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THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

E. JENNINGS LEE, M. D., Editor.

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T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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No. 1.

SEEK THE SIMILLIMUM.

It is amazing that the idea of using one specific as a substitute for another specific could ever be entertained, since the virtues of a specific reside in its peculiar individual properties, which are never common to two different substances. Nevertheless, even at the present day and in our latest works on *materia medica* we find the subject of the substitution of Arsenic for Quinine gravely discussed, and statistics referred to to show, as the case may be, its inferiority or superiority to Quinine. As might be supposed, the testimony of different physicians differs widely on this point. Some affirm that almost all the cases treated by them during a certain period were promptly cured by Arsenic while they proved rebellious to Quinine. Others succeeded with Arsenic in a smaller proportion of cases and in a larger with Quinine; while others, again, found Arsenic of comparative little use, Quinine curing nearly every case. Finally, others, again, failed with Arsenic and Quinine alike, but succeeded with other drugs less often used, as *Ipecacuanha*, or *Eupatorium*, or *Nux vomica*.

Now, it is a wonderful thing that medical men should still argue, in the face of these statistics, upon a question of the relative value of certain drugs in the treatment of a disease regarded not in the light of the individuals affected by it, but solely with reference to its great pathological features. It seems to me the only sound deductions from these testimonies are these: That there are diversities in the form in which intermittent fever appears in different

persons and in different epidemics; that these forms require different remedies, and that thus there is a form which is capable of being cured by Arsenic, and by nothing else; a form capable of being cured by Quinine, and nothing else; and so of other drugs. In this view, when a case of intermittent fever presents itself, the question can never be: Is Arsenic a better remedy for this disease than Quinine is? Does it offer greater chances of a cure? There can be no better or worse. The question is between right and wrong; suitable and not suitable. The question would be always: Which remedy corresponds to this particular case, and is, therefore, indicated in it?—CARROLL DUNHAM.

TYPHOID FEVER: THE FIRST PRESCRIPTION.

The first duty of the physician in attempting the treatment of this disease is a THOROUGH EXAMINATION OF ALL the elements of his case. This cannot be too strongly insisted on or too carefully performed. In no other disease is this so important, though it is indifferent in none. Having honestly discharged this duty and ascertained not only that he has the fever to combat, but *all* the elements it now reveals, let him consider them well and carefully before he decides on his first prescription, and be *positively sure* that he is *right* before he ventures on the first dose, for no subsequent effort in the case is of equal importance. If the first prescription be wrong, no subsequent pains may be sufficient to remedy the consequences of the blunder. A confusion of the case from this source has often been realized which no skill could remove. If the *first* prescription be right, the subsequent course is comparatively easy. If wrong, there is only vexation, difficulty, and anxiety before the physician; and to the patient and his friends it is too likely there is only a certain fearful looking for of pain, danger, and death. Let it never be forgotten that *time* is here of *no account*, if the question be of time or a wrong prescription. Let whatever of time the case may require for accuracy be given it, no matter to what extent, for it is infinitely better for the patient that we do nothing than that we do wrong. When the younger Bœnninghausen won his great and perhaps unparalleled success in the treatment of this fever with a single remedy, he recognized and practiced this principle. He made sure of the accuracy of his *first* prescription, and then he fully recognized and obeyed the second essential rule of successful practice, viz.: Having found the right remedy, keep to it—*change it for no other*—

but for the strongest reason. Let no impatience for more speedy results, nor that honest and honorable desire to do better which all right-minded practitioners must feel, and which is likely to be especially active with the young, tempt to do wrong by an unwise change of remedy. If the first be right, to change it for another will most likely be to give one less appropriate, and the result will too often cause bitter regret. The writer was years learning the importance of this rule of practice, and the memory of the experiences from which it was derived is mixed with much that is painful, which he has now no doubt a better practice might have avoided.

In treating typhoid fever it should be constantly borne in mind that it is not often that the disease can be crushed at the first blow. It may require patient and protracted watching and care before the looked-for amendment appears, but however long these may have been, the *time* furnishes no reason for substituting another remedy for that in use, this having been selected because its pathogenesis was most similar to the characteristic elements of the case. And now, whatever the time of its administration may have been, it is only to give place to a successor for a similar reason, greater resemblance to the elements of the case. Examples of both acute and chronic diseases are constantly met in practice which require medication for a longer or shorter period, according to the nature of the given case, before amendment becomes apparent, though the prescription may have been most accurate. Such cases are more frequent among typhoid fevers than other acute diseases. They call for the most careful revision of prescriptions, but never for a change of remedy except for the reason given above. Success in such cases only follows a steady adherence to that which has thus been ascertained to be right. When, as sometimes happens in this fever, this period of what may be termed latent medication is protracted days or even weeks, the course recommended requires more than common firmness and the exhibition of much of that quality called *nerve*. There can be no doubt but he who has not these qualities, or is unwilling to use them, is not fit for the responsible duty of treating them.—*Extract from Dr. P. P. Wells on Typhoid Fever in Am. Hom. Review.*

We are not to alternate remedies; we are to avoid giving Aconite in the first stage, with very rare exceptions (no one but a madman would think of giving it in a subsequent stage), and we are neither to give nor alternate Bryonia and Rhus simply because it is "typhoid fever."

NEW DISCOVERIES.

AD. LIPPE, M. D., PHILADELPHIA.

The October number of the ever welcome *Advance* (p. 227) brought us an earnest plea for progress and investigation. Physicians are asked to consider and reflect on the statements made, and do as Hahnemann asked his contemporaries, viz.: *experiment and try for themselves*. We are further told (p. 229): "It is not what the immediate effects of my discoveries are, but their possibilities, that I am anxious to have investigated. As an illustration of my course of reasoning and my conclusions and results I give the following:

"A year ago Dr. H. kindly sent me a two-ounce vial of pus, 'from the worst septic abscess I ever saw.' The patient was moribund at the time the abscess was opened. I prepared and potentized it, and then reflected. If my theory of morbid products containing the poison that caused the disease which produced them, and as I had proved with Variolinum that such was the case, might not this septic pus be a remedy for blood poisoning in all cases? For in all such diseases as typhus, yellow fever, and sewer-gas poisoning there is purulent contamination of the blood; perhaps that is the case, in a less degree, in that universal condition called malaria.

"Mrs. H. declares she has had malaria for six months; at least, nothing else will account for her condition to her satisfaction. I give her words: 'Well, Doctor, I am sleepy all the time; I could lay down on this floor and go to sleep now, I am so tired and weary. I sleep all night, but am no more rested and refreshed in the morning than if I had not slept at all. I cannot take the least exercise without being tired out, and my limbs ache as if they had been pounded. I have no appetite, and I only drink because my mouth is so dry. Why, sometimes my tongue sticks so tightly to the roof of my mouth I cannot speak till I get a mouthful of water. No, there seems to be no saliva in my mouth, and my food won't go down, the throat is so dry, without I drink something. Yes, the rectum is also dry; I can't have a movement without an injection; I have not for a year, and the stool is hard; and when the water used comes first it is so hard and dry that it scrapes the rectum and makes it burn. No, I have no chills; now and then there is a shiver runs over me for an instant, and sometimes I feel sort of hot, but no fever. No, my skin is as dry as everything else, and I never perspire. Well, I don't know what the cause is, but I have not been real well since we

moved in our old house, which we left last May. Oh! no; where we are now there is no bad smell, in fact, no smells of any kind, and it is well ventilated and we have plenty of fresh air where we live now. I don't care much about anything.'

"Here was a picture and an opportunity. Was it gas poisoning or blood poisoning? I gave *Pyrogen*^{emm}—the name I gave the preparation—two powders, one on her tongue, about 2 P. M. She was to take the other on going to bed if she did not feel better. The next week she called. 'I am all right. * * * I took a powder at 2 P. M. and at 6 P. M. I found I was all over in a warm, gentle perspiration, and my feet and legs were moist and warm—you know I told you how cold they were—and my mouth was moist and the bad taste gone, and I had a real good appetite for supper. I slept well, and felt first-rate when I got up, and at breakfast husband said I was making up for lost time, I was eating so much. No, I did not take an enema, as you said I had better wait, and the day after I had a nice, moist, soft, natural movement, and it has been regular since. The fact is, Doctor, I have not felt so well since we moved into that old house, and that was three years ago. Oh! no, I did not take that second powder. I am going to keep that in case I get bad again.'

"I will add here that patient's pulse was 88, temperature 101. I have found this temperature in several cases that did not complain of fever, and *Pyrogen* relieved each case. Now, is there not in this case food for reflection? What remedy in the materia medica would cover the totality of its symptoms?"

There is in this case food for reflection, and we now shall indulge in some of our individual reflections. A brand-new discovery has been made; we are introduced to an entirely new and novel system in the medical art. When Hahnemann asked his contemporaries to experiment and try for themselves he laid before them a very elaborate argument, showing first that the law of the similars known to and advocated by thinking medical men from Hippocrates down to his own days, was the only possible law of cure, and he further showed how this law was to be applied for the certain and mild cure of the sick (ignoring thereby all previously held hypotheses as to the material causes of diseases); he showed the absolute necessity of first ascertaining the sick-making properties of drugs, and how to obtain a correct picture of the condition of the sick, laying great stress on mental symptoms. By his unerring inductive method

he showed clearly how he had arrived at the conclusions which enabled him to demonstrate the laws governing the healing-art. Later, he demonstrated the necessity of diminishing more and more the dose of the drug applied under the infallible law of cure. *After* he had so placed his method before the profession, and *after* he had practically found them correct, he asked the profession to try the experiment for themselves. When the experiment was tried honestly, for the purpose of combating his method, with the intention of annihilating them, the experimenters were compelled to accept his methods and became converts to Homœopathy; for instance, the late Dr. Hering was to write a book denouncing Hahnemann and his methods; he first tried the experiments, and did not write that book.

In this instance we are informed that a new law of cure has been discovered, viz.: that morbid products of a disease, when highly potentized, will cure the same disease in others. This is the proposition on which rests the new discovery. We will now follow the discoverer in his logic, when he asks the profession, as did Hahnemann, to experiment and try for themselves. The first proposition is, Variolinum cures variola, therefore septic pus may be a remedy for blood poisoning in all cases; for as in such diseases as typhus and yellow fever there is purulent contamination of the blood, *perhaps* that is the case in a less degree in that universal condition called malaria. As a proof of the correctness of these logical propositions *one* case is related. *That* case is also food for reflection. Hahnemann and all his followers will have to take back seats. No physician ever before has had such a brilliant success. In the course of say seven hours, a disease which had developed itself slowly and had tormented the patient for months was cured as if by magic. The medicine, Pyrogen^{cmm}, was administered at 2. P. M., and not a vestige of the disorder remains after retiring for the night. The effect of this single dose of an entirely unproved remedy in CMM was astonishing; the drug was prescribed on an hypothesis; it was either gas poisoning or blood poisoning, and this miraculous healer by way of strict logic found that sewer-gas poisoning *or* blood poisoning was always cured by Pyrogen. For the benefit of the Bureau of Materia Medica of the American Institute, who are preparing a boiled down materia medica, we might say that *Pyrogen* should not be left out, as we have been presented by this modern discoverer with key-notes for its administration. Dry mouth, dry skin, dry

rectum, temperature 101, and *no fever*—will they note this, that there was *no fever* with this case of blood poisoning or sewer-gas poisoning? But what further food for reflection! The patient related a set of symptoms found easily under *Nux moschata*, which really covers the totality of symptoms, but as *Nux mosch.* is not one of the grand remedies boiled and dished up by Hale, as one of the reminiscences of the herb doctors and of the late Thomsonians in the new-old remedies, and as the discoverer appears by his paper to be a great admirer of Hale's works and collections of unproved drugs, it is not to be supposed that he is familiar with an old remedy so masterly arranged by the late Dr. Hering. After all, what use would *Nux mosch.* have been? We all acknowledge that the discoverer has dusted us in that *Nux mosch.* case, a recovery such as no medical man ever heard of before, and the laws by him discovered are so easily understood there is no necessity of following Hahnemann through his tedious strict inductive methods; there is no necessity for wading through the many volumes of *materia medica* to find the similar, the homœopathic remedy. In typhus, yellow fever, sewer-gas poisoning, and malaria there has been "discovered" purulent contamination, and therefore on strict logical inductions it has been discovered in "Gotham" that *Pyrogen* is the remedy in the CMM potency made and sold by the discoverer. As the newly discovered law must be applicable in all cases, we feel that we may in future dispense with almost all collateral branches of the medical science, save probably Anatomy and Chemistry.

This model case upsets Hahnemann, his labors, his toils, his following, and all else that has ever been proposed in the healing-art. It is not Homœopathy—nothing resembling it. Homœopaths have always treated symptoms, and not an hypothesis, of septic poisoning, and they imagined that the results of their strict practice could not be better under any other mode of treatment. Now all our boasted successes appear as nothing compared with that one solitary case, which is held up to us as a proof of the infallibility and correctness of this *new discovery*. And why should we not, in our humiliated condition, "investigate" a far superior system of the healing-art? And who will investigate in these perverse times? There are ninety-nine out of every hundred of the more than five thousand homœopaths in these United States who *never* go past the newly proposed limitation of drug action, viz., the 10th potency, as we were told by the late President of the American Institute, and if it were

not so the one per cent. who go beyond the 10th potency, the members of the International Hahnemann Association, would have found, long before this, a contradiction of this assertion by the executive committee of said I. H. A. No doubt said executive committee, so watchful over the interests of the I. H. A. and of pure and unadulterated Homœopathy, will express an opinion on the duty of the members of the Association respecting the asked-for progress and investigation. The facts established and not officially contradicted by the late President of the Institute reduces the possible investigators to exactly one per cent. of all the homœopathic physicians in the United States. An individual who contends that there is no medicinal virtue in a potency above the 10th, who also vociferously demands absolute liberty of medical opinion and action, is not likely to contaminate himself by using the CMM potency.

All great discoveries had to wait for recognition. Our new discoveries will find that recognition, *after the experiment*, will follow very rapidly—~~after an experiment~~ which will undoubtedly result in the full conviction that the new discoveries are fraught with unprecedented results. All that is wanting are illustrations, and if some over-conscientious journalists should refuse to publish cures with unproved but highly potentized nosodes, under the plea that Homœopathy uses only proved drugs, then it would be the wisest course the discoverer could pursue to publish a journal of his own and give his discoveries a name.

The discoverer says: "It is not what the immediate effects of my discoveries are, but their possibilities, that I am anxious to have investigated." The immediate effects of the discoveries are certainly apparent to the liberal discoverer. Is the letter-carrier's pouch large enough for all the letters and orders the discoverer receives daily, ordering supplies of "Pyrogen," sending him the innumerable reports of speedy and miraculous, we might say to the common mind almost incredible, cures with "Pyrogen" and other morbid products?—how speedily, for instance, dysmenorrhœa yielded to one dose of Dysmenorrhoin^{cmm} also of long standing, no matter from what causes induced, whether from anti or retroversion of the uterus, or from cold or from tubercles developing themselves, or from fright, or from pregnancy, or from a thickening of the hymen, or from any unknown cause whatsoever? All such communications should be published *at once*. We come now to investigate (as desired) the possible future effects of these discoveries. We must look to "Gotham"

for the solution of this question ; to "Gotham," of late so prolific in medical discoveries.

What are, then, the future possibilities after this certainly secured success? The newly discovered laws and the practice based on them will prevail, Hahnemann will be forgotten, a new school will rise, and people will recover so rapidly that the sick will require but very little medical advice. Homœopathy and allopathy will be forsaken alike, and an enterprising "Gothamite" will take out a patent for speedily potentizing any and every morbid or other unproved substance ; every one of the few remaining doctors will run his own "potentizer" day and night ; all pharmacies will be closed, and the discoverer will be immortalized ! Such are the possibilities of the future ; not only the possibilities but the certainties in the near future, *provided* the practical results of applying the new method warrant it.

For ourselves, we can only say to the discoverer that we will be happy to make the experiment just as soon as Homœopathy, such as its founder taught us, ceases to show us the best and only means to cure the curable sick and relieve the incurables better than any other system in vogue. And if that time has come, and if by the subsequent practical experiments we become convinced of the great superiority of successes under these new discoveries, our first duty will be to denounce Homœopathy, cease our connection with all and every so-called Homœopathic Society or Association, and become a member of a society of men who have learned to cure the sick so very rapidly with so little waste of time both to the doctor and the sick. That ONE case has given us food for reflection ; that ONE case deserves a prominent place in every homœopathic journal in particular and in *all* medical journals in general ; and that ONE case will make *all* medical men "*reflect.*" This ONE case will stand there before the medical world unsurpassed in the novelty of therapeutics until even this *celebrated* case has been surpassed by still more rapid cures with much smaller quantities of more intensely potentized, unproved drugs. Reflect, that every great thing once accomplished can and must be accomplished again, and the reflecting reader will ultimately, if not at once, see the deep philosophy, the profound reasoning, the extraordinary skill brought to bear on this *celebrated* case. By all means let us progress and investigate.

Libertas est protestas faciendi id quod jure licet.—Cicero.

OVERTAXED BRAINS.*

A PHILOSOPHICAL AS WELL AS MORAL LESSON FROM A SCIENTIFIC STAND-
POINT.

R. R. GREGG, M. D., BUFFALO.

The Mr. Pease referred to in this article was the noted pianist and composer of our city, Mr. Alfred H. Pease. He had always led a very exemplary life and worked excessively hard in his profession—so much so that he commonly had a half-dazed expression of countenance. He went to Chicago in May last and played a very successful engagement for a week, then went or wandered off to St. Louis, where his friends lost all trace of him for several weeks, until his dead body was found under the following circumstances: A man was seen to fall in the streets of that city one day and died soon after. An inquest was held, but no knowledge obtained as to who he was until a reporter accidentally recognized his body at the Morgue as that of Mr. Pease, from the descriptions he had read of him. Then it was learned he had been on a debauch there for weeks, and from all accounts the first in his life. He had evidently lost all moral control of himself through his excessive intellectual efforts for years and through the physiological process above pointed out. What a pity, therefore, he could not have been found and properly cared for until restored to his former self again!

In an editorial upon the fate of Mr. Pease in Sunday's *Courier* of July 16th we read:—"He was, indeed, almost the last man under the sunny exterior of whose nature one would have suspected a lurking mystery of evil. Let the sod cover his faults, and his fate and his memory survive only in his music." The words in this quotation,— "lurking mystery of evil," and "let the sod cover his faults," I take as the text of a discourse which I have long felt should be written by some one who could give us something true to nature, or, at least, a modicum of truth upon the subject of overtaxed brains, and which, from not a little individual experience and no one appearing to undertake the task, I feel it a duty to essay now myself, even though it may be done in a very imperfect and unsatisfactory manner.

I was not acquainted with Mr. Pease, excepting to know him by sight, and knew nothing even by hearsay of his daily habits or of occasional harmful indulgencies, if, indeed, he were guilty of such,

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therefore, I do not feel called upon to defend his memory either on the score of acquaintance or from knowledge of facts creditable to his daily life. But I take up the subject on a much broader ground and take him as a type of a large and rapidly increasing class of mentally overworked men who, in their acts, if not otherwise, are daily calling aloud for help, and should receive it. "They know not what they do," and should be instructed in the right. In other words, they should be given a clear and simple philosophy on the subject of mental overwork by which they can guide themselves before it is too late, or by which others can guide them if they have gone too far.

From the little knowledge I did have of Mr. Pease, and simply in his capacity as a prominent musician and composer, I take it that his most harmful indulgencies (harmful to himself, I mean) were in the excessive study to perfect himself and excel in his chosen profession. Judging him by sight and by his accomplishments in his art, his mind was wholly absorbed in that direction to the exclusion of almost everything else.

This exclusive devotion to one thing or to one line of thought year after year is always very wearing, as all know; but it is also the rock on which many a devotee is *morally* wrecked, which few or none seem to know.

To illustrate: Whether phrenology be true or not, there are three great divisions of the human mind which all recognize, namely, intellectual, moral, and immoral or animal. And it may be safely assumed that each of these manifestations of mind has its special seat of activity in or depends upon some special division of the brain. Indeed, it has come to be generally regarded that the anterior or frontal brain is the seat of intellectual action, the superior or top brain the seat of the moral sentiments, and the posterior and base of the brain the home of animal forces.

Again, it is certain that the blood carries to and furnishes the brain with the nutriment upon which the various operations of the mind depend. If there were no activity of nutrition in the cells of the brain there could be no activity of thought, whether good or bad. And if no blood were carried to the brain there could be no activity in the nutrition of its cells, which is a negation of thought.

This, then, leads us to the inquiry, What part of the blood nourishes the brain? The answer is, a portion of the fatty matters and a portion of the salts. How much of these are there in the

blood? Why, there are not to exceed *eight* parts of fatty matters and salts combined in *one thousand parts* of blood (less than one part of both in one hundred of blood), and yet even this little cannot all be used in the nutrition of the brain, as a portion of both must be used for other purposes. The salts must be used in part for the nutrition of the bones and also somewhat for the muscles, etc., while the fatty matters must be partly used in deposits to facilitate the movements of parts upon each other and as cushions to other parts, also as a covering for protection to organs, like the bowels against cold, etc., etc. (And here let me say, in passing, that the reason why very active intellectual people, especially those of quick, exhausting, nervous activity, are so commonly spare, or at least not corpulent, is because they use up so much of the fatty matters of the blood in the brain that not enough of them are left for deposits to make them plump, or for protection against cold, hence such are generally so easily chilled.)

Now, for the application of these facts to our moral natures: Supposing a man like Mr. Pease, any man in fact, to apply himself so excessively to one or a few lines of intellectual thought that he uses up all the brain-nourishing material of the blood in the intellectual part of the brain and leaves none of it, or a very insufficient supply, to sustain the moral part of it, what must be the consequences? Why, in that case, of course, the moral organs are starved, consequently cannot put forth any vigor of moral sentiment, which leaves the victim for the time being more or less completely without a moral guide, until nature can have time and opportunity to establish a reaction that will set things going on again in their normal course; that is, until the moral organs are allowed to receive their full proportion of food again and be set right thereby. But here is another highly important point to be considered. Nature always takes care of herself first, that is, her greatest concern and effort is to save the life of the individual first, leaving wrongs against her better work to be rectified afterward. But as life depends upon the activity of the animal forces, which have also in these cases been robbed of their support along with the moral organs, and she being unable, as things are constituted, to preserve life excepting through the animal parts of the brain, she arouses these to activity first; that is, feeds them before she does the moral organs, and it is during this interim, be it long or short, that the one who has thus so excessively overtaxed his brain intellectually is necessarily deprived of the

requisite moral support within himself and the animal has sway. And then is when he should have the proper moral support from without, and from those who know, or should know, *what they are about and what to do.*

Here, then, is the "lurking mystery of evil" that may be developed in almost any of us in that way, the "fault" that the sod, or the mantle of charity, should cover so deeply in such cases that not the slightest allusion should ever be made to it afterward in censure, in ridicule, or in jest, and not even in earnestness, unless it were to raise the note of warning in time to prevent the transgressor, if he still lived, from a repetition of the causes of his misfortunes in subsequent long-continued, exhausting mental work.

The writer has never had this part of the experience, as he knew beforehand what must come of it and shunned it; but he has seen times that he would almost have given worlds, if possessed of them, for relief.

As bad or worse off still is the victim that falls into the hands of a physician who knows little or nothing of these things, and does not appreciate the great efforts nature is making through sleeplessness, depression, melancholy, and other ways to save his patient, but drugs him with morphine, chloral, bromides, stimulants, etc., as the case may be, until all her efforts are paralyzed and she loses the mastery. The writer was once told by a medical superintendent of an insane asylum that during the years he had charge thereof in not one instance where the patient had been freely drugged with the agents named before his admission was he cured, whereas those not so drugged were quite a large proportion of them cured. Softening of the brain, paralysis, apoplexy, or other physical disease and wreck are often also as legitimate results of such drugging as are imbecility, suicide, or incurable insanity, all of which are commonly produced by it.

When will physicians see and learn that the natural road back to a healthy and vigorous moral activity of those who are naturally moral, but have lost control in the ways named, is through depression, melancholy, and other more or less similar means? "Suffer and be strong," through nature's vigorous reactions, is certainly the motto here unless the suffering is carried too far and unless nature is stopped in her beneficent work by drugs. And here let me tell the sufferer that his clearest and best thoughts will come after such suffering and reaction if he has not given cause for the former to be

too great, and he be not drugged. Drugging, however, will destroy subsequent clear thoughts for days, if not weeks, and make the ultimate suffering much greater than it otherwise would or could be. If the suffering becomes too great there are other ways of relieving it than by drugging.

If any should doubt that through irritability, extreme nervous sensitiveness, melancholy, etc., lies the royal road back to the normal conditions in many cases, let me cite them the almost universal fretfulness, crossness, and irritability of children when over-tired from play, or when recovering from sickness, as the proof. The universality of this process of nature in restoring children to normal conditions proves what it means, and shows us of what great value a proper application of the fact to the guidance of the mentally overworked might be. The child could not be restored to health and vigorous activity when seriously overcome by excessive efforts or disease without going through the reactive efforts named; the mentally overworked cannot get back to their proper moral basis without melancholy and other efforts at reaction; then how wrong to stimulate, drug, or otherwise destroy this, the only process of restoration!

Still further, if any doubt that sleeplessness is one means of restoration to a greatly overworked brain, let me tell them of a little individual experience. Often has the writer lain awake at night, hours upon hours together, with thoughts running at race-horse speed in consequence of the blood being drawn in such great excess to the thinking organs to sustain a prolonged intellectual effort, until finally exhaustion would follow or the excitement exhaust itself; then an aching of the limbs arose that would tell of the coming reaction; then profound sleep, a few hours of which would restore the exhausted mental energies and vigor of thought the same as before. And there was where a halt for a day or two ought to have been called each time to have saved much more severe subsequent suffering, but was not. Supposing, on the contrary, an anodyne had been taken to force sleep and thus stopped the natural process of reaction, this would not have come in days, if in weeks, and the sufferings to get out from under the effects of the anodyne would have been much greater than the lying awake, while under a frequent repetition of this violation of nature the writer would not have been here to have told his story, or would have been rendered incapable thereby of telling it.

In conclusion, the facts, or claimed facts, on moral issues given in this discourse must not be held to excuse the naturally depraved in their wrong-doing or to tolerate their continuance in depravity ; but to those who have exhausted themselves in *well-doing* until immoral acts (but generally to themselves) have resulted, such facts afford a rational basis for excuse until the transgressor can be restored to his proper and natural moral basis. And it is hoped that this discussion of the subject may enlighten all more or less in the matter and help not a few who are now suffering, or those who may suffer in the future, to a clearer understanding of their cases, and thereby aid them in getting back to their former selves again.

The "fault" therefore, if fault there be, is in the original transgression, or in violation of the harmony which nature has set up in all moral minds, by such excessive application to intellectual labor that the moral part of the brain is robbed of the sustenance required to enable it to act with vigor and hold control ; hence the temporary lapse to purely animal indulgences, as shown, until the wrong is righted. But the victim knows nothing of a moral wrong being involved in that original step. Indeed, who does? The ignorance that prevails upon the subject in this light is something worse than "Egyptian darkness." The books upon mental and moral philosophy, upon psychology and insanity, which have fallen under the writer's observation are as innocent of any such teaching upon their respective themes as unborn babes are of such conceptions. Authors and readers alike are equally ignorant, yet who shall say that the simple facts here presented should not be made at once the cornerstone of a new philosophy upon the subject, by which all may be guided and through which all may be saved?

Who now thinks that any moral wrong, or even harm, can come, excepting to the individual's physical health, from excessive mental application to any of the great elevating walks of life? All think that the more excessive the application the more commendable the efforts so long as the physical health holds out, little knowing that the worst results, or even actual crimes, may come of it, if, indeed, we may call the resulting acts crimes.

But nature is ever kind, or ever tries to be, in avoiding or trying to avoid by various devices such immoral extremes being reached, except it be after years of great transgressions, and even then, if left to herself or not drugged, she often succeeds in her purposes against the wrong. For instance, she sets up all kinds of counter-actions to

tide over the emergency. She permits of the exhaustion of the intellectual forces and thus stops the transgressor by rendering him unable to think or study until time has been given for a recuperation to come that will restore the exhausted brain to its normal condition before the moral forces have been reached to be seriously harmed. She forces sleepiness and gets recuperation through sleep in the early stages of such cases. Or, when the violator has pushed his violations too far and overcome that obstacle to his work, then she sets up sleeplessness to further exhaust and stop him in that way. She disgusts him with the subject and thus gets time for repairs. She often excites severe headaches to stop the excessive work. She establishes great irritability of mind to thereby divert him from his purposes, and here the animal steps in to try and right things. She sometimes arouses great fear through unnatural and strange sensations and stops him in that way. She quite commonly sets up physical diseases as a consequence of the mental efforts depriving the blood too rapidly of its fatty matters and salts, and thereby destroying its normal constitution, that is, the proper proportion among its constituents, until physical disease or physical pain is produced to divert his attention. This applies very commonly to the earlier violations in this direction, as in school children who are urged on to excessive study to their great injury (which it is hoped both teachers and parents will deeply consider), although it is a frequent result to older transgressors as well. And last, but not least, she very commonly and more or less fully destroys hope for the time being, through that part of the brain which is the seat of our hopeful natures being starved so that it cannot act, and thus produces the "blues," or melancholy, to thereby stop the too close and excessive mental application.

But for these various devices being set up for the purpose stated, the moral and physical wrecks of men from mental overwork would be much more numerous than they are now, although now far too numerous and rapidly increasing. Indeed, but for such guards over us, many men would be destroyed where one is now, and few of none who become so wholly absorbed in any intellectual pursuit would be safe from moral degradation, from suicide, from insanity, or from premature death through disease. Having had not a little personal experience, as well as some professional observation, in many of these efforts of nature to avert worse results, the writer

feels that he knows something of what he speaks and has not over-drawn the picture.

Such, then, is nature's intelligent and practical way of dealing with this subject. Let us now contrast with it man's ignorant and stupid way of trying to cheat nature out of her reasonable and just demands and stop her restorative efforts. Among the most common devices of man to right this wrong against nature is the resort to alcoholic stimulation. But, alas for the victims who get started in this direction! Three-fourths or more of them are sure of moral wreck. In addition to the mastery that alcohol is liable to get through the appetite over every one who indulges therein, it stimulates the intellectual faculties to greater work for the time being than they could otherwise perform, thereby using up more of the fatty matters and salts of the blood in the intellectual organs and starving the moral organs more than nature would otherwise allow. Matters then go on from bad to worse, more work and more drink "to keep upon," until the moral sentiments are lost through simple want of food to sustain them, and the subject has lost all self-control and becomes a sot in spite of anything he can do to avert it. And here nature again tries to save herself and the victim through the inactivity and stupidity that excessive drinking brings to cut off all mental action, but the appetite has become so strong while under the loss of moral control that it is then often impossible, or nearly so, to subdue it.

NOTES ON "AFTER-PAINS."

ACTEA RAC.—Crampy pains in groins; pains cause flushing of face; predisposition to neuralgia, which seems to be reflex from uterine disorders.

CAULOPH.—Pains spasmodic, felt in uterus, bladder, and reflex pains in chest and back; patient nervous, weak, sleepless.

CUPRUM.—In tedious after-pains in those who have had many children.

USTIL AGO.—Lochia too profuse, partly fluid and partly clotted; prolonged bearing-down pains; uterus feels as if drawn into a knot.

XANTHOX.—Pains excruciatingly severe; pains extend down along genito-crural nerves.—Dr. Farrington in *Am. Jour. of Obstetrics, etc.*

REST AS A CAUSE OF AGGRAVATION.

DR. C. VON BENNINGHAUSEN.

All that needs to be said concerning the influence of *rest* upon the aggravation of symptoms may be done with considerable brevity, for it is essentially the converse of what has been said regarding *motion*.

One variety of rest, however, demands a brief consideration, and all the more because, in the first place, it affords for many internal and external diseases a truly indispensable characteristic, and, in the second place, because it must astonish every experienced homœopathist to see, as in the more recent descriptions of clinical cases, that many practitioners appear to leave it altogether out of account. I refer to *rest* in a *recumbent position*.

I pass by *simple lying*, which is merely rest in contradistinction to motion, and also *lying in bed*, and propose to consider the *different recumbent positions*, which are points of greatest interest in this connection.

First under this comes aggravation from *lying outstretched* in contradistinction to *lying crooked* or in a *curved position*. For aggravation in the former posture, Cham., Colch., Platina, Puls., Rheum, Rhus, and Staph. are most likely to be appropriate. For aggravation in the latter, most frequently, Hyos., Lyc., Spong., Teucr., and Valer.

Aggravation from *lying with the head low* indicates other remedies again, among which are Ant. t., Arg., Ars., Caps., China, Colch., Hepar, Lach., Nitrum, Puls., and Spig. If in addition the horizontal position is most tolerable to the patient, then Apis, Arn., Bell., and Spongia may be added to the above.

But still more important than these are the recumbent positions upon the back and upon the *sides*.

If *lying upon the back* aggravates, this indicates especially Amm. m., Ars., Caust., Cham., China, Coloc., Cupr., Cycl., Iod., Nitr., Nux v., Phos., Plumb., Rhus, Sep., Sil., or Spig. When, on the contrary, this position affords relief, the most suitable remedy will generally be found among Acon., Anac., Bry., Calc., Carbo an., Kali c., Lyc., Merc., Puls., Seneg., Stann., Thuja.

Aggravation from *lying on the side* requires in general Acon., Anac., Bry., Calc., Carbo an., Kali c., Lyc., Phos., Puls., Stann., Sulph., and Thuja. But under this head there are two varieties which are of very great importance, viz.:

1. The aggravation may be produced by lying upon the *right* or upon the *left side*; 2. It may be produced by lying on the *painful side* or on the *side which is not the seat of pain*.

If we disregard these distinctions we grope about in the dark in treating many affections of the head, chest, abdomen, and limbs, and we fail to select the correct and successful remedy until we have long sought it and experimented in vain, whereas we might easily have found it at the outset had we paid attention to the distinctions above indicated.

The following remedies correspond to aggravation produced by lying on the *right side*: Amm. m., Borax, Caust., Mag. m., Nux v., and Spongia; by lying on the *left side*, Acon., Amm. c., Baryt., Bry., Colch., Ipec., Natr. c., Natr. m., Phos., Puls., Sep., Sil., Sulph., and Thuja. But when this condition comes into collision with the following one the preference is always to be given the *latter*.

The most important distinction, and one of which we may the most frequently avail ourselves in practice, is that between aggravation produced by *lying on the painful side* and that produced by *lying on the painless side*.

In the former case the chief remedies are: Acon., Amm. c., Ars., Baryt., Calad., Cycl., Dros., Graph., Hepar, Iod., Lach., Lyc., Magn. c., Magn. m., Mosch., Nitr. ac., Nux m., Nux v., Par., Phos., Ph. ac., Rheum, Ruta, Sabad., Selen., Sil., Staph., and Thuja.

On the other hand, aggravation when *lying on the painless side* occurs uniformly under the following remedies: Ambra, Arn., Bry., Calc., Cann., Caust., Cham., Coloc., Fluor. ac., Ign., Kali c., Puls., Rhus, Secale, Sep., Stann., and Viola tri.

All of these indications are so trustworthy and have been verified by such manifold experience that there are hardly any others that can equal them in rank, to say nothing of surpassing them. But the most valuable fact respecting them is this: that this characteristic is not confined to one or another symptom, but, like a red thread, it runs through all the morbid symptoms of a given remedy which are associated with any kind of pain whatever, or even with a sensation of discomfort, and hence it is available for both internal and external symptoms of the most varied character.

It is really a matter of surprise and wonder that an element so obvious and so very valuable for the appropriate selection of a remedy should have remained so entirely unheeded in many of the recent details of cases so carefully drawn up in other respects. In-

stead of these, the results of auscultation and percussion are recorded with the utmost exactness, notwithstanding the fact that the symptoms of our old and well-tried *materia medica* contain nothing whatever relating to these—then unknown—methods of observation, and that, consequently, they are almost worthless as items on which to base the choice of the remedy.

If the conscientious homœopathic physician is more intent on curing his patient as speedily and as safely as possible than on making a parade before him and astonishing him by a display of scientific accomplishments, he will, at least, first seek out in the case those—I had almost called them therapeutic-pathological—characteristic symptoms by which he may make sure his choice of the remedy, and not until he has done this will he seek to make available the general physiologico-pathological phenomena, for these, at least, can then do no mischief; and if he desires in a laudable manner to prepare the way for a future useful application of the stethoscope and the fleximeter, let him seek to bring the results of their employment into relation with the above-mentioned old and verified symptoms in such wise that both united may be employed in making the cure even more certain and precise than before.

He, however, who does not go to work in this fashion, but, in contradiction to section 153 of the *Organon*, pursues his way over the barren waste of a pathology without characteristic, should as little expect to be recognized as a true homœopathic physician as those others who, in opposition to section 245 *et sequa* of the *Organon*, by their, to say the least, *unnecessary* administration of massive doses, give our adversaries occasion to declare that the distinction between allopathic and homœopathic remedies exist, and to deduce from this the futility of the claim on the part of physicians to the liberty of dispensing their own remedies, since, in fact, the necessity for this liberty is denied to exist.

If any one, whoever he may be, has the audacity to proclaim to the world that Hahnemann himself, toward the end of his life, returned to the use of massive doses and only maintained an outside semblance of adherence to his potentiation theory, from unworthy motives, such a man is nothing but a common slanderer, unworthy of respect and credit at the hands of any honorable man, whether allopath or homœopath, and he will be nailed to the pillory as a malignant liar by the publication, which we may very soon expect, of original matter from our great master's own journals.*

* Published in *Am. Hom. Review*, by Dr. Dunham.

NOTES ON GENITO-URINARY THERAPEUTICS.

(Continued from vol. 2, page 272.)

ALUMINA. RENAL.—Pain in kidneys and loins (as from jolting over a rough road), alternating with cloudiness, as if drunk; pain is worse on stooping or turning (pain after stooping: Natr. m., Sulph.).

Feeling as if a hook were plunged into her, which makes her scream.

VESICAL.—Pressure and drawing in the region of the bladder, especially at neck of the bladder.

Feeling of weakness in bladder and genital organs.

Fears he will wet his bed (in the evening).

Violent tenesmus.

Micturition frequent at night.

Frequent micturition (urine corroding) during the menses. (Sarsap.)

Urine voided only while straining at stool, requires such force to pass it. (Slow emission, bladder weak, has to wait before urine will pass; must strain so to pass it that anus protrudes: Mur. ac.)

URINARY PAINS.—Sensation of heat in urethra, which passes off by patient lying still.

Severe smarting and burning, with feeling as though a few drops remained in urethra which could not be expelled. (Arg. n., Kali b., Thuja.)

Frequent smarting and corroding urine (with prolapsus uteri).

During urination, burning and desire to evacuate bowels.

Cutting in anterior part of urethra during micturition, and even after, as if urine passed over an inflamed surface.

Urethra feels hot after emission of urine, followed by sensation as of burning and tenesmus of rectum and bladder.

Increased secretion and frequent discharge of pale, watery urine.

CHARACTER OF URINE.—White, turbid urine, as if chalk had been stirred in it.

Pale urine with turbid sediment.

When standing, the urine deposits a thick white sediment.

Deep yellow urine; soon deposits a large and loose cloud.

Scanty, with red sediment (in arthritic affections).

Copious and pale (in nervous diseases).

Copious and dark.

SEXUAL.—Desire excessive.

Emissions at night, with voluptuous dreams.

Emission during the afternoon nap (Canth., Staph.). (These emissions aggravate patient's old symptoms.)

Contractive pain in right spermatic cord; the testicle of that side is drawn up at same time, and is sore and painful.

Left testicle is hard and indescribably painful to the touch. (Hard: *Acon.*, *Agn.*, *Arg. n. (r.)*, *Arn.*, *Clem.*, *Lach.*, *Merc.*, *Nux v.*, *Ph. ac.*, *RHOD.*, *Sab.*, *Sil. (r.)*, *SPONG.*, *Strych. (l.)*.)

Itching of the scrotum; relieved by scratching.

Tickling on genitals and thighs.

AMBRA. VESICAL.—Pain in bladder and rectum simultaneously.

Sensation as if a few drops passed out of the urethra.

Burning in the orifice of the urethra.

CHARACTER OF URINE.—The urine is dark-brown and a little turbid, even while being emitted.

Urine turbid, even while being emitted; yellow-brown color; it formed a *brown sediment* (*Chin. s.*, *Crot. t.*, *Dig.*, *Val.*), leaving the urine above clear and yellow.

CONCOMITANT.—Frequent urging but no stool; this gives her a great deal of anxiety; during this time THE PRESENCE OF OTHER PERSONS WAS INTOLERABLE.

AMM. CARB. VESICAL.—Violent tenesmus of the bladder, with cutting.

Constant tenesmus, even at night, with diminished passage of urine, accompanied by burning.

Blood comes out of the urethra.

URINARY PAINS.—After urinating, there is a strong traction in forepart of the urethra.

Cutting, burning.

CHARACTER OF URINE.—Copious flow; increased micturition. night.

Involuntary, toward morning, during sleep.

Urine very muddy, of a peculiar smell, with very copious sediment.

Pale urine, with sandy sediment.

Increased and turbid urine.

SEXUAL.—Forcing (choking) pain in testicles and seminal chords; sensitiveness of testicles to touch, aggravated by erections.

Testicles and scrotum relaxed, necessitating a supporter.

Occasional drawings in the scrotum, which are relieved by raising it.

Erections without sexual desire, mornings.

Violent desire, with trembling of body, almost without any erection.

Seminal emissions almost every night.

Itching on glans penis, which lasted several days.

Itching of genitals, especially scrotum.

DR. WELLS' ESSAYS ON DYSENTERY, DIARRHŒA, TYPHOID FEVER, ETC., ETC.

We commence in this issue of *THE HOMŒOPATHIC PHYSICIAN* to publish a series of incomparable essays on the treatment of dysentery, diarrhœa, typhoid fever, rheumatism, intermittent fever, etc.—all from the gifted pen of Dr. P. P. Wells.

Some of these essays were published twenty years ago; these will be revised by the author before being republished.

Others are new; the one on dysentery has been entirely re-written.

They will be pagged for separate binding, and when completed will make a large and most useful volume.

It is not too much to say that we have not in homœopathic literature any practical essays to compare with these.

A CURIOUS MISTAKE.

In our November (1882) issue we credited some "Lycopodium Clinical Cases" to Dr. Clarence Willard Butler, of Montclair, N. J. Now Dr. Butler writes us that he never wrote these interesting cases! Will the author kindly send us his name, and accept our apologies for the mistake?

FIAT JUSTITIA—RUAT CŒLUM.

A subscriber writes: "I am glad you give us country doctors faithful criticisms of new publications. I have been taken in on several occasions by buying books advertised and indorsed by homœopathic journals. After buying, found them—*no good.*"

CIRCULAR FROM BUREAU ON LEGISLATION, ETC.,
AMERICAN INSTITUTE.

OFFICE OF THE
CHAIRMAN OF THE COMMITTEE ON LEGISLATION,
AMERICAN INSTITUTE OF HOMOEOPATHY,
1706 Green Street. }

PHILADELPHIA, *September 15th, 1882.*

To M. D. DEAR DOCTOR:—The above-named Committee for the current year of the Institute consists of the following members: John C. Morgan, M. D., Philadelphia, *Chairman*; A. I. Sawyer, M. D., Monroe, Mich.; J. P. Dake, M. D., Nashville, Tenn.; F. H. Orme, M. D., Atlanta, Ga.; E. C. Franklin, M. D., Ann Arbor, Mich.; I. Tisdale Talbot, M. D., Boston, Mass.; J. C. Budlong, M. D., Centredale, R. I.; George F. Roberts, M. D., Chicago, Ill.; Philo G. Valentine, M. D., St. Louis, Mo.; Ambrose S. Everett, M. D., Denver, Col.; C. B. Currier, M. D., San Francisco, Cal.; G. W. Pope, M. D., Washington, D. C. The *Districts* remain as last year, very nearly.

Your attention is respectfully called to the necessity of securing numerous helpers within your district in order to carry out our work, particularly in securing Congressional votes, as hereinafter explained.

The most important duty now before the Committee is that imposed by the vote of the American Institute at its late session, instructing us to press the demand for equal rights in the medical corps of the United States Army and of the Civil Service.

Pursuant thereto, the Chairman prepared a "joint resolution" for presentation to both Houses of Congress. This was amended by the Hon. Charles O'Neill, M. C., of Philadelphia, and presented by him (by unanimous consent) in the House of Representatives, and by the Hon. J. Donald Cameron (also by unanimous consent), in the Senate. In each House it was read twice and referred to the appropriate committee, in whose custody it remains and whose active support must be now secured.

The following is a copy of the "Joint Resolution" in question:

"House Res. 259;" July 17th, 1882.

"Senate " 96;" July 14th, 1882.

"JOINT RESOLUTION—relative to Schools of Medical Practice in the United States and the graduates thereof:

"*Resolved, by the Senate and House of Representatives of the United States of America, in Congress assembled,* That it shall be a misdemeanor, punishable by a fine of five hundred dollars and dismissal from office, for any officer of the United States Government, Civil, Military, or Naval, to make discrimination in favor of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any of the departments of the Government.

"SEC. 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified

copies of the complete records of all the details of said examinations shall be placed on file in the Office of the Librarian of Congress, subject to the inspection and use of members of Congress."

On the introduction of this measure, the journals of the Old School showed much alarm and opposition, even abusing the Honorable Senator for his action. On the other hand, the allopathic liberals have contended for its propriety. We thus learn that we must prepare for a sharp contest.

The first step will be to secure immediate and favorable consideration thereof by each of these Committees; to which end the several gentlemen of the committees named should be duly informed of its nature, and their approval individually sought by the prompt and earnest personal efforts of physicians and others in their respective districts. The resulting recommendations of these Committees will doubtless largely shape the action of the House and Senate. The consequence to Homeopathy will be immense.

The second step will be to obtain (duplicate) signatures in large numbers, everywhere, to the annexed petition to the two Houses. The petitions should be forwarded *as soon as possible*, through the Chairman of this Committee or otherwise, before the *opening* of the winter session, in order that the resolution may obtain an *early* consideration in each House *for third reading and passage*.

The third step will be to secure the influence of each and every member of Congress, through the personal appeals of our friends and theirs, united with those of all the excluded systems of practice in their own districts, letting all know that scientific medicine fears nothing and can lose nothing thereby. Our societies, everywhere, should pass and forward *resolutions sustaining* members who favor our cause.

The fourth step will be to endeavor to secure from the President of the United States a like favorable consideration and *his signature*.

Every person who shall see this circular is particularly requested to take notice of whatever of these steps he or she may be able to further in any way, and to constitute a committee for that purpose. *Let all action be immediate!*

It is to be borne in mind, and duly urged, that the British Medical Act of 1858 (Section xxiii) is of like tenor as respects the impartial licensing of medical men in civil life, going so far as to revoke the licensing power of institutions vested therewith as a penalty for violation of the said prohibition. This act forms an undoubted precedent in *law*. The *equity* is undeniable. (See *British Journal of Homæopathy*, April 1st, 1882.)

JOHN C. MORGAN, M. D., *Chairman*.

The following is the form of heading of the Petition to be circulated and signed, and of which copies will be furnished by the Chairman:

To the Honorable, the Senate and House of Representatives of the United States of America, in Congress Assembled:

The undersigned, your petitioners, respectfully represent to your honorable bodies,

1. That the theory and practice of medicine is a matter of great importance to the Army, the Navy, and the Civil Service of the United States;

2. That at the present time the opinions and practice of physicians of equal learning, ability, and honesty differ so widely as to divide them into sects, such as those commonly called allopathic and homœopathic;

3. That one of these sects, calling itself "regular," has now, and has always held, absolute medical control of all Departments of the Government Service, thus compelling all Government employées to submit to its arbitrary choice of medical treatment.

4. That no candidate for appointment to medical service under the Government, who avowed his belief in any other system of medical practice than that called "regular," however learned and well qualified in other respects, has heretofore been accorded an appointment, or even an examination for the same, in any Government service.

5. That such discrimination in favor of one medical system against all the others, equally high in the confidence of the people of the United States, is an evident usurpation of powers not granted to the said public servants by law, and therefore tacitly prohibited to them.

6. That your petitioners, patrons of all systems of medical practice, including the so-called "regular" itself, do earnestly pray that such unjust and injurious discrimination be hereafter prohibited by law of Congress in some form, such as the Joint Resolution now before your honorable bodies, viz.: Senate Resolution (1st Session), No. 96, and House Resolution, No. 259, of July 14th and 17th, last, respectively; and that all *qualified* physicians be thus made *equal before the law* in the Government Service.

And your petitioners will ever pray, etc.

OBITUARY.

JEROME E. CROSS, M. D., was born at Methuen, Mass., August 10th, 1839, served through the War of the Rebellion as a private, till promoted for his bravery; graduated in medicine in 1874, settled the same year in West Eaton, N. Y., and died there October 1st, 1882. He leaves a widow his second wife (Mary J. *nee* Larabee, North Adams, Mass.) to whom he was married just after graduation. His first wife and only child died soon after he was mustered out of his country's service.

As a physician he was a Homœopath through and through, and indeed a *healer*. As a man he was more remarkable than any other I ever knew. Sensitive as the air, he had such absolute control of himself that he was never disconcerted, yet was modesty itself. Without any of the dogmas of religion or any profession of it, he lived such a life of simple obedience to the *Most High* within him, and of unselfish service of others, that all who knew him perceived a halo about him and yielded him loving reverence.

He is gone, and the whole community where he dwelt is in mourning. Not all great men are famous, but their influence dies not.

WILLIAM A. HAWLEY.

CLINICAL BUREAU.

A CASE OF GONORRHŒA, WITH SOME NUTS FOR THE ISOPATHS TO CRACK.

E. W. BERRIDGE, M. D., M. I. H. A.

Before commenting on a system, it is necessary to define it. What is isopathy? Some, seeking the explanation of the word in a Greek lexicon, define it as the method of treating a disease by the administration of the *same* virus that produced it; hence they point to the allopathic method of syphilization as a case in point, because here the crude virus is used to cure the effects of the crude virus; while, on the other hand, they declare that to give dynamized *Syphilinum* is not isopathy, because the potency is different from the crude material. But this argument proves too much. By parity of reasoning, Homœopathy must signify merely healing by a remedy producing symptoms similar to those of the patient, irrespective of all rules concerning dynamization, etc. No true homœopathician will admit this. To fully comprehend the meaning of either of these words, we must go to the founder of each system and learn what he meant by it.

HAHNEMANN founded a system and called it Homœopathy; Homœopathy, therefore, logically signifies HAHNEMANN'S system; and this definition remains true, whether the system be proved erroneous or not. Similarly organopathy logically means the system so named by Loeffler and afterward rehashed by Sharp. So again isopathy must mean the system founded by Lux, who gave it this name. Now *Lux* did not recommend the *crude*, but the *dynamized* virus; hence to treat diseases even by this dynamized product may be not Homœopathy but isopathy; at any rate, even if we consider the allopathic processes of syphilization and variolation as isopathic, Lux's method is not thereby removed from that category by reason of its employment of *dynamized* nosodes.

What, then, is the radical difference between isopathy and Homœopathy?

The homœopath treats the individual patient.

The isopath treats the disease.

The homœopath individualizes.

The isopath generalizes.

The homœopath prescribes for the totality of the symptoms.

The isopath prescribes for one, the chief objective, symptom.

The homœopath values the subjective symptoms.

The isopath necessarily ignores them.

The homœopath says: "The totality of the symptoms of this case corresponds to the symptoms of *Syphilinum*; therefore, whether the case be syphilitic or not, *Syphilinum* is the *simillimum*."

The isopath says: "This case is syphilitic, therefore, *Syphilinum* must be given, whether the totality of the symptoms indicates it or not."

Which of these two systems is *a priori* the most scientific it is unnecessary to state.

In my former paper on "The Scientific Use of the Nosodes," I quoted a series of cases to show how unsatisfactory in practice isopathy must be. Out of ten nosodes with which I had tested the matter, the most striking results were obtained from *Psoriasinum* in psoriasis. I explained this case, because some seemed to be disposed to run to a contrary extreme, and, in opposition to those who maintained that the nosode would cure every case of the corresponding disease, asserted that it would never cure any, which is equally an error. But since then I have seen *Psoriasinum* tried in another obstinate case of psoriasis *without the slightest effect*. What more evidence is required to prove that isopathy is a mockery, a delusion, and a snare. But to my case of gonorrhœa.

In November, 1881, a gentleman consulted me for a second attack of gonorrhœa. I could elicit no *very* characteristic symptoms. Suffice it to say that I gave him high potencies of *Mercurius*, *Medorrhinum*, *Canth.*, *Argent nitr.*, *Nux*, *Kali bichr.*, *Thuja*, *Cannab.*, with *much* relief. The medicines were all carefully selected from the provings, and they relieved temporarily, but did not cut the disease short, as the *simillimum* would have done. At last he gave me the key-note to the case; he had painful erections *when riding in the railway cars*, except when he was engaged in conversation. This symptom belongs to *Calc. phosph.*, of which I gave him seven doses of CM (Fincke) one daily for seven days. The remedy acted at once, removed this distressing symptom and also the remains of the gonorrhœa. I would ask the isopaths why *Medorrhinum* did not cure this case. According to their doctrine it ought to have done so. The answer is that *Medorrhinum* did not correspond to the totality of the symptoms and *Calc. phosph.* did. This necessary correspondence can

only be obtained by accurate and extensive provings, and without these our success with nosodes, though it may at times be startling, yet is empirical, and may at any time fail us. It has been said that every case of disease is a proving of the nosode. Granted that it contains the symptoms of the nosode, but are they pure? In some cases they are, in some they are not; and, like all other provings, they need clinical verification or pathogenetic confirmation before they can be unreservedly accepted.

Now I ask the champions of isopathy this question: Clinical experience shows that a nosode will *cure* some cases of the disease, *relieve in part* others, and *utterly fail* in others. *How can we tell, therefore, in what cases to give it?* Theoretically I hold that the cases it will cure are uncomplicated cases. But how are we to diagnose them with unerring accuracy? It is impossible; and what we need is careful provings with the dynamized preparations, which I am convinced will be found among the most powerful of our weapons. When we have these we can compare them with the symptoms attributed to the crude virus.

This has been already done to some extent. In Hering's monograph of *Lyssinum* we can compare the cured symptoms with those of the potencies, and from the like. In *Guiding Symptoms* we see the symptoms of anthrax compared with those cured by *Anthracinum*, though provings with the potencies are greatly needed. Cures by *Syphilinum* have been published by Dr. Swan in the *Homœopathic World*, and may be compared with his provings, which are now in type for that journal. I have a large collection of provings of *Meddorrhinum*, with many cured cases, and only delay copying them for press till I receive the *complete* report from one of the best of the provers. Will not some of the members of I. H. A. solve this burning question by proving the nosodes?

In the meantime, as our enemies accuse us of forsaking Homœopathy for isopathy, I propose the following resolution, to be voted on at the next meeting of our Association:

“*Resolved*, That we repudiate Lux's system of isopathy as a departure from Homœopathy, and an empirical and hazardous method of prescribing according to the name of the disease instead of according to the symptoms of the individual patient; and that we do not indorse any use of the nosodes except the prescribing of them according to accurately observed pathogenesis supplemented where necessary by carefully verified clinical experience.”

SOLIS ICTUS.

J. W. THOMSON, M. D., SPRINGFIELD, MASS.

Called July 15th to see a boy *æt.* 3 years, in convulsions. The spasms were violent; twitching of hands, arms, and legs with frothing at the mouth during spasmodic action. Face deathly pale, yet felt hot to touch, body burning hot. On opening lids found pupils so much enlarged as to obliterate all appearance of iris. Pulse hardly countable, 180 to 190. Convulsion lasted twenty minutes. Informed that child had had a sour, fetid stool at 6.30 A. M. While in attendance another discharge, involuntary, green, slimy, and of the most unbearable stench.

On inquiry ascertained that he had been playing the day previous, with uncovered head exposed to the rays of the sun. Exhibited Bell.²⁰⁰—Dunham's—in water, teaspoonful every ten minutes for an hour, afterward every half hour. Called hurriedly at 2 P. M. There had been another spasm which this time continued ten minutes. It was over when I arrived. Was informed that the little fellow was uncontrollable—slashing round, tearing with his hands, gnashing with his teeth, and kicking with all his might. He would stay proceedings, however, for a moment to drink, and then commence *de novo*. After attack another stool, which was watery, yellow, green and horribly offensive. Pulse, 125. Reaction had evidently commenced. In view of the severity of the attack, continued the Bell. half-hourly. Called at 8.30 P. M. There had been another convulsion at 7 P. M., which, however, only lasted two or three minutes. Another stool, sour, slimy, and yellow. Pulse, 105. Lips, which like the face had been a deathly pale, had now assumed their natural hue. Eyes looked normal. Discontinued medicine.

Called at 10 o'clock next morning. Child had had a good night's rest. There had not been a recurrence of the convulsions. Between 3 and 4 A. M. a stool which was thin, brown, and without slime. Skin moist and normal. Pulse, 90.

I observed the peculiar periodicity of the spasms, viz.: at 9, 2, and 7 o'clock, *i. e.*, five hours apart, with the offensive fecal discharge after each attack, yet under the action of the remedy each onset becoming milder. Left a placebo and discharged the case.

Was called again, however, on the following day. The little man had been restless all night, rolling his head from side to side. The pulse was soft, full, and compressible, 108. There had only been

one more stool, which I was informed looked natural. Skin was also normal. Gave Sac. Lac. There was no necessity to interfere with the recuperative reaction. I opined that the night's disturbance was simply an effort to throw off the debris of the offending disorder—a settling down to normal activity. To this present writing there has been no return of the malaise. The whole system, brain, heart, and abdominal viscera, had been profoundly disturbed. This was the last throe of the disorderly condition prior to the organism's restoration to its orderly physiological rhythm; like the surging of the billows on the shore after the storm has passed, or scar of remembrance on warrior's face, it was a reverberation, an echo of the storm that had passed.

HAMAM. IN HÆMORRHOIDS.

H. D. BALDWIN, M. D., SYRACUSE, N. Y.

Mrs. S., age about 60, came to me three years ago, while I resided in Montrose, or rather her son came to me for her, and described the following condition: His mother had had hæmorrhoids for forty years, and so bad as to prevent her being on her feet any length of time, because of the protrusion of tumors and severe hemorrhage, the blood often running down the limbs to the floor. Prescribed *Ham.* 1st dec. dilution, to be taken four pills one hour before each meal and on retiring, but told him that I thought that an operation would be required. The remedy was continued, with an occasional dose of *Sulphur*³⁰ for one year, as there was a gradual improvement. A few weeks ago, Nov. 8th, he came to me to say that although she had been working all summer, and been almost constantly on her feet, she had no return of hæmorrhoids or hemorrhage and considered herself well. The result of this was very gratifying to me, because, 1st, I had never met with a case of that length standing which yielded to internal remedies alone, and 2d, why do not all cases, when all symptoms are seemingly as well marked as they were in this, respond as favorably to medication? Most all cases of hæmorrhoids of any length of standing have to be removed by an operation, but I am thoroughly convinced that acute cases can be entirely removed by internal medication if the remedy is carefully selected.

BOOK NOTICES, REVIEWS, ETC.

DR. BURNETT'S ESSAYS, containing "Ecce Medicus," "Natum Muriaticum," "Gold," "Causes of Cataract," "Curability of Cataract," "Diseases of the Veins," "Supersalinity of the Blood." Price, \$2.50. Bœricke & Tafel: New York and Philadelphia. 1882.

These essays are too well known to need any words of comment from us at this late date. We can only say Messrs. Bœricke & Tafel never conferred a greater favor upon American homœopathists than in the republication of Dr. Burnett's essays. These valuable monographs are now for the first time brought together in one volume and are sold at greatly reduced cost. We can only advise our readers to purchase *quickly* and read *slowly*. The money cannot be put to a better use.

PLAIN TALKS ON AVOIDED SUBJECTS. By H. N. Guernsey, M. D. Price, \$1.00. M. A. Davis: Philadelphia. 1882.

In this little monograph Dr. Guernsey gives some sensible advice to the laity—for whom we presume the book is intended.

OTIS CLAPP & SON'S Visiting List and Prescribing Record. Perpetual. Price, \$2.00. Otis Clapp & Sons: Boston and Providence.

The neat "Visiting List" of this firm is well known. The size is convenient and the get-up elegant.

THE BIRTH-TIME IN EACH TWENTY-FOUR HOURS. By M. M. Walker, M. D., Germantown, Philadelphia. Reprint.

Dr. Walker takes up an idea broached by Dr. Raue some years ago, that the "incoming or flood tide" exercises some influence on parturition.

It is an old superstition (if we may so term it) that people are born as the tide flows in and die as it flows out. We cannot see that the subject is at all practical, as physicians *have* to attend the parturient female whenever sent for. And it is certain that we can't arrange our death to suit the almanac!

Homœopathic Hospital for Children, West Philadelphia.

Dr. Norton makes a good report for the fifth year of his hospital. Contributions gladly received.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. III.

FEBRUARY, 1883.

No. 2.

EDITORIAL.

THE I. H. A.—Our esteemed contemporary, the *Counselor*, has been much disturbed recently over the short-comings of the I. H. A. That Association has, in the *Counselor's* opinion, “talked much and done little.” To a certain degree this opinion is correct; for, while some very fine papers have been presented to the Association at its two sessions, there has not been shown by the members in general that disposition to get down to real work which we had hoped to see; to map out a course of work which, earnestly pursued, would interest and benefit the members. Only such work can keep the Association alive or give satisfactory reason for its existence.

The truth of the case may be briefly stated: In its earlier years the American Institute did splendid work for Homœopathy—work which improved and interested its members. And had the Institute continued in such work, no excuse could have been found for a separate organization. Of late years the Institute has not only ceased its good work, but is doing much to destroy the great work done by its founders. Therefore, those who still believed in the Homœopathy of Hahnemann were compelled either to form a separate society or to have their usefulness destroyed by the overwhelming majority of eclectic members of the Institute. This, then, was the reason for the formation of the I. H. A.—to continue the work begun, and carried on so well, by the founders of the American Institute, a work which the Institute has in its later years so sadly neglected. Is this schism?

The founders of the American Institute thus defined the objects of *their* organization :

WHEREAS, A majority of the allopathic physicians continue to deride and oppose the contributions to the *materia medica* that have been made by the homœopathic school ; and whereas, the state of the *materia medica* in both schools is such as imperatively to demand a more satisfactory arrangement and greater purity of observation, which can only be obtained by associate action on the part of those who diligently *seek for truth alone*,* and, inasmuch as the state of public information respecting the principles and practice of Homœopathy is so defective as to make it easy for *mere pretenders* to this very difficult branch of the healing art to acquire credit as proficient in the same ; therefore

Resolved, That it is deemed expedient to establish a society entitled "The American Institute of Homœopathy," and the following are declared to be the essential purposes of said Institute :

First. The reformation and augmentation of the *materia medica*.

Second. The restraining of physicians from pretending to be competent to practice Homœopathy who have not studied it in a careful and skillful manner.

Such was the organization and such were the original purposes of the American Institute. First, to enlarge and purify the *materia medica*, and secondly, to see that none practiced Homœopathy who had not "studied it in a careful and skillful manner." Two noble purposes! How have they been carried out? Has the American Institute always striven to accomplish these "essential purposes" of its organization? Are its sessions and work devoted to the "reformation and augmentation of the *materia medica*"? Are the majority of its members those who have "studied Homœopathy in a careful and skillful manner"? These queries must be answered in the negative. Is it, then, a *great sin* for such physicians as so desire to organize in order to pursue this neglected work? Is it schism?

The I. H. A., having been formed to carry on this work, should speedily set about doing it, and not "talk" so much. There has been an abundance of "resolutions," enough for several associations. But, beyond a few individuals, there has not been shown the proper disposition to work. Each individual member should make it his (or her) duty to work for the Association. It is his duty, and cannot be shifted to other shoulders. It is only by earnest, persistent work that the fate depicted by the *Counselor* can be avoided. There may be minor points on which members of the I. H. A. differ, but

* Italics ours.—EDITOR.

they *all* agree upon the essential principles of Homœopathy, and for these they can all *work*.

The duty incumbent upon this Association has been clearly placed before its members by their first president, whose earnest words we quote :

“What, then, are the members of this Association to do, the results of which will justify their existence as an associated body? We know of but one thing, and that is, *work*—earnest, honest, incessant work. *Not work upon partialists, mixed, or old-school men*, but on the elements of sickness, that a knowledge of them in their totality, as we have shown to be necessary in order that an intelligent treatment of them practically may the more readily be obtained when needed; and upon the *materia medica*, that its elements may be mastered in the same detailed totality, in order that when the *simillimum* for a cure is needed it may be more readily found, and applied with that certainty of assurance of which guessing makes no part. Work of this sort, persisted in, will by and by mature a power greater than any argument, however masterly, or than any controversy, no matter with what earnestness it may be waged. Work of this sort will in time, by its results, so demonstrate to the public mind the superiority of the pure practice of the Homœopathy we advocate over that which is partial or mixed, as well as over that of the old-school, that these gentlemen, recognizing the education the public has thus received, and at the same time the confidence of the public they themselves have lost, are not in the least danger of neglecting to make haste to claim their share of the honor a numbering with those thus diligent is sure to confer. Thus, and thus only, can the interests of true Homœopathy be advanced, and the objects for which this Association was organized be secured. And in the results of such work only will true Homœopathy find its just illustration which you, gentlemen, by your Association, stand pledged to give to the world.”

Let this sound counsel be promptly acted on, and the I. H. A. will be an honor to Homœopathy. Let it be persistently neglected, and the I. H. A. will exist only as an object of ridicule.

REPRINTS.

We began in our January issue to publish a series of articles from the pen of Dr. P. P. Wells on dysentery, diarrhœa, rheumatism, etc. These are intended for binding into one volume when complete. The first eight pages appeared in January, but were not properly arranged. We therefore republish them this month with eight additional pages. The article of Dr. R. R. Gregg on “Over-taxed Brains,” is also republished for similar reasons. This can be inserted in January issue in place of the former impressions.

CINCHONA OFFICINALIS.

PROVINGS BY B. FINCKE, M. D., BROOKLYN, N. Y.

I.—B. F., 29 years old, single, of slender habit, nervous temperament, dark fine hair, gray eyes, generally healthy, took, 1850, June 27th, 2½ P. M., one drop of China regia 27 centes. Immediately smarting, acrid taste, slight vertigo.

3 P. M.—Stitch on the sole of the left foot.

3¼ P. M.—Pressing in the left big toe, in the bones.

3½ P. M.—Stinging upon the right big toe and its ball.

4½ P. M.—Twitching around the left middle foot. Stitches here and there. A pressure at the right hand. Head free again.

4¾ P. M.—Stinging in the right upper lip.

5 P. M.—Itching on the scalp.

6 P. M.—Painful twitching at the occiput.

7 P. M.—Pressing in the left middle foot, increasing and decreasing, going down to the sole of the foot, behind the toes. A stitch in the right heel. Hard pressing in the left hand, sideward, near the little finger.

7¾ P. M.—Pressing stinging in the right inner ear. Stinging pressure at the right thumb.

9½ P. M.—Twitching alternately in the right and left toes.

10 P. M.—Twitching in the left index-finger, at the tip and under the nail. Twitching in front of the left ankle. A twitch through the right side of the head, from before, backward. Itching stitches at the abdomen and knee.

June 28th.—Pleasant dream of a beloved person he has not thought of for a long time.

6½ A. M.—On waking up, twitching in the left foot; sideward on the right hand, and in the left arm inward.

6¾ A. M.—Twitch at the left upper calf. Red veins in the white of the eye.

8¼ A. M.—Twitching, pressing in the left inner ear.

8¾ A. M.—Stinging at the left lower calf. Stinging drawing twitching in the tip of the left index-finger. Pressure in the left heel.

9 A. M.—Stinging in the right groin. Pressure in the left knee. Picking in the skin of the left chest. Itching stitches on the scalp. Various stitches in the skin. Drawing pressing in the right inner hand.

9 $\frac{1}{4}$ A. M.—Biting in the skin at the left shoulder. Drawing in of the tendon of the left index-finger, with heat therein in several attacks at a place where last year a furuncle had been produced by a dose of one drop of Sulphur 6th centes. Drawing in the meatus externus of the left ear. Pressing in the left buttock. Itching on the top of the head. Drawing at the left side of the tendo Achillis.

9 $\frac{1}{2}$ A. M.—Drawing pressure across the forehead several times, and over the left eye. The left eye feels heavy and affected. Twitching in the tip of the left big toe at frequent intervals. Twitching in the corn of the left little toe. Biting in the tips of the middle toes.

9 $\frac{3}{4}$ A. M.—Biting stinging between the first and second knuckle, going sometimes into the joint of the index-finger (the very place where the sulphur-furuncle had caused such severe burning pains). Drawing in the left middle and fourth fingers. Drawing in the right side of the head.

10 A. M.—Drawing on the sole of the left foot, in the hollow formed by the balls of the toes where an oblong callosity exists.

10 $\frac{1}{4}$ A. M.—Hurried stitching on the left big toe. Pressing in the left calf. Slight straining in the left ear. Stinging on the left index-finger.

10 $\frac{1}{2}$ A. M.—Sensation of lameness in the left hand. Stinging in the skin, over the navel, at the thigh, and at the left cheek, successively.

11 A. M.—Drawing pressing in the left inner hand, at the same time prickling on the skin covering it. A drawing through the anterior part of the head. Drawing in the left upper arm, at the insertion of the deltoid. Twitching straining in the right ear.

11 $\frac{1}{2}$ A. M.—Jerk over the left eye, through the forehead. Jerking drawing in the bone of the left upper arm. Twitching in the tip of the left index-finger.

11 $\frac{3}{4}$ A. M.—Pressing upon the second joint of the left little finger. Biting in the skin of the left side, with a chill running down as far as the calf. Twitching over the left eye, in the bone, through the forehead toward the occiput. Stinging on the left great toe. Lamelike drawing in the joints of the right index-finger. Itching on the right upper cheek.

M.—Stinging in the tip of the left middle finger, with a cold shudder all over. Pulsating pressing in the left big toe. Drawing from the right knee downward.

$\frac{1}{4}$ P. M.—Drawing in the middle joint of the left middle finger.

3½ P. M.—Stinging in the tip of the right big toe, running under the skin at the left shinbone.

3¾ P. M.—Pain like gout in the left heel when treading upon.

4 P. M.—Fine stinging at the palmar side of the left wrist. A violent stitch in the left chest. A violent stitch in the left heel. Drawing and pressing in the left big toe. A stitch in the right thumb. Heaviness of the head. Drizzling at the left lower lid. Stinging pressure in the side of the chest, in single, interrupted, slighter, and stronger pulses. Stinging between the lower jaw and neck. Violent stinging on the second toe, and then under it. Biting in the skin in the region of the shoulder, with perspiration. Picking at the floor of the left ear.

4½ P. M.—Pulsating stinging in the left big toe, and at the same time lamelike drawing pain around the inner side of the left heel. Drawing pain in the right toes, several times. Squeamishness of the stomach. Belching of wind. Yawning. Stinging in the navel. Stinging at the left ankle.

5 P. M.—Perspiration while quietly sitting and writing. Urging in the throat. Biting stinging in the left second toe. Belching of wind and yawning. Drawing in the right middle finger.

5½ P. M.—Drawing stinging in the left elbow. Conjunctiva less red than this morning. Drawing in the left inner hand. Twitching stinging in the ball of the right hand. Biting twitch at the right side of the abdomen, the right knee, and the scalp. Itching at the left side of the abdomen. A red streak, as if from a scratch, appeared about 3 P. M. at the back of the left hand, about this form,



but double size, which now is no more to be seen. Continual perspiration.

5¾ P. M.—Drawing at the right dorsal side of the right hand. Stinging in the skin of the buttocks and abdomen. Head dull and heavy.

6 P. M.—Stinging at the left upper lid. Profuse perspiration. Fine pulsation and sensation in the left ear, as of something fallen before it.

6½ P. M.—Gouty pains in the right little finger. Sensation in the right eye as of a foreign body. The eyes feel much affected.

10½ P. M.—Lamelike drawing in the left part of the head. Draw-

ing in the left zygoma. Discharge of stinking winds. Sound sleep during the night.

June 29th, 4 A. M.—Energetic seminal emission with following hunger and vivacity. Discharge of stinking winds.

8 A. M.—Lamelike drawing in the left heel and then higher up as if in the bone.

8 $\frac{3}{4}$ A. M.—Lamelike drawing in the whole right lower extremity as if in the bone. Twitching at the right buttock.

9 A. M.—A stitch in the left heel. Drizzling at the lower angle of the shoulder-blade.

9 $\frac{1}{2}$ A. M.—Biting in the skin of the back.

9 $\frac{3}{4}$ A. M.—Biting in the skin of the right arm, and at the mons veneris.

10 A. M.—Biting itching in the prepuce. Straining in the right ear. Mucus discharge from the nose, head and eyes being free.

10 $\frac{1}{4}$ A. M.—Sleepiness. Heaviness in the forehead. Lamelike drawing pain of the right hand at the joints of the middle and ring fingers. Tiredness. Frequent yawning. Almost invincible sleepiness. Lamelike drawing in the left hand.

10 $\frac{3}{4}$ A. M.—Lamelike pain in the left knee on extending it Biting. stitches on the right second toe. Twitching in the right middle finger. Fine twitching at the knee.

11 $\frac{1}{2}$ A. M.—Pale, sickly, sunken countenance.

M.—Lamelike in the hand in taking firm hold of anything. Drawing at the ball of the left foot, repeatedly. Head free again. Prickling itching upon the right thigh and at the prepuce. Mind cheerful and composed. Itching upon the chest. Lamelike stitches in the right hand.

$\frac{1}{4}$ P. M.—Stinging on the skin of the right groin. Biting stitches at the ring of the prepuce, upon the left thigh and scalp, with cold shuddering all over the skin.

$\frac{1}{2}$ P. M.—Stitches at the prepuce.

2 $\frac{1}{2}$ P. M.—Stitches at the left knee. Lamelike drawing and stinging all over the body, here and there.

3 $\frac{1}{2}$ P. M.—Lamelike drawing at the left knee sideward.

4 P. M.—Lamelike drawing at the left thigh. Stitch in the interior of the forearm. A long stitch in the head behind the right frontal eminence. Biting at the right buttock, at the side of the chest, at the neck.

4 $\frac{1}{4}$ P. M.—Lamelike drawing at the left tendo Achillis.

4½ P. M.—Heaviness and tension in the fore and back head. Pressing upon the eyes. Drawing in the right knee and thigh. Lameness-pain in the right kneebend.

5 P. M.—Pressing together in the right big toe, running over the left foot. Lamelike drawing in the right index-finger. Stinging in the tip of the right index-finger. Pressing upon the left toes. Pressing in the left chest. Stinging at the ring of the prepuce, with cold shuddering along the left thigh.

6½ P. M.—Drawing and pressing upon the hand.

7¾ P. M.—Stinging and pulsating in the left chest.

9 P. M.—Stitches in the left side of the chest and at the same time in the left arm. Pressing in the left big toe. Distinct dreams in the night.

June 30th, 9 A. M.—Drawing and pressing in the left chest.

10½ A. M.—Lameness pain in the right knee, that he could not tread. Drawing in the chest several times during the day. Pressing in the ball of the end of the thumb, as after a stitch with a needle, in writing.

July 1st, A. M.—Dull drawing in the right foot and in the left shoulder in the forenoon. Stinging at the left side of the left index-finger. Pressing in the first joint of the left index-finger. Stinging pressing upon the left middle finger.

4 P. M.—Straining in the left ear. Stinging all over the fingers of the left hand. Stinging drawing in the left ankle-joint. A stitch in the right eye.

4¾ P. M.—Drawing at the back of the neck. Drawing in the forehead. Twitching straining in the left ear. Stinging in the left eye, with urgency to close it, which again causes stinging pain. Stitches in the heel in treading upon. Constipation. Stinging under the root of the nail of the left thumb. Vivid dreams during the night. Biting in the skin.

July 2d, 11 A. M.—Sensation like blisters on the middle tongue. Gums painful. Right side of the hand like lame. Keen appetite. Drawing in the tip of the right index-finger. After moving the hands or feet frequently, lamelike drawing, tearing, itching pains in the parts used.

3 P. M.—Straining in the left ear. Tongue cracked as from smoking. Troublesome biting in the skin at different parts.

5½ P. M.—Stinging in the tongue. Stinging in the right eye.

6½ P. M.—Stinging itching at the right elbow, in the armpit, and

kneebend, the latter lasting awhile. Distinct dreams through the night.

July 3d, A. M.—Twitching in the hand on waking up. Lamelike drawing in the right index-finger.

6th.—Lamelike drawing, especially in the hands. Depression of spirits. Tenderness of feeling. Restlessness of mind. Sexual desire easily excited and frequent erections.

9th.—Violent drawing in the fingers of the right hand. Much sexual desire. Twitching, drawing, and stinging in the left hypochondrium until late in the evening, when the sensation resembles a lameness. Lamelike in the right hand.

10th.—Violent stitches in the anus on sitting down, the anus being tightly closed.

11th.—Painful straining and pressing in the left ear at intervals in the morning after rising, and continuing all day. Twitching pressing stinging in the left hypochondrium toward the back all day long. In spite of the changeable, rainy weather, which usually affects it, the head is free.

12th.—The last mentioned two symptoms in the left ear and in the left hypochondrium commence again this morning, mostly when at rest.

11 A. M.—The same twitching pressing stinging in the right arm-pit as before.

13th.—The sexual desire is entirely gone.

18th.—Inability to get rested in the morning; he wants to sleep longer.

23d, 9 A. M.—Violent lamelike drawing in the left toe-joints.

P. M.—The same in the three middle toes.

24th.—Diarrhoea in the morning, soon passing off after smelling the tincture of Pulsatilla 3. Lamelike drawing in several limbs here and there.

25th.—Very sensitive to saltish and acid food for some time past.

Remark.—This morning a trituration of Camphora, and in the evening one of Hyocyamus was made, and before bedtime Camphora two globules of the sixth were taken as an antidote.

The ensuing night was passed in sound sleep; toward morning an energetic seminal emission with following feeling of comfort.

July 26th.—Moisture in the left ear. Mind cheerful, inclined to work.

11 A. M.—Lamelike drawing in the left thigh on a small spot, and in the right middle finger.

July 28th.—Nausea after exertion. (Smelled *Nux vom.* 30 before bedtime, followed toward morning by an ugly dream of masturbation, practiced by others before his eyes, followed by a seminal emission.) After rising in the morning sleepiness; he falls asleep frequently over his writing during the forenoon.

P. M.—The twitching, pressing, stinging in the left hypochondrium (as the 11th) reappears and extends from the left side of the spine along the short ribs toward the upper abdomen. Lamelike drawing in the right hand.

Aug. 2d.—Lascivious dream with seminal emission early in the morning.

II.—The same prover.

1859. October 14th, took *China regia* 600 six glob. (*Korsakoff* centes.) at bedtime, and observed the next morning: Lamelike drawing, pressing pain at the dorsal middle part of the left forearm, passing along the tendon of the *extensor digitorum communis* into the middle finger, lasting ten minutes.

III.—Gottlieb Heinrich, a robust peasant boy, twelve years old, of dark complexion, told me that on preparing from the above-mentioned *China 600* (and 27), the eighth thousandth centesimal potency, on the *Korsakoffian* plan, he felt frightful tearing pain in the middle ear, going into the temple, and thence into the forehead, causing a contractive ache in it; drawing stinging pain in the joints of the right arm, going into the fingers, and thence backward into the hand and arm.

IV.—Pat Riley, a far-gone consumptive Irishman, about forty-six years old, took *China* two globules of 8m of the preparation mentioned above May 10th, 1855.

On May 16th he was reported to have walked out in the street, after having been confined to his bed for twenty-six weeks. Before, however, he had lost speech entirely for twenty-four hours—from 4 P. M. to 4 P. M. the next day—and made signs that there was something catching in his throat. After that his speech returned unchanged. He never had any trouble about his speech before nor afterward, till it finally failed him altogether, when one and a half years later he died.

V.—Mr. C. Zimmer, the proprietor of the *Chinine* factory in *Sachsenhausen*, near *Frankfort-on-the-Main*, whose preparations of

the alcaloids of Cinchona are celebrated for their purity and go all over the world, gave me the following facts observed in their manufacture, as the result of his long experience, which may be considered to be authoritative :

The workmen are exposed to specific diseases, which represent themselves in two entirely different forms.

The first form is the so-called China-fever, to which the men are subjected who work in the mill grinding the bark, who, of course, must inhale the China-dust flying in the air. This fever consists of one very severe attack of chill and heat, with much nausea and vomiting, followed by prostration of strength for several days. This attack never returns in the same subject, who thereby gains an immunity from all future inhalations of China-dust. This China-fever, says Mr. Zimmer, is extremely rare, and he himself has seen only two cases in his experience, probably because the bark is now ground in a moist state. Mr. Chevalier, in a communication to the Academy of Science in Paris, says that this fever never occurs in the French factories, but is peculiar to Mr. Zimmer's manufactory.

The second form of disease, which especially affects persons of light complexion, who frequently are obliged for this reason to give up their occupation in the factory, is an eruption on the skin, which at first appears at the hands and in the face, and, if they persist in work, spreads all over the body, causing considerable pains, especially at night, and accompanied with swelling of the genitals. This eruption is very much like the bakers' itch. The susceptibility varies greatly. Persons with dark skin and hair are perfectly exempt, while those of fair complexion are easily affected, as mentioned above. This eruption shows itself in the various occupations of the men—in extraction, distillation, crystallization, and in the drying-rooms. As soon as the men relinquish their work in the factory and do something else they improve rapidly without medication, but the eruption breaks out again as soon as they resume work in the factory.

Mr. Zimmer adds that in the latter years no more diseases as described have occurred, because the men get more and more used to the effects of the bark and there is rarely a change made among them. Many men are not affected at all and some only slightly and temporarily.

NOTES ON GENITO-URINARY THERAPEUTICS.

(Continued from page 31.)

AMM. MUR. VESICAL.—Pinching and stitching in bladder as far as urethra, when lying.

Frequent urging with frequent urination.

Constant tenesmus, worse at 4 A. M.

Profuse and frequent micturition at night (chiefly Ant. c., Bry., Caus., *Natr. m.*, Nat. sul., Phos., Physo., Phyt., Spig., SULPH., Thuja.)

Increased amount of urine, though drinks less. (Compare with Aurum, Ambra, Merc.)

Urging, yet only few drops pass until next stool, when it flows freely. (See Alum., Mur. ac.)

Must rise at night to urinate, and passes an unusual amount day before menses.

Copious emission of urine, which has a stale smell, yet remains clear.

Deep yellow urine with light, cloudy sediment.

Sediment like clay. (Berb., Kali c., Ign., Mang., Sars., *Sep.*, *Sulph.*, Sul. ac., ZINC.)

SEXUAL.—Stitches and beating in left spermatic cord.

ANT. CRUD. VESICAL.—Tenesmus of bladder, which arouses him from sleep at night.

At night he passes small quantities of urine in an intermitting stream with painful erections.

Frequent and increased urination at night, with much mucus, intense burning in urethra and backache during the emission. (Backache relieved by passing urine: Lye., Rhus.)

Frequent and profuse urine, with loose stools. (Acon., Agar., Bell., Puls.)

Involuntary (copious) urination, with cough.

Suppression of urine.

PAINS.—Burning when urinating, the urine being mixed with blood, the urethra feels sore to touch; knotty.

Backache, with burning in urethra during the emission of urine.

SEXUAL.—Excited sexual desire, with uneasiness of the whole body, which prevents him from sitting long.

Nightly pollutions, with or without voluptuous dreams.

Itching of penis; of tip of glans.

Biting itching, as from salt, on left side of scrotum.

MERC. CORR. IN DYSENTERY WITH URINARY COMPLICATIONS.

CARROLL DUNHAM, M. D.

This interesting case of Dr. Dunham's, reported by Dr. Wells, shows us in what cases Merc. corr. *is the* remedy for dysentery. Dr. Dunham's testimony also goes to prove that Merc. corr. is seldom called for in this disease, and is in no sense a specific for it. Dr. Dunham writes: "During a practice of several years, in which dysentery was not unfrequently met, and often in severe forms, I never prescribed Merc. corr. in a single case, nor do I recollect a single case in which I think it could have been given with advantage or with the result of expediting the cure at all.

"With Merc. sol., Nux v., Coloc., Caps., Sulph., and Lachesis, I have always succeeded, as it appeared to me, in curing as rapidly as was possible. And observations of cases under the treatment of my colleagues, some of whom gave Merc. corr. and Coloc. as a standard prescription for dysentery, satisfied me that the rapidity and ratio of my cures were, at the very least, as satisfactory as theirs.

"During the summer of 1861, however, two cases came under my treatment which presented certain features heretofore unobserved by me, and in which none of the remedies above named was clearly indicated and none did any good, but which both yielded most promptly to Merc. corr.

"The first was a widow of twenty-five years, who had just lost her only child of typhoid fever. When I was called to her she lay in bed, with constant heat of skin; quick, rather small, pulse; tongue dry, with a yellow coat; thirst not excessive; abdomen sore on pressure, somewhat distended; constant, uninterrupted pressure to stool felt in the sacral and the hypogastric regions. This pressure, though very distressing to the patient, seemed utterly ineffectual, so far as the evacuations of the bowels were concerned. It was not worse before a stool and no better after a stool; the stool consisted of a bloody slime in small masses. There was great tenesmus vesicæ, the urine was scanty, hot, and bloody; the disposition was quiet, slightly desponding—little disposition to sleep; on the whole, the suffering, which was evidently severe, was endured with much patience, and this was a decided contra-indication for Arsenic, between which and Merc. sol. my choice was at first divided. The general symptoms certainly did not correspond with the character-

istics of Arsenicum. The character of the thirst, the absence of great restlessness, of nocturnal aggravation of a paroxysmal character, of prostration greatly out of proportion to the severity of the symptoms—all contra-indicated Arsenicum. Mercurius sol. has pains of a paroxysmal character. It lacks the constant tenesmus and tenesmus vesicæ. I gave it, however, and in various potencies, but it exercised no influence on the disease. Belladonna, Colocynthis, and finally Arsenic, were of no avail. Indeed, I gave them without confidence of a favorable result, for it was evident they were not indicated.

“Remembering, now, Hahnemann’s remarks in the introduction to the proving of Merc. sol.,* ‘I have found a very small drop of the quintillionth, or, still better, of the decillionth potency of Merc. corr., given *alone in a single dose*, almost a specific in the ordinary autumnal dysentery,’ I turned to the few symptoms of Merc. corr., which Hahnemann gives in the same volume of the *Materia Medica Pura*, and found among others, which corresponded to the case in hand, the following symptoms:

“‘24. With almost constant cutting pains in the abdomen, and intolerable, painful, almost ineffectual pressing, straining, and tenesmus, frequent scanty discharge of bloody slime, day and night.’

“‘17. Immediately after stool, pressing downward in the front of the abdomen, below the umbilicus.’

“‘28. Tenesmus vesicæ.’

“I now concluded to give Merc. corr., and remembering Hahnemann’s injunction that those who follow his directions in the hope of gaining results like his should follow them *accurately* (‘Machen sie nach, machen sie eber, richtig, nach’), I gave one single dose of Merc. corr. at eight P. M., and awaited the result. This was in every way so satisfactory that I gave the patient no more medicine at all. She was clearly convalescent on the following day, having no more of the characteristic pains and stools of dysentery, no more fever, and being able to begin to take nourishing food. After two days of pure expectant observation I was able to dismiss her cured.

“The second case, which presented itself to me within the same month, was similar in all respects, though much less severe as regards intensity. I gave Merc. corr.³⁰, as before, in a single dose, and the patient was convalescent the next day.

* *Materia Medica Pura*, Vol. I, p. 355, German edition.

“Since this period I have treated about twenty-eight cases of well-marked dysentery, but have had no difficulty in curing them with *Nux vom.*, *Merc. sol.*, or *Coloc.*, and have seen no similarity in them to those in which *Merc. corr.* had been so successful.

“Since the above was written, an exception to the stated want of success with remedy in the treatment of dysentery has occurred in the practice of the writer, in *which suppression of urine and tenesmus of the bladder* were prominent symptoms. The case was promptly cured.”

NOTE: We desire to call attention to two points in the above quotation from Dr. Dunham. He says: “During a practice of several years, in which dysentery was not unfrequently met, and often in severe forms, *I never prescribed Merc. corr.* in a single case”!! (Italics ours.) Again, Dr. Dunham quotes Hahnemann as saying: “I have found a very small dose of the quintillionth, or, still better, of the decillionth potency of *Merc. corr.*, given *alone in a single dose*, ALMOST* a specific in the ordinary AUTUMNAL dysentery.” Here Hahnemann places two conditions to his assertion that *Merc. corr.* is a specific for dysentery. He says it is “almost” a specific for “autumnal” dysentery. These limitations Dr. Hughes and others apparently have not noticed, for we read in the *British Journal of Homœopathy*, January, 1882, p. 75: “Dysentery * * Hahnemann tells us can always be cured by one remedy, viz., *Mercurius corrosivus.*” *As we have seen, Hahnemann said no such thing*; nor does experience prove the remedy to be a specific.

Will the *British Journal* kindly elucidate?

INFALLIBLE DIAGNOSIS!

A most amusing illustration of the many errors made in diagnosis is furnished by the now famous “senile gangrene” case of ex-Governor Hendricks. That worthy gentleman suffered greatly from a sore on one of his feet. His physician could not cure it, nor (what is of more importance to the scientific regular) could he properly diagnose it. Therefore, a grand consultation was held. Physicians were summoned from the East and the West, from the North and the South, and a grand scientific investigation was forthwith held over that sore foot. The resulting diagnosis was—“senile gangrene;” the cheerful prognosis was—death.

In all cases requiring extraordinary ability, Louisville is called upon; and so it was in this case. A learned surgeon from Louisville kindly favored the public with a two-column “interview” on senile gangrene. We can almost see the great tears coursing one another

* We put these words in small caps that the apparently myopic Dr. Hughes may read it!

down the cheeks of the tender-hearted reporter as he learned that "science" offered no relief for senile gangrene.

After hearing the decision of the distinguished Dr. "Panglosses" who formed the consultation crew, the ex-Governor folded his hands and awaited the end. Just before that fatal day came, there arrived a country doctor—an old friend of the ex-Governor—to bid him an eternal farewell. With soothing words and tearful handshakings, the *verdant* Æsculapius was about to depart, but before doing so he requested to be allowed to feast his uncultured orbs upon a real, genuine case of scientific "senile gangrene." His request was granted; gently were the coverings removed and the death-dealing "senile gangrene" shown. After gazing at the monster for awhile the rural scientist exclaimed: "Nothing but a d—d boil!" And so it was. The ex-Governor died not. He is now very lively; but the celebrated surgeons are *not*. Nor does the Louisville Professor interview himself on boils *vs.* senile gangrene.

There is on record only one example of folly so egregious as this, and that was the case of a gentleman who gravely proposed to limit "the dose" *by resolution*. He, too, should consult some rural Æsculapius, and learn of the wonderful cures made by the "non-Hahnemannian nonsense"—the high potencies.

DR. HOLMES ON PHYSICAL DIAGNOSIS.—I have often felt, when seeing hospital patients worried by hammering and long listening to their breathing, in order that the physician might map out nicely the diseased territory, the boundaries of which he could not alter, as if it was too much like the indulgence of an idle, and worse than idle, curiosity. A confessor may ask too many questions; it may be feared that he has sometimes suggested to innocent young creatures what they would never have thought of otherwise. I even doubt whether it is always worth while to auscult and percuss a suspected patient. Nature is not unkind in concealing the fact of organic disease for a certain time. What is the great secret of the success of every form of quackery? *Hope kept alive*. What is the too fatal gift of science? *A prognosis of despair*. "Do not probe the wound too curiously," says Samuel Sharp, the famous surgeon of the last century. I believe a wise man sometimes carefully worries out the precise organic condition of a patient's chest when a *very* wise man would let it alone and treat the constitutional symptoms. The well-being of a patient may be endangered by the pedantic fooleries of a specialist.—*Boston Medical and Surgical Journal*.

THE "MEDICAL COUNSELOR" AND THE I. H. A.

In the December 1st issue of the *Counselor* the editor wastes a good deal of time and space in a criticism of the International Hahnemannian Association. After some preliminary remarks, which might be regarded as a kind of preamble to a resolution, he says: "The conception of the I. H. A. dates back to the day when its leaders found themselves in too hopeless a minority in the American Institute to have their own way, and when no more honors were to be gained."

This is assertion without proof. In fact, there is not a word of truth in it. When did the leaders of the I. H. A. aspire to honors in the A. I.? Never. In fact, some of them are very doubtful if it has any honors to confer. The critic also says: "So far as the A. I. is concerned, its record shows many a sad, though not one *fatal* mistake." It would seem the writer is not well posted as to its record. What kind of mistake would he call the striking out of the qualification for membership the word "Homœopathy," during its session at Niagara Falls in 1874? What kind of mistake, the passing of the Dudley resolution at Indianapolis? Or how many such blunders does he think it would require to constitute "one *fatal* mistake"? He says "the claims of the minority in the A. I. have ever been treated with consideration." What kind of consideration? Were Hahnemann himself a member of that body to-day, and to write and advocate the sentiments of the *Organon*, if he would not be insulted by some of its members it would be his name rather than his words that would protect him. Very rarely for the past ten years, and *never* for the past five, has such a paper as he would have fully indorsed been read at one of its meetings without the writer being ridiculed and his paper being unjustly criticised, and for no other reason than that it was the God's truth as Hahnemann taught it. How was it at the last meeting, when a paper was read, written by as pure a homœopathist as ever lived, and one, too, the latchet of whose shoes many of the leaders of the Institute are not worthy to unloose—Henry N. Guernsey? Not one word was said in its favor, but speech after speech made by way of ridicule, one speaker going so far as to say he would not say the writer lied when he stated that certain diseases were more successfully treated with potencies at and above the 30th, but he intimated that he did not tell the truth. And this is now the treatment that such papers invariably receive

at the hands of the Institute. One active member says in the journals what he would be sustained in saying in any of its meetings, that "Every day we listen to reports of these nondescript dynamic cases at the meetings of our societies and publish them as homœopathic, without protest, we are acting a *lie*." And yet we are asked to endure all this kindly; denounced if we retaliate, and accused of using "bitter and undignified language." If a writer who is so free to give the *lie* and other "bitter and undignified language," or even the editor of the *Counselor*, can see his own portrait in the story told by the President of the I. H. A. of the man who was frightened at his own shadow, he has only to be more careful in the selection of his language. If H. M. Paine or Pemberton Dudley has not "taken advantage of the most exalted official position in the A. I. to speak of the members of the I. H. A. in the bitter and undignified manner in which the President of the latter body in his address referred to H. M. Paine and those who share his views," it is probably only because he does not occupy any such position. But the late occupant of that "exalted official position" in the A. I. "in his address" did speak of the members of the I. H. A. as "bottle washers," and the Institute voted to have five thousand copies of the address printed, plagiarism and all, as an evidence of its indorsement of the sentiments it contained, and had there been any precedent for his re-election he would probably have been elected again to that "exalted official position," and when the Dudley resolution was passed, with only one dissenting vote, this same President, occupying this "exalted official position," stated that he was sorry the vote was not unanimous. And yet the pure, sensitive soul of the editor of the *Counselor* has no words of censure for all this—Oh! no, not he! He seems to think it his holy mission to point out the "drift of the International Hahnemannian Association," but he can see no drift of the A. I. There is such a thing as holding an object too near the eyes to see it, but he thinks he has about the right focus on the I. H. A. We would suggest that he give his glass (of course, we mean eye-glass) another twist, and see if he can discern any "drift" to the A. I. He appears to think, however, that it still needs the assistance of these do-nothing Internationals, for he says: "Our school has reached a stage where it needs cool and deliberate leadership and concert of action." Very likely. Are there breakers ahead? Who is running the craft, and who has put it in this critical position? Certainly not any of the members of the I. H. A.

This critic still further affirms that this Association "has done nothing save the cultivation of outspoken bigotry and arrogance on the part of its leaders." This "bigotry and arrogance," we suppose, consists in upholding and defending the *Organon* against the line of policy mapped out by the leaders of the A. I. And here, again, the editor's focus is at fault, as he can see no "bigotry and arrogance" in his own criticism. He wonders if it be probable that the I. H. A. will ever "bring about any remarkable reforms in homœopathic medicine." He is asking too much if he expects this. Reforms on natural laws are not easily accomplished. It takes such journals as the *Counselor* and such reformers as some of the leaders of the A. I. to bring this about. They are the re-formers (backward); the *Organon* is good enough for us. He says that "not one trace of any drug-proving or any original work in any one direction can be found in the records of said Association." This would serve his purpose better if it were true, but, unfortunately, it is not. If he will look at the proceedings of the first meeting of the I. H. A., as published in the July, 1881, number of THE HOMŒOPATHIC PHYSICIAN, he will find as good a proving of Amm. carb. by a lady member of the Association as can be found anywhere. This lady also, at great risk, proved Medorrhin. This proving, which is quite voluminous, will soon be published; but being of one of the nosodes—and therefore, according to the *Counselor*, a "non-Hahnemannian nonsense," notwithstanding Hahnemann and his followers ever since have used nosodes—it will not count in the *Counselor's* materia medica.

Now, as the members of the A. I. outnumber those of the I. H. A. ten to one, and have been well organized for over forty years, they should, at least, in the past two or three years have proven twenty-five or thirty medicines. But have they done this? If so, "not one trace can be found in the records of said Association." They have given us fragmentary provings of a few drugs, two of the most valuable of which, according to the report of the chairman of the Bureau of Materia Medica and Provings for 1881, were furnished by two members of the I. H. A., H. C. Allen and Wm. H. Leonard, so that we cannot see wherein the *Counselor* has any great cause for boasting. It predicts the dissolution of the International Association, because "its small membership represents as many shades of belief as can be found in the A. I. Does he think this diversity of belief portends divisions in the A. I.? Two of its members who seem to be greatly exercised about the best way to dispose of "dyn-

amism" in that body differ materially in regard to it. One says it is non-homœopathic, but that Hahnemann taught it. He fails to tell us, however, who taught Homœopathy before Hahnemann. The other says it is non-homœopathic and that Hahnemann did not teach it (*N. Y. Medical Times*, Jan., 1883). Has the I. H. A. anything more difficult on its hands than it would be to reconcile these absurdities with truth and history? But our good editor says: "So far as the *Medical Counselor* is concerned, it will ever be ready to expose blunders wherever found." Well, now, we are glad, and propose that he go to work on the above "blunders" at once. He denounces the President of the I. H. A. for intimating a withdrawal from the A. I. No member of the I. H. A. would have any thoughts of withdrawing his connection with it did it manifest a disposition to carry out the original intent of its founders, so long, in short, as it does not withdraw from them and from Homœopathy, and even steal the name and the livery of Heaven to serve the devil in. He also predicts that those members of the I. H. A. who went into it "with clean hands and hearts" will be forced to withdraw from it.

O flesh! flesh! how art thou fishified,
Springs to catch woodcocks.

Does he know of any gudgeon ready to swallow his bait? We would have him understand that the Internationals are men who are not usually identified with a failure, that they have resolved themselves into a vigilance committee and are on the track of traitors—of those physicians and all who fraternize with them who, to use the language of the *New York Hospital Gazette*, "have taken the lead in firing upon and hauling down their own flag." If our protests and remonstrances will not be heeded by that body, but it allows itself to be controlled and contaminated by them; if, in short, all the crude elements in the medical world are to be invited to come in under the name of Homœopathy; if those who see proper to prescribe remedies above the 12th centesimal potency are to be styled *dynamists*, while they who use the 11th are to be classed as homœopaths, which seems now to be the latest device of these hard-working members, who, according to the *Counselor*, have done, and are still doing so much for the cause of Homœopathy;—if all this is to be brought about, and the following preamble and resolution, which one of these members proposes, shall be adopted by the A. I. of Homœopathy, then we will make a fight for the name, and our battle-cry will be—

“The Organon, Homœopathy, and Victory!” which, like the heart of Bruce, will ever carry dismay into the ranks of the traitors. But here is the resolution. How does the *Counselor* like it?

“WHEREAS, Long experience, conducted by thousands of homœopaths in the use of high potencies, has conclusively proved their unscientific, untrustworthy, and non-homœopathic character; therefore

“Resolved, That there be established a department of dynamic medicine, the members of which shall be annually appointed in the same manner as those of other bureaux, to which shall be referred all reports of cases presented to the Society or gathered from other sources alleged to have been cured by attenuations higher than the 12th potency.”

Will the good *Counselor*, “ever ready to expose blunders wherever found,” take any exception to this? Or will it think this is doing something “for the good of the profession at large”? In conclusion, we would just say, in the language of the *Counselor*, “It will require much wire-pulling, much shrewdness, and considerable executive ability to keep up even a semblance of harmony in so mixed a family,” and we would advise the editor to look after these matters in the A. I. and let the affairs of the I. H. A. alone. Should his assistance be needed, he will be so informed, but at present he need not apply, as there is no vacancy.

AN INTERNATIONAL.

DEFINITIONS.

E. W. BERRIDGE, M. D., M. I. H. A.

It is an extremely difficult task to define both accurately and concisely and to so express a truth that the spirit and letter of the statement are perfectly harmonious. On recently placing the resolutions of the I. H. A. before one of our oldest Hahnemannians, he pointed out that there was an ambiguity with regard to two of them, and that though he fully agreed with their spirit and real intention, yet he could not subscribe to them until they had been more clearly and definitely expressed. As it is desirable that there should be no misunderstanding of the principles which we maintain, I shall propose the following verbal alterations at our next meeting, which I trust will be accepted.

The first clause of our preamble and resolutions, adopted at Milwaukee in 1880, reads thus :

“ We believe the *Organon* of the healing art, as promulgated by Samuel Hahnemann, to be the only reliable guide in Therapeutics.”

But the question has been asked : “ What is meant by Therapeutics ? ” As this is a medical term, its use should be determined by the voice of the profession. As it is originally a Greek word, the profession should use it only in the sense in which the great Greek physicians used it. On referring to Liddell and Scott’s Greek lexicon I find that Hippocrates used it in the sense of “ healing *by medicine*.” Later it was used in the sense of healing generally by any means. The former is, therefore, the true signification of the word ; and Carroll Dunham was quite right when he defined Homœopathy as the science of *Therapeutics*, considered as distinct from *Hygiene*, which belongs to no special system of medicine. Yet, as the word has been popularly used in a double sense, we ought to clearly define it, because, though if we interpret it strictly, our declaration is true — if we interpret it widely, it is not true, seeing that HAHNEMANN did not give us in his *Organon* a complete system of Hygiene, but only of the art of healing by medicine, the former being but briefly touched upon.

I propose, therefore, that this first clause should be thus amended :

“ We believe the *Organon* of the healing art, as promulgated by Samuel Hahnemann, to be the only reliable guide in Therapeutics — that is, the art of healing by medicines.”

I will here point out that I suggest the term *art* in preference to *science*, because the *art* contains the practical rules, the *science* the philosophical explanation of those rules, and this has never been yet given in its completeness, HAHNEMANN considering it a matter of little consequence.

The seventh clause reads : “ That in non-surgical cases we disapprove of medicated topical applications and mechanical applications as being also non-homœopathic.”

This resolution, though perfectly true in the spirit and intention in which it was framed, is yet, as it stands, capable of an erroneous and untrue interpretation.

In the first place, let us define “ surgical ” cases. “ Surgery ” (*chirurgia*) is the art of healing by *manual* interference, just as “ medicine ” is the art of healing by *physic*. Therefore surgical cases are those which require only manual aid ; medical cases are

those which require medical aid. A fractured bone is a surgical case; a paralytic attack belongs to medicine. On the other hand, there is a class of cases which belong to neither division exclusively. Thus, the fracture of a bone may excite so much fever that medicine must be given, and a paralyzed limb may be benefited by friction or other manipulations. Now, we see the extreme importance of an accurate definition. Our resolution declares that in all non-surgical cases medicated topical applications and mechanical appliances are equally forbidden, thereby implying that in surgical cases they are equally permissible. Under which class shall we place varicose veins of the lower limb? They depend upon constitutional causes, and hence must be treated medically; yet they may be temporarily relieved by mechanical appliances, such as an elastic stocking. If we say that they are surgical cases we thereby permit the use of external medicated applications, which is contrary both to HAHNEMANN'S teaching and to a sound pathology; if we call them medical, then the letter (though not the spirit and intention) of this resolution precludes us from relieving them by a bandage.

Before taking such an important step as altering our already accepted resolutions, it may be well to see what interpretation has already been placed upon them by those who originally formulated them. Dr. Pearson, in his excellent presidential address in 1882, illustrated this resolution by quoting HAHNEMANN'S denunciation of the "criminal practice" of "destroying the granulations of syco-sis by ligature, excision, or the application of a hot iron." But this does not solve the verbal difficulty, because the master's protest is here directed against surgical operations which removed the objective symptom, and our resolution, as at present worded, refers to mechanical appliances only. There is a considerable difference between the two; to ligate enlarged veins is a surgical operation; to apply a bandage to them is to employ a mechanical appliance; both are imperfect, so far as they do not touch the original seat of the disease; but the latter is merely negative, whereas the former is dangerous, and so at times positively injurious.

When this resolution was framed, I remember that Professor H. C. Allen proposed the introduction of the clause about mechanical appliances as a protest against the practice of those who resorted to pessaries *instead of* curing the prolapsus by the *simillimum*. I think here we have the true sense of the resolution, which needs only a verbal modification to fully express that sense without danger

of cavil or misconstruction. What every Hahnemannian desires to express is (1) that in no case of disease (but only in cases of injury) is it good practice to use medicated topical applications; (2) that in no case of disease (but only in cases of injury) is it good practice to resort to surgical operations or mechanical appliances, *in the place of the best indicated remedy*, thus leaving it for the intelligent and scientific physician to decide when and how far manual interference may aid the remedy without doing any mischief at the same time. To take the case of cataract: the true homœopathician will never at once resort to an operation. He will first administer that remedy which from time to time is most homœopathic to the case; in many cases he will find that the cataract is removed by the treatment; but should he find that after the patient's general health is restored the cataract still resists the medicine, either wholly or partially, then, and not till then, will he recommend its surgical removal.

I propose, therefore, as an amendment, the following resolution:

“That in non-surgical cases we disapprove of medicated topical applications, and surgical operations or mechanical appliances in the place of the best indicated remedy, as being also non-homœopathic.”

SOME MENTAL SYMPTOMS CONNECTED WITH THE CATAMENIA.

BEFORE MENSES.

ANXIETY: Carbo an., Cocc., Con., Merc., *Natr. m.*, Nit. ac., *Nux v.*,
Stann., Sulph., Tarent.

ANXIETY, with qualmishness: *Natr. m.*

AVERSION TO WORK: *Agar.*, *Nux v.*

CHEERFUL: Fluor. ac.

EXCITABLE, VERY, DAY BEFORE: Mag. m.

FEARFULNESS: Carbo v., *Natr. m.*, Sulph.

ILL-HUMOR: Calc., Caust., *Cham.*, Kreos.

IRRESISTIBLE, almost maniacal, desire for ardent spirits, has to get completely drunk, and feels afterward distressed—wants to be brought to an insane asylum: *Selen.*

LAUGHING: Hyos., *Nux m.*

LOW-SPIRITED, MELANCHOLIC: Amm. c., Calc., *Caust.*, Cimic., Con.,
Cycl., Ferr., Lac. can., *Lyc.*, *Natr. m.*, Nit. ac., Phos., Plat.,
Puls., Sil., *Stann.*, *Vespa.*

MADNESS, FRENZY: *Acon.*, Bell., Hyos.

NERVOUS EXCITEMENT: Crocus, Kreos., Mag. m., *Nux v.*

RESTLESSNESS: *Acon.*, Coloc., Con., Kali c., Kreos., Mag. c., *Nux v.*,
Sulph. (and anxiety day before).

SAD AND DOLEFUL THE DAY BEFORE: Nitr. ac.

SENSITIVE, she is very—throws herself on the bed and remains there all day: Sepia.

WEeping: Cact. gr., Con., Lyc., Phos., Plat., Puls.

SYMPTOMS IN FULL.

ARS.: Neuralgic pain in teeth and head during frenzy—beats her head with fist.

CALC.: Timid and irritable day before.

CAUST.: Sees the dark side of everything.

CON.: Tearfulness, with heaviness of limbs—anxiety and restlessness. Anxiety about trifles.

HYOS.: Almost incessant loud laughter.

KREOS.: Irritability and restlessness some days before.

LYC.: Melancholy and out of humor. Raving and weeping, as if she were going mad, day and during first day.

MAG. M.: Irritable day before. Moves from side to side; cannot bear to be uncovered. Thick, black blood night before.

MANCIN.: Sadness, moaning, before menses.

NATR. M.: Anxiety. Anxious and faint in the morning, with sweet taste and a spitting of a little blood in the saliva.

NITR. AC.: Melancholy and anxious in the evening.

SEPIA: Very sensitive from a slight cause, with loss of appetite. Attack of despair. The night before, at midnight, chill, followed by heat, especially in face, with restlessness.

STANN.: Great anxiety for a week before, with depression, ceasing when the flow comes.

SULPH.: Moroseness and apprehension, with uterine pain. Two days too late, with anxious and uncomfortable feeling.

DURING MENSES.

ANXIETY: Aloe, Bell., Calc., Canth., Chel., Cimic., Con., Coff., Ign., Kali c., Kali hyd., Mag. c., Merc., Mosch., Natr. m., Nitr. ac., Phos., Rhod., Secale, Sil., Tarent., Zinc.

ANXIOUS RESTLESSNESS, followed by faintness: Calc.

AVERSION TO LABOR: Aloe, Rhod.

AVERSION TO LABOR, ESPECIALLY MENTAL: Agar.

CROSS, UNCIVIL, ETC., especially at the appearance of the menses: Cham.

DELIRIUM: Acon., Bell., Hyos., Lyc., Nux m.

— and rage: Acon., Hyos.

— — — wants to bite, to escape: Bell.

DESIRE TO BE ALONE: Cicuta, Elaps, Nux v.

DISINCLINATION TO ANSWER, second day: Zinc.

DULLNESS: Phos., Nux m.

FAULT FINDING: Nux v.

FEAR: Aloe.

— of being alone: Ars., Elaps.

FEAR OF DEATH: *Acon.*, *Plat.*, *Tarent.*

— every person; stares wildly about: *Hyos.*

FEARFULNESS: *Mag. c.*, *Phos.*

— expecting something to creep out of every corner: *Phos.*

GRIEF: *Graph.*, *Pul.*

— silent: *Ign.*

HURRIED, everything she does seems to be done too slowly: *Ph. ac.*

INDIFFERENCE: *Rhod.*

— even to those she loves: *Merc.*, *Sepia.*

INTOLERANCE OF NOISE AND LIGHT: *Ign.*, *Nux m.*

IRRITABLE, IMPATIENT, ILL-HUMOR: *Amm. c.*, *Ars.*, *Berb.*, *Bry.*,
Cact. g., *Castor*, *Caust.*, *Cham.*, *Cinnab.*, *Cimic.*, *Cop.*, *Ferr.*,
Ind., *Kali c.*, *Mag. c.*, *Mag. s.*, *Nux v.*, *Plat.*, *Sulph.*, *Tarent.*,
Zinc., *Zing.*

LAMENTING, MOANING; exposes and uncovers herself: *Hyos.*

LAUGHING, convulsive: *Cupr.*

— excessive, tendency to: *Nux m.*

LOQUACIOUS: *Lach.*, *Stram.*

— afterward stupid and irritable: *Lachn.*

— and bright: *Glon.*

— devout and beseeching: *Stram.*

— given to mirth: *Crocus.*

LOW-SPIRITED: *Amm. c.*, *Berb.*, *Brom.*, *Cact. g.*, *Calc.*, *Caust.*, *Che-*
lid., *Cimic.*, *Cop.*, *Curare*, *Ferr.*, *Graph.*, *Ign.*, *Ind.*, *Lac. can.*,
Lob., *Mag. m.*, *Mang.*, *Mur. ac.*, *Natr. c.*, *Natr. m.*, *Petro.*,
Plat., *Plb.*, *Puls.*, *Sepia*, *Sil.*, *Zinc.*

— on account of an indescribable, queer, ill feeling all over the body:
Brom.

— very melancholy, with palpitation of heart and headache every
morning on waking: *Natr. m.*

— with weeping: *Ign.*, *Plat.*, *Puls.*

MANIA FROM PROFUSE MENSES: *Sepia.*

MEMORY LOST: *Amm. c.*, *Lac. can.*, *Zinc.*

MOANING: *Cicuta*, *Cocc.*, *Coloc.*

NERVOUS, cannot bear any noise: *Natr. c.*

— distress: *Calc.*, *Cocc.*

— excitable: *Cimic.*, *Lach.*, *Mag. m.*, *Puls.*

PEEVISH: *Caust.*, *Mag. c.*

PROSTRATION AND MENTAL DEPRESSION: *Ferr.*

RESTLESSNESS: *Acon.*, *Ars.*, *Calc.*, *Canth.*, *Cham.*, *Cimic.*, *Coff.*,
Coloc., *Con.*, *Gels.*, *Ipec.*, *Kali hyd.*, *Plat.*, *Rhus*, *Secale.*

— at the beginning of the menses: *Plat.*

— followed by fainting: *Calc.*

RESTLESS, starts at least noise; unconquerable sadness during menses:
Amm. c.

SENSITIVENESS, to external influences, noise, light, etc.: *Asarum*,
Nux v.

SIGHING, SOBBING: *Cimic.*, *Cocc.*, *Ign.*, *Plat.*

STUPOR: Nux m.

TALK, does not wish to, or to hear others: *Amm. c.*, *Elaps.*

TALK NOR THINK, does not wish to: *Senecio.*

THINKS SHE IS GOING TO DIE: *Mosch.*

THOUGHTS, HORRIFYING: *Plat.*

VIOLENT IN ALL ACTIONS: *Cicuta.*

WEARY OF LIFE: *Aur.*, *Berb.*, *Merc.*, *Sil.*

WEEPING MOOD: *Ars.*, *Con.*, *Graph.*, *Ign.*, *Lach.*, *Lyc.*, *Plat.*, *Puls.*,
Lyc., *Thuja*, *Zinc.*

WEEPING AND RAVING FIRST DAY: *Lyc.*

— at the beginning of menses: *Lyc.*, *Puls.*

— inclined to: *Alum.*, *Berb.*, *Petrol.*

SYMPTOMS IN FULL.

AMM. C.: Invincible sadness. Melancholy, with peevish fretfulness.

ARS.: Moans, lamentations, and tears with the gastric and abdominal pains.

BERB.: Ill humor and weariness of life, with pain of the vagina, anus, and upper extremities.

CALC.: Tearful and confused.

CASTOR.: Everything irritates; speaking is too much trouble.

CAUST.: Ill humor and tired feeling.

CHAM.: Quarrelsome and intolerant.

FERR.: Spiritless and exhausted after slight exertion.

KALI HYD.: Anxiety, with heat of head.

NATR. M.: Anxiety and faintness, with cold feeling in pelvis and inward heat.

NITR. AC.: Anxiety and heat for half an hour, with palpitation and tremor of limbs.

SILIC.: Melancholic anxiety—impelling her to drown herself.

SEPIA.: Heaviness of the spirits in the morning. (Forenoon: *Mag. c.*)

AFTER MENSES.

ANXIETY AND GREAT WEAKNESS: *Phos.*

— with interrupted sleep, at night: *Agar.*

EXHAUSTION OF MIND AND BODY, particularly after the least exertion: *Alum.*

GROANING: *Stram.*

ILL HUMOR: *Berb.*, *Bufo.*

— and restlessness, with toothache: *Mag. c.*

LOW-SPIRITED: *Alum.*, *Ferr.*, *Silic.*

NERVOUS IRRITABILITY: *Carb. ac.*

WEEPING: *Alum.*

— whining, sobbing: *Stram.*

SYMPTOMS IN FULL.

ALUM.: Mental and bodily depression with despairing mood.

PALLAD.: Feels sore in the abdomen after menses, with fear and apprehension that something horrible will happen.

CLINICAL BUREAU.

CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILADELPHIA.

Mr. C., 16 years of age, coming to this city from Lexington, where he had lived through the summer, was taken sick in the middle of September with what seemed to be a malarial fever. One dose of Belladonna^{cm} (Fincke) relieved him from the fever and violent headache. In a few days he was again able to leave the house. His former good appetite did not return, and on the 30th of September, 5 P. M., he had a chill, followed by fever and perspiration. On the 1st of October, 9 A. M., he had another severe chill, followed by fever and perspiration. I visited him first on October 1st, at 2 P. M.; he had no pains during these two irregular paroxysms, no thirst, no appetite, no sleep. I left one dose of China off.^{cm} (Fincke), to be given him an hour after the perspiration had ceased, and this dose was given him at 8 P. M. At 9 P. M. he was found asleep and he slept soundly, without changing his position, until 9 A. M. On the 2d of October took some food and remained in bed that day. At 6 P. M. of the 2d and at 9 A. M. of the 3d of October he had a slight fever, but no chill nor any perspiration; no medicine. On the 4th and 5th of October he had still less fever at the same time as before. His appetite returned and he was able to go out on the 7th of October. There had not been the slightest return of it on the 17th of October.

Comments: The cases of intermittent fever similar to the symptoms caused by China off. are extremely rare, and as this remedy is so seldom indicated, it is of great interest to report one of these rare cases. In this particular case we find an irregularity seldom observed in the returns of the paroxysms—one day late in the day and the following day early in the day; the periodicity, therefore, gave no such a direct indication as we find under other remedies, nor were there present any of the frequent concomitant symptoms so often indicating a remedy; the only symptom was a negative one, viz.: "The entire absence of thirst during the paroxysm." The

result, *i. e.*, a complete cure, showed the correctness of the choice of the remedy and also that it was correctly applied.

It is now ninety-two years (1790) since the immortal Hahnemann made his first proving of a drug, and that drug was the Cinchona bark, and he made it that he might answer the question asked by the honest and intelligent Dr. Cullen: "Under what circumstances would Cinchona bark cure intermittent fever?" Hahnemann, when he concluded to prove Cinchona bark on a healthy person to ascertain its sick-making properties, had then and there *a revelation*; then and there, by these means, he became conscious that the law of the Similars was the only law of cure. He made further experiments, and his consciousness became a conviction. Hahnemann published his *Materia Medica Pura*, and we find in the second edition of it, published in 1825, the pathogenesis of Cinchona off. with one of those prefaces characteristic of that diligent and honest healer. A very clever translation of this preface, which should be well studied by every true homœopath, is to be found in Dr. R. E. Dudgeon's translation of Hahnemann's *Materia Medica Pura* (page 408), 1880. That this preface, as well as other writings of the founder of our school, are utterly unknown to, and therefore are ignored by, a number of professing homœopaths, and, I am sorry to say, even by public teachers, even by teachers in a Hahnemann Medical College, is evidenced by what we find published in that professedly homœopathic journal, the *Hahnemannian Monthly*, the organ of the Hahnemann Club, of Philadelphia, and we regret very much to call the attention of the Hahnemann Club to that preface and to their unphilosophical, absurd utterances before the Philadelphia County Society, published in their own journal. They really glory in and boast of the vilest departures from the master's teaching and unblushingly expose their "testimonium paupertatis" to the world in the April number of their journal, *vide* page 205. With the exception of a feeble attempt to defend the master's teachings, his teachings were either unknown to, or were ignored by, these inventors of new auxiliary and supplementary principles, which till now, notwithstanding frequent polite petitions, they have never divulged. We now take it for granted that *one* of these principles is "the Hahnemann Club superior to Hahnemann." Proof, compare Hahnemann's preface to Cinchona and the Club's teachings.

TWO BERBERIS CASES.

E. RUSHMORE, M. D., PLAINFIELD, N. J.

The December number of this journal contains a report of cases treated with Berberis. They called to mind two cases in which it apparently acted with promptness and efficiency, and which I believe may be worth reporting.

CASE I. Mr. P., about thirty-five years of age, has been subject for several months to frequent attacks of severe pain in the right lower dorsal region, which he describes as spasmodic, colicky, aching, drawing. The pain seems to extend from the back to the stomach, or *vice versa*, and to go around the right side to the abdomen and toward the bladder, but never seems to reach the bladder. Sometimes it seems to extend to the left side of the back. The attacks begin mostly in the latter part of the day—never at night; they are attended with tenderness of the back, often sour, acrid vomiting, which relieves; chilliness or heat, and greatly increased urinary secretion. Cathartics and lying on something hard have sometimes mitigated the attacks. He has a bitter mouth in the morning and a feeling of general debility.

He received one dose of *Berberis vulgaris*^{40m} (Fincke) dry, on the tongue. He lived far from me and I did not see him again. Nineteen days later he wrote he “would not have believed it possible to feel as much better as he does.” He has only a little lameness in the back for a short time in the morning—no more colic or back-aches. Appetite better. Two weeks after this he received a single beneficial dose of a high potency for symptoms of disturbed, unrefreshing sleep. About eight weeks after the dose of Berberis was given he had his first and last attack of pain. It was attended with perspiration, and he received one dose of *Veratrum album*^{cm}. I heard directly from him eight months after this attack and he was well and had had no more.

CASE II. Mrs. P., æt. 57, reports, December 2d, 1881, that she has suffered for nine months from pain under the finger-nails, with coldness of the feet, extending above the ankles, and swelling of some of the finger-joints. At that time the only remedy under “pain under the finger-nails” in *Lippe's Repertory* was Berberis. (I have since added Bismuth from the *Guiding Symptoms*.) She received Berberis⁹⁰⁰ (Fincke), six powders, to take one every evening and

morning. Eleven days later she reported improvement and got no medicine.

January 30th, 1882, writes: "There has been a slight return of pain under the finger-nails for two or three days."

She then got *Berberis*^{40m}, seven powders, to take one every morning till better, but was again relieved before she had taken all.

Three months later applied for treatment for some other symptoms. There has been no further mention of pain under the nails.

NOTES AND NOTICES.

REMOVALS.—Dr. E. S. Breyfogle has removed from San Jose to San Francisco, and has located at 14 Dupont Street, between Geary and Market.

Dr. C. P. Schlick, from New York to Brooklyn.

Dr. C. T. Canfield, from Indianapolis to Chicago, 244 Lincoln Avenue.

NEW YORK STATE HOMŒOPATHIC SOCIETY.—The Thirty-second Annual Meeting of the Homœopathic Medical Society, of the State of New York, will be held in the Court of Appeals Room, New Capitol (north entrance), Albany, on Tuesday and Wednesday, February 13th and 14th, 1883. The session will open at 10 A. M. of the first day, and the annual address will be delivered by the President, Dr. Jno. J. Mitchell, of Newburgh, in the Assembly Chamber, New Capitol, on Tuesday evening.

HAVANA, N. Y., Jan. 12th, 1883.

A. P. HOLLITT, *Secretary*.

NEW JOURNAL.—Dr. Wm. Bœricke commenced in November last to publish the *California Homœopath*, "a bi-monthly devoted to the interests of Homœopathy on the Pacific Coast." The first number, a bright and interesting sheet, gives promise of the good things to come. We bespeak for our young brother a cordial welcome, and hope it may do good work in its mission on the far Pacific coast.

THE U. S. MEDICAL INVESTIGATOR is now a weekly journal. We wish the *Investigator* success in its new venture.

THE LOVE PARASITE.—A California physician who discovered a new disease—love madness—has been experimenting with the persons afflicted therewith and has produced the "love parasite," or bacillus microoccus. This he cultivated up to the twentieth generation, and with the parasites of that generation he inoculated a number of subjects. The inoculation was invariably successful, symptoms of the disease appearing in a very short time after the operation. A bachelor, aged fifty, on the first day after inoculation had his whiskers dyed, ordered a suit of new clothes and a set of false teeth, bought a top buggy, a bottle of hair restorer, a diamond ring and a guitar, and began reading Byron's poems. The inoculation produced symptoms of the same nature in a young lady of forty-five.—*Ext.*

ERRATA.—In our December number (1882), p. 499, fifth line from the top for "*five mucous valves*," read *five mucous valves*.

In the same number some *Lycopodium* clinical cases were credited to Dr. C. W. Butler, when they should have been credited to Dr. J. S. Smith, of Westminster, Md.

FOR CONSUMPTION AND WASTING DISEASES.

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonfuls, equal to 120 drops, contains :

Pure Cod-Liver Oil.....	80 m. (drops.)	Soda.....	1-3 grains.
Distilled Water.....	35 "	Boric Acid.....	1-4 "
Soluble Pancreatin.....	5 grains.	Hyocholic Acid.....	1-20 "

DOSE.—Two teaspoonfuls alone, or mixed with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a Treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, Ph.D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M. D.

In these Treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results

Copies of these Valuable Works will be sent Free on application.

HYDRATED OIL,

HYDROLEINE,

WATER AND OIL.

HYDROLEINE is readily tolerated by the most delicate stomachs, even when the pure Oil or the most carefully prepared Emulsions are rejected. The Oil is so treated with pancreatin, soda, boric, and hyocholic acids, that the process of digestion is partially effected before the organs of the patient are called upon to act upon it. Consequently it is readily assimilated. It will nourish and produce increase in weight in those cases where oils or fats not so treated are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its cream-like condition as long as the purest Cod-Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod-Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes, Hydrated Oil is invaluable, supplying, as it does, the true brain food.

Economical in use—certain in result. Tonic, Digestive, and Highly Nutritive.

NEW PRINCIPLE FOR THE FAT. ASSIMILATION.

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THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. III.

MARCH, 1883.

No. 3.

EDITORIAL.

A NEW HOMŒOPATHY. In our last issue we said: "Of late years the American Institute has not only ceased its good work, but is doing much to destroy the great work done by its founders." We now publish a formulated statement of its present status and creed, proving our assertion to be true. Let any one who desires to measure the Institute's degradation compare this statement with the declaration of the *founders* of the Institute (as given on page 42).

We are gratified to see that there is a growing tendency among the eclectics to *openly* repudiate all Hahnemann's teachings and to boldly announce themselves as eclectics. The opinions expressed in the following paragraphs undoubtedly give the views of the large majority of the members of the Institute. The writer clearly repudiates Homœopathy—at least as Hahnemann taught it. Now let the *name* be dropped and honesty will achieve a victory. They "seek recognition;" this will aid in securing it. Dr. Austin Flint is reported (*New York Herald*, January 30th, 1883) as saying: "Let the homœopaths do away with their organization and their name; he cared not what opinions they held."

The fine cardinal principles of new "Homœopathy:"

1. Palliative medicine is the common property of the whole medical profession and Homœopathy *must* openly assert her rights therein.
2. The American Institute holds to no exclusive dogma [law].

3. *Similia similibus curantur* is *only one* of several known laws of cure, available alike to Homœopathy and to *scientific medicine*.

4. The American Institute, at the Indianapolis meeting, officially *refuted* all the charges made against Homœopathy by regular medicine.

5. Homœopathy is now seeking national, state, and municipal recognition.

Do true homœopathists subscribe to these declarations? Are these the principles for which a Hahnemann, a Bœnninghausen, a Hering, or a Dunham labored?

Do honorable men, conscious of merit and rectitude, basely "seek recognition," or do they boldly demand honorable equality? *Criminals seek pardon; honest men demand justice.*

CORRESPONDENCE OF THE NEW YORK MEDICAL TIMES.

In the February number of the periodical above named are some utterances, which, if not altogether in accord with the truth of the matters there treated, may nevertheless merit a few words by way of comment, lest, being passed in silence, they may be understood as admitted facts. It may not always be well for truth when unjustly or falsely assailed to appear by silence to have confessed judgment against itself. Are the assaults so monstrous, or the spirit which characterizes them so reckless or malicious, or so evidently the outcome of ignorance and stupidity, as to warrant leaving them to refute themselves? is a question which could hardly but arise when reading such statements as those of the *New York Medical Times* which we are about to consider. And it cannot be denied that it is often best to leave such to reap their reward of infamy and discomfiture, which is certain, sooner or later, to come on the falsifier and slanderer as the legitimate fruit of their own doings. At the same time, it is true that there may be circumstances attending the utterances of the reckless which warrant their correction and refutation. These utterances of the *Times* correspondent seem to come to us in such circumstances. With a few of them we now propose to deal.

And first:

"A more momentous question than any hitherto presented is forcibly suggested by the attitude of the Internationals, not a man of whom is in sympathy with the American Institute, nor any of its objects."

In reply to this it would be pertinent to inquire, *How does this writer know this?* And, second, *What are the present "objects" of the*

Institute? The recklessness of this statement is quite sufficient for its refutation, if the "object" of the Institute remains as it was when this organization was founded. The writer of this paragraph was present and aided with his best endeavors at its birth, and he still lives to testify that the original object of those who with him then engaged in giving existence to this body was to perfect the knowledge of the philosophy of the Homœopathy of Hahnemann's *Organon*, and of the means this employs for healing the sick, and to protect the community from the imposture of those who would, though ignorant, thrust themselves on the public as its competent practitioners. Has the Institute of late abandoned these and taken up some other "object"? If the "object" of the Institute be a new and a different one, what is it? When answered we may better judge as to sympathies with it. If it be still as it was in the beginning, then we have no hesitation in declaring the alleged want of sympathy with it, on the part of the Internationals, a vile slander. If the Institute has departed from this, its original "object," and has, as some of its utterances would seem to indicate, and notably its last resolution at the Indianapolis session, given itself up to efforts to destroy whatever is characteristic of homœopathic philosophy, and to discredit all logical practice under its guidance, then certainly it is more than probable the members of the International Association will, on being interrogated, be found to have "no sympathy" with it. It will be not a little strange if they have. And if this has come to be the "object" of the American Institute, the fact is conclusive proof that the International Association was not organized a day too soon. If present experience or memory of more recent utterances in the American Institute suggest that as to the last object of the Institute, the protection of the public from the impositions of incompetent pretenders, is abandoned, it is sad that we are compelled to admit we have no answer to make to the suggestion. The community is not protected, and the profession of Homœopathy is resolved into a sort of a go-as-you-please philosophy and practice. And who is responsible for this? Certainly not the Internationals.

Second:

"They," the Internationals, "hate it," the Institute, "because they are no longer able to manipulate it in their interests. They formed the International Hahnemannian Society with the avowed intention of destroying the American Institute by withdrawing from that body."

Here are two assertions and both are equally false. The writer

of this was somewhat in the counsels of those who organized the International Association, at Milwaukee. He never then nor subsequently has heard the first word of a desire to control or "manipulate" the policy of the Institute "in their own interests." They never, not one of those here and so engaged, hinted, by word or act, that he had any interest to subserve other than the interests of Homœopathy as this had been promulgated in the *Organon of Homœopathic Medicine*. No one complained that he had in any way fallen short of any influence in the Institute which was his due. There was complaint that the Institute was not fulfilling the promise of its early existence as to the object of its founders. The complaint, no doubt, was well founded. Neither was there any avowed intention to "destroy the Institute" by withdrawing from that body, or by any other means. It was never proposed in the Association to withdraw. On the contrary, the Association was unanimous in its determination to remain in the Institute, and do it good if possible, and not hurt. The "hate," if there were any, was certainly not with the Association. Is it only with those who thus voluntarily accuse their brethren and assume the position and role of the slanderer?

Third:

"Failing to injure the American Institute by the Milwaukee secession, the Internationals have established an organ and begun a sort of guerilla warfare upon Homœopathy by attacking its 'representative body,' the American Institute."

There never was any secession from the Institute, at Milwaukee or elsewhere, and there was no attempt "to injure" this body by this means or any other. So far from there being a warfare on Homœopathy, as represented in the Institute, by the so-called organ of the Association, it has been the endeavor of that publication to advocate and sustain its philosophy and practice, and not in any wise to oppose the Institute, but only such of its doings and utterances as were subversive of true Homœopathy, and in this we have no hesitation in regarding the "*Organ*" as having done good work. When the Institute would, by its heretical utterances, do its utmost to destroy that for which its organization was created, the "*Organ*" uttered its rebuke, and it was well it should do so, and it will be well for the Institute and that which it has so greatly misrepresented if the result of this merited rebuke shall be an amendment of its ways and *resolves*. The greatest regret of the Internationals

was that by wrong-doing, as they regarded it, the Institute had so greatly injured itself.

Fourth :

"In view of these facts, is it wise to allow the Internationals to remain in the American Institute? Should they not be compelled to abandon the exclusive dogmas of the 'minimum dose of the dynamized drug,' or, failing in this, be read out of the American Institute?"

Wise or unwise, the question of "reading out" would seem to be hardly called for as to those the "*Times*," has already charged with wrong-doing, in that they have of their own volition seceded from the body which, at its behest, is to do the "reading out." In view of these facts, we do not remember a more stupid suggestion than this of "reading out" those who are declared to have taken themselves out of their own volition. But it is perfectly evident the "*reading out*" was not suggested by a "view of these facts" but solely by that *bête noir* of the likes of the *Times*—"the minimum dose of the dynamized drug." How about that final resolution of the Indianapolis session? Was the liberty there declared to be essential to a right doing of all professional duties to do and believe in everything, good and bad, except this hated "minimum dose of the dynamized drug"? This is how a late president of this Institute speaks of this *red rag*, the dose, to all of the likes of our "*Times*:"

"The rule with all homœopaths—the invariable rule—is: the smallest quantity of medicine to accomplish the desired result. If an established cure result from the prescribed agent, no matter how small the dose or how difficult for us to account for its action, that agent deserves and should receive credit for the result; and cures—authentic cures—without number have been made with these small doses."*

This is no doubt true. Will the *Times* please see to it, that when those are "read out" of the Institute because of their faith in this "exclusive dogma" of the "minimum dose," they be cheered with the genial companionship of our excellent late President? And, then, this "dogma" is "exclusive" of what? Of nothing, that we can see, except it be of so much of the drug as is not needed for the cure. It excludes nothing else, and as drugs are only sick-making substances, all of them given not needed for the cure are only adapted to add to the sick condition it is our duty and object to heal.

*Dr. Dowling's reply to Professor Palmer, *Old School Medicine and Homœopathy*, (reprint) p. 23.

Is this exclusion so great a crime as to call for the "reading out" from our "great representative body" of those who would thus avoid so great a danger?

Fifth :

"Homœopathy is now seeking national, state, and municipal recognition."

We submit that Homœopathy is seeking no such thing. It may be true that there are those who are ambitious of being regarded as the representatives of this great philosophy, who are seeking such a recognition as will give *them* a kind of importance not otherwise belonging to them, but with this seeking Homœopathy has nothing to do. It accepts and needs as little from this or them as they represent of Homœopathy itself—less than this cannot well be conceived of. Homœopathy seeks no such recognition. It claimed and received long ago the recognition of those in authority, the outcome of which has been the legal incorporation of its colleges, hospitals, dispensaries, State and county societies, and all else needed to place it before the law, and as to all rights, on the same plane as that occupied by any school of medical philosophy and practice, even the most favored. In these matters there is nothing for it to seek. The seeking is all of the selfishness of individuals, not in the least of any need or right of our school.

Sixth :

"It," the Institute, "declared that palliative medicine is the common property of the whole medical profession, and Homœopathy must openly assert its rights therein."

Did it? Then, no doubt, they were guilty of doing a supremely ridiculous thing. Doing this, they show so great ignorance of the nature and evils of palliatives that they are earnestly referred for information on these matters to the *Organon of Homœopathic Medicine*, where the subject is fully treated and in a masterly manner, altogether worthy the attention of these, our so ignorant brethren. They may be able to learn there that so far from these palliatives having any part in homœopathic philosophy or practice, they are wholly outside of these and in their nature antagonistic to the law of similars, and that it has no "rights" in them to "assert openly" or otherwise.

Seventh :

"There was not a dissenting voice on the indorsement of President Breyfogle's address," etc.

This may be just so, but if true, there can be no stronger proof

of how far the Institute has fallen from the high standard given to the philosophy and practice of our school by its venerated and enlightened author. So far was this performance from being an "enunciation of homœopathic doctrines," that we are quite sure Hahnemann would not have recognized its utterances as inspired by anything he had taught. And we may add, if the address received, as stated, the unanimous approval of the Institute, it is a sad proof of the ignorance of those present* of that which constitutes true Homœopathy, *i. e.*, of the Homœopathy which Hahnemann taught, and we know of no other.

Eighth:

"It," the Institute, "declared that *similia similibus curantur* is only one of several known laws of cure, available alike to Homœopathy and scientific medicine."

What then? Did the Institute "declare" in what any one or more of these "known laws" consist? Not so. They were only guilty of another supreme folly in this general declaration, which amounts to just so much empty air. There may be other laws of cure than that we profess to accept as our guide. He would be a bold man who would deny this possibility. But it is certain we know no other, and there can be no great risk in affirming, in the absence of their statement of any one of these known laws, neither does the Institute. It can hardly be held as unreasonable if we express the hope, if the Institute ever assembles again, it will have grace enough to refrain from further general utterances of such empty bosh. And then, the expression, "Homœopathy and scientific medicine," is decidedly good. Has the world any "scientific medicine," meaning by this a science of healing the sick, other than that of the homœopathic therapeutics? We know no other *scientific* medicine. We do know of many and oft-repeated like pretenses of a something of supposed value presented to the world under this garb of "scientific medicine." Indeed, the expression is so good, it seems to have turned the heads of many of these pretenders. Is this writer in the *Times* one of the victims?

Ninth:

"It," the Institute, "declared that without drug matter there is no drug force," etc.

* It should be remembered that the whole of those present and acting at any session are but a minority of the homœopathic profession in the country, and it may be, and often is, even of the membership of the Institute itself.

This is simply another added foolishness. There are unquestionably hundreds of members of this Institute who have seen cures and cures wrought by doses of medicine in which no trace of drug matter could be detected as matter, and yet the patients have responded to the power of the doses as readily and completely as if these had been loaded down by grains, scruples, or drachms. Indeed, if those who have witnessed such results are not mistaken, the cures have been more prompt and perfect than those resulting from the massive doses inculcated by the likes of this writer in the *Times*. It may as well be known that this matter of the curing agent in the drug is one over which neither the Institute nor the New York *Medical Times* has any control. It was fixed before the birth of either, by one who has not yet subjected his works to their revision.

Now, in conclusion, it may be permitted to ask why this hating and hateful wrath which has been poured without stint on this Association, the objective of which was and is, as to the Institute, only to do this body good. And why, of all men, should it have come from those who claim to be friends and advocates of this Institute? Has any other benevolence been met by a similar return in modern time! The writer is witness to the good intentions of the members of the Association as to all of the Institute, which intelligent homœopaths could approve. Indeed, he has no doubt these members, members of the Institute as well, would, if it had been possible, have saved the older organization from its late foolish utterances, some of which have just passed in review before us. Is it that they were not able to prevent these that they have been made objects of so great abuse, and even to the extent of threats of "*reading out*" from the body on which they were willing to expend so great kindness? Not this at all. It is more than probable they were so greatly in the dark as to their needs as never to have realized how great these were, and, therefore, had no just appreciation of this kindness, great and sincere as it was. No. The *fons et origo* of all this wrath and outcry cast at the Association is found, and only found, in the "*minimum dose of the dynamized drug*." Anything but this has ample protection in that supremely silly "*last resolution*," but not this. This is not to be tolerated. Those who will not "abandon this exclusive dogma" are to be visited with condign "*reading out*." Nothing else will allay the excitement of this *red rag*. The Association regard this as an essential integral of homœopathic philosophy. And yet this body who resolve perfect and entire liberty of opinion

are advised to “*read out*” such members as have the hardihood to abide by this integral element of law! Have those who so advise considered how this “*reading out*” would look beside that famous, or infamous, *last resolution*?

P. P. W.

DRS. SAYRE AND JACOBI ON HOMŒOPATHY AND HOMŒOPATHISTS.

While discussing the “new code,” the allopathists denounce Homœopathy; one declares there are not more than two or three homœopathists in New York who believe in Hahnemann. The other affirms that homœopathists do not now believe their law to be anything but a convenient rule—occasionally applicable!

These gentlemen must surely read the reports of the American Institute! They seem to be as well informed about Homœopathy as the late presidents of that noble body, one of *whom is here quoted in evidence against Homœopathy*—which is about the only thing he is good for!

“What is your particular objection to the new code?” asked the reporter.

Dr. Sayre: “Why, the clause permitting consultations with all legally qualified physicians amounts to nothing more nor less than a compromise with the so-called homœopathists, and such a course excommunicates our association from the rest of the medical world. Clairvoyants, mesmerists, hydropathists, electricians, and all the other myths of medicines may call themselves legally qualified physicians. Most of the regular physicians who have effected this concession to the homœopathists did not do so out of any respect for Homœopathy, as they themselves will tell you. They despise the doctrines of Homœopathy as thoroughly as I do.”

“Then what is their purpose, Dr. Sayre?”

“They claim that they will effectually stamp out the theories of Homœopathy as soon as they are allowed to get at its advocates. I admit that there was a time when the denunciation of Hahnemann’s system of therapeutics by the body of regular physicians was an indirect assistance to the homœopathists. The latter knew that their methods at that time were superior to the overdosing and heroic methods of the regular physicians, and they were only too glad to be challenged to the proof. Their mild treatment was certainly an improvement upon the very severe treatment of many diseases as it

then existed. But times have changed. Regular physicians are giving less medicine and homœopathists are giving more. I can see no advantage in making any concessions to them now. Some other physicians—specialists—look at the matter in another light. These men have acted like a lot of quacks themselves. They have divided up the profession. One man must attend to your eye, another to your ear, another to your nose, another to your upper lip, and another to your big toe. Now, I admit the value of a particular line of study and practice, such as I have myself, but I am not a specialist—I am a doctor. A man has no right to call himself a physician unless he is familiar with the entire body and the diseases to which it is subject. A corn on your foot more or less affects all the other parts of the body, and until a man has become familiar with the effects of all the diseases of the body he certainly has no right to dub himself a specialist. Now, then, Homœopathy in the abstract has a considerable *clientèle* among the wealthy inhabitants of New York. By accepting consultations with homœopathic physicians these specialists come in for a share of the fees which wealthy patients are ready to pay. Some of my fellow practitioners have thought me a fool because I did not see that in my own particular line of practice I could reap great profits through the system of free consultations. Maybe I could, but I am not prepared to throw away my honest convictions for an increased income, and in my opinion Homœopathy is the biggest humbug of the age.

“Homœopathy,” Dr. Sayre went on, “is not Homœopathy. I don’t believe there are more than two or three physicians in the city who believe in the dogmas of Hahnemann, as laid down in his *Organon*. I ask any so-called homœopathist to come out boldly and acknowledge his faith in them, and I pause for a reply. I don’t believe there is one who will confess to such a faith. I should like to put another question—Is there one homœopathic physician in New York to-day who really believes in the increased power of the thirtieth and sixtieth solution? I don’t suppose you know what that means, do you? No more do I; but it is intended to mean that the more you dilute a thing the more powerful it becomes. No man who has preserved his reason can accept such a theory, and no man can profess such a theory while really disbelieving it without becoming a quack. *The doctors who reject the theories of Hahnemann and still call themselves homœopathists are imposing upon the public.* I have studied all there was to study of Homœopathy, and I know

just what I am talking about. I could no more hold a consultation with a homœopathic physician than I could with a—with a—well, I could not do it, and that is all,* and I want every regular doctor in the County Medical Society to go on record on this question.”

Dr. Abraham Jacobi: “I used to favor a code of ethics because I believed that young men in the profession would be guided by a written law. I find that I was mistaken, and I am now in favor of no code at all. A code of ethics never made a gentleman and it never will. As between the old code and the new code I favor the new one decidedly. I am not a specialist; I am not an allopathist; I am a regular physician. I object to the name allopathist. It was a term invented by Hahnemann to denote the opponents of his alleged discovery of *similia similibus curantur*. I am as heartily opposed to the doctrines of Homœopathy as any one, but I do not see that there is much left to oppose. Homœopathy does not amount to enough, in my opinion, to deserve opposition. Let any one read Dr. Dowling’s article on this subject in the *North American Review* some months ago and he will be convinced of what I say, that there is nothing left of Homœopathy but the doctrine of ‘like cures like.’ Even that, as the homœopaths will admit, is no longer laid down as a general law, but as a rule which does not hold good in all cases. No school of medicine can be founded on a law which is not general. I never consulted with a homœopathist in my life until lately, when the doctor who was said to be a homœopathist told me that he was not such in any strict sense; that he was only a doctor; and I discovered later on that he was not much of a doctor either. Homœopathy is something which exists only in an abstract way in a portion of the public mind. You will hear some old ladies discussing it on the balcony of a summer hotel, and they will get into a temper in discussing it just as they would over a discussion of religion. It is a mere matter of faith with them. Homœopaths have thrived upon persecution, though I think there has been less persecution than they claim. I say, take down the fence that has shut them off from the body of regular physicians. Medicine should not recognize any particular sect; and if these disciples of Hahnemann, who are

* Affidavits against Dr. Sayre. One of the delegates who represented New York County in the State Convention, and who, with the twenty-three other delegates, favors the new code, declared to the reporter that affidavits had been prepared to prove at least two cases in which Dr. Sayre had consulted with homœopathic physicians!

only so in name, who hang on to the appellation simply as a trademark, want to come into the fold, why should we hinder them?"—*N. Y. Herald*, January 28th, 1883.

THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

A quarterly meeting of the Central New York Homœopathic Medical Society was held in Syracuse, N. Y., December 21st, A. D. 1882, seventeen members being present.

Julius Schmitt, M. D., of Rochester; Park Lewis, M. D., of Buffalo, and H. D. Baldwin, M. D., of Syracuse, were admitted to membership, being recommended by the Committee on Credentials.

On motion, Erie County was included in the territory of this Society.

The Secretary reported that, according to instructions of the last meeting, he selected a drug in the 30th trituration for proving; that it was furnished gratuitously by a trustworthy pharmacist, and that thirty phials of the drug were distributed to members of this Society. A summary of the provings will be made when the reports are all gathered in.

Dr. Clausen: Dr. A. Lippe, in a recent letter to me, suggests an inquiry as to whether this Society might think it advisable to protest against the resolution of the American Institute, adopted at its last meeting, on freedom of medical opinion.

On motion, the suggestion of Dr. A. Lippe was accepted. The Chair appointed Drs. Clausen, Hawley, and Hussey a committee to prepare a protest and report it to the next meeting.

Natrum muriaticum was made a subject of conversation, members to state what they had accomplished with it.

Dr. L. B. Wells: A lady, æt. 65, had a tertian fever; came at 10 A. M.; paroxysms increased in severity. She had never had intermittent fever before this attack. Natrum muriat., CM (Swan's), lessened the severity of the paroxysms and finally extinguished the fever.

Dr. Brewster: Have used Natrum mur. successfully in intermittent fevers. A man, æt. 60, had a tertian ague; chill at 9 or 10 A. M., lasting an hour; then fever three hours; intense headache; a sort of paralysis of limbs, so that he would lie as if dead; thirst during the chill; the fever subsided with a moderate sweat; had

suffered four or five paroxysms. *Natrum mur.*³⁰ cured him in about four days. Suspended the medicine during the paroxysm.

A middle-aged lady complained of having a bad cold; lips and nasal alæ thickly set with fever blisters. *Natrum mur.* cured promptly.

Dr. C. L. Swift: A lady sick with intermittent fever; chill at 10 A. M.; throbbing headache. *Natrum mur.*⁶ in water, a dose every two hours, cured.

Dr. Boyce: *Natrum mur.* and *Lachesis* are the pillars of Homœopathy. In Long Island City there are streets built up, but many of the lots are deep pits full of water. A lad had been there as a visitor. On returning from there to his home he sickened. He became sallow, anæmic; suffered from boils and running sores. Friends became seriously uneasy. Boy not likely to live. His physicians resorted to tonics. He grew worse. A council was called. I recommended *Natrum mur.*³⁰⁰. Three doses were given. In three days the worst was over. He came right up. My experience with *Natrum mur.* has been in cases abused by Quinine and Arsenic, and my experience has been very happy. Notwithstanding our daily use of it in food, the high potencies of it are effective.

Dr. Hussey: Have cured fever and ague with *Natrum mur.* more frequently than with any other drug. Repeatedly have I succeeded with it in one or two days. Have found the indications for its use to be the same which others have mentioned here. Have used the 8 M successfully in cases of nasal catarrh, accompanied with excessive use of salt, even when the salt was not discontinued.

Dr. Clausen: Have had but few opportunities of testing it. Recall one case of tertian ague. Chill at 10 A. M.; excessive thirst in the chill; headache. *Natrum mur.*²⁰⁰, three pellets of size No. 40, cured. A few days after the patient took the remedy a crop of pearls came out on the lips—on the lower lip chiefly. The patient had never had the sores before.

Dr. Baldwin: Have cured several cases of intermittent fever with *Natrum mur.* The patients had taken Quinine. Fever blisters were present on the lips; paroxysms came on at 10 or 11 A. M.

Dr. Hawley: Have cured with *Natrum mur.* a marked desire for salt. March 5th, 1880, a gentleman came to me for treatment. He had suffered from malarial fever in South America, on the Amazon River. He had taken Quinine in quantities. He found it necessary to take it, else every three weeks an indescribable pain

would seize the knees, followed the next day by a chill. The discomfort in the knees began in the afternoon, and the chill the next day began in the afternoon also. He had taken Quinine for years. Gave him one dose of Natrum mur. CM (Fincke), which had been medicated in 1868. A week later gave him a second dose of the same. It had become a case of quinine cachexia. The cure was speedy. His paroxysms had two striking characteristics of the medicine—the pain in the head and relief from sweat.

Had a case a few weeks ago of excessively painful urination. The patient had a morbid appetite for salt. Natrum mur.⁴⁰⁰ cured the urinary trouble and lessened the appetite for salt. I do not think salt especially responsible for catarrhs.

Dr. Marks: Have used Natrum mur. frequently, and always with success when indications were clear. Chill comes at 10 or 11; thirst in all stages; a very severe headache; all symptoms relieved by sweat. Have not used higher than the 200th. Hydroa on the upper lip is a characteristic symptom.

Dr. Seward: Have used it often with success when indicated by the symptoms which have been named here.

Dr. Wallace: Have done many good things with it when symptoms pointed to it, such symptoms as have been described here.

Dr. Hussey: A lady was treated allopathically three years for fever and ague. She bought Quinine by the ounce and thought she must take it all the time. She had become cachectic. Friends prevailed upon her to consult me. Natrum mur. 8M, twelve doses, a dose every night for twelve nights, cured.

Dr. Wells: Have found Natrum mur. important in delaying catamenia in young girls. Have had fine success with it.

Dr. Brewster: A young lady with the monthly flow upon her desired to go to a ball. She suppressed the flow by putting her feet in cold water. The consequences declared themselves. She lost her health. Two or three years afterward she became my patient. General debility, headache, backache, scanty menses, in countenance pale, in form slender. Gave her occasionally a dose of Natrum mur. 2M (Fincke). She recovered and is now a large, robust woman. The cure required several months, but it remains permanently.

Dr. Jennings: A boy of 16 had a tertian ague. First paroxysm comparatively light. The headache and his Belladonna consti-

tution led to giving him a dose of Belladonna.³⁰ The next paroxysm was severe. It came on about 10 or 11 A. M. Two hours after the subsidence of the fever Natrum mur.³⁰ one pellet, was exhibited. No return of chill and fever. Recovery was quick and complete—and this occurred in the Wabash Valley. Have seen chronic diseases of fever and ague, which have been treated many months with Quinine, Arsenic, and patent medicines, yield readily to one dose of Natrum muriat.²⁰⁰ (Dunham). Dose not to be repeated unless there should be another paroxysm, and that paroxysm as severe and long-continued as the preceding one. Repetition called for very seldom.

Dr. Seward read a clinical paper on a case cured with Lachesis.

Dr. Wallace: A case of rheumatism in the left side, going from one joint to another, crossing over to the right side. High fever and restlessness suggested Aconite. Lachesis 5M cured.

Dr. Boyce: Migration from left to right is a key-note of Lachesis.

Dr. E. P. Hussey reported on Neural Analysis. His report included a paper prepared by Dr. Fincke, of Brooklyn, L. I., also Professor Jæger's analysis. The thanks of this Society were given to Dr. Fincke for his paper. Dr. Hussey was requested to prepare a digest of the paper of Dr. Fincke's and of Professor Jæger's analyses, and report to the Society. The following statement is a summary of Dr. Hussey's report:

Neural analysis is a method of detecting and measuring very slight deviations in the nerve-force of a person. There are two methods: one discovered by Professor Jæger, of Stuttgart, Germany, in which Hipp's chronoscope, an electric clock designed to measure exceedingly minute divisions of time (previously used for astronomical purposes), is ingeniously made to measure the time occupied by a sensation in passing from one part of the body to another; the other method, discovered by Dr. Fincke, of Brooklyn, is by means of a very delicately constructed galvanometer, with which, the human body being the battery, the slightest variation of the nerve-force is exactly measured. Experiments by different observers give some very interesting results, among which are regularly varying conditions of the nerve-force at certain hours of the day, it being depressed in the morning after rising, increased somewhat after breakfast, followed by a depression again before noon, increased again after dinner, and decreased in the evening to still lower figures. There is a decrease after a nap, and also, invariably,

from cold temperature and from fatigue. Mental and muscular activity, any special excitement, music, etc., produced decided rise. Every kind of food and drink, and even each different odor, produces its particular effect. Drugs have each its own effect. The most interesting fact is the effect upon the nerve-force produced by taking the finer, and even the finest, homœopathic preparations of drugs, those which have hitherto been considered by most physicians as belonging to the realm of the imaginary or the mythical, high potencies being proved by these instruments capable of producing more marked effects than the lower potencies. These results will stimulate investigation to discover the unexplained law of expansion, which makes it possible for highly attenuated medicines to affect the human organism so powerfully.

Dr. Hawley: If we can get, in this way, decided proofs of the effect of potencies on the well and on the sick it will be of great benefit to Homœopathy. It would be well for the younger members of the Society to prepare instruments and experiment and study the subject.

Dr. Boyce: Dr. Fincke's instrument greatly increases power and may give deceptive results.

Dr. Hussey: There is chance of being deceived, but it is reduced to a minimum by the exactness of the instruments and their freedom from change. All the data we have on this subject come from Professor Jæger and Dr. Fincke. If such unvarying effects from potencies follow the taking of them, as proved by the instruments, we could not ask better proof. Adjourned,

C. P. JENNINGS, *Secretary*.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

BUREAU OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

W. H. Leonard, M. D., Minneapolis, Some of the Causes of Cancer of the Uterus.

John Hall, M. D., Toronto, Membranous Dysmenorrhœa.

Edward Mahoney, M. D., Liverpool,

George F. Foot, M. D., Stamford, Ct., Diseases of Children.

Edward G. Rushmore, M. D., Plainfield, N. J., Clinical Observations.

Adolph Fellger, M. D., Philadelphia,

L. A. Rendell, M. D., New Haven, Ct.,

J. R. Haynes, M. D., *Chairman*, Indianapolis, Retroverted and Adhered Uterus and Treatment.

SOME CHARACTERISTIC SYMPTOMS.

These symptoms are collected and published, so that those to whom they are not familiar may make note of them. It is a good plan to make immediate record of all good symptoms as soon as found. It is not safe to rely on the memory to retain them.

On lying down, difficult breathing, no constriction of chest; must rise; is afraid to go to sleep; fears suffocation: *Baptisia*.

Chilly at 11 A. M.; glowing heat in afternoon (in lung troubles): *Baptisia*.

Wants to be held during chill, shakes so violently: *Gels.*, *Lach*.

Children peevish, want to be nursed all the time: *Ben. ac.*, *Cina*, *Kreos*.

Coffee relieves headache: *Cann. ind.*, *Glonoin.*, *Hyos*.

Epistaxis, with relief of chest and eyes symptoms: *Bromium*.

— — —, of backache: *Bufo*.

After stool great relief, as though an irritating substance had been removed: *Gambogia*.

Sensation of wave from uterus to throat, which seems to impede labor: *Gels*.

Bleeding piles; prostration greater than amount of blood would seem to warrant: *Hamamelis*, *Hydras*.

Facial neuralgia, with a stupid, stunning headache; begins every morning after breakfast; copious urination and disposition for stool: *Iris v*.

Skin itches; he scratches until he vomits: *Ipec*.

Watery, gushing diarrhoea in morning; awakes with violent tenesmus, which prevents her rising; later, burning in abdomen, nausea, and violent straining to vomit: *Kali b*.

Cold sensation about heart: *Kali b*.

Pains occur at irregular times, continue for no definite period; come suddenly or gradually and leave as uncertainly: *Kalmia*.

Pains are worse when sitting bent, yet feels as though it were necessary to do so; relieved by sitting or standing upright: *Kalmia*.

Pains in back and legs after eating: *Kali c*.

Sleepy while eating: *Kali c*.

Has an intoxicated feeling during and after meals: *Gratiola*.

Constant dripping of blood from the anus (stools not bloody): *Kobaltum*.

Increased secretion of urine in morning after drinking coffee: *Kobaltum*.

A tearing sensation in throat, not when swallowing, but from exertion of mind: Caust.

Mucus in throat; fears he will suffocate if he closes his eyes; lessens when opening eyes and sitting up; keeps awake all night: Carbo an.

Least solid food gags; can swallow drinks only: Baptisia.

Only fluids can be swallowed; solids reach a certain point and are then violently ejected: Natr. m.

Copious urine, with headache: Cinnab., Glon., Iris v., Verat.

Profuse micturition relieves headache: Gels., Kalm., Silicea.

— — — headache: Lyc.

— — with dropsical swelling of ankles and feet: Eupat. per.

Diarrhoea (*i. e.*, an increased stool) relieves headache: Agar., Alum., Apis, Lachnan.

Washing chest with cold water relieves chest symptoms: Borax.

Wetting hæmorrhoids with saliva relieves pain, while cold or warm water aggravates: Bromium.

Sensation as if drops of water were falling from the heart: Cann. ind.*

Gnawing pressure in stomach; relieved after eating, but returns as soon as stomach is empty: Lachesis.

Nausea after cold, not after warm, drinks (in "chills"): Lycop.

Fluids swallowed with greater difficulty (and more pain) than solids: Brom., Cocc., Hyos., Lach.

Head and uterine pains, ameliorated by flow of blood: Lach.

Sciatica, right side, cannot walk or sit, must lie down: Lach.

All symptoms relieved while walking, after sitting down obscuration of sight returns: Lachnan.

Drinking coffee causes pain in all the teeth: Lachnan.

Diarrhoea, stools of green liquid mucus, with suffocative spells about heart, forcing one to lie down: Lauro.

Black tarry stool, followed by distress in liver; worse morning as soon as moves (Nat. sul.): Leptan.

Pain under right scapula, causing nausea or vomiting: *Chelid.*

When he sits the urine dribbles from him; when he stands it passes freely: Sarsap.

Most horrible erections at night, causing the patient to *swear* most vehemently: Picric. ac.

So much pain when he passes urine as to cause him to *dance* around the room in agony: Petrosel.†

* Recently verified clinically.—EDITOR.

† The last three symptoms were given by Dr. C. Carleton Smith, who has clinically verified them.

TAIT'S OPERATION.

A CONTRIBUTION TO THE SUBJECT OF THE REMOVAL OF THE UTERINE APPENDAGES (TAIT'S OPERATION) FOR PROLONGED MENSTRUAL TROUBLES, WITH RECURRENT PELVIC INFLAMMATIONS.*

T. GAILLARD THOMAS, M. D., NEW YORK.

Professor of Gynæcology in the College of Physicians and Surgeons, New York.

In the issue of the *British Medical Journal* for July 29th, 1882, appeared a remarkable essay by Mr. Lawson Tait, of Birmingham, England, enunciating views entirely at variance with those heretofore held by the medical profession, advocating pathological tenets which were altogether new, and recommending a plan of treatment which is at once original and bold.

This article was entitled "Remarks on the Diagnosis and Treatment of Chronic Inflammation of the Ovary," and I refer to it at some length to-night, first, because my own paper is based upon its suggestions; second, because I feel sure that the positions which it assumes will interest the Fellows of the Academy, even if they deny their validity; and, third, because I myself feel convinced that this bold and original surgeon has advanced views which are destined to open a new field for gynæcological surgery in the future and to exert upon this department of medicine an enduring influence.

I propose to give to-night, in as succinct a manner as possible, those points in the paper which are original with Mr. Tait; and I would say here that, while I do not by any means feel warranted by my own experience and observation in accepting all of them, I do believe that there is a sufficient amount of truth in some of them to make the essay one of the most valuable which this decade has produced for the gynæcologist.

Since that period which constituted so remarkable an era in the history of gynæcology—when Henry Bennet, of England; Simpson, of Scotland; and Marion-Sims, of America, brought their eminent labors to bear upon this department of medicine—until the present

* Read, with the exhibition of specimens, before the New York Academy of Medicine, December 21st, 1882. We quote these remarks of Dr. Thomas, as they give briefly the new pathological notions of Dr. Tait, which are interesting, and because it shows to what butchery allopathy is driven to cure its patients.—ED. H. P.

time, a vast deal of attention has been directed to the uterus, the vagina, the uterine ligaments, and the pelvic peritonæum and areolar tissue; while diseases of the ovaries and Fallopian tubes have been left enveloped by a cloud of ignorance and uncertainty which few have endeavored to penetrate and dispel. Tilt, of London, the firm, persistent, and able advocate of the claims of ovarian pathology, has during this time stood almost alone, steadily and consistently enunciating views with which few sympathized and still fewer indorsed and sustained. At the present time it may safely be stated that a wholesome revolution is occurring in this respect, that reflective men devoted to gynæcology are now recognizing that a very large proportion of cases of menstrual disorder, pelvic neuralgia, and difficult locomotion, which were formerly attributed to the uterus, its ligaments, or the pelvic areolar tissue, are entirely due to ovarian disorder, and that hundreds of cases in which that devoted organ, the uterus, was cut, cauterized, and leeches had the same pathological origin. Mr. Tait's paper deals with this most prolific subject, and for this reason, added to those which I have mentioned, must be regarded as a most opportune effort to cast light where the darkness is most dense in gynæcology, and to offer aid in a class of cases in which the operator in this department needs most assistance.

The following points may be given as the most original and valuable of the views enunciated by Mr. Tait:

1. He assumes that the view formerly held—that laparotomy operations should be postponed until absolute risk to the life of the patient rendered them necessary—should now be abandoned; and that, in the hands of an expert, they are at present so free from danger as to be justifiable even when life is not jeopardized.

2. That the usually accepted doctrine of the dependence of menstruation upon ovulation is wholly erroneous.

3. That the ovaries have nothing whatever to do with menstruation, and that this phenomenon, is dependent upon the Fallopian tubes.

4. That many cases of abnormal menstruation are justifiably treated and are relievable in no other way than by extirpation of the ovaries and tubes.

5. That in chronic ovarian disease the tubes are invariably involved, and that in most cases it is the tubes which are chiefly at fault.

6. That the mortality in his last thirty-five operations having been

only one, even this slight loss of life is susceptible of diminution in the future.

7. That many of those cases heretofore regarded as instances of menstrual, or recurrent, pelvic peritonitis or cellulitis are really due to tubal dropsy and ovarian disease, an occasional discharge of the purulent accumulation of the former giving rise to slight and passing attacks of these affections.

This last statement Mr. Tait does not make in the paper to which I have alluded. I am indebted for it to my friend Dr Emmet, who, in a recent visit to Europe, obtained it from a personal conversation with that gentleman.

DISTORTING NATURE.

“An American missionary, Miss Norwood, of Swatow, has lately described how the size of the foot is reduced in Chinese women. The binding of the foot is not begun till the child has learned to walk and do various things. The bandages are specially manufactured, and are about two inches wide and two yards long for the first year, five yards long for subsequent years. The end of the strip is laid on the inside of the foot at the instep, then carried over the toes, under the foot, and around the heel, the toes being thus drawn toward and over the sole, while a bulge is produced on the instep and a deep indentation in the sole. The indentation, it is considered, should measure about an inch and a half from the part of the foot that rests on the ground up to the instep. Successive layers of bandages are made till the strip is all used, and the end is then sewn tightly down. The foot is so squeezed upward that in walking only the ball of the great toe touches the ground. Large quantities of powdered alum are used to prevent ulceration and lessen the offensive odor. After remaining a month in this condition, the foot is soaked in hot water for some time; then the bandage is carefully unwound, much dead cuticle coming off with it. Ulcers and sores are often found on the foot; frequently, too, a large piece of flesh sloughs off the sole, and one or two toes may even drop off, in which case the woman feels afterward repaid by having smaller and more delicate feet. Each time the bandage is taken off the foot is kneaded, to make the joints more flexible, and is then bound up again as quickly as possible with a fresh bandage, which is drawn up more tightly. During the first year the pain is so intense that the sufferer can do nothing, and for about two years the foot aches

continually, and is the seat of a pain which resembles the pricking of sharp needles.

“With continued rigorous binding the foot in two years becomes dead and ceases to ache, and the whole leg, from the knee down, becomes so shrunk as to be little more than skin and bone. When once formed, the ‘golden lily,’ as the Chinese lady calls her delicate little foot, can never more recover its original shape.”

COMMENTS.—The Chinese woman simply distorts her feet, while her *civilized* American sister cramps heart, lungs, and digestive organs *by her tight lacing!* The “heathen Chinese” suffers pain only for a few years, but our fair ladies suffer for many years their self-inflicted torture! Headache, cold extremities, poor digestion, hence poor complexion (not to mention their *monthly* ills), are a few effects of this pernicious fashion.

We may well ask, which is the more heathenish, to distort one’s feet or one’s heart, lungs, and digestive organs? The poor Chinese women have the laugh on you, my fair friends! Have physicians no duties to perform here? Can they not abate this sin?

THE “NEW CODE” INDORSED.—By a vote of 105 to 99 the State Medical Society of New York has approved the new code of ethics by which allopathic physicians are allowed to consult with any legally qualified practitioner. The question of approval led to a four-hours’ debate, Dr. Squibb leading the opposition to approval, and Dr. D. B. St. John Roosa and Dr. C. R. Agnew leading the liberals. Dr. Roosa said, among other things: “It is assumed that, if we continue this code in force, we will immediately enter into brotherly relations with the homœopathists or eclectics. It is not so. We shall not ask them for assistance, but if any poor, uneducated human being wants assistance we want the right to give it. We are not going to surrender to homœopathists. This is not a question of drugs; it is a question of ethics. The whole American educated public has been laughing at this restricted trade-union code.”

The “new code” is causing quite a nice little family quarrel among our dear brethren. What now will the great American Medical Association do?

Dr. Austin Flint says: “If we refused to consult with homœopathists in the days when they honestly believed in Homœopathy, how can we consult with them now, when they are no longer honest?” Don’t do it, Austin!

CLINICAL BUREAU.

RETENTION OF URINE WITH HÆMATURIA.

W. A. HAWLEY, M. D., SYRACUSE, N. Y.

In the early part of June, 1882, Dr. A. J. B. came to me for a prescription, giving this history of his case: The day before was rainy and was out so as to get somewhat wet; on returning to his office he found his fire had gone out, but sat and wrote for an hour or more without rekindling it. When he got home he found himself seriously chilled, and the next morning on rising he found he could not void his water. He relieved himself with a catheter and took *Canth.*, but without relief. Considering the cold and wet as the source of the trouble, I gave him *Rhus.*^{cc}, and advised his going home and to bed. The next morning he sent for me. I found he had had no relief, and that the water drawn with the instrument was quite bloody. He was without thirst and with only slight fever, but complained of frequent urging to urinate and flatulent condition of stomach and bowels. I gave him *Lyc.*^{cc}. The next day his condition was unchanged, except that the urine was much more bloody. Considering the *thirstlessness*, bloody urine, and the retention, with constant urgency, I put him on *Puls.*^{52m} (Fincke), once in three hours. The third visit I found he had voided his water, which was much less bloody. Continued the remedy. The fourth day the urine was natural and passed without difficulty. Stopped the medicine, and without anything further he resumed his business just a week from the day he first called on me.

CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILADELPHIA.

On the evening of the 16th of December we were called to see a robust, well-developed girl six years old; had never before been very sick. Complains of sore throat and pain in the forehead, face flushed, pulse 120. On examining her throat I found great inflammation of the tonsils especially. She had complained of sore throat in the morning, and a lady physician at the time visiting her mother gave her some medicine in water, which the child declined

to take, as it tasted very acid. It proved to be Carbolic acid, which had been administered to avoid a possible development of diphtheritis, then prevailing in some sections of the city. Gave one dose of Belladonna^{cm} (Fincke). On the next morning I found her without fever and no headache, but right tonsil was much more inflamed; she had slept some but had no appetite. Gave no medicine.

On the 18th I found her decidedly worse; swallowing much more painful, especially after a short sleep; voice had the peculiar sound as in quinsy, the jaws were opened with difficulty, sides of the neck, especially the left, were very tender to the touch; the neck was very stiff and painful. It was furthermore ascertained that her sore throat had begun on the left side, and that tonsil was now much more inflamed than before. Pulse 108. Refuses all food and takes only an occasional drink of milk. Gave one dose of Lachesis^{5m} (Fincke), and ordered another dose to be dissolved in half a tumblerful of water at night if she should be very sleepless, which was done; she took three doses, every hour one teaspoonful, and then obtained some sleep.

On the morning of the 19th she swallowed with more difficulty; she was compelled to hawk a great deal, but detached only small quantities of tenacious mucus; the neck was less stiff and not as painful. The Lachesis was only to be repeated at night if she were sleepless—but sleeping better she had no medicine.

On the 19th I examined her throat, and while depressing the root of the tongue the abscess broke and discharged very freely. No medicine.

On the 20th on examining the throat the diphtheritic condition had very rapidly developed itself, both tonsils and the uvula were covered by it, and complete loss of voice left no doubt that bacteria had already descended to the larynx; there was no unpleasant odor from her throat and she was able to sit up, not complaining of weakness; the hawking of mucus continued and she raised a ropy, stringy, very tenacious mucus; pulse 108. The neck less stiff and painful. *One dose* of Kali bich.^{cm} (Fincke) was now given.

On the 1st she felt better, no voice, but had raised great quantities of now perfectly loosened deposits; some of them had bloody strings attached to them. No medicine.

On the 22d the hawking up had continued and she complained of great soreness of the throat when attempting to drink; slept much better; pulse 96. No medicine.

On the 23d her voice returned, hawked less, throat looked well but was very sore when she swallowed; the improvement continued from day to day. On the 26th she began to eat, and on the 30th of December I paid her my last visit, found her full of play, and she only asked for more food, and was therefore then consigned to the cook for further treatment. This day, the 1st day of February, she continues in perfect health, has regained all the flesh she lost during the prolonged abstinence from food, goes to school and enjoys it.

COMMENTS.—*First*, as to the treatment. There could have been no doubt as to the choice of the remedies at any time. The characteristic symptoms for the use of them are so clearly stated in that most excellent little work on diphtheria by Dr. Gregg that no one could have done anything else than was done in this case. There were no local applications made, no gargles used, as they have always proved to be pernicious in such grave cases of a disease, and are, furthermore, in antagonism to the strict tenets of our school. The dose was not repeated as long as the improvement continued, and in this case the last single dose administered did not exhaust its action till the last vestige of the disorder had disappeared; a violation of this rule—never repeat a medicine till the effect of the last dose administered has been fully exhausted—is invariably followed by bad consequences. As to the dose: at the last meeting of the American Institute the then President of the Institute recommended that “a limit” should be set as to the dose, and *HE* suggested to have the limit set at the 10th potency.

The leading advocates of restriction to liberty, apparently expressing opinions such as are in vogue among the Communists, address the profession through the columns of the *New York Medical Times*. There comes the veteran opponent to Hahnemann and his tenets and in an illogical manner proposes the separation of Dynamic and of Hahnemannism from sound Homœopathy. This veteran wants to have a law passed declaring that beyond the 12th potency there is no curative virtue; he boldly abuses all men who cure the sick by strict homœopathic treatment, of which art he has no conception. To his aid comes another man, by his own showing utterly ignorant of Homœopathy, its founder, and its history. This pair should be thanked, and are now publicly thanked, for the honest “warning” they gave such members of the Institute as have been persistent adherents to Hahnemann’s teachings and have fol-

lowed him faithfully, that they, on account of their fidelity to principles, must expect to be expelled by these base and ignorant pretenders from an Institute they created. Thanks for the timely warning. Whether the veteran pretender reads our reported cases or not, whether he denounces such reported cures as having been accomplished by any other means than reported, by some unaccountable manner, matters very little. Here are naked facts, and if the pretenders in Albany and Terre Haute can show better results by their eclectic practice we shall hereafter desist from publishing "homœopathic cures." Under the plea of unobstructed liberty of medical action, we claim the liberty of following Hahnemann, his tenets, and remain a homœopathic healer; and also the liberty to help to develop our healing art, to cure the sick and report such cures.

Two more cases of a similar character as the one above related have since been cured in a similar manner. In all former epidemics of diphtheria it was claimed that the characteristic symptoms of that form of disease were—great debility, formation of bacteria, offensive breath, and if loss of voice came it indicated the spreading of the diphtheritic deposits into the larynx, and that hardly three per cent. of the patients so attacked recovered. In this late epidemic we found first plain tonsilitis, followed by quinsy and then rapidly developed diphtheria; mortality, so far, none. As the characteristic symptoms of the former epidemic were absent, the great debility and the offensive breath being absent, but the quinsy sore throat preceding the development of the diphtheritic deposits being present in every case, it seems as if we should have a new pathology, just as we have new fashion plates, alternately issued at Berlin and Paris, to guide the medical men, just as the fashionable ladies are guided by the fashion plates. As homœopathic healers, we are not affected by these ever changing symptoms of even epidemically appearing diseases. Our law of cure, our strict adherence to principles and to the rules regulating the application of the law, will forever be to us an unerring guide in curing the sick.

In every one of these three grave cases so-called homœopathic remedies improperly chosen had been improperly administered. In a very large number of cases of sore throats here prevailing, one, and never more than two doses of medicines were all-sufficient to cure the sick.

The first section of Hahnemann's *Organon* reads: "*The first and sole duty of the physician is, to restore health to the sick. This is the true art of healing,*" and in this *Organon* of the healing art its founder gives his advice "how to do it." If the newly fledged philosophers at Albany and Terre Haute and their followers can do it better, why is it that after so much begging none of them ever published *one single case* in which they had followed Hahnemann's injunctions, and failing to cure resorted to their eclectic, freedom-born system, and then cured? Why is it so? Because they *never* knew what Homœopathy *is*. If they did, they would *cure* and be true healers, would need nothing better than what the developments of the true healing art brings us, and not wickedly try to pervert the true healing art into vile eclecticism.

CLINICAL CASES.

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

(1). *Lycopodium* in ulcerated throat. Feb. 11th, 1874. Mrs. H., æt. 28, says she has had ulcerated throat since yesterday at 4 P. M.; the soreness of throat *commenced on right side, extending to left*; to-day there is a whitish ulcer on right tonsil; sharp pain in throat on swallowing, *especially warm drinks*; pains as if bruised all over limbs; frontal headache; brown tongue; pulse 120; yesterday there was shivering. Has taken *Bell.* and *Merc.* in low potencies without result. Ordered inhalations of steam and cold-water compress to throat, and *Lycop.*^{cm} (Fincke) in water every three hours. (This case was treated eight years ago; since then I have found that even such non-medicinal auxiliaries as steam and water are not *necessary*, though they may be used if they give comfort, and no injurious effect.)

Feb. 12th. Slept well; pains in limbs nearly gone; tonsil still ulcerated; pulse 114; tongue light brown; neck externally swelled and tender; free, strong-smelling sweat; mouth dry; urine turbid; no stool; headache, with buzzing in ears and deafness. Continued *Lycopodium*.

Feb. 13th. Feels better; less headache; pulse 90; no pain in limbs; buzzing better; hears better with left ear (has had deafness and buzzing of right ear for many years); ulcer very much better; tongue less furred and less brown; not nearly so much pain on swallowing. Stop medicine.

Feb. 14. Much better; has eaten a mutton-chop; no headache, only giddiness; left ear natural; no pain on swallowing; tongue cleaner.

Feb. 15th. Nearly well; throat healed; only a little pain on swallowing; tongue cleaner; no giddiness. For two days *swelling and redness of tip of nose, with pustules on left side of tip and septum*. (This was an effect of *Lycop.*; I had a similar symptom from a high-potency proving thereof when in health; it shows the value of provings even on the sick.)

Feb. 16th. Came down-stairs yesterday; giddy; appetite good; no pain on swallowing; nose better; tongue cleaner.

Feb. 18th. Yesterday headache and weakness; to-day much better; neck feels stiff; tongue natural; skin of nose, where pustules were, is scaling off (just as it did in my proving).

Feb. 22d. Quite well, except rather weak.

Four of her children had similar attacks, but less severe. The two first attacked were treated by their parents according to one of the works of the late Dr. Ruddock. They *recovered* from the throat symptoms, but were not *cured*; for they were under my care for several days afterward with very large swellings of the parotid glands. The other two, whom I attended from the first, recovered without any *sequelæ*. I have often observed that when the sick are treated mongrel-fashion, or allopathically, though they may recover from the acute symptoms, chronic ailments far more difficult to eradicate are stirred up.

This seldom occurs in the practice of a Hahnemannian, and *never* if he can find a remedy suitable not only to the acute symptoms but also to the constitutional state of the patient.

In the HOMŒOPATHIC PHYSICIAN, Vol. II, p. 466, Dr. C. W. Butler* gives, as a frequently verified symptom of *Lycopod.*, "aggravation from cold drinks, except water," and "amelioration from warm drinks." This agrees with the experience of Dr. A. M. Piersons, recorded in the *The Organon*, Vol. II, p. 228. Neither of these physicians seem to consider the aggravation from warm drinks characteristic of *Lycop.*, though it is quoted as being in the materia medica. This proves (1) that clinical symptoms are of extreme importance, and that no repertory or materia medica which excludes them can

* These cases were reported by Dr. J. S. Smith, not by Dr. Butler as credited in our December issue. The error was ours.—EDITOR.

be exclusively relied on; (2) that a remedy may have two opposite symptoms, one being much more *characteristic* of it than the other; (3) that unless the symptom is characteristic, it requires to be supported by a larger number of other symptoms before we can rely on it in any case; in the above case the direction and time pointed emphatically to *Lycop.* It should also be noticed that the *Lycop.* symptom given by HAHNEMANN is not simply "aggravation of throat from warm drinks," but "if the soup is very warm [*i. e.*, hot, not merely warm] he is unable to swallow it."

Will Dr. Gale kindly give me the source of his symptom of *Caust.* (p. 468), "Diplopia, worse on turning eyes to the right"? I have added it to my *Eye Repertory*, which gives only *Digititis*.

The "rare symptom," quoted under *Laurocerasus* (Vol. II, p. 485), is given differently in symptom 12 of Allen's *Encyclopædia*. Is the former from a different proving or a clinical symptom? A proving of *Ether*, which I published in *The Organon*, Vol. II, p. 258, has this symptom.*

(2). *Nitrum in dyspnœa.* 1882, Nov. 15th, Mrs. B. for two days has had catarrh, with feeling as if the lungs were two wooden boards pressing toward the back. One dose of *Nitrum*^{5m} (F. C.) at 9 P. M. Was better in about an hour, and soon cured. *Nitrum* is the only remedy given by Bœnninghausen under "Sensation, as if made of wood," but that *Mat. Med.* does not contain it under "Chest." Another instance of the plan of selecting a remedy by analogy.

(3). *Bromine in headache.* One dose of *Bromine*^{em} (Fincke) cured throbbing in left temple; worse on stooping.

(4). *Carbo veg.*^{em} (Fincke). One dose removed, in fifteen minutes, a pain in left abdomen, as if something were out of place. She had suffered for two hours.

(5). *Magn. carb.* 1881, Sept. 29th, Miss L. had suffered at times since May with pains round left knee, like something tight; only felt at back and front of knee. For the last week the pain has been increasing; left calf hard. To-day there is a hard swelling in hollow of left knee, and she cannot put left foot to the ground when walking, but only when standing. Lippe's *Repertory* (p. 231) gives "Swelling in bend of knee: *Magn. carb.*" On referring to the *Mat. Med.* I found "Hard swelling in hollow of knee; he could not stretch

**Anacardium* has anxiety in region of sternum, without pain: feels as if he must go into open air and be busy. This is almost similar to the *Lauro* symptom given in volume second, which was from Hering.—EDITOR.

out leg on account of the pain in it." "Pain in bend of left knee on stooping, as if the tendons were too short, etc.," and some other similar symptoms.

I gave one dose of *Magn. carb.*^{3m} (Jenichen) at 8.45 P. M.

Sept. 30th, 9.30 A. M. No swelling or hardness, but stiffness where the swelling was; also stiffness in the corresponding part of right leg. Feeling of tightness decreased.

Nov. 4th. Reports that in about two weeks the symptoms entirely ceased, and there has been no return.

Will any member of the anti-Hahnemannian pathological school explain the pathology of this case, and give a pathological reason for the selection of *Magn. c.*, the only *simillimum* in the whole materia medica? This is only one of the many instances in which Lippe's invaluable *Repertory* has guided me to the remedy. I invariably take it with me to the bedside of the patient, and use it more than any other.

CASES FROM MY NOTE-BOOK.

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

CASE I.—25th of May, 1882. William R., 14½ years old, blonde, fair complexion, of spare habit and *rather tall for his age*, whose mother died of typhoid fever, father unknown; has been sick for the last two months, and grew worse right along under "scientific" treatment. He complains of pains in right and left hypochondria and abdomen; *all these parts very sore to the least touch*. There is dropsical effusion in the peritoneum; thin, watery, yellow stools, but painless, three or four times a day, which hurry him to the closet and weaken him very much.

Face pale and somewhat bloated; his whole skin has a milky-blue appearance; pulse 120.

Lips dark red; tongue coated with a *fine, dried, red, varnish-like skin*. Appetite very poor, great thirst for *very cold drinks*, especially at night on account of dryness of mouth, tongue, and throat.

He cannot sleep at night on account of a sensation as if an aching ball were whirling around navel. (Patient's own words.)

He notices this sensation only at night when lying down, not so much in the daytime.

Burning on outside of abdomen.—Right-sided complete inguinal hernia; painful when coughing; dry cough; raises sometimes some

white phlegm, more however by hawking, which he is impelled to do very often.

When he lies down in daytime the attendants notice a hectic flush and perspiration about head and neck, especially *when falling asleep*.

Hands are bluish; feet œdematous; sore pain in soles of both feet when treading on them.

Percussion showed enlargement of liver and spleen, which, in connection with the ascites and tenderness of abdomen and diarrhœa, pointing to some mesenteric gland trouble, made the prognosis rather unfavorable. Phosphoroussm (Swan); one dose dry on tongue and Placebos.

30th of May. To my astonishment he came to-day to my office, saying that he feels a great deal better.

Sensation of an aching ball whirling around navel entirely gone (was the most recent symptom).

Burning of skin of abdomen, better; bowels move once or twice in twenty-four hours, still the same in character; it drove him out of bed this morning (what a temptation to give Sulphur and spoil the case!); soles of feet not so sore; abdomen less tender; tongue more moist; pulse 114; thirst considerable yet; appetite not good.

A new symptom was the following: Pain in left lung when breathing deeply or lying on left side. Sacch. lactis.

7th of June. Feels better; appetite is increasing; very little tenderness of abdomen and both hypochondria; ascites hardly noticeable; sweats a good deal at night yet; bowels move once in twenty-four hours, watery, yellowish; the minute he gets out of bed he has to run; soles of feet not sore any more; soreness of left lung much less, but both lungs feel sore when breathing very hard; no cough; tongue moist, of more natural appearance; thirst considerably diminished; it is a great exertion for him to walk up hill or up stairs; his sleep is very bad, can hardly sleep at all; his strength is very poor yet; feels worse in rainy weather. Sacch. lact.

16th of June. Appetite very good now, but has to be careful not to eat too much; it will oppress the stomach, makes him feel bloated; better from walking around; sleep is better; sweat during every sleep; some slight pain in left chest when yawning, not otherwise any more.

Bowels the same as last time, but not the hurrying in the morning; pulse 96, feels stronger; tongue moist, with a yellow coating; some hungry sensation at 10½ A. M. and 4 P. M.

Milk acts on his bowels like a cathartic. Sacch. lact.

29th of June. Says he feels ever so much better. Appetite is very good; stomach tolerates food in large quantities. Sleep good; still perspiration during sleep. Pain in left chest when yawning. He feels stronger; tongue is clean and natural; no thirst any more. Bowels the same yet—face shows a little color. Soreness of abdomen almost gone, swelling entirely; swelling of feet has also disappeared. Sacch. lact.

11th of July. He feels still better. Appetite is very good; food, if taken in too large quantity, will distress him once in a while. Sweat during sleep; pain in chest is hardly noticed. Strength has improved considerably. Bowels continue to act more natural. Some slight soreness in both hypochondria yet, but none in abdomen. Sacch. lact.

14th of August. He had been gaining right along, and felt first-rate until the 11th of August, when a diarrhœa commenced, which lasted for two days. It was brought on by eating apple sauce, prepared from green apples. There was some blood in the stools; he had to hurry to the closet, but when at stool hardly anything would pass. Diarrhœa has stopped now, but his bowels and rectum feel sore, and the latter feels as if it was hanging down when he walks. He bloats after eating; taking something warm makes him belch and produces relief. Sulphur³⁰, one dose, and Sacch. lact.

10th of October. Has felt good right along. Bowels regular. Since a month a warm, strong-smelling foot-sweat appeared; he never had sweaty feet before. Otherwise no complaints. Sacch. lact.

I have seen the boy since several times; every time states that he feels good, even better than any time in his life before. Hernia remained as before, but has not been painful when coughing.

CASE II.—Isaac C., a colored coachman, 39 years old, thin and of small stature, called at my office on the 15th of July, 1882. He states that he has been suffering from rheumatic pain for the last six months, and is unable to attend to his work.

Since four months he has a weak feeling in small of back; worse from cold air and when stooping.

If he stands any length of time a *numb sensation* creeps up from the knees to *penis and scrotum*, which ceases as soon as he sits down. (This symptom is the latest.)

For the last four weeks he notices a pain in left hypochondrium

when lying down at night; after lying awhile it passes off; left hypochondrium sore to touch.

No appetite; if he feels like eating, has to do so right away or desire disappears.

Urine reddish and cloudy; micturition difficult when his back is very bad. Impotence, with no inclination for coitus. Warm night sweats.

Short, dry cough, not very troublesome, with sharp pains in both hypochondria. During the war he had a *suppuration of right sub-maxillary gland*, which had to be opened. Baryta. carb.¹⁰⁰⁰ one dose in the office, another one to-night.

Went off quite astonished not to receive more medicine. The remedy was selected from Allen's Symptom Register.

22d of July. Comes to office without his cane; regards himself better, but says that for the first three days, after taking the powders, he felt bad and weak all over.

Numb feeling of privates entirely gone; weakness of back better; micturition easier and urine clearer. Pain in left hypochondrium is less; appetite and night sweats very little better. One powder Sacch. lactis.

29th of July. Feels still better, stronger, appetite pretty good; had the numb feeling about the privates once last week, but it passed off very soon. Sacch. lact. one powder.

5th of August. Better; stronger about genitals; noticed return of sexual desire; appetite not quite good. Sacch. lact. one powder.

21st of August. Improvement of all his symptoms, but complains of a pain in left hip; he states, however, that this pain has troubled him right along, but he forgot to mention it. Sacch. lact. one powder.

11th of September. Left hip pained him much for the last week, and there are now also pains in flexor-tendons of left knee-joint. There is some stiffness in back yet, especially when rising from sitting. Appetite is not as good as it was and urine looks darker again. (There was an evident standstill in the improvement, but no change in the symptoms, which would indicate another remedy. The same remedy had to be given, but, according to Hahnemann, in a different potency.) Baryta. carb.^{em} one powder.

27th of September. Left hip is better, but since two days a diarrhoea, which commenced between 8 and 9 A. M., with very little crampy pains in abdomen; four very watery, yellow stools yester-

day. Thirsty, but no appetite. His bowels have always been inclined to become loose. (If an old symptom appears, while the proper remedy is doing its work, Hahnemann teaches to leave it alone.) Sacch. lact. one powder.

19th of October. Diarrhœa soon got better, and he has not been troubled with it since. Appetite is very good; feels good all over. Once in a while he notices a little weakness in back yet. Pain in left hip almost gone; still some pain in left knee. Sacch. lact. one powder.

TOBACCO POISONING.

J. W. THOMSON, M. D., SPRINGFIELD, MASS.

On March 12th, 1878, Mr. A. S., æt. 40, called at my office. He was a broad-shouldered, powerful man, six feet one and a half inches without his boots; eyesight failing, which he attributed to the inordinate use of tobacco. For the past month his condition had been steadily growing worse. When first taken with dimness and glimmering of sight had severe pains through temples. Can see better on a cloudy day. When it begins to grow dark can see nearly as well as ever. If sees a team way off, coming toward him, it looks like two (Bell., Gels., Nit. ac., Olnd.). After eating, belching of wind; tongue cracked; hands trembled—in fact, seemed to be in a tremor all over; pulse thin and weak, 70; face of a dirty hue; said he had been under many doctors and had taken bucketfuls of drugs, which had not helped him, indeed, medicines did not seem to affect him. While in my office I exhibited a few pellets of Nux v.²⁰⁰ (D). The man expressed the utmost surprise and disappointment at receiving a few sugar *parvules*—our allopathic *confreres* use *parvules* now—each about the size of a pin's head. He afterward stated that but for his respect for me he would have ridiculed the idea of such medicine having any effect upon him.

Mr. S. returned to my office in about half an hour, the utmost pleasure and surprise beaming in his face. His hands no longer shook. He eagerly asked me to feel his pulse, which was steadier and fuller. I saw him some days afterward and he assured me he had been better ever since he had taken the small pellets.

BOOK NOTICES.

THE HOMŒOPATHIC TREATMENT OF CONSTIPATION. By H. Bernard, M. D.; translated by T. M. Strong, M. D. Chatterton Publishing Company, Chicago and New York. 1882.

This book is a small volume of 192 pp., constructed after the model of Bell's celebrated monograph on diarrhoea. Under each remedy are given its most important indications and some clinical cases illustrating its action.

At the end of the volume is an excellent little repertory, also upon the model of Dr. Bell's, though not so full as that masterly production.

The author recommends the use of mineral waters, giving the pathogenesis of two or three of them. This recommendation is very likely to be abused by the average practitioner, who will most likely prescribe them *ad libitum*, thus getting the ordinary purgative effect, as when the usual cathartics of the old school are given.

It is to be regretted that alternation of remedies should be recommended. While amelioration may be produced by alternation, yet it is not likely to make a decisive cure. For illustration see this journal, vol. II, p. 13, for a case related by Dr. Dunham.

With the exception of this defect the little book under consideration is an eminently practical work that will often assist the physician in the selection of the most similar remedy.

W. M. J.

SUPRA-PUBIC LITHOTOMY. By Wm. Tod Helmuth, M. D., Professor of Surgery in New York Homœopathic Medical College. Bœricke & Tafel, New York and Philadelphia. 98 quarto pages, 8 lithographic plates. Price, \$4.00.

As far as we know, this is the most carefully compiled, complete, best arranged, and most instructive monograph on the subject. The author has here presented a permanent contribution to surgery and deserves the thanks of the whole profession, due credit being given throughout the book to Dr. C. W. Dulles, of this city, for free use of materials gathered for his several articles, which were the first, in late times, to call the attention of the profession to the merits of this neglected operation. Chapter second, prepared by Dr. Rankin, gives the statistics, as near as it is possible to collate them, and represents a vast amount of useful labor. Dr. Helmuth's four cases are included—two recoveries and two deaths.

The general summary of cases since 1561, according to Rankin and Dulles, shows a total of five hundred and twenty-seven operations, with three hundred and fifty-eight recoveries, one hundred and thirty-five deaths, and thirty-four unknown results. Chapter third discusses the subject and gives plates illustrative of interesting experiments made by injecting the bladder, showing the relative position of the pubes of the reflected peritonæum and the amounts of fluid the bladder is capable of holding. Chapter four gives the particulars of eight cases by different operators, interesting in their details to those who wish to perform the operation. Chapter fifth—the last—explains the method

of operating, containing accurate and beautiful illustrations of the parts concerned and the several steps in the operation, with drawings of instruments.

This book appears at a most opportune time, when so much thought, experiment, and inventive genius have been expended on the subject of the best methods of removing stone from the bladder, and revives interest in one of the oldest procedures and which probably has fallen unjustly into disrepute. It has no anatomical difficulties much, beyond avoiding the fold of peritoneum anterior to the bladder, is very easy to do, and must be thought of in certain cases where litho-lapaxy or lateral lithotomy would be full of danger.

M. M.

NOTES AND NOTICES.

HOMŒOPATHY AHEAD IN SAN DIEGO, CAL.—The City Trustees met yesterday and reorganized the Board of Health. Dr. G. W. Barnes, who had previously been elected Health Officer, was chosen President, and Arnold Schneider, Secretary.

THE MINNEAPOLIS HOMŒOPATHIC HOSPITAL has been opened for reception of patients. The movement for this purpose was started in 1881, and has, after overcoming many difficulties, now commenced its work. Stick to Hahnemann, brethren, and success is assured. Medical Board: D. H. Goodwin, M. D., Chairman; O. M. Humphrey, M. D.; W. H. Leonard, M. D.; S. M. Spaulding, M. D.; Adele S. Hutcliison, M. D., and Wm. E. Leonard, M. D., Superintendent.

ALUMNI ASSOCIATION OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—It is desired to organize this Association next Commencement Day. It is a good move and we wish it success.

SEVENTH ANNUAL MEETING OF THE HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.—The seventh annual meeting of the American Ophthalmological and Otological Society will be held at Niagara Falls in June. The President of the Society is especially desirous that the meeting be an interesting and profitable one. To that end he hopes that a large number of brief but practical papers may be presented, embodying, as far as may be, the clinical experience of the members. The meeting will be held on the day previous to that appointed for the opening of the American Institute, so that there may be no conflict of interests. Will you not send to the Secretary the topics upon which you will write, so that the programme may be arranged at as early a day as possible?

C. H. VILAS, M. D., *President.*

F. PARK LEWIS, M. D., *Secretary,*
188 Franklin Street, Buffalo, N. Y.

ERRATA.—In our January number, page 36, line 17 from top, for *explained* read *emphasized*; page 37, line 21 from top, for *like* read *bite*. This latter correction is of importance.

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. III.

APRIL, 1883.

No. 4.

EDITORIAL.

MICRO-ORGANISMS.—Micro-organisms represent the present fashionable craze in medicine. Medicine has had in every age its pet theories; each in its day was thought to be unmistakably true, and its votaries wondered how any one could be so simple as to believe in any of the exploded doctrines of the past! The theory of to-day is always *the true* one, while that of yesterday is *now* easily seen to be unmistakably silly. No one now doubts that micro-organisms are the concomitants of disease; and the terms bacillus, micrococcus, bacteria, etc., are now household words. Babes at the breast reject their time-honored nourishment until assured that no microbacteria are concealed therein; maidens lament the discovery of the bacillus malarie, believing it to be the deadly enemy of moonlight wanderings; physicians in society and in sick-room learnedly pronounce these same charmed terms; and when the diagnosis reveals bacteria, the learned physician can conscientiously uncork his germicide. Then, parasiticide in hand, the physician proceeds, like the careful housewife, to destroy the vermin. To what glorious ends does science lead its votaries: vermi-cides, bug-destroyers!!

Homœopathists, who should know better, trying to seem learned, also prate of their germicides, their gargles, and their specifics! They seem to fear their medicines cannot cure diseases which are said to

be produced by micro-organisms. "We must do something more than simply prescribe the specific remedy," cry some. "The remedy cannot act while the cause of the disease is present," say others. It is well known that these germs do not exist in a *healthy man*.* The sickness of the individual produces the habitat, the proper soil, for their growth; hence they cannot be the cause of the disease. Therefore destroying these germs is really destroying an effect and not the cause of the disease.

Upon diphtheria falls the brunt of this absurd practice. In allopathic hands the practice produces no good results; why, then, should homœopaths adopt it to the neglect of a practice which does offer such great results. In homœopathic hands, allopathic

* It is a much disputed question whether any varieties of bacteria may exist in the blood or tissues of a healthy animal. In former years the affirmative was maintained by many, notably Billroth; with improvement of methods and differentiation between organized and unorganized particles the number of such affirmations decreased; and the three most noted observers of the present day—Koch, Pasteur, and Ehrlich—affirm that they have never detected bacteria in a healthy animal. Numerous attempts have been made to decide the question experimentally—by the history of healthy tissues, transferred under precautions against contamination, from the living or dying body to conditions of perfect isolation from bacteria. Such experiments demonstrate that some healthy tissues, at least, contain no organisms capable of inducing putrefaction; as the majority of bacteria are, however, incapable of effecting this process, the failure to putrefy does not necessarily prove the absence of all bacteria. Observation and experiment on the living body would also prove the absence of bacteria from healthy animals. The familiar fact that a dead human fœtus may remain in the mother's body for months or years without putrefaction, as in extra-uterine pregnancy, supports the same conclusion. Indeed, it has been repeatedly demonstrated that certain bacterial species, even when injected in considerable numbers directly into the blood or tissues of the living animal, cannot be found after the lapse of some hours; they appear to suffer the same fate as unorganized particles. Hiller even injected into his own skin some bacteria obtained from putrid flesh, and observed only a slight, transient, local œdema.

This failure of putrefactive and other bacteria to reproduce in healthy tissue seems to indicate their inability to maintain the struggle for existence against the animal cells indigenous to the soil. *For seventy years a man may eat, drink, and breathe the ordinary bacteria, and carry a vast and varied assortment of them in his alimentary canal, without suffering putrefaction; yet so soon as his component cells are destroyed, generally, as in the death of the animal, or locally, as in the gangrene of a toe, the tissues swarm with these minute organisms.*—*Dr. Belfield.*

measures not only bring death to the innocent sufferers, but discredit to the system so disgraced. As a consequence of this adoption of allopathic measures by those who call themselves homœopaths, we see such paragraphs as the following going the rounds of the press :

“The *Official Messenger*, the organ of the Russian Government, issued in St. Petersburg, publishes a decision of the Medical Council of that city to the effect that the homœopathic treatment of diphtheria is misleading and dangerous. It had been given a fair trial in the hospitals.”

Every true homœopathist *knows* that the treatment of diphtheria here alluded to *was not homœopathic*. If it had been really homœopathic its success would have overwhelmed the allopaths.

Homœopathic treatment is amply able to cope most successfully with diphtheria and any other disease—yes, even if myriads of micro-organisms are present. But to obtain this success one must practice true Homœopathy and must prescribe for the patient, not for the disease. And a great step is taken toward this end when we learn the relative importance, for prescribing of, the common and the peculiar symptoms of the case before us. The *common* symptoms are those found in almost every case of diphtheria, the *peculiar* symptoms are those which are found only in the case before us, and hence are characteristic of it. Thus, most all cases of diphtheria have a membranous deposit in the mucous lining of the throat, but in some it is white, in some yellow, in some it glistens, in some it looks dull and dirty. Again, most all cases have pain in the throat, some of one kind, some of another. One patient cannot swallow, another wants to do so all the time. These symptoms are unimportant pathologically ; but therapeutically they are of the greatest importance. If one would pay more attention to these minor points and less to the more apparent and common pathological points, one would cure more patients and need have no more silly talk about gargles, germicides, or specifics.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

BUREAU OF CLINICAL MEDICINE: Edward Bayard, M. D., New York ; Constantine Lippe, M. D., New York ; C. Carleton Smith, M. D., Philadelphia ; G. Pompili, M. D., Rome, Italy ; C. F. Nichols, M. D., Boston ; E. A. Ballard, M. D., Chicago ; Rollin R. Gregg, M. D., *Chairman*, Buffalo.

APHORISMS ON THE AFFINITIES OF MATTER IN ITS CONDENSATION AND ATTENUATION.

DR. O. BUCHMANN IN ALVENSLEBEN.

From the Allg. Hom. Zeitung, Leipzig, 1883, Band 106, Nos. 3 and 4.

In science only that is valued as property which is taught in the universities or transmitted by the past, and if anybody comes with something new which contradicts or threatens to overthrow the belief which we respected for years and communicated to others, all the passions rise up against him and all efforts are made to annihilate him. They resist with all their might, and act as if they could neither hear nor comprehend; they talk about the new view as if it were not worth the trouble of an investigation or even attention; and thus a new truth may wait a long time until it can make itself available. The greatest enemies of science are its specialists. In the profession is contained the guild with everything vulgar, raw, and egotistical of the trade.—*Goethe to Eckermann.*

The experiments of Crookes have shown that the molecules of the atmospheric air at a millionesimal attenuation are drawn asunder so far that they can unfold potentiated physical actions by freer motion in their ether.

The original state of aggregation of matter represented a much higher attenuation.

In order to show the gradual condensation, a short reference to the latest result of cosmological research from *Moldenhauer's Das Weltall und seine Entwicklung Koeln*, 1882, vol. II, may be given.

“We must descend to the far past, in order to observe step by step the development of our solar system. The earth does not yet exist at that time, nor any other planet. The sun of to-day is not yet in existence, and the elements constituting these worlds formed a ball in which there could not be any question of palpability, since the mass was composed of matter which was still a billion times thinner than our hydrogen gas. This is, so far as our power of comprehension is concerned, no more anything, no chaos, it is the ‘NIHIL.’ The so to say unsubstantial, shadowy ball, the primeval ball of our sun, of our planets and moons, has nevertheless already a past behind it. As formed cosmical individual, as ball, it has already lived through a period of development, and certainly not a short one. It is no more what it had been, no more the former mass of gas of a radius of about two billions of miles.”

The ball, formerly six hundred thousand billion times thinner than hydrogen gas, has been contracted within itself. The condensation is a continuance of the act of conglobation in consequence of the attraction of the total mass upon the single particles, whereby a gravitation (falling) of the same toward the centre of the mass follows, and the gravitating effort of the particles in the outer sphere increases directly as the square with the shortening of the radius of the ball. The condensation reaches its end as soon as the particles of matter can approach no more.

By the rotation of the ball, which increases with the condensation, a gaseous ring from time to time has detached itself at the equator of the ball by the preponderance of the centrifugal force, which increases directly as the square of the velocity of rotation. From this ring, on bursting asunder and forming separate balls, the planets, and further on by detaching of rings from these, the moons have been formed, as the ring of Saturn teaches us, which has resisted the separation. At the time that the ring of the earth-planet had separated from the sun, this body had, with a radius of about twenty millions of miles, only a density of one nine-hundredth part of hydrogen gas, and the earth weighed at the separation of the moon with a radius of fifty thousand miles—still five and a half times less than an equal ball of hydrogen gas, which is fourteen times lighter than atmospheric air.

In comparison with the attenuation of substances in our high potencies, the primeval balls of the sun and of the planets appear still enormously dense.

The high temperature of the heavenly bodies caused by the continuous condensation of their particles, as the sun is showing still at the present time on his surface, was of great importance for the constitution of its mass.

Just as at that time the heat escaped in the macrocosmus, it now in the microcosmus becomes latent again in our attenuations.

At any rate, only with the decrease of the development of heat, the outer sphere of the earth was so cooled off that by aggregation of the like molecules a chemical association of the vapors became possible. The lighter vapors of the aluminium, silicium, magnesium, calcium, potassium, natrium, etc., combined with the oxygen at the surface to a fusible crust, while the vapors of the heavy metals, which in the interior of the earth had been overheated by the high gravitating pressure, could not, on account of the restlessness of the

molecules, attain the condition of entering chemical composition. Thus, *e. g.*, one atom of silicium combined with two atoms of oxygen and formed a molecule of quartz, and two atoms of aluminium combined with three atoms of oxygen and formed alumina. Three parts of the first added to one part of the latter resulted in the formation of silicate of alumina. This, again, with another double compound of the silicate of potassium, has given rise to the crystalline orthoclase (feldspar), a main constituent of granite and other rocks.

In the further cooling of the earth's crust, we see arise the water as powerful solvent favoring new combinations. To the present day the silicic acid, which has been dissolved in quantities by the hot water, is again eliminated at the geysers near the Yellowstone Lake and at the Tetterata Spring.

Just as the combination of carbon, with the elements of the water, has increased its solving capacity by its amount of carbonic acid, so also the addition of an organic compound of carbon with the elements of water (alcohol) to water, increases the solving capacity of the same in the homœopathic attenuations. Substances difficult of solution become easier soluble by fine distribution (trituration).

Iridium, as found in small, white, metallic granules, is insoluble in all the acids, even in aqua regia, which dissolves platina and gold, but in finely divided condition it dissolves easier in aqua regia.

The chemical force of atoms is dependent upon their aggregation to molecules, which are so disposed as to approximate each other closely, and requires the at least partly liquid or gaseous state of aggregation, and sometimes the co-operation of other forces, in order to allow new groupings of atoms forming molecules of other composition.

Our chemists are far from believing the traditional atoms to be veritable "atomoi" (indivisibles), and hope, in the future, to be able to decompose some of them, *e. g.*, Chlorine. Of course, the chemical action as element which it was hitherto and is no more, would henceforth be suspended.

The molecules of the medicines have a partly nutritive, partly pathogenetic bio-chemical affinity to certain living cells.

The latter affinity, as a general rule, is stronger than the similar affinity of certain cells to certain natural causes of disease.

Inasmuch as the ingested molecules of the medicine come by the motion of the humors in contact with those cells which correspond to

their affinity, the affinity to certain causes of disease is suspended by their stronger affinity.

If the remedy is adequate in form and dose, then the medicinal disease remains mostly latent, and the medicinal molecules are eliminated again by the restitutive power of the cells after the affinity is, as it were, *tired out*.

The physical properties of the substances have caused the physicists to assume the existence of infinitesimal, imponderable, ethereal atoms, which surround the molecules and which penetrate all substances, and thereby are enabled to mediate a physical action at a distance from the place of their origin.

Certain physiological experiments have furnished the proof that the ether-atoms of certain substances can exert a pathogenetic action *per distans*.

A similar penetration of very solid bodies with especial specific affinity already is shown by the molecules of the hydrogen gas. They penetrate platina at a red heat (also animal membranes which other gases cannot penetrate on account of the greater rise of their molecules.)

As the ether molecules of certain substances have a physical affinity to certain protoplasmic molecules, so also the molecules of hydrogen gas have a physical affinity to the molecules of palladium.

If a rod of this metal is used as negative electrode of a water-decomposing apparatus, it is enabled by means of the electric current to absorb nine hundred times its own volume of hydrogen, whereby the volume of the palladium is increased and the specific gravity diminished. By heat the hydrogen molecules are again expelled and the palladium molecules are again condensed.

Some substances which readily emanate ether show the simultaneous action of ether already in the dense state. The emanation of ether is observed with some substances by the smell.

With metals the specific ether-smell develops by friction, *e. g.*, on grinding a knife.

The emanation of the ether molecules increases with the attenuation, while the chemical affinities decrease with the distance of the molecules from each other.

The action of ether, which appears only in the higher potencies, in the complex of symptoms which it is able to excite and to give by physical affinity, is different from the *bio-chemical* action of the unattenuated substance and of its lower potencies.

The low potencies of homœopathic medicines are apt to act more favorably where pathogenetic *bio-chemical* combinations with disease-substances exist, than the higher ones where *physical* pathogenetic combinations are present.

The experience teaches, that the disease-substances which thereby have been dissolved sometimes find still other affinities to metastases, even on the external skin, and at times at their elimination from the organism communicate specific quality and specific smell to the excretions, according to their chemical and physical influence.

Where experience does not speak for the selection of the potency, it will be advisable to give the simillimum first in low potency, and when this does not suffice to apply the higher one.

The physical ether-combination with some remedy appears accompanied by considerable disturbances of the function, while the medicine-disease caused by *bio-chemical* combination with the same remedy frequently in lower attenuation remains latent.

There are persons, especially incurable patients, who by taking high potencies, especially after repetition, feel so sick that they cannot be induced to take them again.

There are persons who cannot bear high potencies, and yet are not affected materially by strong purgatives and narcotics, though the reverse also is frequently observed.

Some persons do, as a general rule, not bear certain remedies at all.

There are persons who recognize the high potencies of certain remedies by smell, taste, and other sensations as the remedies which they had taken previously, even a long time before.

The power which ether-atoms at greater density, therefore, not too far from their original place, are able to exert *per distans* where they meet molecules, to which they are attracted by a specific affinity, is shown very distinctly by the affinity of magnetism for iron.

The magnetic ether penetrates everything in order to reach the iron molecules, and the attractive force is so great that the gravitation of iron is thereby overcome.

The magnetic imponderable ether-atoms are polarly fixed in a steel rod by the aid of motion, and can be transmitted infinitesimally from one steel rod to others without ever exhausting the magnetic force.

A similar transmission of the ether atoms of our high potencies at every centesimal attenuation of the same *ad infinitum* by the aid of motion (succussion) follows without exhausting the pathogenetic force.

The action of magnetism upon iron is a greater enigma than the action of high potencies. The first, though universally used, is only stared at by the physicists as incomprehensible, while the latter, as mystical, is by the learned tribe thought unworthy of investigation.

Similar to the mineral magnetism, the ether-atoms of the animal magnetism also have a specific affinity to the ganglionic cells, to the acknowledgment of which the learned crowd has been forced only in the latest time.

There must be a special individual disposition in order to make the physical affinity of certain cells to certain ether-atoms recognizable as pathogenetic combination, a reason why not everybody is fit to be a prover.

Hence the objection, that because pathogenetic and physiological actions cannot be observed upon everybody, those observed upon single individuals should not be considered as of scientific value, is entirely futile.

The physical combination of certain cell-molecules with the ether-atoms of a substance is able to diminish and suspend the *bio-chemical* affinity to the molecules of the same substance, and therefore it is explainable that the high potency of a remedy acts as the antidote to excessive doses and symptoms of intoxication by the same medicine, and that the homœopathic attenuation of a disease-substance can become the remedy for the *bio-chemical* combination of this disease-substance. (Isopathy. Vaccination.)

By pathogenetic combinations of certain cells with certain causes of disease, the electro-nutritive affinity of the same is disturbed, so that certain nutritive substances cannot properly be susceped and separated, which then causes disturbances of function.

The cells which have a *bio-chemical* nutritive affinity to certain mineral substances possess also a greater *physical* affinity to the ether-atoms of the same substances than to the cause of the disease which has disturbed the *nutritive* affinity of these cells.

Hence, by introducing the ether-atoms of these substances, the pathogenetic affinity to the cause of the disease is suspended, and the *bio-chemical* nutritive affinity restored.

It is Schuessler's merit, also without previous physiological proving

of their affinities as homœopathically acting remedies, to have given the indications of several anorgano-chemical combinations by considering the nutritive affinity.

The *bio-chemical* affinity of these nutritive substances cannot be active in a cure by the same, since their *bio-chemical* affinity is weakened by the stronger affinity to the cause of the disease. Hence higher potencies of the remedies of Schuessler will accomplish more than less triturated larger doses in order to gain a stronger physical action.

It is an irrational procedure to try to replace anorganic nutritive substances by greater ingestion of the same, since they are already amply existing in the common food in a more assimilable form.

THE CONTAGIOUSNESS OF PULMONARY CONSUMPTION AS TO THE MARRIED.

I. BURNEY YEO, M. D.

It seems certain that the communication of consumption from wife to husband, even among the class in which the conditions of life favor to the utmost the communication of contagious disease, is very rare; while it would seem that communication (assuming, for the sake of argument, the disease really was communicated) from husband to wife is more frequent.

Dr. Hermann Weber brought the subject of the communicability of consumption from husband to wife before the Clinical Society, and in his paper states that he possesses the history of "sixty-eight persons, male and female, who, with a more or less pronounced consumptive taint, have married healthy partners. One or several of the partners of ten out of these sixty-eight cases became consumptive. The question, however," he says, "takes a different aspect if the originally tainted husbands and wives are considered separately. Of the sixty-eight persons, thirty-nine were husbands, twenty-nine wives. Only one of the husbands of the twenty-nine wives became diseased, while the wives of nine out of the thirty-nine husbands became affected. These nine husbands lost eighteen wives, viz.: one lost four wives, one lost three, four others lost two each, and three only one each."

One of Dr. H. Weber's cases is certainly very remarkable. A young man, who had lost his mother, two brothers, and a sister of

phthisis, and who himself had twice had hemorrhage from the lungs, had quite recovered, and married at twenty-seven, being then perfectly well. His first wife was in good health and came of a healthy family. She died of consumption after her third confinement. The man shortly married again, an "apparently healthy woman," and this second wife, after a year of married life, died of "galloping consumption." He again married a healthy young woman of twenty-five, belonging to "an exceptionally healthy family." During her second pregnancy she developed symptoms of phthisis, which run a rapid course, and ended fatally in about eight months. Undaunted, this man married a fourth wife, a perfectly healthy woman of twenty-three, of healthy antecedents. Three months after her first confinement she began to show symptoms of phthisis, and, notwithstanding two sea-voyages, died after nine months, with tubercle in liver, spleen, and in the intestines, as well as in the lungs. Though the husband of these four wives, who was a sailor, remained in apparently good health, physical examination revealed the existence of morbid changes about the apex of left lung. It is possible that the life at sea kept his disease in abeyance, for, when he had to lie by on account of a severe fracture, the disease became active, and he died of consumption within two years.

In Dr. Weber's second case, three wives in succession of a consumptive husband died of phthisis, the husband ultimately dying of that disease. The disease in the wives appeared during pregnancy or soon after delivery. The same story is repeated, with but little variation, except as to the number of wives, in Dr. Weber's seven other cases. Altogether he had observed thirty-nine diseased husbands, and the wives of nine of them became consumptive after marriage; but, as several of the diseased husbands married repeatedly, it would appear that, out of fifty-one such marriages, eighteen wives became consumptive after marriage. As a set-off against this, out of twenty-nine marriages between consumptive wives and healthy husbands, only one husband became consumptive. Another noteworthy observation of Dr. Weber's was, that in the infected wives the disease manifested itself in an unusually active, florid form and ran an unusually rapid course, while in the husbands it was chronic, stationary, and apyretic. The fact of the onset of the disease following or occurring in connection with impregnation and utero-gestation, as well as the fact of the immensely greater proportion of wives infected by husbands compared with that of husbands infected by

wives, naturally provoked the suggestion that the latter became infected through impregnation and from the foetus *in utero*, just as constitutional syphilis is conveyed from husband to wife. But there is another hypothesis equally tenable, and perhaps more in accordance with modern research, which is that during the puerperal state the female constitution is peculiarly prone to the reception and cultivation of the germs of infective disease, and, assuming for the sake of argument that the tubercle is propagated through the agency of an infective organism, the puerperal state may supply one of the conditions (such, for example, as we could conceive an increased body-temperature to supply) necessary for its cultivation and spread. —*British Medical Journal*.

DIPHTHERIA AND ITS TREATMENT: HOMŒOPATHIC VIEWS.

AD. LIPPE, M. D., PHILADELPHIA.

We find in a Philadelphia paper the following publication of the proceedings of the Philadelphia County Homœopathic Society:

DIPHTHERIA AND ITS TREATMENT—HOMŒOPATHIC VIEWS.—At the monthly meeting of the Homœopathic Medical Society of the County of Philadelphia, last night, Dr. Martin presiding, there was a special discussion of the subject, "The Treatment of Diphtheria." Dr. C. Mohr, who opened the discussion, said that he had, in his experience, had seventeen cases of the disease under treatment at one time, and of that number two had died. He had used various applications, but had come to regard the Chlorinated Lime and Alcohol with most confidence. The latter, he thought, was the most efficacious agency that could be employed in destroying the bacteria, or micrococci. As to the cause of the disease, he believed it to be a blood poisoning, and that the bacteria are the result and not the source of the disease; but that, even if the germ theory were correct, no general germicide or parasiticide need be looked for, as each case, even then, must be individualized and treated with remedies specially suited to itself. In reply to questions, Dr. Mohr said that he used the Alcohol as a gargle, with a ten per cent. solution in water, and when a child was too young to use it in that way he applied it with a camel's hair brush.

Dr. Morgan remarked that he had used Aconite and Belladonna with uniform success in diphtheria while practicing in Alton, Illinois, but found less happy results from the same remedies upon removing to Lebanon. He also had found that Permanganate of Potash was used with excellent effect in cases where the false membrane was yellow, while it utterly failed when there was a white membrane, and that Phylolaca was efficient in cases with white membrane, but not so much so in cases where the membrane was yellow.

Dr. Guernsey, who was detained by illness, sent a written communication, which was read, and in which he recounted the details of a severe case, in which Bromine in a dry form, and afterward Lactomenim [Lac. caninum?] had brought about a rapid and complete cure.

Dr. Dudley, referring to some observations previously made on the use of mercurial remedies, said he had employed the red Iodide of Mercury almost uniformly in cases of diphtheritic sore throat and true diphtheria, and had almost always had good results. He had never seen a case of laryngeal diphtheria follow its early administration, and, what was more, could count on the fingers of one hand all the bad cases of diphtheria he had ever had. He attributed to the Iodide of Mercury (red) the virtue of nipping the disease in the bud.

Dr. Allen, of Frankford, said he had found the Kali-b. quite a specific this winter in diphtheria, though it had failed in former epidemics of the disease.

Dr. Martin had found reasons for relying more upon Belladonna, in conjunction with the Alcohol treatment, than upon any other remedy for this disease, and related the circumstances of an apparently hopeless case in which it had been successfully used by him.

A paper sent by Dr. Neidhard was read by Dr. Wilcox, in which the former after speaking of the disease and its nature, recommended Chlorinated Lime as a specific, the Lime to be used internally, and as an external application, with Gum Arabic to disguise its offensive taste when administered internally.

Several physicians present participated in the further discussion of the subject.—*Public Ledger, February 9th, 1883.*

Comments: The first question presenting itself is, What was the motive of this publication? Were the good people of the City of Brotherly Love to be informed *officially* what were the true homœopathic views about diphtheria and its treatment? Was this official communication made by order of the County Society with the full knowledge that a general consent by all homœopaths in the city or in the country could not be given to the views expressed? Has not this publication stultified the men who desired to parade themselves as exponents of true Homœopathy?

The gentleman who opened the discussion declares that he had at *one time* seventeen cases of diphtheria under treatment, and only lost two of them. There is probably not one physician in this city who ever had seventeen cases of diphtheria on hand at one time; some men of extensive practice do not see seventeen cases of true diphtheria in a year; some have not even seen seventeen cases in five years. This gentleman believes, as do most medical men of all schools of medicine, that the bacteria are the result, not the cause, of the disease; if that is so, why does he want to kill them with alcohol? Where is the logic? Where does he find it sustained by

any teachings of the homœopathic healing art? The *recovery* is quite possible if the bacteria are destroyed by alcohol, but a *cure* is not quite certain; while a permanent, mild, and safe cure is a positive result if the case, even of very malignant diphtheria, is treated in every sense homœopathically. He first says that he had come to regard the chlorinated lime and alcohol with most confidence, and later he falls out of his text and utters a homœopathic sentence—each case must be individualized and treated with remedies specially suited to itself. When and under what circumstances does he find the individualized indications for chlorinated lime and alcohol? Pardon, sir!—the indications given by this homœopath is “most confidence.” An elegant phraseology indeed—first generalize on “confidence” and then play the homœopath and recommend individualization! Such is the lack of consistency and logic paraded before the public in “newspapers.” The next speaker declares, what everybody knows, that the remedies indicated in one epidemic at a certain time and in a certain place may not be the specifics for the similar form of disease at another time and in another place; he gives two indications, permanganate of potash where the membrane is *yellow*, and Phytolacca where it is *white*. Remember the keynote, and prescribe for *one* symptom—that is science. Next we had the relation of a case in which Bromine was given or used in a dry form, and afterward “Lactomenim.” [Lac. caninum?] We hope to see this case published in a journal.

The next speaker sends speaker No. 1 high and dry; says he could count on the fingers of one hand all the bad cases of diphtheria he ever had. Speaker No. 1 had seventeen at one time! This gentleman's great remedy is the red Iodide of Mercury.

Next comes a gentleman who informs us that he found this season Kali bichr. almost a specific, although in other epidemics it had failed him. Fine talk indeed! What were or rather what are the indications for Kali bichr.? Or is it proper and right for a healer to use this or the other remedy empirically without indications? Does not the blind hen find a little grain sometimes?

The next man stated that he had reasons for relying upon Belladonna in conjunction with the alcohol treatment, and makes good the assertion of his discovery by relating one *desperate* case.

To crown the ridiculousness of the former declarations, a paper was read by another discoverer, who calls himself a homœopath—in spite of all the assertions made by the founder of our healing

art, that the true healer NEVER treats the name of a disease; secondly, that every case is a case per se, and thirdly, that no specific diseases can possibly exist. This philosopher *professes* to have found a specific for diphtheria; he is also the inventor of a specific for yellow fever and for hooping cough. The *specific* for diphtheria, according to *that* authority, is chlorinated lime, to be used internally and externally.

The publication of the above report of the views of the Philadelphia County Homœopathic Society as to the treatment of diphtheria, containing, as it does, sentiments in opposition to the well-known tenets of the homœopathic healing art, was not wise at a time when the opponents of our school, "the allopathists," are diligently collecting evidence to show that Homœopathy, *as taught by Hahnemann*, is extinct; it must also be remembered that the allopathic physicians, as well as a large number of the intelligent public, are fully conversant with the laws governing the homœopathic school of medicine, and while the former receive much desired material, showing plainly the departures from the school, the latter must feel mortified to find some men, who still profess to be homœopathists, go before the public flaunting their individual misconceptions of a school to which they profess to belong, knowing, as they do, that they utter sentiments not indorsed by a large number of honest and consistent homœopathicians.

We now take up the previous question (*Diphtheria and its Treatment; Homœopathic Views*). The homœopathic views of the treatment of diphtheria have been so well expressed in a little work by Dr. R. R. Gregg that we might merely refer to it, but as it is apparent that the members of the Philadelphia County Homœopathic Society recently ventilating their views on that subject cannot be aware of the existence of such a work, and as they have also displayed gross ignorance of the fundamental principles governing the homœopathic healing art and the rules guiding us in applying said fundamental principles in therapeutics, we shall attempt to give a synopsis of them.

The first duty of the healer is to take a true picture of the case to be treated, be it diphtheria or any other disease. We first find the locality, next the kind of affection, the concomitant symptoms, and the conditions under which they appear, just as we are taught in the *Organon*, paragraphs 84 to 104. And that we may correctly apply the *only* law of cure, the law of the similars, we search

among the proved drugs for the similar remedy. The latter is by far the most difficult task. The single remedy and the single dose should always be administered first, irrespective of low or high potencies; that choice must always be left to the individual judgment of the healer, who may be guided by his own experience as well as by the experience of others. One of the great rules is *never* to repeat *that* single dose till its effects are exhausted; the graver the disorder the more disastrous will be the results if that golden rule is violated.

The inventor of the assertion that chlorinated lime is a specific for diphtheria argues that the chemical components of chlorinated lime separately show by their provings that they each cover almost all the known diphtheria symptoms (an error), and, therefore, if chemically combined will cure *all* cases; that compound to be a specific. Just as well might this illogical inventor keep his diphtheria bottle open and add every remedy which anybody recommends as a specific for diphtheria, mix them all up as *the* specific for diphtheria. The law of the similars can never be misapplied in this manner, nor can homœopathists indorse pathological picture-books.

EFFECTS OF QUINIA ON EYE AND EAR.

Clinical investigations have placed the fact beyond doubt that it is not entirely uncommon to see inflammation of the retina or its blood-vessels, and also of the middle and internal ear, following the administration of large doses of this drug. The cases to illustrate this point are too numerous to be explained away, and I believe that argument has ceased against the credibility of the belief that the primary effect of moderately large doses of Sulphate of Quinine is a congestion of some parts of the ear and of the retina. There remain a few who deny that the effects of Quinine are anything but evanescent, but the cases published—first by myself,* and subsequently by Voorhies, De Wecker, Gruening, Buller, Knapp, and others—have finally settled the point that in rare instances deafness and blindness may be caused by large doses of Quinine. Dr. Baldwin, of Alabama, has also published a pamphlet (not at this moment accessible to me), in which he has shown the dire results that have sometimes occurred from the injudicious administration of Quinine, especially in our Southern States.—*Dr. Roosa in Medical Record.*

* Archives of Ophthalmology, vol. viii, p. 392; vol. ix, p. 41.

NOTES ON GENITO-URINARY THERAPEUTICS.

(Continued from page 52.)

APIS MEL.—Renal pains, soreness on pressure or when stooping.

Frequent sudden attacks of pain along the ureters.

VESICAL.—Great irritation at neck of the bladder, with frequent and burning micturition.

Repeated micturition every few minutes all day.

Difficult urination in children.

Incontinence, with great irritation of the parts.

URINARY PAINS.—Burning and soreness when urinating.

Scalded sensation when urinating.

Frequent micturition, with burning.

Burning and stinging in the urethra.

CHARACTER OF URINE.—Scanty, frequent, and high colored.

Red, bloody, hot, and scanty.

Scanty and fetid.

Reddish brown and scanty; after standing becomes turbid.

Scanty, milky, albuminous.

Dark, with sediment like coffee grounds.

Contains uriniferous tubercles and epithelium.

SEXUAL.—Desire increased.

Frequent and long-lasting erections.

Swelling of testicles, more the right; violent itching and redness of scrotum; sore to touch.

Dropsy of scrotum.

CLINICAL.—Strangury, stricture; retained urine, or inflamed bladder after abuse of cantharides.

ARGENT. N. RENAL.—Acute pain in and about kidneys, extending down ureters to bladder; worse from slightest touch or motion, even a deep inspiration.

VESICAL.—Frequent and copious emission of pale urine.

Urging to urinate; urine passes less freely and easily.

Urine passed unconsciously and uninterruptedly.

Scanty and rare emission of dark yellow urine.

Incontinence day and night.

URINARY PAINS.—Urethra is painful, as if closed up.

Sore pain in urethra, even after micturition.

Urine burns while passing, urethra feels as if swollen, with a sensation as if the last drops remained behind. (Alum., Clem., Hepar, Kali b., Thuja.)

(Sensation as if some urine remained in urethra: Agar., Aspar., Ced., Ery. a.)

Cutting pain from urethra to anus.

Ulcerative pain in middle of urethra, as from a splinter.

Inflammation and violent shooting and burning pains in urethra, with increased gonorrhœa.

Stricture; stream of urine divided.

CHARACTER OF URINE.—Urine is dark red; deposits red crystals of urine acid. No albumen.

SEXUAL.—Impotence; erections so weak as to fail when he attempts coition. (Agn., Bar., Calad., Calc., Ign., Nux m., Sep., Sulph., etc.)

Want of desire; organs shriveled. (Penis, Aloe, *Cann. i.*, Ign., Lyc., Merc.; scrotum, Berb., *Crot. t.*, Rhod., Therid., Znc.)

Coition painful; urethra feels as if put on the stretch, or sensitive at its orifice.

Contusive pain (Calc., Dig., Natr. c., Rhod.), with enlargement and hardening of (right) testicles (maybe from suppressed gonorrhœa).

(Testicles hard: *Acon.*, *Agn.*, Alum., *Arn.*, Clem., Lach., Merc., Nux v., Ph. ac., RHOD., Sab., Sil. (r.), SPONG., Strych. (l.).

Priapism, bleeding of the urethra.

Dischargé of excoriating pus.

Ulcers on prepuce, covered with pus; later spreading bowl-shaped, with a tallow coating.

(ULCERS on penis: Ars. hyd., Kali iod., MERC., Natr. c., *Nitr. ac.*, Psor.

— on glans: Ars., Corall., *Nitr. ac.*, Sep., *Sulph.*, Thuja.

— on prepuce: Arg. n., Ars., Caus., Corall., Hepar, *Merc.*, *Nitr. ac.*, Phos., Sep., *Sulph.*, Thuja.

Ulcers on penis, bleeding: MERC. s.

— — — yellow discharge: *Corall.*

— — — flat: *Coral.*

— — — itching: *Merc. s.*

— — — red: *Coral.*, Thuja.

— — — sore: *Merc. s.*

— — — chancre-like: Hepar, Lac. can., *Merc.*, *Nitr. ac.*, Thuja.

— — — deep: *Nitr. ac.*, *Sulph.*.)

PAINS IN CHEST AND BACK.

AMBRA: Lancination in chest extending to the back.

Oppression of chest extending to the back, between the scapulæ; relieved a short while by eating.

BRYONIA: During an inspiration, stitch through to the scapulæ.

CALCAREA: Violent stitches from the thoracic cavity, extending through the spinal column and coming out between the scapulæ.

CAMPHORA: Painful drawing stitches through and between the scapulæ, extending into the chest, when moving the arms, for two days.

CAUSTICUM: Stitches commencing deep in chest and coming out at the back.

COLCHICUM: Lancinating tearing, deep in right breast, through to back.

DULCAMARA: Dull stitching pain in right side of chest, in region of third rib, especially when pressing the part, when the pain went to small of back and extended between the shoulders.

Lancinating pain from middle of sternum to dorsal spine, when sitting; it goes off when rising.

INDIGO: Severe, sharp stitch in the middle of the sternum, passing through the chest, when sitting.

KALI BICHR.: Stitches under sternum through to back.

Pain extending from small of back to nape of neck and shooting through to sternum, preventing him from working for four weeks. Stabbing from third cervical to fifth dorsal vertebra, striking forward through chest to sternum, increased on motion, with inability to straighten the spine after stooping.

LAUROCERASUS: Stitches in chest from back to sternum.

Stitches in sternum, also in middle or in lower part; also extending to back, in evening, during an inspiration.

MERCURIUS: Aching pain inside of sternum, extending through to back, and being even felt during rest, but worse when walking in evening; afterward the place felt painful as if bruised.

When *sneezing and coughing*, between the acts of respiration, he feels a stitch in the anterior and superior portions of the chest, extending through to back; chest feels contracted and squeezed together by the stitch.

NITRIC ACID: Violent stitch in upper part of and within the right ribs, through abdomen and back.

PÆONIA: Throbbing through right chest and extending posteriorly up to nape of neck, where the throbbing terminates in intermittent pinching.

PHELLANDRIUM: Violent stitch through right mamma near sternum, through to back between shoulders, and then striking downward into right side of os sacrum, which is very painful on drawing breath after dinner.

PHOSPHORUS: Cutting from middle of sternum to right scapula, worse during an inspiration, *less* during motion.

RAPHANUS: Pain in chest, particularly when eating and coughing, less when drinking, the pain being of an aching and sticking character, extending from pit of stomach to throat-pit and frequently to back.

RHUS RAD.: Drawing and stitching pain, extending from left side of chest, near nipple, to left scapula, aggravated by coughing, sneezing, yawning, etc.

SILICEA: Stitches in chest and sides (right) through to back.

SPIGELIA: Lancinating pain below left nipple and extending into region of scapula and upper arm, more violent during deep inspiration.

SULPHUR: Stitch from right chest to scapula.

ZINCUM: Stitch in upper part of sternum, extending to left lumbar region, with dread of stooping, early in morning.

Stitches under left scapula, extending to forepart of left region of chest.

HERING'S GUIDING SYMPTOMS.

The fourth volume of this work is said to be in press, and the editors hope to issue two volumes a year until completed.

HERING MEMORIAL VOLUME.

The gentleman in charge of the Hering Memorial Volume announce that it is nearing completion. The biographical portion, by Wm. Furness, D. D., has gone to press.

SOME GROUPS OF DIARRHOEIC SYMPTOMS.

B. F. JOSLIN, M. D.*

These, being Nature's groupings, are of more practical value than those which are formed merely from the *Materia Medica*, without reference to any observation of their actual occurrence in natural disease. The author, like most practitioners, has observed all of them in the latter, and most of them a great number of times. Those who practice accurately, often study to find the remedies adapted to groups; if they recorded and preserved the results of their calculations, the aggregate of those collected by different physicians would form a valuable repertory for general practice.

Acrid and brown stools: *Ars.*, *verat.*

Black and green stools: *Ars.*, *ipéc.*, *merc.*, *phos.*, *sulph.-ac.*, *verat.*

Blackish stools after abuse of *ipécac*: *Chin.*

Bloody, mucous, and fœtid stools: *Lach.*, *merc-c.*, *sulph.*, *sulph.-ac.*

Brown and green stools: *Ars.*, *dulc.*, *magn.*, *magn.-m.*, *merc-c.*, *sulph.*, *verat.*

Brown and watery stools: *Ars.*, *dulc.*, *sulph.*, *tart.*

Brown stools, with nausea from movement: *Ars.*

Clay-colored and frothy stools in diarrhœa: *Calc.*, *rhus-rad.*

Diarrhœa after fruit; with sighing respiration: *Lach.*

— at night, with distention of the stomach and abdomen after meals: *Bor.*, *bry.*, *caust.*, *cham.*, *chin.*, *dulc.*, *kali.*, *lach.*, *merc.*, *puls.*, *rhus-tox.*, *sulph.*

— during dentition; white coat on the tongue; yellowish stools: *Calc.*, *ipéc.*, *merc.*, *sulph.*

— painless and at night: *Ars.*, *bor.*, *bry.*, *canth.*, *cham.*, *chin.*, *dulc.*, *merc.*, *puls.*, *rhus-tox.*, *sulph.*, *verat.*

— with colic and at night: *Ars.*, *bor.*, *bry.*, *cham.*, *dulc.*, *lach.*, *merc.*, *puls.*, *rhus-tox.*, *sulph.*, *verat.*

— with colic and tenderness of the abdomen: *Acon.*, *canth.*, *cham.*, *merc-c.*, *nux.*, *puls.*, *rhus-rad.*, *stram.*, *sulph.*, *tereb.*, *verat.*

— with colic; stools fœtid: *Ars.*, *bry.*, *coloc.*, *ipéc.*, *lach.*, *merc.*, *nux.*, *stram.*, *sulph.*

— with colic; stools green: *Ars.*, *bor.*, *coloc.*, *phos.*, *puls.*, *verat.*

— with white coat on the tongue, and yellow stools: *Amb.*, *calc.*, *ign.*, *ipéc.*, *merc.*, *oleand.*, *petr.*, *phos.*, *puls.*, *sulph.*

* Taken from the work on cholera, etc., of the late Dr. B. F. Joslin.

- Diarrhœa with involuntary evacuations at night: *Ars.*, *bry.*, *chin.*,
lach., *merc.*, *puls.*, *rhus-tox.*, *sulph.*, *verat.*
- with sweat on the face, nausea and stiffness of the neck, and pain
in it when moving it: *Camph.*
- fœtid and green stools: *Ars.*, *cham.*, *coloc.*, *lach.*, *merc.*, *merc-c.*,
nux., *sep.*, *sulph.*, *sulph-ac.*, *tab.*
- fœtid stools, in diarrhœa with colic: *Ars.*, *bry.*, *coloc.*, *ipecc.*,
lach., *merc.*, *nux.*, *stram.*, *sulph.*
- frothy and involuntary stools, in diarrhœa: *Chin.*, *merc.*, *op.*,
rhus-tox., *sulph.*
- green and slimy stools: *Ars.*, *bell.*, *bor.*, *canth.*, *cham.*, *coloc.*,
dulc., *ipecc.*, *laur.*, *merc.*, *nux.*, *phos.*, *puls.*, *sep.*, *staun.*, *sulph.*,
sulph-ac., *tab.*
- green, slimy, and undigested stools: *Ars.*, *bor.*, *cham.*, *nitr-ac.*,
phos., *phos-ac.*, *rheum.*, *sulph.*, *sulph-ac.*
- green, sour, and undigested stools: *Merc.*, *sulph.*
- watery stools, in diarrhœa with colic: *Ars.*, *cham.*, *dulc.*, *lach.*,
nux., *puls.*, *rhus-tox.*, *sulph.*, *k-bi.*
- watery stools, with brown coat on the tongue, and vomiting at
night: *Bell.*, *phos.*, *sulph.*

ON THE USE OF CHLORAL HYDRATE IN LETHARGIC SOMNOLENCY.

J. C. BURNETT, M. D., LONDON.

Those who have watched *old* chloral-eaters may have noticed that they slowly get lethargic, somnolent, and listless. Toward the end of the chapter of chronic chloralism there is a condition of fatty degeneration of a slow, lazy type, and the very mode of death seems peculiar. I have seen a case where the subject of chronic chloralism lay for days a-dying; she was for several days so that it was very difficult to determine whether she was dead or not.

Occasionally one comes across a remarkable case of somnolence, and then the narcotics are to be thought of by the therapist.

I will shortly relate two such cases from my own practice.

No. 1. A lady of about forty-five, stout, fresh-looking, and the mother of a family, was the subject of remark of her friends on account of her lethargy and sleepiness. Her weakness was such that even crossing the street was almost impossible; the weakness

was peculiarly lethargic, a kind of listless heaviness. She was almost constantly asleep; she would get up in the morning after a good night's rest, and even while dressing she seemed compelled to sit down, and no sooner seated but she would fall asleep. This state of things went on for weeks and months, and her allopathic adviser did his best in vain. After she came under my care I tried first *Arnica*, and then *Opium*, with but indifferent success, when all at once I bethought me of the great similarity of the case before me to that of a confirmed old chloral-eater of my *clientèle*.

Chloral in a low dilution cured my patient, and she again became brisk, active, and wideawake.

No. 2. An elderly lady came under my care on April 21st, 1881, for lethargy, languor, and somnolence.

R Trit. 2x *Chloral Hydrat.* ʒ iv.

To take six grains in water every three hours.

May 7th. Under this date I find these notes in my case-book: "Feels a different creature; vastly improved; less lethargic, and decidedly less languid."

She then got the third decimal trituration in lieu of the second, and only two doses a day, and then needed no further treatment, as she subsequently informed me when calling with her husband.

Perhaps some of my colleagues have had similar experience of the use of the great sleep-giver to cure sleepiness.

It is a standing marvel to me how it is that Homœopathy does not carry conviction to people's minds.—*Homœopathic World*.

CLINICAL BUREAU.

CASES FROM MY NOTE-BOOK.

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

CASE III. March 29th, 1882.—G. M., 42 years old, German, grocer; dark complexion, robust, very active business man—keeps a saloon besides his grocery, which, of course, makes him partake of spirituous drinks every day, but is no drunkard. Complains since several weeks of a steady pressure in both regions of kidneys, with pains going along both ureters to bladder, especially when walking and sitting; not when lying down at night. Frequent micturition day and night. Urine very light-colored. He can resist the fre-

quent desire when actively engaged in his business. Feels so sleepy between 8 and 9 P. M.; lasts for one and a half hours, then it passes off. Thirsty; no appetite.

He also noticed recently an *undulating pain between right eyeball and roof of orbit*. Sexual weakness. (The symptom in italics, which was the latest, and certainly a very peculiar one, was searched for at once and found on page 78 of Berridge's excellent *Repertory of the Eye*, under Platinum.) After carefully comparing its provings according to Allen's *Materia Medica* with the symptoms of our patient, it was prescribed as follows: R Platinum³⁰, eight powders night and morning.

April 3d.—Pressure in both kidneys better. Micturition much less frequent. Once in a while some pains down the ureters. Sleepiness at 8 and 9 P. M. is better. Yesterday he had *considerable pain in left eye of the same character and in the same place* as he had experienced in right eye, from which it has disappeared entirely. (This is the first time that this pain has been produced on left side.)

Since yesterday feels very bloated and bowels have not moved. He felt so uneasy that he took a dose of Sulphate of Magnesia, which operated on him once this morning. Gave him a good lecture and R Sacch. lact.

April 6th.—Feels good in every respect, but bowels bother him a good deal; movements very hard, and there is a continuous, unsuccessful urging down to rectum, which, however, seems to be hermetically closed.

Rectum continues to pain. Bad taste in mouth. R Nux vomica^{cm}, four powders, night and noon.

April 11th.—Reports stool every day, but had to start them by an enema. Bad taste in mouth, especially mornings; tongue coated light-yellowish. Back does not feel all right yet. A few days ago, while stooping, he felt a sudden stitch in back, which is repeated every time he gets into this position. Sometimes very hungry, so that he feels faint. All other symptoms gone. R Sulphur¹⁰⁰⁰, one dose and placebo. Felt soon better and remains well ever since.

CASE IV. May 1st, 1882, Mathilde K., 7 years old, blonde, blue eyes; had, four weeks ago, pleuritis exsudativa dextra, which got apparently well under two doses of Belladonna^{cm}—at least parents failed to report until to-day, when I was called to see her again.

She complains of pain in right chest; worse when coughing; has

to press her hand there. Cannot lie on painful side, which is also tender to touch. Right side of thorax is drawn in, so that the child walks leaning toward that side. Spinal column bent—convexity pointing to healthy side. Ribs turned up and almost overlapping each other, like shingles on a roof. Dullness on percussion of entire right lung. Auscultation shows no respiratory sounds at all, except high up under the shoulder-blade and in front in infra clavicular region, where there is bronchial breathing.

Very feverish to-day. Skin hot to touch, face, lips, and hands cyanotic. Difficult breathing. Short, dry cough, excites sometimes vomiting and suffocates her. *Bowels constipated*; if they move they are *very hard* and *smell very offensive*. Appetite not good, *desire for bread*. Urine is voided *only once a day*, and after *long straining* and in small quantity. *Strong-smelling perspiration* about head, neck, and on chest.

(Prognosis in cases like this, where the lung remains compressed after the pleuritic exudation has been absorbed, is very unfavorable, according to allopathic authorities. Patients will die of anasarca, caused by over-taxation of right heart and degeneration of kidneys or of consumption.)

Now let us see what pure Hahnemannian Homœopathy can do! R *Silicea*^{cm} (Swan), one dose, and *Sacch. lact.*

May 4th, 1882.—The same night following the above dose she had a very severe chill, followed by high fever, since then no fever; cough is looser. Bowels moved to-day, dry, reddish, and smelling badly. Urine is voided oftener and in greater quantity. She still asks for bread; all other symptoms the same. R *Sacch. lact.*

May 14th.—Appetite is somewhat better; still there is the same desire for bread; bowels the same. She cannot bear any cold air; complains a good deal of chilliness. Cough very dry again. She says "there is something turning around in my stomach" (abdomen). Abdomen very tender to pressure; function of kidneys better. R *Silicea*^{cm} (Swan), one dose, and *Sacch. lact.*

May 25th.—The same night after receiving the dose of *Silicea* a very high fever set in, which lasted for two days. This was followed by a continuous improvement, without any further disturbance until the 1st of August, when I saw her the last time. There was then no symptom of disease left. The right lung had expanded to its normal size, and auscultation and percussion the same as in healthy side. Curvature of spine had entirely disappeared and the child was discharged as cured.

CLINICAL CASES.

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

(1) *Lachesis in carbuncles*. May 22d, 1876.—About a week ago Mr. S. applied an ointment to a slight eruption on right tibia; erysipelas, with pustules, ensued; then the affected part of the leg became swollen *bluish-red*, and discharged pus from several holes, presenting the appearance of a large carbuncle, with itching. *Lachesis*^{cm} (Fincke) every three hours.

May 23d.—Less inflamed; continue medicine.

May 26th.—Better; less itching, but still blue; continue medicine.

June 1st.—Has steadily improved. For the last few days has taken *Lachesis*^{mm} (Bœricke) every four hours. Carbuncle now healing, less blue, looks red around edges; a core has come out of the holes. Continue medicine.

June 7th.—Much better. The carbuncle has now become an open wound, which is healing. Stop medicine.

June 30th.—Wound healed. Can bear pressure on it.

April, 1877.—No return of symptoms.

(2) *Kali carb.* Jan. 24th, 1876.—Miss B. complained that for thirteen days she has had an enlarged gland in right axilla, with aching, burning pain in it and also shooting to ends of right fingers, to left hypochondrium, to inner edge of left scapula, and to left breast; the enlarged gland itches. Guided by Jahr's German *Repertory* (vol. ii, p. 963), I selected *Kali carb.*, and gave a dose of 4M (Jenichen) three times a day.

Jan. 26th.—Better since yesterday; itching still; the pain lessened on evening of 24th, and is nearly gone to-day. Swelling gone. She took the remaining five or six globules, a dose morning and evening, and in two or three days was quite well and remained so. Probably one dose would have cured the case.

Will any adherent of the pathological school explain the pathology of the above case and point out on pathological principles why *Kali carb.* cured, and also show, if possible, how I could have made a better cure by forsaking the rules of Hahnemann and prescribing according to the more "scientific" (!?) Hughesian method?

(3) *Hydrophobinum*. Miss S. has had yesterday and to-day constant desire to urinate *on seeing running water*, urinating only a little at a time. At 12.40 P. M. I gave her one dose of *Hydrophobinum*^{cm} (Swan). Within an hour she was much better, and soon recovered.

This case, which verifies several similar ones recorded in our literature, proves that the symptoms produced by a crude disease-virus may be incorporated with the provings and derived symptoms of the corresponding dynamized nosodes, as Hering has done in two cases of *Anthracinum*, provided we can ascertain that the symptoms are really due to the virus alone, which is not always an easy task.

(4) *Belladonna in toothache*. Mr. W. for fourteen days has had pain in first left upper molar, *suddenly coming and going*, dragging downward. During the pain he is sleepy and low-spirited. The pain is paroxysmal, lasting about ten minutes, with intervals of about twelve hours on an average. He has now (11 P. M.) just recovered from an attack. I gave him a dose of *Bellad.*^{dm} (Swan's fluxion), and told him to repeat the dose after each attack. During the next day had a slight attack morning, afternoon, and evening; during the next a slight attack morning and afternoon. After this, no return of the pain. Took only two doses. He told me that this cure had impressed him with the power of homœopathic remedies more than anything he had ever before experienced.

(N. B.—By "Swan's fluxion" I mean some very high potencies prepared by using a *continuous* stream of water *from first to last*, and not by potentizing on a fraction of a drop, as described in *The Organon* as his later method.)

(5) *Mercurius in ulcerated throat*. December 15th, 1875.—Miss C. caught cold on evening of 11th. Sore throat commenced on 12th. Has now pricking in right side of throat on swallowing anything; right side of throat feels swollen, hot, and dry; right tonsil inflamed and ulcerated. Pulse, 108, weak and intermittent. *Cold air hurts throat*. Tongue thickly coated, white. *Merc. vivus*^{10m} (Fincke) every two hours.

Dec. 17th.—Very much better. Tongue cleaning at edges; stronger; throat better; swallows better. Continue medicine every three hours.

Dec. 18th.—Throat well; tongue white only in centre. Stop medicine.

Dec. 20th.—Quite well, except that the appetite is not quite so good as usual.

(6) *Mercurius in vaginitis*. Nov. 15th, 1875.—Miss S., æt 40. For seven days burning, throbbing, and itching in vagina and external genitals, especially the latter; worse on left side. For some weeks numbness down left leg. For three months swelling in hypo-

gastrium. Abdomen swollen and feels hard internally. Yellow discharge from vagina. On mucous surface of genitals, reaching as high up as she could see, and on the external parts, especially near urethra, are whitish patches like aphthæ, and when they are removed a red, raw surface is left, uneven to touch, and with little red elevations on it. The throbbing is relieved by lying still. The burning is worse from cold and from washing, especially cold washing. For a week has not been able to go to closet on account of the draught of air increasing the pain, but had to use the chamber utensil instead. The throbbing, burning, and itching are worse if she thinks about them, and thinking about the pains also makes her want to urinate. Menses delayed a week, and previous to their last appearance delayed eleven months. For seven days the contact of the urine has made the parts burn. For four days thrill in urethra when the urine passes.

According to the characteristics given at p. 572 of Guernsey's *Obstetrics*, I selected *Mercurius vivus*, and gave a dose of 10M (Fincke) every three hours.

Nov. 16th.—Better after second dose. Menses appeared *after* the improvement had commenced. Continue medicine.

Nov. 17th.—Still better. *Mercurius vivus*^{mm} (Swan's fluxion) every three hours—the first dose at 5 P. M. I gave a high potency because the 10M, though it relieved, did not act with that rapidity which I had almost always found high potencies act on this patient. All the evening after this first dose of the higher potency was quite free from pain, and had only the itching; she did not feel such marked relief from 10M. Took another dose at 11 P. M. and felt pretty well all night.

Nov. 18th.—Took another dose at 10 A. M. To-day, costive. At 1 P. M. no throbbing; slight return of burning; less itching; scalding of urine decidedly relieved; swelling of abdomen continues. Menses continue. Less aggravation from cold air when at stool since the higher potency; thrill in urethra gone; numbness in left leg still; says the last potency has done her more good than the former. As she understood Hahnemannian Homœopathy, far better, indeed, than most "physicians practicing Homœopathy," I gave her some more globules of the higher potency to take if needed.

Feb. 1st, 1876.—Sent me the following report: The acute symptoms all ceased, returning in two days, though less severely, ceasing again without repetition of the dose. On Nov. 25th, they returned

and did not decrease again as before, so she took another dose of the higher potency, which removed them completely. After the last dose the swelling in hypogastrium and the swelling and hard feeling in abdomen gradually ceased, disappearing later than the other symptoms; the numbness of left leg ceased after the higher potency, but before the last dose was taken; the discharge was also relieved. Up to to-day there has been no return of any of the symptoms except that a slight discharge continues. As she subsequently had to take other medicines the effect of *Mercurius* on the discharge was complicated, but from the relief it gave I believe it would have cured it.

Comments: (1) Hahnemann recites (*Organon*, 287, note) that the higher the potency, the more rapid and penetrating is the action. This case verifies his statement, the MM potency did far more than the 10M. I have seen *Phosphorus*^{mm} (Fincke) rapidly relieve a cough after CM (Fincke), given for two days, had done nothing. In a chronic case, where *Sulphur*^{2m} (Jenichen) and CM (Fincke) had done nothing, successive doses of MM (Boericke) and 10MM and 20MM (Swan's fluxions) greatly relieved, the completeness and duration of the relief being in proportion to the height of the potency. These are *facts*, which the sneers of those who fail because they do not know how to select their remedies can never overthrow.

(2) This case also verifies Hahnemann's teaching—that in a truly homœopathic cure symptoms disappear in the inverse order of their appearance.

(3) It confirms, also, some of Guernsey's key-notes, and adds some important clinical symptoms for future verification, especially with regard to the mental conditions.

(4) The aggravation of the pains from cold air is a new symptom, which I cannot find either in the provings or recorded clinical experience; but it is analogous to the similar aggravations of throat symptoms, also not in the provings, but given by Boenninghausen, and verified by myself in the preceding case. This shows that a perfect Repertory or Materia Medica must contain *collectives* of conditions, etc., that we may select our remedies by analogy when necessary.

(5) When the symptoms, having ceased, returned with less severity, the patient did right in not repeating the dose. Had she done so, an aggravation might have occurred. When, however,

they afterward returned in the same form, *and persisted*, the dose was repeated with benefit.

(6) The relief of the acute symptoms *preceded* the re-establishment of the menses, though they had existed exactly the same time. This shows that it was a homœopathic cure. Had they disappeared in the reverse order, it would have shown that it was merely a natural recovery.

BOOK REVIEWS.

THE DISEASES OF CHILDHOOD, WITH THERAPEUTIC INDICATIONS. By Prof. B. F. Underwood, M. D. Pp. 216. New York: A. L. Chatterton Publishing Company. 1883.

Prof. Underwood's book is a valuable one. The descriptions given of the various diseases are brief, but in the main very clear. The indications for treatment are numerous. We are glad to see prominence given to the homœopathic treatment of these diseases, rather than to the pathological theories and vagaries of the allopaths.

The worst prescription in the book is one for diphtheria, on p. 157, and reads thus: "*Calcareæ chlor.*—Five to fifteen drops of Liq. calc. chlor., in one-half glass of water, given in teaspoonful doses (Dr. Neidhard)." This is a dangerous (because useless and empirical) prescription, based on the *ipse dixit* of Dr. Neidhard.

There is no specific remedy for "diphtheria," no successful "germicide." Calc. chlor., or Merc. cyan., has about as much right to such a claim as the famous "Occidental" remedy now so widely advertised as a great, never-failing cure for diphtheria.

There are a few other empirical prescriptions recommended in the book. But, on the whole, we think Dr. Underwood has given us a good book.

There are also a few typographical errors. In several places (pp. 8, 12, and 167) we see *aurum try.* for *arum tri.*, and we presume the *Veratrum viride* mentioned on p. 148 is intended for *Veratrum alb.* We do not remember ever before reading of *antimony tartar!*

HAHNEMANN, THE FOUNDER OF SCIENTIFIC THERAPEUTICS. By R. E. Dudgeon, M. D. Pp. 112. London: E. Gould & Son. 1882.

Some years ago the project of having an annual lecture delivered before the "London School of Homœopathy" was originated. The first "Hahnemannian Lecture"—as they are called—was delivered by Dr. Burnett; subject, Hahnemann as a Man and Physician. The second, by Dr. Hughes, discussed Hahnemann as a Medical Philosopher. In delivering this, the third lecture, Dr. Dudgeon considers Hahnemann as the Founder of Scientific Therapeutics.

After giving a brief history of medicine in its earliest days and at Hahnemann's time, the lecturer proceeds to narrate Hahnemann's experiments and the law he based on them.

The learned lecturer evidently believes only in a crude kind of Homœopathy—the *rule similia*, the single remedy, and the small dose. He prefers the teaching of the beginner to that of the experienced savant! We quote some sentences to show the evident bias of the book: “Fortified by his (Hahnemann’s) nine years of diligent experimentation with medicines, in order to ascertain their pathogenetic powers, and his equally long trials of the curative powers of medicines given on the *similia similibus* principle, he felt himself justified in declaring this therapeutic rule to be of general application, and the use of palliatives to be limited to tiding over temporary difficulties, such as apparent death from freezing or asphyxia and hysterical convulsions” (pp. 27 and 28).

Again, “A consideration of Hahnemann’s writings during his period of banishment in Cœthen forces on us the conclusion that his expulsion from Leipzig was an unmitigated misfortune for Homœopathy. It was during this period that he introduced all those surprising doctrines that have rendered his system so repugnant to the intelligence of educated physicians. He then abandoned the safe and sure path of observation and experiment for the hazardous and unprofitable way of speculation and hypothesis, the folly of which he had previously demonstrated. He adopted the hypothesis of diseases being a derangement of the vital force; of the spirit of a medicine being liberated from the matter; of the increase of power of medicine by trituration and succussion; of the origin of chronic diseases from three fixed miasms; of the antipsoric power of certain substances, and of a certain dilution being the appropriate dose for all medicines in all diseases.”

These quotations give a fair idea of the views of the lecturer. Comment is unnecessary.

THE PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO, EIGHTEENTH ANNUAL SESSION, HELD AT SPRINGFIELD, MAY 9TH AND 10TH, 1882. H. E. Beebe, M. D., Secretary.

These proceedings are given in a neat volume of 263 pages, and contain very many interesting papers. We are glad to see so many of them are on practical subjects.

Writing on post-partum hæmorrhage, Dr. Eaton thinks it very foolish to lose valuable time in seeking the *simillimum* for the case when ergot can be so readily administered. But suppose *ergot* does not *act*, how then, Professor? The Doctor says we must turn out the clots and give ergot. Of course, the first and most imperative duty is to “turn out the clots,” and also to compress the uterus, but sometimes in a weak, relaxed patient these measures fail. It is therefore better to always give the *simillimum*, and also to assist mechanically.

A story is told about the late Professor Charles D. Meigs, who, when lecturing years ago at the Jefferson Medical School, in this city, on post-partum hæmorrhage, walked the rostrum for a half hour repeating, “turn out the clots,” “turn out the clots,” and then dismissed the class without further lecture, wishing, he said, to impress that one idea upon them.

We are sorry space does not allow our noticing many of the valuable papers contained in these proceedings.

GYNECOLOGICAL EXPERIENCES. A PAPER READ BEFORE THE CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY, SAN FRANCISCO, NOVEMBER 8TH, 1882. By G. M. Pease, M. D.

This pamphlet is very interesting. It shows plainly two things: (1), That Dr. Pease *believes* in Homœopathy and its therapeutics, and (2), that he keeps himself well posted as to the movements of the *enemy*!

A SIMPLE SOLUTION OF THE MYSTERY OF TUBERCLES, ETC. By R. R. Gregg, M. D.

This pamphlet of Dr. Gregg's has been very interesting reading to the writer. Whether or not it *solves* the question of tubercles we cannot say, not being a pathological expert. The question is certainly a knotty one and sadly needs some one to solve it.

NOTES AND NOTICES.

REMOVED.—Dr. E. W. Berridge has removed from No. 4 Highbury, New Park, to No. 48 Sussex Gardens, Hyde Park, London.

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.—Next session will meet at Columbus, May 8th and 9th. Dr. H. E. Beebe is still the efficient secretary, and the Society is prosperous.

EXPOSING HOMŒOPATHY.—A Dr. Herrick delivered recently a lecture on Homœopathy at the Cleveland Medical School. He says: "There is but one medical science, and that is in the regular [homœopathic] school. There is no literature in the homœopathic systems." We often wonder why the allopaths find it necessary to lecture so often upon a school that is "*dead*."

ABOLISH THEM.—The [allopathic] doctors are always discovering some new disease. Let's abolish the doctors.—*Evening Telegraph*. Homœopathic doctors are always discovering some new remedy to cure disease. Let's encourage them.

NO EAR FOR MUSIC.—It is said a medical student declined purchasing Hahnemann's *Organon* because he had no ear for music!

RECOGNITION.—Homœopathy does not need recognition so much at the hands of the allopaths as it does from its own practitioners. When they all recognize and act upon its law there will be no allopaths left to dispute its claims.

FLOATING KIDNEY.—The frequency of this anomaly is greater than is supposed, according to Dr. Skorczewski. Among 1,422 persons examined, he found thirty-five subjects (thirty-two females, three males). In five of these both kidneys were movable. The causes are: pendulous abdomen, disappearance of circumrenal fat, atony of tissues subsequent to febrile diseases, and the pressure of some hypertrophied abdominal viscera. In Dr. Skorczewski's cases there was very often observed coexistence of floating kidneys with malarial hypertrophy of the spleen.—*N. Y. Medical Record*.

THE

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. III.

MAY, 1883.

No. 5.

ADDRESSES TO ASSOCIATED BODIES.

P. P. WELLS, M. D., BROOKLYN.

It has been the endeavor of men holding similar views in matters of science, religion, or politics to give additional force and currency to those views by the power of association. They have gathered in bodies, that by this power they might aid each other in attaining increased knowledge of the principles they advocate, and gain, as in practical medicine, increased facilities in their administration in the practical duties of healing. Such associations may have power for good when, as bodies, they confine their endeavors to the legitimate objectives of their being, and not otherwise. Outside of these their utterances have only the force of individual opinion. The same is true of the utterances of their executive officers. When these leave the objectives of the association, they cease to carry with them more than the individual character of the speaker or writer, and cannot wield the authority of that body, the official head of which the speaker may chance to be at the time. His *opinions* are his own and not necessarily those of the association at all. This should be borne in mind when we read addresses of presidents of institutes or of societies. They are of no authority as enunciations of the embodied opinions of those to whom they may have been speaking. They are often found to be far from the philosophy accepted and practiced by the body addressed.*

* At the meeting of the American Institute in St. Louis in 1868, several of the members expressed the opinion that they had listened to addresses

In a late number of the New York *Tribune* is found what purports to be an address by the president of the New York State Homœopathic Medical Society, delivered to its members assembled at Albany in its annual meeting, February, 1883. It is our purpose now to look into some of the utterances of this address and see, if we may, how far they will bear examination in the light of homœopathic law, experience, and duty. It will be remembered this society is supposed to be a homœopathic society—*i. e.*, a society founded on homœopathic law, and its members are, by the fact of their membership, supposed to profess allegiance to that law, and its president, by his official position, to be giving impulse to confidence in this accepted law, and helping by all his powers to its more perfect understanding and to a more complete comprehension of its requirements when applied for the cure of the sick. These are supposed to be chief objectives of the society and its president in their associated organization. We shall endeavor to see how far some of these utterances of the president tend to attaining these objectives. He says :

“The dead past we have buried. The living present, with all its truths increased intelligence, methods, and appliances, is ours. In becoming homœopaths we have never yielded our rights to use any or all of these * * * as our patients shall * * * require them for their comfort or cure.”

The trouble with the writer of this paragraph, it would seem, is that he has not yet become a homœopath, and judging from this and some other paragraphs of this address, he has no very clear notion of what is involved in becoming one. The homœopath is supposed to have accepted God's law of healing as the basis of the only known science of therapeutics. Being God-given and God-enacted, the homœopathist may be supposed to have found it, in practical duties and results, so far superior to all mere human imaginings of methods or means of cure (“increased intelligence, methods,

enough on such occasions as that at the meeting at which they were then present, and the result was Professor Ludlam, of Chicago, moved, and the writer of this seconded, a resolution to dispense with addresses from presidents of the Institute at future meetings, or to restrict their expressions to discussions of a scientific character—*i. e.*, that hereafter such addresses should be brought strictly into accord with the objectives of the Institute's existence. Has this resolution been repealed? The originators of it thought they had listened to enough of such as the members of that body had then hitherto been accustomed. Does the Institute need another constitution?

and appliances") as to have no need of help from these, and that attempts to supplement the requirements of the law by any of these can only be injurious to results possible under a strict administration of our law, if not even destructive of both these and the patient. These attempts, the homœopathists know, can never serve either the "comfort or cure of their patients" when intruded into a genuine homœopathic practice.

Then, as to having "buried the dead past"—this is all a mistake. "The past," the president may be assured, is not "dead," and neither he nor his fellow-members can bury it. It lives in the present, or ought to live and be the teacher of societies and presidents, showing them in the practical history of Hahnemann, Bœninghausen, Stapf, Gross, Haynel, and a host of others, that all twaddle about the right to use "means and methods" outside of those required by an intelligent administration of our law are only hurtful impediments to best success in healing, and are never called for to secure the best "comfort" and safety of patients. It is only too evident this "past" has never been studied or has been all too early forgotten, or we should have less of this prating of "liberty" and "palliation" outside of law, in our society addresses and discussions. The "past" is not "dead," only forgotten where it should be remembered. It is not dead, but living and eloquent in its instructions and rebukes of all such inculcations of practical heresies. It should never be forgotten that our school of practical medicine is a school founded on law. Law knows no "liberty" of violating its enactments. Law knows no liberty but the liberty of obedience. "Liberty of opinion!" Who has the liberty of an opinion which violates divine law? And who in all the universe could be benefited by such an opinion, if such were possible? Those who claim the right to such an opinion have never come under the dominion of law. The right they claim is only the right of transgressors, which is only the right of punishment. These have never "become homœopathists."

"In regard to the resolution offered by the 'regulars' last year, * * * we hailed it as a good omen. * * * We knew that we could do them good in the department of the practice of medicine to which for half a century we had especially devoted ourselves."

It would be interesting to know just how we were to do them good, we being the subjects of law and they repudiating all law. How we could do them good, except it should be by going outside

of law, is certainly not very clear. And how this treason to law on our part is to help them is not more obvious. There is no way perceptible in which a disciple of law can help the repudiator of law, except he abandons his antagonism of law and comes voluntarily under its light, teachings, and authority. We have seen no evidence that these old-school "regulars" were in any haste to do this. The expectation of being able to help these worthies on any other foundation would seem to be baseless, and on this to be possible only with the extra hopeful.

"And then they could be of service to us in the various departments of surgery, pathology, hygiene, and climatology."

How help us? Are we ignorant of these knowledges that we require to be taught by our enemies, who affect to hold us in so great contempt? If we be so ignorant, then there is no doubt we have abundant cause for shame. The defect should be cured. But there is certainly a pleasanter way out of our disgrace than a resort to these long-time revilers of our philosophy and slanderers of our professional character. Was any suggestion ever more humiliating? If any of our school feel in need of this help we have no hesitation in saying he should either get out of his disgrace or out of our school.

"It is an entire fallacy to assert that a consultation cannot be held with a physician holding diverse views from your own without a compromise of your position or a sacrifice of your honor. That is, if the consultation be intended to advance the interests of the patient."

This will depend very much on the nature of the "*diverse views.*" If they chance to be the exact opposites of each other, as in the case of philosophy and practice founded on law on the one side, and on the other on utter rejection and disregard of all law, the very idea of a consultation between the two, "to advance the interests of the patient," would seem to be stupid and absurd to the last degree, there being in the therapeutics of the two supposed consultants no common ground in all the domain of common sense on which both can stand. This is not a question of "compromise of position" or "sacrifice of honor," but of a sacrifice of self-respect and common sense in the proposed "compromise" precedent to the supposed consultation. This is how an old-school physician talks and illustrates this matter of consultations between members of his school and ours,* and we do not see why his talk is not quite reasonable.

* Daniel Brown, M. D., New York city.

“If the homœopathists have principles of practice they should be laid down in their authoritative works, such as the *Organon*. Let us suppose a patient to have peritonitis. His homœopathic doctor is willing to consult. His wife, we will suppose, is sufficiently frightened to lay aside her love for those dear little bottles and try one of those horrid old-school men. Now, suppose I consent to go. There is no question of diagnosis; that point is settled before I get there. What the patient wants is the best remedies to relieve the excruciating pain and to cure. The ‘aids of physiology and pathology,’ as well as experience, teach me a plan of treatment that is directly contra-indicated by homœopathic books and principles. I do not believe the patient can get well without opium.* The other doctor believes that he can. We have a quarrel. I want my fee, and the patient gentlemanly pays it; but for what? Did he get value received for his money?”

How could the farce result otherwise, the two worthies having no common ground on which to stand. The doctor may be assured the “homœopathists” have principles of practice laid down in their “authoritative works,” and plenty of them, and these are just what is the matter which gives the character of a farce to these much talked of consultations. And just here the question may not be impertinent—would it not have been as well for our old-school enemies, before talking so much for and against consulting with homœopathists, to have informed themselves whether homœopathists would consent to a consultation with *them*.† It is barely possible they might thus have discovered the repugnance to entering on this duty is not confined to their own side. It certainly is possible that there may be those in the homœopathic ranks who have as clear a perception of

* Dr. B. may be assured by one who has had more than forty years of practical experience and proof of the fact that peritonitis can be cured without opium, and better, much better, without than with. And more than this, after a comparison of the results of this forty years’ dealing with this disease, with homœopathic remedies only, with his seven years with allopathic means only, he has no hesitation in saying peritonitis is more *certainly, speedily, and perfectly* cured by the *rightly selected and rightly administered* homœopathic remedy than by opium, or than by any or all other allopathic means together. We make this statement in view of a not very limited experience of the fact, both in our own person and in that of many patients. We know this the more certainly, having passed through the treatment of both methods.

† One is strongly reminded by this so largely one-sided talk of the story told by Fred Douglass of a very earnest but not over-refined would-be friend, who, after one of Mr. Douglass’ brilliant speeches, came to him on the platform, and shaking him heartily by the hand, said: “Come, Fred, let us walk down Broadway arm in arm. I am not ashamed!” “He never thought of inquiring whether *I* should be ashamed,” said this eminent orator.

and aversion to the farcical character of this proceeding as themselves. There may be found there such as would not feel themselves greatly honored by this kind of intercourse with their traditional and habitual enemies, and this all the more, as they know, if they need help (and who at times does not?), that there is no lack of *friends* from whom it may be had, who in the matter of intelligence are, to say the least, fully the equals of these, their loud-talking *enemies*. And further says Dr. Brown :

“But Piffard comes to the rescue here, and states they have abandoned those principles of treatment; that they treat diseases just as we do now. * * * If they have abandoned their principles and are simply trading on a name and deceiving the public, it is only a question of honor, and we desire only to protest by our silence.”

If there be those in our ranks who have thus “abandoned their principles” and are thus playing the part of deceivers, they are unreservedly abandoned to all the condemnation and contempt Doctors B. and P. can heap on them, and if this be much these impostors deserve it all.*

And further from the address :

“Even in the treatment of diseases men of diverse views may approach a case and from their different standpoints come to a harmonious mode of procedure. The difficulty of doing this is more apparent than real. In the first place, we use all the drugs known to the old-school physicians.”

We have sufficiently replied to this asserted facility of “*approach*” of those of “*diverse views*,” and, unless we mistake, have shown the absurdity of the claim of the possibility. This absurdity is plain on the face of it, where, as in the supposed case of consultation, the “*views*” are direct opposites of each other. How can opposites approach each other? And the argument for these consultations is not helped in the least by the fact that “we use all the drugs known to the old-school physician.” The difficulty is not so

* Another old-school doctor (Austin Flint, of New York) is reported to have advocated consultations with homœopaths, and to have given as his reason for his approval of them his desire to “come close” to these new-school men, that he “might stamp them out.” No one is likely to doubt the sincerity or earnestness of the desire or the frankness of its expression. But while admiring these, one cannot but laugh at his imbecility as to his object in his approval. His *foot* is not large enough to “stamp out” either God’s law of healing or its loyal adherents. In view of this desire, so frankly expressed, how about the “good omen”? Who will come first to be “stamped out”?

much in the possession or want of drugs as in the principle of their selection and use. And then, though we have and use all old-school drugs, we have and use beneficially many which the old school has not, and of which physicians of that school are utterly ignorant. Now, suppose in a consultation, on homœopathic principles, the case in hand requires for it some one of these unknown agents, how is the ignorance of one of the consultants to aid its discovery, or, if selected by the other, to help its efficiency? Or, in this case, is the homœopathist, who knows, to give up the specific remedy required for the cure in deference to the ignorance of his co-consultant who does not know? Let the advocates of these consultations answer.

And further from the address :

“Our doses can vary from the largest old-school potions to the highest of our infinitesimals without infringing at all upon our law of therapeutics.”

Can they? Then what becomes of the corollary of our fundamental law, in the language of Hahnemann, “the least possible dose,” more recently formulated, “*the minimum dose of the dynamized drug?*” Is there not in this utterance of our president strong confirmation of our early saying, he has not yet become a homœopath? *Most* certainly not much more than is contained in the name, and this is not much. And then :

“The constantly increasing use of our drugs in the cure of disease by the ‘regular’ physicians makes the matter still more easy of accomplishment, *i. e.*, consultation. Hundreds of our drugs are placed in their true relation to disease in allopathic works, through the use they have made of our provings and our works on the practice of medicine. And this process of assimilation of our discoveries is constantly going on.”

We do not see how “the increasing use of our drugs” makes consultation easier, when the difficulty is not in the use of the drugs, but in the utter want of a knowledge of the principles of their right use on the part of one of the consultants. Nor is it plainer how these men can have “placed hundreds of our drugs in their true relation to disease in allopathic works,” when this “true placing” is directed and governed by a law these allopathists reject. Does our president mean to insinuate that our enemies are “*trading*” on stolen wares, and to give this and the false pretense which goes along with this statement as a reason for consultation with them? Will he regard himself or his friends or his fellow-members of the State Society as honored by consultations with thieves?

Our president inquires :

"But can our 'regular' friend be of any use to us in treatment of cases? Well, yes, I presume he may. He understands the methods and appliances of palliative treatment better than we do."*

It must be a queer kind of help a practitioner who moves under the guidance of a divine law, receives from one who rejects this law, and from means which in their nature are in direct antagonism to this law. Is this a further evidence that our president has not yet become very *much* of a homœopathist?

And again :

"There are, of course, cases where our law fails or is inapplicable."

Why "of course," and what kind of cases are these, where God's law "*fails*" or "*is inapplicable*"? Did the maker of this law know what He was about when He ordained it? Did He or did He not know diseases, their nature, circumstances, and conditions, that He should, for want of knowledge or power, leave some outside the domain of His law? Our president may be assured the "failure" is in the administrator of the law and never in the law itself. "Failures" and "inapplicability" are wholly in those practitioners who have not yet become very much of homœopathists; indeed, not so much as they should before attempting the duties of the practical administration of the philosophy and law they profess to believe in and practice. We are, of course, speaking of curable cases of sickness. But for the incurable, even, we have no doubt the greatest possible relief for them is found in the remedy which is *most like*.

Our president says further :

"In such cases we may have to resort to old-school methods, for one cause or another. * * * Our law, far-reaching as it is, has its limitations."

In a homœopathic experience of more than forty years we have never found "*such cases*"—no, not even one, and do not in the least believe in them. In these forty years and more we have never in one instance resorted to "old-school methods" or means, have never seen any need of them, or any case of sickness where there was the faintest reason to believe these could in any way help the most similar remedy, or in any degree show themselves superior to this as

* For a discussion of this matter of palliatives and their relation to homœopathic practice, *vide* Hahnemann's *Organon of Homœopathic Medicine*, and THE HOMŒOPATHIC PHYSICIAN, Vol. III, p. 78.

curing agents. The "*limitations*" are in the *man* who attempts the performance of duties to which he is inadequate, and not in the *law* at all.

In dismissing these extracts from our president's address, we may remark, if they had been met as coming from a private, unofficial source, they would certainly have been sufficiently mortifying, but might have been permitted to pass without comment; but coming from a president of a society so numerous and conspicuous as the State Society of New York, they become a source of humiliation to intelligent homœopathists so great as to justify the most severe condemnation. Indeed, the reading of them could hardly fail of suggesting the question whether we have not suffered enough already from efforts in presidents' addresses to misrepresent, disparage, and belittle and subvert the authority and importance of our fundamental law and its philosophy to allow such addresses to stop? Have we not had enough, and more, of utterances such as we have felt our duty here to comment on to satisfy the cravings of our worst enemies? Our friends—have they not been made to suffer enough already to constitute a valid claim that they be spared in the future the shame and humiliation the past has so liberally heaped on them, and to justify them if now they ask that "*addresses*" may be permitted to stop?

THE IMPORTANCE OF A SINGLE SYMPTOM.

AD. LIPPE, M. D., PHILADELPHIA.

The importance of a single symptom becomes apparent when we detect in a patient a single characteristic symptom corresponding with a single characteristic symptom observed in the proving of a drug. To illustrate this position I will, first, quote a case from my case-book in which an objective symptom indicated the truly specific remedy.

This case was one of very malignant "ship fever." The patient had been sick nine days when I found him in the morning, lying on his back, perfectly unconscious; eyes wide open, glaring, and fixed on the ceiling, pupils dilated; cheeks red and hot; mouth wide open, lower jaw hanging down; tongue and lips dry, black, and cracked; picking of bed coverings; pulse 200. The pathological condition was most certainly approaching paralysis of the brain.

The unconsciousness in this case reminded me at first of Bell.,

Hyos., Mur. ac., Opium, Rhus, or Stram. The eyes indicated Bell., Hyos., Opium, or Stram. The tongue and lips of Ars., Opium, or Rhus. The picking of the bed-clothes of Arn., Ars., Hyos., Opium, or Stram. The hanging of the lower jaw of Ars., Lyc., or Opium. Not being able to select a remedy, I further examined the patient and found that he had passed urine involuntarily all night, but this symptom again left me to choose between Arn., Ars., Bell., Hyos., or Rhus; but upon still further examination I found on the sheet of the patient a large deposit of red sand, resembling brick dust deposited from the urine involuntarily discharged. Here was the objective symptom characteristic of the case and of the remedy. I now concluded to give Lyc., therefore I dissolved six pellets of the 200th potency in half a tumblerful of water, and had a spoonful, every two hours, put into the open mouth of the unconscious patient. When I saw him again, at 2 P. M., I found him with his eyes and mouth firmly closed in a natural sleep and in a very heavy perspiration. He finally recovered fully, and enjoyed perfectly good health for many years.

In this case the single characteristic symptom was a guide in the selection of the curative remedy, but *not* in the diagnosis of the disease. If this single symptom had been a guide in the diagnosis of the disease, it would *not* have been a guide in the selection of the curative remedy.

To illustrate further the position assumed that one single symptom is very important, let us refer to the frequently recurring symptom, "sinking at the epigastrium." This symptom standing alone and by itself is of no importance whatever, neither characterizing a remedy or any abnormal condition of the system. Whether caused by a disturbed condition of pneumo-gastric nerve, or of the uterus, or by nervous depression, the symptom by itself, or the supposed cause, will never assist us in finding the curative remedy.

As far as our observations have been able to enlighten us, this symptom has been successfully removed by the following medicines: Alumen, Ambra, Baryta, Digitalis, Ignatia, Kali carb., Lobelia, Lycopodium, Petroleum, Oleander, Sepia, and Veratrum.

The important single symptom in this connection under Alumen is that the sinking sensation is aggravated after eating, while under Baryta it is relieved by eating. This symptom is on record in Hahnemann's *Chronic Diseases*: "Sensation of weakness in the stomach, which disappears after eating." The important single symp-

tom under Ambra we find thus in Hahnemann's *Materia Medica Pura*: "She must lie down on account of giddiness and a sensation of weakness in the stomach."

Under Alumen and Baryta we find one conditional symptom, the aggravation and amelioration after eating. Under Baryta we find one concomitant and one conditional symptom, the combination of the sinking feeling with the condition of being obliged to lie down.

Digitalis has the characteristic symptom so often confirmed in practice and given by Hahnemann in his *Materia Medica Pura*: "A weakness of the stomach, as if the stomach were sinking away and as if life would vanish." Later it was observed that this sensation of weakness generally occurred "after eating."

Under *Ignatia*, we find in Hahnemann's *Materia Medica Pura*: "A peculiar sensation of weakness in the upper abdomen and in the pit of the stomach;" and "drawing and pinching in the lower abdomen, descending into the rectum like pressing, with qualmishness and sinking in the pit of the stomach and paleness of the face (after forty-eight hours, two days before menstruation)." And again: "Debility, as from weakness (sinking), around the pit of the stomach; he feels qualmish and must lie down."

Under *Kali carb.*, we find in Hahnemann's *Chronic Diseases*: "Pressure in the stomach with rumbling, sensation of emptiness and eructations."

Under *Laurocerasus*, we find pain in the stomach, like fainting; feeling of weakness in the stomach.

Under *Petroleum* we find in Hahnemann's *Chronic Diseases*: "Sensation of emptiness in stomach, as from fasting."

Under *Lobelia*, we find: "Feeling of weakness of the stomach or in the pit of the stomach, extending through the whole chest."

Under *Oleander*, we find in Hahnemann's *Materia Medica Pura*: "Sensation of great emptiness in the pit of the stomach, with a fullness in the abdomen," and it has been observed that this sensation of emptiness in pit of stomach has been relieved by drinking brandy, often accompanied by nausea.

Under *Sepia*, we find in Hahnemann's *Chronic Diseases*: "Emptiness in the stomach (sensation of) with nausea as soon as she thinks of any food that might be offered to her."

Under *Veratrum*, we find in Hahnemann's *Materia Medica Pura*: "Sensation of weakness of the stomach, with an internal sensation of coldness in the region of the stomach and a light pressure."

The importance of a single symptom in connection with this much perplexing sensation of "sinking at the epigastrium," weakness at the pit of the stomach, is very obvious. We find that *Alumen* and *Digitalis* have an aggravation of this sensation after eating; that *Baryta* has an amelioration after eating; that under *Oleander* brandy relieves; that under *Kali carb.* is accompanied by eructations; that under *Ignatia* this sensation has appeared two days before menstruation, accompanied by pale face and qualmsiness, which caused the patient to lie down; that under *Sepia* the sensation was increased by thinking of food. The sensation is strongest in the pit of the stomach under *Digitalis*, *Ignatia*, and *Lobelia*; under *Digitalis* the sensation is so intense that he feels as if life would vanish.

Many cases will be met in practice in which these symptoms are present with the sensation of sinking at the epigastrium; yet, at times, other remedies will have to be looked for to find symptoms corresponding with the peculiar characteristic symptoms of the patient.

A single symptom is all-important if it is the characteristic of the medicine, corresponding with the characteristic symptom of the case to be treated. Inasmuch as we no longer treat diseases, or supposed diseased conditions giving rise to them, but as we treat *patients*, it is no longer our duty to find the single symptom as a guide in diagnosis. It is our task, however, to find the single characteristic symptom both of the patient and of the remedy.

If we first get a clear idea of what constitutes the characteristics of medicines, we involuntarily adapt ourselves to the easy finding of the characteristic symptoms of the patient. The characteristic symptoms of a medicine go through all its pathogenesis like a red streak. We find, for instance, that all the symptoms *Aconite* is capable of producing on the human system, and therefore is able to cure, are accompanied by "anxiety," and differ in the restlessness which is caused by "anxiety" under *Aconite* from the restlessness which is caused by "anguish" under *Arsenic*. *Aconite* has no characteristic pains. The burning and stinging in internal organs, tearing in external parts, and tingling in (fingers, œsophagus, and back) external parts, *Aconite* has in common with many other drugs; if, for instance, a patient complains of tearing in external parts, as in acute rheumatism, yet lies perfectly quiet, afraid to move, and if compelled to move suffers much pain, no experienced physi-

cian, could think of administering Aconite, simply because the accompanying fever indicates inflammatory disease, but he would give Bryonia, if the other symptoms also indicated it. On the contrary, if the patient is very anxious and restless, not afraid to move, but tossing about, which he declares he cannot help, although it increases his pains, no one would give Bryonia, but Aconite, if otherwise indicated.

The "anxiety" of Aconite may be termed a general characteristic, like the "anguish" of Arsenic or the constant aggravation of all the symptoms after sleep under Lachesis, or the amelioration in open cold air under Pulsatilla; the amelioration the cold air alone being equally characteristic of Iodine, or the aggravation at 3 A. M. under Kali carb.

Besides these general characteristics which go through the whole remedy, we observe special characteristics, as under Kali bichr. that all the mucous discharges are stringy, or under Phosphorus that the cough is aggravated in the cold air.

The single symptom, which becomes all-important in a case, may comprise the kind of pains experienced, as under Apis "the burning, stinging pains;" or it may comprise the locality, as wrist and ankle under Ruta; or the direction the pain or disease follows, as from right to left, below upward, from the inside outward, or *vice versa*; or the condition (of amelioration or aggravation), as in the amelioration from heat of Arsenic, the amelioration from cold of Iodine; or from concomitant symptoms, as the great, unquenchable thirst, the great desire to drink large quantities under Natr. mur., or again, the thirstlessness of Pulsatilla.

The single symptom becomes all-important in some well-known diseases, as, for instance, in whooping cough. * * * * Yet the true physician has first to choose the proper remedy, and then to administer it properly if he hopes to be successful in this, as well as all other diseases. The character and peculiarities of the cough alone do not indicate a remedy. It is indispensably necessary to inquire further, and first ascertain at what time of the day the cough is aggravated. What else aggravates the cough? What are the concomitant symptoms? What is the character of the expectoration?

And in this manner it will become apparent that as to time the Drosera aggravation is after midnight; that the cough returning every day at the same hour may indicate either Lycopodium or Sabadilla.

Under the conditional aggravations it will become apparent that if pressure on the larynx aggravates the cough, Cina will be indicated; or that if walking fast brings on or aggravates the attack, Sepia will cure; or that if hasty eating or drinking causes an attack, Silicea will cure; or, with regard to the expectoration, that if the great quantity of mucus which threatens to suffocate the patient is difficult to expectorate, and if raised at all is tough and stringy and hard to detach, etc., Coccus cacti is the remedy.

All these single symptoms become important and will enable the practitioner to select the curative remedy; the name of the disease never will, as no medicine has ever produced or can produce whooping cough, but only a cough similar to whooping cough. The cough produced by Mephitis, for instance, has been very similar to whooping cough, but was not whooping cough and can only cure in those cases where the concomitant symptoms correspond with Mephitis.—*Am. Hom. Review*, 1863.

This paper was written twenty years ago, and after that long lapse of time its author is more than ever convinced of the great importance of the single symptom. The single peculiar symptom, expressive, as it were, of the characteristic individuality of the sick and not necessarily belonging to the form of disease of which he suffers, if also characteristic of a proved drug—becomes very frequently a guiding symptom, will very often lead us to compare the symptoms of the sick with the symptoms of the drug presenting that guiding symptom, a remedy which probably escaped our notice without it, and if the similarity between the symptoms of the sick and the provings of the drug become apparent, *then* and *then only* has this single guiding symptom been profitably utilized. Later on it was claimed that this single symptom, when present both on the sick and in the provings, would absolutely demand recognition and was erroneously termed a key-note, and this erroneous interpretation of the importance of the single symptom opened the way for great and fatal abuses. And now for an illustration: We find, for instance, in that excellent work on Diphtheria by Dr. Gregg, a case of diphtheria cured by Lachnanthes. The indications for the use of Lachnanthes were—the stiff neck the patient had. A cure followed. The deduction from this observation of a cure would be that a stiff neck in diphtheria is a key-note for Lachnanthes in that disease. This is, of course, poor logic, and later experience illustrates it. In a

case of diphtheria we lately published this very painful stiff neck was a very prominent symptom, and the clinical experiment has shown that another case of diphtheria where this stiff neck was present had been promptly cured by *Lachnanthes*, that in the stiff neck following not unfrequently diphtheria and scarlet fever *Lachnanthes* has very often cured it. In the case alluded to, all and every symptom of the patient suffering from diphtheria, also the stiff neck, were covered by *Kali bichr.*, and the stiff neck was cured with the other very grave symptoms of diphtheria. *Kali bichr.* has probably never been given for wryneck before, and now if in a case of diphtheria this stiff neck occurs, we will have to take into consideration the similarity of the other symptoms of the patient, having this guiding symptom to make us compare *Kali bichr.* and *Lachnanthes*. Again, we find under *Lachesis*, as a very characteristic symptom, throat and cough symptoms worse after awaking. The clinical experiment demonstrates that *Kali bichr.* and *Aralia* have the same symptom, and we will now, knowing that this great aggravation after sleeping is not a key-note for *Lachesis*, not be easily disappointed when we carefully compare also other remedies causing and curing this single important symptom. The lesson we are taught is, that a single important symptom *alone* should not be termed a key-note, but a guiding symptom.

VACCININUM.

PROVINGS BY B. FINCKE, M. D., BROOKLYN, N. Y.

1. Mary S., eight years, blonde, blue eyes, plump.

January 23d, 1862, 7½ A. M.—R *Vaccinin*, two globules, 1m (Fincke). After one hour: Aching and heat in whole head, especially forehead. Redness and distention of face, and chill running down back till afternoon.

January 24th.—Restless sleep. Severe pains in left upper arm at the vaccination mark, that she could not raise it, in the morning.

January 26th.—Eruption of small, red vesicles on left upper arm and chest, dying off after a few days.

Remark: This child was vaccinated on both arms when nine months old, and, on account of the health of the child and its parents, the lymph had been taken from the right arm for vaccination of many other children.

2. The same.

February 9th, 1866.—R Vaccinin, 2 gl., 85m (Fincke). Aching in forehead the whole forenoon; some belly-ache; stitch in left side of chest anteriorly under the short ribs.

3. The same.

April 30th, 1866.—R Vaccinin, 6 gl., 85m (Fincke). After a headache, which shortly disappeared, she felt uncommonly well.

4. Anna S., thirteen years, dark complexion; vaccinated, when an infant, on both arms with good effect.

January 16th, 1864, 4 P. M.—R Vaccinin, 21 gl., 1m (Fincke). (Small-pox prevalent in Washington and New York.) After a few hours: The forehead felt as if it would split in two in the median line from the root of nose to top of head, then stitches in right temple. Swelling of the neck under right ear (parotid gland), with sensation like being cut.

January 17th.—Slept well, but symptoms continued yesterday till evening, when they decreased.

January 18th.—Short breath, with aching in pit of stomach. In middle of night waked up by pain in forehead and eyes like split and stinging in both temples.

January 19th.—Puffed red face and red eyes, with small pimples on face and hands; splitting pain in forehead above nose; stinging in both temples; a stitch in hepatic region at margin of last lower rib, axillary line; some short breath, with pressure in region of heart; coffee tastes sour; no appetite; tongue coated, dryish yellow, with papillæ showing through coat; chill with shaking; crying; redness at upper arms, especially on left. The vaccination marks show no change. After lying down profuse perspiration broke out, after which chill, redness, and pimples disappeared.

January 20th.—The same splitting pain in forehead holds on yet; stitch at last lower ribs in splenic region.

January 21st.—Very weak.

January 22d.—Splitting pain in forehead still present; tearing in left thigh downward.

5. Mrs. S., about forty years, dark blonde, gray eyes, widow. Complained of weak eyes, falling out in the forehead like split.

February 20th.—R Vaccinin, 1 gl., 1m (Fincke). After half an hour improvement, especially in eyes. After two hours: Stitches in right side under short ribs in front from right to left and then at corresponding place in left side, but from left to right, lasting five minutes. It was felt distinctly, not in the ribs but deeper inward,

in liver and spleen. The splitting pain in forehead was removed, but not the symptoms of falling out.

6. An infant received a dose of Vaccinin 1m or higher. After awhile a pustule filled with matter, and, with a depression in the centre, appeared on the left shoulder and ran its natural course of desiccation.

The parents, not trusting to this mode of vaccination, had the child vaccinated in the ordinary way about a year after, when it took; and no wonder, for a great quantity of poison was put into the arm.

The opinion that when after the internal administration of Vaccinin in potency the inoculation with the crude virus is effective the insufficiency of vaccination by internal medication is proved is fallacious, because small-pox is not taken by inoculation, but in an unknown, insensible manner, which the internal mode of prevention may nevertheless be potent enough to counteract. Just so you might give a high potency of Hydrocyanic acid for prevention of the fatal effects of a drop of the crude acid afterward given, and expect that death would be prevented by such prophylaxis. The fallacy is palpable.

7. Ernest S., a healthy boy, four years.

April 30th, 1869.—Was vaccinated with an old scab, well preserved in wax.

May 10th.—A small pustule, with depression in centre and red halo developed on left shoulder. The inoculation scratch healed up with an indifferent scab. I took matter from the pustule on the seventh day and vaccinated other children, but it did not take.

For experiment's sake I took some of the scab, which I had the boy vaccinated with, dissolved in a little water, and rubbed it with my finger in his upper arm without making a wound.

May 13th.—The third day after this fever set in, and an eruption all over the body appeared of small pustules, some with a central depression, some brown. One on the left shoulder is nearly as large as the first one after inoculation. Later it grew larger and formed a good scab. Likewise the others desiccated in due time.

8. Miss F., twenty-six years, dark hair, brown eyes, gracile, good vaccination-marks at left upper arm.

January 20th, 1865.—R Vaccinin, 12 gl., 1m (Fincke).

February 3d.—Eruption of pustules with a dark red base and a roundish or oblong elevation filled with pus of a greenish yellow

color, at left side of trunk, between shoulders, on left shoulder, behind right ear, resembling varioloid, some as large as a pea, some less, without depression in the centre, coming with a round, hard feel in skin (like a shot) very itchy, with nervous depression, impatience, irritability, disposition to be troubled by things, which is unusual with her. With all that, good appetite. Now, at this stage (small-pox prevailing) she was inoculated at the same left upper arm, where she has the good vaccination-marks, with matter derived from a scab dissolved in water, by one scratch. The scab was fresh and came from an apparently healthy infant.

February 4th.—Twelve hours after vaccination the pustules brought out by Vaccinin 1m (Fincke) were suddenly much depressed; the matter contained in them seemed to be reabsorbed in a great measure; they do not itch any more. At the same time she got sick, feverish, with twisting pains in both knees and in lower back; soreness in inner corner of left eye; confusion, she does not remember things at the time she wants them; gauzy sensation before eyes in morning, cannot see well.

February 10th.—The vaccination by arm did not proceed any further, and the scratch was healing up without forming a scab or scar.

In 1870, when in Paris, very much fatigued by the voyage and sightseeing, she lived over a room where her landlady died of small-pox at that time, but she was not affected.

In 1857 she took care of her little sister, who had varioloid, and slept with her, but did not take it.

9. Miss J. C., twenty years.

January 20th, 1865.—R Vaccinin, 6 gl., 1m (Fincke). Got some pimples in face.

February 3d.—Vaccinated with the scab used in the former case. Did not take.

10. Miss N., thirty years, single, dark blonde, blue eyes, muscular.

January 15th, 1870.—R Vaccinin 4 gl., 85m (Fincke). Severe headache all over, thought to be produced by excitement; relieved by Nux vom. 94m (Fincke); then she received another dose of Vaccinin 85m (Fincke) after the headache was over. About a week later the same headache returned again, passing off after awhile by itself. She had been vaccinated several times without effect.

11. Another lady, tall, dark complexion, about twenty years, single.

After one dose of Vaccinin 85m (Fincke): Weakness in small of back coming on suddenly when walking in Broadway; went home and to bed and it then gradually passed off.

12. Mrs. C. F., fifty-one years.

March 28th, 1871.—Took the vial of Vaccinin 30 (Fincke), in her left hand at 10.09 A. M. After four minutes: Prickling in left fourth finger, as if going to sleep; the vial remains cold in the warm hand; drawing at left elbow, up the arm; the same prickling as above in left temple, also some in left middle finger; left hand begins to feel hot; slight drawing up of left elbow; peculiar, dull sensation at left lower lid. 10.15 A. M., drawing at left elbow more painful. 10.16, left fourth finger begins to burn; a warmth streams through left arm; coolness at throat, anteriorly down the breastbone in and outwardly; slight tearing from left wrist into forepart of radius anteriorly; aching of left fourth finger; sensation as if heat passes from dorsum of hand, as of steam; aching at heart; drawing down left side of chest and in back; left upper arm feels stiff, feels somewhat tremulous. 10.22 A. M., shaking chill. The following night she could hardly get warm.

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PROVINGS OF LAC FELINUM.

S. SWAN, M. D., NEW YORK.

(1) Mrs. M. B. P., aged about thirty, proved the seventeenth potency.

Great depression of spirits.

Very cross to every one.

Dull pain in forehead, in region of eyebrows.

Heaviness in forehead (clinically verified).

Heavy pressure in sides of head and vertex.

Pulsations in head, with sensation of heat in forehead and constriction across bridge of nose.

Acute pains on vertex.

Acute pains in frontal region.

Intense pain early in morning on vertex and left side of head; commences just in front of vertex with a flush of heat which extends front about an inch, and is followed by the intense pain; the heat and pain then spread (never crossing median line) down left side as a veil, taking half the nose and jaws and entering the ear, causing

her to close the eyes from its intensity. During the pain the head was drawn down, so that the chin pressed heavily on chest, and her agony was so great that she had to hold the head firmly in her hands, *and rush through the house from room to room screaming.* (The italicized portion of this symptom has been clinically verified.)

Acute pain over left eye and temple, the agony being so great that she had to hold the head firmly in her hands, *and rush through the house from room to room screaming.*

Pain in head worse from reading.

Sharp lancinating pains passing zigzag down left side of head about every ten minutes, from vertex toward left ear.

Pain commencing with a chilly sensation at root of nose; also a cold pain passing up median line to vertex, and passing down to ear, like the previous symptom.

Pains in all the teeth, as the hot pain from the head touched them.

Intense pain from head along lower jaw, causing mouth to fill with saliva.

Sensation as if tongue were scalded by a hot drink (verified clinically).

Redness under tongue, on gums and whole buccal cavity.

Soreness and sensation of ulcers on tongue and roof of mouth.

The parts of mouth seem to stick together, requiring an injection of air or saliva to separate them.

Loss of taste.

Salivation; tongue enlarged and serrated at edges by teeth.

Brassy taste in mouth.

Small white ulcers covering the tongue and whole buccal cavity.

Elongation of palate.

Tough mucus in pharynx.

Heat in epigastrium.

Slight nausea.

Pain in abdomen and back, as if menstruation was about commencing.

Pain in bowels.

Natural stool, but very slow in passing, at 2 A. M.

Stool long, tenacious, slipping back when ceasing to strain; seeming inability of rectum to expel the contents.

Frequent desire to urinate; urine very pale.

Leucorrhœa ceased on third, and came back on fourth day.

Dryness of rim of glottis.

Very much oppressed for breath—continuing for several days. It is a difficulty in drawing a long breath, or rather that requires the drawing of a long inspiration, for it seems as if the breathing was done by the upper part of lungs alone.

Pain in right side of left wrist when using index-finger.

Dullness, sleepiness, gaping.

Heavy, profound sleep, not easily awakened.

Cold and heat alternately, each continuing but a short time.

(2) The same prover took seven powders of 1m (Fincke), taking one every hour.

Fear of falling down stairs, but without vertigo: fourth, sixth, and seventh days.

Headache on left side, not lasting more than ten minutes at a time: fourth day.

Headache over eyes: sixth and seventh days.

Sharp lancinating pain through centre of left eyeball, leaving it very sore internally, and causing profuse lachrymation: thirtieth day (clinically verified).

Heavy pressure downward of the eyebrows and eyelids, as if the parts were lead: sixth day.

Inclination to keep eyes shut: sixth day.

Eyes feel as if sunken in head, and left eye occasionally waters: first day.

Twitching of outer end of left upper lid, inside: third day.

Cannot bear the smell of clams, of which she is naturally very fond, and cannot eat them: second day.

Stringy tough mucus in pharynx, cannot hawk it up and has to swallow it; when it can be expectorated it is yellow: first day.

Mucus in pharynx between head and throat is thick, yellow, tough, and stringy, expectorated with difficulty, and has a sickish sweet taste: second to seventh days.

Posterior wall of pharynx slightly inflamed, with sensation of soreness: third day.

No appetite: second day (clinically verified).

After eating, feels swollen; has to take off her dress and loosen the clothes: second day.

Great desire to eat paper: second day.

Stomach sore all around just below the belt, worse on left side first day.

Occasionally very slight nausea : second day.

Stomach very sore in epigastric region : second day.

Great sensitiveness of epigastric region : third day.

At midnight, sensation of a cold bandage over lower part of abdomen : third day.

Great weight and bearing-down in pelvis, like falling of the womb, as if she could not walk ; worse when standing : first to fifth day.

Pain in pelvis, through hips on pressure, as placing the arms akimbo : third day.

Pain in abdomen as from menses : sixth day.

Furious itching of vulva, inside and out ; yellow leucorrhœa : third to sixth day.

Left foot feels cold when touched by right foot : first day.

Legs ache : fifth day.

Dreamed of earthquakes : second day.

(3) Laura Morgan, M. D., gave 200th to a man.

Morbid conscientiousness, every little fault appeared a crime (clinically verified).

Entire right side from crown to sole felt terribly weak, heavy, and distressed, so that it was difficult to walk.

(4) S. Swan, M. D., took a potency, and had a very sore mouth from it.

In addition to what has been published elsewhere by myself, the following symptoms have been cured by me with *Lac Felinum*, and should be compared with the provings :—

Pain in forehead, occiput, and left side of head, with rigidity of cords of neck (splenius and trapezius), and heat in vertex ; the pain in forehead is heavy, pressing down over eyes.

Sharp lancinating pain in centre of right eyeball, extending externally to temple and frontal region over eye, with intense photophobia, redness of conjunctiva, and lachrymation ; pain worse by reading or writing ; the pain appears to be in the interior of eyeball, and extends thence to posterior wall of orbit, and thence to the temples, with throbbing ; constipation, loss of appetite, dim sight when reading, lassitude in legs ; diagnosed as choroiditis. Cured with 1m and 10m.

Twitching of eyelids, right and left.

Ciliary neuralgia (Dr. Burdick).

Obstruction in urinating, has to wait.

Dragging pain in left ovary.

Constant nervous trembling, especially of hands, as in drunkards with dryness of mouth, and sensation as if tongue were scalded.

Dr. Berridge informs me that he has verified some of the eye symptoms in three remarkable cases. I have had great success with it in eye cases, especially where there is severe pain in back of orbit, indicating choroiditis.

CLINICAL BUREAU.

TWO CLINICAL SYMPTOMS.

CLARENCE WILLARD BUTLER, M. D., MONTCLAIR, N. J.

Read before the N. J. State Homœopathic Medical Society.

The knowledge which we, as homœopaths, have of the sphere of usefulness of any drug is derived from one or more of four sources:

(a) The records of drug provings, or the effects of the drug taken, with a view to ascertain its action, by persons in health.

(b) The records of toxicological provings, or the effects of the drug administered, either maliciously or accidentally, in excessive and inordinate doses.

(c) The records of sick provings, or the effects of the drug, other than curative, after its administration to persons suffering from disease.

(d) The records of curative action, or the disappearance of certain pathological conditions, or symptoms which have never been noticed among those produced by the drug, after its administration when given empirically or as indicated by other and known conditions or symptoms.

That entire and implicit reliance cannot be placed upon any of these sources of information will not be a matter of wonder when we consider the many difficulties which surround the recorders in any or all of these fields of labor. The many modifying circumstances dependent upon unobserved conditions in the provers, upon their habits, their surroundings, the many accidents of every-day life, though in its evenest walks, can be only partially understood, and their influence upon the prover only partially estimated. Then, too, the lack of ability on the part of observers or recorders to express themselves lucidly in recounting their symptoms often leaves their meaning too ambiguous or too vague for practical usefulness; while the unconscious but often undoubted prejudice in the mind of

one or the other toward or against certain lines of action (which the utmost care seldom enables them wholly to set aside) tends to exaggeration of certain symptoms at the expense of others equally valuable.

With the records of toxicological provings arise new difficulties. The extreme danger of the involuntary prover, the necessity for prompt action for his relief or for his salvation even, the consequent administration and use of antidotal drugs and measures, the necessary haste in extreme cases, the inability of the sufferer to tell of his sensations intelligibly—all combine to render the records of such cases unsatisfactory. Perhaps their most undoubted value is in presenting pathologico-anatomical changes—a knowledge of which we should never obtain from voluntary provers, for reasons which are sufficiently obvious.

In the case of provings upon the sick, to most of the difficulties already mentioned must be added the almost insurmountable one of determining, among many symptoms of diseased conditions, those which are dependent upon the causes of the original disease, and those which are directly referable to the influence upon the organism of the administered drug. That there is no exaggeration in speaking of these difficulties as “almost insurmountable,” that such symptoms and conditions must be accepted with great caution, as the observations of different prescribers upon the persons of the sick under different diseased conditions, are propositions so evident that argument toward their proof is superfluous.

The knowledge which is derived from the curative action of a drug must be received with greater caution than that obtained from any other source. Here we depart from the natural (and better) order of our labors toward the knowledge of drug action—the sick-making power—and study it from the opposite standpoint—its well-making power. The various and shifting aspects of disease, the always active *vis medicatrix naturæ*, the intensified influence of a very natural prejudice on the part of the prescriber in favor of certain medicaments or methods in treatment, combine with many of the obstacles already mentioned to render correct inference extremely doubtful; and I apprehend that more errors have crept into our materia medica from this than from all other sources combined. While so many and such grave difficulties interfere with our ability to determine the exact influence upon diseased conditions of exhibited remedies, too much caution cannot be exercised in admitting to our

materia medica symptoms which are entirely clinical. But, so long as many of our drugs lack thorough proving, and the usefulness of such knowledge cannot be questioned, clinical symptoms, which have been repeatedly confirmed by different and conscientious observers, must be admitted as genuine; since doubt of their having been cured by the remedy will, under such proof, yield to certainty, and "under the law," they are those which the drug was capable of producing.

It is for the purpose of calling your attention to two clinical symptoms which I have come to depend upon in my own practice, and to ask you to unite your experience and observation with mine in confirming or disproving them as they may deserve, that I have written this paper. The first is the symptom, "Thirst for hot drinks," noticed as cured by *Eupatorium purpureum*.

IN THE HOMŒOPATHIC PHYSICIAN for August, 1881, I recorded two cases of intermittent fever, in which this symptom was very marked—one of the later ones to appear in the disease, and one of the first to disappear after the administration of the drug; and, in both cases, this remedy alone was sufficient to the complete cure of the ague. To these I desire to add the following case:

F. W., aged thirty-two, of dark complexion, slight build, and short stature, on the afternoon of March 3d, 1882, became chilled while perspiring from horseback exercise. During the evening and night he suffered from bone pains, heaviness, and languor, and general chilliness. I saw him at 9 A. M., March 4th (the next morning), and found the following condition: A severe, general coldness, with occasional shudderings and chattering of the teeth, bone pains mostly in the arms, legs, and chest. He craves hot water, which he takes in moderate quantities because it relieves his general condition, but especially his coldness. I gave him *Eupat. pur.* 200th, in water, to take a dose every ten minutes until better, and then stop the medicine until I should see him in the evening. At 8 P. M. I received the following report: He took but two doses of the *Eupat. pur.* at intervals of ten minutes, when his chill had nearly disappeared, and he began to feel generally better. Through the afternoon he took two or three doses of the medicine, because he "thought he ought to take something." His bone pains are nearly gone, skin natural to touch, his thirst has entirely disappeared, and he feels quite comfortable. The next morning he presented himself with a severe coryza, which yielded to appropriate medication.

Although I am well aware that the length or continuance of a chill, the direct result of a "fresh cold," cannot be prognosticated; still, its prompt disappearance, with the rapid relief of the attendant symptoms after the administration of the remedy, lead me to present the case as confirmatory of the previous observations of its curative power, especially, of course, with reference to the symptom already cited—the "thirst for hot drinks," and which, in this, as in the two cases referred to, it relieved with the attendant sufferings.

I have repeatedly confirmed the symptom, "Relief from stimulants," as a condition of the pains of *Gelsemium*. The two cases following will illustrate its usefulness:

October 10th, 1880.—Mrs. J. C. B., a tall, strongly built woman, 62 years of age, of sallow complexion and phlegmatic temperament, consulted me for a severe throbbing headache, felt all over the head, but worse in the right side, and especially in the right temple and right eye. It has come on every day for over a week, in the morning between 10 and 11 o'clock, and grows gradually worse till toward midnight, when she gets some sleep, which relieves the pain. It is aggravated by noise, motion, and the recumbent posture. Light does not affect it. I gave her *Belladonna*. The next day (Oct. 11th) she reports, at 9 A. M., that there was no change of any kind noticeable in yesterday's headache, and adds, "I was obliged to take brandy again yesterday." Inquiry shows that the stimulant greatly relieves the pain, not entirely removing it, but enabling her to attend to her household duties, which she cannot do without it. *Gelsemium*, in the 200th potency, given in water, a dose hourly, so modified the severity of the pain that day that she did not resort to the stimulant. The next day there was a slight return of the headache at the usual time, after which she was entirely free from it.

H. W., aged 56, merchant, dark complexion, nervous temperament, consulted me in September, 1879, for the following condition of fifteen or eighteen years' standing: He has every day more or less pain in his chest, which he describes as hard and continuous, coming on gradually, sometimes in one location and sometimes in another, but usually in the præcordial region, lasting for periods of time ranging from a few minutes to two or three days. When present in its severer forms, it wholly incapacitates him for work of any kind, and sometimes results in the following sufficiently alarming symptoms: He loses consciousness, his hands and feet become icy-cold and are spasmodically rigid, the face and trunk are bathed in

cold perspiration, respiration is slow, labored, and irregular, and the pulse is hardly perceptible. This condition is usually the culmination of continued and severe pain in the region of the heart, but it has come on quite suddenly without prolonged pain as a precursor. Severe præcordial pain, however, always accompanies this condition. These pains, in some degree, are brought on by continued mental labor, by anxiety—as business or other cares—and “worry,” and by unusual physical exertion. Walking will bring it on, if for an unusual distance, and especially walking up-hill. It is almost always relieved or held in check by stimulants of some kind, and for this purpose he has used quinine and alcoholic stimulants in various forms. Brandy in severe attacks and ale in milder ones have afforded the promptest and most satisfactory relief. His habits are regular and good, with the exception of the use of tobacco, which he chews in excessive quantities, and has from his youth. He smokes exceptionally and moderately. He is in the habit of using purgatives of various kinds, and has taken many drugs for the relief of his pain, but without beneficial results. Physical examination reveals no organic heart disease. I diagnosed his condition as one of lowered nervous tone, dependent upon the depressing influence of the tobacco upon his nervous system—in short, as one of chronic tobacco poisoning. Of course this condition was aggravated by his drugging especially by the purgative. The acute pains were undoubtedly neuralgic. My advice was that he stop his tobacco or, at least, moderate its use; but this he protested he was unable to do, and he did not. The use of purgatives was discontinued, of course. I gave him *Gelsemium* 3d, to be used in water should a severe paroxysm of pain come on; and put him upon *Gelsemium*^m (Fincke), a dose each night. Under this treatment his improvement was marked and rapid. The first month, during which time he was working unusually hard, he was called upon by severe pain to use the lower potency of the *Gelsemium* three times. He then reported that he felt the pains very seldom—never, unless he became tired or worried; and I directed that he should discontinue regular medication, and only take it when forced to do so by a return of his old enemy. Until this time he has had no severe paroxysm; and although he has been obliged at times to resort to the *Gelsemium* (which he now uses in the 200th potency), it has relieved him promptly. Probably we can expect no more than this while he uses tobacco in his present inordinate manner.

BOOK NOTICES.

HERING'S DOMESTIC PHYSICIAN, edited by C. R. Norton, M. D. Pp. 450. Price, \$2.00. Philadelphia: Hahnemann Publishing House, F. E. Bœricke. 1883.

Dr. Hering's works on domestic practice form no small part of the history of Homœopathy. Very many are the converts to Homœopathy these works have made.

As a general rule, we cannot approve of the indiscriminate use of these books by parents. For it happens but too often that light cases of sickness are seriously aggravated by domestic prescribing; or perhaps the injury consists in the loss of invaluable time by such treatment. But in the country or in a locality where no good homœopathist lives this book is invaluable. As a case in point, we remember hearing of a lady who prescribed for her mother, in Paris, in a case so serious that two allopathists gave a gloomy prognosis. The lady carefully studied the case, gave the remedy, and in the morning the two regulars were very much surprised to see the improvement.

Not a few physicians could learn much from this work of Dr. Hering. There are many original and practical hints in it that will amply repay a perusal.

From the introduction we quote this good advice:

1. Always give but one remedy, and *only when this does no more good* another one.

2. When the patient, after having taken the medicine once, or oftener, *begins to feel better, however little, he should discontinue it*, lest the healthful progress of the cure be interfered with by taking too much; but as soon as the improvement ceases the same medicine should be taken again; or, in case the symptoms have altered, another more appropriate one.

The American Institute should buy copies of this domestic work for some of its leading men; they could learn much from it.

REPERTORY TO THE SYMPTOMS OF INTERMITTENT FEVER. By William A. Allen, M. D. Pp. 107. Philadelphia: Hahnemann Publishing House, F. E. Bœricke. 1883.

Intermittent fever is to most homœopathists a very difficult subject for treatment. We are convinced that this trouble lays more with the physician than with any inherent obstinacy in the disease. We are all too prone to prescribe for "intermittent fever" and not for the peculiar symptoms presented by the patient. That is, we prescribe for those symptoms which are common to all cases of the disease, thus unwisely ignoring those characteristic of the case before us. Those physicians who prescribe homœopathically declare they find no difficulty in curing intermittent fever with the dynamized drugs. Dr. Allen adds his testimony to this effect. Dr. H. C. Allen some time ago gave us an excellent monograph on the therapeutics of this disease; Dr. William Allen now supplements that work with a

repertory. Those who have much to do with this disease owe these gentlemen an eternal debt of gratitude for their excellent work.

We feel that we can safely recommend Dr. Allen's Repertory to our friends. It is newer than Bœnninghausen's though not so full and complete.

ANNUAL ADDRESS BEFORE THE NEW YORK MEDICO-CHIRURGICAL SOCIETY. By the President, E. P. Fowler, M. D. 1882.

This address consists in a very pedantic rehash of the old-time, oft-refuted, allopathic criticisms of Hahnemann and Homœopathy. It is therefore not worthy of comment.

The learned President has evidently not heard of Hahnemann's labors in drug proving, etc., for he says: "The extent to which drugs act as curatives, and the conditions to which their employment is adapted, furnishes a subject worthy of a serious attention which it has not yet received."

Hahnemann and Hering having failed to do any effective work in therapeutics, it is to be hoped that Dr. Fowler will allow his gigantic intellect to give it some "serious attention."

NOTES AND NOTICES.

THE MINNESOTA STATE HOMŒOPATHIC SOCIETY.—The seventeenth annual meeting will be held at St. Paul, May 15th, 1883. Officers: President, G. H. Hawes, M. D.; First Vice-President, D. M. Goodwin, M. D.; Second Vice-President, O. H. Hall, M. D.; Secretary and Treasurer, Arthur A. Camp, M. D.

HAHNEMANN'S MEDICAL ASSOCIATION OF LOUISIANA.—The annual meeting of the Hahnemann Medical Association of Louisiana was held Friday evening, February 9th, at the Homœopathic Pharmacy, No. 130 Canal Street, and the following officers were duly elected to serve for the ensuing year: J. G. Belden, M. D., President; Walter Bailey, Jr., M. D., Vice-President; Mrs. Harriet C. Keatinge, M. D., Recording Secretary; Charles J. Lopez, M. D., Corresponding Secretary; Christian Sanders, M. D., Treasurer.

GREGG ON DIPHTHERIA.—Drs. A. Mattoli and G. Pompili have rendered their countrymen a service in translating into Italian Dr. R. R. Gregg's book on Diphtheria.

HERING'S GUIDING SYMPTOMS.—We have recently received many inquiries as to this work. We therefore publish the following notice: Hering's *Guiding Symptoms*, volumes I, II, and III, are ready for delivery. Scale of prices: To stockholders, bound in cloth, \$2.75 per vol.; in library leather, \$3.25; in half morocco, \$3.75; to non-stockholders, in cloth, \$5.00; in library leather, \$6; in half morocco, \$7. Orders for stock or books and the remittances for the same may be sent direct to Messrs. J. M. Stoddart & Co., 1018 Chestnut Street, Philadelphia.

THE "NEW CODE" AGAIN.—The New York allopathists are still quarreling over their new code. The opposing parties are organizing for the fight.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. III.

JUNE, 1883.

No. 6.

EDITORIAL.

THE WAR ON THE HUDSON.—The war in New York over the "New Code" is being waged with relentless severity. The "New Coders" have captured (for the present) the State Society and the New York County Society. The "Old Coders" have, by a tricky stratagem of their leader, Austin Flint, Jr., captured the New York Academy of Medicine. Each side has formed an association and issued addresses for the promotion of its views. Great bitterness has been aroused between the contending brethren. Dr. Barker proclaims Dr. Flint's tactics a "disgraceful, abominable trick, and only fit to be undertaken by a low ward politician." Pretty severe language for a cultivated, scientific regular! The "New Coders" are headed by Drs. Barker, Jacobi, Agnew, Roosa, etc., the "Old Coders" by Drs. Flint, Gouley, Purdie, etc. The New York press seems to be decidedly with the "New Coders." As an incident of the *war*, we may mention that the Bellevue College got in the first lick and by it decapitated Prof. Howe, said Professor being a staunch "New Coder," while Bellevue is rigidly regular and orthodox. The Pennsylvania State Society at its recent meeting indorsed the Old Code, and proclaimed the "New Coders" to be "in rebellion against constituted authorities!" The next campaign will be fought in Cleveland at the meeting of the American Medical Association. This Association refused last year to admit delegates from the New York *State Society*, but

admitted those from the *County Societies*. A sharp way of getting around a difficulty.

The homœopathists can afford to serenely view the war over a non-sensical code, little caring whether Dick or the Devil wins. To sensibly minded persons it will seem odd that educated gentlemen should need a "code" at all.

THE RENEGADE PRAISES THE MONGRELS:—John C. Peters extends the right hand of fellowship to the American Institute. In the *New York Herald* we find the following eulogy of mongrelism: "Some of the New Code men recognize," said Dr. Peters, "that the homœopaths of to-day are in a very different position from what they formerly were. They have rejected infinitesimal doses and the disgusting theory about psora. They use many of the remedies and *doses* of the regular school; are no longer mere sectarians, but more or less educated and honorable physicians, who have preferences for some well-known, powerful, and efficient remedies. The same change of opinions holds good with regard to some of the eclectics. These were formerly botanic physicians, who would use no mineral remedies, and believed that a good medical and surgical education was not necessary to form an accomplished and successful physician. Some of the eclectics are now more or less educated and reasonable men. With these better classes of homœopaths and eclectics the New Code men are willing to affiliate, meet in council, and even admit into the regular medical societies. They wish to treat this matter precisely as they did the female physician question. When they found that they could not prevent many women from studying and practicing medicine, they took the best by the hand, met them in consultation, received them into the best medical societies, developed and regulated a movement which they could not wholly stop, and thus brought order out of chaos.

ALL IN THE USE OF MEDICINES.

"The New Code men simply recognize the fact that every remedy is good for something, if one only knows how to use it. That it is not only the right but the duty of every physician to use those remedies which he finds most useful. That as soon as they cease to band themselves closely or exclusively into schools, systems, or sects, the *homœopaths and eclectics are more or less regular physicians in a somewhat false and uncomfortable position, from which they*

should be aided and helped. Some of the New Code men even think that the regular profession is merely the biggest, most powerful, and perhaps the most arbitrary of all the sects in medicine, while it should be catholic and generous enough to adopt everything which is good in all systems, and countenance and conciliate all of their adversaries who are well educated and honorable.

* * * * *

"Above all," said Dr. Peters, "the New Code men are struggling for freedom of thought and action—for liberty in scientific research. They are not afraid from all they will learn from all systems that they will cure too many people or relieve too much suffering. They are firm in their reliance upon the principles and practice of the regular school, but admit that experience is entitled to weight and consideration, as well as reason and theory. They want unity in the whole medical profession, and can only be driven into rebellion when governed by narrow-minded, arbitrary, and interested officers."

After such a cordial invitation, the American Institute will surely do its best to come out of its "somewhat false and uncomfortable position." The Institute has of late years given evidence of a yearning for "liberality" in thought and action. Their pleadings have, at last, been heard, their repentance has been accepted, and now the renegade, John C. Peters, extends them a pitying pardon—pardoned because they, the better class of homœopaths, have "rejected infinitesimal doses and the disgusting theory about psora." Now, to prove that they can appreciate the benevolence and kindness of the allopaths, let the "liberals" pass the following resolution (of Dr. Minor's), then drop their "distinctive name" and be *absorbed*. Let the Institute adopt the following, and all may yet be happy:

"Believing that the formula SIMILIA SIMILIBUS CURANTUR forms the best general guide in the selection of remedies, we do not recognize it as a law, nor follow it as an exclusive method, but exercise the right belonging to every educated physician to make practical use of any established principle in medical science, and to employ any facts in therapeutics that are founded on experiments and confirmed by experience, so far as in our judgment they may tend to promote the welfare of those under our professional care."

Dr. Minor was honorable enough to resign from homœopathic

societies, with which he could no longer conscientiously affiliate; let the Institute imitate Dr. Minor and drop its distinctive title, "Homœopathy," from its name.

Hume tells us how Cromwell, becoming disgusted with "Barebone's Parliament," sent an officer to disperse this, the tail end of that once powerful Parliament. The officer "asked them what they did there. 'We are seeking the Lord,' said they. 'Then you may go elsewhere,' replied the blunt soldier, 'for to my certain knowledge, He has not been here these many years!'" So it is with the once great American Institute—it has degenerated, and Homœopathy has not been represented there for these many years.

HAHNEMANN'S CHRONIC MIASMS.

P. P. WELLS, M. D., BROOKLYN.

If these sources of chronic diseases are remembered in the teachings, literature, or practice of modern Homœopathy, it is oftener than otherwise that a sneer or an attempt at unseemly ridicule may be passed on the first of this series, *psora*, while the second, being too often too apparent to the senses of even the most stolid observer, is allowed to pass in silence, and the third, less obtrusive to the senses, may be safely said to have been permitted to fall into forgetfulness. *Sycosis*, as a basic cause of chronic diseases, can hardly be supposed to have place in the thoughts of the average modern Homœopathist, especially of those who have most to say of Hahnemann's "fallacies" and "errors." The first natural inquiry, when one thinks of this neglect, is—Are those who thus sneer at and neglect these teachings of the great founder of our school of practice more successful in their endeavors to cure chronic diseases than was Hahnemann, or than have been those who have accepted them and made them the basis of their prescriptions for these so commonly fatal maladies? The conviction that these gentlemen have little or no success in this part of their practice is the ready answer that intrudes itself upon us. Indeed, it could hardly have been otherwise in any attempt to cure these maladies by homœopathic means and methods, the fundamental principles of the homœopathic philosophy of these diseases being so entirely discarded or ignored. As to the discarded *psora*, Autenrieth—no homœopath, but a *professor of pathology* in the Tübingen school—went even further than

Hahnemann in his assertion that external repelled eruptions were transferred to internal organs and surfaces, and that *he had seen them there* in their original forms many times, though he protected himself from charge of heresy, from his fellows of the old school, by the assurance to them that this fact had nothing whatever to do with the genesis of chronic disease taught by the founder of Homœopathy, and added that "this, like all else that had come from that source, was mere empty air." Notwithstanding this hedging assurance of the Professor, we think most intelligent minds, after acquaintance with Hahnemann's teachings of psora as a source of chronic disease, will at once agree that Autenrieth's discovery goes far in confirmation of those teachings. This discovery of the old-school Professor demonstrates, or he is mistaken, the actual presence in internal organs and on internal surfaces of the very translated eruptions which Hahnemann says are causes of so many of the important diseases with which we have to contend. Those of our school who have been most successful healers of chronic diseases have accepted this view of the origin of a large class of those maladies which they have successfully treated, and the best of these were ready to ascribe their known successes to a recognition of this genesis, though the ignorant and the silly were at the same time so free with poor wit and mistimed sneers at the expense of this fundamental teaching of the master, and though others who had only partially come to a knowledge of homœopathic truth were at the same time seemingly nervously careful to have it understood they "were not weighted down" with this or other elements of homœopathic philosophy.

The third of Hahnemann's chronic miasms, *sycosis*, has been less considered and less opposed and perhaps less understood than psora. It was considered by Bœnninghausen, probably the most successful prescriber for chronic diseases the world has known, to be but little, if any, less important than the first. This great master had studied this miasm in its origin and effects on the human organism as no other man has, and the result was he cured its ravages in the organism as no other man has. His studies of the *materia medica* in its relations to this miasm and its effects were most profound and exhaustive.* He recognized the fact that the most careful "scrutiny of page after page of symptoms" by the "experienced

* *Vide Am. Hom. Review*, vol. III, p. 241, *et seq.*

practitioner" will "not be able in all cases to make the most exactly fitting choice of a remedy" in absence of a just view of the *anamnesis* of the case in hand. This is often, as he regarded it, indispensable to a right selection of the curative agent.

The following case beautifully and perfectly illustrates this fact:

The writer was called to a consultation in the case of C. S., aged five months, June 15th, 1859. The child was large, plump in form; indeed, as to figure might be taken as a model. She was perfectly healthy at birth, as were her parents then and before. Her first complaint was developed immediately after her *vaccination*. This showed itself in the form of eczema in folds of her fat limbs and neck. These were all red and raw, oozing a colorless, thick, slightly sticky and slightly offensive fluid. This eruption was followed by an attack of croup after two or three months, and this by "Miller's asthma." immediately after, the croup seeming to pass into this last, sometimes so troublesome a malady. The parents, having, a year or two before, lost a little boy by this disease, became alarmed, and I was consequently called in consultation on the case. The spasmodic disease was soon controlled and there remained visible only the eczema. But there was much more which was not visible, as was shown the first time she took a cold, to which she seemed more than commonly inclined. She had a return of the croup, and this passed into Miller's asthma, as before, showing she had not been cured radically. As before, the attack was apparently overcome and the child was well again, except her eczema. This, in the attack of croup and asthma, became dry, and the oozing only returned when the spasmodic affection was relieved. The third attack of this kind followed, again from cold, and the child now became my patient. Notwithstanding the best prescriptions of remedies and hygiene I could make, the child would take cold and repeat the experiences above mentioned till she was near two years old, when it was suggested that change of air, scene, and circumstances might be of service in healing the child of this chronic disposition to taking cold. The suggestion was accepted, and she was taken to Newburgh, N. Y., and placed under the care of my friend, the late Dr. Dunham. She took her cold there and went through her former troubles, as she had at home. Dr. D. treated her spasms with Chlorine water* successfully, and she returned to her

* *Vide Am. Hom. Review*, vol. III, p. 370.

city home at the close of the summer, as it was hoped, cured. It was not so. She soon took cold, had croup and asthma as before. The spasms were relieved by Chlorine water, and were seemingly cured, but the attacks were repeated at intervals, and not less severely, till she had grown to the age when she ran about the nursery on her feet. One day, when I called at the house, the mother said, "Doctor, what makes Lottie walk so?" She put the child on the floor, and as she walked she limped when she stepped on her right foot. She complained of pain in the hip-joint if the head of the femur were pressed into the socket or rotated, or if pressure were made on the great trochanter. The child was stripped, and the buttock of the affected side was flattened very perceptibly by atrophy of the great gluteal muscles—there was no doubt of having serious disease of the hip-joint to deal with. This was prescribed for as well as I could in the still imperfect knowledge of the case—for it was imperfectly understood, though it had been so long under my care. The prescription was hardly better than a failure. Now there was one fact in the case which, as it turned out, had received less attention from both Dr. Dunham and myself than it should. This was a thin, green, closely adherent scab on the right temple. The mother was told to have this removed at our next morning visit. This was done, and the key to the whole case was disclosed by a nipple-like *wart*, something more than an eighth of an inch in length, oozing the same sticky fluid as the eczema had been all this time discharging. This *oozing wart* was at once recognized as the representative of the original cause of all the troubles the poor child had endured. With this view a new study of the case was made, and the remedy found which had all the symptoms of the case, *including this oozing wart*. A powder in which were a few pellets of that remedy was dissolved in half a goblet of water, and of this a teaspoonful was given every six hours. The cure of the case was so prompt and perfect, including the hip disease and the eczema, that no second powder was required for its completion.

For a proper understanding of this case, Bœnninghausen and Wolf's observations of the vaccine disease should be remembered; that each, after a forty years' observation, had come to the same conclusion—that the vaccine virus was the concrete sycotic cause; that introduced into the human organism it had the power to produce all the fearful train of diseases expressed by the term *Sycosis*; that the

wart is the external specific representative of the internal sycotic condition. It will be further remembered that this child was perfectly healthy, even more than commonly strong and robust, up to the time of its vaccination; then began the long train of evils which caused her so much of suffering and her parents anxiety and her doctor of study and perplexity; that when her recurring attacks were apparently cured, the *child* was only partially cured by remedies only like a part of her sick condition, one most essential part being omitted in gathering the symptoms, and, of course, in selection of the remedies employed in treating these paroxysms; that as a result of this omission the unrecognized element progressed in its invasion of the organism, making deeper inroads upon it till destruction so important as that of the hip-joint was threatened, which had already become much diseased. The sycotic cause and condition were singularly overlooked by Dr. Dunham and myself, and it was only when this was apprehended that the true remedy was found and the cure was made promptly and perfectly. It appears, on looking at the history of the case and its partially successful treatment before this condition was apprehended, that if this had not happened the joint would have been destroyed, if not even the life of the child, after great and long suffering.

The above is a true picture of a case taken from life. The existence, importance, potency, and origin of this third chronic miasm could hardly be more clearly demonstrated than it was in this case; its origin from vaccination (*vide* Bœnninghausen and Wolf); its potency in the often inveterate and always troublesome eczema, in the croup, laryngismus stridulus, and the disease of the hip-joint; its importance in the sufferings and threatened life of the little patient. We say this case demonstrates these facts and also the powers of the truly antisycotic remedy, when found and administered in accord with the requirements of homœopathic law. If one is disposed still to deny the antisycotic element in the ultimate remedy prescribed, and to say the partial results which followed prescriptions in the croup and spasmodic attacks were owing to careless prescribing, and that the cure would have been effected in the beginning if the truly homœopathic remedy had been given irrespective of the sycotic element of the case, let him remember Dunham did his best, without considering this element, and Dunham was neither a weak man nor a careless prescriber; let such an objector show a better or a more careful, and then find all the fault

with him and the other prescribers for the case he feels compelled to.

The result of the last prescription demonstrates the verity of the miasm, sycosis, and the power of the antisycotic remedy. It will not, I think, be doubted by any candid and intelligent homœopathist, in view of the partial results of prescriptions from one so truly a master in prescribing as Dunham, that, wanting the antisycotic given at last, the case would have terminated fatally. This, when given, wrought a prompt and perfect cure. In view of such evidence as this case presents, is it not pitiful that there are those who claim to be recognized as representatives of homœopathic philosophy and practice, and yet talk of Hahnemann's chronic miasms as "errors," "fancies," and "fallacies," and publicly boast they are not "weighted down," by these or kindred elements of our philosophy, but seem to rejoice in such freedom as ignorance and conceit can give them? They even affect to look down on the venerable old master and the glories of his discoveries as matters far beneath their standpoint of professional philosophy—these men, whose only professional importance is derived from a *name* they have misappropriated from him. Is it not pitiful?

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

A quarterly meeting of the Central New York Homœopathic Medical Society was held at Syracuse, N. Y., March 15th, 1883, Dr. C. W. Boyce, of Auburn, N. Y., in the chair.

Dr. D. W. Clausen, of Auburn, N. Y., delivered the following address, and read the report of the Committee appointed at last meeting to draw up a protest against "that resolution" of the American Institute touching "freedom of medical opinion and action."

DR. D. W. CLAUSEN'S ADDRESS.

MR. PRESIDENT AND GENTLEMEN: From the early dawn of civilization, as science and art have kept pace with the onward march of culture and refinement, sagacious men and women, moved by lofty aspirations, have at various times formed themselves into societies or bodies, respectively with their several scientific and

artistic pursuits. These associations have been designed not only for mutual benefit, but also that the seeds of knowledge might be disseminated among others of the world, with a view to more extended usefulness as well as to development and progress.

Apart from the spiritual welfare of mankind, nothing is of so much concern regarding the interests of the world at large as is that which pertains to health and longevity, with the happiness these are able to afford. Accordingly, the ministers of human health as far back, I believe, as when the ministry of health was almost exclusively the privilege of a priesthood, have been uniting themselves into bodies for the purpose of developing knowledge in that sphere which so momentously concerns the welfare of suffering humanity. And this indeed is wise, for the words of our own Hahnemann force admission within our ears: "In a science in which the welfare of mankind is concerned any neglect to make ourselves masters of it is a crime."

Now, with regard to the objects of usefulness, development, and progress in the formation of societies, it is evident that, for these to be successfully accomplished, some essential tenets must be the rule of doctrine and the unerring guide to development.

These tenets, therefore, naturally involve three propositions:

1st. That which is called a science can be a science only as it is governed by *Law*.

2d. *Law, to be Law*, must be *universally* applicable to the science it governs.

3d. Any deviation from that *Law* is unscientific and empirical, and can reap only spurious results.

Gentlemen, we, as a society, are to do with the science and art of *medicine*, and we desire to-day to see whether all that has been accomplished by medical associations, and especially by those denominated *Homœopathic*, has been according to the essential tenets of the healing art; whether the tendency has been retrogressive or toward development. Let us briefly scan the history, the proceedings, and the tendency of the oldest national medical association in this country—The American Institute of Homœopathy.

This association was organized when, as Carroll Dunham eloquently says, "the step of civilization yet hesitated at the eastern verge of the prairies." Its founders were noble men—men full of truth—men of moral courage sufficient to lift them above the derision of old-school scoffers, not caring for the "Recognition." Among the

articles of its constitution we find the object of the Institute to be "the promotion of medical science." Its founders recognized for that science a *Law*; they recognized that *Law* to be "*Similia Similibus Curantur*;" they therefore logically recognized Homœopathy as "The science of therapeutics, being a *science* by virtue of having a *Law*."

It therefore follows from this that "the promotion of medical science" can result only from strict conformity to the *Law*.

'Twas on a fine summer's day at Chicago, when as yet but five months had passed in the memorable year of 1870, that our much beloved and lamented Carroll Dunham, as President of the American Institute, delivered his annual address—an address that has been no less unfortunate than eloquent: Unfortunate, because of the dire results to be hereafter shown; eloquent, because of the grand principle and truth which ring so sweetly therein, like the song of Heaven in the ears of the faithful. In that address our Dunham said: "Mr. President and my colleagues, my own position on these points of doctrine is not unknown to some of you. Holding that the law, *Similia Similibus Curantur*, expresses the relation between the specific drug action and the diseased organism, and that it is a sufficient and the only trustworthy guide in every application of drugs to cure the sick, I fully believe not only that the practical rules laid down by Hahnemann, which enjoin the single remedy and the minimum dose, are the rules of sound practice, but I believe that every *observing physician who faithfully applies the law of cure** will be led by experience to the same conclusion, and will adopt these rules as leading to the best results. Notwithstanding this belief, I advocate entire liberty of opinion and practice. Nay, *because of this belief*, I plead for liberty, for I am sure perfect liberty will the sooner bring knowledge of the truth and that purity of practice which we all desire."

What grand words! It is only the *perfect law* of liberty that delivers us from the bondage of lawlessness and recklessness with their direful punishments. The lawless are always slaves to their own waywardness; they enjoy *license*, but not the perfect law of liberty. Carroll Dunham proved, not only by his words, but also by his faithful practice, that he loved the liberty of *Law*, and that he hated all

* Quotations not italicized in the original have been so emphasized in this address and protest for an obvious reason.

disobedience to law. Hear another part of his eloquent speech: "I thank God for a band, by no means contemptible in numbers, of the *strict followers of Hahnemann.*" Again, said he, "There are among those who call themselves homœopathists some who are impostors; men unworthy to be called physicians; men without knowledge and without conscience, who play upon the credulity of mankind, and pervert to their own aggrandizement every trust committed to them. That such men, professing to belong to our school, should be regarded by the community as belonging to it, is certainly a misfortune."

Mr. President and gentlemen, I need hardly speak of the willful misinterpretation of that noble President's words, and the perversion of their truth, in his plea for liberty. All of you are aware what strenuous efforts have been made by certain giddy-headed communists within our ranks to unite the common school of medicine with ours. We have deplored the inconsistency and the irrationality of this crazy idea. We have read—O shade of Hahnemann!—we have read that disgraceful and abominable resolution which was "passed" at the last meeting of the Institute, in 1882—"passed," it would seem, as if only by reason of a mean advantage taken to introduce it when, at the "tail-end" of the meeting, but very few members were left to decide as to the wisdom of so stupendous a suggestion! This is the grand climax of the perversion of Carroll Dunham's plea for liberty. They have unfurled the flag at the masthead of their disloyalty; it is the flag of treason; on one side is stamped "Liberty;" on the other side, "Recognition." These men delight in old-school recognition, but they cannot be consistently loved by the *honest*, even in the common school of medicine.

Mr. President and gentlemen, the company of us here gathered represents the "Central New York Homœopathic Medical Society." There are some of you present who are probably more acquainted with the object of this Society than you are with its history; and it may stimulate you with encouragement and for present needed action, to give you a cursory glance at its origin and history, which are long in the memory of some who honor us with their presence to-day. I copy from the *Transactions of the World's Homœopathic Convention*, of 1876, the following:

"A number of homœopathic physicians of Central New York met in Syracuse, September 13th, 1849, for the purpose of promoting the interests of Homœopathy. Dr. A. L. Kellogg, of Bridgewater, was

called to the chair. A committee was appointed to correspond with the homœopathic physicians of Central New York, and to call a meeting to perfect a plan of organization. In response to the call, a number of these convened at the National Hotel, in Utica, N. Y., January 16th, 1850. The Convention then proceeded to organize a 'Homœopathic Medical Society of Central New York,' auxiliary to the American Institute of Homœopathy: A Constitution and By-laws were adopted, and twenty-nine names were signed thereto." Our honored and venerable Dr. L. B. Wells, who is with us to-day, was one of its first officers—vice-president. "The undersigned members of that early organization avowed their firm belief, as follows:

"1st. In the universality of the therapeutic law—*Similia Similibus Curantur*.

"2d. In the superior efficacy and safety of *pure homœopathic practice*, in contradistinction to every other system or combination of systems.

"3d. In the great therapeutic value and power of those preparations denominated *potentized medicines*."

From a variety of causes, however, this organization died away.

The first Tuesday in May, 1866, after the adjournment of the Onondaga County Medical Society, several physicians from different parts of Central New York held a meeting for the purpose of organizing a society. The inception of it was in this wise: Drs. T. D. Stowe, A. B. Morgan, and (the one who now graces our chair), Dr. C. W. Boyce, while returning from the annual meeting of the State Society, in 1866, thought it would be pleasant and beneficial for the physicians of Central New York to come together for mutual improvement. A preliminary meeting was formed, and by a rather striking coincidence, our present Chairman was then called to the chair. This, fellow-members, is, in brief, the history of the Society to which we have the honor to belong. The *honor*, I say, because the testimony stands yet ineffaced and ineffaceable from record, that "Through all vicissitudes this Society has adhered firmly to the fundamental principles of Homœopathy, viz.: The *Simillimum*, the *single remedy*, and the *Minimum dose*."

Mr. President and members of "The Central New York Homœopathic Medical Society"—the *Society representative* of pure Homœopathy in America, if not in the whole world—is not this admirable standing of our association, as shown in the brief sketch given, sufficient to awaken us to the "great responsibility" involved by our

liberty?—does it not impose on us the solemn duty to protest with emphasis against every departure from ever-efficient Homœopathy and its unerring law, which we have cherished for these many years? I say unto you, that in honor to Truth and Loyalty, it is verily our duty.

With regard to that most absurd of all steps yet taken by the Institute, in the adoption of that resolution passed at its last session, touching “Absolute freedom of medical opinion and unrestricted liberty of action,” a suggestion was offered at our last meeting as to the propriety of this Society protesting against this resolution so detrimental to the interests of Homœopathy; and it was your good pleasure to appoint a Committee for the purpose of reporting on the subject. Your Committee therefore beg leave now to say that they have with diligent care considered the nature of the said resolution, and herewith respectfully submit the following preamble and resolution, which, in their judgment, may best serve to express the sentiments of this Society.

D. W. CLAUSEN.

PREAMBLE AND RESOLUTION.

WHEREAS, *Obedience to law* is the only liberty possible in the nature of things, more than that being only license; and,

WHEREAS, The use of drugs for the cure of the sick can be successful only when they are administered in obedience to law; and,

WHEREAS, We believe *that* law to be “*Similia Similibus Curantur*,” the sole foundation of Homœopathy; and,

WHEREAS, The American Institute of Homœopathy at its last meeting passed the following resolution, to wit:

“Resolved, that it is the sense of the American Institute of Homœopathy that no physician can properly sustain the responsibilities or fulfill all the duties of his professional relations, unless he enjoys absolute freedom of medical opinion and unrestricted liberty of action, as provided in the code of ethics of this Institute;” and

WHEREAS, The said resolution, in our opinion, gives unbounded license to all sorts of disobedience to the law of cure; and,

WHEREAS, The said American Institute of Homœopathy is set for a pure *materia medica* and a knowledge of Homœopathy; therefore,

Resolved, That we, The Central New York Homœopathic Medical Society, greatly deplore the adoption of the said resolution, as we believe it to be contrary to the principles of the said “Institute” and wholly subversive of the

very object of its existence ; and that we respectfully and most earnestly urge the said American Institute of Homœopathy at its earliest opportunity to rescind the said resolution and expunge it from its records.

D. W. CLAUSEN, }
 W. A. HAWLEY, } *Committee on Protest.*
 E. P. HUSSEY, }

The Society adopted the preamble and resolution, and accepted, with thanks, the address of Dr. Clausen.

C. P. JENNINGS, *Secretary.*

CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILADELPHIA.

Mr. W., æt. 45, was taken sick on the 11th of April, 1883. For the better understanding of the case, a very short report of his former sickness will be given. Mr. W. was a robust, healthy child. When about twenty years old he took a great deal of Mercury, which apparently cured the disorder for which it was administered. He suffered ever since from fissures and frequent inflammations of the throat. The fissures were operated on several times—of course, unsuccessfully. In 1876 he was taken down with typhus fever, and was treated in the ordinary manner. A few years previous to this attack he had abandoned the evil habit of using wines and all other liquors to excess, but continued to use tobacco to excess. Since the fall of 1876 he has been under homœopathic treatment ; his health had much improved ; his attacks of tonsillitis and occasional ulcerations of the throat had almost entirely subsided. Apparently, he was in robust health, but at times he would suffer from a violent stomach cough, and at such times he always coughed most severely after breakfast and until he vomited up all he had eaten.

For a week he had felt badly ; had taken a few doses of Nux vom., when he had a severe fall, slipping head-foremost on a flight of stairs. Complaining of feeling as if he had strained himself severely from an effort to grasp the banister of the stairs to regain his position, he had taken that evening Arnica and received the next morning, April 10th, Rhus tox. In the night of the 11th of April he had a chill, but arose in the morning of the 12th, staying in the house ; had no desire to eat ; that night he had three distinct severe chills, followed by a high fever ; found him in the morning of the 13th very weak ; had a sleepless, very restless night ; intense thirst, tongue dry and black, lips black, great pain in the small of the back,

and headache. He now received Arsenicum—one dose in the morning. The restlessness and the pain in the back ceased gradually, and on the 14th I found he had spent a sleepless night, but was now lying perfectly quiet, more so because every movement caused him great pain, especially in the now swollen joints; the tongue was no longer black but dry; intense thirst and fever continued; occasionally he suffered from cough, which caused him to retch violently, when he would vomit up some very tough, stringy white mucus; skin dry; urine scanty and dark. Gave him in the morning one dose of Bryonia, and finding him no better in the evening, the retching attacks having become more frequent, I gave him Bryonia in water every two hours. On the 15th I found in the morning that he had had another sleepless night, the thirst, fever, retching continued; the muscular pains were worse; his taste was sour; the skin was moist and the urinary secretions abundant; urine natural; no discharge from the bowels since the 11th; no food had been taken since the 11th; throat sore, highly inflamed; his headache was very severe and his longing for sleep very great; gave a dose of Belladonna.

On the 16th I found he had another sleepless night; the muscular pains were much worse on motion; his throat more sore; the retching much more frequent and the quantity of the stringy, white mucus much increased; skin moist; thirst continued great for cold water; the tongue more furred but less dry. Gave Kali bichr., which had on former occasions with similar sore throat always relieved him, but on the 17th I found him no better; a sleepless night; the retching much more frequent, causing much soreness in the stomach; more abundant secretions of normal urine and some perspiration; thirst continued; fever less. No medicine. On the 18th he was no better, but the perspiration and urinary secretions more profuse; the fever much less; the rheumatic pains very severe; feels sore all over; no sleep; less thirst. No medicine, but was sent for at 11 P. M. The retching spells with cough and raising of viscid mucus had become much more frequent in the evening, and during one of these attacks he was seized with an excruciating pain under the right lower ribs, which was aggravated on breathing and by the least motion, which made him cry out with pain. As I entered the sick-room, I found him bending over a basin at the side of his bed coughing and retching, bringing up a large quantity of mucus with very small streaks of blood in it and violently crying out with the pain in his side. One dose of Arnica^{cm} (Fincke) was given, a few pellets on

the tongue. A few minutes later he had another attack of coughing and retching, but less severe than the former one, and still ten minutes later he had a very short attack and now laid quiet—the pain in his side became endurable. I left him at 1 A. M., confident that Arnica was doing its work and predicted that he would go to sleep at 2 A. M., which he did. On the 19th I found him much better in every respect—no cough or retching since I left him and none since this 8th day of May. He now slept well; his appetite gradually returned and he was kept on farinaceous food till the 24th, when he relished animal food. All he complained of on the 24th was great itching all over the body, for which he received one dose of Sulphur^{cm} (Fincke). On the 28th he rode out; on the 29th he walked out, and left for the seashore on the 30th, where he rapidly gained his accustomed strength. He has “*forever*” given up the use of tobacco.

Comments: The first question *in our days* is, What sort of a disease was this—what was “The Diagnosis”? As everything, from a child down to the products of disease, must have a name, we should suggest to call this case a gastric-rheumatic-nervous-fever. Others may see in it a malarial out-cropping, and, if so, insist upon it that Pyrogen, if given in a very, very high potency just at first, would have cured the patient on sight. Or another celebrity, who has transferred his skill as a diagnostician, which he acquired among his former allopathic teachers and colleagues, to our school, and who really advanced without reflection and fell into a trap set for him, which trap was set in a bottle-washing establishment, the inscription on whose door reads: “*Morbific products if highly potentized will cure the disease which produces them.*” A reflecting mind would see through such a thin disguise and at once conclude that said bottle-washer had set up the untenable doctrines that a morbid-product becomes a curative agent *when highly potentized*, while Homœopaths hold on to first principles, viz.: That medicinal substances must first be proved on the healthy organism; that thereby their sick-making properties may be discovered and so ascertained, may enable the true healer to apply them for the cure of the sick under the eternal law of the Similars. Furthermore, an experiment tried by the unlucky man who progresses first and reflects afterward will prove to be a disgraceful failure. As a close observer and having a great propensity to investigate all new discoveries, we once stumbled across one of these great diagnosticians, who promptly

diagnosticated "syphilis," and Syphilinum was just as promptly administered, and the patient, believing herself under homœopathic treatment, grew worse; the tumor on the left labium major grew larger and more painful, was finally operated upon, and was found to be "a cancer." Another one of these bottle-washers picked up a homœopathic patient at a watering-place and without fully examining the case, and of course ignorant of the steadily progressing improvement of the young lady's health, promptly diagnosticated tuberculosis, and as promptly administered Tuberculinum. The patient grew steadily worse and died of tuberculosis. Now we did suggest a diagnosis in the case but did not, could not, utilize it or any other diagnosis, in the treatment of the case; that is the prerogative of all other schools, allopathic, eclectic, and isopathic. The pathology of diseases will be written by a future generation, and these men will be progressive homœopaths, they will see in this case merely a salutary revival of previously palliated diseases.

The night of the seventh day was the critical time in the case above related, and the situation of the patient was both painful and critical. At just such times do we find the desired aid in strictly following "the master;" this is the *only* hope we have. Thoughtless and spineless pretenders demand that on just such occasions humanitarianism demands the application of boasted, but often failing, palliatives, such as are hypodermic injections of Morphia, etc.

The true healer's true humanitarianism demands the strictest possible adherence to principles. The homœopathician will find that in this case Arnica covered all the symptoms of the patient. Almost all of them are to be found in the pathogenesis of that remedy, and a few could easily be found to be similar by analogy. The disease, which had fully developed itself for seven days, now showed its true inwardness through discernible symptoms. The similar remedy was applied in a single dose, and the recovery was observed as is usual in similar forms of diseases.

The lesson attached to this case and to similarly treated cases, is that we must, as consistent homœopaths, as humanitarians, and as true healers, remain faithful to our professed principles, and reject all possible "substitutes." When we find upon calm investigation that such substitutes are not in harmony with the well-proven and correct tenets of our school, it is our duty to reject them, and, advancing in the right direction, fully expose the fallacy of all such substitutes and innovations.

THE USE AND ABUSE OF PESSARIES.

PROFESSOR J. MATTHEWS DUNCAN, M. D., LL. D.

I feel that I do not myself know the straight, scientific road to the clean and sweet drops of truth I would like to present. Consequently I shall deal much in negatives; not this way nor that is the right one. Now, in the present great abundance of contorted bits of wood, and metal, and vulcanite, and what not, called pessaries, my advice is: Think twice before beginning the often baneful practice of using any instrument. Many a woman has suffered from, many a woman has died of, a pessary; but most pessaries are nearly innocuous for evil or for good. They are always harborers of dirt, keep the mind watching the part, liable to decay, and are undesirable additions to the contents of the pelvic excavation, and, if they are efficient, must, of course, cause more pressure—though perhaps on different parts—than that caused by the organ or organs which they keep in an altered position. You sometimes see what are called galvanic pessaries, whose object is to act otherwise than mechanically, giving a homœopathic dose of galvanism. These pessaries are used in amenorrhœa and in virgins, and to all this kind of meddling there are strong objections, medical and moral. Look upon pessaries as a surgeon looks on a truss, not medicinal otherwise than as a mechanical means of procuring healing, comfort, and safety to your patient.

Of virgins, I may say that there is very rarely occasion to examine for displacement, and examination can generally be done quite satisfactorily per rectum. You get the knowledge of the condition of the pelvic viscera that you want, and that is all you should require. If you find only a minor displacement, you had better let it alone, not even trying a pessary. It is only in very rare, complicated cases with distinct mechanical indications that a pessary should be tried or used. I do not remember using one on any ground whatever in a virgin.

Intra-uterine or stem pessaries are the only instruments you can rely on for straightening the uterus or keeping a flexion undone. They do this as a male bougie straightens the urethra. Some kinds have an outside or pubic part by which the straightened uterus is fixed; but the oldest kind and the most recent respect the mobility of the uterus. They have been three times introduced into practice within this century, but the practice has never flourished. Many

modifications have been ingeniously devised with a view to perfect them, but in vain. They are far more injurious and dangerous than the conditions they are intended to modify.

The evils of intra-uterine pessaries have led to great ingenuity in attempts to undo flexions and keep them undone by vaginal—not intra-uterine instruments. This attempt is often successful in retroflexion which does not occur as a congenital rigidly fixed condition, and can be dealt with just as a retroversion is managed. But the curious things are anteflexion pessaries, and in regard to their giving relief, I meantime express no opinion; but I do say that if they give relief it is not by undoing the flexion and keeping it undone—keeping the womb straight. I have seen most kinds of anteflexion pessaries as placed by their inventors, and too often replaced and replaced, but I have never seen one materially modify the flexion. I have myself never used one, and have no intention of doing so. There is another bad and too common practice, which I must not omit to mention here: that is, what is called straightening or putting up the womb or replacing it time after time by the probe or finger. This has no other effect than to irritate the organ, for the displacement recurs immediately after the probe or finger is removed, as the practice itself shows.

It is not a simple matter to judge of the part taken by a pessary in relieving or removing painful symptoms. A kindly doctor makes an amiable patient anxious to please him and ready to express a sense of relief which may not be real. Besides, you will find many patients alarmed at the idea of having a displacement, and, believing the pessary undoes it or cures it, wear an instrument with satisfaction and even pleasure, although it gives them new pains or increases what they had before. In such difficulties, how are you to be guided? The difficulty is almost insuperable if your patient has become possessed by erroneous notions of the importance of displacements, and you must take care to prevent the adoption of such notions.

What do you expect from a pessary? You may replace a descended or retroflexed or retroverted uterus and keep it replaced by a pessary, and you may so relieve or remove pains. You cannot cure a displacement, though sometimes you can substitute one displacement for another: that is, for example, change a retroversion into an anteversion. No doubt, a displacement may sometimes be, in a sense, cured—as when an adhesive perimetritis ends in tying a

uterus up to the higher part of the sacrum. But all kinds of minor displacements are incurable by any kind of instrumental treatment. Remove the instrument, and the displacement is just as it was before, or there is a new alternative one, and this however long the instrument may have been in place.

Displacements sometimes disappear. Thus a woman with chronic inflammation of the cervix, and probably also relaxation of the vagina, gets rid of these conditions and then the uterus ascends from its descended, and perhaps flexed, position. A woman with a bulky uterus—perhaps containing a small fibroid—becomes aged; the uterus becomes lighter and lighter, and the upper vagina contracts and the descended uterus ascends. Any change in the constitution of the abdomen which increases its retentive power will raise the uterus higher, destroying displacement, and such changes in the abdomen may result from enlargement of the base of the thorax, or from changes in the quantity and disposition of fat.

I have already said that a pessary often cures by its effect on the mind. A patient recently said to me: "You have quite cured me. I can walk now; but not without that pessary." And she was not altogether pleased when I told her she had no pessary—that I had removed it months previously without her being aware of my having done so. I had omitted to tell her. Had she known she had no pessary she would have found pains arise from walking, and all this without any desire to be untrue.

A pessary often gives relief, even when small, and having no discoverable function—doing nothing. Of the occasional occurrence of such cases I do not doubt, and I am quite unable to explain them. It is of such cases I was thinking when I told you that practical success must overrule theory, or take the place of a failure in theory. It is quite common to find a pessary give relief in what may be called a flexion, because that feature of the case is most striking, without the pessary changing the flexion. In such cases the pessary may maintain a diminished degree of descent, and may prevent increase of descent on walking and may save a tender part of the uterus from pressure on sitting. There is no difficulty in explaining such cases; but to comprehend the action of the pessary you should think of the case as one of descent, not of flexion, and this is true of almost all—if not all—cases of flexion.

As a matter of fact, I find the majority of versions and flexions—as observed in practice and treated by pessaries—have their whole

conditions of displacement quite unaltered by the pessary, even while in.

One of the best examples of relief by the pessary is observed in the anteversion (by probe) of an engorged retroverted and descended uterus. Here a well-fitted Hodge is comforting and curative, maintaining the anteversion, elevating the uterus, or preventing descent on walking or standing, and preventing relapse into retroversion or retroflexion by keeping the posterior laquear of the vagina pressed against the sacrum.

Another notable example of relief is seen in descent with tendency to cystocele, when the irritation of the cystocele pushing at the orifice of the vagina is most annoying. In such, a suitably sized Hodge, or India-rubber ring often, by its anterior limb, just catches the cystocele and obviates the tendency to protrusion through the os vaginae.

For each case your pessary must be specially adapted: a flat, a boat-shaped, or a double-curved, and it must fit the patient in size and contour. Nothing can instruct you in this but bedside experience. Occasionally you have to try more pessaries than one to find the most suitable. Sometimes a woman whose case you expected to relieve by pessary can bear none—of whatever kind.

A pessary, if it is to be useful, will give relief at once, and will need very little attention from you. If you are frequently fitting and re-adapting, you are almost surely doing more harm than good. A well-fitted pessary may be worn for months without being attended to. You must take care that the pessary does not cause ulceration and cut the vagina, and you must have a new one placed when the former one gets decayed.

You will find it hard to get any good from a pessary unless you have a fair amount of perineum to support it. A pessary will be inefficient if the vagina is not long enough and capacious enough to allow of its action without strong pressure on the vaginal wall.

In flexion or version without descent of the whole organ you can do no good to the version or flexion by a pessary; you have no basis or fulcrum to work from.—*Medical Times and Gazette*, Dec. 30th, 1882.

NIAGARA USEFUL AT LAST.—We have it from good authority that the American Institute meets this year at Niagara Falls, in order that the roar of the cataract may drown the nonsense of their debates. So Niagara has its uses after all!!

QUERY: If a drop of Aconite were put in Niagara River at Buffalo, what "Fluxion Centesimal" potency would it be at Lewiston?

CLINICAL BUREAU.

A CLINICAL CASE.

J. A. BIEGLER, M. D., ROCHESTER, N. Y.

April 12th, 1882.—Mrs. T. L. T., a middle-aged lady, of general healthy appearance, physically well formed, apparently free from dyscrasia. She had suffered for several months from pain in right ovary, so acute at times that she was disabled from getting about. It always hurt her to move. No discharge of any kind. She looked so free from chronic ailments that I questioned her closely, and sat patiently hoping for some clew, but it looked for a time like a hopeless task, as she was *mentally too ugly* and *obstinate* to give the help I needed. Having a will of my own, and always determined to be the master, we had a long sitting, some of the time without either speaking. At last a question brought light on the case. She had a severe attack of rheumatism of the right wrist joint three months ago, and called on an old school physician, who, she said, went to a drug store and scientifically compounded a liniment which relieved her almost instantly, expressing herself as if it were the grandest thing ever accomplished. This led to the question: How soon after that relief did you experience this pain in the right side? The answer was, after a little hesitation, "Why, I believe right away; I think the same day." I gave her three doses of Bryonia^{em} night and morning, followed by Sacch. lact. for a week. I said to her at the time, "That scientific gentleman has succeeded in transposing the disease, and before you get well you will have it back in the wrist." At the end of the week she came in looking bright and *pleasant*, standing and walking erect, as she did not do before. "Well, how are you now?" Answer: "I have no pain in my side; it is all gone, but my wrist pains me awfully; still, I feel well for all that." Wishing to learn her a lesson, I did not give her anything, not even blanks, and requested her to call in a week, which she did, and then came perfectly well, and remains so. This lady's husband is an intelligent man, and appreciated pure Homœopathy. I therefore asked her why she did not come to me on the first time when her wrist was affected. Her answer was that she thought I would ask her too many questions.

March 19th, 1883.

CLINICAL CASES.

E. W. BERRIDGE, M. D.

(1). *Syphilinum in leucorrhœa*.—Mrs. K. wrote to me about the following symptoms Sept. 27th, 1880. Acrid discharge, causing violent itching and inflammation of external organs, *worse at night* from warmth of bed; the parts are very tender. She feels *generally worse at night*. *Syphilinum* DM (F. C.) one dose.

Oct. 4th.—Writes to say that menses came on the day after the dose; the itching and inflammation were better (as usual) during menses, but returned afterward, though not nearly so badly as before. On third day after the dose, several ulcerated spots on arm, stomach, leg, and finger; she has them habitually about face, chiefly on left cheek; this increased development of them seems to be an effect of the medicine.

Nov. 4th.—Writes that the vaginal symptoms are quite cured.

(2.) *Lac Felinum in weak eyes*.—June 5th, 1877. Mrs. S.—Sight bad for more than a year, getting worse lately. *On looking fixedly or reading or writing, darting pain from eyes nearly to occiput, much worse in right eye*; this symptom has lasted for a year, and is getting worse. Crawling on top of *brain* at times for a year. Weight on vertex at times for a year. *Lac Felinum*^{40m} (Fincke), one dose.

12th.—Sight better. Darting pains and crawling only noticed twice.

March 25th, 1878.—In two or three weeks after last visit she improved very much in every respect; the sight was better, and the darting very seldom occurred. Now the crawling has almost ceased for four or five months; weight on vertex has remained the same; for the last month, after overwork in nursing a patient, the sight has become worse and the darting returned. *Lac Felinum*^{40m} (Fincke), one dose

April 1st.—Darting in eyes gone for five days.

8th.—Darting only once; sight better; crawling gone; weight better.

15th.—The darting was bad yesterday morning, but at no other time. Sight stronger. Crawling returned. Weight increased.

May 20th.—The darting has occurred only once, about three weeks ago, and in left eye only; sight still weak; crawling and weight nearly gone.

June 17th.—No more darting or crawling; weight bad.

Aug. 12th.—No more darting or crawling; weight much better; sight still bad.

Nov. 20th.—No return of darting or crawling; weight gone for some time; sight still bad. Has cough with thick and frothy expectoration, worse in open air. *Phosphorus* CM (F. C.), one dose.

Feb. 6th, 1879.—Sight better, but weak. No return of darting, crawling, or weight. No further report.

This patient was an elderly monthly nurse, and her avocations were a great hindrance to her recovery.

(3.) *Lac Felinum in weak eyes.*—Dec. 5th, 1878.—Miss M., æt. 26. Sight impaired for four or five years; could not see to read, with pain at back of eyes. Now, *when reading*, the letters run together, and there is dull, aching pain behind eyes, or *shooting in eyes*, the confused sight and the shooting being *worse in the right eye*. At times, for some years, mental illusion that the corners of the furniture, or any pointed object near her, were about to run into her eyes. (This symptom is purely mental; they do not appear to her sight to be too close. *Lac Felinum*^{40m} (Fincke), one dose.

Dec. 17th.—Has tried eyes as much as usual. Less confusion of sight, very little aching, no shooting. Illusion better, only noticed when sewing or knitting.

Jan. 24th, 1879.—Writes that the illusions are worse. *Lac Felinum*^{40m} (Fincke), one dose.

Feb. 4th.—Pains in eyes quite gone; the shooting has never returned, and the aching has gone for a week; less confusion of sight when reading. The illusion has quite gone for a week; has been much more free from it since taking the *Lac Felinum*.

17th.—For the last few days the pains have occasionally returned, but without the illusion.

March 6th.—Only once since has had a recurrence of the shooting, with the illusion of objects running into them.

24th.—On the 20th, after over-fatigue in walking, the old symptoms returned, but this time the pains were entirely confined to the right eye; have not returned since.

April 10th.—No return of the pains, except pains in eyes when reading by gaslight, and then it is much slighter than before. Feels very much better generally.

May 6th.—Writes to say that for nearly a week she has had

severe headache, with illusion as if things were running into eyes. *Lac Felinum*^{40m} (Fincke), one dose.

17th.—No return of pain in head or eyes.

June 20th.—On 12th the pains returned for a day, but only in the left eye.

July 12th.—No return of old symptoms, except the illusion of the needle running into eyes. *Lac Felinum*^{40m} (Fincke), a dose every day for seven days.

Aug. 16th.—Writes that since taking the last powders the old symptoms have returned; neuralgia in face and general weakness for more than a week.

As the repetition of the 40^m potency seemed to have caused an aggravation, I sent *Lac Felinum*^{cm} (Fincke), a powder every day for seven days.

Aug. 30th.—Since taking the powders, no return of neuralgia; feels much better generally; eyes still trouble her at times, but no pain in head.

Oct. 3d.—Has had two slight attacks of the pains in the head and eyes.

Nov. 17th.—About the beginning of this month had a violent bilious attack, for which she took *Nux* on her own account. During this attack the old symptoms returned with great violence, and have frequently occurred since. *Lac Felinum*^{cm} (Fincke), a daily dose for seven days.

27th.—No return of pains for the last five days.

Jan. 6th, 1880.—Has caught a severe cold, with return of symptoms. *Lac Felinum*^{cm} (Fincke), a daily dose for seven days.

April 5th.—Writes that the eye symptoms, though greatly relieved, return every time she takes cold or is over-fatigued. No further report.

This case, though not thoroughly cured, shows the marked action of *Lac Felinum* on the eyes. I have also cured with this remedy a case of ulceration of the cornea pronounced incurable by an allopath.

(4.) *Hydrophobinum in enuresis*.—Miss S. yesterday and to-day complained of constant desire to urinate *on seeing running water*, urinating only a little at a time. At 12.40 P. M. I gave her one dose of *Hydrophobinum*^{cm} (Swan). Within an hour she was much better and was soon well.

This case, which verifies similar cases reported by other observers

(see *Hahnemann's Monthly*, vol. I, p. 220, and *American Hom. Review*, vol. IV, p. 486) is important, because the characteristic aggravation, though an almost invariable condition of hydrophobia, has not yet been produced by the dynamized nosode. This proves that the symptoms of a disease which can be *clearly* traced to the morbid action of a specific virus should be incorporated in the pathogenesis of the corresponding nosode. Thus the symptoms of all cases of hydrophobia and anthrax ought to be united to the clinical and pathogenetic effects of the dynamized *Hydrophobinum* and *Anthracinum*, as C. Hering has done.

The great difficulty, however, is to ascertain beyond the shadow of a doubt which symptoms are due to the virus itself and which to other morbid taints previously in the patient's system and roused to manifestation by it. The more acute and self-limited the disease, the less will be the admixture of its own peculiar symptoms with those of others, and *vice versa*. Thus to incorporate all the life-long effects of syphilis in a pathogenesis of *Syphilinum* would be an error, because many of them might be really due to psora or improper drug-treatment; and this idea is confirmed by the fact that *Syphilinum* will *not* cure every case of syphilis, probably owing to these complications.

Nevertheless, even these must not be absolutely rejected. One of Dr. Swan's patients, a man suffering from tertiary syphilis, complicated with drug-treatment (mercurialization, etc.), had the following symptoms: "Pains commence at, and increase gradually after, 2 P. M., reach their height at 9 P. M., and continue exceedingly acute till the following 3 or 4 A. M., and with the break of day they subside." This symptom, though necessarily doubtful at first, has been proved by repeated clinical experience to be *the grand characteristic* of this remedy, and I have recently confirmed its true syphilitic origin in Dr. Swan's patient by a fragmentary proving with a high potency of *Syphilinum*. Provings and clinical experience with potencies will clear up all these difficult problems, and they should be collected and augmented as soon as possible. In my opinion, the virus of each contagious disease (hydrophobia, syphilis, etc., etc.) is one and indivisible, and the variously differing effects which we see them produce are due, not to a difference in different specimens of the virus itself, but to the ever-varying constitutions of the recipients of them. Thus the strictest individualization must be resorted to in every case, if we would wish to be uniformly successful in their treatment.

(8.) *Bromine in headache*.—Aug., 1881.—Mrs. B. B. complained of throbbing pain in left temple, worse on stooping. The only remedy given in my MS. Head Repertory as possessing this symptom is *Bromine*; and a single dose of the CM (Fincke) potency cured.

(9.) *Silicea in vertigo*.—Aug. 12th, 1881.—Miss L. since 4.30 A. M. has had vertigo, as if all things were going round; worse on lying, especially when lying on the left side; better by standing up, but returning soon after lying down again. At 8.40 A. M. I gave her one dose of *Silicea*^{cm} (F. C.). After this the vertigo did not return, even when lying. *Silicea* is the only remedy known to produce vertigo from lying on the left side (see symptom 101 in Allen). It was produced on the prover by the 4th, 3d, and 2d dilutions, and cured by the CM dilution.

CLINICAL CASE.

J. W. THOMSON, M. D., NEW HAVEN, CONN.

H. J. M., boy, æt. 5½ years. Light complexion and stout, but looks flabby, and flesh has a doughy feel. Cannot hold his urine day or night, or even wait to ease himself, and has to wear a cloth continuously. Legs raw and sore from constant irritation of urine, which is so strong and offensive that the boy is in constant misery. The stains on his clothing are of a deep yellow and brown color; the smell is very offensive. When he happens to be able to use a vessel, which is very seldom, so sudden is the necessity, there is a red sediment which adheres thereto. He urinates at least twenty times a day.

Has a dry cough with rattling in chest; he never raises at all. Don't cough if he keeps quiet, but the least exertion provokes it, and also causes him to turn pale. He delights to be left alone. Says his head is tired.

Dr. D., the leading allopath, his mother informed me, stated that her husband died of "heart disease." She said that she had doctored and doctored and doctored her boy, but it was all of no use. Not anything that he had ever taken had helped him in the least. She had often punished him for wetting the bed and his clothing, but was now satisfied that he could not help it, and therefore spared the rod. Had given up all hope of getting help for him. But hav-

ing heard of cases that I had cured she brought him to me. R. Benz-ac.²⁰⁰ (D.) A powder to be given at 11 o'clock A. M., daily, for six days and then report.

When I again saw the woman she stated that on the following night, to her utter astonishment, her boy did not wet the bed. Such an omission had hardly ever occurred before. Next morning he urinated most profusely. He had never passed so much at a time. Ever since he had had perfect control of his urine. He had been out to play frequently and had wet feet, but he could hold his urine now. He had no cough, did not complain of his head, or want to be alone so much as formerly.

Although the result was apparently all that could be desired, yet I have often wished I had only given a single dose of the remedy, because, as I was informed, there had been no mictio involuntaria on the night following, and the bladder was so tolerant of its contents as to be full to repletion. However, mother and son were both satisfied.

NOTES AND NOTICES.

REMOVAL: J. W. Thomson, M. D., from Springfield, Mass., to 645 Chapel Street, New Haven, Conn.

DR. WILLIAM GALLUPE, an old and true homœopathist, died recently at his home in Bangor, Maine.

THE HOMŒOPATHIC MEDICAL SOCIETY OF WISCONSIN will meet at Madison, June 12th-14th, in joint session with the Western Academy of Homœopathy. An interesting and instructive meeting is expected.

NEURALGIA FROM TEA DRINKING.—Dr. Francis states in a paper read before the Harveian Society, London, that the habit of tea drinking at and between meals, now so common in England, renders people peculiarly liable to neuralgia.

BIBLICAL VIEW OF ALLOPATHIC TREATMENT.—The first instance where physicians are mentioned in the Bible is II Chronicles xvi, 12. It is not flattering to allopathy: "And Asa, in the thirty-ninth year of his reign, was diseased in his feet until the disease was exceedingly great, yet in his disease he sought not the Lord, but the physicians. And Asa slept with his fathers."

PESSARY IN THE RECTUM.—Dr. H. L. Turney relates the history of a lady patient who had been treated by a homœopath for retroverted uterus. Dr. Turney was summoned to her one night in haste and found the patient

in great pain. He examined her and found a large size Hodge pessary skillfully lodged in the rectum.—*Nashville Journal of Medicine and Surgery.*

HYPERTROPHY OF THE HUMERUS.—Miss Dora Huls, of Reading, Pa., aged seventeen years, bled to death through the bursting of an artery in her right arm above the elbow, where the bone had grown until it became over two and a half feet in circumference and weighed forty-two pounds. Last spring she visited Jefferson College, when Dr. Gross told her the only remedy was the amputation of her arm, but she said she would rather die than submit to the operation. The bone was enlarging two years. She was unable to walk the last three weeks.

HORSEFLESH AS FOOD FOR THE SICK.—In the *Bulletin de Therapeutique* Dr. Beaumetz describes the uses of "powdered horse," a new meat preparation employed in what is known as the artificial alimentation of the sick. It is obtained by drying chopped horseflesh at a temperature of 120°, and then reducing it to an impalpable powder. It is gray in color, and has an odor like pate de foie gras. The doctor pronounces it very nourishing, and its fineness makes assimilation easy. Under its use the laziest stomachs are said to resume their functions, and appetite returns.

A SIXTH SENSE.—It is announced that the distinguished physicist, Sir William Thompson, ascribes to a man six senses, namely, those of *force*, heat, sound, light, taste, and smell.

We apprehend that this announcement comes rather late in the day, as American text-books have for some time past taught this doctrine. As an instance we may mention *The Human Body*, by Dr. H. Newell Martin, of the Johns Hopkins University, published in 1881. In this work Dr. Martin states, "We commonly distinguish five senses, those of sight, sound, touch, taste, and smell," and he then suggests that "temperature" should be added.—*Medical Record.*

GOATS AND HOMŒOPATHY.—It is a pleasure to learn that the goat is an animal which responds well to homœopathic remedies. In Surrey, England, there is a goat farm where *Gulielmuz capricornis* is raised and milked for the alleged benefit of the babies of London. A visitor says: "The goats, young and old, appear clean and perfectly healthy; their bright, hairy coats are subjected to curry-combing; no troublesome foot disease demands attention as in the case of sheep, and any internal ailments are promptly and successfully dealt with by homœopathic medicines, of which the manager, Mr. Farrer, speaks with the greatest confidence and satisfaction." We should like very much to have Mr. F. report to us some cases. No doubt infinitesimal doses will affect a credulous man, but not a sensible goat.—*Journal of Comparative Medicine.*

THE

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. III.

JULY, 1883.

No. 7.

EDITORIAL.

TATTLING DOCTORS.—There can be scarcely a greater indiscretion in a physician than the habit of reporting, from patient to patient, the ailments of those under his care. It often requires much tact to avoid this tattling, and at the same time to avoid giving offense to inquiring *friends*. A physician is often asked: "You are attending Mrs. ———. What is the matter with her?" Such a question, coming from a friend of the family, is hard to dodge, and yet dodged it should always be. No physician has any right to talk of the ailments of his patients. Many do it, and to their own *loss*. Many a time do we hear persons say: "Oh! yes, Dr. ——— is a good physician, but *he talks too much*." These remarks may seem very trite, being upon a subject so universally acknowledged; but we have reason to believe that some of our physicians are too gossipy, too fond of telling of their cases. Some do this from the mere love of gossip; others from a fear of offending their questioners if they decline to answer. A patient may be sure of this: That a physician who will tell them of the ailments of others, will be as likely to tell theirs to some one else. How do they like that prospect? The following, from the late Prof. Chas. D. Meigs, is pertinent to this subject: "Let the student, then, take a firm resolution to guard with good faith those secrets with which he may become acquainted as physician. He should beforehand consider the meaning of the term professional secrets, and know that they are either acci-

dental revelations, or homage due to his station as physician, and not to himself as a person; for of the vast number of those which may be communicated to him or discovered by him, not a tithe or hundredth part of them would be his but for his professional position. If a man be dishonored who reveals a secret communicated by a friend, how far more base is he who takes advantage of his professional standing to make public circumstances that have been intrusted, so to speak, not to himself alone, but to the sacred character of the Iatrist. He disgraces his calling in disgracing himself. It is not in regard to grave and serious matters only that he is called upon to be silent, prudently abstaining from acquiring for himself and his brethren the unenviable character of the babbler; for even the most inconsiderable circumstances as to the sick are confidences that ought not to be *betrayed*."

THE TRUTH IN A NUTSHELL.—In a recent number of a journal a writer, in stating his belief in the efficacy of high potencies, says: "I noticed that the latter (*i. e.*, the low-potency advocates) pay special attention to some other branch of medical science, such as surgery, pathology, or histology. Proficiency in their respective specialties requires so much time that they are forced to neglect therapeutics. I became, therefore, fully convinced of the fact that, if the high potency has not been found universally successful, the fault lies not in the potency, but in the prescriber."

The writer here gives us the truth in a nutshell—that failures with high potencies are due to the *prescriber* every time!

This gentleman, Dr. G. C. Quezada, of Brooklyn, studied homœopathic therapeutics in the only way they can ever be successfully studied. First, by studying Hahnemann's *Organon*; secondly, by diligently studying his *Materia Medica Pura*; thirdly, by making his own potencies and carefully prescribing them. The lower potencies were first tried, then the higher—the true method of testing their relative merits.

CONSULTATIONS.—Dr. A. L. Gihon, U. S. N., in a paper read before the American Medical Association at its recent meeting, says a homœopath in seeking a consultation with a divine regular acknowledges his lack of success. Certainly! Why else seek a consultation? In olden time, when homœopaths practiced Homœopathy, they were successful and needed no allopathic assistance. But

in these latter days, when "scientific," "liberal" Homœopathy is practiced, failures follow, and so the necessity for old-school assistance. The once great American Institute, now weak and puny through its eclecticism, last year *begged** for such aid, only one physician feeling no need of aid and comfort from the enemy.

SEBACEOUS CYSTS—CONIUM.

WM. JEFFERSON GUERNSEY, M. D., FRANKFORD.

The benign nature of the encysted, follicular, or sebaceous tumor, commonly called wen, has rendered it an unpopular subject for study, and caused dermatologists to summarily dismiss the thought of any other remedy than the usual surgical treatment. Very many patients, however, have a wholesome dread of anything in the line of an operation, and here, as in many another "surgical" affection, the homœopathic remedy should be substituted for the knife.

A sebaceous cyst is nothing more than an enormously distended sebaceous gland and duct, the walls of which are usually thickened and hypertrophied, even fibrinous or calcified, so as to form a tough sac or cyst. These cyst walls may, however, be thin and delicate. The inner layer is usually thin, as the corium is not implicated in its formation.

The contents are ordinarily firmly encysted and may be soft and cheezy, often semi-fluid or hard and friable. The mass is commonly composed of sebum, epidermic cells, crystals of cholesterin, and globules and crystals of fat. The contents may be yellow or white. In the large tumors it is frequently whitish, gray, and oily, while the smaller ones sometimes present concentric layers of epithelial cells and crystals of cholesterine (cholesteatoma). Those of some age are hard, dry, and laminated, and of blood corpuscles and pigment even to a brown, green or blackish hue.

In inflammation of the follicle, a greasy fluid is formed, mingled with pus and of a bad odor. The microscope has discovered rudimentary hairs also in the contents of these sacs.

* We feel justified in saying that this now famous resolution refers "solely to the consultation question"—*for its author says it does* and he ought to know. If this be its meaning, it is couched in such beautifully uncertain language that even a Talleyrand might envy its ambiguousness.

The skin covering sebaceous cysts is either normal in color or pale from extreme distension. They may be flattened and extended laterally or semiglobular or round, projecting prominently beyond the level of the skin, and as they increase in size showing a tendency to become pedunculated. They are quite variable as to size, and while writers generally compare their limits to that of a pea and walnut, they are to be found both smaller and larger. They occur singly or in great numbers, in children as well as adults; are unattended by pain. Their course is slow and they not unfrequently exist for years, or even a lifetime, without occasioning inconvenience. They may be hard to the feel, although generally soft and doughy. At times, when greatly distended, they break down and ulcerate, although they rarely do so from spontaneous inflammation. As a rule, they are freely movable. It has been stated, however, that when occurring upon the scalp they may largely develop, "induce inflammatory action in the pericranium, causing adhesive and cartilaginous degeneration of that portion lying next to the sac, and in rare cases absorption of the outer table of the skull result, forming a cup-shaped depression with slightly elevated edges." These humors are found chiefly upon the head, neck, forehead, face, eyelids, and more rarely the body. It should be noted that when occurring upon the scalp that portion is often devoid of hair. Dr. Helmuth relates an interesting case of a boy of eighteen months, from whom he removed a sebaceous cyst from the prepuce containing "a substance resembling cottage cheese in texture and swelling exactly like the secretion from the glands of Tyson."

Sebaceous cysts frequently appear to be hereditary, and are, no doubt, dependent upon a strumous diathesis. They should not be confounded with molluscum contagiosum. Molluscum was once described as existing in two forms: first, a hypertrophic growth of fibro-cellular tissue, called Molluscum fibrosum or Fibroma molluscum, but now better known as Fibroma; and second, the affection just spoken of, Molluscum contagiosum, so ably described by the late Tilbury Fox. The differential diagnosis of this affection from the one under consideration is easy. The contagious (so-called) enlargement of sebaceous glands can be readily recognized as "an umbilicated semi-transparent tumor, with a central opening from which sebaceous matter may be squeezed."

Now, what of treatment? Excision, unless the entire cyst be

removed, is but temporary in relief, for the tumor will soon be reproduced.

Many other devices are used, but all savoring too strongly of surgery, which, as before intimated, is often objectionable, nay, should always be so when the desired object can be attained by a homœopathic remedy, for that medicine which will remove any result of morbid action in the system, however small that result or disease, will benefit the general health of the patient. The only remedies a long search has discovered are as follow :

IN GENERAL: *Am. cb.*, *Apis*, *Arsen.*, *Bary. cb.*, *Bellad.*, *Brom.*, *Calc. c.*, *Calc. flu.*, *Caust.*, *Clemat.*, *Daph.*, *Graph.*, *Guar. t.*, *Hell. ni.*, *Hepar*, *Iodium*, *K. bic.*, *K. brom.*, *K. carb.*, *K. iod.*, *Lycopod.*, *Merc. v.*, *Nit. ac.*, *Nux v.*, *Petrol.*, *Phos.*, *Ph. ac.*, *Phytol.*, *Plumb.*, *Pulsat.*, *Rhus*, *Ruta*, *Sepia*, *Silicea*, *Sulph.*, *Thuja*, *Zinc.*

HEAD: *Calc. c.*, *Daph.*, *Graph.*, *K. cb.*, *Hepar*, *Sil.*, *Sulph.*

Dunham recommended *Calc. cb.* for "encysted tumors of head and neck with fluid or semi-fluid contents."

All that Allen's *Register* shows is:

Under Sebaceous glands, affections of: *K. br.*

— — — inflammation of: *Mor. sul.*

— Scalp, tumors, old, become enlarged and sore when touched:
Bary. c.

— — Wens, sensation as if pressed together by a ring or thimble: *Glon.*

— — Tumor: *Bell.*

— — — like blind boils: *Fago.*

— — — hard, subcutaneous: *Bell.*

— — — painless, suppurating: *Phytol.*

— — — stitches, worse at night: *Gos.*

Many of these symptoms are so vague as to be almost useless, yet they are suggestive.

I have had little experience with any of the remedies just mentioned. A few years ago, while treating a patient with *Conium*, I found a large wen of the scalp much reduced in size, and, though opposed to reliance upon clinically obtained symptoms, I could not refrain from further experiment with this medicine. I have since used it in so many cases of wen in persons suffering from no other complaint that unless contra-indicated I think of it at once. Let me, in self-defense, call attention to the fact that wens are almost invariably free from any subjective symptoms, so that

the "indications" for a remedy, unless of a general nature, are absent.

Two months ago a gentleman requested the removal of a wen upon the posterior portion of the thigh, exactly in that locality upon which the edge of a chair seat came in contact while sitting. It was about the size of an English walnut, and from its location caused much inconvenience. I gave him Conium, and in two weeks the tumor was less than three-fourths its original size. He called again in about a week to ask if he had not better discontinue the *medicine* (*Sac. lac.*), as the tumor could not be found, nor could he designate the exact spot where it had been. My manner of giving the remedy has been a powder every night for two weeks. No doubt three or four doses would answer as well, but I have never tried it. I use invariably Fincke's 70m. Once I tried the 30th of Bœricke, but without the least change, while, in the same patient, after waiting a period without medicine, Con. 70m entirely removed the tumor in a few weeks.

I desire to further state that this same medicine and potency has *never* failed me in the removal of milium of the eyelids, for which I use it in the same manner unless contra-indicated.

When we can, let us not disturb nature with the knife or other rash treatment, but aid her to assume a healthy condition and rid herself of these petty defects by a close adherence to our faith.

PROFOUND DEAFNESS FROM ACCIDENT.

A CASE THAT ILLUSTRATES THE POWER OF HIGH DILUTIONS.

ROBERT T. COOPER, A. M., M. D., Physician Diseases of the Ear,
London Homœopathic Hospital.

Beyond question, whatever may be said against specialism in medicine, it has this great advantage, that it enables the physician to pronounce more authoritatively upon the practicability of curing certain forms of disease than would be possible for those not in every-day contact with similar groups of cases. For this reason the homœopathic specialist is very favorably placed for making trial of the comparative effects of low and of high dilutions. He deals with one form of disease and has ample opportunity of observing to what extent these particular affections are acted upon by the various preparations of our many remedies; hence he is able to make com-

parisons that under other circumstances would be impossible. In the month of February, 1882, I was consulted about a poor girl, aged twenty, who was absolutely deaf, so much so that it was impossible to hold any conversation with her, and the only history I could get was that four years ago she had had a very severe blow on the side (left) of her head with the handle of a windlass, and that since then she had become gradually deaf, until now she was unable to hear anything.

The appearance of the membranes indicated a very hopeless form of deafness; the left ear was discharging and the membrane perforated, while the membrane of the right ear looked thickened, of a fleshy color, and sunken in, and lying, apparently, against the promontory.

There was no hearing in either ear, for a watch placed in firm contact against the auricle and the vibrations of the tuning-fork could only barely be recognized.

The whole history and aspect of the case was grave in the extreme, and I explained to the lady accompanying her the hopeless nature of the case, adding that the only circumstance in her favor was her age, and that being young it would be only right to afford her the slender chance there was of improving her hearing by treatment.

This opinion was based upon the fact that the deafness resulting from severe injury to the head is invariably a very obstinate form, especially when the injury dates long back and when the power of hearing is so greatly diminished as in her case. In these cases the auditory nerve has lost its function, a certain paralysis of it has occurred, and remedial means are generally powerless to restore it again to activity.

My prescription for her was *Arnica* 30, two pilules three times a day, and an ointment of 15 grs. of *Ungt.-Hydrarg. Nit.* to $\frac{1}{2}$ oz. of *Vaseline* for the discharging ear.*

On August 4th I received the following letter :

“DEAR SIR:—On 9th February last you were kind enough to examine the ears of a poor girl, named ——, and you then expressed a wish to see her again in six months. —— has persevered with your treatment, and has, I am glad to say, derived far more benefit than we dared hope for, as you pronounced her case almost hopeless.”

* The use of this ointment mars an interesting case. No reasons for its use are given!—ED. H. P.

On the 18th August I took this note: "Can hear half as well again; hears conversation now, and often can even do without a trumpet. Hears a watch slightly on the left side."

Prescribed *Sulphur* 30, also in pilules.

On 8th November, 1882, I again saw her. The left ear had quite healed and she could hear conversation quite well without a trumpet, and the watch was heard well at three and a half inches on the right and on contact on the left side. Notwithstanding this great improvement, however, she would have it the first pilules (*Arnica* 30) had done her most good, and she volunteered the statement that while before treatment her nervousness was so great as to make it impossible to sleep in a room without a light, that now the darkness is not at all unpleasant.

She can now earn a livelihood, which, without treatment, would have been impossible.

The great lesson we learn from this case, and which one acquainted with the treatment of a very large number of cases of a similar description is in a position to testify to, is this, that it would have been impossible to have effected this change without any but a high dilution.

As for allopathic treatment, there is no allopath who could even believe in the power of medicine to effect such a change as occurred in this case.

Poor Dr. Kitto's account of his deafness, which resulted from accident, is painful in the extreme.* He thus speaks: "Time passed on (after the accident) and I slowly recovered strength, but my deafness continued. The doctors were perplexed by it. They probed and tested my ears in various fashions. The tympanum was uninjured and the organ seemed in every respect perfect, excepting that it would not act. Some thought that a disorganization of the internal mechanism had been produced by the concussion; others that the auditory nerve had been paralyzed.

"They poured into my tortured ears various infusions, hot and cold; they bled me, they blistered me, leeches me, physicked me, and at last they put a watch between my teeth, and, on finding I was unable to distinguish the ticking, they gave me up as a bad case and left me to my fate."

And then, after describing how a seton was inserted in his neck

* *The Lost Senses.* By John Kitto, D. D. London, 1845.

by a subsequent adviser, he goes on to say: "I have learned to acquiesce in it and to mold my habits of life according to the conditions which it (the deafness) imposes, and hence have been unwilling to give footing for hopes and expectations which I feel in my heart can never be realized."

Alas! poor Dr. Kitto. Prejudice prevented your advisers from making trial of a high dilution of *Arnica*.—*Homœopathic World*.

THE DISEASES OF THE PROSTATE GLAND AND THEIR TREATMENT.

AD. LIPPE, M. D., PHILADELPHIA.

The most frequent diseased conditions of the prostate gland are acute inflammation, and, as a sequel, chronic inflammation, hypertrophy, obstructions, and tumors; less frequent are tubercles, cancer, and stones of the prostate gland.

The acute inflammation is, with rare exceptions, a disease of early manhood and is caused by the suppression of gonorrhœa, by the abuse of Cubebes, Balsam of Copaiva, by venereal excesses, by the abuse of alcoholic liquors, by riding on too hard a saddle, or by blows on the perineal region.

The symptoms of this disease are a sensation of heat and pain in the perineum, with fullness and throbbings like those of the pulse; an incessantly renewed desire to pass small quantities of water; and having emptied the bladder no relief is obtained from these useless efforts (vesical tenesmus). The urine passing that part of the canal surrounded by the prostate gland produces a very vivid sensation of burning, the seat of which is referred to by the patient as the neck of the bladder. The rectum seems to be filled by a large, heavy body which increases the desire for evacuation, forces the exercise of this function, and urges the patient to continue the efforts even when the evacuations have been complete. By introducing the left index finger into the anus great heat and painfulness to pressure is perceived, also a smooth, round, hot tumor, making a lump in the intestines of a very considerable size. When the swelling of the gland has caused an occlusion of the canal and thereby a complete retention of urine, catheterization becomes *apparently* necessary, but it is not always successful. The instrument passes with facility through the two anterior parts of the canal (the spongy and mem-

branous portions), but the passage through the prostatic portion causes a very acute pain, sometimes even unbearable. If you pass your index finger into the anus while the instrument is in the bladder the prostate gland is found between the instrument and the finger, and its volume can so be judged.

The acute inflammation is generally of a very rapid course and usually runs through all its stages from six to eight days. The more favorable termination is resolution, but if not properly treated the disease passes over into the chronic state (infiltrations, tumors) or an abscess forms, which opens finally in the urethra, the bladder, or the rectum, and leaves prostatic fistulas. In very rare cases the inflammation of the prostate gland terminates in gangrene.

The formation of an abscess causes an increase of all the symptoms present; the frequent painful stitches which had been felt from the perineum to the regio pupis and from there occasionally shooting down the thighs give way to violent throbbing pains. The opening of the abscess is followed by a sudden relief of the pains and sufferings.

CHRONIC INFLAMMATION, HYPERTROPHY, AND TUMORS OF THE PROSTATE GLAND.

The prostate gland may be so affected in its totality or only one or the other of its lobes. The swellings, tumors, and obstructions of the prostate gland in whole or in part are the consequences of an acute inflammation of the gland. They develop themselves very slowly, sometimes in the progress of years. These tumors also result from an excess of nutrition (hypertrophy) or from deposits of foreign matter, tubercles, cysts, pus, fibrine, and fibrous bodies in the cellular tissues of the organ. The prostate gland of an adult in the normal state is of the form and the size of a French chestnut. Under the influence of different causes it can attain the size of a hen's or turkey's egg or even of the head of a man, as Bartholow mentions a case.

Every swelling and enlargement of the prostate gland disturbs and modifies the mechanical functions of the urethra, especially those of the pars prostatica, of the neck of the bladder, those of the ductus ejaculatorii; the size, the direction, the length, and the passage of these ducts and channels become changed. If the prostatic gland has increased in volume it necessarily ascends upward and backward in the cavity of the pelvis. This ascension of the swollen prostatic gland accounts for the high position of the neck of the

bladder in old persons and for the increased length of the urethra, so that often the longest sound will scarcely reach the bladder. As the prostate gland tightly incloses the neck of the bladder (the *pars prostatica urethræ*) the bladder is compelled to ascend with the gland.

The more apparent is the mechanical disproportion from the abnormal development of the middle lobe as it appears most frequently during old age. This middle lobe seems either as a round, flat roll which is more or less thick, and standing out against the *Trigon-Lieutaudii*, or in the shape of a stalked swelling, movable like a flap, or else it forms, by pressing forward fold-like the muscles and mucous membranes by which it is covered, a swelling which rises from the two side lobes over the middle lobe and becomes an oblique and upright or even perpendicular ridge which closes, according to its height, either entirely or partially, the neck of the bladder from within and in part or fully prevents the passage of the urine. The ridge (*Barriere urethro vesicale*) is so important in the diseases of the bladder in old persons, that finally, in later days, Mercier has had the merit of having clearly demonstrated the anatomical relation of this very important anomaly. If one of the side-lobes becomes enlarged it causes a curve of the *pars prostatica urethræ* corresponding with the degree of the tumefaction; when both side-lobes are equally swollen, the urethra becomes compressed from both sides, so that the canal forms a compression only behind and before and somewhat gaping. The swollen lobe of the prostatic gland sometimes presses in the shape of a blunt conical peg in the cavity of the bladder and thereby closes from one side the neck of the bladder or gives it an oblique direction. At times one or the other of these peg-like swellings forms a sort of thick flap which is the tighter pressed against the neck of the bladder by the flow of the urine. The reverse may happen through a diverging direction of the swollen lobe; the neck of the bladder then suffers a funnel-like elongation, and the extension paralyzes the sphincter.

The most prominent symptoms are, discharge of prostatic fluid during a stool, diminution of the stream of urine, frequent necessity to empty the bladder, very great difficulty and often impossibility to do it; when the patient is necessitated to urinate it takes some time before he can commence; once flowing, the urine continues abundantly enough but in an unequal stream or in a dripping manner. In spite of the greatest efforts, the bladder cannot be completely

emptied, and if the patient is sounded immediately after micturition a great deal of liquid is yet found in the bladder. The urine sometimes escapes drop by drop and involuntarily, often accompanied by obstinate constipation.

All these symptoms occurring in the same patient indicate with almost a certainty the presence of a prostatic tumor, but to be assured not to mistake it with other analogous diseases of the urinary organs, it is well to proceed to an examination by the double exploration of the finger and the sound.

In the treatment of any of the above described abnormal conditions of the prostatic gland, the true physician will never be guided by the name of the disease or by the pathological condition of the diseased organs in the choice of the remedy; it will not matter whether the inflammation is chronic or acute, the true physician, knowing that *the totality of symptoms alone constitutes the disease*, will select the remedy which is most similar in its effects to the symptoms of his patient, and while the various abnormal conditions of various organs and parts of the body will present characteristic changes and symptoms, these symptoms are in every case more or less modified by the conditions and peculiarities of the patient attacked by the abnormal condition of the organ; making, therefore, each case to be treated as a special case. No one familiar with Homœopathy can believe in specific medicines for specific diseases, or contend, for instance, that "Aconite" will cure all diseases, that a certain trituration of *Crotalus* will cure all cases of yellow fever, or a certain trituration of the Protiodidè of mercury all cases of diphtheria; such a belief would be becoming the uninitiated; and experiment, the infallible judge in medical and other theories, would convince any person of moderate judgment and ability that such generalizations are detrimental to the practice of medicine. All and each abnormal condition of a diseased organ show among the symptoms produced some characteristics, just as every medicine will produce characteristic symptoms which *we* know are produced on all provers. While many specialties are often only the effects produced on one individual, this specialty may again in turn correspond with one of a diseased organism and be the means of indicating the curative medicine.

When we ascertain the characteristic symptoms of a so-called disease or form of disease, we necessarily will find among the known medicines, *i. e.*, known to us by having been proved on the healthy

organism, some few medicines most similar in their action on the organism to the characteristic symptoms of the disease. These medicines will, therefore, often cure that disease; but, if other symptoms besides the ordinary characteristic symptoms have been developed by the peculiarities of the patient, then we have to employ such medicines as correspond with the disease of the patient and *his* peculiar symptoms, and therefore it remains true that in all diseases all medicines may be employed.

The diseases above referred to, of which I have tried to give the characteristic symptoms, may very often be cured by the following medicines:

Pulsatilla, Thuja, Digitalis, Cyclamen, Selenium, Causticum, Lycopodium, Secale cornutum, Copaiva, Zinc, Agnus cast., Alumina, Hepar, Apis, Sulph. acid.

Pulsatilla.—In Hahnemann's *Materia Medica Pura*, Vol. II, we find symptoms 466, 488, 489, 490, 493, 495, 497, 499, 500, 501, 503, 519, 524, constituting a strong picture of disease of the prostate gland. The pain in the region of the bladder, the frequent desire to urinate, but especially the continued dull stitch in the neck of the bladder, with a pressure of urine while lying upon his back, having to urinate very soon, and not while lying on the side; and when symptom 466, which Hahnemann records in parenthesis (the stool is of a small shape and as if pressed flat), and which was the first Pulsatilla symptom according to which this medicine was administered in the diseases of the prostate, where no remedy was known to the medical world having a specific effect in this disease and until then considered beyond the reach of all medicines;—all these symptoms will in many cases point to Pulsatilla; and another still more important symptom taken from the curative effects of the remedy, after micturition spasmodic pains in the neck of the bladder, extending to the pelvis and thighs, will often lead to the administration of this very important medicine in such disorders.

Thuja.—We find among Hahnemann's symptoms the following:

131. Frequent urinating almost every hour, but without pain.

134. When the patient wishes to urinate he strains much, the desire is felt every minute, the urine passing only now and then, and at that time only he has a burning pain in the urethra.

135. The stream is interrupted five or six times before the bladder is entirely emptied.

147. Stitches in the urethra starting from behind when not urinating, but not during the discharge of urine.

148. A violent stitch from the rectum into the urethra.

156. Discharge of prostatic fluid (stringy) in the morning, after awakening.*

159. A cutting pain immediately before and during the discharge of urine, most violent, in the region of the bladder, back of the pelvic-bone while walking.

Dr. Carl Myerhoffer in his report of the Vienna Provers has the following symptoms:

Pressure on the neck of the bladder.

Painful stitches from the anus to the orifice of the urethra or in the reverse direction.

Discharge of glutinous mucus from the male urethra.

Discharge of liquor prostaticus.

Burning stitches in the penis as far as the testicles.

Dr. C. Wolf in his most excellent provings of Thuja gives :

527. Frequent pressing to urinate with small discharges.

529. Continued desire to urinate.

533. The urine comes frequently with a tension as from a cord over the bladder, which seems to arrest the passage of the urine.

541. Urine with interruptions, and the urine passing only at intervals.

560. Frequent stitches in the urethra with a mucous discharge in the morning.

518. Sensation in the rectum as though a bladder had formed.

From clinical observations I add that the most frequent desire to urinate comes on from five till nine P. M., and is much relieved by a recumbent position.

All these symptoms are frequent attendants of the various diseases of the prostatic gland. But while Pulsatilla will more frequently correspond to the purely inflammatory condition and to the recent cases, Thuja will very often remove the disease permanently, especially when the disorder originated in syphilis, sycosis, and again more especially when gonorrhœa was the origin of it. Even in cases where already suppuration of the indurated gland had been established, and after repeated abscesses had discharged, leaving the gland in a general suppurating process, Thuja will often much re-

* This and the following symptom have been left out of *The Symptomen Codex* by the compiler.

lieve the suffering and retard the progress of the disease. In cases where the syphilitic origin is not present, and in the induration or hypertrophy of the gland, often occurring in the advanced age of man, Thuja will but rarely find its field of action. In those cases, not the result of or connected with syphilis or gonorrhœa, we will then often find an invaluable remedy in

Digitalis purpurea.—In the third volume of Hahnemann's *Chronic Diseases* we read the following symptoms which give us a very accurate indication in some cases of hypertrophy and induration of the prostate gland :

415. Retention of urine.

416. *Pressure on the bladder* with a sensation of great fullness, which continues after passing urine.

419. Continued desire to urinate even after passing the urine.

420. Violent fruitless effort to urinate.

421. Continued desire to urinate, with but a scanty discharge each time.

422. Uninterrupted desire to urinate, with the discharge of but a few drops at a time.

425. Continued desire to urinate and when rising giddiness from it.

434. Incontinence of the urine.

The symptoms 416, 419, 420, 421, 422, and 425 are of frequent occurrence in the hypertrophy of the prostatic gland and will yield very readily to the smallest dose of *Digitalis*. From my own clinical observations I can add a few more symptoms of *Digitalis*.

Before urinating and while the ineffectual pressure is causing violent agony, there is a throbbing pain as from a pulse in the region of the neck of the bladder. Before and after passing urine, violent stitches from the neck of the bladder to the end of the urethra. The desire to urinate, the pressure and suffering, increase after a scanty discharge of urine, compelling the patient to walk about in great distress until after some time another scanty discharge takes place.

The *Digitalis* urine is generally pale but slightly cloudy, looking smoky. Motion increases the desire to urinate, but when it once exists the patient cannot sit still nor lie down, but walks about in agony, gritting his teeth and despairing. The sleep is often interrupted by these periodically returning attacks, the desire to evacuate the bowels often accompanying the paroxysms; very small soft stools are frequently passed without relief, the pressure in the rectum continuing.

Cyclamen.—This near relative of *Pulsatilla* has very important symptoms which may at times indicate it in these diseases.

In Hahnemann's *Materia Medica Pura*, Vol. II, we find symptoms

86. In and near the anus and in the perineum, drawing pressing pain, as from sub-cutaneous ulceration of a small spot, while walking and sitting.

91. Frequent desire to urinate, with but a scanty emission of urine.

92. While urinating prickling pain at the end of the urethra.

Selenium.—The following symptoms found among the provings of this remedy may at times indicate it in this disease.

While sitting, and also while walking, a drop of viscid, transparent fluid presses out of the urethra, occasioning a peculiarly disagreeable sensation; the same sensation is experienced shortly before and after stool.

In the diseases of aged persons it may be at times of much benefit.

Causticum.—We find in Hahnemann's *Chronic Diseases*, many symptoms analogous to these diseases; he gives

721. Strong pulsations in the perineum.

722. Pains in the bladder; the patient passes no urine, and if a few drops come there is violent pain in the urethra, with constipation and spasms in the rectum.

723. Ineffectual effort to urinate, and when a few drops are passed there is violent pain in the bladder; when he walks much to relieve himself he has spasms in the rectum.

724. Desire to urinate, without being able to pass anything; after waiting very long but a little is discharged, and the pressure soon comes on again, without pain.

Lycopodium.—Among many analogous symptoms we find in Hahnemann's *Chronic Diseases*.

315. While passing urine, pressing in the perineum, near the anus, which continues, and often returns while not urinating.

321. Stitches in the neck of the bladder and at the same time in the anus.

Copaiva balsam.—This remedy is reported to have cured induration of the prostate gland. The indications for its application we take from the provings.

Constant, inefficient desire to urinate.

The urine is emitted by drops.

Apis mellifica.—The great analogy between the ovaries and the prostate gland make it very probable that *Apis* will exert its beneficial influence as well over the prostate gland as it does over the ovaries. When we take in consideration the effect *Apis* produces according to provings as we find in *The Amerikanische Arzneiprüfungen*, by Dr. C. Hering, and in these provings symptoms—

646. A very disagreeable sensation in the bladder with a bearing downward in the region of the sphincter and a so frequent desire to urinate that the patient had not only to pass urine very often during the day, but that it was necessary to rise during the night from ten to twelve times for that purpose ; during micturition much burning and smarting ;

647. An almost incessant desire to pass urine ;

652. Frequent desire to urinate with a disagreeable sensation in the bladder, a pressing down in the region of the sphincter ;

673. Pricking in the urethra ;

643. Retention of urine so that the urine had to be taken away by the catheter—

we can expect with a great degree of certainty that *Apis* will cure some cases of prostatic diseases. Without further quoting the sources that would guide us in the administration of many more remedies, I shall conclude by stating the most prominent symptoms and the corresponding remedies :

Discharge of prostatic fluid during a stool, *Agnus c.*, *Alum.*, *Anac.*, *Calc. c.*, *Carbo veg.*, *Con.*, *Elaps*, *Hepar*, *Ign.*, *Natr. carb.*, *Sep.*, *Sil.*, *Staph.*, *Sulph.*, *Zinc.*

Fullness in the perineum, *Alum.*, *Berb.*, *Bryonia*, *Cycl.*, *Nux vom.*

Heaviness, sensation of, in the perineum, *Copaiva*, *Graph.*

Pulsation in the perineum, *Caust.*

Continued desire to urinate, *Amm. c.*, *Amm. m.*, *Anac.*, *Apis*, *Asar.*, *Aur.*, *Bell.*, *Canth.*, *Colch.*, *Cop.*, *Digital.*, *Guaj.*, *Ignat.*, *Iod.*, *Merc.*, *Milleff.*, *Mur. acid*, *Phos.*, *Puls.*, *Sep.*, *Scill.*, *Sulph.*, *Sulph. acid*, *Thuja.*

Impossible to urinate, *Digit.*, *Sepia.*

The desire to urinate continues after micturition, *Bar. c.*, *Bov.*, *Calc.*, *Caust.*, *Carb. an.*, *Croton tig.*, *Digital.*, *Guaj.*, *Nat. carb.*, *Ruta*, *Thuja*, *Zinc.*, *Bry.*, *Lach.*, *Merc.*, *Sabad.*, *Staph.*, *Viol. tr.*

While urinating burning in the region of the neck of the bladder, *Cham.*, *Nux v.*, *Petr.*, *Sulph. acid.*

The stream of the urine is small, Graph., Nit. acid., Ol. an., Sars., Spong., Staph., Sulph., Tax., Zinc.

Difficulty in voiding the urine, and he must press a long time before he can commence, Alum., Apis, Hep., Raph., Sec., Tax.

Escape of urine involuntarily, drop by drop, Arnica, Bell., Mur. acid., Digital., Petr., Puls., Staph.

CLINICAL BUREAU.

LAC CANINUM.

E. W. BERRIDGE, M. D.

Dec. 28th.—Miss C. G. wrote as follows: “I am suffering from very unpleasant nervous symptoms. I am not in low spirits, but I feel weak, and my nerves are so thoroughly out of order that *I cannot bear one finger to touch the other*, and often feel as though I should lose the use of my limbs. Another unpleasant symptom that I have is a sensation as if my throat were closing and I should choke. At first I fancied that this sensation was only a part of my nervous symptoms, and tried to dismiss it from my mind by being constantly employed; but now that it has steadily continued for two months, and is somewhat worse than at first, I think it will be wise to try some remedy. The sensation is between the throat and the nose. I feel as if something in the throat was either enlarged or relaxed, and I have a desire to keep my mouth open lest I should choke. Talking is very difficult, and there is a disposition to talk through the nose. When I try to swallow, sometimes I cannot, because there seems to be a kind of muscular contraction in the throat. My sleep is restless, and I frequently wake with a sick headache, *which seems to commence at the nape*. I also wake with severe pain in the lower part of the back, and am often five minutes before I can straighten myself; but this pain leaves me when I have been about my work a short time, and does not return until the next morning. My nerves have been very much overwrought, and I am afraid of being unable to perform my duties.”

The italicized symptoms pointed to *Lac caninum*, and knowing that the patient was extremely sensitive to medicines, I sent her only one dose of CM (Fincke).

On January 9th she wrote as follows: “I am glad to report

myself *wonderfully better*. At first the medicine made me *much worse*; my throat on the evening of the day I had taken it really seemed closing, and the difficulty of breathing was great; the nervous symptoms were worse in every way, and the eyes twitched. I had also pains in the limbs and a feeling of great mental anxiety. All this passed away in a few days, and at the present moment I feel fairly well."

I am now collecting for future publication all the pathogenetic and clinical symptoms of the *Lac* series; also all the nosodes, with the exception of *Lyssinum* and *Psorinum*, which have been already arranged by Hering and Allen. I shall be glad if those physicians who have anything to report will do so either in the pages of THE HOMŒOPATHIC PHYSICIAN, or to myself. I shall also welcome references to or quotations from any of our journals which may have escaped my notice.

COMMUNICATIONS FROM PRACTICE.

DR. HANNES, LABOE, HOLSTEIN.

In September, 1881, I treated a young lady of seventeen for scarlet fever. At first, in addition to the strongly developed eruption, there was only moderate fever and inconsiderable angina. Later there occurred a dry, irritating cough. It began usually in the afternoon and continued into the evening, and even into the night, while during the forenoon she was tolerably free. By degrees there set in great restlessness, increased fever, sleeplessness, *annoying dryness of the mouth, shortness of breath, and violent, pressing pain in the breast* aggravated by deep respiration. There also followed *a remarkable sleeplessness with difficult speech, as if the tongue was also moved with difficulty*. The sensorium appeared to be unaffected. The remedies used at first (*Drosera* and *Hyoscyamus*) were ineffectual. I then gave *Nux moschata*³⁰, in solution. After the first dose (in the evening) she soon slept, and awoke next morning free from all complaint. The fever, cough, etc., did not return again and she recovered rapidly.

A countryman consulted me about his wife March 22d, 1882. According to his statements, she had recently aborted in the fifth month, the afterbirth had not passed, and she was suffering from labor-like pains. I prescribed *Pulsatilla*³⁰. The afterbirth passed in the next day or two, and the pains ceased. However, heat, thirst, cough, and

inclination to vomit set in. I again prescribed, on the husband's report, Bryonia³⁰. Some days after I was called in on account of the patient becoming worse. I found the formerly robust and blooming woman in the following condition: Pale, sunken face; rapid, short, superficial breathing; short cough, with rattling of mucus, yet she was unable to expectorate anything; very rapid, small, soft pulse; heat, thirst, *dryness in the mouth, burning pain in the breast* above the pit of the stomach; great weakness; there were also frequent *attacks of oppression of the chest with rapid respiration* and a sensation as if the mucus obstructed the lungs; *violent palpitation, faint-like weakness, and inability to speak*. Except during these paroxysms she is able to speak in a weak voice. Physical examination of the breast and abdomen revealed nothing important, particularly there was nowhere painfulness on pressure, only auscultation discovered extensive coarse *rales* in the region of the right shoulder blade.

I prescribed Nux moschata³⁰ in water, hourly, and made a doubtful prognosis.

Report on the following day considerable improvement after a few hours; could expectorate easily; respiration free; paroxysm has not returned.

Three days after is very well, only yesterday she had a short paroxysm. Nux mos.³⁰ She soon reported that she was again restored.

Nux mos. is also frequently indicated in children as well as in women, particularly in colic-like attacks with transient *paleness of the face, weakness, sleepiness, faintness*, and the like. It is certainly more frequently indicated than the routine administration of Santonine lozenges or even Cina³⁰ in the supposed worm troubles.

I was consulted in May, 1881, by a countryman of sixty-three. He has suffered for several years from rheumatic pains in the right leg from the hip to the foot. Particularly in the evening *in bed*, with trembling and "flying" of the leg, *restlessness and tossing about*. After he becomes warm he sleeps. Morning, on rising, he is stiff; *on moderate motion the pains are more tolerable than sitting still*, yet he cannot walk long. He formerly had rheumatic pains in the left arm and left breast, which also was worse in bed, with *restlessness and tossing about*.

I prescribed Ferrum oxydat. 6 dec. a dose a day. Four weeks afterwards: "Considerable improvement, in the first eight days little change, then marked improvement, then again a slight aggra-

vation, and again increasing amendment. Pains are now inconsiderable, can work." Again Ferrum oxy. 6 dec. The pains then disappeared entirely and have not yet returned, as he recently informed me.

On the evening of November 2d, 1881, I was called to see the young wife of a countryman. She had had for some days light drawing pains in the right leg from the hip downward. On that day at noon the pains became worse suddenly, and are increasing. *Violent, drawing, tearing pains* from the loins along the anterior surface of the right thigh downward, *aggravated by every movement*. "Cannot move the leg." The ischio-sacral region on the right side is painful on heavy pressure. Accompanying are *heat, restlessness, irritability, thirst, red, hot cheeks, one particularly*. Cham.³⁰ in solution. She slept soon after the first dose, and on the following day I found her walking about her room free from pain.

On the 16th of April, 1882, a fisherman's wife consulted me. She had been suffering for four weeks from gastrodynia. It is worse from 3 or 4 P. M. till late in the evening, and *after every meal*, after a few bites, the pains become more violent; she *must loosen the clothing about the pit of the stomach* and press firmly thereon with her hand. Eructations ameliorate but little; feels best when she is warm in bed; less pain at night. The pains go from the back through the left hypochondrium to the pit of the stomach. *Loss of appetite, tongue coated whitish, constipation, urine brown; dirty, yellow, sunken face; whites of the eyes yellow; pit of the stomach painful on pressure*. Lycop.³⁰ every three days.

April 25th, she sent following report: Violent pains day and night in the bowels and back; complete loss of appetite; nausea; stool bright yellow; urine brown, as if mixed with blood—Chelidonium³⁰ every three days. On the 3d of May she came herself. Considerable improvement in every regard; the pains had abated immediately; urine almost clear; stool natural, yet yellow; whites of the eyes clear; tongue clean; pain in the pit of stomach only after eating, but not amounting to much; pains in back have disappeared; sleep, appetite, etc., good. In the upper part of right hypochondrium still sensitive to pressure, on that place the pains are the worst. Sacc. lac. The remainder of her complaints soon disappeared and she still feels entirely well.—*Allegemeine Homœopathische Zeitung*. Translated by A. McNeal, Jeffersonville, Ind.

NOTES AND NOTICES.

REMOVALS.—Dr. C. G. Wilson, from St. Clair, Michigan, to St. Cloud, Minnesota; Dr. S. A. Kimball, from Boston to Melrose, Massachusetts; Dr. A. F. Randall, from Lexington, Michigan, to Brodhead, Wisconsin; Dr. J. W. Thomson, from New Haven to No. 132 East Fiftieth Street, New York city; Dr. J. H. Way will be at "The Aldine," Atlantic City, for the summer.

PROFESSOR FRANKLIN has resigned the chair of surgery in the homœopathic department at Ann Arbor and will practice in St. Louis.

A NEW JOURNAL, to be called *The Homœopathic Leader*, will soon be started in New York under the editorship of Dr. Walter Y. Cowl, with distinguished associate editors for the various specialties. We wish this new journal all success, and hope it may prove to be a leader of *true* Homœopathy. We have now a dozen or more journals, leaders of *false* Homœopathy.

THE ALLOPATHIC "STAR CHAMBER."—The American Medical Association decides all questions of faith for the orthodox regular, and is itself ruled over by a "Star Chamber" known as the "Judicial Council." So this "Judicial Council" rules the sixty thousand regulars of America and is to be responsible to no one! At the last meeting of the American Medical Association this "Judicial Council," to prevent any "new coders" from entering as members of the meeting, wisely decided to allow no one to register, as member or delegate, until he signed a pledge professing his allegiance to the old code and his abhorrence of the new! This, of course, made the Convention unanimous in favor of the old code! A packed convention!! One of the delegates signed this pledge under protest, and *was expelled from the Association for so protesting!* The New York *Times* comments thusly upon his expulsion:

"The labors of the American Medical Association were crowned at its final session by the expulsion of Dr. Goodwillie, of this city, upon the express ground that he adhered to the Code of Ethics of the New York State Society. In other words, a physician whose standing is not challenged in any other respect is declared unworthy of professional association because he reserves the right to attend a patient in consultation with an 'irregular' physician of the patient's own choosing, whenever, in his judgment, any emergency requires him to do so. And this reservation is regarded as the violation of a code of 'ethics'! The doctors who take this view would appear to be cruel bigots if they did not present so much more prominently the aspect of simple geese. This is not the spirit of a learned profession; it is the spirit of an ignorant trades-union, bent upon punishing 'rats.' The men who made it and who adhere to it must believe not so much that it is the business of physicians to heal the sick as that it is the business of the sick to furnish constant and remunerative employment to a carefully limited number of 'regular' physicians."

The American Institute should get up such a Star Chamber and allow no one to register as a member who does not alternate his remedies and use crude doses, apply blisters, etc. Such a Star Chamber would soon settle the dose and other vexed questions.

THE AMERICAN INSTITUTE.—It is said about three hundred were in attendance at the Niagara meeting. The following officers were chosen: Professor J. C. Saunders, of Cleveland, President; Professor T. F. Allen, New York, Vice-President; Dr. J. C. Burgher, Pittsburg, General Secretary; E. M. Kellogg, New York city, Treasurer. An Inter-Collegiate Committee was established, consisting of two delegates from each of the eleven homœopathic colleges.

THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. III.

AUGUST, 1883.

No. 8.

THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL
SOCIETY.

SYRACUSE, N. Y., March 15th, A. D. 1883, 10 A. M.

The Central New York Homœopathic Medical Society held its quarterly meeting in the office of Wm. A. Hawley, M. D., C. W. Boyce, M. D., in the chair. Sixteen members were present. Chas. T. Harris, M. D., of Syracuse, was elected to membership.

Dr. Hussey submitted a paper on Neural Analysis. Drs. Hawley, Brewster, and Jennings were appointed a committee to consider the practicability of publishing said paper, and to report at next meeting.

Dr. Clausen, from Committee to prepare a protest against the resolution of the Institute, at its last meeting, on freedom of medical opinion, submitted a report.*

Dr. Gwynn—Some time ago we acted upon the subject of consultations with non-homœopathists, and our action was, unfortunately, misunderstood. It would be well for us to be slow in this matter. I move to defer action until our next meeting.

Dr. Nash—I sympathize with Dr. G. in care as to official action. And yet, time enough has passed for us to make up our minds. It

* See pp. 184 and 185 of this Journal for June, 1883.

is important for us to take action before the A. I. H. meets. We do not meet again till June. The A. I. H. meets in the same month. Let Dr. G. have till this afternoon. It is important that we put ourselves on record at this meeting.

Dr. Hawley—The Committee has tried to express pointedly the homœopathic position, and as pointedly our regret at the action of the A. I. H. Its action authorizes a man to resort to any use of drugs he pleases. There is no freedom in homœopathic medicine except in obeying the homœopathic law.

Dr. Brewster—Do we believe in the resolution reported by our Committee? If we do, why hesitate to adopt it? We are men. We have been long studying and practicing Homœopathy. We have come to conclusions as to the principles of the system. If we are at liberty to express our opinion, the sooner we put ourselves on record the better, doing it in a calm and dignified way. We occupy a responsible position. Fidelity to principle and law is the ground on which we stand. The action of the A. I. H. is similar to that of the N. Y. State Society, in dropping the term homœopathic from the the name of our State organization.

Dr. L. B. Wells—It is necessary to act, and to act promptly.

Dr. Clausen—It should be published in all the homœopathic journals.

Dr. Gwynn—After the comments upon what I said, I must add something. I ask Dr. Hawley, Do you not practice with entire freedom of opinion?

Dr. Hawley—Yes; obedience to the law is the liberty I want and try to use. Freedom to go contrary to the homœopathic law is license, not liberty. I do not want liberty to disobey the law and still call myself a homœopathist. That were an absurdity. The point of the resolution of the A. I. H. is that it is allowable for homœopathists to disobey the homœopathic law.

Dr. Gwynn—The resolution of the A. I. H. does not say a word about disobedience to the homœopathic law. Why condemn it? It is nonsense so far as the face of it is regarded. We are imposed upon often by false homœopathists, but we cannot say anything against the resolution.

Dr. Clausen—Societies are formed for usefulness, development, and progress. To accomplish these successfully, some essential tenets must be the rule. These tenets involve three propositions: First, that which is called a science can be a science only as it is governed

by law ; second, law, to be law, must be universally applicable to the science it governs ; third, any deviation from that law is unscientific and empirical, and can reap only spurious results.

The American Institute of Homœopathy was formed for the promotion of medical science. Its founders recognized for that science a law ; they recognized that law to be “ *similia similibus curantur.*” They therefore logically recognized Homœopathy as the science of therapeutics—being a science by virtue of having a law. It therefore follows that the promotion of medical science can result only from strict conformity to the *law*. It is only the perfect law of liberty that delivers us from the bondage of lawlessness and recklessness, with their direful punishments. The lawless are always slaves to their own waywardness ; they enjoy license, but not the perfect law of liberty. Strenuous efforts have been made by certain giddy-headed communists in our ranks to unite the common school of medicine with ours. We have deplored the inconsistency and the irrationality of this crazy idea. We have read that disgraceful and abominable resolution, which was passed at the last meeting of the Institute in 1882, touching “ absolute freedom of medical opinion and unrestricted liberty of action.” It was introduced and passed at the close of the meeting, when very few members were present. It is the most absurd of all steps yet taken by the Institute. It is the grand climax of the perversion of Carroll Dunham’s plea for liberty. Its advocates delight in old-school recognition ; but they cannot be consistently loved by the honest, even in the common school of medicine.

We, who are gathered here to-day, represent the Central New York Homœopathic Medical Society. Our Society was formed in 1866 in the interests of pure Homœopathy. “ Through all vicissitudes it has adhered firmly to the fundamental principles of Homœopathy, viz.: The *simillimum*, the single remedy, and the *minimum* dose.”

It is our solemn duty, in honor to truth and loyalty, to protest with emphasis against every departure from ever-efficient Homœopathy, and from its unerring law.

The report was accepted and adopted, and is as follows :

Ordered, that this protest be published in all the homœopathic journals of the country.

Reports of provings were called for.

Dr. Emens—Have tried the trituration distributed by the secretary. No results.

Dr. Nash—All of us may take this trituration and have no results, because not susceptible. Persons differ in susceptibility. Moreover, a prover should be very systematic and persevering. We must try such attenuation as will best meet our susceptibility.

Dr. Boyce—Hahnemann says the power of drugs is increased by potentizing. See *Organon*, Par. 128, Stratton's translation. He says we obtain powerful effects from the 30th. Shall we give up trying to prove remedies? Can we prove Hahnemann's statement either false or true? This is the first attempt at proving we have made as a society. Shall we go on with the provings of this drug? We ought to obtain results from the 30th. The Austrian provers sought to disprove Hahnemann's teachings on this subject. But they confessed that they obtained more and better symptoms from *Natrum mur.*³⁰ than from lower potencies of the same drug.

Dr. Clausen.—Let us repeat the effort to prove this drug, and agree to take it in solution.

Dr. Schmidt—Would it not be well to try some medicine not yet sufficiently proved? *Syphilinum* cured a case for me having the peculiar symptom of pain coming on at sunset and ending at day-break. It was the only symptom I followed. One dose cured him perfectly in two weeks. This remedy is not sufficiently proved. So with *Lac caninum*. A symptom is where the pain keeps changing from side to side. We have a number of medicines not proven.

Dr. Boyce—We should study Hahnemann's *Organon* from Par. 105 to 145, and follow his instructions with close exactness when proving drugs.

Ordered, that this proving be continued the next three months.

Dr. Boyce—Dr. Schmidt has spoken of *Syph.* Has any one else had any experience with it?

Dr. Nash—A child had caries of the spine. The occiput sank down, resting on the protuberance of the curvature. There was a swelling. Fluctuation led to opening it. Remedies failed. Saw Dr. Skinner's statement of a cure of caries of the spine with *Syph.* The child complained it pricked, and was worse at night. Nitric acid failed. The matter became almost purely calcareous. Old-school physicians said the child would die. The mother said the child always called any pain a pricking. Gave Swan's *Syph.*^{cm}, once in ten days, till three doses were given. Cured the caries. There was no positive proof of syphilis in the case. Exacerbation at night is one indication for this remedy.

Dr. Boyce—I gave it in a case of dirty eruption of the scalp. Cured. No special indication for giving it.

Dr. Hawley—A case of syphilis. Sore throat. Copper-colored maculæ from crown of the head to the soles of the feet. Gave Swan's *Syph.*^{cm}, three doses in five months. Complete cure. Sore throat disappeared almost immediately.

Another case: Nose and cheeks covered with eruptions and scabs. Scabs in layers rising to a point. The first dose of *Syph.* took off the scabs in two weeks.

Another case, the wife of the first patient: Tried it on her without effect.

Another case: Inguinal bubo. Remedies failed. *Syph.* cured completely.

Nosodes should be proved in order to obtain indications as to when they are homœopathic.

Dr. Schmid—Will the high potency annihilate the aggravations of lower potencies? I have found it true. Nosodes should not be given simply to antidote their own specific poison. They should be proved, and given only as indicated.

Dr. Clausen—A patient had night sweats; was sleepless and restless; had suffered previously from an attack of ovaritis. *Syph.*^{cm}, three or four doses within two days. Relieved after the second day.

Calcarea carb. was taken up.

Dr. Clausen—Have used it in several cases of too early and profuse menstruation with good results. Regard this as the characteristic indication. There were other symptoms, such as cold and damp hands and feet.

Dr. Schmid—Find it useful for small children in winter cough. Calcarea constitution; sweat on the head, wetting the pillow; hard stools; cold hands; wheezing breathing; canine appetite; drink all the time; milk comes up curdled; fever at 2 P. M., goes down and rises again at night. Good results from the MM potency. Have had exacerbations in children from high potencies; aggravations produced the second or third day; the exacerbations pass away, leaving the patient cured.

In grown persons Calcarea is indicated by such symptoms as these: The patient is phlegmatic; unhappy; there is pressure on the head; she cannot endure the same; profuse and too early menstruation; Calcarea constitution. Patient should be fleshy and light

complexioned. Canine hunger, wants to eat all the time. Have seen intermittent fever cured by it in six doses, where there had been great unhappiness as a prominent symptom.

Dr. Martin—A case in my first year of Homœopathy. A plump, fleshy child had intermittent fever. Gave old-school remedies in vain. The child became very sick; emaciated; complexion sallow; temples a lilac color. Gave *Calcarea carb.* empirically, not being acquainted with Homœopathy then. The child improved immediately.

Dr. Seward—A child, five months old, black eyes and hair, had cholera infantum; face old, blue, pale. One dose of *Calcarea carb.*³⁰, cured.

Another child was troubled with constipation; would cry and strain sometimes, and have a very large stool. *Calcarea carb.* cured.

A woman had lung trouble. She could not lie down; feet dropsical, the swelling extending to the knees; taste bad; tongue foul; breath fetid; no appetite. Gave one dose *Calcarea carb.*³⁰. She grew better immediately. The second night she could lie down. Cough cured.

Dr. Young—A boy, about six years old. The mother fleshy and heavy, of an easy, good nature. The boy had intermittent fever. Grew worse. His physicians gave him up to die. In sleep, great drops of sweat would break out on his face; feet and hands cold; he wanted to sleep all the time. *Calcarea carb.*²⁰⁰ cured.

Another boy was attended by an allopathist, who said he used Homœopathy when wanted. Dysentery had run the boy down. Skin dry, and looked like chalk; the sutures of the skull were open. *Nux vom.* had been given. It made matters worse. I gave *Calcarea carb.* and cured him. There was marasmus in this case; abdomen prominent.

I give *Calcarea carb.* when a child's teeth develop badly, and rot as soon as they come out. [*Kreos.*, *Staph.*—ED.]

Dr. Nash—In children when development of the bony system is hindered, there should be careful discrimination between *Cal. carb.*, *Silicea*, and *Sepia*. *Cal. carb.* acts most promptly where are the symptoms which have been spoken of, when the vomiting is curdled, and the stools are sour. Where these last symptoms are not present, and the temperament is wiry, *Silicea* helps; *Sepia* when the child cannot take boiled milk. Have found *Cal. carb.* useful in lumbago, and in sprains of the back where *Rhus tox.* has failed me, and the patient has been working in the water.

Dr. Boyce—Vomiting on waking up in the night led me to give Cal. carb. and it cured the patient.

Dr. Brewster—A cake of milk crust in a nursing babe, fat and flabby. It had been under treatment five to seven months. A cap had formed on the head. On each cheek was a patch covered with a crust of the same kind. Cal. carb.^{8c} removed the cap in two weeks. Several weeks more were occupied in perfecting the cure.

In one case the child had been three months under treatment, and one eye was destroyed. Then the child was put under my care. Cal. carb. cured it, and saved the other eye, which had been involved.

Dr. Schmid—Generally one dose effects the cure.

Dr. Seward—Cal. carb. is indicated when there is a sensation of coldness of the head, must keep it covered.

Dr. Baldwin—Have had, and have seen, fine results from Cal. carb. in phthisis; expectoration thick, heavy, and yellowish; perspiration sour and sticky, especially at night, making the clothing sticky; the sweat on hands and feet feels cold to the patient. I give the 30th, and repeat till results are obtained.

Dr. Nash—I repeat Cal. carb., as I do every medicine, until there is some effect.

Dr. Schmid—Have antidoted the morbid effects of repeating lower potencies by one dose of a high potency. But the matter is not settled in my mind.

Dr. Hawley—Have had much success with Cal. carb. A child, six years old, had suffered from epilepsy three or four years. Paroxysm every two weeks. He had been under old-school treatment. Came under my care. He was thin and pale; ears were translucent; feet and hands cold and wet. One dose of Cal. carb.^{2c} was given. He is now a healthy youth of seventeen. Has not had another fit. I use this remedy almost every day for adults and children.

Dr. Brewster—A case of sick headache, vomiting in the night. Cured with Cal. carb.

Dr. Southwick—A case of epilepsy. The disease came on after falling into the water. A peculiar sensation would start at the stomach and spread all over. Took drugs. Went on eighteen years. Cal. carb., once a month, has improved the case greatly.

Dr. Schmid—One dose Cal. carb.^{cm} cured this symptom: everything looks to be at a distance.

Dr. Hawley—Cal. carb. is called for when the patient is miserable all the forenoon, better about four or five P. M.

Dr. Schmid was requested to prepare a paper on the proving of drugs.

Dr. Baldwin was appointed a committee to ascertain the cost of printing one hundred copies of the constitution and by-laws.

Dr. Seward read a paper, giving an account of use of *Lachesis*.

Adjourned.

C. P. JENNINGS, *Secretary*.

HOMŒOPATHY IN SPAIN.

DR. EL PALVAREZ, MADRID.

In Spain, Homœopathy is in a prosperous state, counting eight hundred homœopathic doctors that practice Hahnemannian therapeutics with entire freedom, unmolested by the government or by legal authorities—preparing and giving the medicaments themselves to the sick. Notwithstanding this, there are two large homœopathic pharmacies, one in Madrid and the other in Barcelona, where the medicines are to be found for the use of those homœopathic doctors who do not wish to prepare it themselves, and for the public benefit. The greatest number of homœopathists are found in the populations of Madrid and Barcelona.

The homœopathic doctors in Spain are divided into two parties, those using high and those using low dilutions—those using high dilutions being in the majority. They employ the high potencies of Jenichen, that his successor, Dr. Rentsch, of Wiemar, Germany, sends them, and these are the only ones known in Spain. Dr. Fincke would do well were he to give to the Spanish high-dilution party the knowledge of his potencies.

There is only one homœopathic society in Spain, "The Madrid Hahnemannian Society," founded in Madrid in 1845. It has published since 1846 a monthly periodical, that since 1860 has been entitled "*El Criterio Medico*," said corporation supporting a free daily homœopathic dispensary for chronic diseases. It is largely attended, having seven or eight thousand patients annually. The Society holds two monthly sessions, having for its President Dr. Zoilo Perez, an old and illustrious homœopathic doctor, who is a diplomat at court and a member of the Spanish Parliament.

The Madrid Hahnemannian Society was founded by a public subscription. A homœopathic hospital, for acute diseases, excepting the contagious, was opened to the public in 1879, and has forty-eight beds. It is directed and administered by a body of managers and supported by a legacy left by Dr. Nuñez, by private donations, a public monthly subscription, and an annual subsidy of \$4,800 from the Spanish Government. This subsidy is used to assist in defraying the expenses of the homœopathic school that has been established in said hospital, and which is authorized by the government.

The school is composed of four professorships, consisting of the following :

- 1st. Institutes and Homœopathic Medical Pathology.
- 2d. Pure Materia Medica.
- 3d. Homœopathic Medical Clinics, for men.
- 4th. Homœopathic Medical Clinics, for women.

Each chair is held by a professor, having an assistant professor as a substitute in case of illness or absence. Numerous alumni are annually matriculated, that after taking the courses mentioned above undergo an examination for a degree, receiving from the faculty the Diploma of Homœopathic Doctor, signed by the Director and Secretary of the Hospital. Before an alumnus can matriculate he needs and must have a diploma or degree of medical surgeon, given by some Spanish university, or have taken some lectures at the Medical School of the Madrid University.

The Hospital, or board of managers and doctors, publish monthly a bulletin giving the statistics of the sick that enter the establishment, and the notable cases treated at the clinics.

The homœopathic doctors are highly esteemed and appreciated by the Spanish Government, from which they frequently receive favors and distinctions, particularly from the monarchical government; they also hold public professional offices. The highest Spanish classes, and also the people, protect the homœopathic school. Were it not for this, the homœopathic hospital would never have been founded, nor would it have obtained assistance from the government.

Other homœopathic societies have been founded at various epochs, the only one now existing being the Madrid Hahnemannian Society.

The same is true of the homœopathic journals, the ones now edited are *El Critero Medico*, published by the Hahnemannian, and the *Bulletin*, published in the last two years by the managers and doctors of the Hospital.

A LETTER FROM AUSTRALIA.

DEAR SIR:—I have long thought of writing to you on the subject which I wish to bring before you in this letter. But the loss of two of our principal homœopathic colleagues in this part of the world leads me to delay no longer. You will no doubt hear through the English homœopathic journals in due time, of the death of Dr. Irving, for many years a homœopathic practitioner in Nelson, New Zealand, followed, two or three days afterward, by the death of Dr. Robert Ray, in Melbourne, one of the oldest homœopathic practitioners there. I believe Dr. Irving died from enlargement of the liver. He was the only homœopathic doctor in that part of New Zealand. He enjoyed the confidence of a large clientele and will be greatly missed. Dr. Ray was thrown out of his carriage and died a few hours afterward. He also was greatly respected as a physician. Thus there are two gaps made in our hitherto small and insufficient number of like-minded medical men. I see little hope of our numbers being augmented from England, they need all they have there; but from America, with its homœopathic colleges, and the many graduates who are entering the profession, I think we might expect some help. Homœopathy is extending everywhere. The only want is medical practitioners, and that want is simply everywhere. Here in Sydney, a city of one hundred and sixty thousand, rapidly increasing, we have only four qualified practitioners, and seven unqualified, many of the latter doing well, though very ignorant of medical knowledge generally. There is no one in Queensland, a colony rapidly increasing in prosperity, no one in any inland town in New South Wales. Five of the principal towns in New Zealand, Wellington, Nelson, Napier, Wauganni, Moncayeh, are without homœopathic practitioners. In Dunedin, the principal city, there is only one. I am sure, although I am not as well acquainted with Victoria, that the want is just as universal there. I am writing hastily, but I am sure I have seen enough to show what good openings there are in these parts if we could only get good men to fill them (the climate is delightful and salubrious), but we need good, all-sound men, who are well acquainted (this is my idea) with the best that the dominant school can achieve in both diagnosis and treatment, as well as with homœopathic therapeutics in particular—men who can hold their own in everything. I am sure the status of all could be improved if there were more of us.

Now I have said my say, and I ask you, can you help us in this matter, can you induce any of your colleagues to come and try their fortunes in these transpacific regions? I do not believe they will regret it.

With kind regards, I remain, yours respectfully,

I. FIELD DEEK.

Sidney, N. S. Wales, May 17th, 1883.

P. S.—If you can further my object in publishing this, do so. You may remember that I consulted you by letter some years ago about my knee—I received a very kind reply—when I was in Dunedin. I have now been six years in Sydney, and am glad to say my knee is perfectly well.

CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILADELPHIA.

On the morning of the 7th of June a lady called about 10 A. M., asking for some medicine for her brother, who for more than two days had suffered from a severe nose-bleeding and was not able to arrest it. Not able to learn more than this from her, I gave her a few doses of *Cactus grandiflorus*, and learned that the first dose had arrested the bleeding, but that it had returned again, was better during the night, but worse on the 8th. On the evening of that day I finally obtained a full history of the case. The gentleman, fifty years old, had always enjoyed robust health—in fact, was a picture of health; he stood six feet in his stockings, was well nourished, being a rather high liver. His father had been a still larger man, and had died of apoplexy at the age of sixty-five years. On the 5th of June a complete hemorrhage from the left nostril had set in; his family physician, an allopath and a learned professor in one of our celebrated medical colleges, applied alum and plugged up the nostril—of course to no purpose. In the night of the 6th the hemorrhage became worse, and during the night another learned man was called in in consultation; and now the patient had to take first a bottle of Citrate of Magnesia, which was followed up by liberal doses of the tincture of *Secale Cornutum*; but the bleeding did not stop, and on the 7th day of June, the friends becoming very much alarmed, almost as much so as the patient, resolved to seek other help; but not at first knowing anything more of the case than

what his sister reported, could not well understand why he continued to have more attacks of nose-bleed. Drugged, having suffered besides all day of the 7th with incessant debilitating diarrhœa, utter loss of appetite, and rapidly becoming weaker. I finally learned further that he was free from nose-bleed now when in a recumbent position, but worse when he arose *or when he stooped*. When he arose his head felt full, he felt faint, and if he stooped the blood poured out in a stream. A single dose of *Rhus tox.*^{cm} (Fk.), which I gave him on the evening (9 P. M.) of the 8th of June, caused him to sleep all night till 8 A. M. He then arose, as he expressed himself, to feel like a new man, had a good breakfast, and reported himself, 10 A. M., at the office well and disgusted with the allopaths.

Comments.—An apparently simple case of epistaxis became unmanageable in the hands of our scientific opponents. Such an apparently simple case, becoming unmanageable, calls us “to reflect.” The old school—old to be sure, but utterly void of any guiding principles, blind to the simplest truths, thoughtless as to a correct diagnosis to guide it in therapeutics—this aged school could not even manage a case of epistaxis. What, then, will the close observers ask—what, then, do the followers of that common school cure? If they sometimes accidentally restore the sick, if the sick do not die outright, they never *cure* or restore the sick to better health than he enjoyed before he sickened. All the accidental recoveries under the allopathic treatment are made under the law of the Similars, as Hahnemann so clearly demonstrated. It is a prevailing notion that the pathology of to-day is far superior to the pathology of Hahnemann’s days, and should receive better acknowledgment from the members of the homœopathic school. It has been charged that Hahnemann rejected pathology altogether, which is a fatal error; he did reject it as a basis of therapeutics, and whatever advances have been made in this collateral branch of medical science will be utilized by every progressive healer. Pathology will enable us to obtain the symptoms of the sick, and will continue to teach us the respective value of these symptoms; will enable us to discern more accurately the most important symptoms—that is, the symptoms belonging to the individual and not necessarily to the disease, pathologically speaking, from which he is suffering. It will enable us to judge of the new symptoms arising in a case of sickness, whether they indicate the progress of the disease or whether they belong to symptoms denoting a salutary crisis. The case above related shows

that the most progressive scientific men of the common school of medicine do not appreciate the knowledge imparted to them by pathology as it stands to-day. The old school forever demanded, as a ruling axiom, "*Tolle causam?*" Now, in this case, the cause of the disorder was evidently congestion of blood to the head, and was it rational treatment to apply means by which the capillary vessels were to be first contracted by Alum, later by *Secale Cornutum*, or was the congestion to the head to be relieved by a cathartic?

If that is a specimen of rational allopathic treatment, we may well feel deep pity for the victims who confide in such irrational and unscientific treatment. We may ask, what would a homœopathian gain if the "New Code" was introduced? Is it desirable to consult with that sort of scientific men? The true healer will continue to accept the totality of symptoms as the only guide in his therapeutics. In this case we have a knowledge of many remedies causing nose-bleed, and in this, as in all other cases, individualization must guide us in the selection of the curative remedy, if we find the similar among the many proved drugs. In this case the most striking symptom was an aggravation from stooping, which is characteristic of *Rhus tox.* Again, the strong aggravation of the head symptoms when rising from a recumbent position is also characteristic of *Rhus tox.* Again does true pathology teach us that a nose-bleed frequently relieves the congestions to the head in diseases, as in typhus fever, that, therefore, the mere local contraction of the capillaries is not a rational remedy. *Rhus tox.* being found the true similar remedy, was administered in such dose as a long experience has taught us to be most effective in the very large majority of cases.

Ridiculous as it is, the attempt has been made to determine at what grade of potencies the curative power ceases. According to the notion of these proponents, we are to be confined to the sixth, tenth, twelfth, or, at furthest, to the fifteenth potency. Even these men, only anxious for "recognition," do sadly disagree, and well they may. This is the one extreme; the other extreme is still more ridiculous. We find the inventor of a new law of cure, by him "discovered," invite the homœopathic healer, and more especially those who habitually use high potencies, to "progress" and accept the new law that the product of a disease, "*if highly potentized,*" will cure the disease itself. Returning to the case related, we should be much edified if this discoverer and manufacturer of highly poten-

tized products of a disease would inform us how we could well successfully have applied his newly discovered law. We take it for granted that said discoverer is a scientific physician, and is fully posted in pathology; he must, therefore, be fully aware that there exist active and passive epistaxis, idiopathic or symptomatic, from both or either nostril, or it changes into chaonorrhagia; he undoubtedly knows that in affections of the liver the right nostril generally bleeds, while in affections of the spleen the left nostril bleeds generally; he also must know that there exist a great variety of causes for epistaxis, in putrid fevers, mechanical injuries, congestion to the head, polypus of the nose, suppressed menstruation, etc. The causes have surely to be fully considered. If, then, epistaxis is to be considered the product of the disease, this product, so differently discharged, having such differing causes, would, each specimen of it, have to be highly potentized by itself. Surely this learned discoverer could not expect any conscientious physician to administer the highly potentized blood taken from a woman suffering from suppressed menstruation, to cure the nose-bleed of a person who had received a knock on the nose. Absurd! we are not yet ready to become the laughing-stock of rational medical men of any school.

The question of the dose remains an open question, and the time for even earnestly discussing it has not come yet. Let us first settle the first question, the question whether, as homœopathists, we are not bound to acknowledge the law of the similars as the only true, eternally true, law of cure. The man who advocates isopathy is surely imbued with the fallacious notion that the law of the similars can be set aside and the law of the idem be accepted; that the proving of drugs is to be set aside and that the product of a hypothetical disease is so changed by potentization that that process makes it homœopathically indicated for the cure of hypothetical disease. The homœopathic law of cure is applicable under all circumstances; the law of *æqualia æqualibus* is no law at all, as it is *never* truly applicable. Will the learned discoverer let the homœopathists know how he will cure the nose-bleed under *his law*? or will he confess that as far as he knows Homœopathy is successful, far more successful, than any other school of medicine in curing the sick? And furthermore, it would be a charitable act of this learned discoverer if he would give some plausible reason for administering products of disease, when we find in every volume of the old writers mention made of the curative powers of innumerable drugs, now

forgotten and set aside, as the Bee Poison was, because these occasionally beneficial drugs had been paraded before the medical world as "specifics," just as the discoverer of the new law parades his manufactured highly potentized products of disease as "specifics." Every thinking healer knows that there do not exist specifics for diseases, and that they never will be found. The true and only possible progress forward in the healing art can be attained if we prove drugs formerly used and now forgotten. We will then do what Cullen caused Hahnemann to do—find out *under what circumstances* medicinal substances like Cinchona will cure diseased conditions. The known provings of Rhus tox. enabled us to *cure* the above case under the law of cure belonging exclusively to our school. Nobody desires a new law just now.

THE REMEDY AND ITS DOSE.

DR. G. H. G. JAHR.

Psychical (as well as physical) diseases may be cured with all degrees of *attenuation* from 1 to 1,000, or even ϕ , in drops, or with globules either dry on the tongue or dissolved in water, for, after all, the chief matter is always the *right choice* of the *remedy*, not its *dose*. But though we may achieve our object equally as well with small doses seldom repeated, yet it is well established that medicines prescribed in *too large* and *often-repeated* doses *must* be hurtful to those to whose symptoms the remedy is unsuitable, hence it still further proceeds from this that the practitioner, so long as he has not yet ascertained the appropriateness of the remedy to the symptoms of the case by actual experiment, will always do better if he exhibit the remedy at the commencement, experimentally, in an extremely small dose, and only when this appears to be followed by a beneficial change, ever so slight, to prescribe the continued use of the medicine in repeated doses.* Then if the remedy is really suitable there are no degrees of attenuation and size of doses so small that it would not bring to light the efficacy and show the appropriateness of the remedy by *some* sort of sign of incipient improvement.

Great attention and power of observation on the part of the physician are very necessary for the recognition of the first indications

* Hering advised us to *stop* the remedy when any beneficial change was apparent. And only to continue it when such improvement seemed to have ceased.—ED.

of improvement; and as this is not the case with every one, it is, therefore, easily conceived how often one may hear it asserted that this or that remedy produced great improvement in large, massive doses, but in small doses none, not even the slightest. Such a case has never occurred in practice, and never, even when it was necessary for the continuance of improvement already begun that repeated copious doses were given, have we seen with an *appropriate* remedy that the first dose, however small, *did nothing at all*. In the majority of cases, not only of psychical, but also of other diseases, we perceive in the first twenty-four (in acute diseases much earlier, in chronic cases in two or three) days at least *some* signs by which we can judge whether the remedy answers or not, whether there will be aggravation or improvement, and are able to assure ourselves of its appropriateness or inappropriateness, and arrange our further treatment accordingly. All that we can recommend in this respect is limited to *one rule*, which, however, we recommend equally to every one and in every case: *Do first of all your utmost, with the assistance of a thorough examination of the patient, to discover every conceivable symptom and phenomenon which may serve as indications for the choice of a remedy. Search then for that remedy whose special actions agree most nearly with these signs; prescribe the smallest dose of it at first, experimentally, and when you have accomplished this OPEN YOUR EYES WIDE AND OBSERVE YOUR PATIENT!* You will thus soon see what is further to be done, whether the remedy must be continued and given in more frequent and larger doses or exchanged for another more suitable. To furnish any other rule, according to which young practitioners require merely to look into a formulary, as into a pocket recipe-book, in order to find for each case a dose indicated, which they may prescribe without consideration and then go their way, and without troubling themselves any further about their patient beyond merely feeling the pulse—is a clear impossibility.

He who cannot observe and knows not how to help himself, is not made for a physician, and for him no one can give any suitable rule whatever.—*Jahr's Mental Diseases.*

HOURS OF AGGRAVATION.

W. S. GEE, M. D., HYDE PARK, ILL.

The following list of remedies, with the hours of aggravation, has been of use to the writer and may be of interest to others :

12 M. (noon).—Arg. met., Kob., Spig.

1 P. M.—Arg. met., Mag. carb.

2 P. M.—Lach., Calc. carb., Puls., Lob., Nitr. ac., Sang. can., Hell. (2.30).

3 P. M.—Apis, Ars., Asa., Sil., Staph., Sul., Bell.

4 P. M.—Anac., Arum tr., Cal. phos., Carbo veg., Chel., Gels., Hell., Kali hyd., Kob., Lachn., Lye., Mag. mur., Mur. ac., Nat. sulph., Puls., Stann.

5 P. M.—Actea., Con., Kali c., Puls.

6 P. M.—Bapt., Cal. phos., Caust., Dig., Hepar, Hyp., Kali hyd., Lachn.

7 P. M.—Ant. cr., Bov., Lye., Pet., Rhus.

8 P. M.—Merc. bij., Tarax.

9 P. M.—Anac., Bry., Mur. ac., Sul. ac.

10 P. M.—Cham., Pod., Puls.

11 P. M.—Bell., Cac. grand., Rumex cr., Sil.

12 P. M.—Acon., Arg. nit., Canth., China, Ferrum, Lachn., Ledum, Mag. c., Mag. mur., Merc. bij., Pet., Pso., Ran. sc., Rhus tox., Sabina, Spong., Staph., Stram., Thuj.

1 A. M.—Ars., Caul., Lachn., Mag. m., Mur. ac., Pso.

2 A. M.—Aurum mur., Cepa, Dros., Ferrum, Kali b., Kali c., Lachn., Mag. c., Rumex cr.

3 A. M.—Am. c., Ant. t., Bapt., Borax, Cal. carb., China, Con., Dulc., Iris v., Kali c., Mag. mur., Nitrum, Nux vom., Pod., Sec. cor., Sepia, Thuj., Zinc.

4 A. M.—Am. c., Caust., Lil. tig., Stan., Nux vom., Kali carb.

5 A. M.—Bov., Helon., Kali hyd., Kob., Pod.

6 A. M.—Aloe, Calc. phos., Ox. ac., Sep., Sil., Sul.

7 A. M.—Eup. perf., Pod.

9 A. M.—Kali c., Pod.

10 A. M.—Actea, Gels., Nat. mur., Rhus, Stan.

11 A. M.—Actea, Arg. met., Ars., Arum. tr., Asa., Berb., Cact. gr., Hydras., Hyos., Ipec., Jacea, Kob., Sulph.

CONSCIENCE AND CONSISTENCY.

The editors of the *Hahnemannian Monthly* have placed themselves in a deplorable position, one in which it is impossible for them to be either consistent or honest. It was expected they would have their fling at the Homœopathic Medical Society of Central New York on account of its protest against "that resolution," but we hardly looked for such a complete perversion of the intent of the Society's action as appears in the criticism on page 376 of the June number of the above-mentioned journal. The protest was prescribed for *just* those "weak knees" which cannot "walk upright without" (or with) "artificial support," and the "resolution" certainly demonstrates who need the prescription. As for their "own conscience" being sufficient to keep them from disobedience to the law of cure, or a reliable guide in any other matter, we are taught that conscience is chiefly a matter of education; and in this particular instance it seems to be educated in such a way as to be something of an unknown quantity, developing at one time a resolution, the known object of which is the substitution of that Will o' the Wisp, "freedom of medical opinion," for duty to a known law, and again giving us the following guiding principles of the members of the "Central" Society, and of every homœopathician: "Hahnemann's discovery is a law of nature, as immutable as truth itself. And those of us who believe in it must defend it faithfully, unitedly and *intelligently*, if we would be good stewards and honest men, and would save our school from insidious foes without and traitors within." Are the men who framed, or the Society which adopted a resolution, the tendency of which is to prostitute the results of Hahnemann's discovery to quackery, "good stewards and honest men"? And now, we are told, the author of the "resolution" says it "refers solely to the consultation question!"—a new phase of an education that will allow its possessor to pander to the low sentiment of popularity at the sacrifice of known duty. What consistency is there between that and all it implies, and the article entitled *Absolution*, in the *Hahnemannian Monthly*, June, 1883, page 372, from which we quoted above? Surely there is need of protest, sore need for those who are not afraid of being consistent, to raise their voices and the light of truth in the fog and mist that is threatening us.

E. P. HUSSEY, M. D.,

Buffalo, N. Y.

THE HAHNEMANNIAN MONTHLY AND THE I. H. A.

C. PEARSON, M. D., WASHINGTON.

In an editorial in the July number of the *Hahnemannian Monthly*, the writer, in speaking of a resolution introduced on the last day of the recent session of the American Institute by Dr. Dake, the object of which was undoubtedly to prevent, if possible, the International Hahnemannian Association from holding its meeting at the same time and place as those of the Institute, the following language is used: "It had been known that an *outside* organization of physicians had held its sessions in an adjoining room, and had *attracted*, or *sought to attract*, members from the Institute's meetings. * * * *Moreover, it had just been publicly declared in the Institute* by one of the members of that outside body that a portion of his fellow members were *ready and anxious to effect a schism in the Institute*, and that if they were prevented from holding meetings *in opposition to those of the rightful body*, there was danger that *all* the members of the International Hahnemannian Association would secede from the Institute."*

There is not one word of truth in all this—a pure fabrication, out and out. Take the language just as it reads: "*Moreover, it had just been publicly declared in the Institute.*" Now this implies that the declaration which follows (but which, by the way, was never made) was made prior to the introduction of the Dake resolution, and that it was a kind of incentive for its introduction, and the impression and misrepresentation here sought to be made is an effective illustration of the doctrine of total depravity. The remarks of Dr. Smith, the gentleman to whom reference is here made, were called out by the introduction of the resolution and in its discussion; he used no such language as is imputed to him. *He did not* say that "a portion of his fellow members were ready and anxious to effect a schism in the Institute," or anything that could possibly be construed to mean or imply this. The thought and the language are the spontaneous products of the fertile imagination of the writer, and if he thinks that by perverting the truth in this way he can excite prejudice against the International Hahnemannian Association and thereby benefit the Institute, he will find he is hand-

* Italics are ours.

ling a "boomerang." Dr. Smith did *not* say that if we were prevented (!) (prevented is good) "from holding meetings in *opposition* to those of the *rightful* body, there was danger that *all* the members of the International Hahnemannian Association would secede from the Institute." He said nothing of the kind. He simply saw, as did others, the animus of the resolution, and that it was intended, if possible, to cripple the International Hahnemannian Association, and he warned the Institute that if it adopted any such legislation it might tend to drive away "some of its best members." Whether this had the effect, as the writer suggested, of "scaring" the Institute to table the resolution, or whether it saw the ridiculousness of the proposition, and how utterly impossible it would be if adopted to enforce it, we cannot tell, neither can we repeat from memory the exact words of the resolution, but it was something like the following:

"*Resolved*, That the meetings of no other society, or association, shall be held in a hotel where the Institute meets during the sessions of that body."

To this Dr. Pearson offered the following amendment: "That no member be permitted to meet with a number of his friends in his own room during the sessions of the Institute;" stating at the same time that one proposition was just as reasonable and consistent as the other.

The facts are, anticipating trouble, I had engaged a large room for myself on the first floor of the hotel, and paid for the use of it with my own money, and in this room the sessions of the International Hahnemannian Association were held, and it was none of the Institute's business, neither is it the business of the editor of the *Hahnemannian Monthly*, who were in that room, when, how often, or how long they were there, or what business was transacted. We will do the same thing again just whenever we please. We did not "seek to attract" any one from the Institute; on the contrary, if any outsider came in he usually soon felt that he was in the wrong place and not wanted. It is refreshing to hear this editor talking about the Institute's "framing a law which would secure the object it had in view and defend the rights its own money had paid for." *Its own money!* Whose money? Who owns the Institute, anyway? [Dake & Co.—ED. H. P.] It appears to me the "Internationals" have some stock in it, though it does not seem to be paying a very big per cent. just now. It is playing the baby to talk

about the Institute's money, when it receives more from the Internationals in dollars and cents in one year than it returns in useful information in five. We ask no favors of the Institute. We owe it nothing. We do not expect to even attempt to produce a schism, neither do we propose to be coerced, bulldozed, or misrepresented by it as a body or by its individual members. We would advise it, however, to go slow, to feel its way more carefully in the future—to "make haste slowly;" a little less hasty legislation on the last day of the session, when there are only probably twenty or thirty members present, as was the case when the Dudley resolution was passed at Indianapolis. Fight shy of Egbert Guernsey's proposition to strike the word Homœopathy from its name. It remained for a member of the Internationals to denounce this project as it deserves; though it was really not our funeral; for our own part, we feel disposed, should the Institute contemplate suicide, to furnish it with a rope. If it succeeds in getting clear of its name, which is pretty much all it has left of Homœopathy, one of its members says he will clothe himself in sackcloth and ashes and join the Internationals. Poor fellow! Does he not know it is no easy matter to become a member of that body? That if all the members of the Institute were to make application for membership in the International Hahnemannian Association, nine-tenths of them would be black-balled.

* No, no, Doctor! Look after your own corpse; we are not hunting *members*; we want Hahnemannians, and will receive no others if we know it. We wage no offensive warfare, but when attacked we have the power and claim the right to defend ourselves, and do not propose to be misrepresented, falsified, or villified without resenting it.

CLINICAL BUREAU.

CASE OF EPILEPTIC MANIA.

JOHN C. ROBERT, NEW UTRECHT, NEW YORK.

May 15th, 1882.—I was called to visit a medium-sized lady, with dark-blue eyes, dark-brown hair, moderately stout, intellectual faculties good, lively and cheerful disposition, and 28 (twenty-eight) years of age, who has recently become insane. Her insanity is supposed by her friends to have resulted from a fright, occasioned by a fire which took place in the house a month ago about 6 o'clock P. M.

After the fire was extinguished, she was found lying unconscious in the back yard, and after she was taken into the house she had a succession of epileptic fits, which continued for two days. In answer to my questions, I was informed that two weeks before the fire she lost her only child, about eighteen months old, after six weeks of care and anxiety.

During her first confinement, eight years ago, she had convulsions, for which her *homœopathic* physician gave her chloroform. She was under its influence two hours without effect, the convulsions not ceasing until the child was born.

During the first week of her insanity, her disease was of the following regular type:

1st. Epileptic convulsions coming on regularly twice a day, between 3 and 4 o'clock, P. M. and between 3 and 4 o'clock, A. M. A very fetid breath preceded the convulsions, which lasted about ten or fifteen minutes, and terminated in unconsciousness.

2d. Soon after she became conscious, maniacal delirium began, accompanied with severe spasms of the limbs and face, and lasting half an hour or more, and in which she is possessed of great strength and is very violent and tries to escape from bed and get out of the house, and tries to strike and injure those around her. She wants the carving-knife to stab her favorite sister, and she sometimes howls like a dog.

This stage is shorter or longer, according as her attendants seize her promptly or not, and consists of a succession of fits of delirium, lasting three or four minutes, with intervals of repose of about eight to ten minutes.

3d. Stage of exhaustion, in which she sleeps for an hour or more. When she awakens from this sleep, she is very weak and helpless and can neither feed herself nor turn herself in bed.

During this stage, at night, she is sleepless, and talks incessantly of the different objects of her hallucinations, but her mind can be diverted from these hallucinations by asking her questions about her symptoms and questions about her desires for food or drink and other questions respecting her comfort, all of which she answers correctly, but speaks slowly, much more slowly than is her natural habit. In the daytime she is drowsy and stupid, talking very little.

Since the commencement of her illness, she has been under allopathic treatment, which has had no other effect than to aggravate and alter the type of the disease and make it irregular, the paroxysms coming on at different hours and continuing longer.

The physicians in charge of her decided yesterday that she must be sent to a lunatic asylum, a step to which her family are opposed. After seeing the patient and expressing the opinion that she should not be sent to an asylum and that she could be much better treated at home, I was at once requested to take charge of her. As she was under the influence of Morphine, I did not attempt to talk to her, but gave her one powder of Bell.^{em} (Fincke) dry, and left one powder to be dissolved in one-third of a tumbler of water and a tablespoonful to be given every two hours.

In the course of a few visits, I obtained the following symptoms: She has many hallucinations; she sees demons in the room; she sees a man looking through what she imagines to be a hole in the wall and who has come to carry her off; she sees strange men lurking about who intend some mischief; she says that she was murdered last night, and that her hands were cut off. The chandelier at the foot of the bed troubles her greatly; she imagines that some one has lighted the gas and is melting lead in the chandelier, which runs down upon her and burns her dreadfully; she says this is not her house, and that her house was burned down last night and that an explosion took place which blew it to pieces. She complains that her friends carry her about from house to house.

She keeps her eyes closed most of the time, and when they are open she cannot see, the pupils being very much dilated. She cannot bear the light.

She has severe stitching pain in upper part of forehead; dull pain in lower part of forehead over nose; stitching pain over eyes; pain

in vertex, as from a weight; throbbing pain in temples; her forehead feels as though grasped by a band of iron, and she has her head bandaged to allay the pain. She does not urinate as frequently as she should, sometimes only once in forty-eight hours; the urination is preceded by pain in the hypogastrium. This has been her habit for a long time whenever she is sick, and at other times she is not as regular as she should be.

She complains of a feeling as from a lump in the pit of the stomach; hiccough, involuntary diarrhoea. For some time past her menses have come on twice a month. Appetite poor; some days eating nothing.

May 16th.—Saw her this morning and think that there is a slight improvement, but her attendants say that she is much worse and that she had a very bad night and gave them a great deal of trouble. I thought possibly Bell.^{om} (Fincke) had aggravated her symptoms and gave Bell.^m (Fincke), one powder at night and one in the morning, and giving her one myself before I left the house.

May 17th.—This morning I find her much better. Her attendants say that she passed a very good night and that she had neither convulsions nor delirium. Her hallucinations still continue, but she is not violent. Gave Bell.^m (Fincke) dry, night and morning.

May 18th.—Better. Her headache is better and the bandage that was around her head has been taken off, and her friends begin to entertain hopes of her recovery. Gave Bell.^m (Fincke) dry, night and morning.

May 19th.—Not so drowsy; keeps her eyes partly open. I am able to hold a long conversation with her, and find that her hallucinations are beginning to disappear. She complains still of throbbing pains in the temples; pain across the forehead as if from a band of iron; dull pain over the root of the nose; stitching pains over the eyes, and has some difficulty in keeping her eyes open. The pain in vertex is much better. Gave Bell.^m (Fincke) dry, night and morning.

May 20th.—The pain in vertex has left her, but she still complains of a pain as from a band of iron across her forehead, and that everything appears green before her eyes. Her hallucinations still continue but are gradually disappearing. She lies quietly in bed and is perfectly harmless and does not seek to escape. She is very weak and exhausted; no pulse to be felt. Gave Bell.^m (Fincke) dry, night and morning.

May 23d.—Talks more rationally to-day; objects do not appear green, as formerly. Is quite pleasant and cheerful and converses on several subjects. She is still very weak, and still complains of pain as from a band of iron across her forehead, and of the throbbing pain in her temples, but says that these pains are not so bad as they were, and the pain in temples not so constant. She has some pain in occiput and complains of vertigo when her attendants attempt to raise her head from the pillow. Gave Bell.^m (Fincke) night and morning.

May 24th.—Worse to-day; talks of fire; says that people are trying to shoot her; complains of a lump in pit of stomach; dull pain in forehead over root of nose and over the eyes; no appetite, has eaten nothing to-day. She is quite cross. Gave Nux vom.^m (Fincke) night and morning.

May 25th.—Better to-day; appetite better; desires better food, something more substantial. The pain over the eyes and nose has left her. No sensation as from a lump in pit of stomach. She has a slight pain in upper part of forehead; pain in temples; soreness of scalp above temples; vision is improving. Gave Nux vom.^m (Fincke) night and morning.

May 26th.—Improving. All her hallucinations have entirely disappeared. Slight headache. Gave Nux vom.^m (Fincke) night and morning.

May 27th.—Difficulty of urination, preceded by pain in hypogastrium; headache much worse—says it aches so that it almost sets her crazy. Gave Canth.^{cm} (Fincke), a powder dissolved in one-third of a tumbler of water, and a tablespoonful to be given every hour.

5 P. M.—Called again to-day at 5 P. M., and found that she was relieved of the difficulty of urination and pain in the hypogastrium, and passed water soon after taking the first dose. Says she feels well, excepting a slight pain in upper part of forehead. Appetite good; pulse regular, but small; feels very weak; pupils normal. Continued Canth.^{cm} (Fincke) in water.

May 28th.—She had a slight return of convulsions this morning, but she kept control of herself. No trouble with urination. Had slight stitching pain in upper part of forehead. Had throbbing pain in temples this morning, which was relieved by the nurse pressing the temples firmly with both hands. She is sullen and taciturn; heaviness of eyes; drowsy; no sleep last night; no appetite; feels weak and exhausted. Gave Nux vom.^m (Fincke) dry, night and morning.

May 29th.—Much better to-day. Slept well last night; appetite good; complains of pain in os coccygis; has a feeling of coldness running down her spine. (She had this coldness running down her spine a month before her illness, and felt very cold all last winter.) When she is raised up in bed by the nurse everything turns green before her. Her lower limbs are partially paralyzed; she has very little power over them; she cannot stand on them, but only move a little in bed. She can move her arms and hands, but with difficulty, and when I ask her to raise her hands to her head her arms move slowly and very unsteadily, and the fingers are stiff. Gave *Rhus tox.*^m (Fincke) night and morning.

May 30th.—No pain in os coccygis; feels very well; has better use of her hands; fingers are yet stiff; lower limbs slightly improved; urination continues regular. Continued *Rhus tox.*^m (Fincke) night and morning.

May 31st.—Sharp pains through temples; soreness of scalp at vertex; sharp pains through forehead; slept well last night. Continued *Rhus tox.*^m (Fincke) night and morning.

June 1st.—Vertex sore. All other symptoms have disappeared excepting a slight stiffness of fingers and the partially paralyzed condition of the lower limbs. Mind perfectly clear. No urination to-day. Continued *Rhus tox.*^m (Fincke) night and morning.

June 2d.—Slept well last night. She awakened this morning at 8 o'clock and complained of confusion of mind, and shortly after had convulsions for about half an hour; sometime after complained of pain in hypogastrium and about 11 A. M. urinated, passing a quart of highly colored urine. Vertex sore only when touched; more power in lower limbs; appetite good. Gave *Bell.*^m (Fincke) night and morning.

June 3d.—Urinated this morning without pain. Had headache in forehead for about half an hour this morning, and dull pain in vertex; not so much confusion of mind; some vertigo when she is raised in bed. *Bell.*^m (Fincke) night and morning.

June 4th.—Has not urinated this morning. Had headache for about three hours last night, commencing at the middle of forehead and going around on both sides to back of head. She is now able to feed herself, which she could not do before on account of the stiffness and inability to bend her fingers and the want of power in her arms and hands. She complains of a lump in pit of stomach, nausea, and fetid breath. *Nux vom.*^m (Fincke) night and morning.

June 6th.—Much worse to-day. Had convulsions this morning, lasting half an hour. Before the convulsions breath smelt fetid, and she perceived a gluey taste in the mouth. After the convulsions, she urinated without pain. Vertigo whilst lying in bed. Bell.^m (Fincke) night and morning.

June 7th.—Pain when urinating, but this is in the urethra. Slept well last night. Bell.^m (Fincke) night and morning.

June 8th, 5½ P. M.—Convulsions at 5 P. M., lasting fifteen minutes—had headache and fetid breath before the attack. After the attack she fell asleep, and awakened at the sound of my voice a few minutes after I entered the room. Appetite good; slept well last night; mind clear. Nux vom.^m (Fincke) night and morning.

June 9th, 5½ P. M.—No convulsions to-day. Feels stronger and is able to walk about the room with assistance. Appetite good; slept well last night; makes no complaint. As Bell. and Nux do not act to my entire satisfaction, I begin to think of Psora, although I find no history of it, and gave Sulph.^m (Fincke) night and morning.

June 10th, 5½ P. M.—About half an hour ago she complained of a gluey taste in the mouth (this gluey taste always precedes an attack of convulsions). She then fell asleep for about a quarter of an hour. She says now that she feels perfectly well, but weak. Face covered with pimples. Continued Sulph.^m (Fincke) night and morning.

June 17th.—Sulph.^m (Fincke) was continued until to-day, and under which she has improved very rapidly. This morning she had a light fit about 11 o'clock; this fit was preceded by a gluey taste in the mouth, but no fetor of breath. She does not complain of anything except pain in vertex and weakness. Bell.^m (Fincke) night and morning.

June 18th.—Had headache to-day. Is still very weak. No convulsions. Gave Arsen. album.^m (Fincke) night and morning.

June 30th.—She has taken Ars. a.^m (Fincke) every day, and has improved very rapidly under it. She is able to go about the house without assistance, with the exception of going up and down stairs, which she cannot do without assistance, as her knees are yet too weak. She had a light fit this morning. Gave Calc. carb.^m (Fincke) night and morning.

July 1st.—Throbbing in vertex. No other symptoms. Continued Calc. carb.^m (Fincke), night and morning.

July 14th.—Calc. carb.^m (Fincke) has been continued every day, night and morning, and she now feels perfectly well. Her knees

are still weak, and going up and down stairs causes pain in them; this is probably due to tenderness at the insertion of muscles at the knees. Gave *Symphytum*^{cm} (Fincke), night and morning.

July 17th.—*Symphytum* has been given every day, and now she can go up and down stairs without the slightest pain. She complains of a slight gluey taste in the mouth. Gave *Calc. carb.*^m (Fincke) night and morning.

Aug. 20th.—*Calc. carb.*^m (Fincke) has been given every day up to the 29th of July, on which day she left home on a visit to the Catskill Mountains in perfect health. To-day I saw her, and find that there has been no return of the former symptoms. Gave nothing.

Sept. 9th.—A few days ago she had an attack of diarrhœa, brought on by eating excessively of raw tomatoes, and being desirous of going to a picnic, she took a few large doses of paregoric. Yesterday she had a slight attack of convulsions, which was promptly subdued by *Bell.*^{cm} (Fincke) given according to the directions which I had left with her friends. She is very despondent to-day. Gave *Ignatia*^m (Fincke) night and morning.

Sept. 28th.—Epileptic fit, preceded by suppression of urine for twenty-four hours. Gave *Bell.*^{cm} (Fincke).

June 7th, 1883.—She has not had any return of the epileptic fits since September 28th.

I have treated her through the winter for colds, suppression of urine, and headaches, and since the middle of March she has been perfectly well, and has recovered all the former buoyancy of spirits usual to her before marriage.

All her friends say that she has not been so well in ten years.

This case of insanity was treated entirely upon the very strictest of homœopathic principles, and no advantage was taken of the new code to consult with any physician of the old school, or of any other school. The family of the patient desired to have the homœopathic treatment, and no attempt was made to practice fraud on them by pretending that it was one of those special cases which required the allopathic practice, wholly or in part.

The allopathic treatment consisted of Bromide of Potassium, Opium, Chloral, Morphine, and a number of other remedies in combination. Both of her children died during dentition under the allopathic treatment.

This case proves, without controversy, that the large doses employed only brought the patient to the last extremity of furious

mania, which, aided by the help which the old school can afford, would surely have resulted in death, and that even under such trying circumstances the infinitely small doses of modern Homœopathy have been successful in leading the case to the desired end of curing it. Nay, it shows conclusively that when the organism is in such a highly excited state, nothing will more favorably reach it than the Hahnemannian infinitesimals, so-called, and that nothing is so calculated to increase the danger and bring about the undesired end, which is death under most aggravating forms, than the great palliatives of the old school.

BOOK REVIEWS.

GELSEMIUM SEMPERVIRENS. A Monograph. By the Hughes Medical Club of Massachusetts. Boston: Otis Clapp & Son. 1883.

Gelsemium is a very important drug; it occupies no mean position in our therapeutics. But one who knew not its clinical value would fail to give to Gels. its true worth if he judged it simply by this manual. By rejecting clinical symptoms (often confirmatory and complementary to the pathogenetic) and those from the potencies, the Hughes Club has much diminished the value of their monograph. Indeed, this monograph is merely a correction of previous knowledge, not *adding* to but subtracting from it! Would it not have been more useful had this Society made new provings?

The Austrian proves, when studying Natrum muriaticum, re-proved it, which was much more useful than criticising, or shall we call it *correcting*, others.

The book is well arranged, symptoms well stated, and is very neatly gotten up.

HOMŒOPATHY AND GYNÆCOLOGY. By Thomas Skinner, M. D. Second edition. London: Homœopathic Publishing Company, 2 Finsbury Circus. 1883.

This interesting monograph of Dr. Skinner's is well known, and, we believe, well appreciated. Giving, as it does, the experience of one who has tried both allopathic methods and homœopathic therapeutics, this little work is a convincing argument in favor of pure Homœopathy. The work is *well* written, as are all of Dr. Skinner's publications.

PRESIDENT'S ADDRESS before the California State Homœopathic Society. By J. M. Selfridge, M. D.

An interesting and able address. One remark we would quote and indorse: "Another duty in the cause is to teach our medical students pure Homœopathy. To this end we should discourage their attendance upon *any* school

of medicine that does not teach the system in its purity." * * * "The fact is apparent that in every school of medicine there are too many colleges."

Homœopathy, especially, has too many colleges pretending to teach it. Some are good; others *very* poor.

NOTES AND NOTICES.

QUERY No. 1.—If Sol., Luna, etc., can be potentized for use on this mundane sphere, why cannot "Hell" be potentized for use *hereafter*? A high potency antidotes a *low* one!

QUERY No. 2.—Why is a rooster on a neighbor's fence like a young Doctor's office? No business there!

THE I. H. A.—An interesting meeting of the International Hahnemannian Association was held at Niagara. Hereafter, the Association will meet three days in advance of the Institute, but at same place.

Officers for 1884: President, George F. Foote, M. D.; Vice-president, Dr. J. P. Mills; Secretary, Dr. Custis; Treasurer, Dr. Cranch.

BOOKS AS CONVEYERS OF CONTAGION.—"There is no more powerful apparatus for the conveyance of disease than a book," says the London *Lancet*. A list of the maladies most easily conveyed by means of books is given as follows: "Measles, scarlet fever, diphtheria, sore throat, whooping cough, bronchitis, and perhaps phthisis." The germs of disease "may lie for weeks, months, or perhaps years, between the pages of a bound book, to be dislodged at some unpropitious moment when the volume chances to be handled by a susceptible person."

DR. ADOLPH FELLGER sailed July 11th, via the steamship *Elbe*, for *Bremen*, for a trip of three months. As Dr. Fellger has labored continuously (and most successfully) in this city for thirty-six years, he both needs and deserves a rest; and none could be more appropriate than a visit to the "Fatherland." Prior to his departure, Dr. Fellger was entertained by some of his professional associates. Gentleman from New York and Boston were invited to join in this tribute of respect and affection to our honored colleague.

DROWNING OF TWO PHYSICIANS.—A most distressing accident occurred at Reading, Pa., July 6th. Two prominent homœopathic physicians, Drs. A. C. and W. A. Detweiler, of that city, were accidentally drowned while bathing in the Schuylkill River near that place. These gentlemen were engaged in a fine practice, and were much respected by all. Both were graduates of Jefferson Medical College of Philadelphia.

DR. LOUIS DE HYSERN, of Madrid, died recently. He was, with the late Dr. Nunez, very active in introducing Homœopathy into Spain.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. III.

SEPTEMBER, 1883.

No. 9.

THE SEVENTEENTH ANNUAL MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

SYRACUSE, N. Y., June 21st, 1883—10 A. M.

The Society met in the office of Wm. A. Hawley, M. D., A. E. Wallace, M. D., of Oneida, in the chair. Fourteen members were present.

The Secretary reported the sending to the A. I. H., through its President, a copy of the protest of this Society against its resolution on freedom of medical opinion.

Dr. Young reported the taking of the drug sent to him by the Secretary. Every time he took it, it was followed by aching in the calves of the legs, like the aching pains he suffered when sick with the ague in the West some years ago.

Dr. Wallace reported the taking of the same drug, a dose daily for forty days. Do not use coffee nor tea. Have muscular rheumatism. This was more severe during the taking of the drug. This aggravation may have been due to the cold winds prevailing at the time. The drug has not resulted in a cure.

Mrs. Dr. Emens took the same drug. Had no results.

Harlan P. Cole, M. D., of Bridgeport, Connecticut, formerly Professor of Anatomy in the Hahnemannian College, Chicago, Illinois, being present, was introduced to the Society by Dr. Hawley.

Being invited to address the Society, he exhibited a shoe for deformed feet, preferable to braces, because braces produce atrophy of the muscles. Where you can set the foot in proper position by your hand, the shoe will hold the foot in position while nature performs the cure. He has found in every case that has come into his hands, that the difficulty was in the tarsal region, and not in the malleolus.

Thanks were given to Dr. Cole.

Ordered, that the proving of the drug distributed by the Secretary be continued three months.

The Committee on publishing Dr. Hussey's report on Neural Analysis submitted, through Dr. Hawley, a statement: That Neural Analysis is a recent thing; that it is worthy of attention; that some published experiments will have to be revised; that a member of the Committee has found, by personal experiment, that the smallest quantity of sugar produces a marked effect; that this fact makes it necessary to ascertain with more exactness the effect of drugs; and therefore, time should be taken for further experiments and observations.

The statement of the Committee was accepted, and Committee continued.

On motion of Dr. Deuel, it was ordered that some of the members be appointed to prepare papers on a given subject for the next meeting.

On motion of Dr. Stowe, "The Essential Nature and Characteristics of Contagion and Infection" was chosen as the subject of said papers. Drs. Stowe, Deuel, and Harris were appointed to prepare papers on this subject for the next meeting.

A. E. Wallace, M. D., was elected president of this Society for the ensuing year; T. Dwight Stowe, M. D., vice-president, and C. P. Jennings, S. T. D., secretary and treasurer.

Dr. Hawley—At our last meeting I spoke of pain on moving or touching a limb as being a characteristic of Cina. Have had another clinical proof of this. A patient, suffering from inflammatory rheumatism, manifested this symptom. Cina cured her promptly. An adult.

Dr. Brewster—Had a case with the same symptom. Dysuria was present also, Cina cured.

Dr. Harris—Had some years ago a case similar to the one described by Dr. Hawley. A young woman. There was terrible itching of the vulva. Cina cured promptly. Great numbers of ascarides came away from the patient after the exhibition of Cina.

Dr. Stowe—A lady suffered from prosopalgia in left side of the face. Pallor, tongue coated a yellowish white, constipation, sweat on falling asleep at night, could not bear to be touched. Cina²⁰⁰ in solution, one dose, cured her.

You will be interested in a recent surgical case. Last September a little boy was riding upon a load of boxes. The wagon ran over a stone. A box slid off, carrying the boy with it. He fell upon his head, fracturing the left parietal bone. I was called to him the third day after the accident. Found these symptoms: Coma; stertorous breathing; pulse irregular; wavering; vomiting; constipation; dilatation of pupils; insensibility to light, noise, and touch. Diagnosis compression of brain from extravasation. Advised an operation. Consent was given. Operated. There was no lesion of the scalp, but there was an excessive tumefaction. A large amount of coagulated blood flowed out, giving immediate relief. The pulse filled up, breathing became normal. The extravasation took place between the parietal bone and the *dura mater*. After a time secondary hemorrhage set in, tearing open the flaps, thus retarding recovery. About fifty days after the injury was received, exfoliation of the external plate of the parietal bone took place. The *spiculum* was drawn out, an incision having been made wide enough to admit of its passage. The boy is now well.

Adjourned.

C. P. JENNINGS, *Secretary*.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The Association held its third annual meeting at the International Hotel, Niagara Falls, June 19th, 20th, and 21st.

On the first day the President delivered his annual address, entitled, "The Present and Future of Homœopathy." By resolution, copies were printed to be distributed by the Publication Committee.

The Secretary and Treasurer made their reports, which gave evidence that the Association was ahead in business and financial affairs.

The by-laws were so amended that the Association could meet wherever the majority directed, without regard to the meetings of the American Institute. So that a two-thirds vote was necessary for the election of a member; and that foreign members could vote by proxy in the election of officers.

At the afternoon session the following new members were elected, viz.: A. Chargé, M. D., of France; A. Matteoli, M. D., of Italy; Henry von Musits, M. D., of New York; J. A. Compton, M. D., of Indiana; Paz. Alvarez, M. D., of Spain; T. K. White, M. D., of England; A. McNeil, M. D., of Indiana, and G. M. Pease, M. D., of California.

The Bureau of *Materia Medica* reported provings of *Ipecacuanha*, *Ledum palustra*, and of *Ovi gallina pellicula* (membrane of egg-shell), by Dr. Swan. The Association resolved to prove *Ovi pellicula*, Dr. Swan offering to furnish the remedy. The report was followed by a most interesting and instructive discussion.

On Wednesday the Bureau of Clinical Medicine reported papers by Drs. H. N. Guernsey, Ad. Lippe, Benj. Ehrman, E. W. Berridge, C. Carlton Smith, L. M. Kenyon, C. F. Nichols, E. A. Ballard, Edw. Bayard, Sam'l Swan, R. R. Gregg, and G. Pompili. The report was followed by an especially good discussion.

The Bureau of Obstetrics reported papers from Drs. Mahoney, Foote, Rushmore, and Hayes, followed by a discussion bringing out important characteristics of remedies.

A committee was appointed to edit a volume containing the history, constitution, proceedings, etc., of the Association since 1881, with a list of members. Drs. Custis, Cranch, and Mills were appointed as said committee.

The Association then elected the following officers for the ensuing year, viz.: President, Geo. F. Foote, M. D., of Stamford, Conn.; Vice-President, R. R. Gregg, M. D., of Buffalo, N. Y.; Secretary, J. B. Gregg Custis, M. D., of Washington, D. C.; Treasurer, Edw. Cranch, M. D., of Erie, Pa.; Corresponding Secretary, E. W. Berridge, M. D., of London, England; Board of Censors, Dr. C. Pearson, of Washington, D. C., Chairman, with Drs. J. F. Smith, Sam'l Swan, C. H. Lawton, and Benj. Ehrman.

On Thursday afternoon the Bureau of Surgery reported papers from Drs. Cranch, Rushmore, L. B. Wells, and Ostrom.

It was resolved that the next meeting be held at the same place as that of the American Institute, but at least three days before.

The following were appointed Chairmen of the various Bureaus for the ensuing year, viz.: *Materia Medica*, J. P. Mills, M. D., of Chicago; Clinical Medicine, J. M. Biegler, M. D., of Rochester, N. Y.; Obstetrics and Diseases of Women, J. R. Haynes, M. D., of Indianapolis, Ind.; Surgery, C. H. Lawton, M. D., Wilmington, Del.

Letters were read from Drs. Lippe, Baer, Mahoney, and Foote, and the Association adjourned sine die.

J. B. GREGG CUSTIS, *Sec'y.*

NOTE.—A more instructive or interesting meeting could not have been wished for than this, and the success of the Association is now fully assured.

The papers were all by representative men, full of practical lessons of value to the members.

An Association that can call forth such papers, and give its members such instructive meetings, need have no fear of opposition, nor does it need to detract from whatever of good may be in sister organizations. It will be noticed that the next meeting will be held three days before that of the Institute, and the Executive Committee promise that no pains shall be spared to fully repay any members or non-members who come to Deer Park at that time.

J. B. G. C., *Sec'y.*

ON PATHOGENETIC ACTION OF HIGH POTENCIES.

DR. BUCHMANN, ALVENSLEBEN.

Translated by B. Fincke, M. D., from Allg. Hom. Zeitung, March 6th, 1883. Vol. 106, No. 10, 12.

Every part of our body possessing the sense of taste is also capable of receiving the influence of medicines and of propagating their power upon all other parts.—*Hahnemann's Organon, § 289.*

I.

PRELIMINARY REMARKS.

It is a very gratifying sign in the latest history of Homœopathy that there was such a keen interest in the action of high potencies at the last meeting of the Central Homœopathic Association in Stuttgart; for only the conviction of the efficacy of the highest potencies gives the necessary confidence in the efficacy of homœopathic doses in general. In regard to them it is very difficult for the younger physicians, as yet afflicted with traditional prejudices, to attribute any value, they being imponderables. Yet daily we have to combat powerful imponderable agencies often without success.

Several times already I have pointed out that the atomic theory of the physicist is by no means incompatible with our

doctrine of high potencies. For further confirmation I quote some sentences from the late work of Gustav Hansemann, *The Atoms and their Motions*, which are apt to illustrate the physical process of homœopathic attenuation.

P. 65. "In all cases where the distance has exceeded the limit at which the action of the mutual protection comes to an end, the atoms can withdraw still more from each other in indefinable manner, hence the constituents of the presupposed simple system of simple material atoms lose all continuity, or, as we might call it, the system dissolves in the other."

P. 142. "The mutual protection of the material atoms from the shocks of the ether atoms ceases, and by supply of living force* explosion of the atoms ensues."

Pp. 74-75. "Every material atom at the surface of such a system can at any time by the action of special concussions with the neighboring material atoms receive such a great increase of living force that a separation from the system ensues. We will, therefore, divide the system of material atoms not into insoluble and soluble ones, but only into such as are more or less difficult to dissolve."

Dr. Katsch, whom I admire on account of his services to Homœopathy, has in Stuttgart accused the high potencies of mysticism, since they are prepared in an uncontrollable and mysterious manner. The veil has already been lifted by the article of colleague Dr. Schlegel, in the *Berliner Zeitschrift*.

Dr. Fincke, in Brooklyn, also has last year published the mode of preparation of his high potencies, which, during seventeen years in the United States, have been preferred on account of their surprising actions, and by this publication the doubt about their centesimality has been removed.

Since his process of fluxion seems to me eminently appropriate for the preparation of such high attenuations, I hope to do a service also to our German colleagues who are already interested in the nervo-analytical proving of *Natr. mur.*^{4m} (Fincke) of Prof. G. Jaeger, by describing this process. (Here follows the translation from *THE HOMŒOPATHIC PHYSICIAN*, Vol. II, p. 217.)

Nobody will doubt that pure water used after the 6th potency is at least as good a vehicle for further attenuation as alcohol.

*By supply of living force the author understands also the assistance of motion, a force of which we also avail ourselves in our homœopathic triturations and succussions.

Dr. Katsch wants control of the preparation of high potencies, but this is impracticable even for the lower potencies. Just as we trust to the respectability of our homœopathic apothecaries, we also must put full confidence in those who in order to help suffering humanity have made it their tiresome, thankless task of life to make high potencies, as *Karsakoff*, *Jenichen*, and *Fineke* have done, and trust that each of them has endeavored in his own way to prepare "*lege artis*" efficacious remedies in that degree which he has given them on the label.

Dr. Katsch has had no success from his own high potencies prepared by himself and given in inflammations of the lungs and scarlatina. I admit readily that in certain acute diseases, especially if the application of a remedy which is generally recommended for them is concerned, lower attenuations may be more efficacious. But I deem the above-mentioned diseases, which without definite duration, also many times without medication, sooner or later get well, not fit for experimentation in order to pass judgment upon the efficaciousness of the high potencies; for these are not to be selected according to the categories of disease, and frequently special circumstances must turn the scale in their selection. If, however, *e. g.*, osseous ganglia of long standing, difficult hearing caused by chronic catarrh of the cavity of the tympanum, nasal polypi, several times operated upon unsuccessfully, a cataract, an intermittent with enlargement of the spleen and liver lasting over a year, and resisting medical applications etc.—if all these affections have been rapidly and permanently cured by one dose of one remedy in high potency, as I have observed, and partly published, then confidence in high potencies seems to me perfectly justified, and those who by principle abstain from their administration, as do the liberal eclectics of North America, who do not go beyond the 10th potency, miss their finest healing successes.

They do not trust to the hundreds of cures by high potencies which have been published in the journals, because they start from the premise that there are no more material atoms of the medicine in the 12th potency, therefore they conclude that the higher potencies must be inert, as Dr. C. Wesselhoeft has tried to make out in the *Rundschau*.

Several years ago I had Sanguinaria only in the 200th potency, and yet this became my main reliance against nervous headache, so that I fell not even into the temptation of using a later bought

Zuchera fortis for attenuations, because the effect always promptly occurred a few minutes after taking.

That the highest potencies are able to act *pathogenetically*, even through the vial and the hand holding it, will be shown by the following experiments taken from the HOMŒOPATHIC PHYSICIAN, July, 1882, p. 298.

II.

(Here follow the provings of Lachesis by Dr. B. Fincke, *l. c.*)

III.

PROVING OF LACHESIS 5M (FINCKE) BY DR. BUCHMANN.

Dr. Fincke had been so kind as to give us, among other high potencies, a vial with globules of the five millionth centesimal potency of Lachesis, which he had made for curiosity's sake, since he does not *in praxi* give any preference to the millionth potency for the hundred thousandth. I showed the vial, January 14th, to my trusty prover, F. B., who had to suffer so much by the above mentioned proving of live quicksilver sealed up in a bottle and held in her hand. She saw with pleasure the small sugar-pellets, looking like fine granules of sand, and expressed her disbelief that such a high attenuation could have any effect whatever, though she had already experienced magically rapid healing action upon herself from high potencies. I asked her to keep the vial for a few minutes in her right hand, and she finally did so, though unwillingly, because she had not much time. To prevent any impatience on her part, I directed the conversation to other things of interest, when suddenly, about three minutes after taking the vial in her hand, her face was distorted, and she complained of spasmodic pain in the right hand, while at the same time the third and fourth fingers were drawn firmly around the vial. Heat running over the upper part of the body, with oppression around the margin of the lower ribs, and the desire to yawn without accomplishing it. The jaws are drawn asunder by force, the mouth is opened, she jumps up, anxiously tries to yawn, but cannot do it. At the same time water runs out of her mouth, tears fall over her cheeks, and she must hold the handkerchief before the nostrils in order to take up the fluid running from the nose. In short intervals when she complains of being tired, two more attacks of ineffectual yawning-spasms occur. This took about a quarter of an hour. I now put the vial in her left hand, and she yielded,

saying that the attacks were probably over now. But she was mistaken. For after a few minutes suddenly cramp in the left hand came on, by which the hand was firmly closed. She jumps up with the cry: "I must choke," and offers me the left hand to take the vial out of it, because the spasm holds it fast. Then the same symptoms repeat themselves just the same as when she holds the vial in her right hand, lasting just as long and with the same violence.

The next day this prover, very much against her will, was induced to repeat the proving, and only on condition of putting the vial away as soon as it would affect her too much. It seemed to her now as if the vial caused some burning in the hand, but other symptoms which I expected with eagerness did not appear, in spite of holding the vial for a quarter of an hour. I regret that I did not then try a lower potency of *Lachesis*. When I took the vial from the hand of the prover it produced in my left hand for several minutes sensation of unusual coldness emanating from the vial.

Now, what will our German eclectic, to whom my proving of quicksilver, by induction, nineteen years ago appeared incredible, to whom already the Hahnemannian globules of the 30th potency as olfactory remedy are a monstrosity, say to *these* provings? One cannot imagine such yawning spasms where the water pours out of eyes, nose, and mouth, when they happen before your eyes. On the whole, it is very rare that the prover ever yawns; she was, besides, perfectly healthy; and it is necessary for hysterical attacks to be an habitual sufferer from hysteria, which she was not. The possibility of any simulation is entirely excluded. Every doubt of the action of the five millionth potency must vanish if we compare the symptoms which the indefatigable Dr. Fincke observed with the symptoms of the proving given above.

1. B. F., after taking on the tongue six globules *Lachesis*^{71m} Fincke: spasm of the jaws, so that he could close his mouth only with difficulty, with spasmodic pains in the mandibular joints.

2. Mrs. T.—Spasmodic contraction of the third and fourth fingers of the right hand.

3. Miss C. F.—Repeated yawning, with fatigue.

4. Same.—Anxiety from the pit of the stomach.

No expert will raise the objection, that also at the proving on the second day symptoms of *Lachesis* should have appeared, since we have here to deal, not with a physical, but with a physiological experiment.

I.

COMMENTS OF DR. B. FINCKE.

The most valuable contribution to *Materia Medica Pura* by our transatlantic friend shows to the expert one important feature, the bearing of which on the benefit to mankind is indeed incalculable. When I read to Dr. P. P. Wells the passage that the second day no symptoms appeared, he at once said: "The susceptibility to Lachesis was exhausted." And so it certainly was in this case, at least for this potency. It is doubtful whether or not another potency would have brought out the same or other symptoms, but it does not alter the fact of the exhaustion of the susceptibility this time. This fact is available for the doctrine of prophylaxis, such as we practice when we give Belladonna for the prevention of scarlet fever, or vaccinate and re-vaccinate or give Vaccinin or Variolin in order to protect from future infection by small-pox. The principle is correct, and rests upon the very fact shown in this proving. The remedy given acts upon the organism in such a way that when any of those natural high potencies are brought to bear upon it by the prevailing epidemics, it finds the susceptibility for it exhausted, and cannot fasten and germinate and grow up in the epidemic group of diseases. Vaccination is nothing else but a crude proceeding upon the same principle, and since the prevention is offered to the system in the form of a great mass of palpable poison, the effect is often worse than the real small-pox disease would have been. Besides, the animal poison used does not exhaust the susceptibility of the system, because it is not strictly homœopathic, for it is not obtained from the similar natural vaccine-disease of the cow, but from the unnatural inoculation of matter derived from a cow many generations ago, through generations of calves which are not cows. There must be a reason why the vaccine-disease appears at the udder of the cow but not upon that of the heifer, nor on the mammary glands of male calves and oxen. Being, therefore, not homœopathic, it cannot have the required homœopathicity or the quality of prophylaxis by exhaustion of the susceptibility of the system for small-pox. It follows, that we must select that prophylactic which is the most similar to small-pox. This is undoubtedly the poison from the variolous pustule itself taken from a case which bears all the characteristics of this dreaded disease in perfection, provided it supervened upon an individual otherwise healthy when infected.

For a regular disease it is having its normal course, which repeats itself in every infected individual, only in a lighter or lower degree. No expert will raise the objection, that such a procedure belongs not to Homœopathy, reviving the old squabbles about isopathy, which should have found their end long ago. If I take a drop of lymph from a suitable small-pox patient at the height of the disease before suppuration takes place, and potentiate it not only to 30, but much higher, as surely a homœopathic remedy has been obtained as in the case of the innocent Silicea and of the vile poison of that snake Lachesis, which everybody can see in Morton's Museum in Philadelphia. And as much Hahnemann himself has said at the end of the first volume of his *Chronic Diseases*. If that argument of isopathy would hold good, we would not be allowed to use any remedies at all, for they are all more or less equal in action, and, if equal the better, but on opposite sides, and that makes them similar. Does not Lachesis produce lock-jaw and symptoms of it as we see even from the five millionth? And would you hesitate a moment to apply it in such a case where the very same, not merely similar, symptoms are present, and would you not expect a cure? Where is then the similarity? The symptoms on the healthy are equal to the symptoms on the sick, and that is the only simillimum which can be obtained, and it is to all purposes and ends equal. But there is no need of changing our similia similibus, because it is true and exactly states the difference between æqualia and similia, viz., that there is only this difference, that æqualia stands for the highest degree in the series of similitude; they are the similia, than there can be nothing more similar without infringing upon the domain of identity, which would be a logical blunder. The equality as the sign of comparison does not concern us as homœopaths, though it underlies the homœopathic law of cure. See *High Potencies and Homœopathics*, 1865, Tafel, pp. 37, 48, 49, 127.

Now the homœopathic high potency of the small-pox lymph is the proper prophylactic for variola. We must find out which is the proper potency and dose to give, and at what time. This prophylactic can be safely put in the hands of the million; it is always ready, always pure, and does not spoil, and it can never be exhausted. It may be given whenever there is fear of any infection, once every year or oftener, in single or repeated doses, whenever any fear of infection appears. It can only exhaust the susceptibility of the system for small-pox, and is a safe kind of variolation, destined

to take the terrors out of this dreadful scourge if judiciously managed.

II.

The following is the result of a neuro-analytical proving of Lachesis 5M (Fincke), with which the proving of Buchmann was made on the electro-magnetic method :

(a.) Ten observations upon myself in good health gave a sum of 1363°

After taking about a dozen globules of Lachesis 5M (Fincke) on the tongue.

Ten observations the next half hour, commencing after one and a half minutes, gave 1477°

therefore an increase in the first half hour of 114°, giving a difference of +8.4 per cent.

Ten observations the next half hour. 1472°
again increase of 109°, or a difference of +8 per cent.

(b.) Ten observations upon a young lady, fifteen years, in good health, gave 1700°

After half an hour from the beginning, took Lachesis 5M (Fincke), about a dozen globules on tongue. After one and a half minutes, ten observations for the next half hour gave 1866° therefore an increase of 166°, or a difference of +9.2 per cent.

Ten observations the next half hour gave 1862°
hence an increase of 162°, or a difference of +9 per cent.

The provings were made two and two and a half hours after dinner—the first from 3½ to 5½ P. M., the second from 3 to 5 P. M.

III.

Dr. Katsch is a representative of that class of physicians who abstain from the use of high potencies under the pretense of not knowing whether they really are what their labels indicate, and who cry for a control of the preparation of high potencies, which cannot be had, in order to be excused from being hampered any more with that unpleasant and difficult subject. What they are driving at in truth is very clear. They want to be relieved from the responsibility regarding the value of their preparations, and try to shift it upon the shoulders of the apothecary, the respectability of whom cannot be doubted. But, alas! look at the transactions of the American Institute for 1882, and the Dr. Katsches must be very much disappointed when they read there in a portly volume, with

most improved metallic corners, in excellent print, what the then President had to say upon that topic.

Dr. Edward Smith has succeeded in assaying the different triturations of Aurum metallicum up to the 30th decimal, and with the most startling results. When Professor Smith sent me a "button" of pure gold obtained from assaying the 30th trituration of Aurum, large enough to handle and examine, which resisted boiling in nitric acid, and when I remembered how diligently our colleagues, Dr. Wesselhoeft and others, had been for years searching for this valuable article with the assistance of the microscope, and that the decimal trituration of Aurum properly prepared should not contain gold at all visible, I believed there must have been some mistake in the labeling of this particular preparation. It was then suggested that, as President of the Institute, I should furnish the trituration for examination. Ordering from nine reputable homœopathic pharmacies preparations of the 1, 2, 3, 4, 5, 6, and 30 of Aurum, I carefully removed all labels and evidences of their origin, marked the corks by letters and numbers, carefully registering each in my book, and forwarded them to Professor Smith. The results of these examinations will be given to the Institute at the proper time, and prove conclusively that triturations of gold as sold above the 7 decimal are totally unreliable, the 30th and even the 60th yielding the same amount of gold as was found in the 7th.

Owing to this testimony, corroborated by the details of the examinations furnished by Dr. Smith, and still more aggravated by facts coming out at the discussion (p. 668), the confidence in those nine reputable homœopathic pharmacies must be considerably shaken. But their names are lovingly concealed, and the physician remains in the dark and does not know to whom to apply in order to escape such impostures as are here practiced in the open day. The ostensible reason for these extensive examinations is, "not to expose the name of any of the pharmacists, but to stimulate them all to put upon the market better drugs, and as they have been holding the homœopathic profession in the hollow of their hand for a number of years, they may now be willing to drop it, and allow us to indicate the course and establish the rule." Here is a position for the homœopathic physicians and members of the Institute, assigned by the gentleman at the time in the chair. Every homœopathician must decline such an ignoble position. The examination of the products of the reputable pharmacies may be important for the brethren who are content with

the first three decimal triturations, which, we are informed, are generally found to be correctly labeled, but they are of no earthly use to science, and it shows a deplorable status of the great majority of the homœopathic body on this continent if such efforts are made merely "to hold the pharmacists in position."

Here is an example for the Dr. Katsches to consider. If the pharmacists are not even to be trusted for their decimal triturations, which can be examined by assaying them and by putting them under the microscope, how can you trust them if it comes to high potencies for which there is no assaying and no microscopic test possible, the efficaciousness of which can only be found by trying them upon the healthy and sick and by the latest test of Neural Analysis? But, alas, what has been found out in the lower region of decimal triturations has likewise occurred in the high region of centesimal potencies. For as soon as the fluxion process was known, certain parties who after the example of the courtesies extended in the lower region may be left unnamed, have taken advantage of it, and prepared medicines of which, in regard to potency, number, and scale, nobody knows what they are, and which certainly do not come up to the fabulous heights assigned to them. It seems, then, we on the upper side of the question are no better off than those on the lower.

In this dilemma there are only two possibilities of getting out of it. Either we trust to somebody who deserves it after having faithfully tried what he has produced, or dear, Dr. Katsch, you must follow the way that Hahnemann has traveled before and which with many others you also have already trodden, viz.: you must make your own remedies. Then there is no question of confidence in what you have done yourself. If, then, you have deceived yourself, and the potencies don't turn out as potent as others, you cannot find fault with anybody else. But the idea of creating a control for the preparation of high potencies by dictation of institutes and societies militates against the free spirit of science, and cannot be countenanced for a single moment. The control must be in the integrity of those who have a scientific and practical interest in this matter, and in the necessary consequences which science generally draws immediately from new discoveries.

The inferences drawn by the President of the Institute for 1882 from the misdemeanors of the nine pharmacists are disingenuous in a high degree, because he merges Hahnemann's high conception of homœopathics into the low prejudiced reasoning of his own mind.

It is not true "that the absence of a uniform standard in the preparation of drug attenuations has afforded the opportunity for the surreptitious introduction of methods that were never dreamed of by Hahnemann and that should have no place in scientific medicine." It is true that Hahnemann was no dreamer, but to the end of his long life he tried to make his potencies higher and approved of those then in existence. The uniform standard was laid down by him unmistakably in the centesimal scale, so this cannot be absent. But the enemies of Hahnemann, who always quote him for their falsehoods, tried to introduce the decimal scale, long disowned by its inventor, and that is the uniform standard they are aiming at. Reading it in this way, the absence of the centesimal legitimate standard has not given rise to surreptitious introduction of new methods, but it was only, in accordance with the Hahnemannian uniform standard, used for those methods by which alone higher potencies than known before could be obtained. The accusation that these methods have been surreptitiously introduced depends again upon a falsehood which is in the same vein with the sneer of bottle washing, and can only be laid to that exuberance of fanaticism with which medical history abounds. The truth is, the methods alluded to have been openly and carefully introduced as the legitimate offspring of scientific investigation. This investigation has been going on for many years, but the President is entirely innocent of it, for timidly he asks: "Shall we not then investigate for ourselves rather than allow others to attend to that matter for us?" Just as in the matter of pharmaceutics he gives up his right to the apothecary, so now the fear that "modern allopathy will enter the arena against Homœopathy" and look "after our provings, pharmacological processes, and also our preparation," drives him again in the arms of the pharmacies, for "our pharmacists cannot escape much longer and the American Institute will have to make a record on the subject." What he actually means is, however, not a candid elucidation of the subject, but a decree of the Institute, a Pope's bull, to restrict the homœopathic practitioners to the tenth centesimal in their practice, because ninety-nine out of every hundred rely upon triturations and dilutions within the range ending at the tenth decimal.

Enough! "*Quousque tandem abutere patientia nostra.*" A homœopathic physician, even when in the chair of the Institute, who calls infinite dilution an absurd doctrine never taught by Hahnemann,

and who says that Hahnemann understood the subject in the sense of the President when he advised a limit to drug attenuations, deserves no more respect than the devil quoting Scripture. For Hahnemann not only advised physicians to use the 30th centesimal, which is already infinitesimal (mark, not the 10th and 12th of Wesselhoeft-Breyfogle), only for the purpose of making observations, but he also admonished us in his writings to make higher potencies when the case should require it, and to his last days he tried to carry his potencies higher and applied them in practice, and besides approved of others then in existence. And it is a fact which cannot be repeated often enough, that in all his multifarious writings he inculcates the necessity of infinite dilution for the remedies well-selected according to homœopathic law.

To such perversions of truth, therefore, it is not necessary to add a simple protest, because they carry the germ of their refutation in themselves.

V.

It would be interesting to know whether any of those nine participated in the famous Milwaukee test, and it would on the whole, be well to have their names.

VI.

Curious it is to see how the champions of the low decimal triturations carry on, trying to bully the homœopaths out of their impregnable position by attempting to dictate the uniform standard of a decimal scale and a limit to the 10th or 12th centesimal potency at a time when Neural-Analysis, the highest acquirement that homœopaths could hope ever to obtain, shows the action of the highest potencies through physical means. "*L' extremes se touchent.*"

VII.

But in the same breath, when high potencies are urged upon these pseudo-homœopaths, they very liberally claim the whole scale for their use, though in point of fact they rise rarely higher than the first decimals. He may find consistency in this behavior who can! But we accept this allowance cheerfully, adding to it, however, that we find it founded on the very principle of *similia similibus*, that only medicines should be given which have no body to them except the inert vehicle which keeps them, viz. : potencies.

From the facts stated above, it appears that the series of potencies which in Hahnemann's time extended no higher than the 30th

centesimal gradually has risen higher and higher till it has reached the five millionth centesimal, a scale which must satisfy the most fastidious of those homœopathic practitioners who maintain that the whole scale of a remedy, from the crude substance up to the highest potency, must be at the disposition of the physician, as is also taught at least in one homœopathic college. It is now to be expected that those scientists will also point out the indication for the potency to be selected in the given case, ranging now between the crude substance and the five-millionth centesimals, since the hackneyed rule to give low potencies in acute and high potencies in chronic diseases does not hold good any more.

For in the proving above given the 5M produced symptoms of great acuteness, and it stands to reason that when it is able to produce acute symptoms it must also be able to cure them. If the prover had been afflicted with the symptoms given the 5M of Lachesis would no doubt have been the right potency to cure her. For *similia similibus curantur*.

VIII.

Ceterum censeo macrodosiam esse delendam.

BROOKLYN, April 17th, 1883.

THE PRESENT AND FUTURE OF HOMŒOPATHY.

An Address Delivered before the International Hahnemannian Association at Niagara Falls, June 19th, 1883.

BY C. PEARSON, M. D., PRESIDENT.

It is difficult to speak of the future of Homœopathy without referring briefly to the past, and in doing this we cannot go back anterior to 1810, when Hahnemann published the first edition of his *Organon* of the healing art. Prior to this, though the laws and principles forming the base for this grand superstructure had at different times been observed by others, they had never been utilized, or systematized, and hence Homœopathy was unknown. Hahnemann then, being the father, or, in every proper sense, the discoverer of Homœopathy, it becomes very apparent that to practice it at all we must practice what he taught. It seems that during his lifetime a number of physicians, called by him "a new mongrel sect," had adopted a kind of spurious practice, or had engrafted this on to the tree of Homœopathy, where it grew, and with which its branches so intermingled that the parent stem was little thought of, and as the

fruit was not extensively known, this hybrid product was palmed off on the market as a genuine article. A few shoots from the original tree were transplanted in this country in the years 1825, 1828, 1836, and 1839, and for a time the fruit showed no signs of deterioration.

But it is well known to horticulturists that to preserve melons in their purity they must not be planted in close proximity to squashes or any other of the *cucurbita* family. And so this tree of Homœopathy had unhealthy surroundings, the atmosphere was bad, and while its growth was rank and vigorous enough, it was dwarfed by an indigenous undergrowth of ignorance, prejudice, and ridicule, in consequence of which the fruit became *bitter*, and in many instances acted on those who used it as a cathartic, or an emetic.

In view of this state of affairs, a society was formed some forty years ago by good men and true to better promote the cultivation and cause of Homœopathy, and for a time it did stalwart work, but many of the old guard no longer answer at roll-call, and it is greatly to be feared that the inheritance they left is not guarded with scrupulous care by their degenerate sons.

Mock-oranges and Dead Sea apples are again in the market, labeled "Homœopathy," and no course of reasoning seems adequate to convince either the vender or consumer that the article is not genuine. It is in vain that the *Organon* is pointed to as the guide and the law; these trades' unions deny that "it is the standard of the Homœopathy of to-day." And if that be true, one or the other must have changed. Which is it? The former was once regarded as the only criterion by which the homœopathicity of any proposition could be tested. Has it changed? No. There are the words of Hahnemann just as he penned them three-fourths of a century ago. But they tell us three-fourths of a century is too long for a medical doctrine to endure, that this is a progressive age, that what is regarded as authority to-day may not be so considered to-morrow. And this is true when applied to systems founded on theory alone, but not true in regard to natural laws. Euclid wrote two thousand years before Hahnemann, and yet his *Elements of Geometry* are text-books to-day. Kepler wrote two hundred years before, and the only improvements made in relation to his remarkable discoveries known as "Kepler's laws" have been in reference to their application. Truth, then, is in all ages the same; it is no better or none the worse of having been discovered in this or in any other age; it is, in short, of all time and for all time, and though newly discovered, it can-

not well be said to be new. A diamond will ever remain a diamond, though it may be trodden under foot by the unappreciative.

If then the teaching and so-called homœopathic practice of to-day be not in accord with the *Organon*, it is not difficult to see that what is thrown on the market as Homœopathy is a spurious article with which Hahnemann, were he living, would not have fellowship. Says a writer in the *Medical Investigator* of March 15th, 1882: "The immediate followers of Hahnemann are passing away." How long and how often have we heard this and similar remarks in reference to Homœopathy—good, bad and indifferent? Still, its ranks have been steadily filling up, and when, by fermentation, it has thrown off the foam, impurities, and crudities that attach themselves to it, will its inherent principles, like gold from the quartz, stand out in bold relief.* It is, of course, optional with any one to reject the doctrines of Homœopathy as taught by Hahnemann, but consistency would demand that those who do so should reject its name as well. The members of the International Hahnemannian Association wish to retain both, in practice as well as in theory, and one of the principal objects of its organization was that both might be retained.

In my address last year I endeavored to show what Homœopathy was as taught by its founder, and this it is not necessary to repeat; neither is it necessary before this Association and for your edification to allude to the disease-producing, as well as the disease-curing, effects of microscopic particles of matter; but as it is not the well that need the physician but only the sick, and as the great mass of the human family, both physicians and laymen, are sick so far as a knowledge of Homœopathy is concerned, it may not be considered a digression to briefly refer to some of the evidences of our faith with which the physical world is filled. One of the great popular mistakes seems to be that matter always produces its effects in proportion to its bulk, instead of its affinity for other matter or adaptability to peculiar idiosyncracies. Herbert Spencer says: "A minute portion of a virus introduced into an organism does not work its effects proportionately to its bulk, as would an inorganic agent on an inorganic mass, but by appropriating materials from the blood of the organism and thus immensely increasing, it works

* In one of our avowedly homœopathic journals the editor recently said, "Homœopathy is one thing and the teaching of Hahnemann another." The word *modern* before Homœopathy would convert falsehood into truth.

effects altogether out of proportion to its bulk as originally introduced—effects which may continue with accumulating power throughout the remaining life of the organism. This is so with internally evolving agencies, as well as with externally invading agencies. A portion of germinal matter itself microscopic may convey from a parent some constitutional peculiarity that is infinitesimal in relation even to its minute bulk; and from this there may originate fifty years afterward gout or insanity in the resulting man.” Grauvogle, who found that ten drops of the tincture of arsenic in thirty quarts of water, corresponding in proportion with the third potency, when taken in tablespoonful doses four times a day, produced on himself much more feeble effects than a few drops of the thirtieth potency of the same remedy in a pint of water repeated in the same manner. And if such is the result in health, what must it be when the nerves and tissues are rendered highly sensitive by inflammation? At the same time, Grauvogle was far from being a spiritualist in medicine, or from adopting the dynamic theory of Hahnemann. He believed that to whatever extent our potencies may be carried, their action in the system is still that of matter on matter. It is unfair, therefore, to regard our mode of preparing potencies as a mere diluting or weakening process. A small portion of yeast under favorable circumstances will convert a large bulk of flour into yeast; a small quantity of this transferred a second, third, or an indefinite number of times in the same way will produce the same results. In a similar manner, a small particle of a medicinal substance will medicate a non-medicinal vehicle, converting the whole into medicine though the process be repeated a thousand times.

As the chlorate of potash has been found in the blood cells in particles smaller than the quadrillionth part of a cubic millimeter, so small, in fact, that it cannot be conceived of by any of our senses, we might conclude that our process of attenuation develops in the drug nothing that could well be called spirit but merely renders the particles of matter finer and more capable of entering these blood cells, producing in them important changes. Liebig found that a concentrated solution of common salt was unsuited to act as a function remedy; that it was necessary to dilute or attenuate it in fifty times its weight of water; and Valentin says that a grain of salt hardly large enough to taste contains billions of groups of atoms, which no mortal eye can ever grasp. From this it would appear

that medicines have no other action than that which finely attenuated matter has on other material particles in obedience to chemical or physiological laws. But, it may well be asked, how is it, then, that in less than one hour after taking ten grains of quinine it is found that every particle of it in weight has in the excretions passed out of the system? What then produces the effects of this drug, which we know will last for days, weeks, or even longer? What is the fragrance of a flower, or the power of the magnet, which these bodies throw off without in any perceptible degree effecting a change in the bodies themselves? A grain of musk would impregnate a thousand cubic feet of air for a hundred years and still retain its original weight. The Mosque of Omar was built in the seventh century; the mortar in its walls was impregnated with musk, and though twelve hundred years have come and gone it is said the atmosphere in the building still retains the odor. Other substances more volatile would have in much less time entirely evaporated, but to become invisible even to one of our modern microscopists is not conclusive evidence that in some form they do not exist. Dr. Myerhoffer by aid of the solar microscope claims to have detected particles of platinum and mercury after a grain of these metals had been divided more than a trillion times; lead and iron a billion times; zinc, copper, tin, silver, and gold more than a million. Seguin and Rummel profess by the same means to have seen metallic atoms in the 200th potency. Less than two grains of copper dissolved in nitric acid and diluted with water tinged blue with ammonia can be divided into 50,000,000,000 visible parts. The same amount of carmine may be divided into 2,600,000,000 parts, all equally visible. Professor Jaeger, in his Neural Analysis with the electro-magnetic galvanometer, has detected medicinal force in the 4,000th centesimal potency; but it remains for the still more sensitive diseased human organism to respond to the action of the 100,000th and upward; and this it will do and has done a thousand times.

Most persons have more confidence in their own senses than in those of another, more confidence too, perhaps, in what they see than in that they feel. There was a time when men believed on the strength of much less evidence than they do to-day. This is emphatically an age of reason, the evidence furnished by one only of our physical senses scarcely being considered sufficient to form the basis for a reliable belief. Could our patients, in addition

to feeling that their pains have disappeared, taste our medicines, as in the other schools of practice, does any one believe we should have so much trouble to convince them of the efficacy of the remedy by which the cure was effected. There can be no doubt that all diseases not mechanical are caused by imponderable particles of matter. Who can weigh the contagion of measles, scarlet fever, or small-pox? Even physicians, whose scales weigh nothing less than a grain, do not hesitate to admit the imperceptible causes of disease.

Baglivi, the Roman Hippocrates, said long ago: "According to Pliny, we are ignorant of what makes us live, but if I dare give my opinion, we are much more ignorant of what makes us sick, for the infinitesimal substance that gives the first and immediate impulse to disease is entirely incomprehensible."

An instance is related by Prof. Boulli, of Turin, where the tooth of a rattlesnake (*Crotalus Horridus*) had been preserved in alcohol for thirty years, and afterward exposed for sixteen years to the weather, after which he punctured with it the skin of an animal, causing its death in one hour. But a fine opportunity was lost in not testing the alcohol in which the tooth had been placed as to its poisonous effect on animal life, as well as the tooth itself; there is little doubt but that it would have been found to have been equally poisonous, though probably defying the finest chemical test.

This experiment would go far to prove that although alcohol may possibly act as an antidote to snake poison after it has entered the circulation, it will not neutralize or destroy it without a medium through which to act, and the question then arises, How do poisons antidote each other? It cannot be by the direct action of the one on the other, else this change would occur out of the system as well as in it. It must be then that the alcohol acts on, or forms a chemical union with, the properties of the blood for which the virus has an affinity, thereby changing the sanguineous fluid to such an extent that the force of the poison is exhausted, as a fire goes out for the lack of more combustible material. We are further led to believe this from the toxical effects of the two poisons. It is well known that alcohol destroys the oxygen of red globules of the blood, generating carbonic acid in its stead, producing that dark, bloated, purple appearance, which is seen in hard drinkers, and there can be little doubt but that snake poison does the same, from the rapid tendency to decomposition, discoloration, and gangrene in cases where death has occurred from it, and it is very probable that it is

in this way not only that poisons antidote each other, but that medicines cure diseases. A case is related as having occurred in Italy some thirty years ago, where a man, bitten by a rabid dog and ill of hydrophobia, was repeatedly bitten by the poisonous viper; and although the case terminated fatally, it is said the symptoms were entirely changed, and that he died more from the poison of the snake than from that of the dog—an instance of fatal aggravation, if you like, from too low a dilution too often repeated.

Now, this was homœopathic only so far as the law of similars was concerned, but it illustrates nothing new. For, in a poem published in Sanscrit fifty-six years B. C., the author says, "It has been heard of old time in the world that poison is the remedy for poison." And when we reflect that this was written nearly two thousand years ago, and that the opinion was then said to have been "old in the world," it certainly looks like disputing the right to antiquity with the principle, *contraria contrariis*.

A milligram of mercury in solution in twenty quarts of water will kill fish in a few seconds, and yet this proportion is so small as to defy the most delicate chemical test. Atmosphere containing the one million two hundred and fifty thousandth part of sulphureted hydrogen, inhaled by a horse, will kill him in a few minutes. The animal economy is a strange piece of mechanism, of which far too little is known. Man is usually considered the grandest work in the scale of existences, and yet his anatomy, as wonderful as it is, will bear no comparison with that of the worm he crushes beneath his feet, or the tiny insect that floats like a useless mote in the summer air. In the human subject we find three hundred and seventy muscles, yet Lyonet, who devoted his whole life to the observation of a single species of caterpillar, discovered in it four thousand. A common house-fly is said to have eight thousand eyes, and some butterflies have twenty-two thousand. The motion of a gnat's wing is six hundred thousand times in a minute, but the dimensions of the muscles that impart this rapid motion who can measure, or the size of the innumerable parasites that it is said find a home beneath the fimbria of those wings with ample space to range at will? We are far from knowing everything, far from being able to give an explanation for every phenomena witnessed. If we could do so, there would be little left for the researches of the coming ages. We are not obliged to answer all the objections urged against Homœopathy. Our premises taken, our conclusions are legitimate, and it remains with our

opponents to prove them to be incorrect. The smallness of the dose is one of the questions most generally raised, and that, we think, has been pretty fully answered. It is custom and prejudice that makes many so reluctant to admit that it is the quality and adaptation of matter, instead of its quantity, that produces the desired results. And this prejudice is by no means confined to the allopathic school of practice. I doubt if greater skeptics can be found anywhere than are to be met with among so-called homœopathists, men who probably never made a homœopathic cure in their lives, and who, should they witness one, would be astonished beyond measure and as ready as any one to attribute the result to other causes than the medicine. Low potencies and crude drugs suppress symptoms in the same way, and the prescriber who, in his therapeutics, has never risen above them, has never breathed the refined atmosphere of pure Homœopathy. Previous to Hahnemann's time, while many were willing to admit that invisible causes were capable of producing visible effects, so far as causing disease was concerned, no one seemed to conceive that microscopic remedies might also cure.

Because of this widespread skepticism or lack of knowledge, in and out of our ranks, of what really constituted Homœopathy, the charge over and over again has been made by its enemies that all our old landmarks were obliterated, or that we ourselves were beginning to see and to admit that Hahnemann's teaching was all a fallacy. But there is not and never has been any such admission made on the part of his true disciples, and of the future of Homœopathy we have no fears, though it is humiliating to be obliged to admit that misguided fanatics in our ranks, either from ignorance of what constitutes Homœopathy, or from personal ambition for distinction, have led us so near the picket-line of the enemy that some desertions have already occurred, and others are calling for a truce which savors much of compromise. In view of this state of affairs, on the 16th day of June, 1880, we raised the old flag, around which forty years ago battles were fought and victories won. Eighty stalwarts have already rallied to its defense, and the recruiting still goes on. We now have enrolled soldiers from England, Italy, and Spain, and they are coming from every civilized country on earth, not enlisting for one or for two years, but for the war or for a lifetime.

At the first meeting after our organization, owing to the absence of the secretary and treasurer with all the papers, names of members,

etc., and without any order of business, and with few by-laws or resolutions by which to be governed, the first year of the existence of the Association might be said to have been well-nigh lost. At the second meeting, the conditions of things was but little better. No officer, except the president, being in attendance—vice-president, secretary, treasurer, and the chairman of every bureau being absent—and with no order of business, it was hard for the president to bring order out of chaos, or to proceed with any system. But many valuable papers were presented, the authors of which, with few exceptions, were not present; these were read and discussed, and new members and new officers, with the exception of the president, were elected for the ensuing year.

Some of the members who were not present thought the re-election of your president was a mistake. Of course, this was a mere matter of opinion. There was no precedent for or against this; we were merely making a precedent, making history, and it is not at all likely that everything we might do would be entirely satisfactory to every member, or anything we might say meet the approbation of those who could not be received as members, and the teaching and practice of whom made the organization of this Association necessary. The idea has been circulated with a good degree of industry by those who would gladly see its dissolution, assisted, as they claim, by one or more disaffected members, that there is a widespread dissatisfaction in our ranks growing out of words spoken by your president at our last meeting, to wit: That if the destructive policy as mapped out by some of the leaders of the American Institute was henceforth to be its governing principle, I could see no good reason why we should not sever our connection with it, and that my re-election after expressing these sentiments amounted to an indorsement of them by the Association. And a great amount of capital was sought to be made on this account. But it is not fair to assume that your president's re-election was in any sense owing to his views on this subject, neither do I believe that it should or would defeat the election to the presidency of any member who entertained similar views. And after a year's reflection your president is not disposed to retract anything he may have said in relation to this subject.

The American Institute was organized, the same as the International Association, to perpetuate and disseminate the inductive methods of Hahnemann. Had it continued to do this, the organiza-

tion of this Association would have been a superfluity. If any member still believes it is now following its original intent, then his line of duty to him must be clear—merely to follow where it leads and to oppose whatever he may conceive to be antagonistic. So far as I am acquainted with the views of the members of this Association, it is with feelings of deep regret that they conceive the necessity for such an organization exists, and willingly would they see it disband did they believe that the best interests of Homœopathy as Hahnemann taught it would be promoted thereby. But every year the necessity for its existence seems to become more and more apparent, and more and more do we feel sad in view of this fact, for we have not now, neither have we ever, entertained any but the kindest feelings toward the American Institute either individually or collectively, and gladly would we see it, with or without our aid, pause on its road to ruin and return to its first love. But if it will not do this, but take the advice of one of its members, to turn us all out because, he says, we “hang like a ball and chain on the limbs of the Institute, obstructing its progress”—though he does not make it clear whether the disgrace is to be attached to the ball and chain or to the wearer—or follow the lead of another member, and have us placed in a separate apartment or bureau, denying to us even the name of homœopathsists;—if this policy is to be adopted we may clearly see that our Association was not organized a day too soon, and any such action on the part of the Institute should serve as a stimulus to every member for renewed efforts to preserve intact that inheritance left us by Hahnemann and his early disciples. There can be no fears that truth can ever die, though a diamond may be dimmed while marble is polished; but if our Association does not prosper and our cause succeed, it will not be because we have not truth on our side, but because we do not defend it with that zeal and energy which is the element of success in any and every undertaking. Every member should feel that he has a duty to perform, a duty that he owes to himself, to Homœopathy, and to humanity, and instead of absenting himself from our meetings, entering objections, and creating dissensions, he should be present to give his counsel in correcting or preventing mistakes.

It has also been urged that our Association has fallen short of accomplishing the end and aim of its organization. But national or international influence is not gained in a day, character and reputation are of slow growth, the education of the people is a great work.

It is impossible to compute the amount of influence in this direction we have already accomplished, not only with the laity, but with physicians as well. Whoever thinks nothing has been done should obtain a report from the pharmacutists as to the increased demand within the past year or two for high potencies. Physicians prominent in the profession are buying and using them, and honest investigation usually results in honest conversion; and as our paramount object was to give strength and influence to Hahnemannian Homœopathy, we are not discouraged at what three years have accomplished. Besides, the amount of abuse we have within the same time received from the eclectic wing of our school only convinces us more and more of the necessity and justice of our course.

As for your president, he is not sorry that his term of office is nearly closed; it has been attended with more honor, perhaps, than either thanks, pleasure, or profit; but for none of these has he labored, and has not therefore been disappointed. His every act and word in regard to the Association has been, as he supposed, for its best interests. It is not at all to be presumed that every one can see things in the same light, but my endeavor has been as far as possible to avoid petty jealousies and prejudices, and without consulting others as to what language I should use, though with no intention of giving offense to any, I have on all occasions spoken the truth as I understood it, and henceforth will be glad to work for the success of our cause in any capacity that may be assigned me, knowing that there is no excellence without labor, and that if we fail it will not be so much from labor wrongly directed as from no labor at all, or only that which exhibits itself in words. No true Hahnemannian lives that I would not gladly take by the hand and welcome to membership. Homœopathy as represented by this Association is my friend, and if its opposers, or its enemies, receive little sympathy or little mercy at my hands, it is not that I love them less, but that I love Homœopathy more. No man would rejoice more than I to see a union of all schools of medicine, but it would have to be upon the platform as laid down in the *Organon* of Hahnemann. As for a union on any other basis, no homœopathist has ever harbored such a thought. We are much obliged to the medical societies of other schools for their kindness in permitting their members to consult with us, giving as a reason that in doing this it gives us the opportunity of becoming better acquainted with their mode of treatment, which they think we will then be likely to adopt;

but they forget that our familiarity with their treatment is one great reason why we are homœopaths. We therefore regard their propositions to meet us in consultation as entirely gratuitous, and presume that with or without their society resolutions, they will in the future, as in the past, always consult with us *whenever they are invited to do so*. And, in conclusion, I can only express the hope that no diversity of opinion about minor matters and no personal difficulty will prevent any and every Hahnemannian, wherever he may be, from joining us, not by any means for the purpose of being antagonistic to any other medical organization, but for the far higher and nobler purposes of an interchange of thought for the welfare of the afflicted, and for the perpetuation of the art of healing as taught by Samuel Hahnemann.

CLINICAL BUREAU.

TWO SILICEA CASES IN ONE.

CHAS. F. MILLSPAUGH, M. D., BINGHAMTON, N. Y.

It is so seldom that two patients are met with at the same time affected exactly alike, each giving, in the main, symptom for symptom, that I am led to publish from my case-book the following notes. Allow me here to suggest that the reader should underscore in his *Materia Medica* the symptoms given, as some are not especially reproven and italicized in the *Encyclopædia*, while several prominent symptoms which I have marked with an * are not found, so far as I have observed, in any proving.

1. Mrs. G.—Age 35, very light complexion. Had suffered from cephalalgia since the age of 9. To give her own words, “I have not passed a week without a headache in twenty-five years.”

2. Mrs. M.—Age 28, complexion the same. Had suffered the same as Mrs. G. since the age of 10.

The first measure I adopted in each case, I find, was to prohibit the use of tea, and to give *China*³⁰, two doses a week apart, to antidote the habit and its effects: after this I gave each case a dose of *Silicea*^{1m}, B. & T. This is all the medicine used, and no headaches have occurred since (fifteen months) except following exces-

sive eating of pastry or great overexertion, when other symptoms and remedies to suit were given. These exceptions have been very few.

Symptoms presented and cured :

(7) Sensitiveness to noise.^{1 2}

(8) Very sensitive, even to weeping.²

(43) Everything frets her and makes her peevish.^{1 2}

(79) Vertigo, on rising up.^{1 2}

(113) Her head swam as if she were drunk, compelled her to sit down.^{1 2}

(* Yawning preceded headaches.^{1 2}

(184) Tearing pain as if the head would burst, with deep and superficial throbbing, chilliness; she was obliged to tie up her head tightly and lie down.^{1 2}

(211) A bruised pain above the eyes, first affecting the left side, then passing over to the right, and remaining in both, spreading thence over the whole head < by opening the eyes.^{1 2}

(253) Violent pressive pain in the left temple.^{1 2}

(263) Bruised pain on the vertex.^{1 2}

(294, 295) Excessive tenderness of the scalp, which became so sore she could not brush her hair.^{1 2}

(* Nausea with chilliness during the headache.¹

(325) Small severe pressive pain over the left eye.^{1 2}

(359) Paroxysmal blindness of the eyes in daylight.¹

(368) Black before the eyes after the headache.¹

(This symptom with No. 184 led me to think of Silicea before the other symptoms were given.)

(550) Great dryness of the mouth without thirst.^{1 2}

(688) Very frequent nausea without vomiting and not affecting the appetite or taste.

(* Dilated pupils during headache.^{1 2}

(1009) Menses increased with great coldness of the whole body.^{1 2}

(1096) Oppression of the chest without pain, with inability to take a long breath.^{1 2}

(1214) Pain in small of back as if beaten (1215) especially at night.^{1 2}

Great weakness and weariness.^{1 2}

(1519) Cramps in the soles of the feet.^{1 2}

(1570) Emaciated.^{1 2}

(1605) Bruised sensation over the whole body at night, as if had lain in a cramped position.^{1 2}

(1616) Sensation as of knives cutting into her flesh point first.²

(1700) Constant inclination to yawn.^{1 2}

(1710) Great sleepiness early in the evening.^{1 2}

(1793) She dreams many times when sleeping off a headache of being seized by the fingers.¹

(*) Dreams of clasping her fingers so tightly as to cause great suffering, which awoke her.¹

(1797) Every night after a headache for some months she dreams of being choked by a grasping hand. No body accompanied it.²

(1814) Constant chilliness preceding headache with occasional flashes of heat.^{1 2}

(1850) Icy cold feet constantly in the evening as soon as the stockings were removed,^{1 2} (1854) preventing sleep,^{1 2} (1855) until they became warm, as they usually did about a half hour after retiring.²

(906) Hard, lumpy stools,^{1 2} (921) which were usually of 3 days accumulation,^{1 2} (919) voided only after many frequent calls and much straining, leaving a very unsatisfactory feeling in the rectum.²

It seems to me that in these cases and in other Silicea headaches continuing from early life which have come under my notice, the pathology must be something in connection with the tissues themselves. I am inclined to think the trouble organic, rather than functional; and a great part of its action must be expended upon the nerve centres generally.

Leucophlegmatic females who have suffered from headaches since some severe disease of youth, like scarlet fever, diphtheria, croup, or adenitis, will give symptoms of Silicea oftener than of any other drug.

NOTES AND NOTICES.

ERRATA.—August number, page 240, eight lines from bottom, after *education* insert *of conscience*.

HOMOEOPATHIC MEDICAL SOCIETY OF NEW YORK meets at Ithaca, September 11th and 12th. Semi-annual meeting.

THE PENNSYLVANIA STATE SOCIETY meets in Philadelphia, September 18th and 20th. Annual meeting.

QUACK REMEDIES.—After a long run of a patent medicine as a cure for lung troubles, a new run may be established by calling it a remedy for stomach troubles. When a fortune has been made out of lung pads, they can be cut down in size and another fortune made out of them as kidney pads.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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No. 10.

EDITORIAL.

LOST OPPORTUNITIES:—In 1844, about forty homœopathic practitioners met in New York city to found a society for "the reformation and augmentation of the materia medica." Why, what need of a society for this purpose? Doubtless these earnest, diligent, and *true* homœopathists reasoned somewhat as follows:

The tens of thousands of allopathists in America and in Europe are engaged in studying anatomy and histology, chemistry and physiology, surgery and pathology, but are almost totally neglecting their therapeutics. Not only do they appear to us to be neglecting their materia medica, but they are totally ignoring and entirely repudiating the homœopathic system and its materia medica. Let us, therefore, said they, organize ourselves into a society for the special purpose of *reforming* and *augmenting* our materia medica. All we desire or need to know of anatomy, chemistry, pathology, diagnosis, surgery, etc., we can learn from the thousands who make these branches their special study. Let us not waste our time in following their footsteps by studying these branches; on the contrary, let us strike out in new paths and make ourselves proficient in our specialty—true therapeutics. Such were, we think, the views of the founders of the once honored American Institute. And during the first years of its existence much good work was done in this, its original line of work. But in late years, as the hard-working

veterans died or became incapacitated for further labor, the Institute fell into the hands of a new set; younger—and, as they fondly think, abler (!)—men controlled its work. These gentlemen preferred to desert the study of Homœopathy for that of allopathy—desiring to follow the multitude. To learn how completely the Institute has abandoned the work for which it was organized, one need only look over a volume of its reports. If the journals be correct in their account of the meeting held last June, there were reports from some twelve or fourteen bureaus, comprising about seventy papers. Of these seventy only *three* were on the *treatment* of disease! And only *one* of these homœopathic!

In thus entirely abandoning the work for which it was organized, the Institute throws away a grand opportunity. And they tell us the Institute is prospering! In what way? Why, its numbers are yearly increasing, its transactions are larger and fuller (of allopathy), and its junketings are becoming more and more agreeable. Granted. But what of its work for Homœopathy?

Not satisfied with neglecting the great work of studying Homœopathy, the clique of bosses who now control the Institute, last year determined to boldly declare for eclecticism. So the following eclectic resolution was formulated and put through, as ordered by the bosses:

“That it is the sense of the American Institute that no physician can properly sustain the responsibilities or fulfill all the duties of his professional relations unless he enjoys absolute freedom of medical opinion and unrestricted liberty of professional action, as provided in the code of ethics of this Institute.”

The above resolution was passed at the tail end of a session, as before remarked. A goodly number of members of the Institute *since* that meeting have loudly expressed their disapprobation of it, and have declared that it would not have passed a full session, etc., etc. These gentlemen, most of them members of the Institute, were during the past year very bold in their denunciations of the resolution and its object.

Judging them by their words, we expected a determined effort for the rescinding of this obnoxious resolution at the first opportunity. A whole year was given them for preparing for the struggle. The Niagara meeting has come and gone, yet the eclectic resolution still stands on the records of the American Institute unimpeached!

Notice how much more courage the allopaths show. Those of the New York physicians who opposed the new code organized during

the year and made a determined effort for its repeal at the next meeting. They failed to rescind the new code resolution, but they, at least, had the courage to fight for what they believed to be right. On the other hand, the true homœopaths of the American Institute loudly decried this infamous resolution *between meetings*, but in sessions they were dumb. So far as the records of the Institute show, there has been no opposition to this resolution, save from *one* brave man! So by their silence they have consented to and ratified the eclectic declaration!!

Thus was a second opportunity lost. Is Homœopathy always to suffer from the apathy of its friends and the treason of its followers?

ROUTINE PRACTICE.

P. P. WELLS, M. D., BROOKLYN.

It was in our way to observe, not long since, on hypothesis as an impediment to progress in professional knowledge. We still think it one of our greatest hinderances, and are inclined to place next to it in importance that resort of the ignorant and idle—routine. It is so easy to do to-day what we did yesterday for difficulties which we too readily assume to be identical with those called by the same name which we treated yesterday. This is so much easier than the thorough investigation of the new case, which alone can bring its true nature and relationship to curatives into light, and show the innate differences which exist in cases called, by reason of our poverty of nomenclature, by the same name. But ignorance and idleness are not alone responsible for this great practical evil. It has its origin largely in a radical defect in our practical methods in dealing with the sick—a defect which present teaching and current thought are just now greatly extending and intensifying. Indeed, it may be said that this defect has become a fashion, and the doctor who has not come under its control is almost as much of a spectacle in practice as our excellent grandmothers would be socially if they were to appear in the garb which half a century ago was thought so very nice and becoming. The fashion to which we allude is that of attempting the practice of Homœopathy from an allopathic standpoint, which is about as wise as would be an attempt to mix light and darkness. The objectives of the two schools, at the beginning of practical dealing with sickness, have nothing in common. “What is your first thought in your treatment of sickness?” was an inquiry of one of

our school well known to every reader of this paragraph, addressed to an old-school practitioner of some eminence. "To make my diagnosis," was the reply. "That is, to give a name. I thought so," was the answer of our friend. "And pray, what may be your first thought?" was the rejoinder of the old-school doctor. "To find what will cure my patient," was the reply. The *name* on the one side, and the *curing agent* on the other, and here in a nut-shell you have the characteristics of the two schools as given by two representative practitioners when each questioned the other. The *name*, and treat that according to tradition on the one side; *the totality of the symptoms disclosing the curative* on the other—and *voilà* old-school physic and Homœopathy in briefest terms.

Now, in view of this contrast, what reasonable inducement can there be for the prescriber of specific medicine to run wildly and madly after that which is only, at the best, shadowy, and not infrequently false, leaving, in so doing, the only facts which, under the law, will guide him to a speedy and comparatively a certain cure? Why leave facts and law for a name? And yet, unless we mistake the signs of the times, toward this the teachings and the fashion of practice of the present strongly tend. And more than this, it is apparently carrying with it the general popular approval. Make your diagnosis, *i. e.*, find the symptoms which justify the name, and then—name being *a*, is it not accepted that *drug x* cures *disease a*? and what is *easier* than to give *x*? and there is an end of all trouble. *Ease* and one other fact, and beyond these we can see no possible excuse reasonable men can shield themselves behind for this departure from the spirit and teachings of our divine law. Indeed, it is an utter abandonment of all which is characteristic of its teaching and guidance in finding the specific curative for our case, which alone constitutes any practice homœopathic.

The other fact is the charm for so many which seems to lurk in the words, "*scientific medicine!*" Is not the "scientific" the opposite of ignorance? And does not the old school, and constantly, call itself "scientific medicine"? Would there be so great persistency in this if there were no foundation for the claim it thus sets up? And why not come as completely under the shadow of this pretense as is possible, and still retain our name and character of homœopathic practitioners? We answer, because there can be no mingling of truth and falsehood. There is no truth but only falsehood in this claim so set up and insisted on, and to imitate this practice, founded

on *name*, the most unscientific conceivable, or to attempt this, is to abandon that in which alone exists any "science of therapeutics," and go into the practical outer and utter darkness which envelops the old school, from which the revelations of the new have so happily delivered us. And yet the attempt to do this constitutes the fashion and the folly of routine so characteristic of the prescribing of the present time. For the same *name* give the same *drug* or drugs. This is the true worship of the great image which modern Nebuchadnezzars of the old school have set up—diagnosis—and called it "*scientific medicine*."

This fault is not in diagnosis; it is always well to have this rightly made, and there is nothing to be said in disparagement of it. The fault is in putting this as the basis of therapeutics, instead of the law which constitutes the only true foundation of this science. With the old school, this is natural and plausible enough, as they have no law to guide them in their attempts to apply their therapeutics for curing the sick; with the homœopathists, who have, to abandon this sure guide and go after this shadow of false pretense is no better than a crime.

Now, Homœopathy rejects both ease and this false pretense of diagnosis as a basis of therapeutics, and all other temptations to routine, and only accepts a practice based on the *totality of the symptoms* of the case to be treated; it insists on all, however difficult of attainment or however numerous they may be. This it does for this reason: Till the *whole* sum of them is known, that which is most authoritative in the choice of the remedy may be wanting, and therefore the wrong drug may be selected; and this is always an embarrassment in subsequent treatment of the case and not unfrequently the cause of its fatal termination. This is the more conspicuously true in those forms of disease which run a violent and brief course with rapid tendency to dissolution. Of this class scarlet fever is one of the most important; and to this may be added diphtheria. The first prescription in severe cases must be right, or subsequent ones may be of very little consequence. There may be no time or opportunity to correct mistakes if made here. We give the following cases of this fever, on which we propose to make a few remarks where they illustrate or throw light on this matter of routine:

H. W. E., 7 years old, went to the breakfast table the morning of June 22d, 1883, and refused all food except a banana. He ate

one and left for his room. He almost immediately vomited what he had eaten and said he wanted to go to bed. The vomiting was immediately followed by violent headache; flushed and congested face, eyes, and external head; this was hot and dry, as was the skin of the whole body; the pulse 140, but moderately developed; the throat became inflamed; swallowing very painful; he was restless and at the same time drowsy. There was no difficulty in seeing scarlet fever, though the most careful examination failed to find any trace of its eruption, which in attacks so sudden and violent as this usually appears early. The symptoms were more like *Belladonna* than any other recognized drug, and he got the 200th potency of it in water, a teaspoonful every three hours.

The morning of the 23d found him relieved of his headache and congestion of the face and eyes, but the throat, pulse, and general symptoms were the same as the day before. The pain when swallowing passed from the throat to the ear. The throat affection was worse on the right side. He got *Lachesis* 200 at 8 o'clock A. M. At 7 P. M. the throat and other symptoms were no better. After a careful revision of the case he got *Merc. sol.* 200 in water, a teaspoonful every three hours.

24th, 8 A. M.—When asked how he was, he answered, in a bright, cheerful voice, "All right." He had now no pain of any kind and swallowed without inconvenience. The pulse was still 140, with entire absence of appetite. There was still no sign of eruption. He got *Lachesis* 200.

25th, 8 A. M.—The rash was fully out but there was no diminution of the frequency of the pulse or fever. He continued in this state until the fourth day of the rash, when this began to fade, the pulse remaining as before. This led to inquiries as to the renal functions, and it was found he was passing less than a half pint of water in twenty-four hours of dark, brownish-colored urine, and this was passed but once, or at most twice, in this time. After a careful review of this case he got *Cantharis* 200 in water, a teaspoonful every three hours.

June 30th.—Urine much increased in quantity but of the same character, with a brown sediment of fine, granular appearance. Pulse the same as before. No appearance of desquamation.

July 1st.—He got one dose of *Sulph.* 200 dry, and the next day desquamation appeared on the limbs. No change in the urine or pulse. The Sulphur was left to do its work till

July 5th—When, in view of the character of the urine, the pulse, the dry skin, the slow progress of the desquamation, he got *Lachesis* 200, with no perceptible result.

July 7th.—He got *Ambra* 200.

July 8th.—The *color* of the water natural; the sediment, pulse, and skin unchanged. *Ambra* was continued without further benefit till

July 12th—When, as *Lachesis* seemed to correspond to his symptoms better than any other drug, and notwithstanding this, in the 200th potency, given on the 5th, had produced no beneficial result, it was decided to give it again and *higher*. A few pellets of the 5mm of Fincke were dissolved in half a goblet of water and a teaspoonful given at 8 o'clock A. M.

July 13th.—No sediment in the urine. Its color and quantity were normal. Pulse, 80. From this time convalescence was progressive till it was complete. He got no more medicine.

There could be no doubt as to the first prescription. It could be no other than *Belladonna*. It seemed to touch all points of the case and was given for this reason, not because it was once accepted as the specific for this fever. The result was a little curious. It removed one group of symptoms perfectly, not to return again in the history of the case, while it left all others untouched. It is not unreasonable to suppose that it effected more than this, in securing for the little patient his perfect immunity from pain* (except that in the throat during deglutition) through his subsequent confinement. But why did this remedy leave the throat troubles so entirely unaffected when it has so potent relations to the affections of this region? It was a disappointment that it should do this in this case, as, in addition to the pain and congestion of the head, etc., it seemed to promise relief here also by its general likeness to the local phenomena here present. The result was a demonstration of a truth we knew before—that the curative relationship between drugs and sickness is not in the *general*, but in the *specific*, phenomena of the two. Hence, the imperative duty of most thorough and minute examination of cases before deciding the question of the prescription.

* This absence of pain was rather forcibly and whimsically expressed by the little fellow in an attempt he made, the second day after the relief of his throat troubles, to write a letter to his next-door playfellow, then absent in the country. He began his letter thus—"Dear Stanley, scarlet fever does not hurt a bit."

Then the answer to Why did not Lachesis relieve the throat? is not unlike the above. It has, besides its likeness to the trouble to be removed, a certain relationship, or is supposed to have, to the scarlet condition, and yet it failed. The trouble was perfectly and permanently removed by Mercury, which, if it has any such relationship, has it in a less degree than its near relative. The cure in a given case does not in the least depend on the chosen remedy having been given many times and unsuccessfully in treating other cases, called by the same name, but solely on the likeness of the specific phenomena of remedy and disease. This and one other lesson perhaps, which we shall call to mind by and by, is taught by this failure of Lachesis.

Then, as to the struggle for the protection of the kidneys: Why did not Lachesis, previously given, remove the threat of destruction, or, rather, why not prevent it? Was it that Lachesis is marked in its primary effects by increased urinary secretion, while here it was so notably diminished? It may be. The remedy first given was selected after mature consideration, though I have no knowledge of its having been given before in any case of scarlet fever, or of its having ever been supposed to have curative relationship to it. It restored the *quantity* of the secretion all the same and as perfectly as if it had had the authority of use for generations. This was regarded as an important gain, though, as, with other remedies, it meddled only with its own symptoms, leaving all others as it found them.

Lachesis 200 failed again, July 5th, to change the color or to remove the sediment of the urine, though it seemed to fulfill the conditions of the law in the case, and the patient got, after this failure, Ambra gris., which restored the normal color of the secretion, but left the sediment as before—dark brown, and apparently composed of minute granules. After waiting five days for a change in this symptom and finding none, and after a protracted study for a remedy more like to this and all the other remaining phenomena of the case, the choice again fell on Lachesis, though the little fellow told his prescriber he “did not think he was a Lachesis boy,” and notwithstanding the repeated disappointments which had followed its use. In these circumstances it was determined to give the remedy *higher*. The only higher number than 200 in possession of the prescriber was very high—so much so as, perhaps, to be regarded generally rather as a curiosity than as a remedy for practical use. In the present case,

however, it was not regarded altogether as a curiosity, for when, as an experiment, it had been given to a young lady suffering from a peculiar chronic throat affection which had been for a long time a trouble, this was promptly, permanently, and, we may add, unexpectedly cured. We dissolved a few minute pellets of Fincke's 5mm of Lachesis in half a goblet of water, and gave the little patient one teaspoonful. In twelve hours from the taking of this dose there were no more symptoms to treat. What would have been the effect if we had given this number the first time we gave the lower 200? We can never feel quite sure that the whole case would not have been wiped out at the first, as the whole remainder was when now it was given in this late stage of the case. Here is the second lesson to which we alluded a moment ago: The *right* potency is not an unimportant matter. Was it such prescriptions as this to which our late President of the American Institute alluded when he called them "*extreme*," and the prescribers "*extremists*," by this seeming to hold both up to the contempt of members? The perfection of this cure of this obstinate case was certainly "*extreme*." When will our presidents in their addresses cease to be silly?

As an addendum to the above case, and further to illustrate the true character of *homœopathic* prescribing and its superiority over that based on diagnosis, or, what is the same, on a *name*, we give the following case, the patient being the mother of the little patient whose case we have just considered. It may not be amiss to say she, and all the members of the family, exposed to contagion by this case, took Bell. 200, morning and evening, for the ten days next following his attack, and that, excepting the mother, no one of them, six in number, was affected in the least by a continued residence under the same roof through the fever and its convalescence.

On the 5th day after beginning of desquamation, in the preceding case, the mother, who had been his constant attendant, day and night, from the first, was suddenly attacked with pain in the throat, increased greatly by every attempt to swallow; great sensitiveness to touch on the outside and right of the neck; and curious enough it was, that when she swallowed it was in this outside locality that the pain was greatest. The pulse was quick, 120 in the minute; skin hot and dry; general sense of malaise great; face flushed; eyes injected. In short, it seemed an unmistakable case of the same trouble her boy was just passing through. No doubt every diagnostician, old school and new, would have called it by the *same*

name. And every routinist of the new would have been tempted by the congestion of face and eyes, the sore throat, the protracted exposure to the scarlet poison, to give the supposed specific for scarlet fever—*Belladonna*. We say the routinist would have been so tempted; the true prescriber would not. For, though there were several symptoms in the case very like to those of Bell., notably the congestion of face, pulse, painful swallowing, etc., there were others, and those the most important therapeutically, not found in the pathogenesis of this drug. Especially we should in it seek in vain for *pain in the right outside of the neck when swallowing, and for the extreme sensitiveness of this part to touch.* These were the “*peculiar symptoms*” of the case, which the *Organon of Homœopathic Medicine* says [Sec. 153, page 173 *et seq.*] are to be “chiefly regarded” in the choice of the curative, and were at once recognized as the characteristic symptoms of the case for which the most similar remedy was to be found before any prescription in the case could be homœopathic. These symptoms are not found in any of the remedies most frequently in use in the treatment of this fever. What then shall be done? Shall we select from these the one most frequently given in cases of this fever (routine), or shall we seek a *simillimum* of these “*peculiar symptoms,*” *i. e.*, really proceed with the case homœopathically? We decided on this latter course, and found the likeness of these uncommon symptoms in a drug of very uncommon use. Indeed, it was found in a member of the *materia medica* not called for in any one case in the prescriber’s more than forty years of seeking specifics for the cure of the sick, and when found to be most like and very like the whole group of symptoms of the case, these “*peculiar symptoms*” included, *Nickel* was given with the utmost confidence, and the result justified the confidence. Every trace of scarlet fever affection was gone in less than twelve hours.

Continuing in the atmosphere of this poisonous exfoliation, this mother was attacked a second time with similar symptoms, just one week after the disappearance of those of her first attack. She had a second dose of the same remedy, and this attack yielded as promptly as the first and the cure was permanent, though she still continued her cares as nurse of her boy.

What had diagnosis to do with this cure? Is the proper function of the doctor to *cure*, or to *give names*? Who will say this prescription was not “*scientific medicine*”?

THE PSORIC THEORY.

A. McNEIL, M. D., JEFFERSONVILLE, INDIANA.

None of the opinions of Hahnemann have been more bitterly assailed than the psoric theory. Arguments have been overlooked, but ridicule, misrepresentation, and unmitigated falsehoods have been lavished on it by not only allopaths, but by those calling themselves homeopaths. But one by one the old sage's opinions, after running the gauntlet of his antagonists, are adopted by them. So now an allopathic authority of illustrious name expresses views that by changing psora to diathesis might almost have been written by him. I will translate the lecture as being not only an indorsement of Hahnemann, but as being the best differential diagnosis and description of the two most important skin diseases I have ever read. Professor Guibert, in the Hôpital St. Louis, says of

ECZEMA AND PSORIASIS :

“GENTLEMEN :—The traveler after his day's journey looks back over the road and with this view embraces the whole and its peculiarities. So we have traveled a long ways together and have learned what are really the dermatoses, and I have taught you that in the majority of cases *skin diseases are only the actual transfer of a multitude of inner affections* (from the mildest to the most severe) *to the skin*. Considered in this point of view, they throw light on diagnosis and pathology.

“We have studied the different anatomical disturbances which constitute diseases of the skin. You saw how that these disturbances by their changes form the different kinds of dermatoses and thereby serve to differentiate the one from the other in their individuality and distinctness.

“After this fundament consideration we have taken up the study of the individual skin diseases and began with eczema and psoriasis. The history of these affections has led to numerous details and brought forward many descriptions of the different pathological data. Let us now look back, like the traveler, and collect in our memory the different observations. Let us place together the pictures of eczema and psoriasis and consider them separately and together. Remarkable agreements, but greater and more striking differences, will be seen.

“Eczema and psoriasis are of all skin diseases the most frequent. They are more important than all other skin diseases, not only on account of their frequency, but also because on account of their obstinacy and their tendency to extend ; the functional disturbances

they cause ; the disfigurements to which they give rise ; the length of their continuance ; their tenacity ; their tendency to relapses, and finally, on account of the possible frightful complications they may lead to. They are both the most general, most close related, and most clearly determined expression of that diathesis which cannot be denied, which is called herpism. (Herpetismus.) Both are hereditary, but not contagious ; both belong to that great class of the excreting affections of the skin : but here their points of resemblance cease, and we meet only essential differences henceforth.

“Eczema and psoriasis are excreting diseases, but eczema is the type of *moist* excretions. The characteristic secretion begins under the epidermis, which it raises in the form of vesicles. If these are bursted, the secretion exudes on the ulcerated skin. The psoriasis, on the other hand, is the type of the *dry* secreting affections of the skin. With it there is no moisture ; all is dry ; the secretion is purely epidermical ; it is simply the altered epidermis. That is all.

“The eczema is an inflammation. It has all the signs and characters of an inflammatory disease—congestion, redness, tension, swelling, increased temperature of the skin. The inflammation manifests itself in the moist, sticky secretions, the principal symptom. This secretion may be so profuse that it becomes a real catarrh of the skin. The inflammatory catarrh manifests itself, moreover, by subjective phenomena, *i. e.*, by disturbances in the health, morbid attacks, as feeling of tension, heat, itching, and burning. Indeed, the eczema owes its name to this feeling of burning, for it comes from the Greek word ‘eksem,’ I burn.

“In psoriasis all this is different. As soon as we leave eczema to turn to psoriasis we leave, as it were, the more tropical climate and go to the icy fields of the North. The eczema is the living tetter—the moist, hot tetter ; psoriasis is the dry, dead tetter ; its physiogony always remains without change. It remains immovable in the same stage. We have a petrified, parchment-like, mummified, dry, unsecreting skin, which no sweat moistens, which the sebaceous glands no longer lubricate, which consequently has lost its softness, pliancy, elasticity, and life. About the joints and the natural openings it is unsuited to the movableness of those places and tears like an unyielding, indolent membrane ; it is only a shell (carapace), a sort of scaly coat of mail without feeling, which you may scratch, wear off, or destroy without causing the slightest pain.

“The sites of eczema and psoriasis are different. The former is an

inflammatory affection with most copious secretions ; so it requires a warm place which is moist and stretched and relaxed much and provided with a rich vascular network, such as is the case in the neighborhood of the sexual organs and the axillæ. Psoriasis, on the other hand, requires only much epidermis, and therefore develops on those parts which are richly provided with it. If you will consider the different sites, look at the lower extremities. In the bend of the knee you meet eczema ; *on* the knee, psoriasis. On the upper, you perceive in the bend of the elbow eczema ; *on* the elbow, psoriasis. However, there are certain places in which both flourish, just as plants which prefer moist soil yet can grow on a more or less dry one. So eczema and psoriasis may be met with *in all* parts of the body. But the character of each is more or less modified, exactly as in the above-mentioned plants when they are transferred to a less congenial *habitat*.

“Eczema and psoriasis differ in the character of their accompanying diseases. The complications of eczema are of an inflammatory character, as itself is inflammatory in its nature. Let this inflammation be considerable or not, yet it always shows its eczematous relation. It may extend to the entire thickness of the skin, into the cellular tissue, the subcutaneous tissue, the lymphatic glands ; it may even take on an erysipelous or a phlegmonous character, or become a lymphangioitis with its ramifications and its rose-colored and bead-like cords. *These complications are at times deep-reaching, even extending to the viscera ; they may attack the great apparatus of the system, the nerve centres, the digestive and respiratory organs. Also meningitis, acute inflammation of the brain, bronchial and gastro-intestinal catarrhs arise therefrom.* But these complications are always of an acute, intense character, corresponding to the acuteness and intensity of the eczema, to which they owe their origin.

“Psoriasis, on the contrary, with its *chronic* type, has only complications of chronic character. Those of the lungs are mostly chronic catarrh not seldom ending in tuberculosis ; those of the digestive organs, dyspepsia, different varieties of cancer, carcinoma of the intestines, and still more frequently of the stomach.

“Eczema and psoriasis are also different in their course and development. The former comes with an acute beginning, the latter with a chronic one. It is a torpid type ; it has a slow course, or rather it does not move forward at all, it remains what it is. It is to-day what it was yesterday, and to-morrow it will still be the same.

“In its fourth stage eczema is scaly, like psoriasis, but these eczematous scales are essentially different. They are delicate, laminated, are not transparent, and contain in the layer of epidermis some moisture; they loosen in larger or smaller flakes and are very easily removed from the cuticle underneath. The psoriasis scales are dense, and so closely interwoven in its parts that it can only be loosened in the form of dust. There is never the slightest trace of moisture.

“And yet, gentlemen, these diseases so contrary, these two opposite poles of dermatology, may in some cases coalesce and unite in order to make a bastard form which partakes of the qualities of both without being either one or the other. Just as there is an eczema lichenoides, which is a coalescence of eczema and lichen, so, notwithstanding what the learned Hardy said, an eczematous psoriasis consisting of eczema and psoriasis may exist. You will perceive, for example, the strong, thick scales of psoriasis, but on their inner side there is a crusty element; they are loosened from a somewhat moist skin. It has something of the nature of eczema; it is really an eczematous psoriasis.

“Eczema and psoriasis are two general affections, which by preference are situated on the surface; they may give rise to most violent complications, from a simple catarrh of the bronchia to meningitis, tuberculous pneumonia, and even to gastric and intestinal cancer.”

THE REVISION OF THE MATERIA MEDICA.

AD. LIPPE, M. D., PHILADELPHIA.

The indefatigable Dr. Richard Hughes published a paper on the revision of the materia medica in the *North American Journal of Homœopathy* for February, 1883, and also in the *British Journal of Homœopathy* for July, 1883. Dr. Hughes first gives the resolutions unanimously adopted by the British Homœopathic Society on March 2d, 1882. The task of reconstructing the materia medica is undertaken by the British Homœopathic Society in view of the considerations as to the state of our materia medica lately adduced by Drs. Yeldham and Black, in England, and Dr. J. P. Dake, in America. It is professedly the design of the revisers of our materia medica to expunge all untrustworthy and irrelevant matter. Dr. Hughes admits that the great aim of Hahnemann and his school has accordingly been to ascertain and exhibit the pathogenetic effects of

drugs. The object, he says, is beyond all criticism, and the labor and suffering incurred have been above all praise; and had it not been for two unfortunate circumstances the task performed would long ago have compelled the admiration of the profession and might have made homœopathic practice in some measure universal. The features which have ruined it as regards general acceptance and continue to keep it the property of a small minority alone are, he thinks, first, the untrustworthiness of much of its material, and, second, the unintelligible manner of its presentation.

The early practitioners of Homœopathy, as well as a not insignificant number of the practitioners of to-day, have introduced and kept respected the healing art founded by Hahnemann, entirely relying upon the materia medica as they received it from Hahnemann. It is therefore obvious that the present declaration of the untrustworthiness and the unintelligible manner of its presentation has no foundation in fact. The early pioneers and their followers to-day did and do now trust the material left us as an heirloom by Hahnemann; they found its presentation intelligible and its matter trustworthy. The homœopaths who had learned to utilize the materia medica intelligently not only did not demand a reconstruction, as proposed now by the British Homœopathic Society, but they augmented it and improved the manner of its presentation. Foremost among these men stands the late Dr. Constantine Hering. Dr. Hering did not expunge any untrustworthy and irrelevant matter. His rendition of the pathogenesis of *Nux moschata* and of *Stramonium*, above all, his numerous additions to the materia medica, are surely trustworthy and intelligible—certainly intelligible to all homœopaths who earnestly accept the methods of Hahnemann. They are masterpieces of skill and diligence, and clearly illustrate the possibility of improving, augmenting, and making accessible for curative purposes under the never-failing law of the similars our materia medica. Dr. Hering wrote many papers a long time ago, and also in his later days, about the utter folly of sifting and revising our materia medica. But he did not stop there; he did more for the improvement of our materia medica than any other member of the profession, after Hahnemann, who performed a herculean work when he published *Materia Medica and Chronic Diseases*. And pray, what have Drs. Hughes and Dake done toward the development of our materia medica?

The aim of the revision, we are told in the resolutions, should be

to expunge all untrustworthy and irrelevant matter. Later on this ingenious reviser tells us what we shall finally be presented with: "*We shall then have a series of individual pictures of the morbid conditions induced by our medicines, and will only have to fit these to idiopathic disease on the principle similia similibus to have the homœopathic method at our disposal.*" We shall then have "*a pathological picture-book,*" a caricature of a materia medica of which Dr. J. P. Dake has fabled for many years, of which Dr. Hughes is the avowed advocate: Pharmacodynamics first and then the pathological picture-book! Call that revised Homœopathy, revised by men who confess publicly that they do not trust our old-time, honored materia medica because it is "*to them*" unintelligible! These men call for generalization as taught by the common school of medicine: first diagnosticate an idiopathic disease, and then find its similar in the materia medica metamorphosed by Drs. Dake and Hughes into that long-promised pathological picture-book. Labor-saving machines are the order of the day, but as it was in the beginning, so will it be forever—the true healer who fully comprehends the methods of Hahnemann, the founder of our school, must "*individualize.*" We offer correction of the propositions we find here advanced, viz.: *Had it not been for two unfortunate circumstances, the task performed (by Hahnemann, creation of a materia medica) would long ago have compelled the admiration of the profession, and might have made homœopathic practice in some measure universal. The features which have ruined it as regards general acceptance and keep it the property of a small minority alone are:* first, the disloyalty of a not inconsiderable number of professedly homœopathic practitioners to the tenets of our school; second, the declaration on their part that Homœopathy as promulgated by Hahnemann must be "reconstructed" and has been found wanting. It is for this reason that the profession at large does not admire our school. These disloyal pretenders have accepted the name *only*, and we find them both in England and here openly violating one and all of our tenets; we find them demanding recognition by the common school of medicine as a reward for their return to the palliative prevailing allopathic practice, at the same time clamoring for freedom of medical opinion and action, flaunting their disloyalty before the profession, disgracing themselves and trying to disgrace a small minority who have faithfully accepted Hahnemann's teaching and keep it their property. It is not the materia medica of the homœopathic school

that wants revision or reconstruction, but the very men who come out with such a preposterous and silly proposition want revision and reconstruction. They are surely not homœopaths; they are not allopaths, who properly and justly despise them; they are something else—may be they are eclectics to all intents and purposes and should surely join them and be happy.

OBSERVATION NECESSARY IN A PHYSICIAN.*

SAMUEL HAHNEMANN.

In order to be able to observe well, the medical practitioner requires to possess, what is not to be met with among ordinary physicians even in a moderate degree, the capacity and habit of noticing carefully and correctly the phenomena that takes place in natural diseases, as well as those that occur in the morbid states artificially excited by medicines when they are tested upon the healthy body, and the ability to describe them in the most appropriate and natural expressions.

In order accurately to perceive what is to be observed in patients, we should direct all our thoughts upon the matter we have on hand, come out of ourselves, as it were, and fasten ourselves, so to speak, with all our powers of concentration upon it, in order that nothing that is actually present, that has to do with the subject, and that can be ascertained by all the senses, may escape us.

Poetic fancy, fantastic wit and speculation, must for the time be suspended, and all overstrained reasoning, forced interpretation, and tendency to explain away things must be suppressed. The duty of the observer is only to take notice of the phenomena and their course; his attention should be on the watch, not only that nothing actually present escape his observation, but that also what he observes is understood exactly as it is.

This capability of observing accurately is never quite an innate faculty; it must be chiefly acquired by practice, by refining and regulating the perceptions of the senses, that is to say, by exercising a severe criticism in regard to the rapid impressions we obtain of external objects, and at the same time the necessary coolness, calmness, and firmness of judgment must be preserved, together with a constant distrust of our own powers of apprehension.

* From *Mat. Med. Pura*, vol. iv, 2d edit., 1825.

The vast importance of our subject should make us bestow the energies of our body and mind upon the observation; and great patience, supported by the power of the will, must sustain us in this direction until the completion of the observation.

To educate us for the acquirement of this faculty, an acquaintance with the best writings of the Greeks and Romans is useful, in order to enable us to attain directness in thinking and in feeling, as also appropriateness and simplicity in expressing our sensations; the art of drawing from nature is also useful, as it sharpens and practices our eye, and thereby also our other senses, teaching us to form a true conception of objects, and to represent what we observe, truly and purely, without any addition from the fancy. A knowledge of mathematics also gives us the requisite severity in forming a judgment.

Thus equipped, the medical observer cannot fail to accomplish his object, especially if he has at the same time constantly before his eyes the exalted dignity of his calling—as the representatives of the all-bountiful Father and Preserver, to minister to His beloved human creatures by renovating their systems when ravaged by disease. He knows that observations of medical subjects must be made in a sincere and holy spirit, as if under the eye of the all-seeing God, the Judge of our secret thoughts, and must be recorded so as to satisfy an upright conscience, in order that they may be communicated to the world, in the consciousness that no earthly good is more worthy of our zealous exertions than the preservation of the life and health of our fellow-creatures.

The best opportunity for exercising and perfecting our observing faculty is afforded by instituting experiments with medicines upon ourselves. Whilst avoiding all foreign medicinal influences and disturbing mental impressions in this important operation, the experimenter, after he has taken the medicine, has all his attention strained toward all the alterations of health that take place on and within him, in order to observe and correctly to record them, with ever-wakeful feelings, and his senses ever on the watch.

By persevering in this careful investigation of all the changes that occur within and upon himself, the experimenter attains the capability of observing all the sensations, be they ever so complex, that he experiences from the medicine he is testing, and all, even the finest shades of alteration of his health, and of recording in suitable and adequate expressions his distinct conception of them.

Thus only is it possible for the beginner to make pure, correct, and undisturbed observations, for he knows that he will not deceive himself, there is no one to tell him aught that is untrue, and he himself feels, sees, and notices what takes place in and upon him. He will thus acquire practice to enable him to make equally accurate observations on others also.

By means of these pure and accurate investigations we shall be made aware that all the symptomatology hitherto existing in the ordinary system of medicine was only a very superficial affair, and that nature is wont to disorder man in his health and in all his sensations and functions by disease or medicine in such infinitely various and dissimilar manners, that a single word or a general expression is totally inadequate to describe the morbid sensations and symptoms, which are often of such a complex character, if we wish to portray really, truly, and perfectly the alterations in the health we meet with.

No portrait painter was ever so careless as to pay no attention to the marked peculiarities in the features of the person he wished to make a likeness of, or to consider it sufficient to make any sort of a pair of round holes below the forehead by way of eyes, between them to draw a long-shaped thing directed downward, always of the same shape, by way of a nose, and beneath this to put a slit going across the face, that should stand for the mouth of this or of any other person; no painter, I say, ever went about delineating human faces in such a rude and slovenly manner; no naturalist ever went to work in this fashion in describing any natural production; such was never the way in which any zoologist, botanist, or mineralogist acted.

It was only the semeiology of ordinary medicine that went to work in such a manner, when describing morbid phenomena. The sensations that differ so vastly among each other, and the innumerable varieties of the sufferings of the many different kinds of patients, were so far from being described by word or writing according to their divergences and varieties, according to their peculiarities; the complexity of the pains composed of various kinds of sensations, their degrees and shades, was so far from being accurately or completely described, that we find all these infinite varieties of sufferings huddled together under a few bare, unmeaning, general terms, such as *perspiration, heat, fever, headache, sore throat, croup, asthma, cough, chest complaints, stitch in the side, belly-*

ache, want of appetite, indigestion, dyspepsia, backache, coxalgia, hæmorrhoidal sufferings, urinary disorders, pains in the limbs (called according to fancy *gouty or rheumatic*), *skin diseases, spasms, convulsions*, etc. With such superficial expressions, the innumerable varieties of sufferings of patients were disposed of in the so-called observations, so that—with the exception of some one or other severe striking symptom in this or that case of disease—almost every disease pretended to be described is as like another as the spots on a die, or as the various pictures of the dauber resemble one another in flatness and want of character.

The most important of all human vocations, I mean *the observation of the sick, and of the infinite varieties of their disordered state of health*, can only be pursued in such a superficial and careless manner by those who despise mankind, for in this way there is no question either of distinguishing the peculiarities of the morbid states or of selecting the only appropriate remedy for the special circumstances of the case.

The conscientious physician who earnestly endeavors to apprehend in its peculiarity the disease to be cured, in order to be able to oppose to it the appropriate remedy, will go much more carefully to work in his endeavor to distinguish what there is to be observed; language will scarcely suffice to enable him to express by appropriate words the innumerable varieties of the symptoms in the morbid state; no sensation, be it ever so peculiar, will escape him, which was occasioned in his feelings by the medicine he tested on himself; he will endeavor to convey an idea of it in language by the most appropriate expression, in order to be able in his practice to match the accurate delineation of the morbid picture with the similarly acting medicine, whereby alone, as he knows, can a cure be effected.

So true it is that the careful observer alone can become a true healer of diseases.

RUTA GRAVEOLENS.

AD. LIPPE, M. D., PHILADELPHIA.

It is a well-confirmed observation that Ruta cures dimness of sight caused by overexertion of the eyes. First among the observations of the "provers" was "Symp. 38 (*Hahnemann's Mat. Med. Pura*): It is before the eyes, as when the sight is fatigued by reading too long." The intelligent healer who is not what malicious men

call a symptom coverer, but who knows how to utilize our materia medica, has also cured many different affections of the eyes caused by overfatiguing the eye, from reading too much, from using them to excess in fine needlework, etc. We find Dr. Hughes, in the *British Journal of Homœopathy* for July, 1883, wind up his clinical lectures on Ruta by saying: "*Asthenopia is the morbid ocular condition here indicated as the sphere of Ruta!*" Bravo! here we have a generous contribution to the proposed Pathological Picture Book. Asthenopia sounds awfully "*scientific*," to be sure, but when the Greek roots are sifted it means only "*weakness of sight*." The unfortunate man who, so misled, gives to every patient suffering from asthenopia Ruta will become disgusted with such a caricature of the Homœopathic Healing Art as must result from using this Pathological Picture Book to guide him in applying the Law of the Similars. The true healer who knows how to use the materia medica will continue to cure *all* kinds of diseases of the eyes *caused by overexertion*, from the simple asthenopia all the way up to the fully developed cataract. He, the true healer, has a logical mind, and as a homœopathican he "*individualizes*;" he does not desire to be led into superannuated generalizations; he despises the Pathological Picture Book.

Ruta was known to the ancients. In the Code of Health of the School of Salerno—ninth century—we find the following under Ruta:

Nobilis est Ruta quia lumina reddit acuta,
 Auxilio Rutæ, vir lippe videbis acute.
 Ruta viris minuit Venerem, mulieribus addit.
 Ruta facit castum, dat lumen et ingerit astum,
 Cocta jacit ruta de pulcibus loca tuta.*

Why then is it that scientific specialists, that the ever-increasing number of oculists, have forgotten the praises Hippocrates, the School of Salerno, Plinius, Dioscorides, Pythagoras, Boerhave, and

* Of use to sight, a noble plant is Rue:
 O bleareyed man! 'twill sharpen sight for you!
 In man, it curbs love's strongest appetite;
 In women, it tends to amplify its might.
 Yet rue to chastity inclines mankind,
 Gives power to see and sharpens, too, the mind;
 And instantly, when in decoction, frees
 Your house forever from tormenting fleas.

others bestowed on the curative effects of Ruta in cases of weakness of vision? Why? because the indications for its use consisted in generalizations. What Hahnemann and his true followers have done by proving drugs on the healthy was that they were soon enabled to state with absolute certainty "*under what conditions each separate drug would cure the sick.*" And now we must see professed homœopaths boldly demand the adoption of generalizations; demand a progress backward two thousand years! And just as two thousand years ago Ruta was highly praised as a great remedy to strengthen the sight, so comes out at present the great perverter of our school and tells his hearers, "*Asthenopia is the morbid ocular condition here indicated as the sphere of Ruta.*" Let him and his aider and abettor in the United States publish their Pathological Picture Book, let it be dedicated to "The School of Salerno," or, still better, to Hippocrates. Let them repudiate Hahnemann and his methods, seek recognition by the ancients, and form a new school on that basis.

CLINICAL BUREAU.

KALI IODATUM, ETC., IN PHTHISIS.

E. W. BERRIDGE, M. D.

December 18th, 1872, Miss D., æt. 22, consulted me. Her father and brother both died of phthisis. She had pneumonia the last two winters. Her present symptoms are as follows: Left chest dull on percussion, with bronchial breathing there; sneezing; running from nose; loss of taste and smell; soreness of chest; no appetite; weakness; nose feels sore; cough with thick expectoration, the cough causing pain in left side as if something were lifted up and down; for a week cough has been worse when lying on left side; for the last fourteen days, at times, has had *shooting pains from centre of chest to front of left shoulder* when coughing; had the same two years ago. The italicized symptom was evidently the most characteristic, the most peculiar, and the one which most individualized the case from others of the same disease. At p. 11 of vol. 2 of *Gregg's Homœopathic Quarterly* (the Illustrated Report, a portion of which has been subsequently republished, and is an indispensable work to the

homœopathician) the following symptom is attributed to *Kali iodatum*, "violent stitches in middle of sternum, extending to the shoulder." The particular shoulder is not defined, but in this case the left shoulder was affected, and if my memory serves me, Dr. Gregg told me that he had cured the sore pains when going to the right shoulder. [*Allen's Encyclopædia* erroneously gives "shoulders" instead of "shoulder;" the same mistake occurs on p. 1012 of his *Index*, under "Middle of Sternum." At p. 247 the rubric, "Middle Sternum," seems repeated as a subregion of "chest," with a different list of symptoms and remedies. I will also here point out that in symptom 380 of *Moschus* "ease" should be read "worse," and the symptom corrected thus at p. 700 of *Index*. Symptom 11 of *Vipera lachesis bucephalus fel*, should read "external melæolus" instead of "internal," and the corresponding correction made at p. 82 of *Index*. In *Plantago*, symptom 83, p. 556, line 4, for "hand" read "head," and in symptom 349 for "purgings" read "prurigo," and correct in *Index* accordingly.] This medicine being the only one known to produce this symptom, and the other symptoms being fairly covered by it, I dissolved four globules of Jenichen's 1m in water, and gave a spoonful every four hours.

Dec. 19th.—Shooting gone; very little sneezing; loss of smell, coryza, soreness of chest and nose all better; slept better; to-day has the pain in left side only when lying on it; cough better; has palpitation when walking; less bronchial breathing. Stop medicine.

Dec. 20th.—Catarrh gone; last night the shooting on coughing was bad, but has not returned to-day; less cough or soreness of chest; no palpitation; feels stronger.

Dec. 21st.—Much better; taste and smell returned; cough very much better last night and to-day; no pains in chest; no pains in side for two days; no soreness of nose or sneezing; feels better.

Dec. 23d.—Much better, and has been out-of-doors; cough less, not so much aggravated by lying on left side; feels stronger and sleeps well; less bronchial breathing; no other symptoms.

Dec. 24th.—Cough worse; *pain in left hypochondrium on coughing, or on deep inspiration, or on lying on sides, especially the left, or on walking much; when coughing, shooting upward in left hypochondrium*; oppression of chest with the cough; yesterday some palpitation. The italicized symptoms led me to *Belladonna* (see Dr. Simmons' *Cough Repertory*, now out of print, but incorporated in

that being published in *HOMŒOPATHIC PHYSICIAN*), and I gave a dose of 60m (Fincke) in water three times a day.

Dec. 27th.—The pain in hypochondrium disappeared the following night; cough much less; lies better on left side; appetite much better, much stronger; took a long walk yesterday; sleeps well; no palpitation; chest feels easier; less bronchial breathing. Stop medicine.

1873, Jan. 3d.—Has steadily improved; cough much better; for the last five days has been able to lie on left side without bringing it on; no return of pains in chest or hypochondrium; breathing easier; appetite good, but does not care for meat; much stronger; auscultation more natural.

Jan. 6th.—Cough not so well for two days; it is paroxysmal, excited by a feeling of choking in throat as if she could not get her breath; last night cough was worse from lying on left side; to-day dull pains in left side; cough relieved by drinking cold water; rather more bronchial breathing in left chest. Cough relieved by cold water is found under *Caps.*, *Caust.*, *Cupr.*, *Sulph.* (the last is Dr. Fincke's clinical observation verified by this case.)

Of these four medicines only *Sulph.* has aggravation of cough from lying on sides (*left* side not yet observed), and as it also has a marked action on the *left* lung, I selected it and gave Cm (Fincke) in water three times a day.

Jan. 7th.—Cough better; sleep not good last night from dyspnoea, which was worse when lying on right side (*Sulphur* symptom); no choking; less pain in side; coughs during sleep; can walk faster than formerly. Stop medicine.

Jan. 8th.—Cough and dyspnoea much less; slept well; no pain in side; appetite better; stronger; no palpitation; less bronchial breathing.

Jan. 9th.—Much better, but a little pain in side. (Weather wet.)

Jan. 16th.—Cough gone for two or three days; still has dyspnoea on ascending, but at no other time; much stronger; no pain; sleeps well; appetite good, and eats meat; yesterday had sharp pain in left hypochondrium when ascending; still some bronchial breathing.

April 17th.—Has remained quite well, running and being exposed to cold and wet with impunity, till the last six days, when she has felt weak; to-day she fainted; dull headache. Took six doses of *China*^{cm} (Fincke) which soon relieved her.

Oct. 2d.—Has remained quite well till September 27th, when she

caught cold. Now has cough worse in morning; thick, blackish expectoration with cough; cough causes pain in left hypochondrium and nausea; palpitation returned; weak feeling at times, coming and going suddenly; bronchial breathing of left chest increased, with a little crepitation there.

Black expectoration is found under *Arn.*, *Bell.*, *Chin.*, *Kali bichr.*, *Lyc.*, *Nux*, *Oxal. ac.*, *Rhus*.

Of these, *Arn.*, *Bell.*, *Lyc.*, *Nux*, have pain in hypochondrium on coughing; and of these four, *Nux* has nausea with cough. I gave one dose of *Nux vom.*^{mm} (Bœricke).

1874, May.—Reports that she has remained quite well, except at times a pain in side.

1876, July 31st.—Have not had to prescribe for her since. She is in good health, is married, and has a healthy child.

1882.—Still remains free from her old phthisical symptoms.

Comments: In the above case, each remedy was selected according to the symptoms only, without regard to the name of the disease or any pathological theories, and the result left nothing to be desired. A *professed* homœopathic physician (who before he died saw the error of his ways) once asked me what remedy I gave in the first stage of phthisis, and seemed considerably surprised when I told him that I gave whatever remedy was indicated by the symptoms. How would a pathological-prescriber have treated this case, and what success would his miserable routine treatment have procured? What would pathology and physiology have availed him in the selection of the remedy? Will any of these pseudo-scientists inform us what is the pathological signification of the symptom “shooting from centre of sternum to shoulder”? Will they tell us with what particular change of lung tissue this symptom is necessarily associated, and what different lesions would have existed had the pain gone in the opposite direction? If they cannot do this, what becomes of their boasted “progress of pathological discovery,” and “improvements on Hahnemann’s Homœopathy”? It may be said that this knowledge is in the future. Be it so, but when reached, will it enable us to select the remedy and to cure with any more certainty than our semiological researches do at present? And if not, what is the practical value of it, so far as therapeutics, as distinct from hygiene, is concerned? The truth is, that symptoms which are diagnostic of the disease are rarely, if ever, diagnostic of the remedy; the reason being, that the symptoms diagnostic of the disease are those common

to a very large number of cases, which we are thus enabled to group under a generic name; whereas the symptoms diagnostic of the remedy are those which individualize one case of the same disease from another. The former symptoms are, moreover, found under a large number of remedies, provided it has been practicable to push the provings so far, the latter only to a few remedies; hence the former are not characteristic, the latter are.

CLINICAL CASES.

E. RUSHMORE, M. D., PLAINFIELD, NEW JERSEY.

Read before the New Jersey State Homœopathic Medical Society.

CASE I.—Mr. S., of middle age. Early this spring I was asked to visit him in haste, and found him tossing around on the bed, with screams from the violence of abdominal pain, to attacks of which he is subject at intervals of a few months. He could not speak much to describe his pain, but said it was sharp, having paroxysms of increased severity, when it would shoot down the legs from the abdomen. The abdomen was hard and much retracted. No stool for several days. Had taken enemas and applied mustard and heat to the abdomen without relief.

Many remedies have pain in the lower limbs with abdominal pain, but my manuscript repertory, which I generally carry, gave only Kali carb. as having pain extending from the stomach to the lower limbs, and in this case the pains were also of the peculiar shooting character of Kali carbonicum. A few globules of Fincke's 900th potency were dropped in half a tumblerful of water, and as soon as dissolved a teaspoonful of the solution was administered to the patient. In five minutes there was little change and the dose was repeated, but within fifteen minutes the relief was sensible and progressing, and in half an hour he was quite free from pain. I had not removed the dry heat from the abdomen. Then came a desire for stool, and an enema of warm water, as he said the stools were always very hard, was administered, and he had a free evacuation. The next day he felt as well as usual, except a little soreness.

For these attacks he had formerly taken Morphia, after which he said he would be sick for several days. Was this relief a recovery or a cure? The only thing I did before he got relief was to administer the chosen similar remedy; after the pain was relieved followed

the much needed alvine evacuation, and this order of occurrences we are most reasonably assured is the sign of a cure. We have additional evidence that the relief was due to the medicine in the fact that in his last former, but less severe, similar attack the administration of the same remedy in the CM potency, seemed to act equally well.

CASE II.—August 14th, 1882. Mrs. B has steadily pain in the back, worse from sitting and lying, and relieved by walking; it feels like a pressure in the epigastrium extending to the back. There is a heavy pain in the abdomen with the pain in the back. Also headache, beginning in the afternoon in the nape of the neck, with sleep, which relieves. She goes three days without stool, or any desire for it.

Guided by Lippe's Repertory, I was led to the selection of Strontium carbonicum as meeting best of all this peculiar combination of conditions and concomitants. Headache beginning in the afternoon or evening, attended with sleepiness, and backache, worse when sitting, but relieved when walking, with pressure in the abdomen, and with constipation, were together found only under the Strontium. It was given in the 200th attenuation every evening and morning for three days. In three days the report was of better stool, no pain in the back, and headache only one day. She got no more medicine, and in nine days reported having regular stools and being better every way.

CASE III.—November 2d, 1882. Mr. T. has stitches up the back, relieved by drawing the shoulders backward; flashes of heat in the face; bad taste; cough worse from stooping and expectoration. My manuscript repertory gave under stitches *upward* in back, *Cyclamen* and *Staphysagria*; of these only *Cyclamen* had relief from drawing back the shoulders. *Cyclamen* also had the bad taste, the heat in face, and cough. He received *Cyclamen*^{2c}, to dose every four hours till better. The next day he called to say that he felt like a new man, had almost no cough, and was entirely free from pain in the back.

CASE IV.—March 21st, 1883. Mr. C., who had for several weeks occasionally spoken with me about his case, and seemed to have been prevented from sooner placing himself under my care by my refusal to promise a permanent cure in a few days, has concluded to try homœopathic treatment. He suffers now from intermittent fever, has had it summer and winter for two years. The type is tertian;

the attacks begin with gaping, stretching, lachrymation, and pain in the bones. The chill lasts two or three hours, and with it he has thirst in the beginning, chattering of teeth, blue nails, and vomiting of sour food near the end. The heat lasts two or three hours more; with it he has bursting headache, thirst, and vomiting from drinking. After the heat there is sleep with weakness. There is no mention of sweat. He received at once one dose dry of Arsenicum 50^m (Skinner), and another to be taken three hours before he expected the next chill. Although he takes much medicine, he loses several days from work every week with his chills. In ten days he reported no chill since taking the medicine, but he still has the gaping and profuse lachrymation at the usual chill time. On account of the gaping and lachrymation, he then got Rhus tox.^{cm} (F. C.), one dose, and at the end of a week said he had no lachrymation or gaping till that day, and had not lost a day from his work, neither had he yet had any chill.

A LACHESIS CASE.

S. SEWARD, M. D., SYRACUSE, N. Y.

December 2d, 1882.—I was called to visit Miss W., aged twenty. Bilious temperament, full habit; spinal tenderness in the whole spine, the most so in the neck, below the occiput; headache in occiput and forehead; the spine has been sensitive and painful for over four years from sitting on stool and practicing at piano; worse from any over doing and cold; can't turn head or move it but little without severe pain in spine of neck into brain; pressure by finger on spine of neck sends pain into brain; pressure on dorsal spine sends pain to stomach, and same lame spine; her digestive functions are not much disturbed; she can't bear to be raised up and can't raise herself up in bed, it causes so severe pain in neck and head; constant pain in spine and head; little sleep.

December 2d.—Prescribed Lach.²⁰ in half a glass of soft water, two teaspoonfuls once in four hours for two days.

December 4th.—Some improvement; Sacc. solution four hours for two days; can't sit up or be raised up; can't turn over.

December 6th.—Improves, less sensitive to pressure all along spine to head and less pain in head and spine.

December 9th.—More pain in head and neck. Lach. 40m, two

dry doses four hours apart and then Sacc. solution for one week four hours.

December 16th.—Seems cured of all sensitiveness of spine and headache; gets up, and sits up or takes the bed as she pleases; left her on Sacc. a few days longer; also left two doses of Lach. 40m, if from any cause pain or sensitiveness came again, and to be informed if worse.

BOOK NOTICES AND REVIEWS.

THE AMERICAN HOMŒOPATHIC PHARMACOPŒIA, second edition. Thoroughly revised and augmented. Pp. 510. Edited by Dr. J. T. O'Connor. New York and Philadelphia: Bœricke & Tafel, 1883.

The first edition of this work appeared some months ago. It contains some botanical, pharmaceutical, or chemical data taken from the dispensatory or pharmacopœia of the allopath. Immediately our *liberal-minded, generous friends* yelled, "Stop thief!" They had been long accustomed to appropriate our useful discoveries; but for us to utilize some of their well-known, old-time data it was a crime in their eyes! They say we homœopaths are ignorant, and they don't intend for us to be wise *unless* we *buy* wisdom of them. However, we can thank them for their ill-advised malice, since it has brought us this *second edition* of the *American Homœopathic Pharmacopœia*. Dr. O'Connor has improved it very much. And now that we have such a standard, let us prepare our drugs properly and spell them correctly.

THE TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. 1883.

This volume contains the proceedings of the thirty-first and thirty-second semi-annual meetings of the Society. There are many very interesting papers reported. New York has a large number of able homœopaths, and this volume contains some of their work. We believe the Secretary, Dr. A. P. Hallet, has a few copies for sale.

NOTES AND NOTICES.

ERRATUM.—Dr. E. Rushmore, not Dr. Mills, is Chairman of Bureau of Materia Medica, I. H. A.

LOCATIONS IN NEBRASKA.—Twenty-five good locations in Nebraska. Address Dr. G. E. Brown, Secretary, Nebraska State Homœopathic Society, Albion, Nebraska.

HOMŒOPATHY AS A SCIENCE.—An excellent article on this subject will be found in *Popular Science Monthly* for October, from the pen of Dr. Edward Bayard.

VIRCHOW.—The German physicians are very rigid in their adherence to

the *Code*. Prof. Virchow has now fallen under their displeasure for thanking a druggist for some pills sent him and used with benefit. The enterprising druggist published this letter to advertise himself. The *faculty* attacked Virchow for recommending, as they allege, quack preparations. Virchow refuses to be "bull-dozed," gets mad, and resigns from the German Society of Physicians. He declares "that he can no longer belong to a Society that arrogates to itself the right of so arbitrary and offensive a criticism. It is to be hoped that a similar spirit of petty obtrusiveness, such as is shown in this instance, does not now, and never will, prevail among the medical faculty."

A CHAIR OF HOMŒOPATHY.—A homœopathic physician at Vienna has left a large sum of money for the establishment of a homœopathic chair in the Vienna University, but the Austrian Government has declined to accept it.—*Chicago Medical Journal*, Sept., 1883.

TO STOP HICCOUGH.—Dr. W. E. Shaw, of Cincinnati, Ohio, writes: "Place the tips of the fingers of both hands in position of complete supination against the abdominal muscles, at the lower and outer junctions of the epigastric with hypochondriac regions. With the finger-tips in this position, firm and very gradual pressure was to be made backward and upward against the diaphragm. This pressure should be continued for some little time after the diaphragm has ceased its spasmodic contractions, when the fingers should be very gradually withdrawn."—*Medical Record*.

DR. BRISTOWE ON SANITARY SCIENCE.—Dr. John Syer Bristowe, President of the Society of Medical Officers of Health, confessedly one of the most sagacious observers and logical thinkers of the day, writes as follows: "If we look to the remarkable influence which *simple variations of temperature and peculiarities of season* exert on the mortuary returns, in respect both of the number of deaths and the character of the fatal diseases, and compare therewith the comparatively small effect on the death rate of even one of the most fatal of the zymotic diseases, or with the insignificant influence of death from enteric fever, diphtheria, and other affections, *over which sanitary science is supposed to exert a specially valuable influence*, we can scarcely avoid seeing that, on similar grounds, the deaths saved directly by the sanitary labors on which we are engaged must, under any circumstances, be so few annually as to produce *no distinct and unmistakable effect on the mortuary rate.*"

This sincere and ingenuous avowal of opinion by one not only distinguished as an author and teacher, but who, in his exalted official position, had every opportunity to scrutinize all facts regarding outbreaks of typhoid fever, scarlet fever, and diphtheria, as bearing upon the question of their prevention, may well be commended to the serious consideration of those who, for years past, have positively promised the extinction of these diseases, under certain impossible conditions, yet with no other result than that just presented by the above-named conscientious and eminent authority in medical science, Dr. George Hamilton.—*Medical Record*.

RINGS.—The Tweed Ring is long since dispersed, the Star Route Ring is broken, but the Ring that controls the Institute is still strong!

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. III.

NOVEMBER, 1883.

No. 11.

EDITORIAL.

FALLACIOUS THEORIES.—Ever since Hahnemann published the first edition of his *Organon*, there have been those of his followers who have sought to improve upon his teachings. And why? Were the practical results—the cures—made by following Hahnemann less numerous than was anticipated? We believe not; on the contrary, a goodly number of intelligent physicians have declared their cures increased in proportion as they became strict followers of Hahnemann. The closer and more precisely they observed his directions, as to "taking a case," as to dose, repetition, etc., the greater and grander were their cures. If this be so, why then this constant desire, ever present in the homœopathic school, to change, alter, or, as some would put it, *improve* Hahnemann's methods? The only reason we can find is that Hahnemann's method is an extremely laborious and difficult one; hence the desire is to render it easier. A most worthy object, if this rendering easy did not at the same time make it weak, faulty, and less able to do its work of curing. Unfortunately, so far, this has been the only result: less difficult, less worthy, quicker to apply, surer to fail.

The great and the distinctive feature of Hahnemann's method is that drugs are proved on the healthy individual *before* using them as curative agents. The symptoms thus produced are to be compared with those of the sick, and a similarity between the provings

(of the healthy) and the symptoms (of the sick) is the only reason for prescribing a drug. Not because Dr. A. recommends it, not because Dr. B. extols it as a specific, but only and solely because of this great similarity between the provings and the patients' symptoms, or, as we read in the *Organon*: * * "We ought to rely solely upon the morbid appearances, which medicines excite in healthy persons, [as] the only possible manifestation of the curative virtues which they possess." To find this curative agent is often a most arduous task, one that requires severe labor and intelligent judgment; chiefly so because of careless examining of patient; patient thoroughly examined, the task of prescribing becomes easy. To avoid this task new methods and fallacious theories have been advanced; at the present time three of these fallacies are conspicuously advocated:

1. The first we might mention as the pathological method, prescribing remedies for diseases. Such and such remedies are good for such and such diseases; all reference to symptoms is totally and loftily ignored. This method is very easy and very useless. Practitioners of this kind eke out a scant knowledge of Homœopathy by a liberal use of allopathic measures: the hypodermic syringe, the gonorrhœal injection, the pessary, and uterine washes; aloe and other purgative pills are kept on hand to cure constipation; and so on, through the list of allopathic folly. So much has been written on this subject of recent years that more is superfluous.

2. The second fallacy, now only too popular, is the using of unproven morbid products. An apostle of this departure wrote us some time ago: "*We get cures first and provings afterwards.*" This gentleman doubtless considers himself a well-read homœopathist! Ignorance is, indeed, bliss sometimes. This method—the isopathic—does away with a grand feature of Hahnemann's method, drug proving and its corollary, the power of *prevision*. Hahnemann said, Prove a drug, and from its pathogenesis you will learn its curative powers. An isopathist says, Try a morbid product clinically and then you will know its value—an entire subversion and belittling of Homœopathy. In fact, it is not Homœopathy, it is something else, a new system with which Homœopathy has nothing in common. And, judging from the confession of one of its ablest champions, this method is unsuccessful and useless. Unscientific and useless, can stronger criticism be penned?

3. The third fallacy is a part of the one just noticed; it is this:

potentiation makes a medicine homœopathic. A drug that is not homœopathic, *i. e.*, is not the most like, the simillimum, to a set of symptoms in the third or thirtieth potency, becomes so if used in the cm or mm! Can greater folly be advocated? A drug is only homœopathic to a set of symptoms when its pathogenesis is similar to those symptoms. It is then homœopathic, no matter what potency it be used in. In which potency it will cure best is entirely another question. We believe the high will always, or *very nearly always*, cure best, but the lower potencies *do* cure. Some of our grandest cures have been made with them, and it is folly to assert that Homœopathy only begins with the higher and highest potencies. A wise homœopathist will not limit himself to any one potency, but will keep his mind unprejudiced to use whichever preparation seems to be best. If potentiation makes a medicine homœopathic, it must change it. Therefore, Aconite 3d, 30, and cm are three different drugs, useful for different cases, must have different pathogeneses, and should have different names. It is this fallacious teaching which bolsters up the twin heresy of isopathy. Syphilinum, it is said, is homœopathic, because it is potentized—very high.

All of these fallacious theories are grave departures from true homœopathic science. Let us remember old "Father Hering's last injunction, and take warning in time :

"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."

THE SEPTEMBER MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY, IN SYRACUSE, N. Y., SEPTEMBER 20th, 1883.

The Society met at 10 A. M., in the office of Dr. Hawley, the President, A. E. Wallace, M. D., of Oneida, in the chair, fourteen members present, also one honorary member, E. Carleton, M. D., of New York city.

Drs. Schmitt, C. L. Swift (by Dr. Boyce), and Carleton read clinical papers, which were accepted and ordered to be published.

Dr. Harris read a paper on Contagion and Infection. Accepted and ordered to be published.

Dr. Boyce—Dr. Harris' paper brings out the dynamical in a clear way. I understand him to say that contagion is mechanical

and infection dynamical. How can anything mechanical produce disease in the body, save in a dynamic way? The vital principle is not the spirit. They are different. Dr. Harris thinks they are one and the same. Is the vital principle the man? Is it your own proper self? Hahnemann thought that the disturbance of the vital principle results in disease. This disturbance may come from mechanical causes, and it may come from a man's spirit.

Dr. Schmitt—Dr. Harris says that contagion is mechanical and infection dynamical, and that disease by contagion is to be removed by mechanical means. I suppose he does not mean to convey the idea that syphilis, for example, should be treated by local applications, or the bite of a rabid dog by the cautery. We know these will fail.

Dr. Harris—I differ with some of my brethren as to the propriety of local applications. I use them sometimes. My paper says, where there is a mechanical cause at work, remove it by mechanical means, if necessary. If mechanical causes result in disturbance of the organism, treat the case dynamically.

Dr. Boyce—Does contagion act upon the physical nature or upon the spiritual? We are not conscious of what is going on within us. Contagion does not affect the vital principle except through the physical nature. There is something in us still, beyond and above the vital principle, viz.: the spirit. The vital principle prepares the body for the use of the spirit. This spirit is your own proper self. How does contagion or infection act upon the vital principle? Who can tell? To produce disease, the vital principle must be affected; to remove disease, the vital principle must be acted upon. But how? I have not been able to find out.

Dr. Harris—Probably we cannot know the how, nor all about the laws of spiritual life; but we may learn something about them, and should give our concentrated attention to them.

Dr. Nash.—Hahnemann made the distinction that it is impossible to know the causes of disease in their inner action, disease not being material, but dynamic. He taught that we must recognize this in order to cure the sick. If we know enough to cure disease, it is sufficient.

Dr. Wells—The great stumbling-block of the old school is their belief that diseases are material entities. Hence they fight disease with crude drugs in massive doses.

Dr. Schmitt—The old school go by fashions. Twenty-five years

ago the liver was held responsible for a majority of diseases, and Calomel was their chief dependence. Now they attribute most diseases to malaria, in order that they may give Quinine. As to the connection between soul and body, I read Carpenter's work over and over, and could not understand him—do not think any one can.

Dr. Hawley—Am content to wait. Do not know much about it, and do not care to talk about it. One thing is certain, no man will ever be able to catch the causes of disease with the microscope.

Dr. Nash—Our material low-potency men want to see material in the potencies. They need to believe in the physiological action of drugs.

Dr. Gwynn—Where does the dynamic power of a drug reside? Is it wrapped up in a molecule? Why is it in drugs and not in something else?

Dr. Nash—Things which cannot be perceived by the senses we call spiritual. Investigations may show that the dynamical and the material always go together. The power is there in the substance, and you must attenuate the substance so that the physiological power may get hold of it and use it.

Dr. Schmitt—The newest theory is that attenuation separates the molecules. The molecule may have an exhalation. Attenuating a drug is supposed to set the molecules free to give forth their exhalations. We know that a man's foot gives forth, through the sole of his boot, a scent peculiar to itself, for his dog will detect the scent and will follow it alone among a thousand tracks of other men.

Dr. Hawley—As to material diseases spoken of awhile ago: Have a friend in New York city, an old-school physician, who thinks diabetes to be due to excess of sugar in the system. He is intent upon eliminating from flour all that can produce sugar, and he feeds his patients with what he calls diabetic bread.

Dr. Carleton—Allopathic advanced pathology now supposes the sugar in diabetic urine to be due to some lesion in the brain or in the spinal cord, not to the use of sugar in the food. As to contagion and infection, advanced pathologists of the old school are becoming chary of these terms. There is a difference between contagion and infection. Poisonous germs find their way into the human body. If they find a suitable soil there, they ferment and produce diseases. We have seen this proven in the Ward's Island Hospital, on the surgical side of it, in hot weather. Ulcers would become

gangrenous, and progress so malignantly that amputation was necessary to save life. I recommended that a ward be prepared for the patients by using Chlorine gas as a disinfectant, then ventilating the ward. The wounds of the patients were washed with a solution of Permanganate of Potash, and the patients were removed into the prepared ward. The wounds went on in a healthy way. This would seem to prove that poison germs do produce disease. If, in a week or two, the patients were worse again, I would repeat the experiment.

Dr. Hawley, from the Committee on Necrology, reported the death of Dr. Schenck, and presented a minute for the action of the Society. The minute was adopted, and is as follows:

Benjamin Baird Schenck, M. D., was among the earliest converts from the old school of medicine to Homœopathy in the County of Onondaga, and he was always faithful to its law in his treatment of the sick. He was an organic member of this Society, and he was almost always present at and active in its meetings. He passed away from us on the 22d of March, 1883. In his death we, as a Society, feel that we have lost one of our best. He was true in all the relations of life; skillful, modest, and sympathetic as a physician; patriotic and public-spirited as a physician; noble, just, and true as a man—a Christian gentleman. As a Society, we extend our sympathies to his family and friends in their loss.

Lac caninum was selected for proving; proven to chose the potency.

Dr. Nash—If we use a fluxion potency we cannot know what potency we are proving.

Dr. Schmitt—It is desirable to have lady provers.

Drs. Harris, Hawley, and Seward were appointed a committee to report at the next meeting on provings, said committee to select drugs to be proved, to recommend the potencies to be used, and to instruct the provers as to the plans of proving.

Dr. Hawley—Had another Cina case a few days ago. Was called to a child ten years old. The parents thought she was going into convulsions. She has been, for four weeks, suffering from sudden attacks, in which she lost the control of her voice and spoke like a person without a palate. Had difficult breathing; must be fanned. Could not bear to have the nose touched, yet, when the fingers were placed firmly on the sides of the nose, she would be quiet. An old-school physician had been treating her. He pro-

nounced the case catarrhal. Throat in good condition. At times marked pallor about the mouth. Temperament nervous. She was subject to attacks in which she would complain of lameness of a finger, or of an arm, or of a knee. Clearly it was a case of reflex action of intestinal irritation. Gave Cina²⁰⁰. The next day she was up and about the house, well and bright.

Dr. Nash—Did you prescribe upon your pathological idea of the case?

Dr. Hawley—No; never do.

Drs. Schmitt, Nash, and Wells were appointed essayists for the next meeting, they to choose subjects.

Dr. Wells was requested to give the history of Homœopathy in the State of New York.

Lycopodium was selected for conversation.

Dr. Harris—Came of a catarrhal family. Suffered much from catarrh while living in New York, before going West. On one occasion took Lycopodium³⁰. It put me to bed. Head and eyes had to be covered up. Head ached as if it would split open. After that I was free from catarrhal attacks, and still continue to be better. Living in Wisconsin may have helped the improvement.

Dr. Young—The characteristic sediment in the urine has led me to give Lycopodium, and with success.

Dr. C. L. Swift—In diphtheria, where Belladonna seemed to be indicated and failed, the throat being sore on the right side, Lycopodium relieved. Other Lycopodium symptoms were present, as aggravation toward night; warm drinks relieved.

Dr. Carleton—Its characteristics led me to give it, and with success. One of these is aphasia; another is entire prostration of body and mind. Am always in doubt how to obtain its good effects without aggravation; whether to give the 30th, or the 200th, or millionth. The CM has aggravated badly. Am always sorry when I find it indicated.

Dr. Besemer—Have used it successfully in catarrhal cases, dry catarrh; nose stopped; patient breathes with his mouth open; gas in the bowels; the characteristic sediment in the urine; 4 P. M. aggravation, especially when the patient is fond of sweet things.

Dr. Wells—A woman has, for six years past, been compelled to use cathartics or injections in order to procure a movement of the bowels at all. Abdomen badly bloated. Aggravation about 4 P. M. Has taken a good deal of Nux vomica. Three days ago she

applied to me. Gave *Lycopodium*, 30th trit. In forty-eight hours she had a free movement. Fæces a long string, coiled up, partly flattened.

Dr. Schmitt—Have found *Lycopodium* useful in labor cases. The key-note is: She cannot keep still in the pains, wants to walk or move about during the pains. *Lycopodium* overcomes undilutable os.

Have had experience with it for myself. Had swallowed accidentally a piece of a tooth-pick. Was threatened with peritonitis; could lie upon my right side only; was restless. While hesitating what to take, noticed that my tongue took on a pendulous motion. This suggested *Lycopodium*. Took it. Relief was prompt.

Once my horse was sick with a heavy cold. Found her lying flat. Respiration about twenty-four. She was bloated. Her nostrils were flapping with a wing-like motion of the alæ. This last symptom suggested *Lycopodium*. Gave it at 10 P. M.; at 11 P. M. she was well, was up, and eating heartily.

Dr. Nash—In soreness of the right side of the throat, if there be stuffing of the nose, *Lycopodium* acts quickly and successfully, but it fails if the nasal symptom be absent. Have relieved many cases of chronic liver affection with *Lycopodium* when there were present these symptoms: Flatulence; sense of hunger, soon satisfied; even satiety when beginning to eat. Used Jenichen's 6M.

A woman had continual desire for stool, strangury, red sand in urine. Cured by one dose of *Lycopodium*, although it aggravated her condition for two days. Have verified the 4 P. M. aggravation many times.

Dr. Jennings—Was waiting upon a case of malignant diphtheria. The evening of the fifth day, felt suddenly a peculiar tinging at tip of tongue. It propagated itself along the right half of the tongue, and in a few minutes extended to right side of the throat. Took a grain of *Lycopodium*, 30th trit. In less than half an hour the sensation disappeared. In the course of the next two weeks the sensation returned twice in the same region as at first. Both times *Lycopodium*, 30th trit., extinguished it.

Dr. Schmitt—Hering says that in chronic diseases it is better to give before *Lycopodium* another not anti-psoric medicine. How is this? Have seen *Lycopodium* relieve chronic constipation quickly. On the return of the trouble *Lycopodium* had no effect.

Dr. Jennings—Lippe has the same remark. Perhaps, in chronic

cases, where *Lycopodium* proves ineffectual when repeated, though successful at first, the failure is due to giving *Lycopodium* without preceding it by another not antipsoric medicine.

The Secretary was surprised with a handsome testimonial presented to him by Dr. Seward in behalf of the members of the Society. He expressed his thankful sense of the kindness.

Adjourned.

C. P. JENNINGS, *Secretary.*

ANAMNESIS OF SYCOSIS.*

DR. C. VON BËNNINGHAUSEN, MUNSTER.

Every homœopathic physician, the new as well as the old homœopath, understands and sets a due value upon that which we understand by the word *Anamnesis*.

The scope of this *Anamnesis*, it is well known, is not limited to mere external sources of injury, such as a fall, a blow, a contusion, a luxation, burns, getting wet and the like; nor to previous illness, like measles, scarlatina, etc.; nor, finally, to various emotions; nor to all the other manifold inducing causes which are often followed by serious maladies;—we avail ourselves of it in like manner, and with just as decided results, in the prophylactic treatment of contagious pestilences, without needing to await the outbreak, or, at all events, the widespread prevalence of the disease, in so far as this—that a fully developed case of the disease occurring in our vicinity enables us to select with certainty the appropriate remedy, and this remedy serves as the surest prophylactic against the contagion of the same malady.

If we admit the justice of what has been said, and uniform experience compels us to admit it, no person of sound reasoning powers can fail to see the great inconsistency of denying in chronic diseases what we admit and have proved to be true in acute diseases. And yet the much condemned and derided theory (as it is called) of the founder of Homœopathy concerning the three miasms (*Psora*, *Syphilis*, and *Sycosis*) is nothing else but a logical application of the *Doctrine of the Anamnesis* to chronic diseases, as is expressed in the most explicit words in the *Organon*, § 5 and § 206, 5th edition.

* Translated from *Allg. Hom. Zeitung*, 65, 100, by Carroll Dunham, M. D. Republished now by special request.

It is incomprehensible, then, how it has happened that this fact has been so completely overlooked, if, indeed, other and not very praiseworthy motives have not come into play. For all the fine phrases about exclusively following the fundamental principle of the homœopathic mode of cure are of no avail to deceive the experienced practitioner, and to persuade him that he will in all cases be able to make the most exactly fitting choice of a remedy, by the aid of even page upon page of symptoms, in which, after all, nothing of a therapeutic-characteristic nature is to be found!

I will not deny the possibility that, in addition to the three anamnestic indications already named and in addition to the true drug cachexies, there may be one or several other miasms to which a similar chronic influence upon health may be ascribed. But the existence of such a miasm has not hitherto been satisfactorily demonstrated, and it must be left for future investigations to determine its existence.

If, however, we adhere to that which we have already before our eyes, and make an unprejudiced estimate of the results of the homœopathic practice in the treatment of chronic diseases in accordance with the Hahnemannian doctrine, it cannot be denied that the achievements of our younger science surpass those of her older sister.

The acute investigations and their results, which our colleague Wolf has laid before us in his *Homœopathische Erfahrungen* (part 2-5), and in which the domain of Sycosis receives so general an expansion, explain to our complete satisfaction the failure to cure many cases that belong to this domain, because the true Anamnesis of those cases was not known and could not be taken advantage of. But since now the identity of Variola with Sycosis seems to be sufficiently demonstrated and the great extension of this miasm through the process of inoculation is placed beyond a doubt, the treatment of numerous chronic diseases, of which Psora had been hitherto erroneously regarded as the Anamnesis, has taken quite another aspect and has become much more certain.

On the other hand, we must not disguise the truth that out of the facts mentioned a new practical difficulty arises, viz.: that we have as yet no certain means of knowing accurately whether the one or the other miasm dominates. For a large majority of the symptoms in chronic diseases are such as are found among the symptoms of all the three miasms, and we lack, up to the present time, that sifting

and separation of them which are indispensable, inasmuch as many of them belong exclusively to the one or the other of the miasms, and for that reason would serve for the establishment of the Anamnesis which is of so very great importance.

Inasmuch as I have probably used Thuja longer and more extensively than any living homœopathist, and was the first to discover its almost specific curative virtues in small-pox, in diabetes mellitus, in certain malignant aphthæ in children, involvulus, etc., I shall not be considered presumptuous if I venture to offer in the following pages a contribution toward a list of those symptoms which are common to Thuja and the widespread Sycosis. They may enable us in many cases to recognize the anamnestic miasm in question, and thus enable us from the beginning to give a corresponding direction to the treatment.

In doing this, however, less attention is to be paid to that which, even though it be more prominent, is yet common to two or three of the miasms, than to that which is exclusively peculiar to one of them, and is found in connection with it alone.

Such a separation and isolation of the special phenomena makes it apparent that the entire picture of the disease must be in and of itself a very incomplete and defective one, but it will so much the more distinctly bring into relief before the eye those symptoms which enable us to recognize the anamnestic miasm.

In this work I have naturally, first of all, compared with one another the chief remedies for the simple forms of the three miasms above named (Sulphur, Mercurius, and Thuja), and have rejected all which the first two remedies presented in common with the last.

But in the course of this comparison, it appears at the same time that several of those remedies which Hahnemann enumerated among the Antipsorics may with equal propriety be included also among the Antisyctic remedies. The names of these remedies are attached, in parenthesis, to the symptoms under which they belong, and in this way the array of antisyctic remedies is considerably enlarged, a matter of especial importance when we have to deal with complications of the fundamental miasms—in which case we are enabled to attain our end with one chief remedy alone.

When a similar comparison shall have been made of the chief antisyphilitic remedy (Mercurius), and when the picture of Psora, as Hahnemann has given it in the *Chronic Diseases* (1, 58, 67),

shall have been reduced to its own peculiar characteristics by the exclusion of the symptoms of Mercury and of Thuja, the treatment of chronic diseases will, I believe, have been rendered thereby much easier and more certain. I venture to hope, therefore, that the foregoing observations, as well as the following modest experiment, may not entirely fail of a favorable reception, but that rather the whole may be elucidated and expanded on the basis of more extended experiences.

SPECIAL SYMPTOMS OF THUJA.

MIND :

Fixed Ideas, that a stranger is always by his side. (Anac.)

—that mind and body are separated. (Anac.)

—*that the body, and especially the limbs, are made of glass and are very fragile* (?).

VERTIGO :

Vertigo on closing the eyes, relieved immediately on opening them again. (Apis, Lach.)

INTERNAL HEADACHE :

5. Feeling of numbness and emptiness, only in the vertex (?).

Pain in the vertex as if a nail were driven in. (Hell., Staph.)

The headache is *ameliorated* generally by *motion in the open air*, by *looking upward*, and by *bending the head backward*. (Apis, Bell., Rhus.)

EXTERNAL HEAD :

Painfulness of the scalp *when touched, and of the parts on which one lies*. (Nitr. acid, Rhus.)

He desires always to have the head closely wrapped up. (Lach., Rhus.)

EYES :

10. Suffusion of the eyes, especially in the open air; the tears do not flow down, but remain in the eye. (Caut., Nit. acid, Sep.)

Inflammatory relaxation of the inner surface of the lid. (Rhus.)

VISION :

On one side, near the eye, an appearance in darkness as of flashes of lightning or of sparks, in daylight as of dark drops (?).

Objects always appear smaller. (Plat., Stram.)

HEARING :

Noise in the ear, as of boiling water. (Dig.)

NOSE :

15. *Warts on the nose.* (Caust.)
Eruptions in the angles of the nose. (Euphr., Rhus.)
 Swelling and hardness of the alae nasi (?).

SMELL :

Odor in the nose as of herring brine or of fermenting beer.
 (Bell., Vit.)

FACE :

- Glowing redness of the whole face, with a fine network of blood-vessels, as if it were marbled.* (Calc. c., Carb. veg., Lyc.)
 20. *Eruption in the face which leaves bluish spots.* (Ferr., Lachesis.)
Light brown spots (freckles) in the face. (Ant. cr., Calc., Graph., Kali, Natr., Nit. ac., Phos.)
The skin of the face is oily. (Natr. mur., Selen.)
Scaling off of the skin of the face. (Apis.)
Distention of the veins of the temples. (Chin., Ferr.)

LIPS AND CHIN :

25. *Flat, whitish ulcers on the inner side of the lips and in the corners of the mouth.* (Graph., Mez.)
 Cracking in the maxillary articulation. (Nitric. acid, Rhus.)

TEETH :

- Crumbling of the teeth.* (Bor., Lach., Staph.)
The roots of the teeth decay. (Mezer.)
The teeth become hollow upon the side, while the crown is not affected. (Mezer., Staph.)
 30. *Eating, gnawing pain in the hollow teeth, aggravated by cold.* (Rhus, Staph.)
 Toothache from drinking tea. (Ferr., Selen.)

MOUTH :

- Painful deglutition, worse on empty swallowing or when only saliva is swallowed. (Lach., Rhus.)
 Gelatinous ranula. (Mezer., Nit. acid, Staph.)
 Aversion to potatoes. (Alum.?)
 35. *Bad effects from tea.* (Chin., Ferr., Selen.)
 — *from sugar.* (Merc., Selen.)
 — *from onions.* (Lyc., Puls.)

TASTE :

Food tastes as if it were *not salt enough*. (Ars., Calc., Cocc.)

Bread tastes dry and bitter. (Ferr., Rhus.)

In the morning, a taste as from rotten eggs in the mouth. (Arn., Hep., Phos., Phos. acid.)

ERUCTATIONS :

Constant eructations when eating. (Nit. acid.)

NAUSEA :

40. *Fatty vomiting*. (Ars., Mezer., Iod., Nux vom.)

STOMACH :

Induration of the stomach. (Mezer.)

Drink passes into the stomach with a noise (?).

ABDOMEN :

A drawing inward of the epigastrium. (Apis, Staph.)

ABDOMINAL WALLS :

Soreness of the umbilicus. (Rhus.)

45. *Herpes zoster*. (Graph., Rhus.)

Yellow or brownish spots upon the abdomen. (Sepia.)

GROINS :

Swelling of the inguinal glands. (Calc., Nit. acid, Rhus, Staph.)

FLATULENCE :

Like the crying of an animal in the abdomen. (Arg.?)

STOOL :

Ineffectual desire for stool, *accompanied by erections*. (Ignat.?)

50. *In the morning or forenoon, diarrhœa recurring at the same hour*. (Ap., Sabad.)

Fat, oily stools. (Caust.)

ANUS :

Offensive sweat at the anus and in the sulcus between the nates (?).

Painful contraction of the anus at stool. (Staph.)

Condylomata at the anus. (Nit. acid, Sabina, Staph.)

PERINEUM :

55. *Sweat of the perineum*. (Alum., Carbo an.)

Knotty puffiness and excoriations on the perineum (?).

URINE :

Frothy urine. (Kali, Lach., Lyc.)

Saccharine urine. (Chin., Phos.)

Continued dropping of the urine, after urinating. (Lach., Selen.)

GENITALS :

60. *Copious sweat upon the genitals, of a sweet, honey-like odor, and imparting a yellow stain (?)*.

MENSTRUATION :

Copious sweat before the menses. (Verat ?)

Abortion in the third month. (Apis, Sabin., Sec. corn.)

CORYZA :

Coryza, fluent when in the open air, and dry in the chamber. (Iod., Platina, Puls.)

Much mucus in the choanæ. (Euphras., Nit. acid, Zinc.)

Fluent coryza and sneezing give immediate relief. (Lach.)

RESPIRATION :

Dyspnœa, as if the lungs had become adherent to the thorax. (Mezer.)

Shortness of breath from fullness and constriction in the hypochondria and epigastrium. (Staph.)

Dyspnœa from accumulation of mucus in the trachea. (Selen.)

COUGH :

He coughs only in the daytime; also in the morning after rising and in the evening after lying down, but seldom at night. (Euphr., Lach., Nit. acid, Staph.)

70. *During the evening cough, after lying down, the sputa are dislodged more easily when he turns from the left side to the right.* (Kali, Lyc., Phos., Sepia.)

The sputa taste like old cheese. (Chin., Kali, Lyc.)

INTERNAL THROAT :

Swelling and feeling of obstruction in the throat. (Apis, Mezer.)

Sensation as if there were a skin in the larynx. (Lach., Phos.)

EXTERNAL THROAT :

Blue distended veins of the neck. (Ars, Lach.)

75. *Oily, brown skin in the nape of the neck.* (Apis, Lyc.)

INTERNAL THORAX :

Sensation of a hot rising in the thorax. (Phos.)

Sensation as of drops falling in the chest (?).

Sticking in the chest, after a cold drink. (Staph.)

Orgasm of the blood and audible palpitation of the heart. (Dig., Iod., Spig.)

80. *Anxious palpitation in the morning on waking.* (Rhus, Spig.)

EXTERNAL THORAX :

Blueness upon the clavicles. (Lach.?)

Brownish spots upon the chest. (Lyc., Phos., Sepia.)

BACK :

Burning from the sacrum upward to the scapulae. (Phos., Sepia.)

Throbbing and pulsation in the back. (Bar., Lyc., Phos.)

85. Boils upon the back. (Caust., Graph., Hepar.)

UPPER EXTREMITIES :

Herpes upon the elbow. (Phos., Sep., Staph.)

Brown color of the dorsum of the hand. (Iod.?)

White scabby Herpes on the dorsum of the hand and on the fingers. (Lyc., Sepia.)

Hands covered with cold sweat. (Sepia.)

90. *Warts upon the hands.* (Lach., Nit. acid, Rhus.)

Erysipelatous swelling of the tips of the fingers with formication in them. (Rhus.)

The finger-nails are distorted, crumbling, and discolored. (Graph., Nit. acid, Silic.)

LOWER EXTREMITIES :

Laxness in the hip-joints. (Apis, Calc., Staph.)

When walking, the legs feel as if they were made of wood. (Plumb., Rhus.)

95. Pain in the hip, the limb becoming longer than before. (Coloc., Rhus.)

The skin of the extremities assumes a brown color, especially on the inner side of the thigh (?).

The dorsum of the foot is as if were marbled, with a network of blood-vessels. (Caust., Lyc.)

Burning corns. (Ammon., Bar., Phos. acid, Rhus.)

Red swelling of the ends of the toes. (Chin., Mur. acid.)

100. *The toe-nails are brittle and distorted.* (Ars., Graph., Sabad., Sepia.)

Offensive sweat of the toes. (Bar., Graph., Kali., Nit. acid, Puls., Sil.)

Suppressed sweating of the feet. (Apis, Kali, Rhus, Sepia, Sil.)

GENERAL SYMPTOMS :

Emaciation and appearance of the parts affected as if they were dead. (Ars., Carb. veg., Graph., Mezer., Plumb., Selen.)

Frequent starting up of the trunk. (Natr. mur., Nit. acid, Sepia.)

105. *The flesh feels as if it were beaten loose from the bones.* (Apis, Lach., Nitr. acid, Rhus.)
Feeling of lightness in the body when walking. (Chin., Rhus, Spig.)
Sensation of tenderness and fragility in the body (?).
Cracking of the joints when they are extended. (Lyc., Rhus.)
 Abuse of Sulphur and Mercury. (Caust., Puls., Sep.)
110. Recurrence of the symptoms after the lapse of a year. (Ars.)
 Aggravation in the evening and night.
 Aggravation of certain symptoms about three o'clock morning and afternoon.
Cold moisture aggravates, warm moisture relieves.
Eructation as well as fluent coryza with sneezing afford instant relief.
115. *Many (internal and external) symptoms are relieved by turning from the left to the right side while lying down.*
 Bad effects from the use of beer, fat, acids, sweets, tobacco, tea, wine, and onions. (Ars., Chin., Ferr., Lach., Sepia.)

BONES :

Rachitic affections of the bones.

SKIN :

- Dirty-brownish color of the skin (Ferr., Iod.)
 Brownish spots upon the skin. (Ant. cr., Carb. veg., Lyc., Mezer., Nit. acid, Phos., Sep.)
120. *Brown-reddish* (Nit. acid, Phos.) *or brownish-white spots.* (Ars., Phos., Sep., Sil.)
Fine network of blood-vessels, like a marbling. (Carb. veg., Caust., Lyc., Plat.)
Eruption only upon the parts that are covered. (Led.)
Pox (vesicæ). (Ant. cr., Ant. tart., Ars., Bell., Nit. acid, Merc., Rhus.)
 Varicellæ. (Ant. cr., Ant. tart., Carb. veg., Puls., Sep.)
125. *All eruptions burn violently after cold-washing (?).*
Condylomata, which often smell like old cheese or like herring brine. (Calc., Graph., Hep.)
Large, jagged, often pediculated warts, which become moist and easily bleed. (Caust., Lyc., Nit. acid, Phos. acid, Rhus, Staph.)
Itching, scabby herpes. (Graph., Rhus, Sep.)

Dry Pityriasis, throwing off whitish scales. (Ars., Calc., Dulc., Lyc., Sep., Sil.)

130. *Herpes cincinnatus.* (Graph., Iod., Natr., Sep.)

Flat ulcers with a bluish white bottom. (Ars., Lach., Lyc., Sep., Sil.)

The nails of the fingers and toes are distorted. (Caust., Graph., Nit. acid, Sabad., Sil.)

Corroding itching in the skin relieved by scratching, but then succeeded by burning. (Caust., Lach., Mezer., Rhus, Sulph.)

Luxuriant growth of hair on parts not usually covered with hair (?).

SLEEP :

135. *Continued sleeplessness, with painfulness of the parts on which he lies.* (Hep.)

Sleeplessness; visions appear as soon as he closes his eyes, but disappear when he opens them again. (Apis? Lach.?)

Sleep comes late by reason of restlessness and heat. (Bry., Phos., Rhus.)

Anxious dreams when lying on the left side. (Lyc., Phos., Puls., Sep.)

FEVER; CIRCULATION :

Evening, orgasm of the blood.

—CHILL :

140. *Evening and night, cold creepings run often through the back.* (Ars., Puls., Rhus.)

Chill, as if dashed with cold water. (Merc., Mezer., Puls., Rhus.)

—HEAT :

Dry heat during sleep. (Samb.)

—SWEAT :

Sweet sweat, smelling like honey. (Bry.? Puls.? Selen.?)

Sweat, imparting a brownish-yellow stain. (Ars., Bell., Carb. an., Graph., Lach., Magn., Selen.)

145. *Cadaverous exhalations from the skin (?).*

General sweat, except upon the head. (Bell., Rhus, Samb.)

In the morning when walking in the open air, copious sweat chiefly on the head. (Calc.)

Sweat most copious upon the upper part of the body. (Carb. veg., Nit. ac., Nux v., Sec. corn., Sep., Sulph. ac.)

Sweat, either of those parts alone which are covered (Bell., Chin., Spig.) or of those alone which are uncovered (?).

150. *Sweat during sleep, ceasing at once on waking.* (Euphr., Nux v., Phos.)

From the foregoing series of symptoms, which may be regarded as comprehending perhaps the most important of the symptoms peculiar to Thuja (and to pure sycosis?) as yet known to us, it will be perceived that a more or less close relationship exists between Thuja and the following remedies :

Anac., Ant. crud., APIS, ARS., Bar., Bell., CALC., Carb. an., Carb. v., CAUST., CHIN., Euphr., FERR., GRAPH., Hep., IOD., Kali., *Lach.*, *Lyc.*, MEZER., *Nit. acid*, PHOS., Phos acid, Plat., Plumb., PULS., *Rhus*, Sabad., SELEN., *Sep.*, SIL., Spig., *Staph.*

As these remedies by this very concurrence point to a Sycotic Anamnesis, so experience has already established by numerous cases that their administration is particularly efficacious against symptoms which unquestionably originate in this source, provided always that in other respects they are selected in accordance with the fundamental principle of Homœopathy. For we very seldom succeed, in practice, in destroying by means of Thuja alone the entire sycotic miasm in all its manifold protean forms, just as rarely as we succeed with Sulphur alone in the case of psora or with Mercury alone in syphilis and its numerous sequelæ.

Still less is this to be expected when, as so often happens, complications of two or of the three miasms present themselves, a circumstance of which Hahnemann speaks in his *Chronic Diseases* (1, 115, 2d Ed.), and which, in truth, is not so rare as one might suppose.

Least of all, however, may we expect to accomplish the cure with but few remedies in cases in which many other remedies have already been used, and where, thereby, as we read in the *Organon*, § 75, "a perversion of the normal condition" has been induced such as, "when it has attained a considerable height," might, it would seem, be regarded as incurable by drugs alone and which one must therefore be prepared to subject to a very long course of treatment.

It is worthy of remark, in conclusion, that in such cases the above-named remedies, as a general thing, deserve the preference even over other remedies which in like manner produce among their effects sycotic symptoms and even condylomata (although these are mostly of a different kind).

Among the latter are : Ant. tart., Apis, BAR., Bell., Bry., CALC.,

CAUST., CHAM., DULC., EUPHR., Hep., IOD., LACH., *Lyc.*, Mezer., *Nit. acid*, NUX VOM., Petr., PHOS. ACID, RHUS, SABIN., Sec. corn., Selen., SILIC., *Staph.*, SULPHUR.

May there not perhaps be condylomata, just as there are many forms of gonorrhœa which are not strictly sycotic in their nature, and have *really* nothing in common with it? Great and apparent as is the general resemblance between these two series of remedies, there are nevertheless important differences, as well in respect of the remedies themselves as of their relative value. Meanwhile it must not be forgotten that the sycotic anamnesis in its present extension is a new product of the ever-blooming evolution of Homœopathy, and that, after the lapse of a few years, when further experiences shall have been accumulated on the subject, many changes and additions in this department may be expected.

Moreover, it must be obvious to every one that this subject is one of the greatest importance, and that we have reason to give it a careful consideration, since it is more than probable that the *pure homœopathic anamnesis* will place us on the path of success in the treatment of several chronic diseases which have hitherto proved incurable even by us. Whoever, therefore, has at heart the farther expansion of our blessed science and the alleviation of many desperate maladies under which his fellow-men are suffering, will hardly lay this communication aside condemned in advance, unheeded, or unproved.

CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILADELPHIA.

Mr. W., age 64 years, had previously enjoyed general good health; had been suffering for some ten days with nightly pains in the liver, accompanied by violent vomiting, first of water and finally of bile; he had taken by advice of a homœopathic physician Nux v. and Pulsatilla, with occasional relief. He grew worse and weaker. I found him on the 1st of September in bed after a very bad night. Color of the face yellow, painful soreness of the liver, constipation, urine normal, had vomited all night and complained of continued nausea; tongue swollen and coated yellowish white. Pulse, sixty beats per minute. Aversion to food and entire thirstlessness. He received one dose of Digitalis^{cm} (Fincke) at 11 A. M. When

he was again visited, twenty-four hours later, he was found much better; he had not again vomited, nausea had ceased, had only slight soreness of the liver. Pulse, seventy-two per minute; tongue smaller and almost clean. Received no more medicine, and called at my office five days later ready to go to the country.

CASE II.—Mr. T., 32 years old, also very rarely indisposed, was visited September 1st. Complains of very acute pain in the liver, with vomiting, first of water and finally of bile; much worse at night. Yellow color of the face; urine dark and abundant; thirst for cold water; tongue swollen, showing on the edges the indentations of the teeth. Aversion to food. Pulse, eighty-four per minute. Gave one dose of *Mercurius vivus*^{cm} (Fincke), much improved for forty-eight hours, when another attack of increased pain in the liver and vomiting as before returned; repeated *Merc. viv.* Two days later the tongue was better, the pain in the liver much less, but he had a chill about 8 P. M., followed by fever and perspiration; two days later he had another severe chill, preceded by much thirst for cold water; the thirst continues during the fever and during the perspiration; entire want of appetite during the apyrexia; tongue better but still swollen. The chills and fever and perspiration returned every other day at irregular hours, but became each time less severe; the urine becomes now of normal color, and the appetite gradually returns; as his condition, in every respect improved, he received no more medicine; after twenty-one days the chills ceased, but seven days later he had another slight chill, the tongue remained swollen, the color of the face normal; he now received another dose *Merc. viv.*^{cm} (Fincke), and has been able to go out since; feels strong, and with the exception of a few very slight fever attacks feels better, and a fortnight after taking the last dose of *Merc. viv.* he reports himself well.

CASE III.—Will be fully reported in the course of time; for the present we only give a partial sketch, as it was only a case of vomiting.

A lady, 54 years old, lost her husband twenty-three years ago at sea, he falling overboard from a steamer. For twenty-two years she was confined to her bed, and during these twenty-two years she did not retain any food. Her appetite was ravenous, she devoured her dinner especially because she was so very hungry, but as soon as the stomach was filled she had to throw the food up again, at times with much suffering and always followed by intense debility. During these twenty-

two years she had the advice of the best allopathic physicians, who did by no means agree on a diagnosis, but they all agreed that the only way life could be prolonged was by absolute and entire rest. Every remedy she had taken made her much worse, and for three years she had given up all medicines, and had taken for an attack of cholera morbus she suffered from in the last fall, for one week large and repeated doses of various preparations of Opium, and while they caused much suffering, much delirium, and utter sleeplessness, she finally again rallied. My first visit was made in the beginning of June. The patient was terribly emaciated, of course, but her brilliant intellect was not in the least impaired. As it was impossible for me to detect any spinal disease, which some very learned physicians of the scientific school declared did exist, I ordered her to take all her meals while sitting up at table, which she has done ever since. A dose of *Nux vom.* was first administered, causing no effect whatever; seven days later, and after a very careful examination of the materia medica, one dose of *Ferr. met.*^{cm} (Fincke) was given before bedtime. There was no effect discernible for three days. On the fourth and fifth day after taking *Ferr.* her bowels became very loose, but as she had no pain with these more than usually loose and frequent stools no medicine was given. On the sixth, seventh, and eighth days she vomited less and lost that intensely ravenous desire for food; there had been no change of food made, with the exception of the administration of iced champagne by the teaspoonful during her dinner. On the ninth day she ceased to vomit, and improved day by day for two months; was able to sit up for ten hours a day, and walked over the second floor of her cottage with facility. After this gradual improvement she was attacked with a similar attack of cholera morbus of which she had suffered about a year ago. The attack began early in the morning, continued during the forenoon, and wore off in the afternoon. On the second day of the attack she received one dose of *Sulphur*^{21m} (F. C.), and gradually recovered. The opiates taken for the similar attack a year ago caused absolute sleeplessness and general wretchedness, but now after she took this single dose of *Sulphur* she very soon fell into a sound, refreshing sleep for three hours, which occurrence the observing healer values as a certain sign that the remedy was homœopathic to the case and is sure to strongly affect the case. After the diarrhœa had entirely ceased, after a few days, the food was again rejected, although the appetite had now become normal. *Ferrum met.* was again given

without causing any improvement ; she complained of great fullness after eating, even if she did not give up the food. Ignatia was now given, but she continued to give up the food frequently ; she also began to increase considerably in size in the abdomen and had in it a great sensation of heaviness ; there was no doubt that there was an accumulation of water in the abdomen. Gave her a dose of Sepia^{cm} (Fincke), which caused her to pass a great quantity of urine for about a week ; the swelling disappeared and so did the sensation of heaviness. After all the symptoms had subsided, a dose of Ferr. muriaticum^{cm} (Fk.) was given ; it did cause the same loose stools as Ferr. met. did, and the food is again retained.

Comments.—The first two cases had so many symptoms in common that it might very easily have led one to believe they required the same remedy. The congestion of the liver seemed in both cases, coming under treatment on the same day, to be the primary cause of the vomiting and of the pains ; in both cases the tongue was swollen, the color of the face yellow, the aggravation was at night, but there was in the first case thirstlessness, in the second case much thirst ; in the first case a slow pulse, in the second a rapid pulse. The first case was promptly improved under Digitalis, which was the similar remedy, and it is remarkable that some six weeks later a sudden attack of giddiness with exactly the same vomiting, a yellow complexion, and swollen tongue returned, and again, under the care of Dr. Walter M. James, Digitalis promptly relieved the patient. The second case was caused by malaria, and while it first appeared in a masked form it soon developed itself, and was promptly cured by the remedy so clearly indicated at the first appearance of the disorder ; it was repeated at very long intervals when the effects of the previous dose seemed to be exhausted.

The third case is by far the most remarkable case of long-protracted sickness that ever came under my care. At a later date, if the now apparent improvement continues, this case will be fully reported. There are many physiological and pathological questions to be solved ; they will find their solution through the observations made of the effects of the homœopathic methods of cure promulgated by Hahnemann, and even now this desperate case already shows how very excellent and how reliable are the rules Hahnemann taught us to follow, if we desired to apply the *only law of cure* existing. There have been new laws discovered by professing

homœopathicians. We have been admonished to "progress and investigate," and we have even had an illustration of this new method of cure: a case was reported by the illustrious inventor of our new but differing laws which for *three long years* progressively grew worse, and was finally cured by a single dose of Pyrogen before bedtime. The remedy claims to have been homœopathized by means of a "Potentizer." If that case is truly related, then it would become us to apologize for not having progressed without reflection. At that rate, the disease (reported in case III) being of seven times as long a standing as the one *cured* in eight hours by a homœopathized remedy, should have been cured in fifty-six hours. Even with an ardent desire to test the efficacy of this newly discovered method of cure, it would have been extremely difficult to find the remedy in either of the three cases here reported. Was there in any of these cases to be found a morbid product of the disease? If we reflect and first find the morbid product of the disease, we might then homœopathize such a product, and having done so progress and test the applicability of the new law and the new methods; the difficulties we apparently first encounter, when we unwittingly progress without reflection, would be the discovery of "a disease," yet the true healer, we mean the homœopathician, *never* treats diseases by name. The discoverers of the new law of cure will probably be able to state under each name of a disease the "product of it," and as upon reflection we predict that the product of diseases treated as such by name will, in the large majority of cases, be—a funeral! Would it not be consistent with this huge heresy to submit the whole funeral, flower offerings included, to a newly discovered homœopathization—which new phrase we now use, having offended the highly sensitive friends of heresy by calling the new process of making an improved remedy even a nosode, a homœopathic remedy, without proving it, but by subjecting it to "a bottliewashing process"? Sensitive people who do not hesitate to offend common sense must be treated tenderly, and as they say that *bottliewashing* is an ungentlemanly and vulgar phrase to express the absurd assertion made, that a remedy, even unproved one, even a nosode, a *supposed* product of a disease, becomes a truly homœopathic remedy for the disease itself by submitting it to a process of "potentization," or fluction potentization, we shall in future restrain ourselves from calling this process by *that name* (bottliewashing), but shall put on kid gloves and call the newly promulgated

heresy by which said perverters of common-sense Homœopathy declare that *any* substance becomes a homœopathic curative agent, even if never proved, etc., by potentization—call it *homœopathization*. It is very singular that the discoverer of a new law should address himself to an association he joined for the avowed purpose of eliminating from the Institute errors and departures that had gradually crept in, under the plea of freedom of medical opinion and action. It is still more singular that this International Hahnemannian Association, now in existence for over three years, has never yet made the slightest attempt to *reform* the Institute, but, on the contrary, *sanctions* the introduction, by one of its members, of a vastly viler heresy than the Institute ever presented, or, under the plea of freedom of medical opinion and action, allowed it to remain unnoticed. But here are historical facts to show the correctness of our assertions. Nothing has been done to vindicate the publicly expressed promises of eliminating from the Institute departures which have crept into that organization. A worse heresy than ever before offered is now foisted on the reformatory organization, and it is charged, with good reasons, that the I. H. A., as now represented by its officers and its executive committee, not only does not censure the member who so boldly claims to have found new laws and new methods, diametrically opposed to the law of the similars and Hahnemann's method of applying it for the use of the sick, aided by his master work, the *Materia Medica Pura*, but it has become an historical fact that this member, advocating the progress into the worst heresy ever offered the profession, is *sustained*. This new progressive departure from Hahnemann's methods *may(!)* lead to an easier manner of curing the sick, but as it is not Homœopathy, it may be well to first investigate its claims before we advance to adopt it and commit ourselves in sustaining a heresy. It is our intention to further dwell on this subject (the new heresy) in a paper now in preparation on the "Past, Present and Future of Homœopathy."

THE COUGH REPERTORY.

The first eight pages of this repertory have been re-arranged, and are given with this number. Also the pages completing part first. In next issue we propose to complete this work, and also Dr. Wells' article on Typhoid Fever.

CONTAGION AND INFECTION: THEIR ESSENTIAL NATURE AND CHARACTERISTICS.

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These command our attention to-day, and they call for an explanation of terms.

Contagion comes from "*Contingo*," or *con*, with, and *tego*, to touch, which in Latin literally means to touch with, or such diseases as come from touching or handling disease-dealing substances—the subtle matter which proceeds from a diseased person or body and which, when so handled, communicates the disease to another person. Infection and contagion are used by most medical writers as synonymous terms; others make the term contagion as any disease which comes from touch or close contact, while infection comes by imbibition, inhalation, or in any manner carried from subject to object; and hence the distinction would seem to be without exception. In the one case space intervenes between the subject and object, in the other case it does not. But to enter upon the discussion of the topic assigned, we deem it necessary first to consider the duplex nature of man, and the duplex nature of disease, and the duplex nature of the medicines necessary to meet its twofold "characteristics." Man is a bichotomous being, consisting of a body and a spirit, and if the union of the two forms a third, then would he be a trichotomous being, but as the union of the two are not lost in the third, we shall not discuss that point, as foreign to our subject of to-day.

And I refer my auditors to Genesis ii, 7: "And the Lord God formed man of the dust of the ground, and breathed into his nostrils the breath of life, and man *became* a living *soul*." When the body and spirit were united they *became* an individual, one identity—a living soul, a person. Joseph Cook says: When formed of the dust of the earth, he was a body, but not a living soul; although the members of his body were complete, symmetrical, majestic, they did not yet feel their unity with each other.

Now, if man is a duplex being and his diseases are of a duplex nature, consisting of mechanical and spiritual or vital force impaired, now, should not his remedies be also mechanical and psychological?

Man certainly is a bichotomous being, consisting of a body and spirit, which constitutes the individuality, the soul. For the body, when perfectly fitted for its tenant, had no life, no vitality, no receptivity for disease or medicine, nor has the cadaver of to-day. The breathing in the spiritual emanation from the Jehovah constituted it the *living soul*, the vital principle or *dynamization* of the creature man. The tenant took on the house as tenant until the lease expires, and the dust returns to dust as it was, and the spirit to God who gave it, to be tenant of the "house not made with hands, eternal in the heavens."

But what are mechanical or surgical diseases, and what are psychological or vital diseases?

Mechanical diseases, I understand, relate to foreign material substances in the body—wounds, poisons, etc. The first indications for the treatment of mechanical diseases, remove the cause, cleanse and adjust injured parts, and the sequence will mostly be normal by the recuperative power of nature, or *vis naturæ medicatrix*. But if the mechanical hiatus leaves a psychological disease it must be exterminated by established therapeutical laws.

Upon the cadaver (as we have before remarked), neither infection nor contagion nor the most virulent toxicological agent will produce vital action, for the reason that there is no spiritual tenant to be affected. The internal co-ordinating agent has departed. As well expect that plaster for house-finishing will prove reparative when placed in a decaying house as to expect that medicine or malaria will affect a diseased man without a living, co-ordinating agent. Disease acts on vital force, and to this vital force we must look for its extinction. Vitality contracts disease, and vitalized medicines must alone prove curative. Diseases of the spiritual nature of man are only amenable to vital economic laws. All the internal morbid perturbations of the invisible organism are amenable to psychological laws of spiritual existence and the abnormal symptoms are nature's *distress* flags, and wise is he who can understand and translate her distress signals. Hahnemann (*Organon*, p. 83, § 11) says: "In disease this spontaneous and immaterial vital principle pervading the physical organism is primarily deranged by the dynamic influence of a morbid agent, which is inimical to life. Only the vital principles thus disturbed can give to the organism its abnormal sensations and incline it to the irregular action which we call disease; for as an invisible principle, only cognizable through its

operations in the organism, its morbid disturbances can be perceived solely by means of the expression of disease in the sensations and actions of that side of the organism exposed to the senses of the physician and bystanders; in other words, by the morbid symptoms, and can be indicated in no other manner." 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. 12: "It is solely the morbidly affected vital principle which brings forth disease."

The nature and characteristics of contagion and infection are to assail by their spiritual dynamics the vital functions and normal laws of life. It is a derailment of life's motor-power; but it is not an entity to be handled with Moxa, drastics, enemesis, catharsis, or emesis, by sub-cutaneous injections or corporeal bombardment, which will not cure the spirit or restore vital life; but they will destroy the subject, like Samson when he pulled Philistia's temple, with her congregated lords, about his own ears. Subject and object fell alike in the heroic downfall.

Raus' *Organon*, page 44, says: "Strictly speaking, *all* physical diseases may be traced to a violation, or at any rate to a relative weakness, of the vital force, and all diseases may, therefore, originally be considered dynamic."

Von Pommer says: "Miasmated contagion and poisons affect the blood, primarily alter and destroy the blood and with it the being."

Treviranus is of the same opinion, but thinks they act dynamically and *not* by absorption.

Steinham thinks the reaction of the blood against poison is a dynamic process.

Lobstein thinks that all diseases are in the first place dynamic.

May not, then, this difference exist between contagion and infection, contagion and mechanical disease? Hard contact may wound, and mechanical means be necessary for its expurgation, while its sequence may prove infectious; contagion may call for local treatment, as psora acorus, removed and the infection call for spiritual dynamics.

Is disease an entity? Can it be measured even by French metrics or weighed? Is infection a ponderable noxæ? Can infection

or malaria be computed by masses and yet its effects puzzle the sapient pharmacologist to antidote its subtle virulence. If, then, infection is amenable to *only vital* laws, why not give our concentrated mental forces to spiritual dynamies of medicine and health? for, if you will pardon the extravaganza, we might as well strive to diet an angel with a stove-pipe as to try to remove infection or cure disease with crude doses of drugs or with drugs in crude doses.

“Oculum non curabit sine toto caput,
Nec caput sine toto corpore,
Nec totum corpus sine anima.”*

“Those rules of old discovered, not devised,
Are nature still, but nature methodized.”

ULCERATION OF CORNEA CURED BY LAC FELINUM.

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

In the *HOMŒOPATHIC PHYSICIAN* for June I published two ophthalmic cases treated by this remedy. To the latter of these cases I now add the following report :

“May 4th, 1882.—Reports that the letters do not run together, though sight is not good; the pains and the illusions have been only very slight since former report, appearing only when tired, and not at all now for a long time.” The symptoms of both these cases, therefore, verify Dr. Swan’s proving, as does also the following case, which is still more remarkable.

Miss F. M., æt. 21. January 26th, 1878.—Several years ago had ulcer on right cornea; some liquid was put into the eye to dilate the pupil and a seton inserted in temple, but without benefit; then she went to a convalescent home and came back well, but on catching cold her right eye became inflamed. For this attack I prescribed and cured her (I cannot find my notes of this attack). The eye remained well until the end of last September, when the right eye became red with photophobia and pain. She then consulted a pseudo-homœopath, remaining under his care for six or eight weeks. The eye improved, but subsequently became much worse. She then went to a pseudo-homœopathic institution, where she was treated for

*The eye cannot be cured without the whole head,
Nor the head without the whole body,
Nor the whole body without the spirit.

two months, something being put into the eye. She was dismissed as cured in three weeks, and was told that she would never get bad again; however, in three days she became worse than ever.

Present state.—Whitish ulcer in right cornea over pupil; right eyelids red and swollen; right eye waters. *Darting pain going backward in centre of right eye*, worse at night. This is the latest symptom. If she lies on left side, right eye feels as if it were moving about and were too heavy, with great pain. With the right eye everything seems in a white fog. Photophobia of right eye; always feels tired. *Lac felinum*^{40m} (Fincke), one dose.

Feb. 1st.—Lids less red and swollen. Lachrymation almost gone. Darting pain much less. Feeling of moving about of eye better. Much less photophobia. Since January 29th, left eye feels hot and adheres in morning. Other symptoms are unchanged.

Feb. 9th.—Ulcer appears to be healing. Lids much better. No lachrymation. No return of darting pain till last night. The feeling of moving about and heaviness with pain has gone for a week. Photophobia much better. Other symptoms unchanged. For last week white spots on outer edge of left cornea, with red vessels running up to it from conjunctiva, and shooting pains from the spot to occiput. Says the right eye originally got bad in this way.

Feb. 16th.—No return of lachrymation. No more darting in right eye. Less photophobia. No pain in left eye for a week. Both eyes look better. On left eye the spot is less and has very few vessels. On the left eye the spot is thinner at circumference. No other change since last report.

Feb. 23d.—Ulcer on right eye better. Lids quite well. Photophobia much better. Heat and adhesion of left eye better.

March 2d.—The symptoms of left cornea, which appeared on February 9th, have returned. There is an ulcer on junction of left cornea and conjunctiva, with red vessels from outer conjunctiva running up to it, and a little shooting pain. Lachrymation of right eye returned for last week. Hot pain in right eye. Darting in right eye returned yesterday. Less heat and adhesion of left eye.

March 9th.—Has felt better for the last two days. Lachrymation gone. Darting in right eye not returned. Photophobia gone. All the week, with the exception of the last two days, left eye has felt hot and as if something were in it; it adheres on waking in morning. Darting in left eye gone for four days, and the eye looks better.

March 16th.—Has felt better all the week. Spot on right eye less; that on left eye nearly healed. Still feels tired. White fog less. No other symptoms.

April 13th.—Has steadily improved all the time. Has had no more pain in either eye. White fog better for about a month. Still feels tired.

April 27th.—On 24th pain in lower border of right orbit, as if sore, with tenderness there on touch, and shooting in right eye as before; no other pain since last report. Ulcer on right eye better. Much less white fog; can read better.

May 11th.—No return of pain. White fog nearly gone. White spot less. Still tired. No other symptoms.

May 25th.—Has had no more pain, except on 19th, 20th, and 21st, when she had the old darting pain in right eye with heat therein; also swelling of right cheek, nausea, light-headed feeling, heaviness of occiput, very cold and very weak. She had these symptoms when the eye first got bad in this attack, and also in the attack seven years ago. Spot smaller; sight better.

June 8th.—On the 4th right eye was painful, as if she had a cold in it; it was hot, red, and adhered next morning on waking. No other pain since last report. White fog increased this week, and white spot on right eye remains unchanged. No other symptoms.

June 22d.—No more pain in eyes. Sore pain around right eye for two days.

Aug. 9th.—For the last three weeks has been at a convalescent home at the seaside. The allopathic physician there said on the first interview that he did not expect to see it so well, and that she ought to be thankful to be able to see at all; when he saw her again, just before she left, he said it was doing very well, but might get bad again in the winter, and that the spot would never go away. To-day the white spot is very small. Still some white fog before right eye. Has had no pain or other symptoms of eyes since last report, except a sty in right lower lid last week. Feels very well generally; no tiredness.

Aug. 31st.—About a week ago, feeling of dust in right eye for two days; no other pain since last visit. Still has the white fog, but much less than at first; has also white spot. No other symptoms.

Sept. 21st.—On the 15th right eye became inflamed, remaining so till 18th, with shooting backward where the white spot is. Left eye was also inflamed at the same time, but without any shooting;

on 18th there appeared a white spot on inner segment of left cornea, lasting till 20th, with shooting backward there. Since 18th, sty on left upper lid. For last two weeks both eyes have ached by gaslight. For the last week, with the exception of to-day, right eye has watered and adhered on waking in morning. White spot and white mist unchanged. She says her eyes got bad just a year ago. *Irc felinum*^{40m} (Fincke), one dose.

Sept. 28th.—Lachrymation of right eye less; has had very little adhesion of lids; no pain or redness of right eye. Both eyes ache by gaslight as before. For last week has had shootings backward in middle of left eye; now there is redness in lower inner segment of left eye, the vessels running up to a vesicle where conjunctiva joins cornea at lower inner segment (not on the cornea). White spot on right eye less; white mist unchanged.

Oct. 5th.—Up to October 1st there was lachrymation and adhesion of left eye, but not since. No return of symptoms of right eye. Left eye much inflamed on September 30th and October 1st, with the shooting as formerly. Eyes still ache by gaslight. White fog remains. White spot on right eye less. Now scarcely any redness of left eye and no vesicle.

Oct. 19th.—No more pain in eyes, except aching by gaslight. White fog still. A week ago had a bad sty on right upper lid, near inner canthus; it broke on 17th and again on 18th; it was hot, throbbing, and very much inflamed; since the sty formed, lachrymation of right eye; and since it broke, adhesion of right eye.

Nov. 2d.—On October 21st to 23d, left eye inflamed with burning shooting going to the left occiput, adhesion of lids on waking in morning, and eye full of yellow pus; after 23d no pain, redness better and gone by 26th. For two days sty forming on left lower lid. Still aching in eyes by gaslight. Spotless. White fog still. For a week second lower left molar has been painful, a sharp pain, worse at night, and the tooth is loose. It was bad before she first consulted me, when her right eye was bad.

Nov. 16th.—Sty disappeared without discharging. No pains for fourteen days, except aching by gaslight. White fog still. Tooth firm and painless for a week. White spot fainter. No other symptoms for fourteen days.

Dec. 7th.—No more pains or sties, except aching by gaslight. White fog better for a week, and could see very well. The tooth broke off when talking, three days ago.

Dec. 28th.—No return of pain till to-day, when there has been pain as from something in right eye, which watered. Sight better. White fog less.

March 1st, 1879.—No more pains; lachrymation only in very cold weather. White fog quite gone. Sight perfect. Spot much less.

April 5th.—Eye has felt *quite well* till about six days ago; since then right eye has been inflamed with shooting and heat in it, followed by shooting from right internal ear to occiput and vertex; to-day much less pain in head, none in eye. Eyes both well, except the spot, which is smaller. Two years ago had the same kind of pains in right head.

May 10th.—No more pain, except for three days a week ago, when she had hot pains in both eyes, with shooting from middle of eyes to occiput. For two days sty on left lower lid. Spot unchanged.

June 29th.—No return of pain in eyes, except one day about a week ago, when she had neuralgia in head, and then right eye ached with shooting backward, as before. Spot still on eye. Sight good. *Lac felinum*^{40m} (Fincke), one dose.

July 26th.—Has been very well till last week, when right eye was very painful, as before on two or three occasions.

Sept. 27th.—On September 1st and 2d right eye was painful, watered, and lids adhered on waking; now for six days right eye has been inflamed, with the former shooting pains and adhesion of lids in morning. White spot still. White mist has returned. *Lac felinum*^{cm} (Fincke), seven doses, one every morning.

March 16th, 1880.—Reports that eye got well in five days; white mist disappeared. On December 12th sty on left upper lid toward inner canthus; it disappeared without discharging. Last week she had a bad cough, and eyes have ached, with the shooting through to occiput, as formerly, at times. *Lac felinum*^{cm} (Fincke), for discharges for six days.

April 3d.—No pain in eyes since medicine was finished. White mist before right eye by gaslight.

Sept. 4th.—On April 29th and 30th had a return of shooting in right eye as before, but there was no mist and the film was less. For a week white mist before right eye every morning on rising till she goes out, at 8.30 A. M., and again in evening by gaslight. Once or twice shooting in right eye, and all the week feeling of dust in it. Says her eye always feels bad in September. *Lac felinum*^{cm} (Fincke) every morning for seven days.

Oct. 2d.—No more pains till September 26th; since right eye has felt as from dust in it, and shooting in it as formerly; left eye has ached in the light. The mist has been coming on again this last week. *Lac felinum*^{cm} (Fincke) every morning for fourteen days.

Oct. 16th.—The shooting was better the first week, but worse this week; the white mist, which had ceased, has returned this week.

Nov. 13th.—Has felt quite well for three weeks; no mist or pain.

May 26th, 1881.—Had two sties on right lower lid in March, otherwise eyes have felt quite well till 22d, when right eye became inflamed, getting worse every day since. Now right eye feels hot, with shooting going back through centre of eye to occiput; right face and right head very painful, better by lying on painful side; eye not affected in position; photophobia; inner surface of right lids red; film on corner rather increased. *Lac felinum*^{cm} (Fincke) twice a day for six days.

April 21st, 1882.—Has twice had sty on right lower lid, which had healed without trouble. Has had no more trouble with eyes; no pain, no inflammation, no photophobia; no return of white mist. No film on left eye, and only a small, faint film on centre of right cornea.

Aug. 4th.—Last week, shooting returned in centre of right eye, but with only a little redness; otherwise has been well since last report. *Lac felinum*^{cm} (Fincke) every morning for seven days.

Oct. 7th.—No return of pains. Eye feels quite well. Scarcely any pain on right eye, and none on left. *The usual September aggravation has not occurred.*

FESTINA LENTE.

WM. JEFFERSON GUERNSEY, M. D.

The following rules are gathered from observations by men who *ought* to know, and whose success in practice proves that they *do* know, "whereof they speak."

Sympathy for the sufferings of those intrusted to our care, anxious entreaties of friends and relatives and the gibes of skeptical neighbors, all tempt the worried doctor to "hurry up the cure." As a check on this pressure to such ruinous haste, let the reader cut these *rules* out and paste them in his *Materia Medica* and there review them from time to time.

'Tis here that the adage quoted above is proven a truth in verity.

The writer has repeatedly verified every one of the rules, and only regret that he has so many times, to his sorrow, neglected to be led by them.

RULES.

1. *Never* prescribe until you are *sure* of your choice of a remedy. (Study the case at the bedside, or give S. L. and wait till you reach your office, but do *not* give a *temporary* medicine. The *first* prescription may "make or break.")

2. In the first prescription, or subsequently on changing to another remedy, give but *one* dose and wait. (One dose will often cure a case. If it does not more can easily be supplied. Some cases are very susceptible and easily aggravated, which may confuse you and must delay the cure.)

3. If found necessary to *repeat* a medicine already prescribed, give several doses of the same potency in water, or of a different potency dry.

4. After repeating a medicine, allow an interval of *rest* without medicine.

5. Let the patient have plenty of Sac. Lac. (How can we expect the laity to have faith in the "one dose" system when so many of the profession ridicule it?)

6. Give no medicine so long as the patient continues to improve.

7. Do not be tempted to deviate from Rule 6 because *new* symptoms arise if the patient otherwise is *really* better.

8. So long as the patient grows *no worse, even if not better*, in a disease that would probably increase in severity without treatment, it is *favorable* and should go without medicine. (Dr. C. Lippe recently related to the writer a severe case of dysentery for which, at the first prescription, he gave one dose of a remedy well indicated. The patient, who had previously been growing rapidly worse, was found the next day at a *statu quo*. No medicine was given. The next day discovered precisely the same state. No medicine. On the following day the case was almost well. A great many remedies require a rest, and as the *aggravation* had ceased, the Doctor rightly concluded he was "making his point.")

9. If a relapse into the same symptoms follow an amelioration from the single dose, that remedy must be repeated. (See Rule 3.)

10. If *new* and important symptoms appear, be *sure beyond a doubt* whether they do not belong to the remedy just given. If they do, *wait*. (These new symptoms may be an aggravation of the

remedy. If you cannot remember them as belonging under that drug, look it up rather than spoil the case by a change.)

11. If there is no improvement and there has not been any, and the case is one that would probably remain so without treatment, review the symptoms to see whether the remedy last given is still indicated before changing to another. If you are satisfied with the *first* choice, *repeat* it as suggested in Rule 3.

12. If the disease is a "periodic" one it is *favorable* if the next attack following the administration of the first dose is in the *slightest degree* lighter, shorter, or later; or if it is *markedly* the *reverse*, viz.: *very much* heavier, longer, or earlier. In either case, *wait*.

SOME QUERIES.

DEAR EDITOR:—As it is much easier to ask questions than it is to answer them, it is only "too utterly" human to fall into doing the easiest thing.

When it is exacted that a dose of homœopathic medicine shall be a tangible one, what sense is it expected to gratify in order that it be such?

As drugs are proven singly, and there is no law to guide in alternation, how are those who use more than one remedy at a time to be instructed and strengthened in their experience?

What benefits are likely to accrue from the recent change in the ancient code of the Allopathic Society? Will oil and water mix today any better than it ever did?

At what stage in a case will it be advisable to call in allopathic counsel?

Which is the hero in "heroic treatment," the doctor or the patient? [Patient; *vide* Garfield.—ED.]

Will those who, with microscopic lens, are constantly trying to pick flaws in Hahnemann's theory, show us a better and more successful way? Or will they continue to find fault with the water because they can't swim?

If the dynamists sometimes fail, how can the materialists and eclectics ever hope to succeed?

Will those who believe in the partial application of the homœopathic law tell us just where order fails and confusion wins?

Is giving the large spoonful oft repeated of the strongly smelling, darkly looking, pungent tasting substances from two, three, or five

glasses in rotation the "homœopathic pura" so many are clamoring for?

Why do the materialists continue fraternal relations with the etherial dynamists if they are such a despicable sect? Can it be that the air of restful certainty, assured success, and patient confidence surrounding the latter is equally as magnetic as it is annoying?

Seeing that the proving of drugs is not pursued to the killing point, how can the existing pathological condition of a patient be positively determined?

A. B. C.

PSORIC THEORY.

A. McNEIL, M. D., JEFFERSONVILLE, IND.

On the two hundred and ninety-third page of the *HOMŒOPATHIC PHYSICIAN* I translated a part of the lecture of a distinguished French dermatologist, in which he took, substantially, the same ground as Hahnemann's Psoric Theory. I add the views of other distinguished French dermatologists. I first translate Bazin's definition of "Arthrisme:" "A constitutional, not contagious, disease, which is characterized by the frequent production of tophus on the joints and of different eruptions on the skin. They are either dry or moist; the former are circular, isolated, unsymmetrical, multiple, are seated principally on uncovered parts, do not itch, alternate with affections of the joints, disappear in the fourth (last) stage, to be succeeded by visceral complications; to it belongs—*a.* pseudo-exanthems: erythema nodosum, urticaria, pityriasis rubra, herpes zoster, pemphigus 'arthriticus;' *b.* dry arthritides: erythema papulo-tuberculosum, intertrigo, ecidosis, acne rosacea, pityriasis, psoriasis, prurigo, lichen, acne 'arthrica;' *c.* moist arthritides: hydrou, eczema, pompholyx, sycosis, ecthyma, furunculi herpigitueza."

He also defines the herpetic diathesis (herpitudes). It is a hereditary, constitutional disease, neither contagious nor communicable by inoculation, with phenomena on the skin and mucous membranes which may be supplanted by diseases of the viscera. When on the skin, it is characterized by obstinacy, long continuance, universality, and tendency to relapse. To it belongs the pseudo-exanthemata: roseola, urticaria, pityriasis rubra "herpetica," eczema rubrum universale, herpes zona herpetica, pemphigus acutus; dry herpes: eni-

dosis, epinyctis, pityriasis, psoriasis, prurigo, all lichens qualified by the adjective "herpetic;" moist herpes: eczema, pompholyx, melitagra, ecthyma, furunculi ("herpeticques.")

The following is in the latest and most extensive French work in dermatology, viz.: *Hillairet Traite des Malad de Peaubascie*, page 157: "The treatment of arthritic forms of disease, particularly in the aged, must be carried on with extreme caution. We were the witnesses of the following occurrence: An aged man of eighty suffered from varix complicated with eczema, attended with violent itching. He employed an energetic treatment by washing with solution of corrosive sublimate; he then recovered; but soon afterward he was attacked with inflammation of the lungs and gout. By the employment of mustard-plasters, the eczema was recalled to the skin, the pneumonia disappeared, and the gout soon went also. *Some time after the patient treated himself for the eczema*, pleuritis and endocarditis set in, and apoplexy carried him off in a few days." On page 179, *loc. cit*, the same author reports that he had once seen epilepsy and another time acute tuberculosis appear after the rapid healing of psoriasis.

I have shown the opinions of four of the most eminent authorities on dermatology in France—allopathic, of course—proving that they believed, with Hahnemann, that it is injurious to suppress diseases on the skin by external applications. This is the essence of the Psoric Theory. And yet men calling themselves his followers treat it with derision and go on doing what the progressive men in the old school condemn as dangerous to health, and even life. I hope they may read, reflect, and be wise.

THE AMERICAN INSTITUTE.

The *United States Medical Investigator* has found out at last that the Institute is an arrant humbug. This must be very patent when the *Investigator* feels compelled to write of it. The *Investigator* is not a *severe* critic. It says: "Taken altogether, the question will arise, would not a little more medicine in the Institute and less politics, potencies, and polemics [and whisky], call out more interest?"

The Institute talks a great deal about medical subjects, but the talk is generally poor and the "medicine" worse. A few hours' study of the *Organon* would be serviceable.

CLINICAL BUREAU.

CLINICAL CASES.

Read before the Central New York Homœopathic Medical Society, September 20th, 1883.

E. CARLETON, M. D., HONORARY MEMBER.

I. *Diabetes cured by Iodine.*—Mr. J. A. B., mid-aged, photographer, complained to me, March 1st, 1883, of passing much light-colored urine, accompanied with insatiable thirst for cold water, which he said had existed a number of months. Obtaining a specimen of his urine, I immediately submitted it to the microchemist, Doctor Walter Y. Cowl, for examination and written statement. He found sugar. I then questioned the patient carefully, and elicited the following symptoms: Canine hunger (no emaciation yet); constipation with ineffectual urging, better from drinking milk; stools hard, knotty, dark-colored. All these, with the thirst and urinary symptoms, belong to *Iodine*. Its pathogenetic record does not include the production of sugar in the urine, and I doubt if provings of the drug have ever brought about such a result; neither have I ever heard of its being given for diabetes; but I determined to follow the indications. Hahnemann's teachings as to the superiority of the subjective symptoms, in comparison with the objective symptoms, in their importance to the homœopathic physician when selecting the similar remedy, suit me. Those who insist upon following the opposite course may do so if they choose. Then let us compare *results*.

Accordingly (March 2d), I moistened a dram of No. 25 pellets with the two hundredth potency of *Iodine*, and directed that five pellets be taken every three hours until some one or more of the symptoms should begin to improve, and then to stop taking medicine.

His bill of fare was as follows: Beef, mutton, poultry, scaly fish, oysters, clams, cheese, eggs, milk, salads, water-cresses, spinach, asparagus, cabbage, oyster-plant, radishes, beets, butter, fruits, nuts, diabetic bread; one goblet of water in twenty-four hours.

March 9th.—He reported improvement of all symptoms and medicine stopped. I advised him to stick to his diet list during the rest of the month, which he did and then said he felt well.

April 6th.—Dr. Cowl examined the urine, and stated in writing that he could find no sugar. All restrictions upon the patient were removed. He has remained well since.

II. *Hay-fever cured by Badiaga*.—Mr. W. O. A., mid-aged, bank-teller, has hay-fever annually, beginning August 18th to 20th and lasting one month. This year it first appeared on the 20th, with the usual severity, nearly disabling him for business.

Symptoms: First, sneezing and watery discharge from eyes and nose, profuse, worse on left side, alternating with stuffed-up feeling without discharge (this modality existing all through the course of the sickness); two days later, intolerable itching of eyes and nostrils; indescribable bad feeling in forehead (“*want to pull it out*”), spasmodic cough.

The patient had applied to another physician at the outset of the attack, who treated him without success for ten days. It was on the 30th day of August when he called at my office for a prescription.

In Hering's *Guiding Symptoms* (not mentioned by any other author, I believe), under *Badiaga* (*spongilla fluviatilis*—*fresh-water sponge*—a Russian remedy), I find the following symptoms recorded:

“7 NOSE II Sneezing, fluent coryza, stoppage at times.

I Sneezing with coryza, fluent, or thick and yellow;
worst left nostril. Ø Pertussis.

Coryza and cough.

Itching of left wing of nose.”*

It will be observed that the similarity between the symptoms complained of by my patient and those produced by *Badiaga* is striking.

I put a few pellets of *Badiaga*, one hundred thousandth potency (Fincke), on the patient's tongue, and gave plenty of sugar to follow.

A few days later, he called in great glee to tell me that within twelve hours after I put the dose upon his tongue, he noticed great improvement, which increased rapidly, so that he already felt nearly well. He lost no time from business. He did not need or receive a second dose of medicine. The trouble has not returned.

* II Means more frequently confirmed.

I “ symptoms verified by cures.

Ø “The Greek letter ‘theat’ stands between the cured symptoms and the pathological condition, or the physiological general state, f. i., pregnancy or climacteric years. This by no means excludes the characteristic nature of the symptom in other forms of disease.”—HERING.

CYSTITIS, ACUTE.

Read before the Cayuga County Homœopathic Medical Society, June 14th, 1883.

CHARLES L. SWIFT, M. D.

Symptoms of inflammation of the bladder are excessive frequency in passing water, attended with much pain, also pain about the loins, pelvis, and perineum; tenderness to pressure over the pubic region and in the rectum. The urine may contain one or all of the following—mucus, pus, blood, and lymph—the blood increasing as the disease advances. There is considerable fever, which is marked by frequent rigors, followed by heat and sweat.

The causes of cystitis are various, such as cold, strains, injuries, prolonged labors, retention of urine, gonorrhœa, astringent injections, and extension of inflammation from the kidneys, ureters, or from the uterus.

The treatment of cystitis is of two kinds, allopathic or palliative, and homœopathic or remedial, "specific."

Here is good old orthodox treatment, palliative: First examine the patient, and if there is retention of urine, introduce a catheter and draw it off; if this does not relieve, apply hot fomentations to the supra-pubic region; hot hip baths; must have an action of the bowels; must give diluent drinks; frequent small doses of Alkali; full doses of Henbane (*Hyosciamus*), ten to twenty drops of fluid extract; small doses of Morphia or Chlorodyne; suppositories of Morphia or Opium when the pain is very severe.

In mild cases the patient may take three or four ounces of the infusion of Buchu three times a day, or a pint of the strong decoction of *Triticum repens* daily.

If these fail to restore health, what then?—they must die, or call on specific treatment.

Let me report two or three cases:

CASE I.—Mr. S., aged 40, light complexion, laborer, was taken with a severe chill, followed by severe pain in the region of the bladder, frequent urination, and finally retention. Urine was drawn off with a catheter and was very dark and bloody, after which he could pass it.

He was under the care of one of our allopathic physicians for two weeks. He grew worse, passed nothing but blood, and so weak that they thought he would never be any better.

His son came to me and asked me to send some medicine to his

father. He gave me these symptoms, with those already given: Great burning before, during, and after micturition, with great urging, passing but little at a time; great thirst, but drink made him feel worse, increasing the pain in the bladder; he felt better when keeping quiet. Gave him Canth.³⁰ to be put in water, and repeated every hour until he began to feel better, then not so frequent. The next day the blood was absent from the urine, less burning, and on the third day was able to walk out-doors. In this case Morphine and Opium failed to relieve the patient, while a very few pellets of Canth. did not only relieve, but cured the case.

CASE II.—Mrs. C., aged 50, took a severe cold, followed by a chill and fever. The next morning, after the chill, awoke with severe pains through the bladder, back, hips, and down the thighs. Frequent urination, passing but little, and that mostly blood, with a great deal of burning and straining.

This condition lasted three days before seeking medical relief, she then sending for some medicine. Sent her Canth. Next day was called to see her. Found her worse instead of better.

Here was something wrong. This was certainly a case of cystitis, or the books are wrong. Canth. cured one case of cystitis. Should it not cure all if it is a specific? Must I give Morphine and Opium, Henbane and Alkali, to cure it? We will examine our patient better, now we see her. She has all the symptoms given—frequent urination, but little at a time, with burning and very severe pain; but the pain was at the conclusion of passing urine, when it was almost unbearable. Gave this time, not Canth., but Sarsaparilla¹², which cured as promptly as Canth. in the first case.

It is not the name of the disease we cure, but the symptoms, and if we cure these we cure the patient.

CASE III.—Mrs. O., aged 27, had the following symptoms: Pain in the supra-pubic region, back, and hips; tenderness all over the hypogastric region and in the rectum; constipation, defecation painful; passes urine every few minutes, with burning sensation, as if she had held her water too long. Has to rise at night to urinate; urine smells very badly; cannot allow it to remain in the room; sediment sticks to the vessel and has to be washed off. Chilly by spells; icy-cold feet. Nervous and fidgety.

Was this a case of anteversion of the uterus? or was it cystitis? or both, or neither? Gave Sepia³⁰, and cured the case.

From these and other cases which I might give, I ask these

questions: How are we to treat this disease, unless we treat it by the symptoms? Is it necessary to diagnose the case to cure it? Is it necessary to call in an allopathic doctor to help you tell what is the matter? or will you carefully examine the patient and get a complete history of the case and all of its symptoms, and give the remedy indicated by the symptoms and cure your case? Which will you do?

CASES FROM MY NOTE-BOOK.

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

2d October, 1880.—Mr. G. S., 40 years old, farmer, hard-working, robust man of dark complexion and jovial temperament, complains of stitches into right ear, going into the very brain, as he expresses it. They commenced several days ago, at 9 A. M., while he was working in the field, and the left ear was affected at first; this is now free from pain.

The stitches are worse at night.

There are small pustules on left wrist, which, when opened, discharge a milky fluid. Before this he had panarititis of left thumb and left middle finger.

Since he has had the typhoid fever, in 1873, he has been more sensitive to changes in the weather, and he also states that for the last few years *bee-stings will bother him more than they used to do.*
 ℞ Sepia^{2c}, 6 powders, one every second day.

18th of October, 1880.—Pains are still in the right ear, but less in severity and not so steady. Last week he noticed a furuncular swelling on left upper leg, which, however, disappeared without breaking.

Soreness of right outer canthus, sclerotica somewhat injected. Sensation as if something were before the right eye, when looking into the bright light. ℞ Sepia^{2c}, one dose.

Was cured within the next four weeks. Seeing him a year ago, I inquired about his sensitiveness against bee-stings. The answer was, "Oh! I can go now to any bee-hive, and am not afraid of their stings any more."

This case is brought to your notice on account of the symptom, *more sensitive to bee-stings than usual*, which, in this case, was the key-note for Sepia. We find in *Allen's Cyclopædia*, under symptom 2009, the following: "After being stung by a bee, redness and itch-

ing red rash over the whole body, inflamed eyes, drops of sweat on the face, all coming on in a few minutes."

These same symptoms are incorporated in the provings of *Sepia* in Hahnemann's *Chronic Diseases*, and were looked upon by me with a little skepticism, bearing in mind that Hahnemann was yet unacquainted with the provings of *Apium virus*. The more rejoiced I was, therefore, to find that even here, when there might have been a reasonable doubt, the observations of this greatest of observers were correct.

CASE II.—24th February, 1882.—Mrs. Carry B., 24 years old, dark hair, spare habit, has been sick for eleven months under "scientific" treatment. Trouble commenced third day after delivery of her first and only child, which was helped into this world *by means of the forceps*. Status presents: Discharge of pus from vagina and rectum—from the former continually, from the latter only with movements of bowels, which are otherwise regular. Paroxysmal pains in abdomen, commencing in right ovarian region, going across to other side, sometimes spreading into back and legs. There is a steady pain in right ovary; she cannot lie on that side, and finds the most comfort when lying on back and *very flat, must even have the pillow removed from under head*. Micturition scanty; painful at times; used to be very painful. Urine is red and leaves a purulent sediment at the bottom of vessel.

She sleeps fairly and wakes up a good many times. *Sleep does not do her much good; awakens tired, and limbs pain as if pounded*. Her feet are always cold and dry at night.

She feels chilly, and likes a comfortable, warm room. Tongue coated white in middle, borders red and shining; papillæ raised at apex, and tongue, when protruded, catches a little behind the teeth.

She is very low spirited, inclined to crying spells, and hopeless. R *Arnica*^{cm} (Swan), one dose and placebos.

28th February, 1882.—For three days she has had most fearful pains, worse than she has for a long time, but last night she slept better than she has done since she was sick.

Discharge from vagina is less. She has not had any paroxysms of pain to-day; feels better after sleep; more refreshed. R Placebos.

25th of March, 1882.—She has been steadily improving without any more medicine. Discharge from vagina and rectum has ceased entirely; no pains; appetite is good; bowels and water regular.

She complains to-day of redness of both eyes, cannot stand the light. Headache almost every day, commencing in occiput, spreading to forehead; tongue coated white in middle, borders red; papillæ of apex prominent. Hungry, gone feeling between ten and eleven A. M. R Sulfur^{cm}.

11th of September, 1883.—Got entirely well and has not been sick since. Received no more medicine.

CLINICAL NOTES.

S. SWAN, M. D., NEW YORK.

A writer in the August number of *THE HOMŒOPATHIC PHYSICIAN* gives ONE case of epistaxis. I will also give one. In 1875 the writer was called to see a child who was "bleeding to death," and was asked "to come quick." I found a boy about six years old bleeding profusely from both nostrils bright blood. The father, who was holding him and wiping the blood away, was, as well as the child, saturated with blood—both much alarmed. The moment I took in the situation I called for one-half a glass of water, and put in a few pellets of —— of the —— attenuation (I omit the name of the remedy as it is unproven, and the potency, as many object to them as not being high, but both the name and potency are at the service of any physician sufficiently interested in the case to inquire for them), and gave a spoonful to the patient; walked across the room to the window, and as I sat down I heard the father remark, "The flow seems less," and immediately after he said, "It has stopped." The mother then told me that he had often suffered from nose-bleeding since he was a year old, and requested, as they were going out of town, that I would give them some of the remedy in case he should have an attack. I did so. A year since the mother informed me that they had never had occasion to open the phial, as he never since had had the nose-bleed.

Finding by subsequent cases that the remedy cured epistaxis, whether from the right or left nostril, or both, or if the blood was bright or dark, fluent or clotted, I have given it in all cases, and never yet failed to effect a rapid cure, and other physicians have done the same.

As to epistaxis relieving congestions, I notice that congestion, or rush of blood to the heart, is omitted.

An eminent physician in a neighboring State had the case of a

lady who had severe congestion of the heart when excited, so as to cause suffocation. In one of these attacks he gave her one dose of ——— the ——— potency (name of drug and potency omitted for above reasons). Relief came in a few moments, and with it a sharp pain going up from the heart toward the throat, and soon after the left nostril commenced bleeding and bled a cupful. Since then she has been excited and angry, but the congestion of blood in the heart has never returned.

A physician had a sudden attack of rush of blood to the head with fullness as if the head would burst, face flushed, carotids distended and pulsating strongly, with dull and stupid feeling. He had sense enough to take a dose of the same remedy as in the previous case, and in a few moments was relieved by a flow of blood from both nostrils, about a small teacupful.

The remedy in these two cases was not the same as that given for epistaxis.

It is well to know that we have drugs which have such control over the circulation.

I said the above drugs were unproven; they have never been published, but are in the hands of a few who are not afraid to use nosodes or morbid products, knowing that if they cure it is because they are homœopathic and act according to the law of the similars.

NOTES AND NOTICES.

WANTED.—Dr. T. T. Oliver (3305 Cottage Grove Avenue, Chicago) wishes “a reliable preparation of *Bovulinum* of the highest potency.” A graft of this substance will be thankfully received and promptly paid for by the Doctor.

A NEW COLLEGE.—San Francisco is about to have a homœopathic medical college, and judging from selections already made, it is to be really *homœopathic* in its instruction. Like Dundreary’s bird, it will have to flock all alone, for no mate can be found. Dr. G. M. Pease has been elected professor of gynecology, and Dr. A. McNeil to the chair of *materia medica*. Two good selections.

HARD ON I. H. A.—Some people have no reverence, no respect for anything, however sacred, however grand it may be. As an instance of this, we may mention the case of a physician who recently wrote of the I. H. A. as “*an international flock of Swans*”!!

A TOUGH DIGESTION.—Visitors to the White Mountains have doubtless seen “Jack,” who lives on Mt. Willard, at the entrance to the Crawford Notch, go through his frog-eating performance. For those who have not seen it, we may mention that this Jack will, for a small sum of money, swallow six or more live frogs, and seems to relish them! He takes them one by one and drops them, kicking and struggling, down his capacious throat. He draws the line on dead frogs, which he considers indigestible. Jack was shipwrecked once, and spent some months on a desert island, where frogs, worms, etc., were his only diet.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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No. 12.

EDITORIAL.

THE I. H. A. AND ITS WORK.—There are useful societies and useless societies ; there are societies which are only ornamental and societies which work industriously. In which of these classes shall the I. H. A. be placed? At the present time it can scarcely be honestly classed among the societies that perform useful work. Apathy and indifference, rather than interest and zeal, characterize its membership. If the members of this Association are satisfied with the work they have accomplished in the past, then they are very easily pleased. Let any member glance over the transactions of its past sessions to discover, if he can, wherein Homœopathy has been benefited by the existence of the I. H. A. Resolutions innumerable have been introduced; clinical cases, numerous and interesting, have been read. The former are mostly useless, and often very silly; the latter have been useful and valuable to a certain extent, but they present little that is new. Let this Association now show by work—original and real, not by *talk*—what it professes and practices.

As we understand it, this Association was organized for the purpose of advocating and upholding these three cardinal principles of Homœopathy:

1st. The Law of the Similars: the totality of the symptoms the only guide for prescribing.

2d. The Single Remedy: in contradistinction to compound prescriptions, alternation, and the use of adjuvants, such as tonics, narcotics, etc.

3d. The Minimum Dose: that is, a dose sufficient to cure, not to aggravate.*

These being acknowledged as an epitome of our principles—our platform, so to speak—it is our duty not only to advocate, support, and elucidate them, but it is even more a duty to facilitate in every way possible their application in practice. Every weak point should be strengthened; every deficient instrument, supplied. If our therapeutics need revising, it should be done; if a new work be needed, it should be supplied. And no one can deny that such needs do exist. Let the I. H. A., then, be about its proper work. Let it undertake such work as is being done by the Sydenham Society and by the Hahnemann Publishing Society, both of England. They are publishing standard works—such works as are useful and necessary, but would not pay a publisher to bring out. Let the I. H. A. do likewise.

In default of a better plan, we would suggest that its Bureau of *Materia Medica* be appointed to this work. Let the Association at each session choose a subject upon which a practical work is needed and let its committee edit and publish this during the following year, or as soon after as practicable. The Association to pay the cost

* “The corollary, *the minimum dose of the dynamized remedy*, though not made a necessity by the logical requirements of the law, is fully sustained by reason and the records of long practical experience. By the minimum dose, we understand the least quantity of the drug the cure requires. As the object for which it is given is the cure, all that is given more than this requires is always superfluous, to say the least, and may be—and often is—a source of mischief; therefore reason sanctions and requires this minimum. That the dose be not only the least that will effect the cure, but that it be also a potentized dose, it is believed is required in order to the realization of the best practical results from the administration of our therapeutic law. This is accepted on the testimony of those who have tried it extensively and compared the results of the use of potentized and unpotentized drugs. They say their experience fully sustains the greater curative power of the former. It is self-evident the value of this corollary must be decided by this practical tribunal, *i. e.*, by the experience of those who have practically tried both the dynamized and crude drug and compared the results of the use of each. It is just here that *a priori* reasoning of those who have made no such trial has no place, and cannot, with reasonable men, have the least weight as against the testimony of those who have.”—P. P. WELLS.

of publishing, each member to receive a copy, outsiders to pay extra for them.

Many such works are needed. Menstruation and its concomitant troubles might serve for one year, the heart and its troubles for another, and so on. By such work the Association would *interest* and improve its members, would advance Homœopathy, and would shortly command the respect of the homœopathic world. Shall we do it?

This article is offered merely as a suggestion. If others have a better plan of work, or improvements on the one we offer, we should be glad to hear from them.

DR. LIPPE AND THE I. H. A.

It is more in sorrow than in anger that we reply to the strictures of Dr. Lippe in the November number of *THE PHYSICIAN* in reference to the International Hahnemannian Association. It is not the intention that any word or act of mine should mar in the least degree a friendship that has long existed between us. I know the Doctor is a "good hater," and it is my misfortune, rather than my fault, that I am the same, but I do not believe there is any great diversity of opinion between us, and therefore it is only necessary to correct a misunderstanding. I would not attempt to even do this were it not that prominent members of the I. H. A. think as the executive officer of the Association it is my duty to do so. The Doctor's premises are wrong, and consequently his conclusions are far from correct. He seems in some way to have got the impression that the I. H. A. has abandoned Homœopathy and adopted the nosode theory of Dr. Swan, which he calls Isopathy, and in consequence he has no use for either Dr. Swan, the I. H. A., or for any one who may entertain adverse views from his own. It is not proposed in this connection to defend Dr. Swan—he is amply competent to do this for himself—but it is proposed to show that when Dr. L. attempts to establish what he says is an "historical fact," that the I. H. A. has by resolution or otherwise indorsed the opinions of Dr. Swan, Dr. Lippe, or any other man, except Dr. Hahnemann, he is fearfully mistaken, and has set up a man of straw, on which he has been training his artillery for over a year. But to the Doctor's language: He says, "It is singular that this International Hahnemannian Association, now in existence for

over three years, has never yet made the slightest attempt to *reform* the Institute, but, on the contrary, *sanctions* the introduction by one of its members of a vastly viler heresy than the Institute ever presented, or, under the plea of freedom of medical opinion and action, allowed it to remain unnoticed. But here are historical facts to show the correctness of our assertions. Nothing has been done to vindicate the publicly expressed promises of eliminating from the Institute departures which have crept into that organization." "Publicly expressed promises." When were these promises made, and by whom? Dr. L. was himself one of the organizers of this Association. Did he make the promises, and did he suppose it would be possible for this Association to *reform* the Institute? For our part, we had no such sanguine expectations. He is himself, we believe, president of a medical society in Philadelphia, which bears his name. What has it ever done to reform the Institute? Can he enlighten us on this subject? The "Lippe Society" has been in existence longer than the I. H. A., and certainly since its organization it should have made some effort at reform, but the "Executive Committee, with the president at its head," seemed to have remained silent in this particular. He says the I. H. A. *sanctions* the dreadful heresies of which he complains. How, when, and in what way? Will he be kind enough to inform us? Has the Association ever passed any resolution to this effect? Has any such resolution ever been proposed? Has the president, or any of the officers, ever said or published one word looking in this direction? If so, the history of the Association, with which Dr. L. seems to be so familiar, certainly fails to show it. But the Doctor says, it has done this by allowing the heresy "to remain unnoticed." Now, this is much like the boy's composition on pins; he said pins had saved the lives of a great many children by their not having swallowed them. Dr. Swan has never attempted to force his views on the Association, and we are of the opinion that had Dr. Lippe adopted the policy of the I. H. A. and remained silent in reference to them they would have attained much less notoriety. The danger is not always in proportion to the noise that cats make; they are sometimes simply making more cats; and the more noise made about nosodes, and the more the subject is agitated, the more likely it is to be investigated, and perhaps the more friends it will gain. Besides, the I. H. A. is an independent body, and has little to do with the individual opinions of members who have pledged themselves to abide

by the platform of principles adopted when the Association was first organized; it is not disposed to "quarrel with a man because he has one hair more in his beard" than the rest of us, but we propose to let him alone unless he undertakes to trim all our beards to his standard, then it will be time enough to adopt resolutions. Dr. Gregg, a most excellent physician, an active member, and the present vice-president of the Association, entertains original ideas in regard to the germ origin of disease. These views are his own; he has a perfect right to them; he has never attempted to obtrude them on other members of the Association, though there are members heartily in accord with him, and if others may not be, it makes no difference so far as the Association is concerned. We like to see men think and investigate. Any one who never changes his opinions never corrects mistakes, and yet it is preposterous to assert that the Association has sanctioned the opinions of Dr. Gregg by remaining silent, or that it can in any way be held responsible for them.

But, says Dr. L., this is a different thing. Yes, it is the difference between the cause and cure of disease, the difference between a nosode and a germ, but the principle nevertheless is the same. The Doctor says it is an "historical fact" that these heresies, as he is pleased to call them, are "sustained" by the officers and Executive Committee of the I. H. A.

Yes, sustained just as we have shown, because we have not seen proper to follow the lead of Dr. Lippe and censure Dr. Swan. If Dr. L. had grievances to correct, or supposed that these heresies were growing in the Association, why did he absent himself from its meetings and complain of what was done, or rather what was not done? Why did he not attend in person and use his influence, and give his counsel that the Association might not be tainted by making and worshiping in his absence a golden calf? It is, however, an "historical fact," that at no meeting of the Association at which Dr. L. had not been present, has one paper been read, one suggestion been made, or one *word said* in discussion to which Samuel Hahnemann himself had he been present would have taken exceptions. Again, it comes with bad grace from one who prescribes the hundred thousandth potency, to stigmatize others in the slang phrase of the mongrels as the "bottle-washers." But perhaps the Doctor thinks all weapons are lawful in war; he seems to think that some one entertains the belief that a non-homœopathic agent, "even a nosode, a supposed product of a disease, becomes a truly homœo-

pathic remedy for the disease itself by submitting it to a process of potentization." Just to whom this charge is intended to apply is not made very clear, perhaps, to Samuel Hahnemann, for he said: I call psorin a *homœopathic* anti-psoric, because if the preparations of psorin did not alter its nature to that of a homœopathic remedy, it never could have any effect upon an organism tainted with that same identical virus. The psoric virus, by undergoing the processes of trituration and shaking, becomes just as much altered in its nature as gold does, the homœopathic preparations of which are not inert substances in the animal economy, but powerful acting agents. Psorin is a *simillimum* of the itch virus. There is no intermediate degree between *idem* and *simillimum*; in other words, the thinking man sees that *simillimum* is the medium between *simile* and *idem*. The only definite meaning which the terms "isopathic and *æquale*" can convey is that of *simillimum*; they are not *idem*. (Vide *Chronic Diseases*, volume I, page 196.) Will Dr. Lippe please settle this matter with Dr. Hahnemann in his forthcoming paper on the "Past, Present, and Future of Homœopathy"?

C. PEARSON.

THE REPETITION OF THE DOSE.

AD. LIPPE, M. D., PHILADELPHIA.

If the kind reader expects us to dwell once more on the posological question he will find himself disappointed. With a decided desire to uphold the *liberty* of medical opinion and action, certainly where unsolved questions are at stake, it is best for the extremists to solve them among themselves. We have heard members of the American Institute contend that there exists no medicinal virtue, and, therefore, no healing power, above the 14th or 12th potency; that cures reported to have been made by higher and the highest potencies should not be believed or be allowed to be published.

As illiberal and silly as such assertions are, they have been far surpassed by a member of the International Hahnemannian Association, who not only sets aside the Law of the Similars—the very corner-stone of Homœopathy—but who professes to have *discovered* a new law of cure, viz., that morbid substances (products of a disease) will cure the disease itself *if highly potentized*.

But a useful and practical question commands our attention.

The question, which more than any other, interests and puzzles the true healer, is: "*The Repetition of the Dose.*"

The only positive injunction we find in the writings of Hahnemann is, Never to repeat the dose till the effect of the dose previously administered has been exhausted. When, then, we begin the treatment of an acute or of a chronic disease, we are impliedly commanded to administer *one* dose of medicine. In an acute disease it seems always to be best to give one dose only and carefully observe the results of the action of this one dose. In a great majority of cases this one dose will affect the sick for a very considerable length of time, and in many cases will be all-sufficient to effect by it all the well-chosen remedy can do. What but a detrimental result can follow if too much of a truly homœopathic remedy is given in quick and constant succession? *If* the one dose administered alleviates the case but for a short time, it will only then be proper to repeat it provided always we are perfectly certain that the remedy was truly similar to the case before us, as a repetition will do great harm if it is not the right remedy, and still more harm if it is the right remedy. The burning question remains: How do we know that the remedy administered has exhausted its effects, and is, therefore, to be repeated? It appears to be as much of a conundrum as is the advice of the stockbroker, who gravely tells you that you must always buy at the lowest figure and sell at the highest. Still, we must try and come to a solution of this question—What happens when we administer the truly homœopathic remedy in an acute disease in one proper dose? The very observing healer will often detect a clearly defined demonstration that the remedy has taken effect in a very short time. The more acute and the more grave the attack, the sooner will such evidence become apparent. The groaning of the sick from pain very perceptibly diminishes; the restless, agonizing tossing about will cease, or the overloaded stomach is at once relieved—sometimes so soon (often under the appropriate and health-restoring effects of the homœopathically indicated *Nux v.*, even in the most infinitesimal dose) that, under such circumstances, it is advisable always to provide for the occasion. Or the patient will, very soon after taking the remedy, fall into a good, refreshing sleep or into a perspiration. We are, under such circumstances, assured that we have selected and administered the proper remedy in a proper dose. If, then, the improvement now necessarily following, does cease and the same symptoms remain, it is right and proper

to decide that the effect of the dose administered has been exhausted and a new dose is called for. If new symptoms appear (not present when the first dose was administered), these new symptoms are either symptoms belonging to the remedy given or denote the development of the disease. That development may be twofold: it may be the progress of the disease or a critical discharge; or other symptoms (as a crisis) may show that the recuperative powers of the *vis medicatrix naturæ* are performing their duty. To decide correctly which of the three here apparent conditions exist requires a full knowledge of our *materia medica* and of pathology proper. If the new symptoms belong to the remedy, we may safely wait much longer before we may expect that its curative action has been exhausted. If the new symptoms clearly show that the disease is progressing, then not only has that dose exhausted its effects, but is certainly no longer indicated; it must be dropped. If the new symptoms show that a crisis has set in, then the one dose administered has fairly roused the vital forces to resist the disease, or, better, the disturbed conditions of the organism, and under such circumstances it would be a culpable blunder to interfere in any manner with the now active power of the recuperative forces. If, for instance, in typhus a nose-bleed appears after the administration—say, of *Rhus tox.*—it would be descending to the role of the symptom coverer if this new symptom should be combated by a multiplicity of internal and local remedies. The true healer never interferes with nature's best efforts to restore health; the *true healer* knows that secretions of any kind, if they are not abnormal—and thus threatening harm—should never be checked in any possible manner, neither by remedies internally administered nor by external means; he also knows that such proceedings are always followed by harm. The more the healer knows of the nature and history of the disease before him, the more he appreciates the necessity of treating the symptoms of the sick, and not the disease by name, as such, the better will he be able to decide whether the remedy administered is acting curatively, although a change of symptoms has set in. These new symptoms do denote either an improvement in the condition (a crisis) or a progressive development of it. The close observer will very readily be able to determine what he must do under such circumstances—wait on the effect of the dose administered, or repeat the remedy, or choose another remedy. In periodical diseases, as intermittent fever, or periodically returning pains or spasms and secretions, the reflect-

ing healer will never attempt to break down the paroxysm by repeating even the best selected remedy during such a paroxysm, as the only time to administer the curative remedy is during the time the sick is free from the periodically returning attack.

In chronic diseases we have received additional precautionary advice from Hahnemann himself. After a remedy has for a considerable length of time—sometimes for weeks and months—very much improved the condition of the sick, it not unfrequently happens that the symptoms become worse again. It is not wise at once to repeat the dose, as it very often happens that after a lapse of from five to even seven days the improvement again begins and continues for a very long time, and it is always best to patiently wait at least five days after the improvement ceased before repeating the remedy, and then always in a different potency from the one first given.

In some cases of sickness and under certain circumstances a single dose will benefit the sick for a very long time; in other cases it is necessary to repeat the remedy very frequently for a length of time. The fact is, we must “individualize.” If the vital forces are not impaired by previous ill health, palliative treatment, irregular habits, or by age, the single dose will seldom have to be repeated; but where the contrary is the case, then we may expect that it will be necessary to repeat the remedy much oftener. *A priori* we can never determine when, if at all, the repetition of the dose will be necessary.

These reflections have been dotted down with a desire to cause other observing homœopathicians to publish some of their ideas, the results of their experience, and give our journals something to publish in the direction of “true progress” in the healing art left to posterity by its promulgator, Samuel Hahnemann.

VOLUME FOUR.

The tendency of modern journalism is toward condensation of matter. Short, clearly stated articles are the ones best appreciated. It is therefore our desire, in our next year's work, to follow this method in the presentation of our articles. We beg our contributors to bear this in mind in writing for our pages.

This number contains some controversial matter; differences will arise between honest workers. Beside this element, we still give much thoroughly practical matter.

POTENTIZATION.

To the Editor of THE HOMŒOPATHIC PHYSICIAN :

DEAR DOCTOR:—In the November number of THE HOMŒOPATHIC PHYSICIAN is an editorial entitled “Fallacious Theories,” in which you attack the thesis which I had defended in your October number of last year, page 417, viz. : *Potentization makes the medicine homœopathic.*

You say : “A drug that is not homœopathic, *i. e.*, is not the most like, the simillimum to a set of symptoms in the third or thirtieth potency, becomes so if used in the cm or mm.” But my thesis is : Potentization makes the medicine homœopathic, and your explanation of it means something else, is itself a fallacy, and leads to other fallacies in your further reasoning, being false in the premises. I have proved my thesis by the fact that poisons and inert substances are not homœopathic *per se*, because the former kill and the latter make no impression on the organism. Only by potentization they become homœopathically active, because only then they are enabled to meet similar symptoms curatively. The proposition, that “a drug, not being homœopathic in the third and thirtieth, becomes so in the cm and mm,” is of your own invention, and, naturally, the fault you find with it recoils upon the inventor.

Furthermore, the argument in my article applied to no higher potency than the thirtieth centesimal, which Hahnemann advocated ever since the last edition of the *Organon* and the second edition of the *Chronic Diseases*, and the consideration of the higher potencies was purposely omitted ; hence, the introduction of the “cm and mm” is entirely gratuitous.

“A drug,” you continue, “is only homœopathic to a set of symptoms when its pathogenesis is similar to those symptoms. It is, then, homœopathic, no matter what potency it be used in.” But Hydrocyanic and Silicic Acids have no pathogenesis similar to a similar set of symptoms ; hence, they cannot be homœopathic and cannot be used for the homœopathic purpose of healing. They are not yet a potency, at least not a homœopathic one, and in order to fit them for homœopathic use, they must undergo the process of potentization. This, unknowingly, you admit, because you say, “No matter what potency it be used in,” by which I suppose you mean, if it is no potency, it is not to be used, implying in this manner the necessity of my thesis, which, however, you pronounce fallacious.

“We,” you continue, “believe the high will *always*, or *very nearly always*, cure best; but the lower potencies *do* cure. Some of our grandest cures have been made with them, and it is folly to assert that Homœopathy only begins with high and highest potencies. A wise homœopathist will not limit himself to any one potency, but will keep his mind unprejudiced, to use whichever preparation seems to be best.” This is precisely the position which the great majority of the Institute has taken and has given rise to a separate body, the organ of which, THE HOMŒOPATHIC PHYSICIAN, is trusted to your editorial hands.* For one, I object to that position, and say it is anti-Hahnemannian and anti-homœopathic, because Hahnemann never advocated such a doctrine, and, besides, it contradicts the essential points which form the medical creed of the very Association you represent. To be sure, the admission in favor of “the high” is very gratifying, but the advice following it mars the good impression again, since it leads to a sentence which likewise is denounced as folly, and why? Certainly not because Hahnemann has advocated it in his *Organon* and other writings? Where did Hahnemann say “A wise homœopathist will not limit himself to any one potency, but will keep his mind unprejudiced to use whichever preparation seems to be best?” Nowhere. It is just that misunderstanding and ignoring of Hahnemann’s fundamental law, that disease is only owing to the immaterial and spirit-like change of the healthy state of the organism, the distuning of it, as he terms it, which leads to the backsliding in posology, even with some of our best men. The ground-rule, *similia similibus*, is the rigorous criterion for posology just as well as for the selection of the remedy, because, if disease is originating from the spirit-like distunement of the organism, the remedy selected according to its homœopathicity must be prepared in such a manner that it becomes adequate to the distunement or similar to its origin—it must, in Hahnemann’s words, be potentized. This is the strict postulate of Hahnemann, which he did not develop *a priori* out of his inner consciousness, but which *a posteriori* he arrived at by careful observation, correct experience, and experiment, called by Hering the inductive method. If low potencies and crude drugs cure, and even some of the grandest cures have been made by them, it by no means

* THE HOMŒOPATHIC PHYSICIAN is the organ of no association, is owned by none; it aims to represent *Homœopathy*.—EDITOR.

proves that the lowness of the potency and the crudeness were the necessary condition of their great efficacy—this was accidental—but it proves their homœopathicity, and it just as little proves that higher potencies would not have been just as effective. To see macrodosia defended in a journal, which since its existence has brought out the finest record of cures with high potencies, and by its own editor,* is not a novel sight. The same inconsistency was observable in Skinner's quarterly, the *Organon*. The position is the same as assumed by Horace M. Paine, whom I failed to convince of the Hahnemannian ideas, as early as 1864, in a voluminous correspondence, which is at your service if you wish to publish it.

But even admitting that your proposition that low potencies do cure is correct, which is not denied, you prove by the same only what the thesis sets forth; for, why do you prefer low potencies to crude drugs, if not because the medicinal power is developed, *i. e.*, because they are potentiated? Even Breyfogle and C. Wesselhœft assume as much when they limit the potentiation to the tenth and twelfth centesimal.

It is, therefore, not easy to see why you should find fault with my thesis. There is a class of remedies which stand between the poisons and inert substances which have no powerful action in their crude state. They show a low state of homœopathicity in their administration without being potentiated. But you will hardly, I think, persist in the opinion that they do not need any potentization to make them homœopathic. They, in their crude state, will be homœopathic only in a very limited range, and, compared with the extension and expansion of pathopoëtic power, which they acquire by potentization, their homœopathicity in the crude state shrinks to almost nothing; besides, too much weight has been attached to those cures with crude drugs and low potencies, as I have shown in my article.

You say: "If potentiation makes a medicine homœopathic, it must change it. Therefore, Aconite 3d, 30th, and cm are three different drugs, useful for different cases, must have different pathogeneses, and should have different names. It is this fallacious teaching which bolsters up the twin heresy of isopathy."

Experience, indeed, teaches that the various potencies of one and the same remedy exert different actions upon the organism, which, for the dogma of the anti-Hahnemannians, is very unfortunate,

* Never published a clinical case in my life!—EDITOR.

because it introduces an entirely new vista for medical and homœopathic treatment; but it cannot be helped, as it depends upon fact. It follows, by no means, that every potency is a separate drug by itself, which is contradictory, because they all have been developed from the same original crude drug. If you have the whole scale of potencies of a remedy, as far as it is possible to potentize it, these potencies, every one by itself having been proved upon the healthy, will, collectively, give the complete pathopoëtic picture of that remedy. Hahnemann has made the beginning, and his highest potency, proved pathopoëtic, was the thirtieth centesimal. Why did he not prove the third of *Silicea* or *Carbo veg.* or *Sepia* or even the crude substances? Because they could not give the clear and ample pathopoëtic picture of the thirtieth potency. If he lived to-day he would continue to prove higher potencies, not because they were higher or because he had a high-potency mania, but because they give more varied and distinct symptoms in their pathopoësis.

Your sarcasm, therefore, fails of its object, and the fallacious teaching is not on my side. Aconite is Aconite, "in the third, in the thirtieth, and in *cm*;" but every potency has its own characteristic, which must be considered in posology.

It remains for me to protest against the effort to couple me with those isopathists of yours, with whom I have nothing in common. At the close of the first volume of his *Chronic Diseases*, Hahnemann has distinctly laid down the rule for those substances called isopathic, or, according to Hering, nosodes. To this I adhere, and the invective comes not with very good grace, since you have published already my provings of *Vaccinin*, and there is a number of my provings of *Variolin* in your hands for future publication, from which it appears that I follow the Hahnemannian way of proving the medicines upon the healthy in order to find out their homœopathicity.

I have nowhere said that "*Syphilinum* is homœopathic, because it is potentized very high." Alas! that poison is already homœopathic with a vengeance, as the many infected people testify; for even in its crude state it produces a "set of symptoms" which last a lifetime and poison the future generations, if not cured. It, therefore, is a poison which needs further potentization in order to develop its curative properties. If I say, homœopathic with a vengeance; I mean only that it is an agent which poisons the system

and the effects of which indicate the line of homœopathic action which it may be able to set up in the healthy organism. It seems to me, however, homœopathic is here a misnomer, if taken only for the pathopoëtic action of infection. It would be correct if this infection were considered as a set of symptoms which may lead to their cure, by the same remedy, in other infected people; a remedy which is actually not the same (ison), but only similar, according to Hahnemann, being applied upon other persons and in the potentized state; or would you, according to *your* argument, contend that syphilinum is homœopathic *per se*, without being potentized, and, hence, be obliged to advocate its application therapeutically in the crude condition, or low potency? This is the dilemma.

Ceterum censeo macrotiam esse debendam.

By publishing this letter in your next number you will prevent further fallacies, and oblige,

Yours, faithfully,

B. FINCKE.

CEREBRO-NERVOUS DISORDERS PECULIAR TO WOMEN.

THOS. MADDEN MOORE, M. D., DUBLIN.

Dr. Moore contributes a paper on the Cerebro-Nervous Disorders Peculiar to Women in the November number of the *American Journal of Obstetrics*, etc., from which we take the following abstracts:

An increasing tendency to nervous and mental disorders, especially among women, has become manifest in the past few years. Thus, in the comparatively short period covered by the annual reports of the English Commissioners in Lunacy, the number of the insane have more than doubled, having increased from one in eight hundred to one in three hundred and fifty of the population. Formerly lunacy was more prevalent among men; now there are more insane women than men in this country. There is a similar increase of nervous disorders generally, and of hysteria in particular, etiologically connected, I believe, with certain utero-ovarian disorders that have recently come into prominence.

I desire now to submit a few observations, mainly the result of clinical experience, on the relations between certain utero-ovarian disorders, and other morbid conditions peculiar to women, and the

most frequent type of cerebro-nervous diseases, as exemplified by the protean forms of hysteria and the various degrees of mental derangement connected with pregnancy, parturition, and lactation.

The predominant influence of the reproductive system is manifest in women, in every vital action from the approach of puberty until the menopause. Throughout this long period, at every menstrual epoch there may, almost invariably, be observed as coincident occurrences of constitutional and nervous disturbance. When menstruation has become fairly established and is normal in every respect, then this disturbance may be so slight as to escape notice. But the earlier catamenial epochs, and every subsequent deviation from healthy menstruation, as well as the climacteric period, are, as a rule, accompanied by some manifestation of hysteria.

The functional connection between the cerebro-nervous and reproductive systems is apparent in nearly all chronic uterine and ovarian complaints. Patients lose flesh, suffer from cardialgia, dyspepsia, palpitation, intense headache, become cachetic-looking, despondent, anxious, excitable, or irritable to the verge of insanity. In other words, as the uterine disease progresses, its local evidences become obscured by its constitutional and nervous consequences. Foremost among these, hysteria in every variety, from the ordinary hysterical paroxysm, which is too generally wrongly overlooked, to the gravest forms of cerebro-nervous disorders, namely, epilepsy and insanity, which may result from neglect of warnings thus furnished.

Among the most important mental disorders and nervous affections arising from uterine and ovarian troubles are:

I. Lunacy in its various forms. Of eighty-five thousand one hundred and sixty-seven registered lunatics in Great Britain, forty-eight thousand five hundred and eighty-six are females. Among the causes of this increase of female insanity, besides uterine and ovarian disorders, must be reckoned the assumption of masculine privileges and modes of life, seeking higher education and attempting to do man's work.

The etiological connection between catamenial derangements, especially suppression of menses, and mental disturbance has long been recognized. Amenorrhœal insanity was described as far back as the time of Pinel, who relates, among others, the case of a girl who was in a state of dementia, which continued for some years, during which she never menstruated. One day, however, she sud-

denly ran to her mother, exclaiming, "I am well." The catamenia had just flowed, and her reason was immediately restored.

II. The mental and nervous disorders of pregnancy and the puerperal state are well known to all physicians. The irritable mind, the depraved appetite and morbid fancies, also puerperal mania, are most common exhibitions of this kind. The uterine origin of certain forms of mental disorder is strikingly evidenced in puerperal mania or insanity consequent on parturition. This is usually preceded by the premature suppression or diminution of the lochia, which becomes fetid as well as scanty in such cases.

III. Hysterical Pseudocyesis or feigned pregnancy is a curious mental condition associated with these disorders. Spurious pregnancy is invariably connected with functional disorders of the utero-ovarian system and usually occurs about the time of the final cessation of the menses, although more than once I have been consulted in cases of spurious pregnancy occurring in women under twenty years of age. In many cases, I have found the symptoms of spurious pregnancy hardly distinguishable from those of true pregnancy. Thus we often meet with cases of complete amenorrhea, followed by morning sickness, turgescence of the mammæ, and enlargement of abdomen, occurring in middle-aged hysterical married women who desire to be thought pregnant. Sterile women under such circumstances not uncommonly become hysterically insane on this subject and take extraordinary, and often successful, pains to persuade those about them, as well as themselves, that they are "as ladies who love their lords should be," when only suffering from the change of life, dyspepsia, dropsy, or mere obesity.

IV. Every variety of epileptiform disease in women is most frequent in those of a hysterical temperament and is generally found associated with amenorrhea or some other disorder of the sexual system.

V. Hysterical trances occur from menstrual or uterine disorders. "One of the most curious forms of hysteria," says Dr. Elliotson, "is long-continued insensibility, and is called a trance. Sometimes there is insensibility for a few days, and sometimes for many weeks." This insensibility is so profound as to counterfeit death, and patients have actually been consigned to the tomb, or only rescued from it by some happy accident.

VI. Hysterical paralysis is another form of reflect functional nervous disorder which is in some cases traceable to utero-ovarian causes.

We may find every degree of loss of voluntary power, from the most trivial local weakness to complete paraplegia.

Some reference is necessary in this connection to the increasing prevalence of *alcoholism* in all classes of modern society, among women as well as men. Moreover, to the utero-ovarian disorders which have been alluded to as connected with nervous and mental complaints may in some instances be also ascribed a place in the causation of intemperance in women. I have repeatedly traced the craving for alcohol in confirmed inebriates to the first painful menstrual period, when stimulants are too commonly pressed by foolish advisers. The pains of dysmenorrhea once thus relieved, at the next epoch the patient naturally, and no longer unwillingly, seeks similar solace, and thus "this unkind Nepenthe" is gradually employed in increasing doses, until at last the victim of dysmenorrheal alcoholism becomes—perhaps unconsciously—an habitual, and too often an incurable, drunkard.

The above condensation gives the main points of Dr. Moore's interesting paper. What does it teach us as homœopaths?—To diagnose and treat a disease? To find the *cause* of the disease and remove it? This latter would be of service, could we do it; but we (homœopaths) must remember that we have, in such cases as these, something more than a local disease to treat. Hahnemann has pointed out, and subsequent experience has proved, that there are constitutional causes back of these local disorders which must be eradicated before the local disease is cured.

There can be no doubt that the worst cases of headache, and that nervous disorders of all kinds, have their origin in the local ~~mal-~~treatment of these uterine diseases. A leucorrhœal discharge is suppressed by local applications, ulcers are cauterized, and, as a consequence, the disease, driven from the uterus, appears elsewhere in a worse form. Sterility, besides a multitude of aches and pains, is one of the *boons* conferred on womankind by the modern "science" of gynæcology.

E. J. L.

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CANNED PROVISIONS.

The use of canned goods is now so universal that any information concerning their healthfulness is of interest. We therefore, condense the following from the *Medical Times and Gazette*, October 27th, 1883 :

Tinned meats, soups, vegetables, and more especially fruits, are all, without exception, contaminated by metals; such is the conclusion of investigation. In 1878, Mr. Albert E. Menke communicated to the *Chemical News* results of analyses of a tin of lobster, one of apples, and another of pineapple; the latter contained tin dissolved in the juice equal to 1.3 grain per pound, the lobster and apples a much smaller quantity. Mr. Hehner, in 1880, communicated to the *Analyst* the results of an investigation of the subject. He found tin in tinned French asparagus, American asparagus, peas, tomatoes, peaches, pineapples, white cherries, red cherries, marmalade, corned beef (five different brands), ox-cheek, ox-tongue (three kinds), collared head, tripe, oysters, sardines preserved in oil, salmon, lobsters, shrimps, curried fowl (two kinds), boiled rabbit, boiled mutton, roast chicken, roast turkey, soup, and in three brands of condensed milk. The amount of tin found does not appear large—*e. g.*, in the milk one-tenth of a grain per pound, in one of the soups half a grain per pound, and in a pound tin of preserved oysters seven-tenths of a grain per pound. On a later research, Mr. Wynter Blyth has found larger quantities. In a recent report detailing the examination of twenty-three samples of tinned apricots, tomatoes, pineapples, and cranberries, the amounts found calculated as stannous hydrate range from 1.9 grain to 14.3 grains per pound, the mean amount being 5.2 grains. The juice and fruit in some instances had a metallic taste. Several of the tins showed signs of corrosion.

The older school of toxicologists, as represented by Orfila, considered pure tin vessels innocuous; if accidents occurred, they were ascribed to admixture of lead in the alloy, or to arsenic. The arsenic theory ceased to be held when it was found that arsenic was present in so small a quantity that an adult would have to spend more than forty years drinking and eating from tin vessels before he imbibed a poisonous dose; even the explanation of lead so often accompanying the tin has not of late been considered sufficient, but the question is of some moment whether tin in itself present in a soluble form contaminating food, may not act injuriously. All know the toxic action of the chloride of tin on the one hand, and

the inactivity of stannic oxide on the other; it is evident that in tinned foods we have to do with neither, but with some form of stannous hydrate. The little that is known of the action of stannous hydrate may be briefly given.

Doses of .174 gramme per kilogramme of body weight cause in guinea-pigs death with signs of intestinal irritation; but with doses smaller than .17 to .2 gramme the effects are uncertain, and the animals generally recover. Hence, supposing a man to be affected in the same proportion, he would have to take from three to four drachms, or consume at a meal ten pounds of the most contaminated of Mr. Wynter Blyth's tinned fruits.

But it is not a question of immediate mortality, it is an inquiry as to the action of repeated small doses continued for a long time. In summer, families who go yachting, fishing, or traveling in remote parts, often carry a supply of "tinned" provisions, and must take in the aggregate, physiologically active doses of stannous hydrate, possibly producing slight dyspepsia or intestinal irritation. From time to time, indeed, serious symptoms are witnessed after eating tinned meats; but the exact cause of such illness has never been in any thorough way investigated. It must also be remembered that certain sugars now in the market contain tin in the proportion of about half a grain to the pound—no very great quantity in itself, but the small fractions of the metal found in this and that article of food in daily use may mount up until an active dose is taken. Physicians will do well to inquire closely into the diet of their patients suffering from obscure gastric affections.

HAHNEMANN, THE FOUNDER OF ISOPATHY!

MR. EDITOR:—Your anti-nosode contributor will please read *Chronic Diseases*, Vol. I, page 196, and he will see that he is wrong in attributing to me the honor of discovering that which Hahnemann stated so clearly in 1828, to this effect: that preparation, *i. e.*, trituration, dilution, succussion, potentization of nosodes, or morbid products, *so altered their nature to that of a homœopathic remedy that without such alteration they could not have any effect upon an organism tainted with the same identical virus*, which is equivalent to saying that *if so altered they would have an effect*. This is all I claim—that these potentized morbid products *become homœopathic to the poison of the same virus in a human organism*.

I cannot understand Hahnemann's statement otherwise.

S. SWAN.

HAHNEMANN NOT THE FOUNDER OF ISOPATHY.

To elucidate these words of Hahnemann, we quote them in full: "In the subsequent list of anti-psoric remedies, no *isopathic* remedies are mentioned, for the reason that their effects on the healthy organism have not been sufficiently ascertained. Even the itch miasm (psorin), in its various degrees of potency, comes under this objection. I call psorin a *homœopathic* anti-psoric, because if the preparations of psorin did not alter its nature to that of a homœopathic remedy, it never could have any effect upon an organism tainted with that same, identical virus. The psoric virus, by undergoing the processes of trituration and shaking, becomes just as much altered in its nature as gold does, the homœopathic preparations of which are not inert substances in the animal economy, but powerfully acting agents.

"Psorin is a *simillimum* of the itch virus. There is no intermediate degree between *idem* and *simillimum*: in other words, the thinking man sees that *simillimum* is the medium between *simile* and *idem*. The only definite meaning which the terms 'isopathic and *æquale*' can convey, is that of *simillimum*. They are not '*idem*.'"

In the above paragraphs, Hahnemann makes three distinct declarations:

1. He will not even mention certain remedies *because* "*their effects on the healthy organisms have not been sufficiently ascertained.*" Can a stronger condemnation of the use of unproved remedies be made?

2. Potentization makes inert agents active; to prove this, he cites the example of gold. Does Hahnemann claim that potentization renders gold homœopathic to any *disease*? Never. He merely asserts that trituration causes it to be a "powerfully active agent."

3. "Psorin is the *simillimum* of the itch virus." That is, being proved, and being prescribed upon this proving, and being made "active" by potentization, it then becomes homœopathic to the case.

E. J. L.

THE CENTRAL NEW YORK HOMŒOPATHIC SOCIETY AND ITS PROTEST AGAINST ECLECTICISM.

To the Editor of THE HOMŒOPATHIC PHYSICIAN:

DEAR SIR:—Will you kindly allow me space in your columns to answer an editorial in the *Hahnemannian Monthly*, entitled "The Protest"? My reason for asking this favor of you is the following:

In the *Hahnemannian Monthly*, 1882, p. 543, Dr. F. F. Laird published a case of prosopalgia cured by *Hypericum*. The paper ended with a contemptible fling at those whom he is pleased to style the "anti-pathologists."

Thinking this slur to be an unjust reflection on those who regard *symptomatology* as the best-known basis for prescribing homœopathically, I criticised it by asking four questions. In the next number of the journal appeared my criticism, followed immediately by Dr. Laird's reply (showing how eager the editor was to give Dr. Laird undue advantage).

Thinking I would at least have an opportunity to defend my side of the question (symptomatology), I wrote a very careful reply, subjecting it to the criticism of some professional brethren, who pronounced it both courteous and good. It was sent to the editor of the *Hahnemannian Monthly*. I waited long and patiently, but my article did not appear. I therefore wrote to Dr. Farrington. He replied that he had given it to Dr. Dudley. Wrote to Dr. Laird; answered he would see about it. Heard nothing more; so wrote to Dr. Dudley, and received curt reply, saying, in effect, that my article was not worthy of publication.

This dealing, unjust and ungentlemanly as it is, leaves us exposed to comment and criticism, but allows no opportunity for defense. The editor may reply that my article was not worth space in his precious pages; but that was my affair—always supposing the tone of the article to be properly courteous; the weakness and frailty of the argument are my fault and misfortune. This, then, is my reason for asking for space in your pages.

THE PROTEST.

In referring to the meeting of the Central New York Homœopathic Society which criticised his eclectic resolution, the editor (of the *H. M.*) says: "Only sixteen members were present." "No comments." Of course not! Comments would show the disparity of numbers between the membership of the Central Society and the Institute. Also might bring to notice the fact that the resolutions ("the protest") were passed by the Central in full meeting while the sixteen were present, and not (as in case of Institute) by trickery, after a majority had gone home. No comments!!

Now as to *Syphilinum*. In the first place, Dr. Schmitt proposed that this substance be proven (why did not this *fair-minded* editor

mention this?), and all the experience given at the meeting—much abbreviated in the report—was more for the purpose of showing that its occasional empirical use showed it to be an agent worthy of a careful *proving* than to teach its empirical use, isopathically or any other way. Not only this, but the discussion as to the use of Syphilinum was brought out by a question from the President: Has any one had any experience with it? Moreover, the general verdict of the Society was that *nosodes should be proven*. This and the tenor of the discussion showed that the Central Society was not advocating empiricism; rather the contrary—that unproven drugs should not be used. A fair and impartial critic would have noted this.

“They thought it was Homœopathy,” says this editor. How does he know what they *thought*? Did they *say so*? Perhaps they considered it isopathy. [Or perhaps *he* thought the Central was discussing eclectic methods, as does the Institute.—EDITOR H. P.]

The true inwardness of the editorial is, we believe, this: The Central Society dared to enter its protest—as *homœopaths*, not as members of the Institute—against the eclectic resolution of said American Institute. As the Institute is supposed to represent Homœopathy in America—and so all adherents of that school, members and non-members, in this country—the Central Society had the best of rights, that of *self-defense*, for denouncing the false position taken by the Institute.

E. B. NASH, M. D.

CLINICAL BUREAU.

DYSENTERY.—LILIUM TIGRINUM.

G. M. PEASE, M. D., SAN FRANCISCO.

July 8th called to see Mrs. F., suffering with dysentery. Stools were very frequent and of a bloody mucus; almost constant urging and much backache. When a stool has been had, there remains a feeling as if more would pass. Wakens about 3 A. M. and cannot go to sleep again for several hours, and then sleeps very soundly. This symptom is an old one. Nux. vom.²⁰⁰ was given; but, upon a visit made in the evening, she was found to be worse, rather than better, there being a colic added to the symptoms of the morning. The mouth was dry and a constant thirst for large quantities was present. She longed to keep quiet, as the slightest movement produced an aggravation which made her particularly ill-natured.

Bryonia²⁰⁰ was administered with the expectation that relief would certainly follow; but upon my next visit I found no improvement, the passages being more bloody and occurring about every thirty minutes. Mercurius was then given, but followed by no good results.

Carefully reviewing the case, I found a mental symptom which led my thoughts toward another remedy. She had a restless, hurried feeling, as if she must attend to some very important duties, but which she was conscious of being unable to do. There was a tenderness over the region of the left ovary, with a downward pressure, as if everything would come out of the vulva, and a feeling as if she must hold herself up in that region whenever she went to stool, also frequent desire to urinate.

Although *Lilium tigrinum* was the remedy that came into my mind, it lacked the bloody stool and many of the other symptoms; but as she had the mental, together with a few of the other symptoms, and an examination revealed a decided prolapsus uteri, it was given in the 200th and followed by almost instant relief.

On the following morning I found her absolutely free from suffering and was told that she had had only one stool since the *Lilium* was given the evening before.

No other remedy was given afterward, and only two doses of the *Lilium* had been taken.

The following day she was discharged as cured.

I have long since learned to regard mental symptoms as of great importance in selecting remedies, and have often found them to be such "keynotes" as to overbalance some symptoms of apparently greater conspicuity. They often will suggest a remedy that has the other symptoms, which might not have been thought of but for the hint afforded by the mental condition.

BOOK NOTICES.

THE LAW OF SIMILARS, ITS DOSAGE AND THE ACTION OF ATTENUATED MEDICINES. By C. Wesselhœft, M. D. Otis Clapp & Sons. 1883.

This little book gives in a very interesting manner a condensation of several lectures delivered before the Boston University School of Medicine. The most peculiar features of the lectures are Dr. Wesselhœft's extreme views as to potency. On this point he dogmatizes with a *vim*. Once upon a time, not so long ago either, Dr. W. reported cases cured by the high potencies. Were they myths? Dr. W. does not give correctly Hahnemann's views on the repetition of the dose.

NEW JOURNALS.

THE MEDICAL ERA was started some months ago in Chicago. Dr. James E. Gross is the editor, assisted by a goodly number of able contributors.

The number before us is exceedingly well gotten up and is very interesting. Of Homœopathy there does not appear to be much; but *that* is not now a popular article to offer for sale. The publishers announce that the *Era* has "come to stay." We are glad to hear this in this mutable world; it is pleasant to feel that one *Era* will be immutable! "Financially, *The Medical Era* is solid." A second cause for gratification! But look out for one Jay Gould, my friends. He is said to have an eye for financially solid institutions.

THE TEXAS HOMŒOPATHIC PELLET was started in August last by Dr. C. E. Fisher, assisted by Drs. A. P. Davis and J. G. Bowen.

The Pellet is to be devoted to "the missionary interests of Homœopathy," whatever *they* may be. We know of no better place for missionary effort than Texas, medically and morally, and so we wish *The Pellet* God-speed in its work.

NOTES AND NOTICES.

ERRATA.—November number, p. 355, line ninth from bottom, for *sepia^{2om}* read *sepia^a*. Page 320, line seventh, for *undilutable*, read *undilatable*. Page 318, line twenty-four, for *proven* read *provers*.

J. MARION SIMS.—By the death of Dr. Sims, Allopathy loses one of its greatest gynœcologists—a class of men who have done more to debauch, unsex, and demoralize women than any set of men who ever lived. Of these, Dr. Sims was the greatest slasher of all. He had long enjoyed celebrity as a surgeon, skillful and original, and will be especially remembered as the founder of the Woman's Hospital of New York.

A SECOND JENNER.—Jenner taught physicians to poison mankind with vaccine virus. He gathered his wisdom from the cowboys of Old England. A second Jenner has now appeared in the person of the great Dr. John C. Peters. Dr. Peters advocates the use of an equine (asinine would be better) virus for the purpose of antidoting or preventing scarlatina. He gathers his wisdom from a Russian veterinary surgeon who noticed the outbreak of scarlet fever in various supposably healthy places. He familiarized himself with the habits of life of the first victim in each locality, and states that he was surprised to find that in every case they had been in daily close communication with horses. It also appeared that the animals were at the time or had been previously affected by a disease which was sufficiently like scarlet fever to characterize it as such. EH

