this Union, or in the District of Columbia, may be allowed to register for practice in any other State or territory of this Union or in the District of Columbia upon the presentation of a verified certificate and the payment of a nominal fee.

*Resolved*, That a copy of these resolutions be forwarded to the chairman of the Legislative Committee, of the American Institute of Homœopathy, for such consideration as may be deemed expedient.



## THE RESTORATION OF HAHNEMANN'S TOMB.

The total amount of contributions received by Dr. Cartier, for the restoration of Hahnemann's tomb, in Paris, is 17,424.40 francs.

The design adopted was that of Lardot, and according to Dr. Cartier's description in the October number of the *Revue Homœopathique*, is as follows: "The monument is composed of a central piece and two lower sides. In the centre is a pedestal, ornamented with carvings and bronze garlands, which supports Hahnemann's bust; back of the pedestal a large stela (arch) surmounted by carved emblems, and of 3.80 m. in height; on the body of the stela is Hahnemann's epitaph; at the foot of the pedestal is read 'International Subscriptions.' "

On the sides are engraved, on the left, the works of Hahnemann; on the right, his sentiments.

"The side of the base on which is engraved the works and sentiments, is further ornamented with palm leaves, consols, and plaques in reliefs, for engraving letters.

"In front of the monument are double perpend stones, molded to hold a railing in antique green bronze, Greek style.

"The monument will be of Scotch red granite, from Peterhead of imperishable polish, except the sub-base, which will be of Normandy granite, probably Vire.

"In the agreement with the house of Lardot, the monument must be finished for the International Congress of 1900, which will be held at the Exposition from the 18th to the 21st of July.

"Subscriptions will be received until December 31st, 1899, as certain parts of the tomb can be much more richly ornamented."

Those who desire to contribute have therefore the privilege of sending in amounts up to the first of January, 1900.

The fund in hand covers the contract already made for the restoration, but some further ornamentation should be added to the monument and any additional subscriptions will be used for this purpose.

The French society is pleased that the American physicians have taken so much interest in this restoration of Hahnemann's tomb, especially in view of the grand monument which is contemplated being placed in Washington.

As the American member of the commission, I desire to thank the physicians of our country for the deep interest which they have manifested in this measure.

The monument will be dedicated during the International Congress to be held in Paris in July, 1900.

BUSHROD W. JAMES.

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## SKIN-GRAFTING SUPERSEDED BY SKIN-PROPAGATION.

The ability of hæmathery to propagate new skin on the largest raw surface from a few minute and scattered points of graft skin, such as the patient or any one else can furnish from his own cuticle without inconvenience, while at the same time putting a stop to the pain, waste, and fever that are so terribly fatal in extensive lacerations or burns, is a discovery full of such blessed respite from agony and death, for the future, that we need not apologize for once more repeating the memorable first case.

The pain attendant upon skin grafting, both to the giver and the receiver, the difficulty of procuring the living human skin in sufficient quantity, and the tedious long period of suffering while the grafts are setting or failing to set—these render a revolution in this great life-saving process, that does away with all trouble, an event that one would expect to be hailed and celebrated the world over. Why not? Can any one tell?

## EXTENSIVE TRAUMATIC ULCERATION—CASE I.

BY DR. T. J. BIGGS, NEW YORK.

F. L.— came to the Demilt Dispensary, December 22d, 1892, having sustained, two weeks previously, while at work as brakeman on the Long Island Railroad, a large laceration of the forearm, which was denuded of the integument and superficial and deep fasciæ, to the extent of seven inches in its long axis and three and a half inches in width. For two weeks he had been treated at several dispensaries and hospitals, under antiseptic methods, without preventing the formation of a large-sized black slough, about two inches in length and extending down to the periosteum. Furthermore, as a result of the severe blow which the muscles of the region had sustained, total paralysis of the forearm existed. He had been advised to have the arm amputated. This he refused to submit to; hence his appearance at the Demilt Dispensary for treatment under Dr. Biggs.

The preliminary treatment here pursued was the employment of such applications as would tend to hasten the removal of the slough and stimulate the wound to a condition of healthy granulation—namely, balsam of Peru, peroxide of hydrogen, etc.

The desired condition was obtained in about ten days' time, when it was decided to undertake to heal the wound by skin-grafting. The method employed, however, was not that of Thiersch, but the direct application of small graft points at intervals to be nourished by topical blood supply.

After careful cleansing the surface of the wound with Thiersch's solution (Corrosive Sublimate was not used, as it is believed to coagulate the albumen in the tissue and interfere with the adhesion of the graft; and the sovereign depurator, Peroxide-on-bovine, was not yet known) and preparing a clean area on the other arm, from which the grafts were to be taken, several small pieces of skin were snipped off from this

surface, washed with the Thiersch solution, and carefully placed over the surface of the wound at a distance of one inch apart each. Eight of these minute grafts were employed in all. Directly over the grafts were placed strips of rubber tissue, soaked in Thiersch solution, and over this, sterilized gauze wet with the same solution. The dressing was completed by the application of more rubber tissue over the whole forearm, and finally a splint and an evenly-applied bandage.

On inspection after forty-eight hours, the grafts were barely adherent, and had lost their pinkish hue, showing a want of nutrition from the unaided natural circulation. One had been brushed off, leaving only seven, scattered over the surface of the ulceration as sources of skin propagation. The dressing of bovine blood was now applied, and a peculiar effect was immediately experienced. Up to this moment, the patient had suffered incessant pain in the wound, so severe that, for two weeks and more previously, sleep could be obtained only by the use of powerful anodynes. The application of bovine was instantly followed by a sense of most grateful relief, and within a few minutes the pain had wholly disappeared, and (the bovine dressing being continued) never returned!

The grafts were afforded constant artificial nutrition by bovine, on which they thrived, developed and became permanently adherent. The dressings from now on were changed about every forty-eight hours until at the end of about eight weeks, when the wound was found to be absolutely and entirely well, having become covered with healthy epithelium, which had traversed the surface of the wound, having been developed alike from the circumference and from the several grafts. March 6th, 1894, the patient was discharged in perfect repair; the wound being fully covered with healthy skin, having but a comparatively small pink cicatrix, which was not sensitive, hard, or contracting the surrounding tissues.

It remains only to add, that the arm, which had been from

the time of the injury totally paralyzed, was restored to full power.

This brief, painless, and uninterrupted cure, occupying only sixty-four days, and requiring only seven minute points of graft skin for some twenty-five square inches of new growth which the nourishing blood-preserve built steadily out from each graft over the bare intermediate spaces—created an epoch in tissue construction of which the promise is even yet immeasurable: remembering as we should, that in principle and substance it was but a repetition of a clear physiological process which the blood-preserve had already made invariably practicable in hundreds of cases on record, and which has since been incredibly extended in surgical practice with supplied blood.

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### BOOK NOTICES.

A TEXT-BOOK ON PRACTICAL OBSTETRICS. By Egbert H. Grandin, M. D., Gynæcologist to the Columbus Hospital. With the collaboration of George W. Jarman, M. D., Gynæcologist to the Cancer Hospital. Second edition. Revised and enlarged. Illustrated with sixty-four full-page photographic plates and eighty-six illustrations in the text.  $6\frac{1}{2} \times 9\frac{1}{2}$  inches. Pages xiv--461. Extra cloth, \$4.00 net; sheep, \$4.75 net. The F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia.

These two authors published a book in 1894, entitled *Obstetric Surgery*, reviewed in this journal March, 1895, page 146. They issued a supplementary volume entitled *Pregnancy, Labor, and the Puerperal State* in 1895, reviewed in THE HOMŒOPATHIC PHYSICIAN for February, 1896, page 108. The two volumes were later bound in one. The volume now before us is practically a second edition of these two combined works, and is a most excellent text-book of the subject of midwifery. Nothing more need be said, than that its plan has had imitators.

Midwifery has made considerable advances since the time of Cazeaux's great work, and while that author will never be discarded, yet we need more modern text-books to keep us aware of the progress in the art. The book under review fulfills this condition.

NEW, OLD, AND FORGOTTEN REMEDIES. Papers by Many Writers. Collected, arranged, and edited by E. P. Anshutz. Philadelphia: Bœricke & Tafel, 1900. Price, cloth, \$2.00; by mail, \$2.20.

The author of this book is the manager of the publishing department of Bœricke & Tafel's well-known homœopathic pharmacy. He is not strictly a medical man. That is, he does not have a degree and sport a "sheep-skin." But he ought to be in the ranks of the profession which would undoubtedly be adorned and benefited by his presence. He is much more worthy of the title of "Doctor" than many a man in the profession. His pithy and incisive articles in his little journal *The Homœopathic Envoy* show well his ability. Now we have this book which is valuable for the amount of information it gives upon remedies not generally met with in the materia medica. Here they are found arranged in alphabetical order with suitable indexes, rendering them easy of reference. We cordially commend this book to the profession.

A REPERTORY TO THE CYCLOPÆDIA OF DRUG PATHOGENESY. Compiled by Richard Hughes, M. D. Parts I, II, and III. London: E. Gould & Son, 59 Moorgate Street, E. C.; New York: Bœricke & Tafel, 159 Grand Street, 1897.

A review of this work was published in *THE HOMŒOPATHIC PHYSICIAN* for September, 1897, giving its principal points. The present notice is intended more especially to jog the memories of the profession and induce them to patronize what we regard as a great work. When any member of the profession expends time and money to render more accessible the symptomatology of the materia medica, such a man should have his efforts rewarded and his hands upheld by the liberal purchase of his work by those who do nothing in the line of this kind of labor. There is not enough appreciation of this kind of work by the profession, whether by Dr. Hughes or by others, and we once more urge upon the profession the merit of the book and their need of it. All who wish to find further information of its character should refer to the review in this journal for September, 1897.

THE SURGICAL DISEASES OF THE GENITO-URINARY TRACT, VENEREAL AND SEXUAL DISEASES. A Text-Book for Students and Practitioners. By G. Frank Lydston, M. D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphiology in the Medical Department of the State University of Illinois; Professor of Criminal Anthro-

pology in the Kent College of Law; Surgeon-in-Chief of the Genito-Urinary Department of the West-Side Dispensary; Fellow of the Chicago Academy of Medicine; Fellow of the American Academy of Political and Social Science; Delegate from the United States to the International Congress for the Prevention of Syphilis and the Venereal Diseases, held at Brussels, Belgium, September 5th, 1899, etc. Illustrated with 233 engravings,  $6\frac{1}{2} \times 9\frac{3}{4}$  inches; pages xvi—1024. Extra cloth, \$5.00, net; sheep or half-Russia, \$5.75, net. The F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia.

This book is a most interesting addition to the literature of genito-urinary diseases. It is in fact a reproduction of the author's lectures on this branch of medicine in the Medical Department of the University of Illinois. There are some original ideas, which the author modestly calls heresies, taught in its pages. These heresies we do not feel competent to discuss, especially in the limited time at our command.

There are over one hundred and eighty pages devoted to syphilis alone. The theory of contagion of this terrible scourge accepted by the author is that of Dr. Fessenden N. Otis, his friend, and to whom he was hospital assistant and to whom the book is dedicated. The idea that "the contagium consists of a degraded infectious cell of very minute proportions, a view in no wise inconsistent with the germ theory, this cell having been primarily infected by the germ and acting as a carrier of infection thereafter."

The author then goes on to describe the mechanism of the infection. This description we have not space to reproduce here, though it is not only novel and ingenious, but interesting.

The author's views on sexual incontinence and depravity are also interesting but not suitable for reproduction here.

The general plan of the book is a division into ten parts. The first part being the general principles of genito-urinary pathology and therapeutics. The second parts deals with non-venereal diseases of the penis. The third part treats of the diseases of the urethra. Part four treats of chancroid and bubo, and part fifth of syphilis. The remaining parts treat of sexual physiology, of diseases of prostate, of the urinary bladder, of surgical affections of the kidneys and the testis and spermatic cord.

KEYNOTES AND CHARACTERISTICS, WITH COMPARISONS OF SOME OF THE LEADING REMEDIES OF THE MATERIA MEDICA. By H. C. Allen, M. D., Professor of Materia

Medica and *The Organon* in The Hering Medical College and Hospital, of Chicago. Second edition, revised and enlarged. Philadelphia and Chicago: Bœricke & Tafel, 1899. Price, cloth, \$2.00, net; by mail, \$2.10.

The first edition of this book was noticed in THE HOMŒOPATHIC PHYSICIAN for January, 1899, page 40. In one short year we are presented with the second edition.

What was said by this journal before, can be said again with increased emphasis. No physician making the slightest pretension to Homœopathy should be without this book. No physician who believes in Homœopathy should be dependent upon merely casual references to its pages. He ought to commit it to memory. Its indications are needed every day in making prescriptions. These indications are the old keynotes of the late Dr. Henry N. Guernsey, invaluable in studying the *simillimum*. When the editor of THE HOMŒOPATHIC PHYSICIAN was a beginner in medicine thirty years ago, he *did* commit these keynotes to memory, and he has never regretted the labor for they have been of continual use ever since. Hence the admonition above, to every physician to do likewise.

Dr. Allen has put them in a most convenient form and there is no excuse for any homœopathist not to know them.

A PRACTICAL TREATISE ON THE DISORDERS OF THE SEXUAL ORGANS OF MEN. By Bukk G. Carleton, M. D., Genito-Urinary Surgeon and Specialist to the Metropolitan Hospital, etc. Second edition, revised and enlarged; 333 pages. New York: Bœricke & Runyon Co., 1900. Price, \$2.50, net; by mail, \$2.67.

This book shows that it is appreciated by the medical profession when a second edition is issued in two years. A review of the first edition will be found in the pages of THE HOMŒOPATHIC PHYSICIAN for February, 1899, page 92. What was said there is equally applicable now.

The therapeutics are of course objectionable for a book confessedly homœopathic. They are too strongly of the character of the old school of medicine.

The indications for the homœopathic remedies are given in the last fifty pages. They are good as far as they go, but might be much extended. As in the first edition there is no repertory to these indications. The addition of a repertory to any homœopathic book is as essential to the value and usefulness of the book as is a good general index to books in other departments of learning.



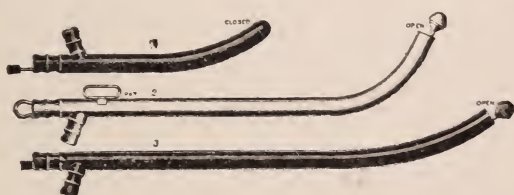
## CATHETERS AND CYSTITIS.

BY R. N. MAYFIELD, M. D., NEW YORK,

Formerly President of the Colorado State Board of Medical Examiners and lecturer in pathology and clinical medicine, University Colorado, etc.

It is well known that when it is necessary to use a catheter of usual construction—that is, with the ordinary fine perforations as an inlet thereto—it does not work readily or satisfactorily, or subserve fully the results expected from it.

Examples of such unsatisfactory operations are seen where there is a good deal of mucus present in the bladder, such mucus being apt to surround or lie upon the end of the catheter, clogging or stopping the apertures thereof and preventing the ingress of fluids to be drawn off; again,



when sediment or calcareous matter is present, it clogs, even sometimes filling in part or completely the apertures, with consequent failure of the catheter to fully perform its functions. Such failures are especially apt to happen in nearly, if not quite, all forms of chronic diseases of the bladder, and notably so in cystitis.

My object, therefore, is to present a catheter that is reliable and efficient in operation when the use of a catheter is indicated in all conditions and diseases of the bladder. In this instrument the danger of clogging or failure to perform its functions is obviated, and its interior may be readily made aseptic, and bits of mucus that usually clog an ordinary catheter may be readily drawn off.

This catheter is of very simple construction, being tubular, with the curve of an ordinary instrument, and opened at the end for an inlet. For the closure of this open end, and for the easy insertion of the catheter, as well as for other purposes, a bulbous or rounded head is used, preferably solid, and attached to one end of a wire, passing through the body or tube and projecting at its rear outlet end.

This construction forms a very efficient catheter, having an area of opening so large as to greatly obviate the danger of clogging, for, if mu-

## CATHETERS AND CYSTITIS.

cus should lodge against the open end, the working of the head back and forth upon its seat would cut away the obstructing bits of mucus and permit them to pass through the tube.

With this instrument there should be no hesitancy in using Nitrate of Silver, Iodine, Corrosive Sublimate, Carbolic-acid, or Hydrogen solutions in the bladder, as any of these solutions can be readily drawn off or neutralized, thus preventing poisoning from absorption, or preventing rupture from gases that form in the bladder.

Regarding the treatment of cystitis with the employment of this catheter, presuming that we have a typical case, with ropy, viscid, and tenacious mucus, the membrane thickened and possibly ulcerated, and in deep folds "ribbed," as it were we begin the treatment as follows:

1. Inject a quarter of a grain of Cocaine dissolved in a drachm of water into the membranous portion of the urethra.

2. Anoint the largest hard-rubber catheter that can be well pressed into the bladder, and increase the size one number each week until the urethra is normal in size.

3. Begin with dilute Hydrogen solutions—preferably Hydrozone—one part to twenty of lukewarm water, using this solution freely, especially when employing the large size catheter. If the small size is used at the beginning, I recommend the use of only two or three ounces at a time until removed by the return flow. This can be repeated until the return flow is clear and not "foaming," which indicates that the bladder is aseptic.

4. Partly fill the bladder with the following solution: Tincture of Iodine Compound, two drachms; Chlorate of Potassium, half a drachm; Chloride of Sodium, two drachms; warm water, eight ounces. Let it remain a minute or so and then remove. This treatment should be used once or twice a day.

Where I suspect extensive ulceration I recommend once a week the use of from ten to twenty grains of Nitrate of Silver to the ounce, and neutralize with Chloride of Sodium solutions.

This treatment carried out carefully will be satisfactory, as there is no remedy that will destroy bacteria, fœtid mucus, or sacculated calcareous deposits like Hydrogen.—*New York Medical Journal*, September 3d, 1898.

## OTITIS.

BY DR. HUGH BLAKE WILLIAMS, OF CHICAGO, ILL.

(Abstract from *The Alkaloidal Clinic* of Chicago for January, 1899.)

The more I see of chronic suppurative inflammation of the ear, the more convinced do I become that the element of chronicity is due to lack of thoroughness in treatment. The method of procedure mapped out below will not succeed in cases where necrosis has occurred, but in all others it will reduce the duration of treatment from months and weeks to days.

The patient is placed upon the side with the affected ear up. The concha is filled with Marchand's Hydrozone, which is allowed to remain until it becomes heated by contact with the skin, when, by tilting the auricle, the fluid is poured gently into the external canal. The froth resulting from the effervescence is removed with absorbent cotton from time to time and more Hydrozone added. This is kept up until *all* bubbling ceases. The patient will hear the noise even after the effervescence ceases to be visible to the eye.

Closing the external canal by gentle pressure upon the tragus forces the fluid well into the middle ear, and in some instances will carry it through the Eustachian tube into the throat. When effervescence has ceased the canal should be dried with absorbent cotton twisted on a probe and a small amount of pulverized boracic acid insufflated.

The time necessary for the thorough cleansing of a suppurating ear will vary from a few minutes to above an hour, but if done with the proper care it does not have to be repeated in many cases. However, the patient should be seen daily and the Hydrozone used until the desired result is obtained.

Care is necessary in opening the bottle for the first time, as bits of glass may fly. Wrap a cloth about the cork and twist it out by pulling on each side successively.

In children and some adults the Hydrozone causes pain, which can be obviated by previously instilling a few drops of a warm solution of cocaine hydrochloride. In this note it has been the intention to treat supuration of the ear rather as a symptom and from the standpoint of the general practitioner.

## FUN FOR DOCTORS.

### CONTRADICTED HIMSELF.

"Doctor," said the solicitor, "I wish you would do some advertising with our paper."

"Couldn't think of it, sir. The idea is preposterous. It's against the ethics of our profession. By the way, here's an item about a man I attended this morning. Take it down to the office, will you? And be sure to see that my name is mentioned."—*Buffalo Express*.

### A HEAVENLY BLESSING.

"I've got a tongue-tied child, doctor. Can anything be done for it?"

"Boy or girl?"

"Girl."

"Humph! I think you'd better not interfere with the workings of Providence, ma'am."—*Life*.

### HIS DOCTOR WAS TO BLAME.

Prisoner.—"Yes, your worship, I committed the theft with which I am charged entirely through the instigation of my medical adviser."

Magistrate.—"You mean to say that in carrying out an experiment in hypnotism he suggested the crime to you?"

Prisoner.—"I don't know about that, but one thing is certain, he told me to take something before going to bed."—*Agenda Printemps*.

### WHY HE SUCCEEDED.

"Who is your doctor, George?"

"Dr. Smoothman."

"How did you come to have that hare-brained creature?"

"Oh, my wife once asked him if he could tell why she always had cold feet, and he told her that they were so small that they couldn't hold blood enough to keep them warm. She wouldn't have any other doctor now."—*Buffalo News*.

### ONE WAY OUT.

The Husband (on his deathbed).—"My darling when I am gone how will you ever be able to pay the doctor's bill?"

The Wife.—"Don't worry about that, dear. If worst comes to worst I can marry the doctor, you know."—*Life*.

A Canadian nursing bottle advertisement concludes with the words: "When the baby is done drinking it must be unscrewed and laid in a cool place under a tap. If the baby does not thrive on fresh milk it should be boiled."

He.—"I feel completely prostrated. I wish I were dead."

She.—"Well, why don't you let me send for a doctor?"—*Thomas Cat*.

## PREVENTION OF HAY FEVER.

In the January 21st, 1899, number of *The Journal of the American Medical Association*, Dr. Alexander Rixa, of New York, contributed a very interesting article on "Prevention of Hay Fever." After a highly interesting historical review, and a brief survey of the results achieved in the past few years, the writer resumes the results of his own investigations.

His ingenious researches for a number of years, regarding the etiology of hay fever, led him to admit that the pollen of the Roman wormwood, ragweed (*ambrosia artemisifolia*) is the primitive and active cause of this peculiar disease. By inhaling these pollen he produced the symptoms of genuine hay fever. He writes as follows:

From the time I found the pollen to be the exciting cause of the disease, I concluded in a logical way upon the proper treatment. I conceived the idea of rendering the receptacle aseptic by preparing the soil for the reception of the pollen. Naturally, they will find no proper soil for a possible generation, propagation or development, destroying their existence in embryo, so to speak, and with it the real cause of hay fever. For this purpose I decided on the following treatment.

About two weeks before the onset of the disease I commenced to irrigate or sterilize the nasal cavity and the post-nasal spaces with a harmless antiseptic solution, using the douche and atomizer. After giving a great number of antiseptics a fair trial, I decided on Hydrozone as the most innocuous and most powerful germicide. Hydrozone is a 30-volume aqueous solution of peroxide of hydrogen. At the beginning I use it for irrigation diluted in the proportion of one ounce of Hydrozone to twelve ounces of sterilized water. Nearing the period of the expected onset of the disease, I increase the dose to two or three ounces of Hydrozone to twelve ounces of the sterilized water, according to the severity of the disease, using the douche, either tepid or cold, four times a day—morning, noon, evenings, and at bedtime—while during the intervals I use the atomizer, with a solution of Hydrozone and pure glycerin, or sterilized water, one to three, thus keeping the nares perfectly aseptic during the entire period, and preventing the outbreak of the disease in consequence thereof.

In most obstinate cases, when there is still some irritation in the nasal cavity, I give as an adjuvant the following prescription:

℞ Acid boracic, gr. xx.  
Menthol, gr. iv.  
Glyco-thymoline.  $\bar{3}$  ij.  
Sol. eucain B. 4 per cent., q. s. ad  $\bar{3}$  ij.  
Sig. Use in atomizer.

As a rule this treatment was sufficient to avert the disease and keep the patient in perfect comfort.

## FUN FOR DOCTORS.

A maiden lady, who was a strong believer in Homœopathy, one day took five globules of Aconite in mistake for three. Frightened, she sent off for her homœopathic adviser—he was from home. So for want of a better, she called in old Dr. Belman. He came, looked grave, shook his head, said if people would meddle with dangerous drugs, they must take the consequences. "But, madam," he added, "I will die with you;" and lifting the bottle of the fatal globules, swallowed its whole contents.

AN ANOMALOUS PROFESSION.—Student—"What's the most peculiar thing about your profession?"

Doctor—"When I have to charge \$10 a day for treating a man whose life isn't worth two cents."—*Life*.

A MALARIA CURE.—A reputable and honored citizen living on the North Side in the vicinity of Lincoln Park had a terrible experience yesterday.

His wife became suddenly ill and he immediately called up the family physician by telephone.

Subscriber—"My wife complains of a severe pain at the back of her neck and occasional nausea."

Doctor—"She must have malaria."

Subscriber—"What's the best thing to do?"

At that moment the young lady at the central station altered the switch by mistake, and the unlucky husband received the reply of a mechanical engineer in answer to the inquiries of a mill owner regarding his boiler.

Engineer—"I believe she is lined with excoriations to a considerable thickness. Let her cool during the night, and in the morning before fring up take a hammer and pound her vigorously. Then get a garden hose, with strong pressure from the main, and let it play freely on the parts affected."

The doctor may count on at least one fat patron short.—*Chicago Inter-Ocean*.

A MERE MATTER OF JUSTICE.—"But, doctor, don't you think your bill is pretty steep?"

"No, madam, considering how sick your husband was."

"But, dear me, you let him die."

"Of course I did. There's the difficulty. It hurts my professional reputation to have a patient die. I ought to have more money for a case of that kind."—*Texas Siftings*.

APPRECIATION.—Mrs. A.—"Doctor, what is the amount of your bill?"

Doctor—"My dear madam, as your finances are not in very flourishing circumstances, I have concluded not to make any charges at all."

Mrs. A.—"That's all right as far as it goes, but I want to know who is to pay the apothecary."

## LA GRIPPE.

### ITS MANIFESTATIONS, COMPLICATIONS AND TREATMENT.

BY W. W. GRUBE, A. M., M. D., OF TOLEDO, O.

Professor of Physiology and Clinical Medicine, Toledo Medical College,  
Toledo, Ohio.

(Abstract from the *Journal of the American Medical Association*, March 25th, 1899.)

Professor Grube sees no reason why the intelligent observer need err in his diagnosis of la grippe; he believes that the intensity of the catarrhal symptoms, the great prostration, and tardy convalescence form a typical clinical picture. Though the catarrhal symptoms are usually limited to the respiratory mucous membrane, they are not always so, and in the writer's experience the invasion of the mucous membrane of the digestive tract has been quite frequent. Not alone mucous membrane, but a part or all of the cerebro-spinal axis has been invaded.

In many cases the so-called complications are simply an extension and aggravation of the catarrhal or inflammatory condition, thus an extension of the usual inflammatory condition of the throat through the Eustachian tube produces middle-ear complications; the bronchitis, too, may extend and become capillary, or even a pneumonitis may result. So we believe that in the so-called abdominal form with severe gastro-enteric catarrh, it may extend by *contiguity* and inaugurate a general peritonitis. Upon this theory alone can we explain the supervention of a severe general peritonitis in a case under our care, now happily terminating in convalescence.

The patient was a girl of eleven years, who had never been seriously ill before. Twenty-four hours after the illness began, she had besides the usual alarming symptoms of la grippe, a high temperature, wild delirium, constant emesis, frequent and copious discharge of feces and urine. The appropriate remedies were prescribed, the vomiting ceased and she rested; but on the third or fourth day she developed symptoms of peritonitis, abdominal pain, hardness and some tympanites, etc. Calomel was prescribed, twenty grains divided into four powders, one every three hours; also the usual turpentine stupes, Morphia to quiet pain, etc. The next day finding no improvement, but rather aggravated symptoms, green vomit, bowels not moved—a very gloomy prognosis was given, and at the family's request a consulting physician was called, who concurred in diagnosis and prognosis, and had nothing more to suggest. On the writer's return in the evening, however, he decided in view of the great mortality of these cases by the routine treatment, to try the local application of mustard poultice; also, for their germicidal, antiseptic, and healing qualities, he gave internally Hydrozone diluted, in frequent doses, alternating with doses of Glycozone. In twenty-four hours there was

slight improvement. In forty-eight hours the patient was decidedly better. Improvement continued and the girl was so well February 21st, that she was dismissed as cured.

Perhaps the most common complication in children is the middle-ear inflammation caused by extension of the pharyngeal catarrh up the Eustachian tube into the tympanum. In the case of a child six months old, recently under our care, we had a middle-ear complication; in which the pain was controlled by the usual methods and by the installation into the aural canal of a few drops of Cocaine solution. After suppuration occurred, however, the canal was cleansed by Hydrozone solution (warm), and a piece of absorbent cotton saturated with Glycozone used as a dressing by inserting it into the canal. As the ear complications sometimes prove very serious, it is gratifying to know that in the above remedies we have a safe, speedy, and effectual method of cure. We believe also, that if these cases were seen early, by proper treatment the extension and consequent complications might be prevented. In a little girl with severe tonsillitis and pharyngitis we are now spraying the throat with diluted Hydrozone and applying Glycozone with such marked benefit that on this, the third day of treatment, she is almost well.

In concluding Professor Grube states: "I cannot refrain from referring to the case of a prominent city official who had an unusually severe attack of la grippe. All the structures of the nasal cavities were involved in a severe acute catarrh, which progressed to the stage of suppuration. Enormous quantities of pus were secreted, and the location and intensity of the pain led us to fear involvement of the antrum. However, the free use of Hydrozone solution by spraying, and the application of Glycozone soon cleared up the cavity, and in a few days complete cure resulted."



## CHRONIC DYSPEPSIA SUCCESSFULLY TREATED WITH H<sub>2</sub>O<sub>2</sub>.

BY GEO. A. GILBERT, M. D., DANBURY, CONN.

The case herewith subjoined is one of interest on account of its typical character, its long standing, and its speedy recovery on the adoption of a rational treatment.

Peter H., aged 40, Hungarian, farm laborer, applied for treatment at my office on July 1, 1899. He was a strapping fellow, mostly skin and bones, of about one hundred and seventy pounds' weight, and would not have been thought ill except for the prominent dark rings under his eyes, his injected conjunctivæ, and a drawn, hunted expression on his countenance, indicative of past trouble or imminent danger. The history he gave was somewhat as follows:

Six years previously, on his voyage to this country, he suffered from an attack of acute gastritis, attended with retchings of the most violent character. Soon after landing he recovered sufficiently to attend to his work; but he says he has "never been the same man since." In all this long period he has not eaten "a good square meal," nor enjoyed what he has eaten, the burning pain in the epigastrium, after meals, becoming so great occasionally that for fear of its repetition he has gone without food for two or three days at a time. Belching of enormous quantities of gas, too, is common with him soon after eating, thus evidencing the presence of undigested food with its resultant fermentation. The patient states, that in order to get relief he has spent all his wages upon various doctors, specialists, quacks, nostrums, etc., and swears that he is worse to-day than on the day he first landed in this country.

On examination it was found that he was slightly feverish, pulse rapid, tongue flabby and heavily coated, while the teeth and entire cavity of the mouth were covered with a foul-smelling, sticky mucus. That the stomach received, in the process of starch digestion, little or no assistance from the salivary glands of the mouth was plainly apparent. In deciding on the mode of treatment it was obvious that the lack of the usual amount of gastric secretion must be met by restoring the physiological conditions upon which the secretion depends. In other words, in order to relieve the inflammatory condition of the gastric mucous membrane and restore the function of the peptic glands, antiseptics were required. The patient therefore was furnished with a flask of Ozonized water, made of one part Hydrozone to four parts of water, and directed to wash out his mouth every night and morning, thoroughly cleansing the tongue, teeth, and gums of the unhealthy mucus and any pathogenic germs it might contain. To destroy the microbic elements of fermentation in the stomach and dis-

solve the tenacious mucus there, a mixture of one ounce of Hydrozone with two parts of sterilized water was made, and half a tumblerful directed to be taken half an hour before meals. Having thus procured a clean surface in the stomach, the patient was advised to take immediately after meals a drachm of Glycozone, diluted in a wineglassful of water, for the purpose of enhancing cellular action and stimulating healthy granulations. Of course he was ordered to select his food with care and eat regularly.

The result of this simple procedure was magical. Although for the first two or three days there was some discomfort after eating, this soon disappeared, and at the end of a fortnight the patient reported that for the first time in six years he was enabled to eat his meals without dread of subsequent distress and eructations of gas. (In the opinion of the writer the fermentation was thus quickly subdued by the active oxidation resulting from the liberation of nascent oxygen.) The treatment was continued in this manner for another month and then gradually abandoned. On September 1st, the patient came to the office, expressed his eternal gratefulness, said that he weighed 185 pounds and believed himself to be completely cured.—*New England Medical Monthly, December, 1899.*

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*"He is a freeman whom truth makes free, and all are slaves beside."*

*"Seek the Truth: come whence it may, cost what it will."*

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## THE RED CROSS SOCIETY.

TO THE EDITOR OF THE HOMŒOPATHIC PHYSICIAN.

DEAR SIR:—Generously co-operate with the Society in this work by printing this letter as soon as practicable :

The Associate Society of the Red Cross of Philadelphia is making strenuous efforts to secure sufficient supplies to fill a steamer to be sent to the suffering as a contribution from Pennsylvania. This steamer will sail about August 15th, and will touch the several points nearest to the encampments in the Southern States, and distribute supplies where needed. Thence it will continue its voyage to the camps in Cuba and Porto Rico. So long as the army and navy of the United States are in need of supplies of any kind the Society will endeavor to meet all demands. Thus far in this war, with the exception of the assistance given to starving refugees from Santiago by Miss Clara Barton, the effort has been directed toward the amelioration of the unsatisfactory condition existing in the army.

In foreign lands the Red Cross Society has been represented by its own agents and hospital ships; its work has surely been creditable. In our home camps supplies have been distributed through the efficient system of the National Relief Association as well as directly. These two organizations are in hearty sympathy, and intend to co-operate wherever this will effect the best results.

That there is at present very urgent need for more than we can send seems to be undisputed. That this need, in case peace were declared to-day, would continue for months, and for a short time increase, is acknowledged by the press and the government. As soon as this war, which has brought suspense to so many homes and unspeakable sorrows to others, is declared ended (and may that day be near at hand), all the territory now in dispute must be garrisoned, each Cuban and Porto Rican town must have its regiment. The islands in the Pacific, for

months, will be occupied by fifty thousand of our brave men. In all these islands fever is epidemic, and beyond any doubt large numbers will be stricken.

Does any one dispute the statement that the ordinary army, commissary, and hospital do not afford adequate comfort and attention to men who have offered themselves in their country's service, and who have left comfortable homes and genial climates for the discomfort, trials, temptations, and dangers of army life, and have gone into the most depressing climate imaginable?

When the war is a memory (and every calamity soon becomes a thing of the past), when the excitement of war news and harrowing accounts, no longer presented to us by the daily press, fail to act as a stimulus on the general public to offer its contributions of money and goods, then will suffering continue and the death lists swell.

Momentous questions must be determined in Cuba and elsewhere, and until they are settled our armies must be maintained there. It is too much to ask citizens of this Commonwealth to continue to double their contributions, so that the societies engaged in the work will be able to give the boys—for most of them are mere boys—those few comforts with which they are continually surrounded at home.

The Society of the Red Cross appeals to the heart of every sympathetic man and woman in this State for co-operation. The Society assures you that each mite contributed actually does feed an army lad ravenously hungry who for months has lived no coarse army fare, or does help to supply changes of bed clothing and those other things so essential to ordinary comfort in hospitals. If letters from the army are indicative of the gratitude of the boys on their return, those who have co-operated in the work will be thankful that they had an opportunity to do so much for them.

Funds, as well as the following articles, are urgently needed :

Large and small contributions of money.

Salt pork, corned beef in barrel, codfish hard-cured, mackerel in kits, smoked beef and hams, bacon, canned salmon, smoked sausages, Indian or cornmeal, flour,

oatmeal, cracked oats, wheat in any form, barley, canned vegetables of all kinds, canned fruit of all kinds, dried fruit, such as apples, prunes, apricots, etc., and dried corn, barrels of onions, potatoes, beans, rice, salt and ship biscuit, beef extracts, bovine, etc.; soups, malted milk, condensed milk (Eagle brand, or high grade), evaporated cream, wines, grape juice, lime juice, clam bouillon, raspberry vinegar, coffee, tea, cocoa, and general groceries, jellies, preserves, and jams.

Disinfectants of every description, quinine pills and general drugs, ointments, salves, Phenol Sodique, gauze of all kinds, absorbent cotton, surgical antiseptics, general hospital stores, and soaps.

Bed clothing for hospitals, pajamas for soldiers, canvas and carpet slippers for use in hospitals, mosquito netting, palm-leaf fans, towels, absorbent and Turkish; soft handkerchiefs, bandannas very desirable.

Clothing, new, suitable for summer wear, made as plainly as possible, for children of five years and upward, and women and men.

The society will receive donations of supplies at 1501 Chestnut street, and contributions of money may be sent to William Hill, Treasurer, 308 Walnut Street, Philadelphia.

The success of this effort depends upon the generosity of the people of city and State. Unless there is a hearty co-operation the effort will not meet with its maximum success. The response thus far has been sufficient to justify our belief in the ultimate success of the plan.

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*"Seek the Truth: come whence it may, cost what it will."*

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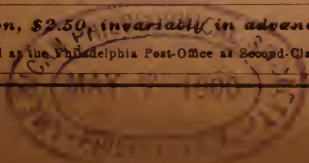
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