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THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

EDITED BY

EDMUND J. LEE, M. D.,

AND

WALTER M. JAMES, M. D.

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T H E

HOMŒOPATHIC PHYSICIAN,

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

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No. 1.

REPETITION OF THE DOSE.

P. P. WELLS, M. D., BROOKLYN.

There has been much said and written on this, till it may, by some, be regarded as hackneyed ; but its important and intimate connection with clinical successes will always make it a living subject, worthy the careful attention and study of the healer who has a conscientious regard for the duties of his calling, and desire for the highest excellence and best successes in its pursuit. It has been written upon by the best minds the practice of healing has engaged, notably by Hahnemann and Bœnninghausen,* and the world has no greater names to give to the advocacy of any truth. To say they have written is to say they write well. They gave us the truth. Then why not study the lessons they have given and let this suffice? If these writings could be faithfully studied and obeyed, certainly no more would be needed ; but, unfortunately, the tendency of the time is to neglect or put aside the teachings of the masters, who have left us so rich legacies of instruction for our practical guidance, and go, rather, after will o' the wisps, flying here and there, scattered by those who are ambitious of appearing as *lights* in the world, who excuse their flickering falsehoods by a claim for them that they have somehow a connection with the "*scientific!*" and the "*scientific!*" has a great charm for a certain class of superficial minds,

* *Am. Hom. Rev.*, pp. 193, 252, 293.

who persuade themselves, and would others, if possible, that in their shallow teachings alone are found depths of wisdom.

It was reflections like these which decided the author when requested to write on the repetition of one remedy (Sepia), to go beyond this and develop, if he might, the underlying principles of all repetitions, of all remedies, and in all cases.

The motive for repetition is only found in the motive for giving the first dose of the remedy in a given case. This is ever (we speak only of specific or homœopathic prescribing) to make such an impression on the sick forces before us, by the most similar remedy, as will change these to a state of health. Having made this impression, we have done all which, in the nature of the case, it is possible for medicine to do for their cure, while the action of the given dose is continued. It will be remembered that this first impress of the remedy is like that of the sickness, in kind and direction. Hence, if this first impress is repeated before its reaction is exhausted, it is only repeating an impress which increases the morbid action, and can, in no way, contribute to the cure, but only to reinforce the morbid action which it is our object to cure, by reason of the similar action of the repeated doses. It is the *second*, or reacting, effect of the dose which cures. So, if the *first* impress is repeated while this second effect is progressing, the case is set back to the start-point of treatment, with a possible intensified action of the diseased process by the similar action of the repeated dose; and so often as this practical error is committed, so often is this adverse experience likely to be realized.

Then, it is clear, one of the most important questions that come before the practical specific prescriber is this of repetition of the dose. When to repeat and when abstain from this? What is the objective of repetition? What but to renew the impress, reaction from which effects the cure? Then to repeat this impress, before there has been time for this reaction to be set up, is, in the nature of the case, to prevent the cure. If this curing reaction is already in progress, then to renew the impression which has brought it into being must necessarily interrupt the process of cure, which this reaction is, and this by reason of the exact opposite nature of these first and second effects of drug doses. Hence the maxim, of fundamental importance—"Never repeat the dose while improvement is progressing." This has been said before and many times, but, notwithstanding, there has been more mischief and mistakes from wrong repetition than from any one cause. It is most difficult to avoid this sometimes—first, because of partial knowledge of materia

medica—not quite certain the selected remedy is really the *most like*, and the continued sufferings of the patient compelling the question, May not some other remedy be more appropriate, or may not an added dose of that given bring greater relief? This, with the worthy anxiety to do better for the patient, has spoiled many a curable case of chronic disease, and thrown the treatment of acute cases into inextricable confusion. This is well known to those who have accepted the *Organon* as their guide in practical duties, and who, by continued obedience to its instructions, have proved the truth, authority, and value of these. It is not for such that this paper is written, but for those who, lacking the experience of these, are troubled still with questions and fears as to this matter of repetition, who know the rule given above, and would willingly obey it, but have not yet the practical education which enables them readily to decide this question of progressing improvement. This may be in a given case so slight as to cause difficulty in deciding whether improvement is really progressing. It is the hope of being able to help such in this difficulty that has inspired this paper. It cannot be but there will be questions and doubts with such, as to the advisability of repetitions, and how shall these be solved? The first rule, and one of great value, which we would suggest for their guidance in these cases is—“In case of doubt, don't do it.”* It is only delay and the loss of a little time, at the worst, and this is far less a mischief than the confusions resulting from inopportune repetition of doses.

Then there are two factors which, carefully studied, may help greatly to reduce the difficulty of a correct decision of the question of repetition, *viz.*: first, the nature of the diseased action; and second, that of the drug.

Sicknesses vary greatly in their rapid progress of destructive action, as well as in the more or less general extent of this action as to partial or general invasion of organs and functions of the body. Both these facts have an important bearing on the repetition of doses, as well as on the selection of the specific for the cure. Where the destructive process is rapid, as in malignant cholera, some cases of croup, or of violent attacks of fibrinous inflammations, in their initiatory stage, the action of the doses of the selected drug may be rapidly exhausted, and, therefore, as compared with other forms of diseases, may in their treatment call for exceptionally frequent repetition of doses. And so, where few organs or functions are suffering, errors from

* President Wayland.

too frequent repetition are not followed by results so disastrous as where the morbid process is more generally diffused through the organism. The morbid cause and process may pervade the whole organism, as in many examples of chronic disease, and, though the process be very destructive, is slow in its progress and slow to respond to the impress of its specific curative; and, therefore, if the dose be repeated too soon, because the response to its curative impression is delayed, the result will be only repeated impressions of the kind and in the direction of the morbid action, and, therefore, an aggravated condition of the diseased action will follow, and the more exact the specific relation of the dose is to the disease. By this error, curable sicknesses are made inveterate, and in the incurable life is shortened, with increase of the sufferings of the patient while it continues. The deeper the morbid cause has pervaded the organism and the more profound are its effects on the nervous centres and the functions of nutrition and assimilation, the more tardy will be the apparent response of the organism to the curative impress of the specific. The impress here must be profound, pervading, and permanent. The response to the true specific for these deeply seated constitutional affections is never sudden, and the only safe practice here is to wait till the remedy has had time to deal with the morbid process according to its own nature and that of the malady it should cure. If, perchance, there be a seeming sudden response to the dose given in cases of deep-seated affections, it is only an evidence that the remedy chosen is not the specific for the case. The improvement, which, perhaps, has been so encouraging, is always transient, and is followed, oftener than otherwise, by increased inveteracy of the disease and aggravated suffering and difficulty of cure. The remedy has been either only partially applicable to the case or superficial in its action, failing by this peculiar nature to reach the deep seat of the malady it was intended to cure. It was an attempt to reach and remove the profound by means which expend their force chiefly on the surface. The malady being deep-seated, the remedy to be best adapted to its cure must be pervading, reaching to the sources of life action, sick or in health. The curative effects of such remedies are not likely to be a sudden surprise. They are developed after the time required to reach these depths and master the evils they were sent to conquer.

As with diseases, so with their curatives. These differ greatly as to rapidity of action, power to pervade the organism generally, and in time needful for realizing their curative reaction.

In these facts are found a second beautiful adaptation of the nature of curatives to their diseases. First, in the similarity of action of each to the other in kind and direction of their forces; and second, in the more or less general pervading force of the morbid and curing agent, and in the rapid or slow action of each. With remedies, as a rule, those of sudden and rapid action soon exhaust their force, and are comparatively superficial in their impressions. *Arnica* is an example of the class of remedies characterized by this sudden action, which, in some violent attacks of disease, give great value to the drug because of this peculiarity.

It happened in the experience of the writer in his early homœopathic practice to observe the beneficent action of this drug in a very severe case of double pleuro-pneumonia in a child five years old. The severity of the stabbing pains in both sides of the chest on each attempted respiration had reduced this act to the shortest compatible with continued life. The friends of the little one stood round her, expecting these short and rapid respirations would cease at any minute. And so restricted and painful were these that such expectation seemed to be fully warranted. It was in this extreme of pain and apparent danger that a teaspoonful of water, in which had been dissolved a few pellets of a potence of *Arnica*, was offered the child, with the assurance it would relieve her pain. She opened her mouth to receive the dose, but the instant the spoon touched her lips she gave a loud shriek, and said: "It didn't—it made it worse." There was this one severer stab, but there was never another. The effect was literally as quick as *lightning*. The relief was so sudden and so complete that some of the friends turned away, thinking the death they had been so anxiously and painfully expecting had actually released the sufferer. They were only relieved of their grief by seeing that the little one was breathing quietly, and quietly sleeping, from which sleep she waked convalescent.

In the opposite extreme of the series which embraces drugs of quick and slow reaction may be found most of those which Hahnemann has denominated "antipsorics." They are comparatively slow, pervading, and persistent in their action. They penetrate to the profoundest depths of morbidly affected life forces, as has before the active morbid cause, following this last to the centre of its destructive activities, and by its similar nature neutralizes and masters these chronic diseased conditions, which have in themselves no self-limiting duration and no tendency to spontaneous healing. It is only by such pene-

trating and long acting drugs that these slowly and surely fatal diseases are mastered, *i. e.*, fatal if not removed by the rightly selected and *rightly managed* antipsoric remedy.

There are some of the so-called antipsorics which have place in the treatment of acute as well as chronic diseases. When given in these their repetition is to be governed by the principles which apply to such diseases, and decide the repetition of doses of medicines not antipsoric. These diseases, running their course more rapidly, may call for doses of antipsoric remedies more frequently than they would be given in psoric or chronic cases. For an example, Arsenic in a dysentery, for which it is found appropriate, may be repeated more frequently and profitably than it could be in a case of phthisis accompanied by hectic fever. But in these cases the law which pertains to all cases, both acute and chronic, should control repetitions. The law is this: *Never* repeat a dose while improvement is following that already given. And *a fortiori*, never *change* a remedy in these circumstances because tempted to do so by a hope of doing something better. Many a case has been spoiled and many a life lost through yielding to this temptation.

But, says the beginner, "How am I to know whether improvement is progressing in a given case?" No doubt this question has often embarrassed such, and will hereafter trouble many more. The safe course is always insured if the short rule already given be remembered and obeyed. The question implies doubt in the mind of the prescriber. Then, by reason of the *doubt*, don't repeat. The only loss from waiting for the removal of the doubt is that of a *little time*. The loss from wrongly timed repetition or wrong change of remedy may be a loss of life. It is, at the best, certain to result in a confusion of the case, and increase of suffering and danger to the patient, and greater difficulty of cure to the prescriber.

But how as to waiting for the curative reaction which should follow a given dose? How long shall we wait for this before we can safely repeat the dose already given? This question will certainly be often asked, and to answer it satisfactorily may often be difficult. To help out of this difficulty take into consideration the nature of both the disease and the drug, especially as to the rapid or slow action of each, and if these be slow, wait. If the selected drug be one of brief action, *i. e.*, not antipsoric, the case may call for more frequent repetitions than will be judicious in cases of a different character. If the drug selected be one of the princely antipsorics and the case be one of the nature which calls for a member of this class, it may be

Calc., Caust., Lye., Sep., Sil., Sulph. Be in no haste to conclude you have made a wrong choice because you have waited *days* for the expected improvement, for if the case be curable and the remedy be rightly selected the selection will be justified by the desired improvement, if this be waited for. And then remember the long-acting antipsorics seldom admit of profitable repetitions of doses upon themselves. There may be such cases, but these are only likely to be detected by the experienced vision of the master. And further, *long* acting remedies are seldom, if ever, repeated with benefit at *short* intervals, and of these *Sepia* is one of the longest. After exhausting the action of the first dose of the long-acting antipsorics, if, on review of the case, the medicine given still appears to be the most similar remedy, it will be best, if it be decided to give this again, to change the potence from that given, and the record of best success in such cases shows that a change to a higher number is oftener successful than that to a lower.

CASE OF CARIES OF THE SPINE CURED WITH SYPHILINUM.

E. B. NASH, M. D., CORTLAND, NEW YORK.

The child had been under my care for over two years, and several physicians, including the lamented Dr. H. V. Miller, had seen her, but could suggest nothing besides the usual remedies, which I had already given. The caries and curvature were in the cervical portion of the spine; the curvature very great, directly forward, the occiput sinking down to a level with it. The amount of calcareous matter discharging from it would often amount to nearly a teaspoonful at a time, and when the moist part of the discharge was evaporated, there would be left a large quantity of a white dry powder, looking like phosphate of lime. The pain was always in the curvature, and *always worse at night*. This characteristic led me to *Syphilinum*, of which I gave CM (Swan) once in ten days. Three doses cured; in one month the discharge had ceased entirely, and the child, who before was weak, pale, and emaciated, grew ruddy and strong. She is still a hunchback and a dwarf, but has never had any recurrence of the pains or ulceration since, now four or five years ago. There was no positive proof of hereditary syphilis.

FATAL ERRORS.

AD. LIPPE, M. D., PHILADELPHIA.

There is before us the December number of the *New York Medical Times*, and in it we find the first paper, by David A. Gorton, M. D., Brooklyn, N. Y., full of fatal errors, full of erroneous statements, and full of illogical deductions.

The patrons of the *New York Medical Times* have dropped their former title, "homœopathic," with great propriety and honesty, and have been thanked time and again for this action. They became evidently either disbelievers in the efficacy of Hahnemann's methods or were over-anxious for recognition by the dominant school of medicine. The paper before us, by Dr. Gorton, is an attempt to make the medical profession believe that by the aid of such great men as Richard Hughes, Conrad Wesselhoeft, and the like of them, Hahnemann's methods and his healing art can be exterminated. It is a very fatal error to build an argument and form deductions from utterly false premises, and it is this very Dr. Gorton who attempts to do it when he says, on page 258 :

"The study of ætiology has thrown clear light on things hitherto veiled in shadow and added certainty in medical diagnosis where before was vagueness or wild guessing. Take, for example, cases of pyæmia. He would be an incurable empiricist who should to-day presume to treat it on general constitutional principles, on the one hand, or by a comparison of its symptomatology, on the other. The same may be said of parasitic affections of the skin, the infectious or contagious diseases, the genus of which has been discovered and the means of their destruction definitely ascertained; the marsh malarias, in the cure of which the alkaloids of Cinchona have proved to be specific," etc., etc.; and he winds up by saying: "At all events, if we remove the cause or causes of them, or assist nature to do so, we may safely close our medicine-cases and walk away, leaving nature to do the rest."

That is exactly what the common school of medicine taught before the days of Hahnemann and teaches now, although there are rare exceptions to be noted. There are found a few progressive men now, and a few of them have always tried to bring certainty into the practice of medicine. What Dr. Gorton says would form a grand text for such a satirist of medical men as Molière was.

Take, for example, cases of pyæmia! If we accept the methods of Hahnemann, we cure ALL our cases, not by a specific nor by a remedy for a hypothesis as to the nature of the disease, but by a comparison of symptomatology. There is a true healer, a strict adherent to our blessed healing art, still dispensing well-potentized drugs and curing the sick who was ill with pyæmia in 1852—by far the worst case that ever came under my care and observation. He was cured by Jaenichen's two hundredth potency of *Veratrum album* because of the similarity of the symptoms. *Veratrum* may not cure another case of pyæmia—certainly never—if the only indication for its administration is the fact of a cure of one case of this disease. The similarity of symptoms will remain the only guide in future, as it has been in the past.

But when Dr. Gorton says, "*The marsh malarials, in the cure of which the alkaloids of Cinchona have proved to be specific,*" he becomes intolerable. He seems to be anxious to be recognized by a majority of ignorant medical pretenders—ignorant of the teachings of their betters, ignorant of the origin and history of Homœopathy. There once lived in this city an exceptionally intelligent and honest medical teacher, "*Dr. Samuel Jackson,*" who devoted one lecture every season to the abuse of *Chininum sulph.* as a remedy for marsh malaria. The medical students at the University of Pennsylvania were distinctly told that *Chininum sulph.* not only did not cure the marsh malaria, but that, suppressing it only for a time, a new disease was inflicted on the sick by a combination of the suppressed disease and the poisonous effects of the remedy, and presented itself finally as *Chininum cachexia*—a ten times worse disorder than marsh malaria. A quarter of a century has passed since this honest instructor passed away, and now we behold a bold man who fables about a specific for marsh malaria, and that specific the alkaloid of *Cinchona*! The study of ætiology has progressed! Therapeutics have not!

Did this Dr. Gorton never hear of Cullen's *Materia Medica*, a work which Samuel Hahnemann translated?—and when he came to consider Dr. Cullen's question, "Under what circumstances does *Cinchona officinalis* cure the intermittent fever, admitting its curative effects to be limited?" denounced it as "*a specific,*" and then and there resolved to answer this question. He proved *Cinchona* off. on himself and found that it had cured only such cases of intermittent fever as it was capable of producing in similarity on the healthy. Hahnemann then laid the foundation for the certain applicability of the Law of the Simi-

lars for the cure of the sick. It is thus that Hahnemann *created* a *materia medica pura* which, Dr. Gorton says, is represented by Dr. Richard Hughes to be an Augean stable to be cleaned out by him. The Law of the Similars is as old as anything we know about medicine. Hippocrates knew of it; Paracelsus advocated it. But it was left to the great philosopher, Hahnemann, to point out clearly and distinctly how to apply that law for the cure of the sick. He created a *Materia Medica* which will remain a master-work and will be appreciated by future generations, while such men as Richard Hughes, who have never done anything to develop or augment it, will be remembered only as attempting to bring distrust upon it; and as having failed ignominiously to destroy this healing art by destroying its *Materia Medica*. The latter in reality is the stumbling-block which the ordinary physician cannot conquer. As Dr. Gorton has it, this very indispensable record of the sick-making properties of drugs, obtained by the provings on the healthy of various degrees of preparations, is an eyesore to the scientific medical pretender, who still dreams of being able to find out the hypothetical causes of disorders and diseases and the hypothetical means of stamping them out. When Hahnemann first pointed out with certainty under what circumstances *Cinchona* off. would cure intermittent fever, he certainly did not anticipate that in the future any one would be bold enough to ignore his progressive development of the healing art—would ignore the great intermittent fever works of Bœnninghausen and Allen, which so clearly point out the characteristic indications for the use of the various known drugs in the treatment of this fever.

There are hardly three per cent. of intermittent fever cases curable by *Cinchona* or *Chininum sulphuricum*, because of the unsimilarity with their sick-making properties. Every observing medical practitioner sees every day what terrible harm is done by the perpetual administration of *Chininum sulph.* for what is termed malaria in massive doses, and it is not to be wondered at if such bold declarations as Dr. Gorton makes are rebuked as absurd—as contradicted by facts open to everybody's observation.

The truly homœopathic remedy will, if administered according to Hahnemann's methods, irrespective of the puerile babbling of a Conrad Wesselhoeft or the still more offensive braying of a Richard Hughes, cure every case of intermittent fever. Why do these numerous pretenders—so eager for recognition—not publish one single case, say, of intermittent fever, and their—mind it—their homœopathic treatment of it?—their failure to cure till they resorted to their boasted specific?—and—mind it—

the CURE thereby accomplished? The sick treated homœopathically are really and truly *cured*—are much better in health after the cure than they were before they sickened. The sick who are not cured, but only *recover* apparently, come out of their sick-room broken down and never regain any of their former health.

Dr. Gorton is one of the many whose aim in life seems to be to draw caricatures of Homœopathy, make it ridiculous, and move forward with a host of allopathic discontents, forming an unholy alliance of caricaturists, allopathists, and mongrels degrading the science of medicine in its true meaning to vile eclecticism—a phantom ship without rudder or compass, drifting toward final destruction without any guidance. The talk and the writings of these representative men of a caricature on medical science and art seem to aim at this same end, just as does the talk and writings of the communists aim at the destruction of all law and order. There they march on, declaring themselves a free people, governed by no law, like the French army that, under orders of the third Napoleon and under the influence of “spirit,” marched out of their great city singing out, “à Berlin!” only to be driven home again howling. So this lawless horde will be driven back in their silly attempt to conquer scientific progress. The various captains of this law-defying band all sing the same ridiculous songs. There is the microscopic orator, who defines his own individual opinion of Homœopathy before the Boylston Medical Society of Howard University and neglects to calculate that there are readers of his address who might be tempted to put the orator and his address under the most powerful microscope to detect in him or in it an atom of logic, common sense, or historical knowledge, and, finding none, look for contempt of logic and an atom of communism. There is, again, the mighty ex-editor of the once loyal *British Journal of Homœopathy*, who abandoned said journal, preferring to let it go down with his motto, “*Similia Similibus Curantur*,” than to hoist “*curentur*” instead, which he perceived would not be acceptable to logical minds. There is, again, the same consistently persistent adversary to a healing art he cannot acquire or master, who, as a *dernier* resort, attempts to set aside and destroy our great *materia medica* and offers to a gaping multitude clumsily, carelessly, and inaccurately prepared day-books of proverbs of medicine—utterly useless trash, indeed—under the plea that he, as a reformer, will undertake to clean out the Augean stable of Hahnemann’s unreliable *Materia Medica*. Like the rest of them, this reformer deals in generalities. As homœopaths, we have for a long time accustomed ourselves to individualize.

If, now, these new reformers and scientific men would only condescend to individualize and let the world know in what particular case and under what particular circumstances they or any of them have carefully and skillfully treated said case according to the methods of Hahnemann and have failed, they will confer a great favor on the medical profession. So far they have all and every one of them failed to make such disclosures as have been so frequently asked for, and why should they be exempt from the general rules governing the testimony of a witness, viz.: that he must not testify if his testimony should by any possibility implicate him? and we much fear that this privilege to keep silent extends to the witnesses we have so often called for. We must take it for granted that their very deplorably limited knowledge of the healing art—Homœopathy—is a bar to their ability to testify. So be it, so long as we do not hear from these generalizers.

Furthermore, we must be allowed to express our full belief that this host of truly eclectic physicians have dropped Hahnemann's *Organon of the Healing Art* when they contemplated the first paragraph of this philosophical work, which reads: "*The first and SOLE duty of the physician is to restore health to the sick. This is the true art of healing.*" What was to become of them? What would become of the contemplated scientific research for the causes of diseases by the microscopic process of investigation?—what of the search for curative powers of medicines by the same process? What would become of the hypothetical speculations so innumerable and forever changing, like the fashion-plates of the day? And what would become of our beloved "regulars," who are so progressively reducing the duties of the physician?—who really are quite satisfied to classify the diseases, "There is malaria and there blood-poison, etc., etc.," each class of disorders to be treated under one rule, easy to learn? The caricaturists must be allowed to indulge in their frivolities; their days are numbered—while

TRUTH IS MIGHTY AND MUST PREVAIL!

THE I. H. A.—The next meeting of this Association will be held in June, at Saratoga. The meeting promises to be an exceptionally good one. Come, all who are interested in pure Homœopathy. A resolution passed at the last meeting requires applications for membership in the Association to be in the hands of the Chairman of the Board of Censors six months before the meeting at which they are to be considered. In accordance with this all applications must be filed by the 20th of January.

This resolution was passed in order that none but genuine homœopaths should gain admittance, so that an unbroken front may be presented in the fight for pure Homœopathy, and the greatest good gained from intercourse with the members.

THE BASIS OF TREATMENT.

BY THE LATE CARROLL DUNHAM, M. D., OF NEW YORK.

Hahnemann throughout his works takes every opportunity to urge the insufficiency of a pathological theory of the nature of a disease as the basis of the treatment. He everywhere urges that the only sure indication for every case is to be found in the totality of the symptoms which the case presents. One would think that nothing could be more clear and convincing than his arguments on this subject.

His opponents declared that his method ignored medical science, left no scope for pathology and diagnosis, and reduced therapeutics to a degrading mechanical comparison of symptoms. Very many homœopathists have so far deviated from Hahnemann's method as to endeavor to blend with the use of his doses and remedies an application of pathology as a basis of treatment. *This endeavor can never be successful, inasmuch as the function of pathology is to furnish, not an indication for medical treatment, but simply a means of elucidating and collating the symptoms. The result has been a sad falling off from the standard of success in practice which was established by Hahnemann and his pupils.* The points at issue are illustrated by the following case :

Willie M., four years old, was brought to me December 3d, 1863. He had been healthy since February, 1863, when he is reported to have had a long attack of gastric fever, from which he finally recovered with the affection about to be described. This was a dyspnœa and wheezing, distinctly perceptible at all times when the child was awake, and which, on making any exertion, were very much aggravated and resulted in an attack of convulsive cough with difficult inhalation, the whole paroxysm resembling precisely what is described as Millar's asthma or *Laryngismus stridulus*. It was remarked that the child seemed to be free from dyspnœa when sleeping soundly, but at no other time. On waking in the morning he had always a hard fit of coughing, during which he sometimes raised a little tenacious mucus. His appetite was good, though somewhat capricious. He was considerably emaciated; his spirits were good, and he often attempted to join in the sports of other children, but was obliged soon to desist, because of the dyspnœa and cough which every physical exertion caused and which greatly fatigued him. On percussion and auscultation the lungs were found resonant. The respiratory murmur was, of course, masked by the loud wheezing.

The child had been taken in September to Professor A. Clark, of New York, who, after careful and repeated examinations, had given a written diagnosis—"Chronic laryngismus." He gave a very unfavorable prognosis and the advice to avoid all medication, save only a dose of some anti-spasmodic during the violent attacks of dyspnœa. This advice had not been followed. The child had been throughout his illness under what I regard as very skillful homœopathic treatment. I had once seen him in consultation, but had not been able to suggest anything that proved of service to him.

When now placed under my sole care I well knew that the child had already taken, without benefit, every remedy which has symptoms at all resembling Millar's asthma or any spasmodic affection of the respiratory organs; and it was also evident, on even a cursory examination, that no one of these remedies was *clearly* indicated by the symptoms of the case.

I therefore resolved to follow as implicitly as I could the advice given by Hahnemann for the examination of the patient and the selection of the remedy. Dismissing from my mind, then, every notion concerning the seat and probable pathological nature of the disease, I examined the patient and made the following record of the symptoms which he presented:

1. Child emaciated; flesh soft; skin inclined to be yellow (naturally fair—a blonde) and dry.

2. Appetite very good; always calls for food as soon as a coughing fit begins in the morning or forenoon.

3. The right hypochondrium hard, distended, tender to the touch, painful on exertion and when he coughs. The right shoulder is elevated and the spinal column laterally curved; dullness on percussion on the right side, extending three-fingers' breadth below the margin of the ribs.

4. Distention of the epigastrium, which is tympanitic on percussion and tender to the touch.

5. Much rumbling of flatus in the abdomen.

6. Frequent ineffectual desire for stool; stool scanty and dry, occurring once daily or once in two days.

7. Cough dry; sometimes in the morning a very little tenacious sputa; always a coughing fit in the morning on waking; he has to sit up to cough; cough excited by eating and drinking, by rapid motion, by exertion, by crying or talking. The cough hurts his right side.

8. Constant wheezing and dyspnœa aggravated by exertion and by lying down; relieved during sleep.

The tender age of the patient rendered it impossible to obtain

many subjective symptoms—such as usually facilitate the individualization of cases and the determination of the appropriate remedy.

Before proceeding further in the narration of the case I desire to say a word upon its pathology. The symptoms are before us. What shall our diagnosis be? Is the case one of spasmodic laryngeal disease, complicated by certain gastro-enteric and hepatic affections? or is it a chronic hepatitis, complicated by laryngismus? Which affection is primary and which secondary? What relation do the groups of symptoms bear to each other? Professor Clark seems to have adopted the former view, regarding the gastro-hepatic troubles as secondary—if, indeed, he paid any attention whatever to this complication. The homœopathic physicians who preceded me probably adopted the same view and based their treatment upon it. Now, if in so doing they had happened to take a correct pathological view, the result *might* have been favorable; or if they had adopted and acted upon the second hypothesis and this had chanced to be the correct view, the result *might* have been favorable.

But is it not obvious to every candid mind that, in either case, success in the treatment, based upon a pathological consideration of the case, must depend on the correctness of the pathological hypothesis—a matter in which certainty can *never* be attained.

On the other hand, if we throw aside, as irrelevant, the entire series of questions as to which is the primary disease and which is the secondary, which the original malady and which the complication; if we say to ourselves, “Here is a sick child; let us examine and record those points in which he differs from a healthy child,” we get the series of symptoms above recited, which are *facts*—indisputable, unmistakable—the result of pure observation. If, now, without hypothesis or speculation, we seek to find and do find a remedy which presents a series of symptoms corresponding closely to those of the patient, experience justifies us in believing that we shall have reached the utmost possible certainty of correctly selecting the remedy.

Comparing the symptoms with the *Materia Medica*, we perceive at once that the remedies whose names are usually associated with Millar’s asthma, laryngismus, etc., viz.: Sambucus, Spongia, Cina, Lachesis, Hepar, Stann., Chlorine, etc., etc., do not cover the case, having but little correspondence with groups 1, 2, 3, 4, 5, 6.

Nux vomica, on the other hand, covers these groups very well, as will be seen by comparing *Materia Medica*. In addition, it has violent paroxysms of cough in the morning very early (676

and 677), excited by motion and exertion (670, 671, 672), producing pain in the *epigastric zone* (689), and accompanied by a desire to eat (my own observation).

It has also a well-marked dyspnœa.

The correspondence was so close that I had no hesitation in giving *Nux vomica*.

December 9th four powders of the two hundredth were given, to be taken every night, and the patient to report in ten days.

December 21st, the report was brought to me that the child had no more wheezing nor dyspnœa; had been free from cough for five days; can play long and vigorously without inconvenience; is regular in his bowels; complains no longer of pain or tenderness in the hypochondrium—in fact, seems to be perfectly well.

He deranged the digestion by eating candy at Christmas and had a slight return of pain in the hypochondrium, which a dose of Sulphur relieved. He has ever since been entirely free from dyspnœa and laryngeal spasm and is in the enjoyment of robust and perfect health.

If such a mode of practice as this be (as is charged) *unscientific*—if it ignore the sciences of pathology and diagnosis as bases of treatment—thus much at least may be said in its favor, that it far surpasses every other method in the facilities it affords for the fulfillment of one not unimportant object of the physician—the *cure of the patient*.

THREE FRAGMENTARY PROVINGS OF LAC CANINUM.

Mr. N., æt. twenty-two.—Three years ago contracted syphilis and had a hard chancre on glans penis. Was cured (?) by external applications and the mercurial preparations internally. Since this "cure," has suffered from excessive mental depression, and has at no time since he had syphilis felt any of the buoyancy of youth. There is a want of ability to concentrate his mind upon his studies. He has an enlargement of lymphatics, principally of the neck and submaxillary regions; these are indolent and painless, and are sufficiently large to keep him in mind that the original disease is not yet cured. Since the proving, his mental condition is much changed for the better and his general condition much improved.

Took first dose of thirty-first potency on night of November 25th, 1878, before retiring. Felt slightly better next morning and repeated dose at 9 A. M., continuing it every four hours.

November 26th, 8 P. M.—Considerable itching and burning near glans penis, where the chancre formerly was, lasting ten minutes.

November 27th.—Slight throat irritation, left side; urging to hawk, principally in morning. In afternoon much confusion of head, making thought irksome. No appetite for supper. About this time feeling of uneasiness in umbilical region, an agitation, or moving, as it were, in the colon about this part. Sleep at night full of sensuous dreams, with conscious emission.

November 28th.—Slight hoarseness, with, now and then, a changing of voice after waking, but soon passing away. At noon rheumatic-like pains in upper, outer part of left thigh. At night took last dose. Sensuous dreams again, but no emission.

November 29th.—In forenoon feeling cheerful, but with little appetite for breakfast; at noon pains in upper chest, lasting for remainder of day; in evening some dizziness when walking. Appetite still growing less. At night awoke at 2.30 A. M. with intense pains in abdomen and desire for stool, which could hardly be suppressed. The discharge (diarrhœic), after repairing to water-closet, was voided entire at one effort and ease immediately secured.

November 30th.—General feeling of illness all day, but with no return of diarrhœa.

December 1st.—Complete loss of appetite, with much heaviness in top of head. Feeling, now, very weak and depressed; sexual desire quite marked. At this time urine dark and heavily loaded with thick reddish sediment, that adhered in different colored circles to bottom and sides of vessel. Went to bed at 8 P. M. from fatigue and indisposition, sleeping well till 9 A. M.

December 2d.—Felt much better. In evening remained up till 11.30 P. M. Head much clearer.

December 3d.—Still further feeling of relief, and, in evening, better than for some time.

December 4th.—Very cheerful; no head symptoms; appetite regaining. At 10 P. M. more itching and burning in former spot, lasting, this time, much longer.

December 5th.—Slight enlargement of already enlarged lymphatics in side of neck. Feeling very unwell. Stupid condition of head. Occasional slight probing pains in lower left throat.

December 6th.—Awoke late, with tired feeling and inclined to lie in bed longer. Better after dressing. Remainder of day tolerably comfortable.

December 7th.—Forenoon, return of burning and itching; part red and feverish. Indisposed all day. Appetite poor.

December 8th.—Better; more itching and redness. Two warts on middle finger noticed to be leaving.

December 9th.—Feeling good.

December 10th.—Right spermatic cord, low down, sore to touch.

December 11th.—Awoke earlier than usual. Felt well till 3 P. M.; unwell rest of day. At 9 P. M. more itching, accompanied with boring, throbbing pains.

December 12th.—During afternoon uneasy pains in left groin.

December 13th.—Return of latter pains, beginning in afternoon and lasting till 10 P. M.

C. LIPPE.

A homœopathic chemist gave *Lac can.*, third decimal, to a woman suffering from diphtheria. It much relieved the symptoms, and after the improvement had set in a new symptom appeared, drinks returning by the nose. This symptom has hitherto been only clinical.

(1.) Miss G. (the patient whose former experiences with this medicine are given in *THE HOMŒOPATHIC PHYSICIAN*, Vol. IV, page 103) wrote again August 30th, 1883: "My throat troubles me much if I read aloud or talk more than usual; it seems almost as if it were stopping up, and I get very hoarse, but have no soreness; there is a feeling of fullness and a sense of choking." I sent her *Lac caninum*^{mm} (Fincke), a dose three times a day for fourteen days.

On October 7th she wrote: "The medicine has nearly cured my throat; I can read aloud now for an hour at a time, which was a thing impossible. The first few doses caused an oppression at the chest, almost a soreness. There was also irritation in both ears to the throat, besides a disposition to sneeze and other symptoms of cold in the head."

(2.) Mrs. B., August 23d, 1883.—The day after weaning baby right breast became full and painful. She took *Bellad.* with temporary relief, but now writes to say that the breast is fuller and more painful, especially hard and painful on the inner side;

cannot bear her stays to press upon it. It would feel very heavy if she had no stays on. *Lac caninum*^{em} (Fincke) every four hours.

September 10th, reports that the medicine "acted beautifully, could feel the improvement after every dose." She finished the powders in twelve doses. Some hardness and pain remained on inner side, but it has gradually got back to its normal condition. The improvement was felt immediately after second dose.

(3.) Mr. L. S., æt. twenty-two. January 18th, 1884.—Five or six months ago had two teeth extracted at different times under the gas, and after the second operation did not feel so well. About two months ago he consulted a mongrel, who gave him some pink pills to take after dinner, and a powder twice a day; this treatment only relieved him temporarily. For about a month has felt very strange sensation in head (such as he felt when going off under the influence of the gas); sometimes he imagines that the heart or the breathing were going to stop or otherwise frightens himself, and this makes the heart beat violently; occasionally very depressed, and fancies he is going out of his mind. *Lac caninum*^{em} (Fincke), twice a day for fourteen days.

February 1st.—Reports no return of symptoms since commencing the medicine. The cure has remained permanent.

E. W. BERRIDGE.

I gave *Lac caninum* 10 M (Swan), four doses daily for three or four weeks, to a lady twenty-five years of age, in excellent health, except that she had never menstruated.

October 19.—Dizzy, nausea, as after rich food; worse after standing, must sit down; feels as if she would fall if she closed her eyes.

October 26.—The same nausea. In stomach feeling as if something were pushing up.

November 6.—Acute pain across over eyes and bridge of nose. Cannot clear the head, nose stuffed. Soreness from nose through into throat. Feeling of a lump in throat, which goes down when swallowing, but returns; throat worse right side, worse on swallowing saliva. Tired, totters when walking.

From November 8th until January 5th she suffered from the following. They were so evident to her that she came into my

office crying, fearing she was contracting consumption. I give them in their order of appearance:

Clavicles sore to touch. Feels as if she wanted to fix shoulder so it would not feel strained. Pain and stiffness up right sternocleido-mastoideus. Throat, which had been getting well, suddenly one evening grew rapidly worse, but this time on left side. Soreness from right clavicle down to third and fourth ribs, worse on moving, less on left side. Fears consumption. Soreness through chest to back. Cramped feeling in chest, wants to stretch up and back. Lungs feel as if fast to chest, worse while writing. Right clavicle feels as if out of place, worse by moving shoulder. Pains down right arm and in fingers, which feel cramped; does not seem to have the same power in right hand. Sore across mid-chest during forced expiration; feels just as if she had been struck. Veins in hands look bluer than usual; they are swollen. Every scratch gets sore. Sore spot just to right of mid-sternum, worse from lifting or from pressure. Right cheek burns like fire and is red after coming in from the cold. (She remarked: "If this was the cold alone, why wasn't my left cheek red?")

E. A. FARRINGTON.

OPIATES AND ULCERATION.

May not the following quotation show, even to the benighted allopath, how injurious is the use of opiates in surgical cases? And does it not shed some light on the case of the late President Garfield, in whose case such extensive ulcerations occurred?

"MULTIPLE ULCERATIONS OF THE DIGESTIVE TRACT PRODUCED BY LARGE DOSES OF MORPHIA.—A. Sourrouille reports the exhibition in a case of uterine carcinoma of Morphia in doses increasing from three-fourths of a grain to four grains. The sedative effect was prompt, but untoward effects soon appeared—thirst, dryness of mouth and œsophagus, with dysphagia, anorexia, constipation, etc. On the mucous membrane of the mouth and pharynx, and probably also at other points in the digestive canal, appeared a series of sharply outlined ulcerations of varying depth which rendered alimentation impossible. The symptoms disappeared upon the withdrawal of the drug, to reappear upon its renewal. Sourrouille maintains that Morphia induces atrophy of the secretory organs and destroys the epithelium with which it comes in contact."—*Centralb. f. d. med. Wissensch.*, Nov. 7th, 1885.

HOMŒOPATHY: ITS FUNDAMENTAL PRINCIPLES OUTLINED BY PROFESSOR KENT.

[Full text of address before the Central New York Homœopathic Medical Society, December 17th.]

As we are about to enter upon a discussion that may lead beyond the probability of ready comprehension, and as I may encounter, even at this centre of Hahnemannism, those who have not traveled beyond "faith" and "belief," permit me to ask my hearers to lay aside both, and with me enter upon a line of thought and investigation, and accept the outcome regardless of preconceived opinions, belief, or faith. These have no part in a scientific discussion. One should proceed without opinion, without faith, without prejudice to weigh the statements found in the sixteenth section of the fifth and last edition of the *Organon* of Samuel Hahnemann.

The doctrines contained in this section are the result of many years of thought and classified experience, and they conflict with the statements of accepted authority. But if it be the foundation of truth even in part we must explore its interior and bow to its revelations. Though Draper and Carpenter have failed to discover these inner precincts, they have not demonstrated that Hahnemann's conclusions were illogical or impossible. With cell-formation they have ended; but life, the home of disease, is unknown to them. The opponents of this doctrine, which the followers of Hahnemann have accepted as a great truth, may search in vain and quote authority without end, and the only result attained is: Not found; not demonstrated; unknown. These authors, being ignorant of this vital dynamis, deny its existence; they cannot see it; cannot manipulate it; and cannot demonstrate it by the common instruments in chemistry and physiology. Nevertheless, the time will come when physiology must deal with this question as a factor not in dispute; then will the great void in this science be filled with that which will make medical science to rest on firm foundations; while at present from old-school standpoint it has no foundation, and with the Hahnemannian school our foundation is disputed.

As it is probable that I shall be accused of extremism, let me say, by way of explanation, that not all so-called homœopaths admit the truth of the dynamic doctrine and choose to call it "dynamic theory." There are graded believers in Homœopathy as in religion. Some are born to position, others acquire it. To be born of Christian parentage does not make one a Christian. Yet believing in Christ and His teachings, without fol-

lowing His example or obeying His commands, will distinguish him from the Jew. In like manner believing in the *Law of Cure* makes one a homœopathist. But, like the followers of Christ, it is only possible to be an exemplary one by close relation at the throne of grace, or measuring every action by the principles under the law. Therefore it will be observed that to be an exemplary follower of the master-healer, it is necessary to be near him, and follow after him in all his steps that the highest degree of wisdom may appear in our methods. Not that I would blindly follow a leader who has been extensively courted; but that after discovering Hahnemann to have been the greatest living healer it behooves that we study him in all his intricate philosophy to ascertain, if possible, wherein rested his great powers as a physician, and then see whether as a healer he is worthy of followers. If we have discovered that he was an original thinker and philosopher, and his teachings are as he declared them to be, viz. : the only true method of curing the sick, let us follow as far as he has gone, not wavering a hair's breadth, until we have arrived at the point where the master left us and his great philosophy. They who practice on a part of Hahnemann's teachings and fill the great void with "results of experience," do so with methods that the master unequivocally condemned; and while it may not be thought kindly of, the statement is true; they are not the homœopathists who have followed in the footsteps of the master. They have not lived closely to the law, and are not Hahnemannians. Hahnemann said to a friend of his in Paris, who was complimenting him on the great number of his followers. Says Hahnemann: "Yes, there are a great many homœopathic doctors, but all my true followers can be counted on the ends of my fingers."

It is as an exponent of the philosophy of Hahnemann that I speak to *you*, his professed followers. It is because I have learned that the Central New York Society desires to live close to the master and learn of him, as far as he had advanced, that I traveled so far to address you on this occult subject.

While some of the enemies of Homœopathy, and some professed followers of the *Law of Cure*, have said that this great master was visionary, and many other harsh things, it may be well to observe that he never ceased to think with strength; his very last thoughts are to be fully appreciated before we attempt to walk alone, or build a philosophy out of other material.

Before entering upon a fuller discussion of the statements which contain the master's conclusion, let us look into the life of this great man, and see what manner of man was he, and how

was he led to such a conclusion relating to the invisible vital dynamis. We want to know whether he reasoned it out by a pure mental effort, or arrived at it after the use of potentized medicines—as a result of experience.

Burnett says : “ Of Hahnemann’s father sufficient is known to be sure that he was no ordinary man, inasmuch as he taught the young Samuel *to think* for himself—for which purpose he is said to have shut him up alone and given him a theme to think out.”

If Ameke’s history be read it will be seen at once that Hahnemann displayed wonderful energy in securing his primary training, as his father was a man of limited means.

Everywhere facts confirm the historian, wherein he states that Hahnemann never admired metaphysical speculations; he always concluded on facts, never on theory or speculation. I refer you to his essay on the “*Speculative System of Medicine*,” *Lesser Writings*, p. 567, wherein a masterly handling of the subject was done, showing a wonderful mind and a complete knowledge of the medicine of his time, which he manipulated so iconoclastically.

In 1792 he challenged the physicians to justify themselves for the treatment administered Emperor Leopold II. Even thus early the master-mind saw the perniciousness of the practice in vogue. Neither was he wanting in knowledge of many sciences.

He was the first to make the proving of drugs a system. From 1790 he continued the proving of drugs, and throughout his writings he recommends the use of drugs only whose effects are *accurately* known, which knowledge is to be discovered only by proving upon the healthy; and this is in keeping with his manners and acts—everywhere we find exactitude of thought and method.

While translating Cullen’s *Materia Medica*, in 1790, he met the latter’s explanation of the action of Cinchona bark in curing chills and fever. Cullen attributes the curative influence to a “strengthening power it exerts over the stomach.” Hahnemann refuses to accept this explanation, and cites the following: “Substances, such as strong coffee, pepper, arnica, ignatia, and arsenic, which cause a kind of fever, extinguish the periodicity of fevers.” “For the sake of experiment, I took, for several days, four drachms of good Cinchona bark twice a day.” The results are too well known to be recalled here; but it will be observed that Hahnemann did not refuse to accept Cullen’s explanation without a reason on definite information, while Cullen’s opinion was

a mere speculation, such as men feel compelled to offer when expected to say something. From facts, Hahnemann was led to remark that Ipecac must produce certain forms of artificial fever in order to cure intermittent fever. Gradually was he advancing by deduction to the great discovery of the Law of Cure. Up to this time, while he had seen the evidence, he had not formulated the *similia similibus curanter*; in fact, nothing is seen of it until 1796, in an essay which appeared in *Hufeland's Journal*, and is a part of the *Lesser Writings*, p. 295—"Essay on a New Principle for Discovering the Curative Power of Drugs." In this paper he advises medicines in crude, but small, doses. "In a dose just strong enough to produce scarcely perceptible indication of the expected artificial disease." At this time he had not discovered the nature of the vital dynamis.

In 1801 he wrote a paper, "Cure and Prevention of Scarlet Fever" (*Lesser Writings*, p. 369), wherein he recommended tinct. Opium, one part to five hundred of alcohol, and one drop of this to be shaken with five hundred of alcohol, the patient to take one drop of this preparation at a dose.

It was after 1801 that his centesimal scale was brought into use. In this year he used Bell. and Cham. in about the third or fourth dilution.

Very soon he discovered that "the diminution of the action of the drug was not proportionate to the diminution of its quantity." Also the astounding fact became evident that "medicines could be so diluted that neither physics nor chemistry could discover any medicinal matter in them, and yet they possessed great healing power."

Hufeland says Hahnemann was the greatest chemist of his day, therefore was not in ignorance of the actual inability of the science to measure the quantity of medicine in his newly discovered healing agencies. His enemies have said he was highly educated in physics, botany, chemistry, geology, astronomy, pharmacy, etc. His greatest and last attainment was his discovery of dynamism, which has distinguished him from all men and established a Hahnemannism that will stand as long as the world stands.

They may run away with Homœopathy and befoul it into a modern nastiness, a mongrelism, and by virtue of might and numbers vote it to mean anything they choose, but they have no power to change Hahnemannism, which stands and must forever stand as a living truth wherever men love truth and are not afraid to speak their true convictions. I do not favor isms; but, Mr. President, in this case our only safety is to stand by

this one for the simple reason that when any other name has become popular it will be stolen as the honored name of Homœopathy has been stolen, and is no longer an expression of the doctrines of Hahnemann and its most conspicuous representatives who do not make use of his methods. If an inquiring allopath seek information of one of these modern representatives, he will learn nothing of the teachings of Hahnemann. Why is this? Simply because the colleges have not taught the sixteenth section of the *Primer*. They have not taken neophytes up through the primary work, but have placed them at work with the advanced course, which is never learned without the primer. Where have we such a parallel in other sciences? One of the conditions necessary to the successful perpetuation of this science is a knowledge of its first principles and how to teach them.

Let us now proceed to inspect the various editions of this *Organon*, and we see what a careful man our author was. He was not a man to adopt a theory of others before having thoroughly tested it and having observed the facts upon which the theory was based. Everywhere we see originality of thought, firmness, great power of observation, comparison, and most wonderful reasoning. Metaphysical speculation was repulsive to him, which he carefully avoided in the first edition of the *Organon*, which was published in 1810. He was eminently practical in all that he said and did. Thus, you will search in vain in all the first four editions of the *Organon* for the term and idea of the vital force. He only spoke of the interior of the organism.

In the seventh section of the first edition: "There must exist in the medicine a healing principle; the understanding has a presentiment of it, but its essence is not recognizable by us in any way, only its utterances and actions can be known by experience."

Twenty-three years later, when seventy-eight years old, in the fifth edition, published in 1833, in the ninth and tenth sections, he distinctly calls a unit of action in the whole organism the vital force. From this it is evident Hahnemann arrived at this conclusion after a long and practical experience, inasmuch as he was led up to it by his early perception of the similar vital principle contained in the medicine (see first ed., fifth section), which is only recognized by its action upon the organism. I have now shown you that it was not metaphysical speculation that led the master to the idea of the vital dynamis, but a long series of practical and experimental research.

If we would think for ourselves, let us inspect some of the

facts that relate to general medicine and see if we can answer some of the questions that are propounded, and then revert to the vital dynamis. We read in the time-honored text-books that there is such a condition of the human body known as a *diathesis*—in fact, several of them; again, that these diatheses are hereditary and predispose to disease. What is this diathesis out of which grow so many diseases? In one subject comes cancer; in another insanity; in another tuberculosis; and in another epilepsy, or Bright's disease, or Hodgekin's disease. What is the stromous diathesis? What is this state of bad feeling that precedes any fixed organic change that locates in an organ? Can it be that this latent wrong in the vital power is not worthy of consideration? Can it be that the kidney can take on structural change and become waxy without cause? You must say, No! What is the cause of this lesion, and why do not these named exciting causes always produce the same results, and why does not every person subjected to these exciting causes become afflicted with waxy kidneys? You answer because there is a predisposing, determining influence at work. Yes, the diathesis. But the diathesis has no foundation in fact, only a thing of the imagination. A convenient explanation of unknown things; a figure-head in the text-books, out of which we have had no benefit, and learned no lesson from the old school, whose literature has so wisely furnished us with a meaningless lot of terms.

We read of the weakness, of the dropsy, etc., etc., coming from Bright's disease, but we do not read of the pre-historic symptoms; are they of no value? Are they not present? Yes, they are present. Then what are they? We read of exciting and predisposing causes, but we do not read why a similar combination of exciting and predisposing causes is not always followed by Bright's disease. We have a right to ask this of a system of medicine that claims scientific attention and public patronage. Another example, if you please, we read of a self-limited disease called scarlatina (scarlet fever). Any allopathist will warm up in opposition if you tell him that scarlet fever is not a self-limited disease. If it be a self-limited disease it must result in resolution or death; the child must recover by statute of limitation, or—die. They do not all die; some are left even under old-school treatment to tell the tale. From these we learn that ear-discharges are the result of scarlatina. This otorrhœa is not a part of scarlatina—as according to accepted teaching—that disease is self-limited. The child was a picture of health before the scarlatina: then, what is this new

trouble? Specialists treat the otorrhœa as if it were a new disease *per se*; if so, whence has it come and what is the nature of it? A novice can tell you a long name and affirm that it is catarrhal; but that is not satisfactory. Where did it come from? Did it come spontaneously, or was it the result of some latent wrong in the vital dynamis? I say in the dynamis, as there was no tissue change before, and the scarlatina has long gone. We do not know that this new trouble is essentially chronic; and that in scarlet fever there is no chronic element. Now, has this sore ear simply developed this, a propitious time? Has the scarlatina so weakened the mucous membrane of the aural tubes that they became the favorite sites for the expression of a something that the disease when badly treated has aroused into action? I say when badly treated, because when the disease is properly treated, otorrhœa does not follow. I no longer see such troubles, and have not had them since I have been able to recognize their true nature. What is this something that may exist for years in a latent state—be handed down from generation to generation, and come to view at any time and cause chronic troubles to follow self-limited diseases? We have a right to a civil answer to a question of this kind. If a vital wrong is capable of existing for years in an invisible state outside of the tissues, there must be some invisible precinct that stores it or it does not exist. Can it now be doubted that a disease may exist for years with or without a morbid anatomy? Rokitsky says scrofula has no morbid anatomy. To be logical, according to the material school, there is no scrofula and no stroma; that scrofulous manifestations have no cause, and consequently, no reality. Why do not all injuries of the synovial membranes of the iliofemoral articulation result in hip-joint disease? Why do some abscesses close with the evacuation of pus, and others form sinuses and fistulæ? Look where you may in literature other than Hahnemannian, and you will find mere speculation, theory, and no practical deduction.

Hahnemann describes three constitutional miasms that may exist in latency, that develop and progress in the vital "dynamis without" changing the tissues that may spring into destructive activity and attack organs and give shape to countless lesions called disease; that these miasms should be recognized as primary wrongs out of which grow incurable maladies, and all structural changes. Shall we learn a lesson from these reflections, or shall we pass them as mere theories? Hahnemann teaches the nature of these miasms; it is not my province to

discuss them, but to simply call them up as the essentials to the complete study of the sixteenth section. The questions to be answered from all these are:

First. Have we such a condition as an invisible immaterial disease?

Second. If so, are all diseases of the same nature, and

Third. Is it rational to attempt to nullify a disease of immaterial nature by material substances?

Hahnemann's early deduction was that disease, being of an immaterial nature, could develop only on a similar basis or in a similar sphere, when in contact with a similar quality of force; and to again reach it curatively, a force must be found equally as immaterial.

The mystery of the vital force for all practical purposes in the healing art has been solved by the immortal Hahnemann, and named the vital dynamis. His deductions are summed up in the sixteenth section. This section furnishes the keystone to the doctrines of Hahnemannism, and without which the great arch must flatten and collapse; without this finishing doctrine his followers would be where all are who have rejected it—floundering in the mire of uncertainty and floating in the swift and muddy rivers of guesswork and disappointment. The study of the sixteenth section clearly sums up what the great philosopher believed disease to be. Let us enter this wilderness and see where we are directed. If we accept the teachings we must admit that (the results of disease) lesions, tissue changes, cannot be considered as primary expressions of disease, but as a consequence. The molecular vibrations or vital activities give evidence of life either changed or in equilibrium. It is life even in sickness, as death can only find expression primarily in cell changes, which is no part of our vital activities, yet a warning that a continuance of the expressions of wrong life must mean progressive death. To consider life in the sense that Hahnemann looked upon it, is normal activities within the organism, and we must then look upon these normal activities changed by cause to be abnormal, which is disease. The only evidence of disease is the definite expressions that deviate from the normal, which we choose to denominate the language of the vital wrong (section 7), "Hence, the totality of these symptoms, *this outwardly reflected image of the inner nature of the disease, i. e., of the suffering vital force.* Localization is at all times a secondary state or the result of disease, while changed feelings are the primary manifestations. The primary or changed feelings often escape observation, as in

a gonorrhœa ; but the disease has been pervading the economy for a period of eight days, and the localization finally appears as a discharge. The same is true of all contagious diseases, and as far as is known, of every disease. If we look upon disease with any other view and consider it *per se* when it localizes itself, and then search for a name to fit it, by virtue of its morbid anatomy, or its location, we trace it to its observable beginning, and as though it had no cause, and study it in relation to changed cells as a something with only an ending—but with no beginning. But when looking at all tissue changes as the result of disease, we are in position to inquire: What is the disease proper? This guides into the pre-historic state when there were no tissue changes, and yet there will be found ample expressions to convince us that all was not perfect in the invisible vital kingdom, where the microscope has given us no information, and the scalpel has not been directed. Then it is with this pre-historic state, these vital activities, that we have to deal. Before the change in the tissue has occurred there must have been a cause of morbid vibrations—a condition of morbid vital activities, or cell-changes could not have been wrought. What is the nature of that state or condition that existed before the tissues and cells changed their shape? There must be two, the right and the wrong; the former the correct life function known by the absence of all subjective sensations—a feeling of bodily comfort and ease; and the latter by the presence of subjective morbid feelings. The former is known as health, and the latter as sickness or disease. These cannot be measured as a quantitative influence, as the cause is only qualitative in itself, and its results are but a perversion of a proper force. It will be as difficult to demonstrate that quantitative influence is necessary to produce vital changes as to demonstrate that there is a measurable quantity in noxious forces so hurtful to man. Therefore, we may conclude that causes purely qualitative act destructively. We now have the right to assume that all vital changes primarily are only qualitative in the sense of misapplied force, and that these morbid vibrations are the disease, and all there is of disease *per se*.

Now, we may assume that life is a dynamis capable of perpetuating its own identity when the medium through which it acts is not destroyed or impaired. Again, to act upon the dynamis and not disturb the medium there must be a force brought in relation with the vital force equally as qualitative and as free from quantitative consideration. It hardly needs further demonstration to show that this vital perversion is possible, but we ob-

serve daily the wrong feelings that have been known to exist for years without quantitative changes or localization. Thus have we arrived at Hahnemann's conclusion. But now we glean that if an equally subtle dynamis is necessary to cause disease and disturb the harmonious relations of the vital activities—and it is admitted that the Law of Similars expresses the curative relation and the only law of the kind known to man—must we not conclude that this curative power or force, to be a corrective principle, must be equally qualitative and subtle with the life-principle, with the disease cause, with the disease itself? The vital affinity cannot appear between forces of foreign relations; they must be *similar* in quality and devoid of quantity. Power used in the sense of overpowering an antagonist has no place in the science of homœopathics, but it is a consideration of a given force deranged or perverted to be simply harmonized and restored to equilibrium.

It will at once be observed that a surplus of force is impossible only as a surplus in a qualitative relation which has no part in the similitude of a purely qualitative problem. To attain the highest degree of similitude, not the quantity of a given power, is the aim. The similar in quality with similar expressions of activity is the *sine qua non*, as we have demonstrated, that there is no quantity necessary in the consideration. Therefore, if this be only a spirit-like dynamis—and I believe the demonstration is clear—all of the quantity taken or made use of must be that much more than similar—therefore, unlike—and that much more than the demand to restore equilibrium; in other words, contrary and in no relation curative. Not in any sense restorative, but, on the contrary, retarding the return to normal vibration by impairing the medium through which the vital dynamis must operate. In relation to cure, it has so often been said by the master there was yet too much medicine to cure. The dose is yet too large to cure. The use of the term quantity conveys the idea of strength, which has no part in any homœopathic sense as related to a curative agency. To reduce remedial agents to primitive identity of a qualitative character only that they may act through the new medium, is the aim of the true healer. Not until they are divested of their own media can they be quickly corrective or be active in any sense as similar agencies.

This view may appear to oppose some statements of Hahnemann. In section 45, "The stronger disease will overcome the weaker one." This is only apparent. The two diseases, being partially similar, overcome each other only in part; but the part of the one overcome only in part reproduces itself and runs its

course unmolested." In section 34, "For it is by virtue of the similitude, combined with greater intensity." This statement may be correct; but I believe it to be only apparent, and that the similitude is the only necessary demand for the destruction of both, or, rather, the correction of the wrong in the dynamis or spirit-like vital force. There being no entity, there can be nothing to overpower—only a perverted effort to be corrected. Any disease will subside apparently by natural decline when met by a noxious influence of similar dynamis or sick-making possibilities, regardless of intensity. This view strengthens the Law of Similars and is in harmony with immaterial activities. It is not adding a new force, but applying a force to correct a perverted life-principle.

The noxious, disease-producing influences have nothing in common with material agencies. When so crude that they can be seen and manipulated, they are feeble sick-making agencies. [The skeptical experimenters, in provings made with attenuations, forgot that a special predisposition is frequently necessary for contagion, and that this predisposition cannot be made to order, but must be utilized when found, which affords a propitious opportunity for the pure experiment through which we discover the sick-making power of drugs] (Section 31.) The dangerous and most noxious agencies are of the unknown. The most astute have failed to find the cholera or yellow fever causes. The cause of small-pox is yet unknown. The subtle influence that in one stroke swoops down upon a village is not measurable by our crude senses. The small-pox poison, when attenuated with millions of volumes of atmospheric air, comes to the surface through the mails and through old clothing by inhalation and the slightest contact. The impression wrought upon this spirit-like dynamis accumulates until the medium is threatened with destruction—all from a simple perverted life-force.

In this sixteenth section: "Neither can the physician free the vital force from any of these morbid disturbances." No, because the life force being an immaterial force like electricity, there is nothing to purge out, nor puke out, but a simple vital perversion to be corrected, and as the wrong is essentially immaterial, nothing but an immaterial something can be similar enough to it to act upon it as a corrective. A material substance may change the organism and thereby suppress or suspend an immaterial wrong, but the latter will return so soon as the former, its medium, resumes its normal conductivity. It will be observed at once that the essentials of cure do not exist in operations upon the organisms, and as material substances operate largely

through the organisms, the true disease is not reached. The object then must be to avoid operating upon the organism and essentially through the vital impulses by correcting the perverted vital activities. The causes of disease existing in a highly attenuated form are similar in equality to the vital dynamis; hence the affinity or susceptibility. This same affinity must be acquired by a drug substance. The attenuation must be carried on until a correspondence of spheres has been reached, or until resistance is no longer possible. The point of the highest degree of similitude in quality between two activities is variable, as it is in a degree observable in a very wide range of attenuation, as many quick cures are observed from low attenuations, but, more commonly, the high and highest attenuations furnish the most striking examples. That low potencies cure, nobody disputes; and this does not refute the doctrine; but it must be admitted that it is by virtue of the inherent dynamic principle that it is curative, though more feebly curative in the low than when the drug is attenuated to a quality equal to the quality of the attenuated disease cure and the qualitative vital dynamis. The striking changes sometimes observed from low attenuations are the results of primary action on the organism which Hahnemann seeks to avoid. To bring about such results medicines must be repeated, while a single dose of the attenuated medicine would prove curative, and not influence the organism primarily. From a practical standpoint let us look upon the results of obeying the instructions of the master, who was always guided in his later years by the doctrine of the sixteenth section, and contrast them with the results of those who disobey this teaching.

The former class has followed closely the master's teachings, accepting the dynamic doctrine, and in this line have they made their cures, with the same evidence claimed by the other class, simply the patients recover. They have not felt the need of other methods than those taught by Hahnemann. They have not gone backwards, but, on the contrary, they have made some progress. How have they progressed? Let us see. If you will consult section 41 of the *Organon* you will see. Here we see that Hahnemann declares it almost impossible to eradicate some diseases because they had been complicated with drugs having no relation to the disease. He says that his remedies were always capable of curing effectually all simple diseases. Hahnemann then used but the thirty-sixth cent. potency when this section was written with few exceptions. What have his faithful followers to say as proof of the truth of the doctrine and as proof of progress? That many of these most complicated

diseases can be wiped out. That the drug symptoms can be subdued by very high attenuations, leaving the simple original disease to manifest itself through the natural medium, when it can be cured by the thirtieth potency of the master. They who have rejected this doctrine as a dogma have never seen this work and they never will. Yes, we shall progress if we observe facts, and unflinchingly cling to the doctrines of the immortal Hahnemann. Let us look at the contrast. What can be said of this class? Their cures are only a deception. Had they really cured their cases they would not need to resort to the latest whim of an empirical profession. They have abandoned the teaching of the sixteenth section, and what is the result? They know that they cannot cure the sick, and they even refuse to believe that any one else can. You never dispute a cure where it is in keeping with your daily observations. They say that ague must have Quinine, when the follower of the master cures all his cases with the attenuated appropriate remedy. The materia medica that has been found so satisfactory in the hands of Hahnemann and his followers has been a failure and it needs revising. There must be something wrong and we want no greater evidence of their failure than that the chief defamer, J. P. Dake, requires in his practice a large stock of Warner's sugar-coated pills, composed of crude medicines. If this be true of the chief, what in the name of heaven must the lesser lights need, who must, of course, be less skilled? They have declared that any one who simply selects his remedy under the *Law of Similars* is as high as he can attain in the art of healing; and he may thereafter cover his patients with mustard, and apply all the local measures he chooses. Even they say that the local treatment is assisted by the internal remedy.

The first departure from the dynamic doctrine is dangerous and leads toward non-success, and careless method is the outcome. Safety comes from simply not following the law of selection, but also the teaching of the sixteenth section must be heeded. Look at the alternation departure, and see the laziness of his thoughts. Examine the prescription file in any drug store of a large city. What do you find? Simply a lot of prescriptions called homœopathic whose only element of Homœopathy is the signature of a long professed homœopathic practitioner.

Hahnemann regarded this vital dynamis as a unit of force (see section 15), and the departure from health as a unit of force. We cannot study the sixteenth section and ignore this portion of the dynamic doctrine. How absurd must it appear

to one who has a clear comprehension of these truths to consider for one moment the problem of alternation which the master has so unequivocally condemned in section 272, and its note. Take a mental state that clearly indicates *Nux vomica*, and associate it with a *Pulsatilla* menstrual condition, with menses too late, scanty, and pale. In the former *Pulsatilla* is contra-indicated by the crabbed temper; in the latter *Nux* is contra-indicated by the conditions of the menstrual flow. The two, therefore, are contra-indicated, neither of them corresponding to the unit of force known by the totality of symptoms. Can it be possible that by combining them it will make either or both homœopathic to the demand of this unit? Hahnemann everywhere speaks of using only such medicines as are accurately understood by having been proved on the healthy human body. Here we have a compound about which little is known. Can it appear rational to suppose, or assume, that with a compound unknown, composed of elements neither of which is homœopathic to this unit of force, that they can act uniformly curatively? These departures, wherein the doctrine of the sixteenth section is not heeded, are the foundation of all ill-success; of the cry for a revised *materia medica*, and of so-called modern Homœopathy. I must say again, that modern Homœopathy is built out of the departures from the doctrines of the immortal Hahnemann. These men have found the *materia medica* so inadaptable to their wants, that a majority of their prescriptions are composed of crude drugs. These departurists have so departed from the methods of Hahnemann that the homœopathic profession as a mass is to-day but a caricature, having violated every principle of the philosophy that has anything distinctive.

They may find momentary comfort in it, but every true man must feel like uttering, "Father, forgive them, they know not what they do."

IN MEMORIAM.

PROFESSOR E. A. FARRINGTON, M. D.

It is with great regret that we announce the death of Dr. E. A. Farrington, which occurred during the night of Wednesday, December 15th. Dr. Farrington had been sick for about one year. During the last summer he went to Europe, hoping for benefit from rest and change; but, unfortunately, he was rather injured than benefited by the trip. During the latter days of

his illness Dr. Farrington was under the care of Dr. Charles G. Raue, with Dr. Adolph Lippe as consultant; had he fallen earlier into such good hands something might have been done for him. Dr. Farrington was born at Williamsburg, Long Island, on January 1st, 1847. He was educated in Philadelphia, and was graduated from the High School in 1866. In 1868, after studying medicine in the Homœopathic Medical College and completing his course in the Hahnemann Medical College, he was graduated. Two years later he was appointed lecturer on Forensic Medicine in Hahnemann Medical College, and in 1873 he became Professor of General and Special Pathology and Diagnosis in the same institution. He was elected to the chair of *Materia Medica* in 1874, and achieved a high reputation as a teacher. He made frequent contributions to medical literature, and edited a revision of *Hering's Condensed Materia Medica*. At the time of his death he was one of the editors of the *Hahnemann Monthly*. Dr. Farrington was a member of the various National, State, and County Homœopathic Medical Societies, and was well known to the members of the fraternity generally.

Dr. Farrington's death will be a serious loss to the "Homœopathic" Medical School of this city, for he was their ablest and best teacher, being probably the *only* consistent homœopath teaching in that institution.

To his friends, colleagues, and to the profession in general his death will be long lamented. Our school has so few good men teaching the great truths of Homœopathy that it can ill afford to lose one.

E. J. L.

NOTES CLINICAL AND PATHOGENETIC.

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

(7.) *Ranunc. bulb.*—Mr. J. had diarrhœa for a week; colorless, watery, painless, a little frothy, generally coming in one gush, about six times daily. *Croton*^{cm} had only temporarily relieved. *Ranunc. bulb.*¹⁵⁰⁰ (Jenichen) cured. This verifies Dr. D. Wilson's involuntary proving recorded in *N. A. J. H.* new series, II, 55.

(8.) *Kali-carb.*—Miss H. had for two or three days stiffness in left nape and down left inner scapula, worse after waking up, after lying in bed for some time, and worse by laughing. One dose of *Kali-carb.*^{cm} (F. C.) cured rapidly.

Nat. mur.^{cm} (F. C.) three times a day removed the following

symptoms : During diarrhœa, scraping in rectum. Fissure in external canthi, first left, then right, with dragging pains therein ; craving for salt.

Subsequently patient had a return of fissure in left external canthus, with pain as if it were being torn open. A repetition of the remedy cured again, the pain being removed first. Patient, however, improperly continued the medicine every two hours or so for thirty-six hours. This caused a feeling of a hair on tongue, commencing on right side of tongue about halfway between root and tip, and extending across tongue to left side ; then it went underneath tongue to lower gums, and under artificial plate in lower jaw, all on left side ; then it crept along inside of lower lip to right side ; also feeling of hair entangled in left lower teeth ; this lasted some hours, improved an hour or two after leaving off medicine, and ceased during night. After the hair feeling had ceased a dislike for bread came on and lasted some days.

Kali-bichrom.^{cm} (F. C.) three times a day cured "like magic" a film on urine and heavy sputa.

Alumina^{cm} (F. C.), three or four doses, removed in two or three days pains in right kidney, soreness there, and as if full of small stones ; red sand in urine, feels as if sand was pricking in urethra ; numbness and tingling down right leg and up to right scapula. Potatoes disagree.

Mercurius vivus^{cm} (F. C.) every two hours for severe ophthalmia, caused terrible stinging in vagina, "making her jump ;" relieved by pressing legs together and sitting down hard or by pressure with hand.

Kali-carb.^{cm} (F. C.), three doses removed "like magic" pain right across sacrum, like labor-pains ; feeling of tightening of skin of lower abdomen ; feeling of weight in abdomen on walking, and especially on standing.

BOOK NOTICES.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Issued under the auspices of the British Homœopathic Society and the American Institute. Edited by Richard Hughes, M. D., and J. P. Dake, M. D. PART II. London : E. Gould & Son. New York : Boericke & Tafel. 1885.

Part I of this *Cyclopædia of Drug Pathogenesis* was issued last spring. Part II, now before us, carries the revision (!) from *Agaricus* to *Arnica*, inclusive. Of the nature of the work we hardly know how to write ; to us it is the veriest trash—incomprehensible jargon ! This may be more clearly stated by

saying the work consists of the daybooks of the process with all the useful and peculiar symptoms carefully omitted! Of what use it can be to a practicing physician we are unable to guess.

In recent numbers of the *Homœopathic World* (London), Dr. Berridge has been showing how in correct and useless was Part I; the same can be shown of this Part II.

The work is so badly arranged that one could scarcely find valuable symptoms were any in it.

E. J. L.

THE CLINICAL REVIEW,

Of Cleveland, Ohio, is a new monthly journal devoted to homœopathic therapeutics. Its editor is C. L. Cleveland, M. D.

In his salutatory the editor gives his reason for starting a new journal. He also incidentally refers to the Old School as the "suppressive school" of medicine. The name is a good one. We wish the new journal a prosperous career.

W. M. J.

THE BIOCHEMICAL TREATMENT OF DISEASE. By Dr. Med. Schüssler, Oldenburg, Germany. Twelfth edition. Translated, with addition of a Repertory, by J. T. O'Connor, M. D. Pp. 94. Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1885.

Dr. Schüssler's theories about curing diseases by the use of "tissue remedies" are well known. These remedies are invaluable when properly indicated; never in other cases. We have provings of these remedies and daily use them for such symptoms as their pathogeneses show them to be useful. Why, then, resort to any theories on their use and value? Dr. Schüssler is well known in Oldenburg and has a very large practice there.

In this twelfth edition there is an appendix giving a series of clinical reports showing what has been done by these remedies.

The repertory, by Dr. O'Connor, is also a new and a valuable feature.

E. J. L.

THE PRESCRIBER: A DICTIONARY OF THE NEW THERAPEUTICS. By John H. Clarke, M. D. Edinburgh and London: Keene & Ashwell. New York: Boericke & Tafel. 1885.

This is a small pocket-book designed to assist the homœopathic practitioner at the bedside; it may be called a ready reference book.

The plan of arrangement is excellent for the benefit of those who have not an extensive knowledge of the "new therapeutics." The various diseases and ailments are placed in alphabetical order in large type and then follow a few lines of indications for the remedies. Not only is the remedy given, but its attenuation (generally very low—first, second, third, etc.) also, and frequency of repetition.

We consider its therapeutics, however, objectionable. It recommends alternation of remedies, which is contrary to the plainest principles of Homœopathy. There are no provings of alternated remedies existing; consequently it is not possible to know when any given combination of drugs in alternation is indicated. Those who alternate will, however, claim to have authority from the independent provings of each remedy. This, however, is an assumption, and at once relegates the homœopathist to the ranks of the old school, where speculation and theory are rampant, and justifies the conclusion that Homœopathy has not advanced beyond the dominant practice. So few remedies are mentioned under each disease and such meagre indications are given

for them that a physician not properly educated, who is striving to become a homœopathist and uses this book, must inevitably fall into routine practice and routine failures. Moreover, he commits the error of supposing that it is the correct thing to prescribe for a disease rather than for the sick individual.

Thus, we can give only a qualified indorsement of this book. If, however, the physician using it is aware of the above-mentioned defects and guards against them, he may consult it with advantage. W. M. J.

A TREATISE ON THE BREAST AND ITS SURGICAL DISEASES. By H. S. Ostrom, M. D. Second edition. Pp. 377. New York: A. L. Chatterton & Co. 1885.

The first edition of this valuable work was issued in 1877, and, as the author rightly states, so much has been added to our knowledge of these diseases since then as to make this edition practically a new book.

And beginning with descriptions of the mammary gland in health, Dr. Ostrom gives next a description of mammary diseases, such as inflammation, abscesses, and the various tumors.

Of the treatment advised, we may briefly epitomize it as recommending internal treatment first, and when that fails (as, alas! it does too frequently) the knife as a last resort. This, we believe, is about the present status of our practice, though some skillful prescribers have conducted cancerous patients even to their last days with internal medication, and their suffering has been so slight and their end so comfortable that even opiates could never have given greater comfort.

This book is well written, is "up to the times," and will be found of value, as are all of Dr. Ostrom's works. E. J. L.

NOTES AND NOTICES.

THE TRUTH IN A NUTSHELL: QUESTION:—Is not Sulphur a good remedy in most diseases?—Q.

ANS.—Yes, when indicated; just as several hundred other drugs are.—*People's Health Journal*.

SO DO WE!—A subscriber writes: "May THE HOMŒOPATHIC PHYSICIAN live long and do its work. I wish some one would bequeath to it one hundred thousand dollars!" So do we.

OLDEST AND ABLEST.—Dr. Henry Detwiller, of Easton, was ninety years old on Friday, December 18th. He is the oldest homœopathic physician in this country in active practice and has spent his entire professional life in Easton, Pennsylvania. He is still a leading physician in Easton, Pa.

THE "students' number" of the *Progrès Médical*, describing the status of medical education in thirty countries containing medical schools, makes it appear that the requirements for a medical degree are lower in the United States than in any of the places named, excepting China and Turkey.—*N. Y. Sun*.

VACCINATION: PER ORAM.—A London paper says that an apothecary of Thorndale had just received a fresh supply of vaccine points, and some of them happened to be exposed to view on his counter. A burly farmer from that neighborhood was in at the time and amused himself by using one of the points as a toothpick, pricking his gums in the operation. It "took" in the most approved style, and the man is now in possession of a mouth that is crowding all the other features of his face out of shape.

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.

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No. 2.

THE PHILOSOPHY OF MATERIA MEDICA, ITS
STUDY AND ITS USES.*

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

The successful discharge of the duties of practical medicine implies a knowledge of many sciences. Without a knowledge of the anatomy of the organism, how can we come to an acquaintance with the various functions of its many parts? Without knowledge of these, in their balanced action, which we call health, how can we know the disturbances of this balance which alone constitute the sicknesses with which practical medicine is to deal? How are we to proceed in dealing with these many disturbances, to restore the lost balance without a knowledge of the agents which by natural law are constituted the factors to be employed in this restoration? How select the right one if we know not the law of relationship between the agents which cure and the disturbances in life action which are to be cured? How can this relationship be discovered if we know not the exact nature of the disturbances to which the curing agent is to be applied in exactest similarity, if these are to be dealt with according to law? Thus we see the connection between the sciences, a knowledge of which together constitutes a medical education. First, anatomy, then physiology, then pathology (don't be deceived by this word and suppose it means something

* An introductory lecture to the course on Materia Medica in the Woman's Homœopathic Medical College of New York, for the session of 1885-6.

more or different from these disturbed forces of life, which we commonly designate as the "*totality of the symptoms*," for this is just what intelligent pathology is, and there is no other), then materia medica, and then the natural law on which the whole science of therapeutics rests. These are but parts of the knowledge which you are supposed to be about to begin the pursuit of, which is to end only in a mastery of it. They are but parts, but they are essential parts, each of them, to a successful life of practical healing. These constitute a circle, which, either of these elements wanting, is broken, and intelligent practical life as a healer is, by this defect, made impossible. It cannot be said of either of these elements that it is more necessary to a complete medical education than are the others. Each is indispensable—neither can be left out.

But of these, we are now only to be engaged with the science of materia medica. What constitutes this science? How is it made up? It is a knowledge of whatever material agent which has in itself the power to *make the living organism sick*, *i. e.*, to so disturb the action of its life forces that the conservative balance of that action is lost. Whatever form of matter has this power may be rightfully incorporated into our materia medica, but only after it has been proved on that organism, and the *kind* of disturbances it causes of each part and function of it has been ascertained. It is this knowledge in detail of the sick-making powers which are locked up in the different forms of matter which constitutes the *science* of materia medica. It is not a little marvelous the great extent to which these powers are diffused through the multitude of material forms we meet in our study of external material nature. Many of the most important are found where the most enlightened intelligence would least have expected to meet them. The number of these surprises has become so great that some who have been most diligent students of this science and active in its development have come to the conclusion that every form of matter has its own peculiar sick-making power within itself, which may be set free and made active by the process of liberation discovered by Hahnemann, which he first and fully described in his *Organon of Homœopathic Medicine*. We have said, and understandingly, many of these sick-making powers are *locked up* in the material forms in which it pleased the Creator to plant them. Our meaning will be plain if we name *Silicea*, *Calcarea*, and *Charcoal* as examples. These, as developed for practical clinical use, are of the giants of our materia medica, while in their natural state they would be the last to be suspected of

sick-making powers. In the present state of our knowledge we certainly are not in a condition to deny the truth of the suggested universality of these powers.

And then how great is our admiration when we see each form of matter carrying in itself this power, presenting it to us in a clear and distinct individuality not to be mistaken or confounded with that of any other, nor, in clinical uses, admitting of any interchange or substitution. However great the similarity of the action of any two agents, the differences are as great and real, and these confine each agent to its own sphere in specific clinical duties, where it gives place to no other, and divides neither honors nor responsibilities with even its nearest relative.

It can hardly fail but that the observing mind will recognize the true nature of this sick-making and curing power (for, apparently, they are one and the same) after a very slight opportunity to observe its action as found in the clinical use of such substances as we have mentioned. A prover may swallow many grains of Silix or Carbonate of Lime and realize nothing of the many and most important effects of these grandest of remedies, credited to them by those who have given us our record of their action on living organs and functions. Or the patient, ill of any of the varied forms of tubercular manifestation, may swallow as many and realize nothing of the healing which has followed the use of those apparently inert substances after a proper manipulation has made them meet for clinical use. This fact, properly considered, is the first we should present to show the true nature of the power which cures, and which, as students of materia medica, it is of the highest importance we shall clearly understand. The observation in relation to these two substances is true of many others—of earths, metals, and vegetable substances—apparently mild and innocuous. They are quiet and harmless till the giant within them is aroused, and then who can measure their power for good or evil, according as they are used? Is this power, so brought into sensible being, the *matter* of the drug, and this difference between its crude and its manipulated state, only the result of mechanical division of the material molecules of the drug matter? This view has been accepted as explaining this difference in former times by many of our best observers and thinkers. But we believe we make no mistake when we say the explanation is wholly inadequate to dispose of the problem as presented to us in our more recent homœopathic experiences. Mere division of drug matter, which in its natural state is inert, as related to living organs and

functions, would result only in multiplying the number of inert bodies. Inert in the mass would seem to give us only inertness in the molecule. It is not easy to see how mechanical division can have changed their nature. But it is said division permits contact of a greater number of molecules with living surfaces, and, therefore, the greater effect is realized. How can this be if the molecules are inert? Multiplication and contact cannot change their nature. We speak, of course, of such substances as *Silex* and *Lime*. But the inadequacy of the explanation is more apparent if we take for illustration *Natrum muriaticum*. This salt is taken by us daily in almost every form of food. It is very soluble, and so gives greatest facility for separation of its molecular constitution, and yet it does not make us sick. The fact has puzzled many ingenious minds and made others skeptical as to its possessing sick-making power at all. This skepticism led our worthy, honest, intelligent, and industrious friends in Vienna to try it. This was certainly better than the ordinary resort of skepticism—dry negation. And the result was better. They tried the crude, soluble salt in large doses; they took plenty of it, and yet were not made sick. They were on the point of deciding—no sick-making power, for they had no symptoms of sickness. They had the wisdom or good luck, after this failure, to take the salt which had been manipulated for homœopathic use—these men who only believed in drug matter—and the result was they were both astonished and made sick. They now had plenty of symptoms, but no place for skepticism. Of this they were perfectly and permanently cured, though they said it was against their prejudices and their will. This salt, taken in half-ounce, ounce, and two-ounce doses, gave no symptoms. This could not be for lack of division of its material particles, for its ready solubility made this fact most easy of accomplishment—if not, as used, inevitable—and yet, even from these inordinate doses, there were no symptoms. These experiments of the Vienna provers go far toward a revelation of the true nature of that in the drug which makes sick, and to show that this is *not* the *matter* of the drug.

As we have said, a right view of the nature of the power which cures is essential to a student of *materia medica* if he is to come to an intelligent and rational understanding of the science. We now add, it is indispensable to the practitioner of specific medicine, if he is to realize in his practical duties the successes in healing which this makes possible. How can he make a right and intelligent use of the means specific medicine places in his hands if he is in the dark as to the true nature of

those means, or under the delusions of false judgment as to this and the true nature of that which these means are expected to cure? He can only realize results which are the natural fruits of delusions, or, if he escape these, it must be as the consequence of a fortunate blunder. Now, young ladies, as we hope for better things of you in your future practical lives than successions of failures and blunders, to aid in the realization of this hope we shall attempt somewhat further to elucidate this principle of fundamental importance in your studies now and in your practical lives hereafter. If you *begin* right, your studies and your practice may be made by this fact the more in the light and freedom of truth.

There is another way in which manipulated drugs act in a manner wholly characteristic of them, which action confirms the immaterial nature of the agency which acts when they make organs and functions sick. This has been many times experienced in cases of persons who are occasionally met who are subjects of preternatural sensitiveness to the action of drugs. We are by no means certain that this peculiar action is limited to the experience of these supersensitive persons. We have only seen it in these. We have heard of it in connection with others who, so far as we know, have given no other manifestation of uncommon sensitiveness to the action of drugs. This peculiar action was first seen by me in a patient of this unfortunate character many years ago. She held a small, corked phial, in which were pellets medicated with the thirtieth number of Pulsatilla, between her thumb and forefinger. In about two minutes she said: "I feel it going up my arm." I immediately took the phial from her and returned it to my pocket-case, where it belonged. I had hardly replaced it when she gave a despairing shriek and declared she felt as if "all her hope was going from her." Her aspect was that of perfect despair. She wept violently, her tears ran down copiously, and she complained bitterly while I sat and wrote the account she gave of her sufferings till I had covered two pages of my pocket-case book. On comparing these notes with the record of Pulsatilla, they were found to be little else than a good English translation of that record. My *Materia Medica* was in German.

Mrs. F. B., fifty-four years of age, held in her hand a phial containing some pellets charged with the 6M (of Fincke's fluxion potencies) of *Lach*. In four minutes she had evidence of the action of the drug, which continued six days. She had a repetition of more than forty of the symptoms of Hering's original provings of *Lachesis*. If any are disposed to regard this speci-

men of a potentized drug as extreme and extravagant and as unworthy of confidence because of the extent to which its dynamization had been carried, let him be instructed by the results of the experience of this intelligent lady. From the standpoint of the materialist, no doubt, this form of medicinal preparation is an absurdity. But her experiences were facts, and, being facts, they effectually expose the falsehood of the views and objections of the materialist as to drug nature and action. By this experiment this lady was also cured of a chronic ailment of many years' standing. Can skepticism in this case annihilate this fact, and, by its negation, make her sick again?

My late friend, Dr. E. T. Richardson, made an excellent proving of *Lachesis* from holding a phial containing medicated pellets of the drug. So far as I know, he had exhibited no signs of supersensitiveness to drug action before or after this proving.

H. H., a young physician not known to be supersensitive, held a phial of medicated pellets till it became so painful he could hold it no longer and had symptoms for several days. On the second day he was attacked with the perfectly characteristic inflammation of the throat the medicine in the phial causes. The medicine was also *Lachesis*.

Now, in these cases, that which makes sick passed through solid glass into the organism, or these four persons were falsifiers, deceivers, or deceived. The person who was the subject of my own observation was a lady of middle age, of average intelligence, of unblemished character. She did not know the medicine in the phial, and, if she had known its name, she knew nothing of its nature or action. And yet she had such an experience of that action as I will venture to say she never forgot. The expression of the countenance and the mental symptoms were such as others had experienced who had taken large doses of the medicine. The language in which the effects of these large doses were recorded was translated with exactness in the expressions of this suffering woman. If the expression of her countenance were a false pretense, it was the most remarkable specimen of acting I ever saw, and I have seen much of this, and by the very best of dramatic artists. Now, these two pages of symptoms which I witnessed and wrote down, and this characteristic outlook of the patient, were either the genuine effects of the contents of the phial or of shamming, more remarkable, if possible, than would be the passing of the medicine, in the only way conceivable, through the glass of the phial (she did not touch the cork) into her organism. The facts

recorded were either genuine or a cheat, or were so many accidental coincidences. Strange as they were and are, any attempt to explain them otherwise than as legitimate results of the action of the contents of the phial on her extremely sensitive organism ends in absurdities than which none can be greater. Were they, these extreme manifestations of my patient, only so many accidental coincidences of the drug record? It should be remembered these sufferings were repetitions of the record of the drug with no mixture of other facts, and that these were but characteristic symptoms of the drug. Can we, in view of the number and character of these symptoms, meet the suggestion of coincidence otherwise than by declaring it the extreme of absurdity, or the suggestion of imposture on the part of the patient an impossibility?

Mrs. F. B., the wife of an eminent physician, experienced more than forty of Hering's symptoms of his original proving of *Lachesis*. She knew nothing of the sick-making power of the contents of the phial, so there could have been no collusion on her part. If we plead chance or coincidence to explain her very interesting experiences, if we will be at the trouble to calculate the mathematical probabilities or possibilities of more than forty facts, the result of the action of a given agent, being repeated, after a lapse of half a century, in the experience of another, who had had nothing to do with the agent which produced the forty original facts, and we shall probably find ourselves convicted of absurdity amounting to a demonstrated impossibility. Then add the cure of her chronic malady, and what has the skeptic, with his only the "eleventh centesimal potency," to say?

And then, in the case of the two doctors, what interest could they have in witnessing to a falsehood? They had sufficient intelligence to understand the facts they affirmed. They knew what they were experimenting with. They were more or less familiar with its effects. And they say that the sufferings they endured were caused by the contents of the phial they had held between the thumb and finger. Were they not as much interested in the truths of the matters they experienced, and as competent witnesses to this truth, as any negator of their testimony can be who has seen and knows absolutely nothing whatever of the matter?

Does any form of matter so act as this sick-making power in drugs acted in the experience of these persons? There have been many of these experiences—very many. I have seen numbers of them myself. Has any scientist or other person

seen material molecules of drugs, or of any form of matter permeating solid glass and affecting living organisms as in the experiments we have just related? No; not for the first time. And are we wrong if we affirm that the record of each is no less than a demonstration of the dynamic nature of the power which makes sick? If you begin wrong, all which follows is in darkness and confusion.

We have seen in our examination of experiences in clinics and provings of Calcarea, Silicea, and Natrum muriaticum, evidence that in these agents which makes sick and cures sicknesses is not the material substance of these agents. We add, because of the importance of the subject to those who are about to give their lives to the service of practical healing, neither is that which cures in any other member of the family of our *materia medica* the material substance of that member. The first fact which we shall present to prove this assertion is—the power which cures does not obey the laws of matter. One of these laws is, where force proceeds from matter, the sum of the force is determined by the sum of the matter. If this were true of this curing power, then the larger the dose the more certain should be the cure, because of the presence of the greater power to cure in the greater quantity of the matter of the drug present in it. Now, the experience is abundant that as to this power which cures, just the reverse of this is what takes place, and it has been observed in so many instances as to amount to positive proof that this which cures is not the matter of the drug. Many thousands of times cures have been effected by doses in which, if regarded as matter, there was much less of it than in the larger doses of the same drug which had failed in the same cases, thus, if the curing power were matter, reversing the law which proportions the sum of the force to the sum of the matter from which it proceeds. If the power be matter, the less has cured many times, promptly and perfectly, where the greater has failed. Such facts, and there are very many of them, declare in plainest terms that that which cures is not drug matter, unless it can be shown that there is more in the less than in the greater.

[TO BE CONTINUED.]

COCCIONELLA IN COUGH.

The late Dr. Guernsey recommended this as a remedy for whooping cough (or, indeed, *any* cough), when, at the end of a paroxysm of coughing, there is a quantity of albuminous, ropy expectoration, which pours forth.

PROVING OF VIPERA ACUSTICA CARINATA.

S. SWAN, M. D., NEW YORK.

Mrs. M. B. P. proved the 1m (Swan). Pains in two middle fingers of left hand, but most in back of hand; the pain is shooting, needle-like, going up the fingers; also aching in back of hand. Pain in sacrum in region of the dimples and down back of left leg to popliteal space; it then appears midway down outside of calf through ankle to underside of foot. Soreness all through both feet; a tired pain, worse on standing.

May 25th.—Rheumatism better. Yesterday troubled with flatulence; could not draw a long breath, it hurt so in left side and round to back, and for two hours could not speak without catching a stitch in this side. Feet are so lame and sore, has trouble to walk. On walking, sharp pain from outer left malleolus back into heel. Restless sleep, wakes with a start; cramps in limbs during sleep, worse in right, in popliteal space. Menses due to-day; had not appeared on 30th, and no sign of them. Bowels regular, is usually constipated. Eyes feel as if an attack of granulated lids would come, but it does not. Thirst all the time; one after another goblet of cold water taken. Saliva stringy, frothy, thick, sticky.

June 4th.—Sick and miserable all over; awfully tired. Pains of menses, but no flow. Legs and back ache. Hiccough. At times feels hot, yet chills crawl over her. Restless sleep; cramps in left calf during sleep.

June 12th.—Headache in spells, first over left side, then stops entirely; then returns on right side; alternates. When walking, momentary vertigo, as if she would fall backward. When lying down, noises in head like summer insects and frogs, etc., such as is heard in the country when all is quiet. At night, fever with rapid pulse; then changing to so light a pulse that it could not be felt at all, and at these times feels very weak. Menses appeared on 6th, twelve days too late; are now nearly over; have been profuse and very liquid, color bright; usually cease in four days. Head seems so heavy as to cause neck to ache. Head aches on top. Face swollen on right side, and looks red. Gumboil over right eye-tooth so large as to cause lip to protrude. Dry cough while sitting; cannot reach the mucus, which seems low down under sternum; on lying down it becomes loose. Feels like crying, especially when spoken to, not from pain, but from being generally miserable all over. Chilly only

if uncovered. Alternate heat and crawling chills. Noise in head on lying down.

June 15th.—Feels miserable in morning. Last night rolled and tossed and coughed; this forenoon was tired out; lungs very sore when coughing or inhaling air. Very little patience; small matters annoy. Sensation of a hair across nose; felt it yesterday across the hand, about third and fourth fingers. Feels fatigued all the time. Dry, hard cough. Two attacks of vertigo; with the first, tendency to fall backward, the head was so heavy in occiput, seeming to take her off her balance.

June 19th.—At night, hands itch as if bitten by insects; commences about eight p. m. and continues till toward morning; the itching is on the joints of fingers and wrists, and last night on ankles. Appetite poor; after eating a little, has suddenly a sense of fullness, and more food nauseates. Coughs at night more than day; lying down seems to produce it.

June 24th.—Chronic leucorrhœa entirely ceased. Cough dry in morning; loose after eleven a. m.; none at night. Rim of right ear sore, with a sore spot behind lobe.

June 25th.—Cramps in bowels, immediately after drinking cold water. Cutting pain on dorsal surface of right index finger to wrist. Both breasts sore; cannot bear pressure or when lying on them.

PASTEUR'S HYDROPHOBIA PREVENTION.*

The latest announcement of Pasteur has thrown the public as well as the profession into a state of feverish excitement. The number of persons who die yearly of hydrophobia is comparatively insignificant, and except for the terrible form of the death would not attract much notice; but, as remarks Lucas Championnière, the discovery of Pasteur may be considered as the first application of the rigorously scientific methods employed in veterinary medicine to human therapeutics, and therein lies its real importance. Without giving way, then, to prematurely extravagant enthusiasm over the success already accomplished, it is fairly permissible to hope that what has been done for rabies may be done for other diseases, whereof the prophylaxis, or the successful therapeutic treatment, would be of the greatest importance to the human race.

As on all other occasions when the distinguished scientist has announced any progress in his discoveries, the chorus of paltry objections has been raised, and envious tongues have endeavored

* *The Sanitarian*, Jan., 1886.

to deprive him of honors he has never claimed, and to ignore what he has really done. It will be remembered that Pasteur is a chemist, and that he experiments on purely scientific grounds. All must admit the persistence of the experimenter who, for the last five years, has pursued his investigations with a degree of patience unsurpassed, and a precision as unvarying as a mathematical problem, until his labors have been crowned with success. It is objected that he cannot *cure* hydrophobia! He has never claimed that it can be cured, because he has made no experiments on such cases; but from hundreds of experiments on animals he believes that the development of the disease can be prevented, even after the animal has been bitten by a rabid dog.

In December, 1884, a spontaneous cure took place in a dog after the first symptoms had been developed, and this dog remained protected against further inoculations. In the earlier experiments it required several weeks after the inoculation before the disease began to manifest itself. Since the virulence of the poison has been intensified by successive inoculations, the operator can determine the exact number of days required. Seven days is the shortest period yet reached, and this has been reached by ninety successive inoculations of the medulla by trephining the skull near its base. The virus thus obtained is much stronger than that in the mouth of the rabid animal. The virus when introduced into the medulla becomes equally distributed throughout the spinal marrow, so that every part of it is equally capable of reproducing the disease. If the specimen thus prepared be exposed to a dry air it gradually loses its strength, until it becomes perfectly innocuous. All specimens equally removed from the original inoculation, if of the same size and exposed to air equally dry, will have the same strength. That dried for fifteen days is perfectly harmless when introduced into the human system. This is the strength with which Pasteur usually begins. The next day he uses a stronger virus, until he introduces that exposed only one day, and which if first used would produce the most violent form of hydrophobia in seven days. This, when the gradation is observed, is perfectly harmless.

This first experiment was brought about by accident. A boy nine years old was bitten, in Strasburg, on the 4th of July last, at nine o'clock A. M., and fearfully mangled by a large dog. Twelve hours later, at nine P. M., the large wounds were cauterized with Phenic acid. On the 6th of July, sixty hours after the injury, the first injection was made in the presence of Professors Vulpian and Grancher. Thirteen injections were made

in ten days, and although six months will have elapsed on the 7th of January, 1886, he is, on the 21st of December, 1885, perfectly well. The inoculations of J. B. Jupille, the young shepherd of the Jura, ended on the 1st of November, ultimo, and he returned to his home. His room was immediately taken by two children, Adrien Malfait and Helen Baujois, sent to Paris by the Mayor of the Commune to be treated by Pasteur.

Pasteur, in his communication to the Academy, advanced three propositions: (1) The new method of employing the virus; (2) the application of the prepared virus to men; (3) the value of the method, and the conclusions to be drawn from the facts advanced.

The four objections of Jules Guérin are substantially: (1) The disease produced by the virus used is an artificial one, and not true hydrophobia; (2) the inoculation thus performed will preserve the system only against rabies produced by the same means; (3) he objects that some of the wounds of the little boy from Strasburg were cauterized twelve hours after he was bitten; (4) the method does not pretend to cure hydrophobia. It should be remarked that Jupille was covered with his own blood and beslavered with the poison from the dog's mouth, and was not treated until six days after the injury.

It is not necessary here to pursue this subject. In view of subsequent events, it would seem that the opponents of Pasteur have been hasty in their objections. It might be said that vaccine is not small-pox, and still further objected that every case vaccinated is not perfectly preserved against a mild form. Admitting that the experiments may fail in every particular, Pasteur has claimed nothing; he has stated facts founded on experiment, and left the community and the profession to draw their conclusions. *Fiat justitia, ruat cælum.*

T. P. CORBALLY.

HERING AND INOCULATION FOR RABIES.

The above account gives us a clear idea of Pasteur's method—now so much talked of. But few know that the late Dr. Hering recommended *Hydrophobinum* as a preventive years ago.

Attention is called in German medical journals to the fact that, so far back as 1849, the usefulness of inoculation with rabies poison, as an antidote and preventive against the effects of bites by mad dogs, was discussed in Jahr's *Klinischen Anweisungen*, in the articles on "Poisoning" and "Dog Rabies." Constantine Hering, a physician then living in Philadelphia, is there mentioned as having actually made use of his remedy.

WHAT ARE THE REMEDIES?

Chancing a few days since to "quiz" some medical friends on the *Materia Medica*, I found there were many valuable symptoms which they could not place! (The lazy fellows!)

Hence we concluded to write out a few symptoms and ask the readers of this journal to name the drugs, allowing them to use any *Repertory*, but no *Materia Medica*—thus at once testing the value of the *Repertories* and the knowledge of the physician. (No *Repertory* was allowed the physicians mentioned above.)

Any physician who sends us the correct answer for these ten symptoms shall receive this journal free for one year. This to stimulate their zeal.

1. Metrarrhagia of large black lumps; worse from any motion; with violent pain in groins and fear of death—despair; bright red face and fever.

2. Drawing, tearing pain in periosteum; worse at night, in wet, stormy weather, and at rest; better in motion.

3. Sensation as if a lump of ice lay in stomach, with pain.

4. Sensation in abdomen as if sharp stones rubbed together on every movement.

5. Left thigh feels as if broken in the middle when sitting; ceases on rising.

6. Awakens at night with a violent pressing pain like a heavy weight—coming and going at intervals; emission of flatus relieves.

7. Coldness in back and between shoulders; not relieved by covering; followed by itching.

8. Gurgling feeling in shoulder, or sensation as of something alive in the joint—especially about midnight.

9. Roaring in head after coitus (male).

10. Constant irresistible desire to walk in open air; it does not fatigue.

BORAX AS A CHOLERA PREVENTIVE.

Dr. Cyon, in *L' Union Medicale*, states that in all epidemics of cholera, women in boracic acid factories have invariably escaped the disease; and, moreover, that the internal use of boracic acid, in doses of five or six grammes daily, which may be continued as long as necessary, is equally efficient as a preventive.

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ON THE ACTION OF COCAINE ON THE CEREBRAL CENTRES OF CO-ORDINATION.

DR. FEINBERG (*Allg. Med. Centr. Zeitung*, 100, 1885).

1. Bringing a five per-cent. solution of Cocainum mur. in contact with an exposed nerve, its sensibility is totally and immediately destroyed.

2. Subcutaneous injections of Cocaine produce general changes, differing according to the quantity of the fluid injected.

3. An injection of half a grain produces, with its local anæsthesia, also anæsthesia of the bulbi, of the tongue, lips, and cheeks; also, protrusion of the bulbi, lagophthalmos, partial or total disappearance of the reaction of the pupils to light, whereas the palpebral-reflex remains intact.

4. After the same injection the respiration becomes troubled, and at the same time superficial.

5. The co-ordination of the movements begins to decrease.

6. Rotation of the head from the right to the left sets in, with or without tremors of the bulbi.

7. Injections of the same solution of one or two grains produce, with the symptoms already mentioned, tonic contractions of the occipital muscles and clonic ones in the extremities, sometimes also in the upper lip and tongue.

8. Consciousness is totally abolished.

9. Pupillary reaction is totally abolished.

10. But the latter reaction may be partially preserved, if the sympathetic cervical nerve is divided before the injection.

11. After application of larger doses the symptoms of ataxy usually last longer than after the use of smaller quantities.

If we analyze these symptoms and bring them into accord with the anatomical experiments of Meynert and with the physiological experiments of Ferrier, Lerres, Cayrod, Goltz, and others, we arrive at the following conclusions: (1) Where the Cocaine is absorbed by the blood, it concentrates its anæsthetic effect upon the Thalamus opticus and corpora quadragemina, thus producing disturbances of co-ordination; (2) in larger doses it acts as an excitant on the motory parts of the same regions, and causes convulsions, similar to those which Ferrier witnessed after irritation of the corpora quadragemina; (3) the prevalence of

the anæsthesia of the quintus can be explained by the fact that one of the original nuclei is composed of nerve-cells, situated around the aqueductus Sylvii; (4) the dilatation of the pupils, protrusion of bulbi, the lagophthalmos, are caused by the stimulating action of the Cocaine on the sympathetic nerve.

VERIFICATION OF SYMPTOMS OF COCA.

Ad. 3, Allen III, 372. Symptoms 102-3. Heaviness of eyelids; disposition on the part of the upper lids to fall, without being sleepy. 105-6. Dilates the pupils, renders the eye intolerant to light. Widens the pupils and lessens the sensitiveness to light. 108. Great photophobia, with dilated pupils.

Ad. 4, 324-28. Difficulty of breathing, with palpitation of the heart and a not unpleasant weariness of the whole body, continuing even in bed. Incessant dyspnœa, a pressure upon the whole chest, with constant desire to take a deep breath, as if thereby something could be breathed away.

Ad. 5, 397. Gait unsteady, tottering, with trembling lips, disconnected speech, dull, apathetic mood. 405. Afraid of losing his balance and fancies himself carried off into space.

Ad. 6, 40. Whirling vertigo. 350. When bending neck down forward, pain at upper part of back and neck; bending backward or forward, pain in muscles of left side of back of neck, as if strained.

Ad. 7, 400. Sudden jerking and waking from the usual short afternoon nap.

Ad. 8. We only find dull, apathetic conditions—(32), and 36, confusion of the head, but nothing of unconsciousness, nor can we find the latter in works on allopathic materia medica—in fact, Hale (Symptomatology, 214) gives rather a kind of numbness, with a feeling of security, with retention of clear self-consciousness, and the instinctive desire to make no motion, not even to move a single finger, and a peculiar sensation of isolation from the outer world.

Cocaine needs a full proving in order to find out its full sphere of action, and the differences of opinion in relation to it can only be settled by proving made per os and hypodermically with the two-per-cent. solution, with the low potencies, and then also with higher ones. So far no therapeutical gain has resulted from the abuse of Vin Mariani and the other nostrums of Coca wine.

S. L.

A GREAT EVENT FOR HOMŒOPATHY.

DR. H. GOULLON, WEIMAR (*Allg. Hom. Zeitung* 21 and 22, 1885).

[Protocoll of experiments on hysterical patients in relation to the action of drugs at a distance. Contributed to the Medical Congress at Grenoble. Extracted *verbatim* from *Le Temps* of August 22d, 1885.]

New and extraordinary facts were shown by Drs. Bourry and Burot, members of the *École de Médecine Navale*, at Rochefort, to the fellows during the meeting at Grenoble. The action of the drugs was doubted by many. But here it was shown that they can act on the organism without touching it.

A young man suffering from epileptic spasms reacts to the approach of metals—as zinc, copper, platina, iron, but most strongly *gold*. Not only that direct contact with it produces unbearable *burning*, but the burning is perceived at a distance of ten to fifteen centimetres, even through the clothing or through the closed hand of the experimenter.

Involuntarily we remember Dr. Buchmann's experiments with very high potencies made with *Lycopodium* and *Aurum*, which the female prover held in a closed vial in her hand. Professor Jaeger also asserts that *Aurum* and *Natrum mur.* can be differentiated by olfaction, even in the five hundredth potency. In one prover lachrymation followed after olfaction as the sign of its physiological action. Jaeger's neural-analysis finds an exceeding support from these transactions at Grenoble. Gaping and repeated sneezing followed when that young man was approached with a crystal of Iodide of Potassium, proving its well-known physiological irritating action on the nasal mucous membrane.

Most remarkable was the sleep-producing action of *Opium*, "*par simple voisinage*."

When the mercury contained in a thermometer was held near him without touching him, burning and convulsion followed and an "*attraction du membre*." *Aurum muriaticum* in a closed vial showed the same action as the *Metallicum*.

The experimenters could hardly believe what they witnessed, and though the experiments were repeated over and over and before many persons, the result was always the same.

The second person was a woman of twenty-six years suffering from nervous affections since she was eleven years old. She was treated for eighteen months by Charcot at the *Salpêtrière*. When entering the hospital at Rochefort the whole right side was anæsthetic, whereas the left side of her body is hyperæsthetic. She

is the true typus of hysteria, out of all balance—*tout à fait déséquilibrée*.

To control the experiments, the Director de l'École de Médecine Navale, at Rochefort, was invited, with other professors and adjuncts of the school. She was approached with a vial of Jaborandi and immediately perspiration and salivation set in. One of the gentlemen had in his pocket two bottles of equal size wrapped in paper and he intended to put her under the influence of Cantharides, but, "*il voit le sujet partir comme s'il était influencé par la Valériane*"—she acted as if she were under the influence of Valeriana. The gentleman and all the others were dumbfounded when they found that he had used the bottle of Valeriana instead of the one with Cantharides. Duplong, the Director, openly acknowledged himself convinced against his will.

The patient was removed to La Rochelle, and Dr. Mabile, of Lapond, repeated all three experiments before the members of the Société de Médecine and of the Société des Sciences Naturelles, of La Rochelle, and here, also, the results were conclusive.

The experiments were now systematized. At first the substance was brought in contact with the skin; then the drug was put in hermetically-closed glasses (as mercury in a thermometer) and wrapped in papers, so that neither the patient, the assistants, nor the experimenter knew its contents.

The action of gold at a distance of five to ten centimetres, through the clothing, allowed another series of experiments.

The report says the energetic action of some poisons, as the alkaloids, acrid oils (*les huiles essentielles*), necessitated the use of *diluted solutions* instead of the substances. Their too severe poisonous actions were obviated, which might be dangerous and which would only show rough impressions and reactions instead of the mild (*mitigés*) but characteristic symptoms. The substance seems to act on any part of the body, but the action is more rapid and more easily provoked when it is applied on the head. The attention of the patient ought to be led to some interesting subject at the same time that another puts the drug, in its closed vial and wrapped in paper, into close proximity of the occiput. After two or three minutes, sometimes earlier, the action shows itself.

The first period is slight; sensations diminish; they do not move and lose consciousness. The disturbances of motility and sensibility, from which they suffered at the time of the experiment, disappear, and this is again followed by the physiological and toxical symptoms of the substance on trial. It is often

most difficult to differentiate between the accidental (*l'accessoire*) and the real (*du principal*). Thus in the prodromal stage we may witness only mere hysterical symptoms, as increased motility and torsions, sometimes sleep or delirium; but all these phenomena differ from those of a hysterical fit by their slowness and by their development. These are the first reactions of the nervous system, changing with every subject, and they must be separated from everything which is accidental.

All Narcotica cause sleep, but the kind of sleep differs. With Opium the sleep is heavy, and it is difficult to wake him up, and after awaking he feels tired, with great heaviness in the head. With Chloral the sleep is lighter and can be easily broken. Morphium produces a sleep similar to Opium, which is difficult of removal by Atropine. The sleep of Narcinum is accompanied by salivation; the awakening is sudden, as if from a fright. The sleep of Codeine, Thebaine, and Narcotina is more or less accompanied by convulsions.

Emetics and purgatives also show marked differences in their effects. Apomorphine causes copious vomiting without exertion, but followed by headache and tendency to sleep. Ipecacuanha causes salivation, less frequent vomiting, with a specific taste in the mouth. Emetin causes nausea and prostration. Stramonium produces contraction of the intestines, which the experimenter can perceive.

The experiments with Alcohol were beautiful. Vinous Alcohol in its different forms always produced a jolly drunkenness; Whisky (*Alcool du grains*), on the contrary, a frenzied drunkenness, even to maniacal fury. A state of complete prostration was immediately caused by Aldehyde, with stertorous breathing and hippocratic features. Absinthe causes paralysis of lower extremities.

Aqua Laurocerasi produced in the hysterical woman always the same ecstasy—a series of visions which brought her in communion with the Holy Virgin. At first this effect was ascribed to the Hydrocyanic acid in the Aqua Laurocerasi, but though diluted Hydrocyanic acid produced convulsions, it was clear that the essential oil per se in Aqua Laurocerasi caused the ecstasies, and that convulsions never were simultaneously observed.

Nitrobenzine (*Essence de Mirbane*) has the same odor as Aqua Laurocerasi, but a different composition. Diluted with water, it produces convulsive throes through the whole body; the eyes are half open; a rhythmical tremor of the right arm is soon observed; the arm is then raised as if she were drawing; she raises the head lightly, and then the left arm begins to tremble.

She says she has just finished a drawing. This hallucination differs entirely from that of Aqua Laurocerasi, though the zeal (*l'ardeur*) is the same.

Valeriana is commonly considered a quieting nervine, but it produced in both persons quite an excitement, with queer manifestations, as observed in a cat. They made motions as if they were on horseback; with both hands they scratched the soil, bored a hole, and tried to hide their faces in it. If a vial of Valeriana is hidden away he tries to find it, snuffles all about, and when found he wants to obtain it and scratches the soil. Wherever hidden the same scene repeated itself over and over.

Different essences have these peculiarities: In their concentrated form they produce great motility, stretching, and sorrowful hallucinations; diluted, they produce slow and tender motions, followed by pleasant hallucinations.

The Anæsthetica caused an excitement, reminding one of the beginning of Chloroform intoxication in surgery, followed by sleep.

Phosphorus produced a general trembling, with frightful hallucinations. Cantharis excites, Camphora quiets.

Some substances cause specific symptoms. Thus, *e. g.*, Veratrinum, dry coryza, stitches in the nose and visual disturbances. Jaborandi and Pilocarpinum cause sweating and salivation, the saliva having the property to change starch into sugar.

Experiments showed that one gramme Alcohol mixed with one hundred grammes water had no effect, and the same happened with five grammes. How long the substance or the vial must be applied depends on the individuality of the person. Little time is needed when the vial is held without oscillation on the naked part of the body, and there is no difference on what part it is held. Some persons less sensitive were also experimented upon, and showed at least some influence.

A simple hysterical woman was put to sleep by a vial of Chloral put in her hand. Sleep came slowly but showed the same characteristics.

At the clinic of Dumontpellier Opium caused sleep in a hystero-epileptic woman. Another one in the clinic of Charcot showed under the influence of Alcohol extreme sleepiness, heaviness of the head, and oscillation; moderate intoxication and vomiting were removed by Ammonia. Another woman, also hystero-epileptic, showed from Alcohol heaviness of the head, intense oscillation, intoxication, repeatedly vomituration. In Brouardel's patient Alcohol acted most in the legs; he could not stand straight. Valeriana caused heaviness of head, somnolence

and a kind of intoxication. A hysterical woman under the influence of Aqua Laurocerasi showed: formication, dullness of sensation, numb feeling, palpitation, cold extremities, trembling, mental stupefaction (*abrutissement*), and sleepiness. An epileptic child showed, for several hours, under the influence of Iodide of Potassium, dizziness and dullness of head.

Now the experimenters try to explain facts. Though a riddle, it has its analogies. We accept the experiments as facts, just as we do not doubt the existence of Ether; from its presence we make conclusions on its actions, without ever having seen it. The theory of vibration—*car tout est vibratoire*—deserves consideration. Every substance, just like the magnet, has its vapory circle, and highly sensitive persons are influenced by it at a distance.

At any rate, the action of infinitesimal doses cannot be derided any more, and Homœopathy is justified by its very adversaries. During a diseased state the organism becomes sensitive (in the sense of Reichenbach) to the specific medicinal stimulus, or one might say, the affected organ gets the faculty of an extremely fine reactive power, and Grauvogl calls the diseased organism the very finest reagent.

In a postscript Dr. Lorbacher, the editor of the *A. H. Z.*, adds: These experiments of well-known French allopathic physicians, among them Charcot, give the *coup d'état* to the purely material standpoint in dosology. Materialists may fight and obstruct, as they always do, but let them conscientiously repeat these experiments and they must acknowledge the truth as it is in these facts. Whether it will remain a possibility to deny the action of homœopathic infinitesimal doses is questionable. It may be even possible that allopathic physicians may acknowledge at last through the evidence of their own senses, especially as these discoveries were made by authorities of their own school. But the priority belongs to our own Buchmann, who, more than twenty years ago, demonstrated that drugs in a closed vial held in the hand of a nervous person produce objectively their peculiar symptoms. Poor Buchmann was laughed at by members of our own school. Now satisfaction has come, and he is more than welcome to it.

We need not fear physicians of the old school—they never did Homœopathy any harm, and seeking after truth they will finally find it in Homœopathy, just as Hahnemann and his disciples found it. We see that they are not afraid to own up to

these facts, though they are unable to explain them now, and the future is still before us.

But I fear the Homeopathy of our own physicians. In England and Germany our men try to deny the action of high potencies; our men deride such *unscientific* practice; our men look up to the old school in worshipping admiration, and too often leave our societies to be graciously allowed to pick up the crumbs from the allopathic table. *Scientific therapia!* What a misnomer! All glory to the microscope, to all adjuvantia, under whatever name or guise they may present themselves, but let us yield not an iota for the mere sake of having pleased our adversaries. They will come over to us, and shame on those who desert us in the hour of coming victory. S. L.

APIUM VIRUS.

Notes from an Extemporaneous Lecture by Professor J. T. Kent, St. Louis. [Frank Kraft, Stenographer.]

One of the earliest symptoms of the Apium virus that will come from the crude poison, or from violent stinging, is sometimes nausea with deathly sickness and tightness in the chest and sense of suffocation; desire for cold air, and an aversion to heat; with considerable chilliness and desire to throw off the bed-clothing. These are among the earliest things which you will see. If you are ever called to attend a case of poisoning from the sting of the honey bee—and you know that some people are extremely susceptible to the bee poison, especially where several thrifty bees have been tantalizing your patient—if you are ever called to such a case you will find many, if not all, the symptoms I have just mentioned. Even a few stings from the honey-bee have been known to cause death. If this state of affairs goes on there will frequently be suffocation; after this, unconsciousness, your patient seeming to have fallen in a fit. The suffocation increases; the difficult breathing goes on increasing until it reaches unconsciousness. This is the general state produced by Apis.

If we now look more particularly to the symptoms which are the effect of the poison upon certain regions of the body, we will notice a marked influence upon the skin; this is found to be of a waxy, œdematous, puffy appearance, the face becoming pallid and waxy. This state does not come on immediately, it may be some considerable time after the patient has been poisoned, or after the virus has been taken for the purpose of prov-

ing it. The skin of the lower extremities becomes œdematous; the cellular tissue becomes puffy, and there is pitting upon pressure. Simultaneously with this we have almost, if not quite, a suppression of the urine, at least the urine becomes very scanty and appears laden with albumen and tube-casts. Hence, its great value in a certain disease known as Bright's disease, or albuminuria. It also corresponds very closely to the albuminuria following scarlatina.

Apis has an eruption upon the skin that is miliary in character. It has a rough, measly form of scarlatina, rose-colored in appearance. There is a great amount of itching, burning, and stinging with these skin affections. The sensations—the feelings of the skin—are aggravated by heat of the clothing or of flannels, also by warm things. It has amelioration from the application of cold, like cold cotton cloths; cold washing; cold atmosphere; even from great chilliness of the body. There is aggravation from heat and from the covering.

Apis has an urticaria—a nettle-rash; large, white weals, surrounded by red spots; a reddish, rose-colored eruption; I should have said it has not really an eruption, but it looks as if there was to be an eruption, a nettle-rash, or hives. These stand out very prominently—in bold relief. We most always have a dyspnœa associated with this nettle-rash; that is the way it has occurred in the provings. Distress in breathing is a very common symptom associated with the skin eruptions, and especially with the nettle-rash.

Apis has some marked characteristic pains. They are stinging and burning; violent stinging in the temples; stinging in the joints; stinging in the glands; stinging and burning in the ovaries; the right side is preferred for the paralytic symptoms which Apis produces; that is, a paralytic weakness with symptoms sometimes of complete paralysis. With this we have associated, in the left side, a twitching; and there is a key-note that expresses it something like this: Twitching in one side with paralysis in the other.

Apis especially attacks the serous membranes, producing exudation. In this it is in keeping with the general state of the remedy, producing a dropsy throughout the body wherever it is possible for dropsy to appear. We may have dropsy of the abdominal cavities; of the pleural cavities; of the arachnoid cavities; and it has peritonitis with effusion; inflammation of the pericardium with effusion; inflammation of the pleura with effusion, and in the meninges of the brain with effusion. Apis produces all these states, and frequently cures them.

As I have before stated, Apis carries the patient down into unconsciousness. There is something in relation to this unconsciousness that characterizes it. There is a crying out with a shrill scream. That symptom is especially characteristic of some form of hydrocephalus, and is a characteristic symptom of Apis. A child while unconscious may yet carry the hand to the ear, or to the head, and will cry out with a short, sharp, shrill cry, denominated the *Cri cephalique*. The pupils are dilated, and frequently almost insensible to light. Preceding this period of unconsciousness there is great irritability with constant moving about; throwing off the clothing, with aggravation from every particle of heat. Pretty generally Apis is thirstless; it is one of the thirstless remedies, although at times it has a great thirst. Its characteristic, however, is absence of thirst, or even aversion to water. It has spasms of the muscles of the back associated with this semi-conscious state; spasms of the muscles of the back, drawing the head backward, and burrowing the head into the pillow. The patient, if a child, will lie in this semi-conscious state and burrow the head into the pillow, with rolling of the head. Animals, too, get this peculiar kind of congestion to the brain—this meningitis—when they will bump their heads against posts; a horse, for instance, with this meningitis will bump his head against a post and die from the trouble very soon. Apis will correspond to that case and will cure it.

As I have said, the right side seems preferred in the paralysis, the right side giving us the greatest number of symptoms throughout Apis. The right ovary is most commonly affected—associated with the peculiar burning and stinging pains. The throat gives us the exception, the left side of the throat and chest being particularly affected by Apis, producing therein an œdematous appearance; the mucous membrane seems to “pod” out, looking like a bag of water. Apis has cured a great many of such cases. In some cases the uvula hangs down like a little bag of water; in this it is similar to Kali bichromicum; that is very characteristic of Kali bichromicum. Rhus tox. is somewhat similar, affecting the left side of the throat, and somewhat like in affecting the right side of the body, but Rhus, while appearing upon the left side of the throat, has large blisters forming upon the surface—little vesicles filled with white or yellowish serum. Apis appears to extend more particularly to the cellular tissue, and is not so likely to produce vesicles, but the throat is puffy, œdematous, and looks as if when pricked it would pour out water, but it doesn't.

The tongue of Apis is glossy and shiny, as if varnished ; bright red, and sometimes looking raw, its edges covered with vesicles.

Apis has a large number of eye symptoms that are very valuable. It has granular lids and watery accumulations, lachrymation, burning, chemosis. The conjunctiva looks like a piece of raw beef, thickly studded with blood-vessels—enlarged blood-vessels—and there are the characteristic stinging and burning pains about the eyes. The eyes are improved by cold and by cold washing. Squinting is a very important symptom, occurring frequently after congestion of the brain, after meningitis, and after many of the brain troubles in children. Apis, Hyoscyamus, Belladonna, and Stramonium have this squinting, but if there be extreme aggravation from heat, and aggravation from the covering, and great irritability, then it will be Apis ; or if there should be any form of dropsy, or scanty urine, that would make you think the more of Apis. It has squinting, strabismus, rolling of the eyes, with burning and stinging—shooting-pains. The conjunctiva is injected and filled with dark vessels. There are many thick, dark, smoky spots upon the cornea, and frequently these are grayish and opaque ; ulceration of the cornea ; cicatrices ; staphyloma corneæ. It has a very marked photophobia, although the patient can't bear to have his eyes covered, because such covering produces warmth, and this produces pain. There is great sensitiveness to the light ; lids dark-red and everted, swollen, excoriated, granulated, œdematous, with bag-like swelling under the eyes ; eyes feel stiff ; when both the lids swell up and look like bags of water above the eye, especially in the morning, that will make you think of Kali carbonicum, in which it is characteristic when it occurs unassociated with general dropsy. Arsenium, in its earlier symptoms, has a puffiness under the eyes. When a drug, commonly given and known as Fowler's solution, produces this effect upon the patient, it is an indication that the toxic effect is coming on and that no more must be given. The puffiness will appear above and beneath the eye.

There are some important mental symptoms in Apis, and one in particular is jealousy ; this is very marked in Apis. It is only equalled by Hyoscyamus. It has manias especially proceeding from a sexual cause in women. It is especially useful for the extreme irritability of temper in many ovarian difficulties that occur in widows. A lady who has been suddenly deprived of her husband, and compelled to be continent for a considerable time, will develop Apis symptoms, especially in her

mental condition, in her general irritability. Awkwardness is another peculiarity running through this remedy, and you will find it spoken of under the mental state; it is an awkwardness due to stiffness of the fingers and of the limbs. They bend with difficulty, and great clumsiness attends every movement. In *Apis* this is sometimes due to a dropsical swelling of the fingers. In *Agaricus* it is due simply to awkwardness. *Bovista*, *Natrum mur.*, and *Silicea* also have great awkwardness and clumsiness.

In *Apis* we have a violence amounting to frenzy. In a clinical symptom that you will find in your text you will get almost the entire picture of *Apis* in a nutshell. I think you will find it associated with hydrocephalus. The child lies in a torpor; delirium, sudden shrieking cries, squinting, grinding of the teeth, boring the head into the pillow; one side twitching, the other paralyzed; head wet from sweating; urine scanty, milky; big toe turned up; nausea while lying; breath offensive; tongue sore. Acute hydrocephalus, and after erysipelatous eruptions.

In speaking of the affections of the skin I neglected to tell you that *Apis* has a very characteristic erysipelas, dusky, dark, and mottled. It is not likely to be covered with large blebs, such as we find in *Rhus*, but it has small vesicles forming upon the erysipelatous surfaces. And with this there is the usual great burning and stinging in the erysipelas of the face.

Under *Desires* and *Aversions* you will find that *Apis* is given as a thirstless remedy; with neither appetite nor desire for food; and yet there is also an insatiable thirst, drinking often, but little at a time. In catarrh of the chest, diarrhœa, diphtheria, and in some of its dropsies, thirstlessness is characteristic. In cerebro-spinal meningitis, ovarian dropsy, ascites, and in some other cases where it is indicated in pregnancy, you will find the patient thirstless; there is no thirst, though there be heat and the mouth dry.

Another feature of this remedy, and one that is very astonishing, is the great craving for milk. It was really astonishing how many of the provers of this virus wanted milk to drink—craved it. Now there is an evidence of how nature gives forth a symptom that is really a demand for a cure, because milk is an antidote to the poison of the bee. Milk is one of the best remedies in the world after getting sick from eating honey. If you have a patient who has overloaded his stomach with honey, or has become sick from eating even a small quantity, give him all the milk that he can drink, and he will soon get well.

Rhus, as I remarked a moment ago, produces very large

blisters; while Apis produces small ones, or, rather, small vesicles filled with clear lymph. The vesicles of Apis occur in clusters. Apis produces burning of the skin; burning in the cavities; burning in the tissues; there is burning in the erysipelas; burning in the eruptions; burning, stinging pains in the glands; burning in the stomach; burning in the abdomen. In the abdomen we have symptoms that are very important; the abdomen becomes tumid and tympanitic. We have there a typical peritonitis—a very marked symptom. It is impossible for him to keep the abdomen covered or to allow anything to touch it—it is so sensitive. Burning, stinging pains, which are soon followed by effusion. In all these dropsical conditions, and in most of the inflammatory conditions, you will find the scanty urine, with the characteristic burning and stinging pains while passing. The whole abdomen and pit of the stomach are extremely sensitive to pressure or to the slightest touch. There is also violent burning pain under the short ribs on both sides; sensation of soreness under the ribs; and the patient is obliged to bend forward from the painful contractive feeling in the hypochondriæ. The pain from this region extends upward.

This sensation of constriction that I have just alluded to is a very characteristic peculiarity of Apis. It has a sensation of constriction in the abdomen that is often brought out while at stool; he feels that if he should strain at stool something in the abdomen would break—something would give way. Don't forget that, for it is wonderfully characteristic of this remedy. The same sense of constriction attends the dyspnoea and the chest complaints. It seems to him that if he should move, or strain at stool, or if compelled to cough, that something would break loose somewhere. This exists both in the chest and in the abdomen.

In the majority of cases Apis is aggravated by motion; he may be restless and irritable; but the real pain and the inflammatory conditions are made worse by touch, by motion, and by warmth. There is a feeling as if the intestines were pressed down; there is an aching, pressing in the hypogastrium—a bearing down toward the uterus, with the characteristic burning and stinging in the bowels.

The walls of the abdomen are tense; there is sensitiveness of the ileo-cæcal region. Extreme soreness of the abdomen.

Apis has diarrhoea and a dysentery, whose characteristic feature is that it is olive green, slimy, profuse, and full of bright, red lumps. You may sometimes find the stool of Apis—to use

a common expression—looking like tomato sauce. It is full of bright red specks; the mucus is so thickly flecked and specked with blood that it resembles tomato sauce. Still, don't forget that olive green is characteristic—quite so. The stool is always slimy, and frequently bloody. It may be watery, yellow, black, and copious. It is usually worse in the morning.

In relation to the anus we have an important symptom; there is a sensation as if the anus stood wide open, and with this involuntary stool. In this it is equaled only by Phosphorus. Phosphorus and Apis have produced this sensation upon the healthy—as if the anus stood wide open. I have seen this in children, with a constant oozing from the anus, with the anus turned out, looking almost like raw beef. It has the same appearance upon these membranes that it has upon the conjunctiva when Apis is indicated. Don't forget what I have just told you about this sensation of constriction, as if something would break if effort is made. This is noticeable in the costiveness of Apis; there are large, hard, difficult stools, with stinging sensations, and this peculiar feeling that something will break if effort is made to empty the rectum. This feeling is so characteristic of Apis that it will cure almost any case of constipation when that symptom is present. The patient will say: "Doctor, I dare not strain at stool. I feel as if something would break loose—as if something would give way in the abdomen."

We have in Apis some marked urinary symptoms. There is great pain in the kidneys, with stinging and burning pains in the bladder. Stinging and burning pain in the right ureter, running from the kidney down to the bladder. Apis has been given in renal colic. In this symptom of burning and stinging it competes with Lycopodium, which especially affects the right side. In Lycopodium we have amelioration from heat, while in Apis we have aggravation. There is desire, with passage of only a few drops of urine, and it is dark-colored. Strangury, stricture, spasmodic stricture, retained urine, or inflamed bladder, after the abuse of Cantharides. Urine scanty, with sediment like coffee grounds containing uriniferous tubules and epithelium. Dropsy of the scrotum; hydrocele.

It is a great friend to the female, and to the world in general. It is a very important remedy in threatened abortion in the first three months of pregnancy. Hering says that Apis, low, is a very dangerous medicine to give a pregnant woman, as it may produce an abortion. I have many times checked abortion when the hemorrhage had already gone on for a number of hours. This remedy is especially indicated in this condition of

affairs when the stinging and burning have been going on in the region of the ovaries and the uterus, with now and then gushes of blood, and with this there is pain in the back and in the sacrum. There will be a feeling of weight and great heaviness in the ovarian region, extending down the thigh; worse on the right side; numbness in the side and limb. Suppressed menses, with congestion and inflamed ovaries. The Apis patient is always an irritable, tearful patient; always weeping, and worse in a warm room, with stinging and burning pains. And with these stinging, burning pains in the uterus you will always find a nervous, hysterical, tearful, irritable patient. You will also find a sensation as if the legs were bruised or beaten. The expectoration is seldom present, and when present may be sweetish or tasteless. The cough is croupy, ringing, rasping, gagging, and dry. The stinging and burning in the spine is amenable to Apis; don't neglect to associate with this the œdematous symptoms of the extremities and the waxy appearance of the skin. There will also be trembling, nervous restlessness, and great prostration. The chill occurs at three P. M., and is worse from warmth; the chill runs down the back. The perspiration of Apis smells like musk. The stinging, burning pains that occur sometimes in cancer wouldn't be so characteristic of Apis; but they are temporarily relieved or controlled by Apis. Whenever you have a child waking suddenly with a sharp, shrill scream, you may be alarmed, for some form of brain trouble is threatening. Natrum muriaticum is the most suitable remedy to follow Apis, but Ignatia is its twin sister.

HOMŒOPATHIC THERAPEUTICS IN DENTISTRY.

A remarkable article, under the above heading, from the pen of J. Morgan Howe, M. D., appears in *The Archives of Dentistry* for December, 1885.

The author indorses the application of homœopathic treatment to many diseases of the teeth.

He says: "There are not a few dentists who know the efficacy of Homœopathy from their employment of physicians of that school when in need of medical treatment for themselves or their families."

He then offers an argument for the treatment: "Much emphasis has well been laid of late upon the fact that teeth are tissues of the body, and although this truth is quite generally recognized, there has been but little practical application of this

knowledge by dentists in the treatment of disease in the maxillary, gingival, or dental tissues by seeking to produce such special effects upon the system as would favor return to normal conditions."

This is just what Homœopathy has been teaching; that diseases of the teeth are due to centripetal causes, and therefore should be treated with medicines.

What homœopathist has not had his triumphs in relieving dental sufferings? Which one of us does not know of Hering's excellent indications for the use of medicines in toothache?

That we should fail sometimes is not any reason for denouncing and denying our system. As Dr. Howe well says:

"No claim is made by any, so far as I know, for perfection in homœopathic therapeutics. * * * But the claim is, that the basis of the system is scientific, and, like other sciences, cannot be overthrown, but will advance nearer and nearer to perfect knowledge."

Here is a most generous and reasonable recognition of the merits of our school. The whole article, indeed, shows so comprehensive a grasp of the subject that we cannot forbear quoting a few paragraphs.

Thus, on page 530:

A tooth with a devitalized pulp frequently remains undisturbed for years without giving its owner the least warning symptom, until suddenly, and without local violence, it becomes the seat of an acute pericementitis. We say that the cause of the painful disturbance from which the sufferer seeks relief is the presence of the sphacelate pulp, practically losing sight of the fact that that condition has long existed without causing any apparent disturbance until some change has occurred in the condition of the system. The toothache of pregnancy is often excited by a dental lesion which would be quite inadequate to permit painful irritation during other conditions of the system; the advent of pyorrhœa alveolaris and of chemical erosion or abrasion are not concomitant with any constant local condition or habit of hygiene or of food; caries has its periods of rapid advance and of comparative arrest; teeth apparently well organized become subject to persistently recurring decay, and teeth that we call poor in structure become perceptibly improved in ability to maintain their integrity without recognized local causes. Noticeable changes in the color of the teeth occur within so short a time as a week, and enamel sometimes becomes so brittle that pieces are broken out with ordinary use. These facts naturally direct our attention to systemic influences affecting the dental tissues, and there has been a recognition of them in etiological studies, but I am aware of no suggestions for special treatment that have met with any general acceptance, beyond the well-worn theory of lack of lime salts in the dental tissues, and the consequent (?) need of increasing the supply or the occasional prescription of a tonic on general principles.

In the following paragraph the writer shows that he understands that a conscientious homœopathic physician prescribes for sick individuals and not for diseases. He is thus far ahead

of the eclectic pretenders in our own ranks who have not yet learned this lesson :

The dominant school of medicine pursues therapeutics on a basis of some etiological theory of disease, or on a diagnosis of pathological conditions, while Homœopathy not only avails itself of all that may be known of etiology and pathology, but proceeds to treat and cure disease as revealed by symptoms even when the causes and pathological conditions may be obscure or unknown. Thus, without any more accurate knowledge of teeth or their diseases perhaps than other physicians, homœopaths everywhere treat odontalgia by the internal administration of drugs with such success that with some it is quite an appreciable item in their practice. In this way, and also in the fact that all works on *materia medica* and therapeutics contain detailed references to the treatment of diseases of the teeth and gums, homœopaths have recognized teeth as tissues of the body, and six papers on the complications of dentition, read before the thirty-seventh session of the American Institute of Homœopathy last year, gave evidence of much interest in and acquaintance with that subject.

Again, on page 532 :

If drugs, homœopathically administered, accomplish their purpose in dental disease in any fair proportion of cases in the hands of physicians who know but little about teeth, why may not the special action of drugs—that elective affinity by which they affect particular organs or tissues—be made to serve the dentist's highest hopes by reaching the dental tissues through the system, thus accomplishing what local means have at best but partially effected ; it only remains for the dentist to become acquainted with the action of drugs, as he is with the diseases he has to combat.

Nothing we can say will add to the force of these remarks, but we may be pardoned for an expression of our hope that this paper may command the attention it so justly merits, and induce the dentists to try the new-school methods in their every-day practice.

W. M. J.

ADULTERATIONS OF FOODS.

In the following neat little fable some of the eccentricities of modern adulteration are delicately disclosed to the commonwealth of consumers by a contemporary German satirist : "There were once four flies, and, as it happened, they were hungry one morning. The first settled upon a sausage of singularly appetizing appearance, and made a hearty meal. But he speedily died of intestinal inflammation, for the sausage was adulterated with aniline. The second fly breakfasted upon flour, and forthwith succumbed to contraction of the stomach, owing to the inordinate quantity of alum with which the flour had been adulterated. The third fly was slaking his thirst with the contents of the milk jug, when violent cramps suddenly

convulsed his frame, and he soon gave up the ghost, a victim to chalk adulteration. Seeing this, the fourth fly, muttering to himself, 'The sooner it's over, the sooner to sleep,' alighted upon a moistened sheet of paper exhibiting the counterfeit presentment of a death's-head and the inscription 'Fly-poison.' Fearlessly applying the tip of his proboscis to this device, the fourth fly drank to his heart's content, growing more vigorous and cheerful at every mouthful, although expectant of his end. But he did not die. On the contrary, he thrived and waxed fat. You see, even the fly-paper was adulterated."

PROVINGS.

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

Miss C. G., æt. thirty to forty, very sensitive to the pathogenic action of potencies, noticed the following effects from medicines prescribed for her :

1. *Silicea*^{cm} (Fincke) daily for a week caused sensation of dropsical swellings round eyes so real that she had to keep looking into the mirror to convince herself that it was not so. Also, during menses, on washing hands in morning, threads of blood seemed to play over them and to shoot off at the finger ends like threads of electricity. (Never had this before.)

2. On three occasions, at intervals of a week, took *Ambra*¹⁵⁰⁰ (Jenichen) three times a day ; but after first or second dose it always caused bilious diarrhœa, and made her feel altogether low-spirited and ill.

3. One dose of *Kali-c.*^{3cm} (Fincke) caused slight attacks of diarrhœa (was constipated before).

4. One dose of *Lachesis*^{mm} (Boericke) took her voice away and caused a regular cold in the head. Is quite sure she did not catch cold.

MEZEREUM.

Mrs. B., æt. sixty-six. Rheumatic pains in legs, like sciatica, with jerking of right leg ; pains begin about six P. M., last all night, and are relieved at daybreak.

Lippe's *Repertory* gives (p. 227), "Jerking of right leg, *Mezereum*." This medicine, in Fincke's 103m potency, greatly relieved, but further treatment was needed to complete a cure.

The symptom "relief at daybreak" deserves attention ; it is a characteristic of *Syphilinum*, and *Mezereum* has an ancient

reputation as an antisyphilitic. This condition has also been observed under *Aurum* (another antisyphilitic), *Colchicum* and *Nux vom.*

DULCAMARA.

Dr.— had had for three days pain in back of left olecranon, as if bruised, worse on bending arm at elbow or on clinching fist. One dose of *Dulcamara* ^{6cm} (Fincke) removed it in about fifteen minutes. *Dulc.* has produced a similar symptom, only in the right arm. (See *Encyclopaedia*, 329.)

CLINICAL BUREAU.

CASE OF GRAVEL.

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

1881, November 11th.—Mr. O., æt. twenty-four. This is the patient whose case is reported in *THE HOMŒOPATHIC PHYSICIAN*, Vol. I, pp. 450-2. He reports now that the old symptoms soon ceased entirely, without further treatment, and never returned; has been suffering from gravel, at intervals, for nearly two years. Four years ago had rheumatic fever badly; was treated allopathically, which was followed by weakness and nervous irritability. Last year went to Hamburg and drank the waters, since which he has been somewhat better, but the waters weakened him. (I often meet with patients who have been injured by taking mineral waters, sometimes prescribed by professed homœopaths. These mineral waters are most powerful medicines, and should never be prescribed except in accordance with their provings, and then only in the dynamized form.) Present symptoms: At times stiffness in renal regions, especially on right side; worried by noise or interruption in business; brings up wind after eating, and feels mentally depressed and physically weak till it comes up; then he passes a small quantity of very fine red sand; after this all the above symptoms pass off. The first attack was with intense pains beginning in right kidney, and going down ureter, relieved by passing a piece of sharp brown gravel; the pain was so great that he took *Opium* to relieve it; for six months afterward his nervous system remained shaken by it. His father suffers from stone and gravel. Bowels usually act alternate days; during the nervous condition for the six months following the first

attack, he used to feel well the days they acted and better when they did not act. During the attacks of gravel, feels full even after a little food. The attacks come on usually every six weeks in summer and every eight weeks, or longer, in winter; has passed a little gravel this morning.

The fullness after eating a little, the red sand, and the pains affecting first the right side, then the left, pointed to *Lycop*. I gave him a daily dose of *Lycop*.^{cm} (F. C.) for seven days.

November 18th.—The stiffness in renal region has been felt at times during past week, but no gravel; less worried; has felt much better during week; very much less flatulence after food; stools much more regular; can work harder and has better spirits. No medicine.

November 25th.—Passed a little gravel on 20th, but none since; stools just as last week, very small, the size of a finger; otherwise much better; can go without food without feeling faint, as formerly; can work better and without exhaustion.

December 2d.—Has had very slight sediment in urine one day; stools still small and on alternate days; otherwise the improvement continues.

December 9th.—No more gravel; stools alternate days, but rather more free and larger; a little stiffness in left renal region. No other symptoms.

December 16th.—Has caught a bad cold from the wet weather; no more gravel; stools more natural and more in quantity; sometimes bowels will not act for two consecutive days; no return of pains or stiffness in kidneys; he now tells me that he can eat cheese with impunity; formerly it would cause fullness of stomach, relieved by copious eructations; then troubled sleep, and coated tongue next morning; with the fullness, a sense of coldness. (This case, therefore, adds *Lycop*. to the remedies having "aggravation from cheese.") As the chronic symptoms were steadily lessening, I gave no medicine for the cold, as Hahnemann directs.

December 23d.—No return of gravel; up to two days ago bowels acted daily and freely, quite naturally; yesterday there was a little stiffness in kidneys and bladder, none to-day; no stools for the past two days, but natural relief to-day, though not very copious; catarrh almost gone. He now informs me that for the last eighteen months the bowels would sometimes not act for two consecutive days, and on these occasions, on the second day, the feeling of stiffness of bladder, followed next day by a stool, after which the stiffness went off.

1882, January 10th.—Wrote to say that he had a slight re-

turn of the old symptoms. *Lycop.*^{mm} (Boericke) every other morning for fourteen days.

October 9th writes: "My health is decidedly better. I very seldom pass gravel, and then only in very small quantities."

OPACITY OF CORNEA.

The following case I treated *entirely* by correspondence, never seeing the patient till she was cured, as she lived in Belfast, Ireland.

1881, August 25th.—Miss Jennie B., æt. fourteen, complained of the following symptoms: Small white spot on left cornea. Left eye waters a little in the morning. Right eye weak. Sometimes constipated. The left eye has been weak for more than three months; it commenced with redness of white of eye and small pimples on forehead and eyelids, but no pain or loss of sight; suddenly it began to water, with great photophobia. She is extremely tall, fair, and well developed. A sister has died of phthisis. Two years ago she had slight curvature of spine, cured by change of air and gymnastics (but they did not remove the psoric taint; only Homœopathy can do that). She has been for eight weeks under the care of the first oculist in Belfast, who prescribed *Atropine* drops in eye, an ointment, glasses, and a powder of *Mercury*, *Chalk*, *Rhubarb*, and *Jalap* at bed-time. This treatment was persevered with for eight weeks, but without benefit, and the oculist confessed that he was disappointed at the result of his treatment. *Sulphur*^{am} (F. C.) every morning for fourteen days.

September 2d.—Telegraphed, yesterday right eye suddenly felt pricking pains in it like dust; this morning slight pain through eye, which is much bloodshot; cannot bear bandage off. A letter written on the same day stated that yesterday, previously to this attack, she could open the left eye when the right was tied up, and that the left eye did not water. *Sulphur*^{am} (F. C.) every six hours till better.

September 22d.—Took the medicine every four hours for two days, then resumed the daily dose. Has had no medicine since September 14th. Now the right eye is quite well; it got well in a week after the acute attack. Left eye stronger; no watering. Opacity very faint. Less constipated. No medicine.

October 12th.—The streak on left cornea (it is more like a tiny gray streak than a band) continues the same. On testing the sight, there is a mist over everything she sees with right eye closed; could not read a sign at a distance with left eye, though she could see it distinctly with right eye. For three or four

weeks the flames of the street gas-lamps at a short distance seem to have rays from them, but with the left eye only. When she began to improve in September, she also saw double, and the lights appeared as arches, but only with left eye; since September 18th these last two symptoms have ceased. Very severe headaches after a long walk, sometimes frontal, sometimes throughout head. *Belladonna*^{cm} (F. C.) every other day for fourteen days.

November 10th.—No difference in spot on sight of left eye. Only one headache during past month. Constipation better during past six weeks. *Cham.*^{cm} (Swan) every other day for fourteen days.

1882, January 3d.—Reports that on November 15th menses appeared slightly; for the first time slight, and lasting only one day, but have not returned. Spot smaller and sight rather better. *Sulphur*^{mm} (F. C.) every other day for fourteen days.

January 28th.—Finished medicine on 24th; spot remains, but sight is better. Pimples on forehead; slight return of menses last week. *Sulphur*^{dm} (F. C.) every other day for fourteen days.

March 25th.—Still a very tiny speck of white on cornea. Pimples on face and forehead, and a few on body. *Kali-bichr.*^{cm} (F. C.) every other day for fourteen days.

November 16th.—Reports *perfectly* well.

1883, March 14th.—Sight is good; but on looking at left eye in certain lights there is a slight film on cornea in two places. Occasional headaches. Menses still scanty, and at intervals of about two months. *Sulphur*^{dm} (F. C.) every other day for fourteen days.

1884, September.—I saw her for the first time, and found her perfectly well.

CASE OF DYSMENORRHOEA.

1876, September 1st.—Miss——, æt. about thirty-six, consulted me for the following symptoms: About a week before menses feeling of fullness in head, ringing in ears, dim sight, nausea, and increase of her chronic water-brash of clear, tasteless water rising from abdomen; also her chronic headaches then attain their maximum, the pain beginning, as at other times, in nape, and going over occiput to left temple, sometimes to right. When the head is better the vessels of the stomach feel gorged with blood so that she cannot get a full inspiration; something seems to stop it, and she feels great oppression at chest. For a week or ten days before menses she also wakes in night with boring pains in right abdomen, piercing through to back, last-

ing about twenty minutes, and so severe that she frequently breaks out into a profuse sweat with her efforts to bear it patiently; she generally has this pain for two consecutive nights before menses. *Silicea*^{cm} (Fincke) had failed to relieve. *Calc. carb.*^{3m} (Swan) three times a day for two days.

October 22d, writes that menses are over, with a decided improvement; no boring pains; no congestive headaches; action of heart regular, and "able to breathe all over me;" dim sight better; no sickness or giddiness; menses came on at the right time, and with very little pain; water-brash less often and less severe. She writes: "This is the only monthly period I have ever passed through without *intense suffering*."

November 27th writes: "Menstrual symptoms still *wonderfully improved*." She has never since then complained of these troubles, though I have had from time to time to prescribe for her. The headaches commencing in nape, and the water-brash, both of which she had also at other times, did return and needed further treatment.

Subsequently to the cure of the dysmenorrhœa she complained of gnawing pains at the stomach pit after every meal; constant pain in left side just over hip, and thread worms. These symptoms were removed by *Alumina*^{cm} (Fincke) twice daily for a week.

1877, April 6th.—After a long interval of comparative health complained of difficult breathing. It seemed as if the vessels of the heart were too full of blood, and would burst if she tried to take a deep inspiration; when she exerts herself at all can only get a breath by bending nearly double. One dose of *Lachesis*^{mm} (Boericke) removed the congestive symptoms.

On January 20th, 1878, she complained of constant attacks of bilious diarrhœa, the stools burning; during the time great pain and discomfort on urinating, sometimes cannot urinate; at other times passes a large quantity of quite white urine, which seems to stop the diarrhœa at once. One dose of *Magnesia sulphurica*²⁰⁰ (Leipzig) removed the symptoms at once, the bilious diarrhœa never returning. She also reported menses still regular and without pain.

This case I treated almost entirely by correspondence, as I do with a large number of my patients, thus obviating the necessity of consulting a mongrel when at a distance.

The keynote for *Calc.* was "Tightness of the chest, as if she were filled too full, and with blood." (See *Encyclopædia*, 972.) The abdominal pain seems not to have been yet observed under *Calcærea*.

BOOK NOTICES AND REVIEWS.

THE VALUE OF VACCINATION. A non-partisan review of its History and Results. By George William Winterburn, Ph. D., M. D. Philadelphia : F. E. Boericke, 1886.

The object of this book is stated in the Introduction to be "to investigate fairly and dispassionately the claims of the Jennerian method, and the tentative basis upon which its theories were founded." The author thinks the value of vaccination is still doubtful, and says: "This question, although affecting the welfare of untold millions, is calmly asserted to have passed beyond the domain of argument." He then proceeds to give arguments against it. His array of facts is certainly staggering.

The first chapter is an inquiry into "the rise of vaccination as a medical dogma." After giving the history of the rise and fall of the practice of inoculation, he proceeds to describe cow-pox, and shows how Jenner first conceived the idea that "cow-pox was a preventive against taking small-pox." by hearing the "country-side gossip" of "milk-maids and others." This is well known, and is acknowledged by all who favor vaccination. But he claims that it was accepted with but "little of scientific research," and that Jenner had so little information about it that he confused cow-pox with swine-pox, and with the "grease" in the horse, from which it is usually understood cow-pox originated, asserting that all three were identical with small-pox; that his followers have, consequently, adopted the pernicious practice of raising crops of vaccine virus in the cow by inoculating the animal with small-pox—*variolation*, as it is called.

"Thus there are a number of strains of vaccine material :

- "a. Original cow-pox of Jenner ;
- "b. Equine-pox stock ;
- "c. Swine-pox stock ;
- "d. Goat-pox stock ;
- "e. Variola cow-pox of Ceely and others ;
- "f. Spontaneous cow-pox of Beaugency ;
- "g. Calf-Beaugency stock ;
- "h. Calf small-pox—cow-pox."

These are all claimed by Jenner and his followers as really but one thing. Then comes a chapter on the "methods of vaccinating," which need not here be quoted.

The next chapter shows "the extent of the protection afforded by vaccination." After quoting statistics most favorable to vaccination, there follows an analysis of the figures, which would seem to indicate that the death-rate from small-pox has really risen since the general practice of vaccination. "Thus, as vaccination was more rigidly enforced, small-pox increased" (p. 74).

A remarkable quotation is given from Sir Henry Holland, "one of the wisest physicians of his day:" "Throughout every part of the globe from which we have records, we find that small-pox has been gradually increasing again in frequency as an epidemic, affecting a larger proportion of the vaccinated, and inflicting greater mortality in its results." Again: "It is no longer expedient in any sense to argue for the present practice of vaccination as a certain or permanent preventive of small-pox."

Quantities of statistics are given; and, finally, the idea is advanced that the only prophylactic against small-pox is cleanliness, pure water, and wholesome air.

The evils of vaccination—the spread of syphilis and of tuberculosis—are strongly urged, and striking illustrations given. It is shown that by the practice of vaccination *directly from the cow*, bovine tuberculosis may be given to human beings.

The book closes with a chapter upon compulsory vaccination. Page 146 :

“This system of compulsory vaccination is founded upon a formulary too preposterous for a moment’s serious argument. It arose from the curious dogma that a healthy person was a focus of disease; and that not having been diseased (*i. e.*, vaccinated) he would be the propagator of disease (small-pox) to those who had been diseased (vaccinated)” (!) Page 149: “Vaccination is destined, sooner or later, to take its place by the side of inoculation as an exploded medical theory. It has been tried and found wanting, and the frantic efforts of its devotees may postpone for a time but cannot avert the downward plunge of the sword of Damocles.” W. M. J.

NOTES AND NOTICES.

INTERNATIONAL CONGRESS.—The next International Congress will meet at Brussels the first week in August next. All homœopathists who can go should do so. They will unite recreation and profit, business and pleasure, recruit the body and fill the mind.

HAHNEMANN’S MONUMENT.—The city of Leipsic erected on its *Promenade* a handsome bronze statue of Samuel Hahnemann. It represents him as seated with a book in his hand. On the pedestal is this inscription:

Dem
Gründer Der Homœopathie
Samuel Hahnemann.

Geb. zu Meissen D. 10 April, 1755.
Gest. zu Paris D. 2 Juli, 1843.

von
Seinen Dankboren Schülern und verehren.

DR. SCHÜSSLER lives at Oldenberg, a little old-fashioned German town. He was once imprisoned for three months for prescribing for a patient out of his window at night, it being against German law to prescribe for a patient without seeing him. Probably had Dr. Schüssler been a “regular” he would never have been prosecuted. Prosecution is often but legal persecution!

POSITION AS ASSISTANT WANTED.—A physician (past thirty years of age), a recent graduate of one of the best Medical Colleges of the country, also having a year of hospital experience, wishes to associate himself with an older physician. Address M. D., care of THE HOMŒOPATHIC PHYSICIAN.

A DOCTOR’S DIARY.—A pocket diary picked up in the streets of a neighboring city would seem to indicate, from the following choice extracts, that the owner was a medical man:

“Kase 230. Mary An Perkins. Bisnes, washwoman. Sickness in her head. Fisik some blue pills a soaperifik; age 52. Ped me one dollar, 1 kuarter bogus. Mind get good kuarter and mak her tak me fisik.

“Kase 231. Tummies Krink; Bisnis, Nirishman. Lives with Pady Molony, who keeps a dray—Sikness digg in ribs and tow blak eys. Fisik to drink my mixer twict a day of sasiperily beer and jellop, and fish ile, with asifedity to make it taste fisiky. Rubed his face with kart grese liniment, aged 39 years of age. Drinked the mixer and wuddent pay me bekase it tasted nasty, but the mixer’ll work his innards, I reckon.

“Kase 232. Old Misses Boggs. Aint got no bisnis, but has plenty of money. Sikness all a humbug. Gav her sum of my celebrated ‘Dipsefforiken,’ which she said she drank like cold tee—which it was too. Must put sumthing in it to make her feel sik and bad. The Old Woman has got the roks.”—*Sanitarian*.

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.

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No. 3.

THE PHILOSOPHY OF MATERIA MEDICA, ITS
STUDY AND ITS USES.*

(Continued from page 54.)

Then this curing power is found not only regardless of laws which govern matter, but acting as no other form of matter does, as may be seen in this:—Place a single medicated pellet, or any small number of such, in a phial, and fill it with unmedicated pellets, and these will all soon become medicated with the same healing force as was in the original medicated ones, while at the same time they will have received no new property of matter nor any addition to those they possessed when they were but blanks. Now we know of no instance, nor can we conceive of any, where matter in form passes from one material body to another, imparting to this new properties, and neither of them experiencing in the process any change of loss or gain in properties or qualities belonging to them as matter. This has been many times observed of this curing power, and each time it has given its own nature to the new pellets it has clearly demonstrated that nature to be non-material.

If these statements are true, and we have seen them verified many times, then the way is open to the answer of the question, What, then, is this power in the drug which makes sick and cures? For all accept and act upon the fact that drugs do cure

* An introductory lecture to the course on Materia Medica in the Woman's Homœopathic Medical College of New York, for the session of 1885-6.

sicknesses, though all do not recognize so clearly as they ought that they *make* sicknesses as well, and by the same power that cures. If this power be not the *matter* of the drug, then what is it? We answer, it is an immaterial element, which it pleased Infinite Wisdom, Goodness, and Power to place in conjunction with these forms of matter we call drugs (and all forms of matter which have this power to make sick are drugs), a genuine dynamismus or force. It is just this, and nothing more: To each drug form was given a dynamismus, with an individuality all its own, which differs from that of every other drug. Though, as met in many drugs, there are many similar elements by which drugs are related to each other, yet no one is found represented in its characteristic individuality in the manifested action of any other drug.

Now it is just these individualities, these similarities and differences, which are to engage your attention as students of materia medica. This science is made up of a record of the action of this dynamismus, as present in the different drugs which have been taken by men and women that they might find out just how this power in each drug would affect and make sick the different organs and functions of the body. You will find the results of these experiments have been carefully gathered and recorded, and this in the greatest detail. This record is our *science* of materia medica. It is the peculiar feature and property of the homœopathic school of practical medicine. It is the outcome of the sufferings and self-sacrifice of its votaries, who had for this creation of unparalleled beauty and truth no help from any outside their own circle of devoted men and women. No other school of medicine has the like, and we believe we are justified when we declare Homœopathy the *only* science of therapeutics, if we add, and this record so made is the *only science* of materia medica. Not only has no other school the like of this, but no other has anything in the least like it, except as it has borrowed from this, and this has been done by latest old-school authors somewhat liberally, but always with dignified and uniform silence as to the source from which they have taken all which gives to their work the least value.

It will be your duty, and we gladly believe it will be your pleasure, to study this dynamismus in the revelations of its actions as thus recorded, with greatest care, going into all details of symptoms and their modalities, counting no recorded fact as too small for your careful consideration, none as so insignificant that it may safely be passed by or neglected. In the *facts* of our

science of materia medica there is no such thing as *great* or *small*. These adjectives have no place in its vocabulary.

Almost the sole—certainly the greatest—importance of this science is found in its relation to the science of therapeutics, and to clinical duties in its administration. In these duties it not unfrequently happens that symptoms are met in sicknesses which are wholly unimportant to the diagnostician, but which are to the practical healer the chief guides to his specific curative. Therefore, in your study of materia medica count no symptom or modality of a symptom small. With the specific action of this dynamic element of drugs you are to make yourselves familiar if you are ambitious of power and success in the work of the calling which your appearance here as students proclaims as that of your choice.

The view here presented of the curing element in the members of our materia medica is not that which generally prevails in the medical profession, and certainly it is not universally accepted in our own branch of it. But you may, I think, be safe in receiving it till some one can give another which will accord more reasonably with the facts of experience and the record than does this of the dynamismus. If the materialist rejects it, then let him explain the paradox of the less being the greater power, as it has many times been declared to be, by cures of cases where the greater has failed.

The discovery of this nature dates no farther back than the time of Hahnemann, and its history traces its discovery to the mind of this extraordinary man. He discovered it when he was not looking for it. You may say its discovery was an accident. I prefer to regard it as a providence of the great and good God. The revelation of this truth which had been hid in the nature of things from the beginning, was thus brought to light in the experience of this master of observers of natural phenomena. He had discovered already that it was the similar remedy which cured sicknesses, but he also saw that when this was given to the sick, in the massive doses then common, the sufferings of the patient were greatly increased, as was also the danger incident to the original attack. To avoid these two dangers he reduced his doses, and this more and more till unexpected light came into his mind, from the fact that in reducing the *quantity of the drug* he had not reduced its *power to cure*, but that this had been rather increased by the means to which he resorted for the accomplishment of this reduction. It was a surprise to him, and, like many another surprise, was not at first fully comprehended by him who had brought the truth to light.

He had no thought, at first, but of dealing with the *matter* of the drug. He reduced this, and found if the matter were made less the curing power was not. So clear an intelligence as Hahnemann's could not fail to see, this being the fact, that the curing power could not be the *matter* of the drug, and that this which he found so increased by his process of reduction, could only be a force, or dynamismus, associated with these different forms of matter. And, more than this, he found the further he carried this process of reduction, the more the curing power seemed to be increased, and in this increase he saw he was dealing with an immaterial principle, and not, by and by, with the matter of the drug. It was thus the true nature of the curing power, with the study of which you are now about to be engaged, was discovered. The apparent reduction of the matter was an actual increase of the power.

This reduction was effected by adding to a given sum of the drug ninety-nine times its amount of a neutral vehicle, and to a similar amount of this medicated vehicle a like sum of this neutral again, through a series of reductions in the centesimal ratios, till the thirtieth number of the series was reached. Here Hahnemann stopped. The series he numbered one, two, three, etc., to the end, and each of these he called a "dilution" or "attenuation," the idea being that the process only diluted or attenuated the drug, each higher number representing a weaker dose of the drug. Unfortunately, this nomenclature, with this idea attached, has come down to our time and to us. We say unfortunately, as the terms express just the contrary of what has actually happened in the process employed as to the curing power, and it is with this we are to deal in our study of materia medica and in our practice of specific therapeutics. The terms "dilution" and "attenuation" should never be used to express the degrees of dynamization to which our medicines may have been carried, for the reason they are wholly misleading as to what has really happened to them in the process through which they have passed. For this reason these terms should be discarded and the word "potence" be used instead, which expresses the fact more exactly.

The process by which this reduction as to the drug matter, and exaltation as to the curing power was accomplished, has been called dynamization and potentization. The result of this process, the liberation and development of the curing power, and the subjection of the most deadly poisons to a state in which they become harmless as poisons and most powerful and beneficent healing agents, is the one great discovery of Hahnemann.

In the history of medicine there has been no second of equal importance. The law of the similars Hahnemann did not discover. It was advocated and practiced centuries before his birth, and was then the subject of controversy, as it was when revived by Hahnemann. It may be easily understood that the law then fell into disuse by reason of a want of positive knowledge of the action of the drugs used on the organs and functions of the body, so that the prescriber was in no way able to say of any drug it is similar in its action to the phenomena of any sickness before him. No drugs had then been proved, as we now have them and prove them; the only knowledge of them had been gained *ab uso in morbis*. He could only assume the similarity before the drug had been proved—*i. e.*, he could only guess at it, and this allopathy can do, and does to-day, perhaps nearly as well. We are indebted to Hahnemann for our proved materia medica. The idea of proving drugs on healthy men and women did not originate with him. The necessity of this had been insisted on before his time, but he was the first to act on it and give it the living existence we now possess in our materia medica record. Then, it may be, another reason why the law fell into disuetude in the old time was the doses of drugs employed. These were great—all he can bear. And if by chance the guessing prescriber hit on a similar remedy it must have so added to the sufferings of the sick as to discourage both the doctor and the doctor's patient. So it will be seen a successful practice of the law of the similars was then impossible. These two insuperable obstacles were both removed by Hahnemann. He proved and caused to be proved many drugs so that their actions were known, and he reduced the dose of the similar remedy till it could be used without the experience of the destructive effects of those of the old time, and, in accomplishing this last, God gave him the discovery of potentization, which made practice with the similar remedy possible, safe, and permanent, and crowned Homœopathy with its brightest glory.

We have said of potentization that it was Hahnemann's one discovery. It was all his own. To this we may add the discovery of the dynamic nature of sicknesses and curing agents. He did not discover the law of the similars, but he made its practice possible, safe, and permanent. There were those who claimed to share with him the credit of the origin of this theory of the chronic miasms. But no one has called in question his right to all the honor which should attach to this greatest discovery in the science of materia medica in ancient or modern

times. By it the feeble, or the apparently feeble, in nature has been given to us with the powers of a giant, while the deadliest poisons have been tamed and compelled to serve most beneficent purposes when their use is directed by skill inspired by the immortal master.

Now, young ladies, I wish to impress on your minds, the deepest that is possible, the fact that when you enter on the study of this science of materia medica, that you may be able to administer it in its practical relations, you have entered on a study which is never to cease but at the end of your earthly lives. There is no end to the study—no end of the duty—if you will be worthy representatives of the school of specific medicine you are now about to enter. You may choose to-day whether you will emulate this character, or drift through an idle life, and represent rather the shams which prefer idleness to work. Success in practical specific medicine means work—much and hard work. It means much and hard work, which is never to cease while you live, and never to become easy while you work. The most you are to expect in this continued toil is a gain in the facile use of the powers which you bring to this work. The work itself never becomes easy. It brings you before your materia medica record of a thousand drugs, each more or less perfectly proved, and many of them each with thousands of recorded symptoms, and requires of you to put your finger on the *one* the record of which is most like that of the elements of the sickness you have gathered, and which it is now your duty to cure. It is the *one* of the thousand and not *two*. The *one* is the curative and no other is, and remember, that in its selection neither “science” nor law will permit the least approach to guessing. Leave old school boys to do that, and you may depend on their doing it. To you and the prescribers who obey law, and rightly use our materia medica record, it is given to be able to say, when a curative has been selected, *I know!* Begin, when you enter your practical life, demanding for yourself this positive knowledge, and continue ever and always demanding it, and though the work thus imposed and pursued will never become easy, the strength for doing it will thereby be greatly increased. Make this your life habit, and life will be crowned by brightest successes.

But it may be you come into this College with the idea that you are to be here so taught this science and its cognate, therapeutics, that you will go out fully equipped with such a knowledge of each as will have emancipated you from the perpetual toil and drudgery of dealing with details of sicknesses

and drugs such as we have presented to you as your destined lot and duty. "Is not this just what we are here for?" If this is your view of the objective and outcome of college life, duties, and privileges, your greatest good will be realized when you shall be rid of this notion, or when, in view of the truth of the future of a life devoted to specific prescribing, you are so disgusted by its continued difficulties and toils that you leave your studies and seek some life-service less burdened by these. It is best that you now understand distinctly the true nature of your own duties and those of your teachers, and the relations of each to the other. Your teacher has done all of her duty, and done it nobly, fully, perfectly, when you have been taught how to do this work for yourselves and with your own powers.

The true teacher never undertakes to do the work of the pupil. He has fully discharged his own duty when he has shown the pupil *how* to do this for himself. This is the one great duty of teaching—to show the pupil how to use his own powers, and how with these he is to deal with the specialties which together make the sum of an education, and how by his own powers the pupil is to master each. If the teacher mistakes and proceeds to do the work necessary for this for his pupil, in the end the latter is found, as to all these matters which he may think he has been taught, in the same imbecility as he was in the beginning. So taught, he has been made a weakling and never a man. But do you ask, "Am I not here to be taught, among other sciences, that of materia medica?" Yes, to a certain extent and in a certain way. But this extent and way are almost wholly limited to a dealing with general principles. If you are expecting to gain here a complete knowledge of materia medica details in the few brief months of the current session, it will go far toward curing the delusion if you look at the records of Plumbum and Sulphur, each having more than four thousand symptoms, and at the same time it is remembered, there are many others whose record extends into the thousands. And then, if you remember there is a *general* similarity of the record of each to that of the other, which greatly favors confusion in any attempt to memorize this vast mass of details, and that there are something more than one thousand individual members of our materia medica, it may be, after this general view of the subject, you may conclude that any attempt to memorize these details must be altogether unwise. This is just what it would be. We think we hazard very little if we affirm that whatever the talent for teaching may inhere in your chair of materia medica, and whatever of aptitude to acquire her brightest pupil may possess, if this teacher were to devote

herself wholly to this one pupil and the pupil give all her time and talent to this one study, they would together be able to accomplish but little in that kind of knowledge of materia medica which makes the master of specific prescribing. It is not so much possession of a memory of these details as it is that of general principles and a ready recognition of that which is similar, when the factors to be compared are before one, which gives the prescriber mastery over sicknesses. And as the objective of the study of materia medica here and elsewhere is to gain that knowledge of it which is to be brought to the bedside of the sick that it may furnish the means of cure, the wise course here is to endeavor to acquire such general knowledge of characteristics of the action of different drugs as will enable one readily to apprehend the true place where the prescriber is to look for the details of this action which relate some *one* drug to his case as its curative. And let it be remembered that it is in these details that this relationship of curative to sicknesses exists, and hence the necessity of the perpetual study we have affirmed to be a necessity to the specific prescriber. It is necessary because no man (and in this we mean to include women) can carry this enormous mass of details of facts in his head. If you find one who pretends to do this and in his prescriptions has no reference to the printed record, set him down as a sham and a false pretender without the least hesitation. One of the greatest masters of specific prescribing I have known—and he was truly great—said to me many times: “You don’t know what you have to give your case till you have studied it.” This is true. Remember it, and never be troubled, if seen with book in hand over your case, with the fear that some one may think you don’t know all about it already. You don’t know all about it, and no one else does or ever did till he had studied it out. Said a doctor to me one day when we met in the street and I was carrying my *Materia Medica* to the sick-room (as I always did at that time): “I should be afraid to do that. I should be afraid my patients would think I don’t know.” Well, they would only have thought the truth. He did not know, and he never did. He never used the means which alone could enable him to know. Never be ashamed to be seen with a book in your hand. In this duty deal honestly and truth will justify your course.

The two greatest masters of our materia medica I have known, each after passing his threescore and ten years, were as much engaged with the printed record when selecting remedies for sicknesses as they had ever been. This had been their life habit, and this had made them great. Time, even at this

late age, had brought no emancipation from this duty. Even though familiar with materia medica beyond all other men, they did not know what they should give a patient until they had studied his case. They were not afraid any man would think they did not know because seen with a book in hand. It was because they did know that they studied their cases. And they knew more than any other practical prescribers because they had for their life long studied their cases and their *Materia Medica* record together. Said Bœnninghausen, when I handed him a written history of a case for which he was to prescribe (it was then eight o'clock A. M.), "Come to me at four this afternoon and I will prescribe for you." I don't know how much of the intervening eight hours he had spent over this record and his *Materia Medica*. I saw on his table, in one column, probably more than fifty names of medicines, in another perhaps forty, in another twenty, in another ten, in another five, in another one. His first study gave him the greater number of names. Many of these were eliminated by a second. And this second list was further reduced by his third, and this by the fourth, and so on till he had reached his one most similar remedy. If this peerless prescriber and master of materia medica was thus careful and laborious in his study of his cases and careless of the time required for his search for his simillimum, shall we who are so far his inferiors be ashamed to be seen giving time and study to the same duty? He knew his *Materia Medica*, and therefore he studied it.

No example can be presented to those entering on a life of practical prescribing so worthy of imitation as that of these two greatest of our predecessors. It was constant work which made them great. Without constant work no man can be truly great in this calling, which demands work more than any other. It is constant work, or imbecility for lack of this, to which you are now to devote your lives. It is with you now a matter of choice which. Begin right, and go on right, and continue to go right till it becomes the habit of your lives, and you will soon be able to look backward and downward on those imbeciles who at the beginning neglected to take the oil for their lamps which only habits of industry can give, and without which the doom is to dwell in utter darkness.

When we present to you the truths of practical Homœopathy we do it with fullest confidence in their value and verity. We present in these no new thing, but that of which the world and its practitioners have had large experience. They have been proved in trials of keenest observation and sharpest criticism,

and have come out from these in brightest and clearest demonstration, that they are no other than gifts from God to a suffering, sick race, for their deliverance and for His glory. An appeal to the record made of their administration by the masters through whom these have come down to us will prove their origin not of this earth.

We present these truths as a whole to you now (we have only been engaged with one branch of them) as not only worthy of your confidence, but of the devotion of your best powers to the work of mastering the difficulties of their intelligent application to healing the sick. You will not do wisely if you estimate this an easy task. A proper performance of it will require all the strength and patience you can give to it. When thoroughly performed, the most highly endowed with natural and acquired ability will find that he has had abundant need of all he possessed. It is no easy duty to which you are invited by the attractions of truth and power in the system of Hahnemann, but to one of sturdy work, which knows no end but with the end of life. Work—honest, faithful, and hard—is the cup of which it invites you to drink, while in return it only offers the rewards which come from loyalty to truth and a good conscience. Can you drink of this cup? Are you content with this reward? If so, then we bid you a hearty welcome to the companionship of those who have already consecrated themselves to this work, and in the course on which you are now about to enter we bid you, in the spirit of this consecration, a hearty God speed.

P. P. WELLS.

NOTES FROM AN EXTEMPORANEOUS LECTURE ON IGNATIA BY PROF. J. T. KENT.

(FRANK KRAFT, STENOGRAPHER.)

This is a very frequently indicated medicine, and, in its crude form, a very active poison; but it acts curatively in a very wide range of potencies. Unlike Calcarea, Nat. mur., Carbo veg., and remedies that do not act very well when given low, this one acts well low. It is a short-acting medicine, and its action, as a general thing, is quite superficial, being mostly confined to nervous phenomena. It is not capable of going deep into the life and producing structural changes in the tissues, like Sulphur and that class of remedies; it is essentially a short-acting remedy, and one of the apsorics in contradistinction to the anti-

psorics. As stated above, it is a very active poison; in fact, it contains more strychniæ than does *Nux vomica*, its twin-sister.

Ignatia, in a general way, is full of disappointments: it is a disappointment to the physician as well as to the patient. The doctor will be disappointed in the contradictory symptoms that he finds in the patient; and the patient has symptoms coming on from disappointment. The complaints of *Ignatia* very often arise from fear, jealousy, disappointment, unrequited love, shock from the loss of a friend, from the death of a husband or a child; complaints coming on in children from punishment, from scolding. *Ignatia* is chock full of silent grief and jealousy. It is nearly as important as *Hyoscyamus* and *Apis* in its jealousy; and, as I have already said, its complaints are mostly of a nervous character. The type is hysterical. It is the great hysterical medicine of the homœopath; it has all the fainting and all the cramping and all the opposite symptoms; the unexpected symptoms, such as falling in a faint—ladies sometimes faint away—I believe men don't faint. From the loss of a friend, or from any of these mental disturbances that I have spoken of, she faints away. While *Ignatia* does not always speedily bring her out of the faint or the unconsciousness, it prevents complaints from following these causes. That is the especial sphere of *Ignatia*. We find at times in a lady who has lost a child or lost her husband, if inappropriate measures are resorted to, or no measures at all—we will find that complaints come on, such as mental disturbance, wrongs that last her a long time; and she will say, "I have had this nervous trouble ever since my husband died," or "ever since I lost my child," "ever since I lost my property"—or such a shock as that. *Ignatia* prevents these complaints and cures them, even after they have lasted a long time. It has cramps in the muscles; the fingers drawing in every direction; clenching of the fists, with a perfectly normal temperature; drawing of the spinal column backward. It has all the horrors of the hystero-epilepsy—all of these contortions coming on in hysteria. There may be some of you who would be in doubt, having seen a patient fall, whether it is hysteria or epilepsy. If you will remember one thing it will very often guide you: the hysterical patient, in falling, never hurts herself; while the epileptic patient, in falling, if a stove be near, will fall upon it. If there be a grate with fire in the room his head will very likely fall into that; many an epileptic patient has burned a finger or an arm or has been burned to death by falling into the fire. Such a thing has never been heard of in hysteria—they

never lose consciousness until they are safe. Getting that as an isolated fact, you will more readily remember it than if it was given you among your other definitions by your professor of neurology. I simply hint that, because Ignatia does not correspond to epilepsy, but does to the hysterical part in a hysterio-epilepsy, that part may demand Ignatia.

The contortions of the muscles are peculiar in that they contract in opposite directions—in every conceivable direction. If you look through your books and the medical literature generally you will get such an impression of this peculiar hysterical contortion that you will never forget it; all these contortions are found more or less in Ignatia, and it becomes the remedy *par excellence* for these irregular contradictory symptoms.

Now, we have the contradiction running through Ignatia in another way; in the inflammatory complaints they are made better by pressure; where you would expect to find pain increased, it is ameliorated by pressure; we have a sore throat in Ignatia that gives us quite a characteristic; stitching pains, sticking and tearing pains between the acts of swallowing; the act of swallowing relieves the pain; empty swallowing even relieves the pain; swallowing fluids relieves the pain; swallowing solids relieves the pain. You remember we have in Lachesis not so much pain from swallowing solids as fluids. There you see the analogy, but they are not alike. Now, when that characteristic is present it is so prominent that it overshadows almost every other symptom. While Ignatia has never produced exudations such as we find in diphtheria, yet on that symptom it has cured a great many cases of diphtheria.

In the stomach we find another contradictory state: there is great nausea and vomiting; sour stomach; sour eructations; sour vomiting; vomiting of sour water, and so acrid that it burns the mouth; and this goes on for days and days. When we find this hysterical vomiting in women, Ignatia becomes the remedy. You will find this vomiting going on for days and days, and that which is singular about it is that the little dainty things that you would suppose would be retained, like a teaspoonful of water, will cause nausea and vomiting, but a good, big stomachful will be retained. Now, isn't that singular? We find just such states as that in Ignatia—in its hysteria—that is to say, vomiting of little delicacies and little things; but if she can get a good, big stomachful of raw cabbage she will not vomit it up at all; she will be perfectly happy. I have known a hysterical patient to eat a stomachful of cold-slaw and feel "just elegant" after it; but when the stomach became empty, then on

would come the gnawing, the uneasiness, and the distress; and whenever the good old grandmother tries to palliate the distress with a little hot tea or little delicacies of one kind or another, the patient doesn't like it; but if she can get half a teacupful of vinegar she will "down" it, and it will make her better. These are contradictory things, just such things as you will find in hysterical women.

Like *Nux vomica*, the menstrual flow comes too soon and is likely to last too long and be attended with these hysterical symptoms that I have spoken of. Amenorrhœa is found in Ignatia in suppression of the menstrual flow—absent menstrual flow. This may go on for months in hysterical girls and in hysterical women, and these hysterical affections take the place of the menstrual flow. The irritable stomach of hysterical patients is very quickly corrected by Ignatia. A single dose is often sufficient to cure the case or to relieve it temporarily. Many of these hysterical cases can never be cured, they never get well, they wouldn't get well even if they could, they don't like to get well, they prefer to be sick. This is not always put on; they can't help it. They appear to put on much and they don't have much sympathy; but I tell you when you come to know them you will have sympathy for them. There is a hysterical state when it is perfectly natural for them to assume—to pretend. Now, sometimes they will appear to be deaf, they won't hear anything at all for weeks. I remember I had a girl of that kind on my hands for a long time; she was always deaf except when her father would put her on horseback. She would either be deaf or she would have a horseback ride. That contrariness is peculiar to these hysterical girls; some of them are as obstinate as the devil, if not more so; and so is Ignatia. It has every freak of the imagination and disposition, but, unlike most other remedies, none of these symptoms remain; they are not permanent, they are always changing, and this is again characteristic of the hysterical patient. When she gets tired of one whim she tackles another and runs that awhile. This same girl that was deaf when she couldn't go horseback riding, when that wouldn't work any longer she changed her tune and had aponia—hysterical aponia—but put her on the back of a horse in company with a nice-looking gentleman and she could talk as well as I can, and that, you know, is pretty good. But as soon as her feet struck the ground she couldn't talk any more, she had to ride in order to talk. That trouble came from unrequited love; her beau didn't like her any longer, and married some one else. Such a state as that we find in women. You

know, a gentleman, if he becomes so disappointed that he can't endure himself any longer, goes off and kills himself. There is nothing hysterical about that. Now I don't know whether I have been lecturing about hysteria or about Ignatia, I have told you some things about both. You will see that Ignatia is a great remedy for these contrary, hysterical manifestations.

A remedy almost as good as Ignatia, if not quite, if you will allow me to jump the track for a second, is a hot iron. You say in the presence of some of these hysterical patients, especially when they are putting on right cleverly, that "all other remedies having failed in this case, and being a very difficult case—a very desperate case—I think to-morrow, if this remedy which I have just given doesn't act, I will have to resort to actual cautery;" and be particularly careful to explain that cautery is a hot iron, heated to a white heat, and has to be swept up and down the spinal column seventeen or eighteen times. You will find your remedy acting very well before "to-morrow." This might be considered an inter-current to the action of Ignatia.

Ignatia has a great many headaches, but they are peculiar only when coupled with these other symptoms. There is one symptom in Ignatia, in the head, like that found in a few other remedies—a sensation as if a nail were driven out through the head; better by lying on it. There you get the peculiarity of the symptom—better by lying on it.

Notice the mental symptoms of the text; they are pretty near what we have gone over: Desire to be alone; changeable disposition; jesting and laughter change to sadness, with shedding of tears; taciturn. Globus hystericus: sensation as if a ball was rising up in the throat; it sometimes begins away down and crawls up into the throat, and stays there, and she can't get rid of it. Lachesis has a symptom something like that; it has a nervous symptom, and it is allied to hysteria; the ball in the throat in Lachesis, whenever he swallows, goes down, and then it goes back again, and that ball is continually being swallowed.

In Ignatia we have a choking sensation from the stomach up into the throat. Lachesis has a choking as if the clothing about the neck were too tight. He wants always to lift up the clothing when they are in bed. If you have a sore throat commencing on the left side, like Lachesis, traveling to the right side, with stitching pain between the acts of swallowing, that stitching pain between the acts of swallowing, and relieved by swallowing food, is so characteristic of Ignatia that it would overshadow the direction and make it a better Ignatia case, because Ignatia

will have any direction that any remedy can have. In other words, Ignatia would be indicated in that symptom regardless of almost any kind of sore throat. A chronic sore throat, one that has existed for months, would hardly be cured by Ignatia; but there is a remedy—a deep-acting one—that is capable of curing a chronic disease effectually that has this same symptom of Ignatia, and that remedy is Zincum, which has pain between the acts of swallowing.

Another contradiction of Ignatia is the hunger and vomiting at the same time. Feeling of hunger in the evening, preventing sleep; desires for various things, but when offered the appetite fails. Appetite for sour things; bread, particularly rye bread; aversion to tobacco, warm food, meat, and spirituous liquors. Ignatia has a prominent symptom: an all-gone hungry feeling—empty sensation—in the pit of the stomach. The patient will sometimes say: “Doctor, I have such an all-goneness in my stomach; such an emptiness; such a feeling of sinking—of weakness.” And still, food sometimes will not satisfy it; she has a ravenous appetite and a ravenous hunger. Now, there is another symptom associated with these: she is always sighing; on taking a deep breath, she gives vent to a spasmodic, jerking sound. You will sit by the side of the patient and you will hear that sigh—it comes on so quickly that you will look up and be surprised; she has no grief; she doesn't know what makes her do it.

This all-gone, hungry feeling, you remember, belongs to quite a number of remedies. It is a very strong symptom of *Cocculus*; and so it is of Sulphur, when it is relieved by eating. In *Sepia* it is associated with uterine troubles. In *Cocculus* it is associated with headache and vertigo—headaches that are made worse from riding in a carriage. *Hydrastis*, also, has this eleven o'clock all-gone, hungry feeling.

Ignatia has, as a grand feature, borborygmus—rumbling in the abdomen; it is sometimes very annoying, as it does not always select a suitable time to come on.

There is a great amount of colic, with pinching, drawing pains in the region of the umbilicus; great constipation, with stitching pains running up into the rectum, from without in. Contractive, sore pain in the rectum, as from blind hæmorrhoids one or two hours after stool. Stitching from the anus upward, with prolapsus of the rectum from straining at stool, would call for *Podophyllum*. There is a suddenness about all these affections of *Ignatia*; sudden, irresistible desire to micturate; can't

wait; pressure from drinking coffee; profuse passage of pale, colorless urine.

In regard to menstruation, it may be too soon, scanty, or profuse; too soon is the characteristic. In this it is like *Nux vomica*—too soon. Here is a characteristic of the flow: menstrual blood black; if it is even very scanty, it is very black; if it is even but a stain, it is black and of a putrid odor; and when the flow is at all profuse, it is clotted; always black. Cramping pains in the uterus, with lancinations; worse from touching the parts. It is worse from gentle touch, but hard pressure relieves. Don't forget that violent, labor-like pain, followed by purulent, corrosive leucorrhœa; puerperal convulsions. In the convulsions pertaining to this marked hysterical nature that I have been speaking of, *Ignatia* may be sufficient to cure the case. In laryngismus stridulus, where the patient sits up in bed, and everybody around thinks she is going to die with the croup—hoarse, barking cough; seems as if she couldn't get another breath; it is a distressing symptom to look upon; it is frightful to everybody standing around; but *Ignatia* will cure the case in about two and a-half minutes by the watch. You will only need to remember that it is like *Gelsemium*. I generally use the one I get my fingers on the quickest. Of course, if you had other symptoms you wouldn't be guided toward either one of these remedies. It looks like a very grave disease. It is in the adult what a mucous croup or a spasmodic croup is to the child.

The characteristic *Ignatia* cough is this: the longer the cough the more the irritation to cough increases; she will commence, and it is a hacking cough—a dry cough; she will commence to hack, hack, hack, and it is hackety-hack, hackety-hack, until it runs off into a hysterical sobbing. Another *Ignatia* cough is that she dares not stop when walking for fear the cough will come on. Hollow, spasmodic cough, as from the fumes of sulphur. China has that also.

There are expectorations in the evening, rarely in the morning; tasting and smelling like a putrid mass or an old catarrh.

Stiffness in the nape of the neck; painless, glandular swellings in the neck; hysterical, cramping spasms in the limbs; numbness in one hand, or in one finger, or in one hand and arm; cramping of one side, which may extend to the whole body.

Formication is a word that you want to remember; it is a sensation of pins and needles, sometimes called the sensation of ants creeping.

Ignatia has a chill, fever, and sweat, the characteristic part

of which is that there is thirst only during the cold spell ; there is no thirst during the heat. That, you see, is again peculiar—that he should have thirst, and call for large quantities of cold water when he is freezing, and when he is heated up and burning with a high fever he has no thirst. The chill is ameliorated by heat, by warm covering, and by the heat of the stove. We have in Ignatia both external coldness and internal burning quite strongly marked. There is another thing in Ignatia unlike *Nux vomica* in the heat: as soon as the heat commences he must be uncovered; that corresponds especially to fever and ague of women and children; sensation as if sweat would break out, which, however, does not follow; sweat when eating; cold at times but generally warm; sometimes sour smelling.

Great sensitiveness of the skin to a draught of air; pain in small, circumscribed spots; pressing pains from within outward. About the skull we have the sensation as of a nail pressing from within outward. All the sore spots in Ignatia, about the skin, are better from hard pressure, and extremely tender and sore to gentle touch.

PROCEEDINGS OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

ROCHESTER, N. Y., December 17th, 1885.

The meeting was called to order by Dr. Young at ten A. M., in Dr. J. A. Biegler's parlors, Rochester, N. Y.

The following members were present: Drs. Young, Biegler, E. B. Nash, E. P. Hussey, W. A. Hawley, Charles Sumner, R. R. Gregg, R. A. Adams, Allen B. Carr, Stephen Seward, A. J. Brewster, L. B. Wells, C. W. Boyce, David J. Chaffee, Julius Schmitt.

Also the following visitors: Professor J. T. Kent, from St. Louis; Drs. J. J. Alleman, F. P. Warner, J. B. Voak, from the Ontario County Homœopathic Society; G. C. Pritchard, from Canandaigua; R. B. Johnstone, from Pittsford; W. F. Clapp, from Fairport; W. H. Baker, from Medina; S. G. Hermance, E. J. Bissell, Grant, Lee, Hoard, Brownell, from Rochester.

Committee on Credentials, appointed by the President, Drs. Sumner, Hawley, Nash.

Dr. J. T. Kent read a paper on the sixteenth section from the *Organon*.

Dr. Schmitt moved that the paper be accepted, with thanks

from the Society, and be published, with the consent of the author. Carried.

Dr. Biegler moved that a committee of three be appointed to look after the printing and publication. Carried.

The President appointed as such committee Drs. Biegler, Wells, and Hawley.

Dr. Gregg moved that the paper be published in the HOMŒOPATHIC PHYSICIAN and the *Medical Advance*, and that the Secretary furnish the papers. Carried.

The Committee on Credentials reported the following names: Drs. J. B. Voak, of Canandaigua; R. B. Johnstone, of Pittsford; W. F. Clapp, of Fairport; W. H. Baker, of Medina; S. G. Hermance and E. J. Bissel, of Rochester.

The candidates were balloted upon, and, the ballot turning out favorable to them, they signed the roll of membership and paid their initiation fees of one dollar each.

An assessment of one dollar from each member present was raised to defray expenses for publishing Dr. Kent's paper.

Dr. Gregg moved that Dr. J. T. Kent be made an honorary member of the Society. Carried.

Dr. Gregg, in eulogizing the paper by Dr. Kent, thought it was humiliating to Homœopathy that we had come together to defend dynamization. Dynamis is opposed by materialistic Homœopathy, but by giving it up we should be lost to the truth.

Dr. Biegler read a case as bearing on the question of the dynamic force of the sick-making power.

Dr. Hawley—The paper of Dr. Kent strikes the keynote of medical science. He makes his students realize the fact that a true homœopathic physician treats the imponderable force of men, and not the body. We have no other explanation for the dynamic force of our remedies. Subjective symptoms are always preferable to the objective ones. The allopathic school has given up the fight against Homœopathy. It is the homœopathic pretender that we have to do battle against now. The only way to success is to stick to the truth.

Dr. Nash—People think the sickness is where the local trouble is, and dream very little that this is only the outcry of a generally diseased body; therefore, they reason that a little medicine given internally cannot reach the local trouble.

Dr. Biegler related a case of poisoning by Chromate of lead. There was continuous vomiting and the patient recovered quickly under a dose of Antimonium crud.^{mm} He gave in this case preference to the indicated dynamic force over the indicated chemical reagents.

Dr. L. B. Wells said, in referring to the neglect of the study of the *Organon* in our so-called homœopathic colleges, that it was the duty of this Society to protest openly against this negligence.

Dr. Hawley—Hahnemann says, contagion acts instantaneously, and incubation is that period which is taking up, before the body feels the first sign caused by this outside dynamic force. He also reported a case of aggravation produced by Aconite^{3d}, one patient being able to tell the name of the drug by the vomiting, which it always produced. Subsequent experience showed the patient's susceptibility to the drug in higher attenuated form, thus proving that results could be secured from the higher attenuations. In support of this he cited a case of swooning, caused in a lady by holding in her hand some musk, hermetically sealed. It was afterward learned that the odor of musk always made this lady faint.

Dr. Gregg believed in Hahnemann's statement that no action could be got from charcoal and salts below the 3x, and spoke of the result of Dunham's experience with Alumina, in which the action increased as the trituration was carried up, thus showing the development of the dynamic force.

Dr. Boyce referred to the Austrian provings of Nat.-mur., in which no result was perceived below the 12x, a point where the existence of the substance is supposed to cease. This, he considered, was conclusive proof of the dynamis.

Dr. Nash—In provings with crude drugs, we doubtless get both the material and the dynamic effects, but the purer effects are always got from attenuations. He thought it would be well to have drugs proved in both forms.

Dr. Gregg referred to the statement in Professor Kent's paper that the dynamic force of the remedy must correspond as nearly as possible to the dynamic force of the disease. This he fully believed, and wished to emphasize it.

Dr. Hawley asked if the action resulting from crude drugs was not due to its internal force, and was it not this force, and not the substance, that made the drug what it is.

Dr. Gregg said, in speaking of the action of the crude drugs, that doubtless the soluble ones gave up their force quicker than insoluble ones, which held their force tighter.

Dr. Chaffee, in proof of the susceptibility of people to the higher potencies, cited the case of one of his patients, who could invariably detect Sulphur^{55m} (Finke) by the smell.

Dr. Johnstone reported having heard Dr. Hering say that the more compact the substance in its natural condition, the higher

the potency must be to get the effects, the power not being the substance, but that which held the substance (molecules) together. And in regard to the administration of the remedy, Guernsey recommended slowly dissolving the remedy on the tongue, followed by a slow inspiration through the mouth and a slow expiration through the nose, the fullest result being thus obtained.

Dr. Pritchard, not being a member, was allowed the privilege of the floor. He wished to emphasize the importance of single symptoms, and in support of his statement reported the case of a married lady who had suffered from stomach troubles for months. A sister had died of consumption, and the rest of the family were feeble; the patient was reduced in flesh from one hundred and twenty to seventy-eight pounds. Having had a craving for salt and salty food for some time, he prescribed Nat. mur.^{2c} The patient claimed that she felt the action of the remedy throughout her whole body. The prescription cured the patient.

The Doctor also spoke of the poisoning resulting from wounds made by toy pistols. He described the cartridges used on these pistols as being of two kinds—one a copper shell with paper wad, which is expelled by the explosion, and the other a small square of paper with a drop of some explosive matter in its centre. The wounds made by the first were caused by the paper wad, and in the second by the particles of the explosive substances coming in contact with the skin at the time of the explosion. The Doctor then reported a case of poisoning produced by each kind—the first being a boy who was struck upon the neck by the fragments of one of the cartridges described as a small square of tissue-paper with the explosive material in its centre. A smarting sensation was produced, which was followed by swelling, and eventually sweat broke out. These symptoms were accompanied by paleness of face, headache at night, and nausea in the morning. Lachesis^{2c} was prescribed, with immediate relief.

In the second case, where the wound was made by the paper wad, violent and continuous spasms resulted, followed by death. The wad of the cartridge was found imbedded in the wound.

Dr. Pritchard condemned the use of these cartridges, and thought their sale should be prohibited by law.

Dr. Gregg asked Dr. P. if the skin was unbroken in the first case, and if it was his opinion that the effect produced was due to a poison in the cartridge. Dr. P. replied in the affirmative.

Dr. Adams stated that several years ago a number of cases similar to those reported by Dr. P. occurred in Rochester, and he was of the opinion that a fatal result followed in each case. He then proceeded to report one case that had occurred in his own practice. The wound was in the palm of the left hand, and was made by the paper wad before referred to. The case seemed to progress favorably; he had strong hopes for its recovery, but violent spasms set in, and were followed by the death of the patient. Dr. Adams was of the opinion that the cartridge contained fulminate of Mercury.

Dr. Boyce moved that the Secretary be directed to send one thousand copies of Professor Kent's address to the profession. Carried.

Dr. Hawley presented a letter from Dr. Carleton, of New York, in reference to the Board of Examiners of the State of New York, and offered the following resolution:

WHEREAS, A bill to regulate medical examinations was introduced into the Legislature last winter, which bill is unjust to that part of the medical profession who practice Homœopathy in that it so constitutes the Board of Examiners that the old school regularly have a majority in the Board, and it requires students of Homœopathy to pass examination before examiners confessedly ignorant of Homœopathy; and,

WHEREAS, The same, or a similar bill, is likely to again be presented this winter; therefore,

Resolved, That this Society is entirely opposed to said bill or any modification of it which does not give the homœopathic students the right to be examined in materia medica, therapeutics, surgery, and obstetrics by a Board composed of practitioners of Homœopathy.

Adopted unanimously.

Dr. Wells remarked that each member ought to see the Senator and Assemblyman of his respective district.

Dr. Schmitt read a paper on Kali-bichromic in diphtheritic croup, which was accepted by the Society and ordered published.

Dr. Boyce moved that the editors of the HOMŒOPATHIC PHYSICIAN be requested to send a single copy of their paper to each member of this Society who has not yet subscribed for it, and that the Secretary send them a list of the membership. Carried.

Dr. Hawley moved a vote of thanks to the Rochester physicians for the reception given to the out-of-town members. Carried.

Dr. Hawley also moved, as an amendment to the By-Laws, that the annual meeting be held in March, at Syracuse, instead of in June. Laid over, according to the Constitution, until the next meeting.

Dr. Biegler moved, as a subject for the next meeting, the discussion of the sixteenth section of the *Organon* in connection with the eleventh section. Carried.

Dr. Boyce moved that the Secretary be instructed to request Dr. Adolph Lippe, of Philadelphia, to furnish the Society with a paper on the above subject. Carried.

Dr. Hawley moved that the next meeting be held in Syracuse on the third Thursday in March, 1886. Carried.

Adjourned at five and a half P. M.

JULIUS SCHMITT, *Secretary*.

SULPHUR: CURE OF A CASE OF RHUS TOX POISONING—READY CONCEPTION OF THE DYNAMIC POWER OF REMEDIES BY A LAYMAN.

J. A. BIEGLER, M. D., ROCHESTER, N. Y.

[Read before the New York Central Homœopathic Society.]

Rev. T. A. H.—Repelled eruption of Rhus poisoning. Legs, ankles, feet, toes, enormously swollen; skin distended as if œdematous, and spotted as if *eruption is underneath*, the eruption, or spots, showing through the skin. The disease is now in the cellular tissue. There is such terrible itching, *especially at night*, that he begs for anything local that may give him temporary relief, notwithstanding that it has been explained to him that his suffering is caused by that treatment. There is also a bursting feeling in the skin of the legs when standing. He has been treated in the past three months by numbers of physicians and druggists, from Montana to Rochester, with ointments and lotions, and when the doctors failed the druggists were called into service to add a new deviltry and to continue his torture.

September 9th I gave him Sulph.^{2c} one dose, and Sacch. lact. enough to last him a week, and he went on his way home to Vermont.

September 19th he wrote me the following, giving result and comments:

“Thanks, and thanks again, for a new pair of calves, ankles, and feet. I took no medicine but what you so kindly and generously furnished me, and did not go to Dr. Sparhawk with

your note until I had recovered enough to leave my bed, which was the sixth day after my very 'lame arrival' home. Anyway, it was the sixth morning before I could stand up without the sharp pain caused by the descending blood, and that gave me a bursting sensation, *as though* the skin of my calves and ankles *must* burst and spread my blood on the carpet. This sensation had afflicted me all the days before I saw you. As soon as I missed that feeling I got up from my bed, and have been about as usual for the past two days. Now the swelling has totally gone and the sores are in a dry and healthy scab. Your medicine kept up a wild diarrhœa for five days and nights—the channel of exit for the poison, no doubt. After that I called on Dr. Sparhawk and gave him your note and told him that you said he would tell me the name of the magical medicine. He promptly did so, and said that it was Sulphur, the 200th potency!

"Well, I have had a hard fight with the coarse world of mountains, oceans, and tons of weight all my life long, and, debased by ideas so gross as these familiarities educate one in, it is a *desperately* hard thing to pursue and *apprehend* a physical force and potency as ethereal as the '200th potency' of a chemical affinity, and especially to actually *believe* that it can take *captive* so gross a mass as one hundred and sixty pounds of a poisoned quantity of vigorous, *hostile* flesh and blood, as was my body, and reduce it to compliance in six short days! As I told the Doctor: 'Such an amazing fact ought to be written over the zenith in letters of light.' I have read pages and pages of the claims of homœopathists for these extreme attenuations, but thought either that they were mistaken *or* that *what* they 'doctored' was *not* the body, but the imponderable vital principle of life itself, inscrutable as such a mystery is. Once again, in lively appreciation and gratitude,

"I remain, etc.,

"T. A. H."

KALI BICHROMICUM IN DIPHTHERITIC CROUP.

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

[Read before the Central New York Homœopathic Medical Society.]

In the afternoon of the 12th of November, 1885, I was called to see Fred B., a handsome boy of nine years of age, with blonde hair, blue eyes, and fair skin, and of a very amiable disposition. He is subject to attacks commonly called "croup," which have usually yielded to home remedies, as goose-grease

with vinegar, etc., employed by his mother. This time, however, he is croupy since night before last, and the above remedies, even (!) supported by hive-sirup, will not give him any relief. When entering the sick-room I noticed the so characteristic diphtheritic odor, and found the boy with a sharp, ringing, metallic cough and hoarseness, which did not allow him to speak above a whisper. Breathing was somewhat difficult, but he did not complain of any pain, except in his teeth when coughing. (Lycop., Sep.) Inspection of the throat revealed sharply defined, *fine brownish* diphtheritic membranes on both sides of pharynx below the tonsils, near the entrance to the glottis. Healthy mucous membrane was not injected, but looked natural. *Submaxillary glands on both sides were considerably swollen*, but more so on right side. A small and tense pulse of one hundred and twenty beats. Skin moderately warm to the touch, and warm perspiration on forehead. Expectoration of tough, white mucus, *which draws in strings and is hard to detach from mouth*. Urine clear, but very little at a time, with frequent urging. Desire for ale and lemonade. He wants his mother with him all the time. The nature of the case did not admit but a prognosis "infanstissima;" in order, however, to reach a happier result, the strictest adherence to the rules of Hahnemann became an urgent necessity, and I resolved to follow them most scrupulously. At first I put down in writing all the facts I could possibly get, and selected then the remedy which covered the symptoms most completely:

R \bar{y} . Kali bichrom.^{cm}, one dose dry on tongue, and Sacch. lact. in water every two hours.

Diet consisted in oat-meal, rice, cornstarch, and barley in the form of gruel. Ale and lemonade, which he craved, were also allowed him. Fresh water ad libitum; milk, which I proposed, he refused to take.

November 13th, ten A. M.—He complains to-day of pain in larynx. The mucous membrane of throat looks more inflamed, and the diphtheritic deposits are thicker and of a gray, felt-like appearance. Pulse one hundred and thirty-two, but softer; *he has, however, micturated but twice, and voided each time a large quantity of urine*. At nine P. M. last night he had a violent *choking spell*. He sweats profusely on the head. *The submaxillary glands seem to be less swollen*. *He has no more desire for beer and lemonade*, but is very thirsty and *relishes now milk*.

Now the question arose, Shall the dose be repeated, or is the first dose still acting? There was the pain in larynx, the

greater inflammation of the throat, and the thicker diphtheritic membranes. These new symptoms could be interpreted as manifestations of improvement, because the disease appeared now in the throat, where it is less dangerous; but might not the newly developed symptom of pain in the larynx indicate a greater inflammation and increase of exudation in that locality? The pulse was also higher. But there was the increase in quantity of urine, and a very slight diminution in the size of the submaxillary glands, both showing that the disease was leaving the interior and localizing itself in the throat, and should not the disturbance at nine A. M. be considered as a medicinal aggravation? Certainly, there was a doubt as to what to do. I gave, however, the remedy the benefit of the doubt and continued Sacch. lact.

Six P. M.—He was very feverish all afternoon, and had complained of *pains in his legs and chest* until about three-quarters of an hour ago, when he raised a great quantity of *yellow mucus*; since then he has felt better and asked for his playthings. Breathing is easier, perspiration on head is gone, cough less metallic and looser, larynx less painful. Pulse one hundred and fourteen. Of course, there was no trouble now in determining what to do, and Sacch. lact. was continued.

November 14th, ten A. M.—He had a pretty good night; sits up in bed and plays. Cough is looser, but hoarseness the same. Pulse one hundred and twenty. Blood and mucus were discharged from his nose this morning. Diphtheritic membranes the same, but surroundings paler. Still some toothache when coughing. Submaxillary glands less swollen.

R. Sacch. lact.

November 15th, ten A. M.—He had a choking spell between two and three o'clock this morning. (Time of aggravation of Kali bichromicum.) About eight A. M. he raised a large quantity of *dirty gray mucus* and has felt better since. Pulse one hundred and six. Bowels moved twice yesterday. Urine was voided in sufficient quantity and looks orange-colored and soily. Tongue a little redder than yesterday. Membranes in throat the same. Cough since last night more metallic again. He wants meat and potatoes, salad, which, of course, was refused, but beef-tea was added to his menu. Continue Sacch. lact.

November 16th.—He slept all night. Tongue looks paler. The thick, felty membranes have disappeared, and there remains but a slight, yellowish-brown covering at their seat. One normal stool. Urine orange-colored, soily. Pulse ninety-four. Cough still croupy, but hoarseness less. Continue Sacch. lact.

November 17th.—He is hungry. Pulse eighty-four, irregular, as if it would intermit at the fifth beat. Croupy cough, but voice clearer. Diphtheritic membranes the same. Two natural movements from the bowels since yesterday morning. Urine still thick, but yellow. He had quite a hard coughing spell at half-past two A. M., followed by the expectoration of a considerable quantity of mucus; after this, sound sleep until morning. Continue Sacch. lact.

November 18th.—Had a very good night. There is still a very thin, yellowish membrane on right side of pharynx; left side is free. Voice is much clearer, cough somewhat croupy. Urine clear and of natural color. Pulse eighty, regular. A *fine, pimply rash has appeared* on his back, which itches. Mother said the boy had a similar rash last summer on the same place that disappeared by itself. Sacch. lactis.

On the 20th November the patient was discharged, and has kept well so far.

This case has been very instructive to me, and, hoping that it might prove of some interest to others, I have given it as conscientiously as possible.

The following points I should like to emphasize, viz.:

1. When the boy got better, an eruption which he had had last summer made its reappearance, thus confirming, again, Hahnemann's theory of psora.

2. Toothache when coughing was cured by Kali bichr., a symptom which has been, so far, only noticed under *Lycopodium* and *Sepia*.

3. There were four medicinal aggravations, viz.: On the 12th inst. at nine P. M., then in the afternoon of the 13th, again at two to three A. M. of the 15th, and at the same hour on the 17th. Now if one dose of a medicine can have such a thorough action in a diseased body, do you think that this same body could have withstood repeated dosing without succumbing to it? I, for my part, do not. It is a hard thing to wait, especially in an acute, generally fatal disease, but it has to be done in order to achieve the highest results; and if every good Hahnemannian will have learned this indispensable part of the art of medicine, and will have become a "*warte doctor*," as the late Dr. Hering used to call our revered Dr. Adolph Lippe, then, and only then, will our success become irresistible.

BIMETALLIST: We will receive either gold or silver certificates for the subscription you owe us!

BELLADONNA AND ITS ALLIES IN THE TREATMENT OF CHILDREN'S DISEASES.*

EDWARD CRANCH, M. D., ERIE, PA.

For children, Belladonna is of the utmost utility, as the wide range of its action shows, viz.: On the head and all the organs of sense, on the throat and the whole circulatory and digestive apparatus, on the skin and all the excretory organs, and on all nervous and muscular activities.

Being so very useful, it is very important to note the boundaries of its action, and the object of this paper is to show briefly some of those boundaries as observed and verified in the writer's practice.

Belladonna should not be given to children when the temperature of the skin is normal, nor when the pulse is quiet, nor when the sleep is normal.

In Teste's *Materia Medica* he quotes an observation of Hufeland's to show that *idiots* are not affected by Belladonna to any appreciable extent. The present writer has had no opportunity to test the action of the dynamized drug on any idiot, but will look for the chance and report accordingly.

If the child is delirious by night and dull by day, it is probably a Belladonna case, but if dull at night and actively delirious by day, the case will more likely call for Hyoseyamus, Opium, or Stramonium.

Belladonna *head* cases complain chiefly of the frontal region, and are apt to keep the head in motion. Reverse conditions call more for Agaricus, Bryonia, Silicea.

Belladonna patients like the head cool; Silicea patients want it wrapped up as warm as possible.

Belladonna in meningitis is to be carefully compared with Glonoinum, Gelsemium, Bryonia, Rhus tox., Argentum nitricum, Apium virus, and Nux vom.

In sunstroke our drug compares well with Glonoin. and Verat. viride.

In the eye, the symptoms that call for it are rarely present in childhood, except as a result of falls or blows on the head, when it comes in well with Arnica and Cicuta.

Congestion of the ears, with earache or deafness, is well met by Belladonna, except when suppuration has started or when

* Read before the Pennsylvania Homœopathic Medical Society, Sept., 1885.

the pain is *continuous*. It acts well on the glands near the ear and below the ears, especially with humming noises.

In all head symptoms the Belladonna type is congestion, and its chief allies are Bryonia, Cicuta, Glonoinum, Argentum nitr., Borax, Silicea, Aconite, Veratrum viride, and Ferrum phos.

In the nose we have epistaxis, and acute or imaginary smells, but slight *catarrh*.

In the face we have bluish-red, erysipelalous, swollen, and *rapidly changing* appearances. Neuralgia is rare in children and creates a suspicion of onanism! The lips and mouth are much affected, but always in the way of active congestion.

The throat is red, generally dry, always hot, and exquisitely painful. Throat symptoms that are like those of Bell. are found with Merc. sol., Phytolacca, Tarentula, *Cubensis*, Arg. nit., etc. Belladonna throat symptoms always change rapidly and crave cold water, yet there is an aversion to drinking.

The stomach symptoms are slight in importance, but the bowel symptoms are marked, chiefly, however, in adults.

With children, we note the discharge of scentless flatus, and occasionally fruitless tenesmus, with or without colic. The urine is very dark if scanty, and very pale if profuse. Nocturnal *enuresis*, when the sleep is restless with sudden starts. (Agaricus, if twitching of single muscles.) The respiration is oppressed, quick, or unequal, often spasmodic, as in whooping-cough.

The cough symptoms are entirely subordinate to the general symptoms that are so well known—the fever, with very hot skin and no desire to be uncovered, but yet with rapid change of state and dislike to be touched.

Borax is almost identical with the fever and wakefulness, but dreads to be laid down; cries as soon as the nurse starts to put it down. This has been verified over and over again, when in every particular, except the crying on lying down or rocking, Bella. seemed indicated.

In chorea, trismus, and tetanus, this writer has not yet used the drug under consideration, although it is well recommended, but it has seemed that in such diseases Arsenicum, Causticum, Tarentula, Ignatia, and Hyoscyamus are oftener called for.

It remains to speak of two conditions in which Belladonna is always first thought of—convulsions and scarlet fever. It covers more cases of these than any other one remedy, besides being a positive preventive, in most cases, of scarlet fever.

Its chief limitations in convulsions are that it is only useful

in full-blooded subjects and acute cases. Its allies are Ignatia, Calcarea, Nux vom., Cupr., Cicuta, Glonoinum, etc.

In scarlet fever it need not be given if the sore throat be putrid or the eruption dusky or very pale. It is ably seconded by Bry., Ailanthus, Phytolacca, Sulph., etc.

Teste, in his chapter on Belladonna, does not handle its relations as ably as he does those of his earlier groups, and though he assigns it a front place with children, afterward nearly ignores them in the further consideration of the subject.

The treatment of children without Belladonna would be unsatisfactory work, but future study will show that it has many allies.

CASES OF CHRONIC DISEASE CURED.

THOMAS SKINNER, M. D., LONDON.

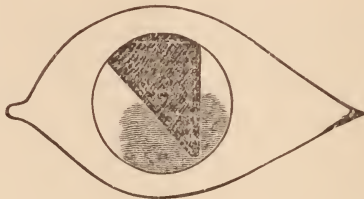
Scrofulous Ophthalmia—Total blindness of the left eye, following upon Ophthalmic Operative Surgery.

No case or series of cases could show more clearly the immense superiority of the system of Hahnemann and the triumph of his constitutional treatment over local measures, however strongly indicated, than the following :

R. A., agè nineteen, a servant of all-work, was recommended to my professional care by a curate of one of the leading churches in the West End of London on account of what I had done for himself in curing him of a perforating ulcer of the cornea of the right eye in two weeks by one dose of *Silicea*^{em} (F.C.), which ulcer had rendered him *hors de combat* for six months, and defied the first oculist in the metropolis, who had treated him *secundum artem* all that time.

R. A. consulted me for the first time on the 7th of March, 1884, and the following is her statement :—"I have been suffering from severe inflammation of my *left* eye for one year. I had it in both eyes when younger more than once. I have lately been five months in ——— Hospital, one of the first hospitals in the West End of London, and under the conjoint care of two of the ophthalmic surgeons of the institution (both men of note). They informed me that I was suffering from ulcer of the cornea (corneitis or keratitis). I was five times operated upon during my stay in the hospital, all of the operations being performed under the influence of ether, so that I do not know what was done, but I learned after one of the operations that they called it iridectomy. An incision was also made

across the upper iris, and they took a piece out of the lower eyelid in order to check or cure inversion of it—at least so they told me. I had a succession of blisters applied to the temple to keep down inflammation, and quinine and iron, etc., to keep up my strength, and ice was kept on my eye for three weeks, besides occasional leeching. *I have always been weak and delicate.*” If any one doubts the poor girl’s statement, they have only to look at her and they will find the marks of the ophthalmic butcher. By way of assisting my trans-Atlantic brethren to realize the condition of the eye when first it came under my observation, I draw this sketch, which is a most faithful representation.



The inverted cone is the pupil, and the rounded deposit surrounding the apex of the inverted cone is an effusion of lymph, or, more likely, pus, very much resembling hypopion. I shall only add in this place, that at the first visit there was great intolerance of light and heat, and, so far as vision was concerned, the light of day was all that she could discern, the size, form, and color of objects being completely *non est*.

The hospital ophthalmic surgeons advised her to go for a change of air, as they could do no more for her at present, and they confessed that all they had done had ended in failure.

Instead of a change of air, which the poor girl and her friends could not afford, she came direct to me.

March 7th, 1884.—DIAGNOSIS.—If there ever had been an ulcer of the cornea it had disappeared, and beyond an injected state of the conjunctiva and sclerotic, with intense photophobia and intolerance of heat, such as the direct rays of the sun and a fire, that was all that was really the matter with the eye. Before entering the hospital there was no actual blindness or loss of vision; now there was total blindness of the left eye.

PROGNOSIS.—I was asked if I thought I should be able to restore the sight, and my reply was that, as there was so much damage done to the diseased eye by the series of operations, I could not promise anything until I subdued the chronic strumous or psoric inflammation, which, had it been done at the first, there

would have been no loss of vision, and not the slightest necessity for surgical interference of any kind.

As she could not go about her work without a shade, she was directed to retain it, but to remove it as soon as she could comfortably do without it.

SEMEIOLOGY.—M. P. has always been *scanty*, otherwise normal. No whites. Appetite poor, food agrees.—*Sinking, empty feeling at epigastrium between two and three P. M., also after breakfast (eight to nine A. M.). Feet sweaty, hot or cold, but mostly clammy. After much walking they become very hot. Generally easily made to perspire. Frontal headaches, hot and throbbing, working toward the ears. Flatulence under the left ribs in front, aggravated by worry, which excites palpitation of the heart, worse when ascending. At times the heart seems to stop. Cough hard, dry, and irritable, like pins pricking in the larynx or trachea. Has had the cough about three months, and it has not yielded in the least to cough-mixtures. It wakens her about one or two A. M., when it is then worst, and frequently commences on beginning to eat, on entering cold air, and lying on the left side. Relieved by sitting up. Sulphurous taste in the mouth. The general symptoms are worse in damp, cold weather, in east winds, and the eye symptoms from bright light or the hot rays of the sun or a fire.*

DIAGNOSIS OF THE REMEDY.—Here we have three of the leading polychrest antipsorics strongly indicated, namely: *Sulphur, Calcarea, and Lycopodium*, the cough being best covered by *Pulsatilla*. Inasmuch as R. A. had been pretty severely drugged as well as operated upon, and as *Pulsatilla* corresponds to aggravation from heat, to her scanty menses, and as she is mild and gentle and easily moved to tears, on the 7th of March, 1884, I placed PULSATILLA^{50m} (F. C.) there and then upon her tongue, and globules of S. L., one to be taken night and morning.

TREATMENT.—As the treatment extended to about eighteen months, and was very much the same throughout, I shall content myself by giving the gist of it. The *Sulphur* symptoms ruled throughout, and what seemed unusual was the hour of the sinking at the epigastrium. It was never at eleven A. M., but always from eight to nine A. M. and from one to two P. M. I have verified this periodicity of Sulphur in two other cases since, and I now reckon it strongly indicative of Sulphur, although not so reliable as sinking at eleven A. M. daily. The *Pulsatilla*^{50m} (F. C.) removed the Sulphur taste from the mouth at once. Nux and Coc. have this symptom, and it would appear that Puls. has it also. The *Puls.* did not affect the cough, but on the 14th

of March, 1884, as the Sulphur symptoms were all strongly to the front, she got *Sulphur*^{dm} (F. C.), one dose, followed by S. L. On the 21st of March, 1884, she reported as follows: On Tuesday, the 18th instant, the inflammation began to subside, and yesterday morning I removed the shade for the first time these many months. I have felt no worse since taking it off, except from the direct rays of the sun and when walking against the wind. I can see daylight and I can discern large objects, but I cannot perceive what you (doctor) are like if I close my good eye. I cannot see to read or write or sew in the smallest, and objects seem to move in a circle from right to left. At present, the only time I feel discomfort is when the gas is lit or when near a fire.

NOTA BENE.—Until this, the 21st of March, 1884, it has been quite impossible for me to see or examine the eye, from the intensity of the photophobia. She could not tolerate the left eyelids being opened for a second these many months, now they are apart all day, and she delights in the presence of light. It was on the 21st of March, 1884, that I made the sketch.

This marvelous change for the better could not be expected to continue without a "backwardation." It is the rule and not the exception for patients suffering from chronic or constitutional disease to get better and worse in spite of the most judicious treatment, and R. A. proved no exception to the rule.

April 10th, 1884.—Has had to replace the shade; sight more hazy and indistinct. *Eye more sensitive to the heat of the fire; cutting as with a knife at back of left eyeball.* *Sulphur*^{dm} (F. C.).

April 28th.—The cutting at the back of the left eyeball and the objects moving in a circle have ceased since the last dose of *Sulphur*^{dm} (F. C.). The symptoms from now until October 16th, 1885, were chiefly commanded by *Sulphur*^{cm} (F. C.), except on one occasion about the end of April, 1885, when she took acute conjunctivitis of both eyes from long exposure to *washing painted walls in the sun; relieved by washing the eyes or cold applications.* It looked like *Alumina*, so I sent her the 50m (F. C.), but it fell like so much water on a duck's back. She was at this time in the country at work and miles from me, so I had to guess my way. I sent her *Euphrasia*²⁰⁰ (F. C.) and *Calcarea*²⁰⁰ (F. C.), the first to be dissolved in a glass of cold water, and a sip of it to be taken every two or four hours till better. The *Euphrasia* acted "like magic," two doses being all that were required, and of course she did not take the *Calcarea*.

I have said that *Sulphur*^{cm} (F. C.) commanded the case from the first to the last, but unmistakably so from the end of April, 1884, until a permanent cure seemed to be effected on October

16th, 1885. At least R. A. has had no pain of or loss of vision in her left eye since October 16th, 1885, and this is January 13th, 1886. The *Sulphur^{em}* (F. C.) was given latterly every second night at bedtime until *the sinking from eight to nine A. M. and from one to two P. M. disappeared for good, and her M. P.'s became less scanty and pale.* On December 7th, 1885, she called to thank me before the year came to a close for what I had done for her, and she was pleased to be able to state that her vision continues good; that she can discern the color and forms of objects, and can read with both eyes, but the right eye is still the best. No thanks to the iridectomy which left such a pupil and destroyed the function of accommodation.

The menses did not begin to improve until last September, and they have gone on improving ever since. On the 7th of December last there is now no trace of inflammatory action about the girl's eye, and beyond the awkward form of the pupil the eye is all right, the effusion of lymph or pus having long ago entirely disappeared.

REMARKS.—I feel as if I had made enough or said enough about this case, but I must make "one more remark on the present occasion," and that is, I am afraid we of the new school of medicine and surgery have little cause to find fault with the old school for adopting *local*, mechanical, surgical, and medicinal measures in affections of the eye where constitutional remedies taken internally are all that are necessary. This is not my opinion only, it is my practice, and if our oculists, aurists, laryngists, and gynæcologists would limit their operations to diagnosis and their remedial measures to constitutional treatment, as some of us can and always do, what a blessing it would be to humanity! There is room for improvement in this respect even in the New York Ophthalmic Hospital.

IGNORANT OR CARELESS?

Some years ago the "Jefferson Medical College" of this city built a handsome hospital building in a dirty, back alley where the pure zephyrs from the *sewers* would be gently wafted in at each window and every crack. Over adjacent to this so-called *hospital* are the dissecting rooms, built near one another, probably so the one could supply the other.

Trying to out-do the Jefferson College, the "Hahnemann Medical College" build thusly (we quote from their *Description* of the new college building, page 7):

“On the fourth floor will be placed the dissecting-rooms, 34x40 feet, with abundance of side and sky light, with large rooms for practical surgery and obstetrics.”

Are these death-traps due to ignorance or to carelessness?

IN MEMORIAM.

CLEMENT PEARSON.

It is with extreme regret that we announce the death of Dr. Clement Pearson, which occurred January 27th.

Dr. Pearson was a conscientious and successful homœopathic physician and prescriber. He was very bold and outspoken in his defense of Homœopathy; even those whose views differed from his must have admired and respected his manliness in defense of his opinions and his conscientious practice, for he practiced as he taught! Few do as much.

The following brief notice of him has been sent us:

Clement Pearson, M. D., died at his residence in Washington, D. C., on the 29th of January, in the sixty-seventh year of his age.

Dr. Pearson was born in Mercer County, Pa., December 19th, 1819, and commenced the practice of medicine at Salem, Ohio, in 1850. In March, 1857, he graduated from the Western Homœopathic College at Cleveland, Ohio, and removing to Mt. Pleasant, Iowa, became the pioneer of Homœopathy in that section of the country.

In 1874 he removed to Washington, D. C., where he soon established a most successful practice. He was a consistent and uncompromising homœopathist.

Believing implicitly in the teachings of the great founder of his school as contained in the *Organon*, he made his practice to conform thereto, with a success that fully justified his faith.

The deceased was a member of the American Institute and of the International Hahnemannian Association, of which he was one of the founders and for two terms the President.

He was a man of strong character, of decided convictions, and of a pure and upright life, as well as a physician of great judgment and skill.

He died surrounded by his family and devoted friends, and will be mourned not by them only, but also by a large circle of those who have relied with the utmost confidence on his ability and care in their hours of sickness.

J. B. G. C.

ANEURISMS CURED BY MEDICINE.

A carotid aneurism has been reported as cured with *Lyc.*¹² by Dr. Richard Hughes (*vide British Journal of Homœopathy*, 70, p. 792).

Also two cases, both females, of aneurism of mesenteric artery, have been reported as cured by Dr. T. M. Pearce (*vide Medical Investigator*, 1875, Vol. I, p. 48).

If these cures be genuine, are they not a vivid demonstration of the power of dynamized drugs? It may be objected that *Lyc.*¹² is a low potency, nevertheless, as *Lycopodium* in its crude state is almost inert, this action of the twelfth potency is a demonstration of dynamization.

In *Allen's Encyclopædia* we find the best provings of *Lycopodium* are made with high potencies, ranging from the thirtieth up to the six thousandth! And *Allen's Encyclopædia* contains none but true *pathogenetic* symptoms!

Who can deny the efficacy of dynamized drugs when Allen's ten volumes attest their powers? Dare *President Allen* contradict Allen, *the author*?

WHAT ARE THE REMEDIES?

In our last issue we gave ten symptoms, asking our subscribers to name the remedies having them. These are the symptoms (with the remedies):

1. Metrorrhagia of large black lumps; worse from any motion; with violent pain in groins and fear of death—despair; bright red face and fever: *Coffea*.
2. Drawing, tearing pain in periosteum; worse at night, in wet, stormy weather, and at rest; better in motion: *Rhodo*.
3. Sensation as if a lump of ice lay in stomach, with pain. *Bovista*.
4. Sensation in abdomen as if sharp stones rubbed together on every movement: *Cocculus*.
5. Left thigh feels as if broken in the middle when sitting; ceases on rising: *Ill. an.*
6. Awakens at night with a violent pressing pain like a heavy weight—coming and going at intervals; emission of flatus relieves: *Oxal. ac.*

7. Coldness in back and between shoulders; not relieved by covering; followed by itching: Amm. m.

8. Gurgling feeling in shoulder, or sensation as of something alive in the joint, especially about midnight: Berb.

9. Roaring in head after coitus (male): Carb. veg.

10. Constant irresistible desire to walk in open air; it does not fatigue: Kali iod.

Below are given four answers; none are entirely correct! Only Dr. H. C. Marron, Sherman, Texas, has sent correct remedies.

Dr. W. S. gives: 1st, Bell.; 2d, Rhus; 3d, Bovista; 4th, Cocc.; 5th, Phyt.; 6th, Nat. nit.; 7th, Lachn.; 8th, Ignatia; 9th, Carb. veg.; 10th, Kali iod. Of these, 3, 4, 9, and 10 are correct.

Dr. W. J. H. gives: 1st, Acon.; 2d, Rhodo.; 3d, Bovista; 4th, Cocc.; 5th, Ruta; 6th, Puls.; 7th, Nux vom.; 8th, Thuja; 9th, Carb. veg.; 10th, Kali iod. Of these, 2, 3, 4, 9, and 10 are correct.

Dr. E. C. gives: 1st, I *thought* of Acon., but repertory points to Puls.; 2d, Rhodo., Ars.; 4th, Coloc.; 5th, not found, would think of Ledum or Sulphur or Ferr. mag.; 6th, Nux vom.; 7th, not found, would think of Ledum; 8th, not found, suggest Puls.; 9th, Sepia (humming); 10th, Puls.

Dr. S. L. sends the following:

1st. Aconite.—Active hemorrhage; the flow is constant and coagulates into a mass; with a state of fear that allows no peace of mind; fear of death; fear of moving, of turning, or rising, lest something may happen or the flooding may get worse; general heat and redness of face; fever.

2d. Mezereum.—Pain in periosteum of the long bones, especially tibia; worse at night, in bed; better after daybreak; worse in damp weather, with great tenderness of the parts affected; feels generally better when walking in the cool, open air.

3d. Elaps c.—Cold drinks feel like ice in the stomach; sensitiveness in pit of the stomach. Hippomanes.—Icy coldness in stomach. Colchicum.—Stomach icy cold, with colic.

4th. Nux vom.—Rubbing as if by stones. Coloc.—Sharp stones rubbing together. (The *Coloc.* symptom is a sensation as if intestines were being *squeezed between* stones, while the *Cocc.* symptoms is a sensation as if *sharp* stones *rubbed* together on every *movement*.)

5th. Sepia and Guaiacum have similar symptoms.

6th. Cham.—Colic returns from time to time; pains are felt worse during night; emission of flatus relieves.

7th. Cactus.—Severe coldness in back and hands; not relieved by covering.

8. Clotar Müller gives Berb., Mag. acet., and Puls. for a similar symptom. The symptom has no value (!), as shoulder is too large a part, and “alive” in what joint, acromion or glenoid cavity?

9th. Calc.—Roaring in ears; worse after coitus. Graph.—Roaring in ears from exertion during coitus.

10th. Sep.—The more he walks the better he feels, though stiff at first (rather Rhus than Sepia).

S. L. adds: Is not such quizzing child's play? Even Bönninghausen wanted *three* symptoms for a prescription, and I cannot see how any one dare to prescribe from a mere repertory without consulting the *Materia Medica* for the totality of the symptoms. * * * * Scratch out “the lazy fellows.” I, for one, do not wish to memorize the whole *Materia Medica*. Numbers 5 and 8 are mighty queer symptoms, and it is a pity to give your good journal away for trifles. [We don't risk much! as *only one* has answered the ten questions.—Eds.]

ANOTHER HAHNEMANNIAN SOCIETY ORGANIZED.

A meeting of disciples of Hahnemann was held at the office of Dr. Biegler, Rochester, N. Y., at which a society of pure homœopaths was formed with the following officers:

President—Dr. J. A. Biegler.

Vice-President—Dr. R. A. Adams.

Secretary and Treasurer—Dr. R. C. Grant.

Censors—Drs. A. B. Carr, J. Schmitt, and S. G. Hermance.

The following excellent expression of the object of the Association was adopted.

We believe fully in the rules of practice as given in the *Organon*, and the teachings of Hahnemann, which lead up to them. That the fundamental principles as herein given, viz.: the law of similars, the totality of symptoms, the single remedy, and the dynamic power of the drug, are the sole foundation upon which we act in practice. That as legitimate Hahnemannian homœopaths we disavow all the innovations which have been attempted to be foisted upon Homœopathy by the mongrel sect. We repudiate the mixing and alternation of medicines, and disapprove of all local and mechanical applications for non-surgical diseases.

BOOK NOTICES AND REVIEWS.

JOHNSON'S THERAPEUTIC KEY. By J. D. Johnson. Fifteenth Edition. Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1886.

Little need be written in review of a book in its *fifteenth edition*. Its success evinces its popularity. Of the present edition we only mention that much has been added—such as articles on the care of the sick-room, on ventilation, fumigation, feeding, cataplasms (should be left out), vaccination, "What to Do in Emergencies," etc. These are useful additions.

But why should a *therapeutic key* contain articles on post-mortems, on medico-legal autopsies, etc., etc.?

We should say a *therapeutic key* need only contain hints on the treatment of *acute* diseases, such as require prompt and quick treatment. All questions which allow *time* for reference and study need not be included. We would leave out such diseases as Bright's disease, phthisis, etc., giving their space to the fuller consideration of acute diseases.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA. Clarence Bartlett, M. D., J. F. Cooper, M. D., and Horace F. Ivins, M. D., Publishing Committee. 1885.

These transactions contain the proceedings and papers of the twenty-first annual session of the Pennsylvania Homœopathic Medical Society, held in Philadelphia September 23d, 24th, and 25th, 1885.

The volume contains articles on *Materia Medica*, by Drs. Raue and Fornias; on *Sanitary Science*, by Drs. E. C. Parsons, J. B. Wood, H. J. Evans, P. Dudley, and B. W. James; on *Obstetrics*, by Drs. H. H. Hofman and Mary Branson; on *Surgery*, by Drs. C. M. Thomas, W. R. Childs, and L. H. Willard; on *Gynecology*, by Drs. C. H. Hofman, J. H. McClelland, B. F. Betts, and W. A. Hassler; on *Pædology*, by Drs. E. Cranch, J. F. Shannon, C. S. Middleton, and C. Van Artsdalen; on *Clinical Medicine* are articles by the Allegheny County Society and by Drs. A. P. Bowie, C. C. Rinehart, J. C. Morgan, C. Bartlett, W. J. Martin, and C. Mohr. Diseases of *Eye and Ear* are discussed by Drs. R. W. McClelland, H. C. Houghton, W. A. Phillips, W. H. Bigler, C. Bartlett, and H. F. Ivins.

AMERICAN MEDICINAL PLANTS. By C. F. Millspaugh, M. D. Fascicle III. Boericke & Tafel, New York and Philadelphia.

This, the third fascicle of Millspaugh's *Medicinal Plants*, is fully up to his standard. Nothing could be more natural.

NOTES AND NOTICES.

NEW JOURNALS.—*The Medical Institute* is the title of a journal commenced by the students of the "Hahnemann Medical College" of Philadelphia. *The Homœopathic Recorder*, a bi-monthly, is the new name and style of the former quarterly *Bulletin* issued by Messrs. Boericke & Tafel. Dr. J. T. O'Connor is its editor.

A New Counselor.—*The Medical Counselor* comes out with its eleventh volume in a new dress and under a new name, adding to its former name that of the *Michigan Journal of Homœopathy*.

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. VI.

APRIL, 1886.

No. 4.

NOTES FROM AN EXTEMPORANEOUS LECTURE
ON RHUS TOXICODENDRON BY PROF J. T.

KENT, M. D.

(FRANK KRAFT, STENOGRAPHER.)

If one commences taking Rhus to see what it will do to him, among the first things you will find a general sensation of stiffness throughout the whole body. In the beginning there is not much soreness and aching with this stiffness, but very soon the restlessness begins, and, as the stiffness advances, the soreness and the aching in the muscles and bones come on. The bones feel as if scraped; the aching increases to a dull, burning, tearing pain. All of these are worse particularly on beginning to move, but immediately relieved by motion; continued motion gives relief. This aching in the body is confined to no particular part—it is everywhere. It is sometimes attended with great soreness, as if bruised, like that which we find in Arnica. As this progresses and the aching increases, the tearing becomes more prominent and makes the aching, tearing, burning, rending pains. As this continues swelling comes on in the fibrous tissues and particularly in the joints. The stiffness increases in proportion to the length of time the patient has kept quiet. For example, the individual has been lying still and has been able, after becoming very tired, to get a little sleep; he wakes up so stiff that he can hardly move. We see this in

rheumatism—in some rheumatic states—hence the great value of Rhus in some of these rheumatisms.

If the patient is able to move about we have this peculiar condition: as soon as he begins to move, ever so little, his stiffness wears away, and with it the restlessness, aching, and soreness. This is the condition that exists without the swelling, and is largely neuralgic. When the swelling begins it is sometimes so severe that the patient cannot keep up the continued motion, when he gets relief from “hitching” a little. But before the swelling has begun, when he commences to move, the stiffness passes away and he feels comfortable while in motion, his myalgic and neuralgic pains pass away; but wait awhile, and the amelioration from continued motion becomes the exception. After he has been made better by moving awhile, he will grow weak and feel the need of rest; while resting, back come his pains and aches, with them the tearing and restlessness—this anguish in the flesh—this innate restlessness; all these things come back before he can become rested of his weakness, of his tiredness, of his paralytic prostration; the pains are all back again and they compel him to move. So he gets up and tries it again. On first moving he is stiff and lame, but on moving a little he gets better and goes on until exhausted. This state of restlessness is part of the picture of typhoid fever, but the restlessness that we see in the typhoid state is not attended with the rheumatic swelling; however, we have the pain in the periosteum—a feeling as if the bone was scraped—a scraping sensation of the bone. This is like Phos. acid, which is generally placed at the head of the list for scraping in the periosteum. He goes on and on, with this aching and soreness and restlessness, with the pains growing worse and worse until he moves. He thinks he will be comfortable now. He gets into a new place and his pains have all vanished. He thinks now he is going to have some rest, but it isn't more than three or four seconds before the aching begins again. He doesn't even get time to go to sleep. This is attended with great fear, great anxiety, anxious restlessness, thirst, and prostration—such as we have in the early stage of a typhoid fever.

Rhus produces great changes in the blood, like unto septicæmia; like the zymotic state; like that we have been talking about in Bryonia. It produces a dry tongue, dry and red, with a triangular tip, and coated in the centre. It produces elevations in the papillæ, like Belladonna and like Apis, and as it progresses it soon produces sordes on the teeth, exudations of blood around the teeth, soft and blue gums, the gums bleed

easily upon the slightest pressure. These states we find in typhoid fever. The mouth feels particularly dry, and he has great thirst—thirst for cold water, which makes him sick at the stomach, while hot drinks relieve him at times. Especially does cold water cause quick, throbbing, darting pains in the stomach, with aching and a feeling as if ice was in the stomach, or a load in the stomach. The cold water is not digested, but produces great pain for some time; every new drink he takes produces pain of a similar character.

The next thing we will observe will be the tearing, rending, digging pain of a neuralgic character in the scalp, with burning along the course of the nerves. At about this time the external coldness and shivering comes on, with an internal sensation as if iced water or cold water was being carried through the system in the arteries; in other words, the arteries feel as if they were filled with cold water. Finally, after the shivering passes away, we have the opposite condition, very much like Arsenicum—wherein the patient feels as if hot water was being carried through the blood-vessels. At this time we will have a delirium—he imagines some one is going to poison him, he imagines he is being pursued, he imagines he is in the field among his sheep or with his cattle, always distressed and worried with anxiety and fear. As he comes out of this delirium, in his lucid moments, he has terrible fear, so much so (and this is like Arsenicum again) that he says: “Doctor, you may as well go home; I am going to die; it’s no use trying to save me, for I am a goner.” Then he lapses into his delirium. In this state he is in a similar condition as to anxiety; he seems to know what people say, but doesn’t understand it. When they tell him they are going to send for the doctor, he will say: “If you get that doctor I will drive him out of the house.” Yet when the doctor comes the patient is as gentle as a lamb. Even in his delirium he is as gentle as a lamb. He is perfectly willing to see the doctor, but if he says anything that is peculiar, he will say: “Doctor, it’s no use, I’m going to die.”

Rhus produces a rapid emaciation; rapid breaking down of the tissues; wasting.

It produces a miliary eruption upon the surface—a measly eruption; hence its great value for measles. It is a great measles remedy. It also produces an eruption that is smooth, and Rhus has, therefore, been useful in scarlatina.

Another grand feature of Rhus is its conditions of inflammations of the tissues; inflammation of the cells—cellulitis. It produces cellulitis even with sloughing. It produces an inflam-

mation of the skin that has the appearance of erysipelas, and that which is peculiar about it is that it is covered with large blebs, maybe of the size of your hand or the size of a silver dollar or smaller; it produces even smaller vesicles.

The erysipelalous inflammation of the skin is purple, covered with large blisters, and these filled with bloody serum. It prefers in most instances the right side of the body, but in the erysipelas it generally comes on the left side of the face and spreads to the right. This erysipelas is especially characterized by coming usually on the left side of the face and spreading to the right.

It produces small vesicles upon the skin in various parts. It likewise produces eruptions that commence in vesicles and dry down in scale-like eczema, the vesicles disappearing so early that they are not observed. If you take the common eruptions that assume this form—that appear only in winter and disappear in summer—you will find them most commonly cured by Rhus. These large vesicles are ordinarily filled with bloody serum and sometimes with yellow serum; the eruptions will sting and burn violently. You will find these sensations in the erysipelalous state.

Rhus produces a paralysis that is generally in the right side—right arm, right leg.

This is a great medicine for infants in infantile paralysis of one side of the body. It is not an uncommon thing for nurses to take a little one out in the park in St. Louis—or, for that matter, in the parks of any great city—and, if the nurse be a heedless one, it is not at all unusual for her to place the child on the grass—like enough on its back—and then run off after her beau or some friend and leave the child lying on its back in the grass. The little thing takes cold from the damp grass and gets paralysis, commonly in the right side. In such a case Rhus is your remedy; for this paralytic weakness is characteristic of this remedy. It has many forms of paralysis. It has a paralysis in the face, coming on from taking cold. Bell's palsy is a form of this. The paralytic affections of Rhus are peripheral, but in spinal affections they are central. Many of the swellings of the joints seem to be cedematous with this paralytic weakness. It has weakness of the lower extremities—weak ankles. This weakness of the limbs is attended with a sort of cedematous condition—a puffiness—yet it is not a perfect cedema, because there is not much pitting on pressure.

You will find associated with its rheumatism that peculiar puffy condition that looks almost as if it was cedematous. This

transparent, watery, baggy appearance of the skin is very characteristic of this remedy, as well as of Apis. We have in the throat little water-bags forming upon the mucous membranes. This is something like Apis, Phosphorus, Kali bichromicum, and Sepia. Sepia has little yellow vesicles in the throat (so has Rhus), with itching and burning. In the mouth and upon the face we have the complaints of Rhus belonging to the left side; upon the other parts of the body we have Rhus affecting the right side.

It has a typical, typhoid, yellow, mushy stool like Baptisia; a bloody, watery stool, and very frothy. It has another special condition as to its time. The time of the Rhus diarrhœa is very commonly four o'clock in the morning—a bloody, watery stool, looking like bloody water, coming on at four o'clock in the morning, and frothy.

Now, there is a tympanitic condition in this remedy such as we find in the typhoid states, in the zymotic affections—a tympanitic condition of the abdomen; it is bloated and hard as a drum. Violent tearing, rending pain in the whole abdominal viscera—in the whole abdominal cavity. You observe the striking resemblance it bears to Bryonia; and yet, see how they differ. In both we have zymosis; in pathology they are almost identical, Bryonia affecting the deeper structures and Rhus the same; both affect the white, fibrous tissues of tendons and joints, both producing violent neuralgias—the neuralgia of Rhus being worse from midnight till morning, the neuralgia of Bryonia worse in the morning after moving. The pains and aches and soreness of Rhus are all aggravated by keeping quiet, while in Bryonia they are ameliorated by keeping quiet. Now, look at the Bryonia patient lying in bed with all his aches and pains, which are aggravated by motion, and so severe that they compel him to move; when he does move it seems as if he would die, so greatly is he aggravated by that motion. In Rhus his aches and pains are so severe that if he does not move he will die. There you have a clear distinction between them—one must have motion, the other must keep still. They have the same zymotic states; both have thirst for cold water; both have pains in the stomach, made worse by cold water; while that is the exception with Bryonia, it is characteristic with Rhus. Nearly all the complaints of Rhus are made worse by cold. The Rhus patient in general is worse in damp weather; he is worse in cold weather; he is worse in a cold temperature, and always wants to be in a warm room; he wants warm things, wants to be warmly covered. Bryonia, you remember, wants the open air;

he is worse by the stove, worse from too much clothing, and in its cough and in many other symptoms, except in the stomach, he is worse from warmth.

Now, you will see, on studying Arsenicum, that it has very much in it that is like Rhus. It has the general zymotic states—exudations around the teeth, dark, dry tongue, thirst for water, restlessness, diarrhœa, worse after midnight; the pains in the stomach are worse from cold water; all these, you remember, are in Arsenicum, but he is not benefited by motion; it is a mental anxiousness; he can't keep still, and he has fear of death.

Veratrum has a rheumatism that you might mistake for a Rhus case, because it drives him out of bed and compels him to walk the floor in a cold room, and he gets better. The heat of the bed drives him out, while it is the pain, the anguish, the agony and distress in the whole body that makes the Rhus patient move.

There is a restlessness in Mercury—one that might make you think of Rhus. There is horrible aching in the bones, made worse from the heat of the bed; it is also made worse from cold; this will distinguish it from Rhus. In Rhus, while he must move, if he gets into the cold it makes him shiver. He cannot endure the cold.

The vesicular eruption of Rhus is peculiar. Rhus is associated with hot flashes, like Sepia, and, as in Sulphur and Lachesis, the hot flashes are at the feet; the feet will swell up and the hot flashes come on in the night, sometimes early in the evening, but commonly they are worse from midnight till about three o'clock in the morning. The feet feel to the patient as if they were burning up yet they are ice-cold; these vesicular eruptions which may occur in the soles or on the tops of the feet burn and sting so violently that she can hardly keep still; there is a sense of heat to the patient, and also a sense of heat to the doctor; but the foot itself, upon which appears this eruption, is as cold as ice. Again, while the foot feels as cold as ice to the doctor, and when it actually is cold, it will sometimes feel to the patient as if burning. There is something more about this eruption; while, for an instant, it feels a little relief from the application of something cold it actually aggravates the eruption and makes it spread. I have seen a patient with an ice-cold foot covered with this vesicular eruption that was hot—I have seen that patient with a desire to put the foot in cold water.

A lady in this city not long ago had both feet with the veins

standing out like great whip cords, and that very peculiar circumstance would come on exactly at six o'clock, just as regular as the clock would strike ; all day long the feet would be as cold as ice with this burning eruption on them ; but at six o'clock these hot flashes would come on with a determination of blood to the feet as if all the blood in the body was going to the feet, then there would be burning. Once or twice she said she must put them in cold water. When I had only partly gotten hold of the symptoms I gave Pulsatilla, but as soon as I discovered that the rheumatic pains were made worse by the cold application I found that it was a Rhus case. These vesicles covered the entire anterior aspect of the sole of the foot, in between the toes as well as between the fingers of the hand, and these vesicles were filled with yellow serum all running together. Rhus cured that case very beautifully. This is perfectly in harmony with the poisoning of Rhus. There is that in relation to the poisoning of Rhus that you should know—namely, that those who have been once so poisoned are extremely susceptible to the influence of Rhus. This poison sumach furnishes us a very large number of symptoms, as we have been fortunate enough to have had a number of cases of poisoning from Rhus. The milder medicines that are not poisonous require a great deal of labor in order to get at the symptoms. Patients will not take medicines until they are nearly dead, or until they get erysipelas or rheumatism ; in such cases you only get at the shadowing of the symptoms, while in a medicine like Rhus people unconsciously run into it and get poisoned, and so we get these marked features. If you will read over all the peculiarities of the many cases of poisoning by Rhus, you will see lots and lots of little things that I have not brought out ; but these that I have mentioned are the characteristic ones ; these are the things that occur to me ; these are the things that are usually brought out.

There is incoherent talking and a low form of delirium, such as we find in the low forms of typhoid fever. This remedy has been of great service in cerebro-spinal meningitis, because it has the tearing, rending pains in the spinal cord or in that region, with contraction and spasms of the muscles, with drawing of the head backward ; violent pains in the base of the brain, with the anxiety and restlessness and relief from motion.

Rhus has cured a great many cases of granular lids when associated with sack-like swelling of the conjunctiva and with yellow purulent discharge ; eyes red, agglutinated in the morning ; paralysis of the lids, ptosis—hanging down—drooping of the lids.

There is stinging and pulsating in the pit of the stomach; fullness and heaviness, as from a stone in it. This is like *Bryonia* and *Nux vomica*. It has paralysis of the sphincters, especially of the bladder; retention of urine; urine voided slowly in spinal affections and there is a sandy sediment in the urine like in *Lycopodium*; the prepuce swells like a water-bag, becoming dark red, looking like erysipelas; œdema of the scrotum; amenorrhœa from getting the feet wet, or from getting wet, or from getting caught in the rain, or from living in a foggy climate or in any foggy locality along the river; cold, damp atmosphere brings on complaints; on the labia majora there is an erysipelas, with blisters containing bloody serum. *Rhus* is most generally prescribed when the lochia is stopped and again returns, milk-like with typhoid symptoms.

Rhus has a dry, tickling cough; uncovering brings it on, even from uncovering the hand. The chill of *Rhus* is preceded by a cough. The key-note reads: He knows the chill is coming on because he has a dry, hacking cough. In typhoid-pneumonia with this restlessness, anxious restlessness, better from motion; great dyspnœa, the dyspnœa and pains and aches coming on when he is quiet, with a hemorrhage from the lungs. When such hemorrhage comes on from straining the lungs, as in those who blow wind-instruments, in such a case give *Rhus*. In relation to strains, sprains, etc., *Arnica* is your best remedy for relieving the soreness; but the paralytic weakness and stiffness belong to *Rhus*, and, therefore, *Rhus* follows *Arnica*. If *Rhus* is insufficient to cure, then *Calcarea carb.* is the next remedy.

Rhus has a peculiar pulse, the artery feeling like a strip of thin metal twisting under the finger or like a corkscrew. That is a clinical observation, and one that I have verified in many instances. Associated with organic affections of the heart, it has cured the numb sensation in the left arm, organic affections of the heart with sticking pains and soreness and numbness and lameness of the left arm. The general state of *Rhus* is aggravated from stimulants.

It has a stiffness of the neck and back and stiffness of the muscles in keeping with the stiffness of any or all the joints of the body; in the limbs there is, in general, a tearing and stinging pain; sciatica in the right side. You remember I told you that *Rhus* prefers the right side. Here we have an evidence of it. It is relieved by rubbing and by heat and when warm from exercise; numbness and formication; cramps in the legs and feet, with intolerable itching at night in old rash; all the rheu-

matoid pains are better from motion; sleeplessness from pain before midnight; must turn often to find any ease. This remedy is most excellent in herpes zona or herpes zoster—commonly called shingles—being most likely to form on the right side of the body, under the shoulder, and spreading clear around. Chilblains.—In this it competes with Pulsatilla where there is softening and burning and blueness of the skin.

IGNORANCE AND STUPIDITY.

In the February number of this journal we published ten symptoms, selected chiefly from *Hering's Condensed Materia Medica*. We have published some of the replies to those questions. The one we now quote deserves a more extended notice than any of the others, as it illustrates an important *fatal error*—viz., *alternation*. We have always held the opinion that ignorance and stupidity were the parents of alternation; now this writer, from whom we are about to quote, proves our previous opinion to be true. He gravely proposes to give *two* remedies for *one* symptom, which is found under certainly one and perhaps several drugs. Why give two remedies when one can and will suffice?

The symptoms for which corresponding remedies were to be found are these:

1. Metrorrhagia of large black lumps; worse from any motion; with violent pain in groins and fear of death—despair; bright red face and fever.

The remedy having this symptom is Coffea, and it is very similar to Aconite, the latter having more fever, more anxiety, restlessness, and greater fear of death, with metrorrhagia of bright red blood. The distinguished physician whose answers to these questions we are considering gives Secale for this symptom! Secale has a dark, clotted hemorrhage, and is worse from motion, but has not the rest of the symptom. The next symptom is:

2. Drawing, tearing pain in periosteum; worse at night, in wet, stormy weather and at rest; better in motion. Rhodo. For this symptom we are given Merc.-sol., which is somewhat similar, excepting that it is worse from motion and better from rest. The next is:

3. Sensation as if a lump of ice lay in the stomach, with pain: Bovista. Our friend's remark on this symptom is worthy of careful notice. He writes: "This is a queer symptom, and I

would pay no attention to it in prescribing, but the \mathcal{R} is Calc.-os." Now, why does this doctor decline to pay any attention to this queer symptom? He knows the remedy, but would not give it. The symptom is to be found in *Hering's Condensed Materia Medica*, and hence it has either been produced upon a well person or cured in a sick one. And it is just these queer symptoms which Hahnemann has declared we must use in our prescribing; symptoms common to and frequent in any disease are not of value, but such as are "queer" and uncommon are most useful. Do not slight a symptom because it sounds foolish, for such symptoms often enable us to save a life. Let us pass to

5. Left thigh feels as if broken in the middle when sitting; ceases on rising: Ill-an. This is a peculiar symptom by reason of its condition, *ceasing on rising*. Bry. and Ruta have a bruised pain in leg when sitting, and Ferr. has one ameliorated on rising; Merryanthis has a bruised pain in thigh when sitting, and Nitr.-acid a pain as if broken, but we know of no remedy having this pain ceasing on rising. The physician whom we are criticising writes of this symptom thus: "This is a symptom which you will never meet with, but the \mathcal{R} is Graphites! How does he know one will never meet with this symptom? Indeed, such a bone pain is very common, and hence would be valueless but for its peculiar condition. This doctor is very amusing; he is so positive in his statements and so ignorant in assertions. We will give only two more of his answers, merely remarking that he has not found the correct remedy for one of the ten symptoms, showing clearly how much correct prescribing he must do.

7. Coldness in back and between shoulders; not relieved by covering; followed by itching: Am.-mur. For this symptom our learned therapist would prescribe "Ars.-iod. in alternation with Ferr.-phos." Why he would do such a stupid thing he does not inform us. Perhaps he himself does not know any reason for so doing.

We will digress here to mention a case in which this symptom occurred. The patient was a lady who was very much troubled by severe itching without any eruption. This itching came on about the seventh month of each of her three pregnancies and lasted until delivery. She complained of this symptom, saying just before a spell of itching came on she was cold, especially between the shoulders. Amm.-m. relieved for a time the itching and removed the coldness in the back, but did not cure the general itching. Various remedies were given for this itching,

as the symptoms changed, but none gave more than temporary relief. Perhaps had Ars.-iod. been given in alternation with Ferr.-phos. the effect would have been marvelous.

9. Roaring in head after coitus: Carb.-veg. For this we are told to give "Sulphur and Calc.-os. in alternation." The why and the wherefore for such alternation being unexplained, we doubt its value, and the more so as we have not been able to find any *Repertory* or *Materia Medica* which gave "roaring in head" as a symptom of either Calc. or Sulphur. Roaring inside the head and roaring in the ears are distinctly different symptoms.

It is sad to think that such a prescriber as this doctor must be should be allowed to prey upon an unsuspecting community. The city coroner *must* be lax in attending to his duties.

E. J. L.

WHAT ARE THE REMEDIES?

In our February issue we gave ten symptoms, and asked for the remedies having them. Some of our subscribers request us to give more of these symptoms. These ten are therefore given :

1. Increased desire to urinate after a few drops have passed, causing patient to walk about in distress, although motion increases the desire.

2. Violent pressure in stomach and pain in back ; at times better bending backward ; at others, bending forward ; better from hard pressure.

3. Pain in sacrum, passing into right thigh and down sciatic nerve ; worse when pressing at stool, on coughing or laughing, also when lying on affected side.

4. Intense drawing, twisting, pains in stomach, as if it were drawn tightly against spine, causing pain in dorsal region.

5. Colic in children, made worse at once by uncovering an arm or leg.

6. Scrofulous children who, during dentition, continually grasp at their gums.

7. Sudden crashing noise in head on falling asleep ; awaking with a frightened start.

8. Thinks she is left wholly to herself, and stands alone in the world.

9. Sensation of fullness in trachea, as if arising from chest, causing a few short coughs, followed by warmth in forehead.

10. With every uterine contraction, violent dyspnoea, which seems to neutralize the labor pains. Rigid os uteri.

E. J. L.

IS THERE ANYTHING IN SULPHUR^{DM} (F. C.)?

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

Probably Dr. Richard Hughes and his seven co-workers would answer this question in the negative, seeing that they arbitrarily exclude from their *Cyclopadia of Drug Pathogenesis* all symptoms obtained from potencies above the twelfth decimal unless confirmed by low-potency provings. Indeed, to such a length has their prejudice carried them that they have excluded Dr. J. F. Allen's high potency provings of *Lactic acid*, even though the latter declares (*New York J. of Hom.*, p. 102), "The effects were so positive and uniform in different persons, that even the most skeptical of the class were convinced of the effect of the thirtieth." Yet this caricature of a materia medica, this miserable abortion, has received the indorsement and patronage of the two great professedly homœopathic institutions of the English-speaking nations! Whether they will continue to indorse it after reading my analysis of this work, now appearing in the *Homœopathic World*, remains to be seen. Possibly they will, for *Quem Deus vult perdere, prius dementat*.

But all these theoretical objections of pseudo-philosophers and self-glorified agnostics* are completely overthrown by a few simple facts, and of these facts one of the most convincing is, that *patients have detected the medicine given them by its pathogenic effects upon them*. I purpose, therefore, to record a few cases in point.

1. Mr. B., æt. sixty, consulted me for chronic varicose ulcers on legs. His medical history is peculiar and instructive. Ten or twelve years before he saw me he consulted Dr. P., a mongrel, who treated him in vain for two months; this Dr. P. sent him to Mr. Cooper Foster, a celebrated allopathic surgeon, who deservedly snubbed the mongrel by refusing to meet him in consultation. Mr. Foster lanced the leg, evacuating pus and blood. Afterward more allopathic treatment, but without benefit. About eight months before I saw him he consulted a "wise woman," who professed to cure diseased legs; she applied her ointment, which brought away pus, but he lost appetite, and has never been so well since—a very common effect of the dangerous practice of external medication, which pseudo-homœopaths, as well as allopaths, are so fond of. Still more recently a local

*"Agnostic" is a good word; it sounds so much better than its Latin equivalent of "ignoramus."

allopath gave him *Mercury* and *Conium*, but without benefit. He also consulted Dr. Joseph Kidd, the chief of the pseudo-homœopaths in Great Britain, but Kiddopathy, this time in the form of *Pyrophosphate of Iron*, did no good.

On December 19th, 1882, I gave him *Sulphur*^{dm} (F. C.), a dose twice a day for eight days.

On December 30th he reported a general improvement, saying that "this medicine had acted like magic, quite different to former treatment." On December 19th, after the first dose, reaching with the right hand across body to the left caused acute pain in cardiac region for about fifteen minutes; has had this before, but never so severely; had a similar symptom on 22d, and any sudden motion caused catching pains in loins and stomach. On 20th, blisters broke out on upper lip, lasting three days; *says he thinks he is taking Sulphur, because he years ago had a similar eruption when using the Mexican Hair Restorer.*

He continued to improve considerably under this medicine and some other. *Syphilinum*^{dm} (F. C.) removed the symptoms. "Cough worse when lying on right side." Unfortunately, in March, 1884, he caught cold and had pneumonia and jaundice. Being then helpless, his wife, who hated Homœopathy, sent for an allopath, who speedily sent him into another world *secundum artem*. Of course, the widow was consoled by the allopathic assurance that "everything had been done for the dear departed."

2. August 29th, 1876.—I gave Mr. M——, æt. seventy-five, a dose of *Sulphur*^{20mm} (F. A.) twice a day. On September 6th he reported improvement, *but asked if I had given him Sulphur*, because on the second day he felt an emptiness in stomach with decreased appetite, and did not enjoy his food. He said that he always used to have these symptoms when he took brimstone and treacle, or milk of sulphur. This 20mm potency was made by a continuous flow of water into the diluting vial *for fourteen days.*

3. 1881, March 23d.—I gave one dose of *Sulphur*^{mm} (F. C.) to a lady suffering from piles and prolapsus ani. Like the former patients, she was not told what she was taking. On March 30th she reported as follows: On 24th felt a difficulty in swallowing solids, *just as she had a year ago while taking repeated doses of Sulphur*^{cm}. The food seemed to scrape over the throat; she has had it more or less every day since, but it is now decreasing. On 25th, 26th, 27th, drowsiness about eleven A. M. (one of the great characteristics of *Sulphur*), so that she lay down and had a full sleep for an hour and a half, which

refreshed her. With this there was an improvement in the piles and prolapsus.

On March 30th I gave her one dose of DM (F. C.), and on April 7th she reported that the drowsiness about eleven A. M. had recurred for two or three days, but less; the throat symptoms did not return.

4. In HOMŒOPATHIC PHYSICIAN, IV, 290, I published another involuntary proving of *Sulphur*^{mm} (Boericke), in which, eleven lines from top, for "when I came" read "at three A. M."

If patients can detect the medicine from the effects of high potencies thereof, what becomes of the theoretical objections of pseudo-savants? "Your pseudo-philosopher, who will always think he has plumbed the ocean with his silver-topped cane, is a great bore sometimes."

SULPHUR IN WHITLOW.

1882, February 2d.—Miss M. D., æt. twenty. For three weeks she has had whitlow on left forefinger; the whole of the finger is inflamed, and the last phalanx contains pus along its entire extent except at dorsum. Has poulticed it for a week* with *Hepar*³ in ten poultices, and taken *Hepar*³ and *Silic.*³ internally, but it has got worse. There is now shooting pains in ulnar surface of last phalanx; throbbing all along the finger; aching extending up to axilla and scapula; also burning in the whole finger; it is very tender; sleep disturbed by the pains for the last week; pains relieved by cold water; relieved by holding the arm up, worse by letting it hang down. Hot water aggravates the aching and throbbing. A lump as large as a marble in ulnar side of bend of elbow, with aching in it. She often has hangnails. She has had five whitlows in the last three years, all treated allopathically and by cutting; they came in quick succession in different places, three on left hand and afterward two on right hand. The bone was removed from two of them.

A study of Hering's *Analytical Therapeutics* of whitlow led me to *Sulphur*, and I gave *Sulphur*^{dm} (F. C.) every four hours. No more poulticing, but bathing in tepid water.

February 6th.—The pain increased after the second dose, and the whitlow broke at nine A. M. on February 3d. Since then has been much easier and slept well. The skin became dark soon after it broke, which it never did before. To-day there is no pain except in the centre of the nail, as if it were pressed away from the finger. The lump is only of the size of a pea, and

without pain except on touch. The three previous bad whitlows lasted three weeks before they broke, and took about a month to heal. No more medicine.

February 24th.—Reports that for a week the finger has been quite healed, and she can straighten it. It has healed up much quicker than the former whitlows which were treated allopathically, and there is no numbness left, as used to be the case in former attacks. Usually the effect of the homœopathic remedy is to relieve the pain before the pus is either evacuated or absorbed; and this is the test of a cure as opposed to a natural recovery.

In this case the temporary aggravation of the pain of a whitlow almost ready to break prevented the usual course of phenomena. But that it was a truly homœopathic cure is proved by the unusually speedy convalescence.

The characteristics of *Sulphur*, as given by C. Hering, were (1) "Index finger," *Sulphur* (to which may be added *Calc.*, *Kali-c.*, *Sepia.*); (2) "Old maltreated cases," *Hep.*, *Phosph.*, *Silic.*, *Stram.*, *Sulph.*; (3) "From hangnails," *Lycop.*, *Natr-m.*, *Sulph.*; (4) "Very sensitive to touch," *Apis.*, *Sang.*, *Sulph.* (to which add *Hepar*); (5) "After suppuration," *Silic.*, *Sulph.*; (6) "With caries, necrosis," *Asaf.*, *Aurum.*, *Fluor-ac.*, *Lycop.*, *Mercur.*, *Mezer.*, *Phos-ac.*, *Silic.*, *Sulph.*

E. W. BERRIDGE.

ACUTE POLYURIA IN A CHILD IN CONSEQUENCE OF A STING OF IXODES RICINUS.

Axel Johannessen observed the following case: A boy of eleven years with a neuropathic constitution was stung near the left protuberantia occiputales externa by an *Ixodes ricinus* (goat-chaffer, tick, Holzbock). Trying to remove it, the head remained, and around the part stung a painful swelling soon formed, extending to the left ear. The boy suffered from headache; could not think and only moved his head with difficulty. Thirteen days afterward the doctor found the boy with a pale face and slowly acting pupils; head flexed to the left side stiffly; left cucullaris strongly contracted—painful; urine of a light color, clear, acid (sp. gr., 1,008), no albumen nor sugar. During the course of the disease, off and on, delirium; skin dry and warm; polyuria, eight to ten liters during twenty-four hours; polydipsia, nine to ten liters during the day; pulse, 64; temperature, 38.5; sound of the heart intermitting. A clinical examination of the urine revealed a specific gravity of 1,003 and reaction;

diminution of chlorides and phosphates; perception of sound on the left ear diminished; right angle of the mouth drawn to the right side, with the same deviation of the tongue. Gradual improvement set in; polyuria and polydipsia decrease, but a polyphagia now sets in. After five weeks the boy is all well again.

In the epicrisis Johannessen leads our attention to the nervous origin of the diabetes insipidus, confirming the views of Bernard. As in this case, an acute polyuria existed, which rapidly passed away, accompanied by deafness of the left ear, pains and spasms in the left cucullaris, which receives its nervous supply from the accessories; irregular beat of the heart; paresis of the lower branch of the facial nerve; dilated pupils and weakened cerebral action. We may put all these symptoms to one and the same origin—the floor of the fourth ventricle. The *Ixodes ricinus* is related to the *Argas persicus*, whose sting produces intoxication dangerous to life. Our literature shows cases where the sting of bees produced polydipsia. May it not be that, either through the lesion of the sting itself or through its specific influence, a neuritis ariendeas of the accessories arose which passed on to its nucleus; hence to the nucleus of the vagus, ciustious, and to the lower nucleus of the facialis. Between the origin of the nerous ciustious and nerv. vagus lies Bernard's *point de figure*.—*Arch. f. Kinderheilkunde*, VI, 5.

Another involuntary proving, verifying the symptoms as found under *Apis*, *Vespa*, and others: Thus, Allen gives us, under *Apis* (21): Confusion when attempting to read or to study: unfit for mental exertion; 50, headache with vertigo; 124, tension from the back of the neck [no pupillary symptoms nor deafness under *Apis*]; 241, paleness of the face; 369, *no thirst*, with dryness of the mouth; 492, frequent desire to urinate; 500, *day and night very frequent passage of colorless urine*; 506, copious passage of pale, straw-colored urine, with brick-dust sediment; 616, rapid, feeble beats of the heart: action of the heart interrupted; 635, tension in the right side of the neck, beneath and back of the ear; 750, twitching of the muscles; 755, the whole nervous system seemed most violently affected; 768, general feeling of lassitude, with trembling; 820, spreading inflammatory swelling.

Allen, X, 119, *Vespa* (the wasp and hornet) gives us: 41, incessant urination and urine sometimes thick and hot; always too frequent (after five and six years); 63, an extremely irritable and rapid action of the heart; pulse small and quick.

We have here a symptom under *Ixodes ricinus* (the polydipsia) which is not found under *Apis* and *Vespa*, nor do we read

anything of the polyphagia which came at a later period when the boy was already entering the convalescent state. The irregular, weakened action of the heart seems to belong to all poisonous stings. How each thing in the world has its own individuality, which shows itself in its symptoms, and thus gives its own individual space as a therapeutical measure!

S. L.

HIGH POTENCIES AGAIN!

“ ‘Tis above reason,’ cried the doctor on one side. ‘Tis below reason,’ cried the others. ‘Tis faith,’ cried one. ‘Tis a fiddlestick,’ said the other. ‘Tis possible,’ cried one. ‘Tis impossible,’ said the other.”—TRISTAM SHANDY.

A long editorial on “Attenuation—Dynamization—Potency,” in the *Periscope*, closes with these words:

We are perfectly willing to recognize the probable curative power of any state of attenuation which maintains and gives evidence of the *material presence*. [How kind!] This material presence must respond directly to one or several of the five senses, with or without the aid of the microscope, spectroscope, or chemical reagents. Possibly we might not stop to split hairs as to the possibility of material presence in preparations a few removals beyond the limit named. But when asked to accept as remedies and trust attenuations at the five hundredth to the one thousandth, why, we simply “give it up.”

But, *cui bono*, what is the use of going to so much labor and trouble at the risk of trenching upon the border land of doubt, uncertainty, and nonentity? We confess it looks much like a morbid desire to revel in mystery and uncertainty, at the expense of violating all the rules of logic, analogy, and human experience.

The high potency party have a habit of making themselves miserable over the fear of somebody's disloyalty to the teachings and memory of Hahnemann. It would be an easy matter to retaliate by showing that they themselves have been guilty of certain innovations; as the master in his most gauzy and speculative moods never dreamed of anything like the *fluxion* frivolities of Swan, Fincke and Company. Hahnemann, in his discovery of the therapeutic law governing the selection of the suitable remedy, together with his subsequent teachings as to attenuation, the single remedy and the minimum dose, achieved a wealth and weight of glory which fairly entitled him to a patent for a bit of folly—now and then. All great minds have their whims, humors, and follies. Hahnemann was no exception to the rule. The high potency party in trying to imitate and vindicate these follies, have done more to hinder and retard the progress of Homœopathy than all other causes combined. If homœopaths would settle down to teach and practice medicine with attenuations at somewhere from the third to the twelfth attenuation, stop their clatter as to “C C,” “M M,” and “C M,” “Psora,” disease products as remedies and opposition to topical applications our system would rapidly take the place of all others.* These follies have given our enemies

* This sentence is an infringement upon a patent by the great S. O. L. Potter, who first used it!!

edgels with which to break our heads by the wholesale. It may take fifty to one hundred years to undo and neutralize their consequences.

In reply to this editorial, we desire to make a few comments.

Before discussing high potencies in general, we disclaim having any great admiration for the C M, M M, etc., preparations. They doubtless act well, and may probably be properly and accurately prepared, yet, nevertheless, we must confess we have always regarded them with suspicion, and hence seldom used them. On the other hand, we have seen remarkable effects from them, as well as from the proper exhibition of the thirtieth, the two hundredth, and the five hundredth, prepared by Messrs. Boericke & Tafel. In a practice of some years we have used nothing lower than the thirtieth, in our own family as well as upon patients.

Now, as to the efficacy and the value of high in general, only a few words need be said.

Hahnemann, after discovering the law of the similars, practiced by using crude doses and large amounts. He found his patients grievously aggravated by these doses; he found that while patients could take, without any aggravation, large doses on the antipathic (allopathic) method, they could not do so when medicines were administered upon the principle of similia; the remedy in the latter case, being of a similar action to the disease, found the patient very susceptible to its influence, just as one's burnt hand is more susceptible to heat than the well one. Thus was Hahnemann *compelled* by *experience* to decrease his doses, and finally to decrease them by *attenuating* them with some inert substance, as water or sugar of milk. While seeking to lessen the strength of his drugs, Hahnemann discovered that attenuation produced an increased power—*potency*—in them, and that “potentized drugs” acted better than merely diluted drugs. He used the thirtieth, sixtieth, and one hundredth potencies.

Again, as to the value of these potencies in curing the sick, there can be no doubt. It has been testified too often to admit of a doubt, and no one *can* doubt it who carefully experiments with them. Theorizers may doubt, but experimenters never can. Allen's *Encyclopædia* contains many invaluable symptoms produced by them; hundreds of physicians cure daily with them. *Cui bono?* asks the *Periscope*; we answer, because they cure better and quicker than the low attenuations. Omit from the history of Homœopathy the cures made by potencies above the thirtieth, and that history would be robbed of its brightest, grandest triumphs.

E. J. L.

AGNOSTICISM AND INVESTIGATION.

"I AM AN AGNOSTIC."—*Professor of Materia Medica!*

This quotation is said to have been uttered by the Professor before his class when speaking of *dynamization*; *i. e.*, he KNEW *nothing* about it! Is it not a little surprising that this man, whose duty it is to *teach* the homœopathic materia medica, should stand before his class and avow his utter ignorance of an essential and fundamental principle of that which it was his duty, and which he pretended, to teach, and which this class had come to him for the sole purpose of being taught? Did the Professor tell them fairly, before they came, that he knew nothing of this fundamental principle? Presumably not. Then, was this uncalled-for declaration true at the time it was made? Certainly not, unless the Professor had *forgotten* an important knowledge he once possessed. The question before the class was *dynamization* and *potencies*. And this is how the Professor declared himself on these in the *American Homœopathic Review*, Vol. V., p. 392:

"I gave the *only* potency in the office then (I should have given a lower if I had had it), the one-thousandth, prepared by Dr. Fincke, of Brooklyn, which potency of Gelsemium I will swear to."

So, he did know once, and he knew so confidently that he was ready to make oath to the verities he knew of dynamization and potencies, even of "*Fluxion* potencies," which he says the American Institute has "laughed out" of itself. This readiness to swear was in 1865. Has he been busy since in forgetting what he then knew so confidently? and forgetting it and its utterance so completely that he can stand up (and not turn red in the face) and declare as to these subjects—"I am an agnostic!"?

However this may be, the Professor seems to be dissatisfied with his present dim position, and the same authority which tells of his avowed darkness also reports his intended escape from it, and the means by which this is to be accomplished. He calls for volunteers *from his class* to engage in provings on themselves of high potencies, that their power to make sick may be made known. But how known? Why, by the testimony of these volunteers, to be sure, that they by these potencies have been made sick! And will not this be perfectly conclusive? The question is well put. And it may be answered, perhaps, as to this Professor, if, as there is some reason to fear, his agnosticism has not struck so deep as to make proof of any truth to his mind impossible. We say reason to fear, as to

him, because, with the testimony of consummate masters before him as to the truth and value of *dynamization* and *potentiation*, he refuses to believe these, and turns to that of volunteer tyros and neophytes as more to be regarded and trusted! To such straits is illogical and unreasoning agnosticism driven. Confirmation of these truths can only come from one's own observation and experience or from that of others. Agnosticism, at least that of this Professor, prefers that of the tyro to that of the expert; that of his volunteers to that of Bœnninghausen, Stapf, Gross, Haynel, Hering, of the dead, and that of a multitude of the living of like spirit. So great is the unreason of agnosticism—always unreasonable, illogical, stupid, silly, and foolish.

W.

A NOTE ON GANGRENE.

Arsenicum, *Secale cornutum*, and *Euphorbium*, under certain circumstances, deserve the name of actual specifics in genuine gangrene. If erysipelas threatens to pass over into gangrene, we will have to use *Bryon.*, *Bellad.*, *Rhus*, *Phosph. acid.*, etc. If gangrene occurs as the consequence of violent inflammation, if the previously very violent pains suddenly cease, and nervous symptoms ensue, *Bryonia* is often suitable, and not unfrequently *Bellad.* or *Rhus*. The *Bryonia* and *Bellad.* are particularly serviceable when inflammations of internal organs pass into gangrene; if, however, they should not succeed, if the limbs of the patient become cold and insensible, if symptoms of hectic fever set in or not, and all life is on the point of being extinguished, we must rely upon *Arsenicum*.

Arsenicum is also the best remedy when ulcers become gangrenous, and are either extremely painful or else entirely insensible, with elevated edges, and secrete a bad, watery, fetid ichor; and also when the swelling is hard, shining, and burning, with bluish-black, burning vesicles, filled with acrid ichor. In gangrene of internal parts, *Euphorbium* often affords the most excellent service, particularly when it is consequent upon inflammation of the stomach, bowels, etc., and the temperature of the body is continually diminishing, a great degree of torpor being present, and the affected parts without sensation. Hence we must, not unfrequently, use *Euphorbium*, when gangrene is about to or has partially passed over into the so-called SPHACELUS; it is also serviceable in GANGRENA SENILIS (gangrene of old age). SECALE CORNUTUM is particularly serviceable in dry gangrene, and CHINA in moist.

HARTMANN.

NO FIGS FROM THISTLES GROW!

“That students are not taught Homœopathy in our colleges is undeniably true, and the more shame to the colleges. Either take down the name of Homœopathy, or teach the teachings of Homœopathy. What are you doing with the *name* if you are not the *thing*? Using it as a trademark, as a decoy, as a lie! That is exactly, and only, what it means if you use the name and withhold the teachings. And, gentlemen professors, you are not to mistake; it is not what *you* think Homœopathy to be, but what Hahnemann said Homœopathy is, that you are to teach. State Hahnemann’s teachings fully and fairly *first*, then, if you have time, ventilate your own peculiar views. But let the student think for himself, yea, teach him to think for himself.

“In a truly homœopathic college Hahnemann’s *Organon* will be lectured upon by the ablest man of its faculty. *In which college is it so lectured upon to-day?*—A little louder, please, we didn’t catch the name. ‘You don’t exactly know the name?’ [Yes, *we do*; at the St. Louis school.—HOM. PHYS.] Neither do we. Isn’t it a trifle foolish to expect homœopaths for graduates when Homœopathy is not taught.”—*Medical Advance*, for January.

VERIFICATION OF APIS AND A REMARKABLE FACT.

A young married lady in the eighth month of pregnancy, just recovering from a sharp attack of dysentery, complained of violent pains in both ovarian regions—*worse in the left*—which had troubled her very much at times since birth of last child, two years ago. There was excessive tenderness of the parts, aggravated by the least touch or movement of the body. Apis mel.³ (the only preparation at hand at the moment) was given. Dose, one drop toward evening. The pains were relieved, but she passed a restless night, *and dreamed that she went into a strange drawing-room, where there was a swarm of bees, which hummed and buzzed around her head, and one of them stung her on the left eyebrow.* The lady had no idea whatever what medicine she had taken. She lives in London and has nothing to do with bees in any way. The following day I gave one dose of Apis²⁰. Up to this time—three days after—she has had no more medicine and has been free from pain ever since.

ALFRED HEATH.

PRESIDENT'S ANNUAL ADDRESS BEFORE THE
INTERNATIONAL HAHNEMANNIAN ASSOCIA-
TION, HELD AT SYRACUSE, N. Y., JUNE, 1885.

ROLLIN R. GREGG, M. D., PRESIDENT.

MEMBERS OF THE INTERNATIONAL HAHNEMANNIAN ASSO-
CIATION :—

As your presiding officer for this year, it becomes my duty to now lay before you the required annual address. And first of all, in this duty allow me to congratulate you upon thus early in our career as an association meeting here in this city, at the home of the Central New York Homœopathic Medical Society. For years, as you know, this Central New York Society was the only homœopathic medical body in all this wide world, whether city, county, State, or National, that encouraged and upheld the purer teachings of Hahnemann as he left them to us. When all other associate action in our school was tending to false teachings, and more rapidly so every year, this Central Society has done its utmost to call men back to their allegiance to principles and to law. For such heroic action it deserves our highest praise and most earnest encouragement. But for its action our own Association might have been delayed longer than it was in its organization; or, if not that, our way has certainly been made smoother by what that Society has done; and we shall, no doubt, have in it a strong ally in all our future work. Therefore, all honor, I say, to this Central New York Homœopathic Society for its loyalty to the master's truths, and to the love of truth that gave it birth.

Next, I must congratulate you upon the good omens of the times. Everywhere the strong voice of the truth is beginning to assert itself. From every quarter the mutterings of the storm of reaction against false teachings in our school is beginning to be heard; and when that storm comes it will sweep everything before it, as the truth has always done when once aroused. You have all seen in our representative journals, *THE HOMŒOPATHIC PHYSICIAN* and *Medical Advance*, and elsewhere, the increasing demands for the study of Hahnemann's *Organon*; the greater vigor with which the law of similia is defended and its highest application demanded; also the increasing numbers and importance of clinical facts and clinical cases reported. The many vigorous defenses of our system in its highest and best estate, by

writers of various papers read before State and other societies during the last year, you have also, no doubt, all seen; so look where we may, the signs of the times are propitious.

Personally, I have had much to encourage me during the last year, in many letters received from physicians who are not members of our Association, living all along the line from Maine to Missouri, all breathing the most earnest sentiments in favor of the pure practice of Homœopathy and of fully carrying out our principles. Singularly enough, several of these letters were from middle-aged physicians who are more or less recent converts from allopathy, and who vigorously denounce the misrepresentations of Hahnemann and his doctrines by so many of his professed followers, so much of which they find in our current literature.

Another significant fact is that the more honest of the professed followers of Hahnemann who violate most or nearly all his teachings are beginning to take alarm at the false position they are in and are dropping their designation as homœopathic physicians. These and others are also agitating for dropping the word Homœopathy or homœopathic from all societies that have hitherto been known under either of these names. This movement must ere long become general among them. Then they will stand as open enemies, instead of enemies disguised as friends, which is far better for any cause than disloyal men in camp. Men cannot long hold themselves together in large bodies, under false pretenses, if their false position is once exposed to the world.

Last, but not least, and upon our western horizon, we have seen a man arise out of the errors, prejudices, and false teachings of allopathy and eclecticism to become one of the clearest and purest teachers of Hahnemann and his principles that we have ever had. I allude to Professor J. T. Kent, of St. Louis. His career and vigorous utterances in favor of the law, of the pure practice of Homœopathy, and of all of the master's teachings, including the despised psoric doctrine, ought to put to shame all those who professed to have accepted those doctrines before Professor Kent even began the study of medicine in the old school. And now, while he is doing valiant labor and his utmost to aid in lifting Homœopathy out of the mire of uncertainty into which it has been dragged by false teachers, the latter have been and are still doing their utmost to bury it still deeper in the slough of allopathy and eclecticism from which he so recently escaped, and which he evidently knows too well to be tempted back into by whatever siren songs of apostacy. It is well that

he has pitched his tent upon the western bank of the great father of waters, and may his influence be as wide and as far reaching as are the tributaries of that mighty river. Let us all do our utmost to uphold and sustain him in his important work. One such man can do our cause more real good than thousands of doubting, hesitating men, or of those who stand ready with their excuses and apologies whenever their belief is assailed, instead of vigorously defending it against all assaults.

But, notwithstanding all this, and however great the confidence we may feel in our position and tenets, it is important that we frequently review our own ground. With this idea in view, I call your attention to some things that we must not lose sight of, but should elaborate on all fitting occasions if we are to make progress and would attract others to our standard. The points I wish to elucidate are these: This world, indeed, the whole universe, consists, 1st, of matter, aggregations of material atoms, whether in the most rarefied form of our upper atmosphere or in the rocks on which we stand; and, 2d, of forces which dominate and rule over every atom of this matter. Understand me, please, on these points, and especially upon the latter, as our position depends upon it. Matter everywhere, in every condition, and every atom of it, is, I repeat, dominated or ruled by force. There are no exceptions; there can be no exceptions. Matter is passive, force the actor in every instance. Raise a body of matter into the air, leave it without support, and it falls back to the earth. What brings it back to the earth? The force which we call gravity. Matter does nothing in this instance excepting to obey the law of gravity, or yield to the dictation of force. Let me give an illustration, by which you will perhaps see more clearly what this means.

Make a chain of great length out of rods of the purest steel, these rods being a foot in diameter, if you please. Then hang that chain over a very high precipice, and what is the result? At the required height of precipice and length of chain, the latter would be broken in an instant by its own weight, as easily as you could break a pipestem, and it would make no difference if the masses of steel out of which the links of the chain were made were five or even ten feet in diameter, the result would be the same. The matter of which the chain is made does not and could not break itself. It is the force of gravity that does that. It simply obeys the mandate of force, and *can do nothing else*. And yet, can you see anything of this tremendous power, or know anything whatever of its existence, excepting in its effects? You see the chain; you see its great links, made of the strongest

matter known ; you see its apparently enormous strength ; yet what does all that matter and all that apparent strength amount to in the hands of the force that snaps it asunder in the twinkling of an eye under the conditions named ? The real thing in this experiment is what you cannot see, feel, handle, or know anything whatever of, I repeat, excepting in its effects. Your eye calls the great chain the real thing ; your reason, if you reason, tells you that it is one of the flimsiest of all realities in the hands of the real thing, or the force that breaks it so readily and easily, and would do so to a thousand or ten thousand other chains in succession. And bear in mind that this force is there to act perpetually, whether the chain be there or not, and would act upon any and all other kinds of matter, as well as upon the chain. This illustration, as it seems to me, gives the mind the proper idea and distinction to be made between matter and force, and through analogy and our reason shows us that the like distinction, and the like ruling, or absolute dominion of force over matter, holds in every department of nature. Indeed, we *know* that it does.

Take another illustration : A cyclone arises almost in a minute, certainly in a very few minutes, that sweeps everything in its path to destruction. What is the cause of this terrible devastation ? The immediate cause is the air in violent motion. But what puts the air into such violent motion ? There is a force behind it that does this work. It used to be thought that this force was heat, but it is much more probably electricity, or sudden and violent developments of electrical action in the air that arouses it into such fury. But in either case, whether heat or electricity, it is a force without substance that acts upon the matter of which the atmosphere is composed, and drives it on with the results so well known. The air no more starts and lashes itself into such violence than the chain breaks itself in the other experiment, or no more moves itself than the tree in the track of the cyclone tears itself up by the roots, or than the house flies from its foundation into the heavens of its own accord, to shiver itself into atoms, so that a recognizable portion of it may never be found. The air, being matter, must obey the inexorable law of all matter, and be moved, if it moves at all, by some force independent of itself. It can no more be the beginner of its own agitations than a mass of lead can start itself into active motion.

This brings me to a matter, of which I speak with reluctance as against another Society, but in defense of some points in our own belief. As you know, the American Institute of Homœ-

opathy, or many of its members, have wasted much time during several years past in the vain effort to prove that there can be no action whatever in our remedies for good or harm where they cannot demonstrate drug presence. That is, they must see with the microscope, or the spectroscope, particles of the matter of the drug in a potency, or else in their opinion there can be no possible effect from that drug; and the limit which they place upon potencies showing drug presence under the microscope is the sixth or seventh centesimal, and the thirteenth or fourteenth decimal under the spectroscope. What do they know or what does anybody know of the ultimate atoms of matter, or of their presence or absence in the higher potencies? Absolutely nothing. But this is not our defense. There are present here men who have grown gray in the service of relieving human suffering, often transferring scenes of the greatest danger and alarm in the sick-room into hope, assurance, and thankfulness, through averting all danger by potencies five times, ten times, an hundred times, yea, even not unfrequently a thousand, times higher than where our critics say there is a possibility of drug presence. Is all this to go for nothing as against the clamor of unreasoning materialists, who have never tested high potencies, and are, therefore, utterly ignorant of the whole subject?

But another point with reference to their claim of there being no force where they cannot demonstrate the presence of matter with their instruments. And here I recur to the cyclone again. Can they demonstrate with the microscope or spectroscope the particles of matter of which the *air* is composed? No, not a solitary atom of it. Whence comes, then, the most terrible power of which we have any knowledge, if matter must be seen by the eye in order to have any power? Simple facts from nature always show false reasoners in a bad light. I would suggest as a cure for cyclones that several of these men, yes, many of them, go West, scatter where needed, then one of them start in ahead of each rising cyclone, point their microscope at the air gathering its forces for its work of destruction, and say to it: "This instrument does not show that you are composed of matter, or that there is an atom of matter in you, so you can just stop right where you are, and make no more fuss about it." We all know now what the result would be, and can spare all such men from this world.

Levity aside, however, we have in this connection a much more pertinent argument and one more overwhelming to our critics. They say: "No matter which they cannot see, no action."

Well, in this immense sea of air in which we are immersed, they cannot see an atom of it all by whatever agency; and yet we die in a minute if deprived of it, and nothing but it can restore us to life if from any cause we are partially or wholly asphyxiated. No drug is so powerful, or so quick, to kill or to restore us, under the requisite conditions, as this matter which we call the air, no particle of which has ever yet been seen. Ought not the microscopic critics to hang their heads in shame in the presence of such facts, and do we need to produce further argument on this point?

But here I wish to give expression to what I am sure you will indorse, and what all should be made to understand, viz.: that this Association was not founded, nor is it maintained, upon the question of high potencies. On the contrary, it was founded and is maintained upon several fundamental principles of nature, which cannot be violated with safety in the treatment of the sick, and to which the question of potencies is only incidental and secondary. To illustrate, there is and can be but one law of cure in all nature, as there is but one law in any other department of nature. A duality or plurality of laws in any one department and for the same purposes would destroy all through their constant conflicts. So the one law of cure, *similia*, we avow and maintain is the only law or "rule" for the administration of medicines to the sick, and assert that all procedures in the treatment of disease not in conformity therewith are always hazardous and often fatal in their consequences.

There is also a law of metastasis, the violation of which by the local treatment of disease would be murder, but that the serious and often fatal results of violating it are not intended. This law directs that when a skin disease is treated by local applications, and thereby removed from the skin, it is simply suppressed and driven internally to seat upon some one or more of the mucous membranes (the nearest similar internal tissue to the skin), to there produce either immediately fatal results or chronic disease and long suffering that often ends in death. This law also directs that, in the local treatment of inflammatory rheumatism, the inflammation is driven from the serous membranes of the joints to the serous membrane of the heart generally, but sometimes to that of the brain, the lungs, the liver, or other abdominal organs, with immediate death in many cases, or incurable chronic disease in others. It further directs that all other diseases treated locally and suppressed will have similarly serious consequences; and, moreover, that medicines administered internally for diseases of less vital organs, and in crude

doses, or in sufficiently crude form to get their stimulating drug effects, will often drive said diseases to similar tissues of more vital organs, and often with the most disastrous effects. For the rest, the preamble and resolutions printed annually on our programmes is sufficiently explicit in asserting our principles and establishing our status in the profession and before the world.

Recurring again to the question of force, and passing from the physical illustrations of it given in the preceding pages, we will enter our own more especial field, viz.: that of life and its specific force, and what influences it for good or evil. And here I come at once to the question: "Is there a special force of life, a vital force, as we commonly express it, that we can demonstrate as distinct in any way from matter or from the body?" This question the materialists seem ever ready to answer positively and most emphatically in the negative; but let us inquire into the subject a little more closely.

Your bodies are composed, as you know, of an aggregation of many of the chemical elements of nature, these elements all having strong forces of their own, or powerful affinities, attracting each to a union with one or more of the others, if allowed, and yet all held in complete subjection to some power superior to them all. This power I assert to be a distinct, dominating, ruling force, and sufficiently powerful in health to compel all to work in harmony for our good. Do you ask for proof of this dominant force in us, in addition to the statement of so self-evident a fact? If so, you know that we are composed of many different kinds of matter, as stated, and you also know the great power that many, if not all, these elements show in their affinities for each other in the inorganic world. And, of course, they have, or would have, and show the same force in us, if permitted to do so. Did you then ever reflect fully upon the fact that if all these elements of which we are composed were entirely released at once from superior control and allowed to assert their own forces within us, they would destroy our lives in an hour, perhaps in much less time? There is not a cell in us, especially of the soft parts, that is not composed of several different chemical elements, which, if given up to their forces alone, would destroy that cell in a very few minutes for any purposes that life might have for it. Is this not sufficient proof? If there are forces to be controlled and compelled to combine and work against their will, there must inevitably be a superior force to control them and compel their obedience. And in that case this

ruling force must just as inevitably exist prior to the combinations that it makes. This is self-evident.

Instead, therefore, of life being the result of "the interaction of atoms with each other and their environment through countless ages," as Professor Tyndall teaches, it is a very different thing and far superior to all matter and its special or chemical forces. Matter given up to its own forces never did and never could produce life or a living cell, but does produce just what we see in the inorganic world, viz.: simple chemical compounds and nothing higher. Life, on the contrary, produces combinations and a structure out of the most diverse and warring elements of nature, in *violation* of all chemical laws, forces, and affinities, and holds all these in perfect subjection, in health, to do its bidding, and allows nothing else. When life leaves us, then all this matter is given up to its own forces, which return it back to the inorganic world and to inorganic compounds, just as it was before life took hold of it.

I should like to give you some new facts that have been found, which bear directly and luminously, as I think, upon this whole question of life. But this is hardly the proper place, and time will not allow me to do it. Suffice it to say it is entirely different from anything Professor Tyndall or other materialists ever gave us upon the subject.

Thus we see that life must be and is a superior dominating force, and that being a force, it must be and is immaterial and dynamic, just as Hahnemann taught nearly a century ago. And being that, it is reached and disturbed by dynamic forces to create disease, and its diseased conditions must be controlled by dynamic forces in drugs. But here I have been compelled to leave the subject, and to leave you to apply Hahnemann's explicit and well-known arguments to all the practical parts of the subject. His instructions were clear and ample, and no one need go astray in applying them.

It was my purpose to have followed the same line of argument with drugs and show these to be possessed of specific forces of their own; then show by several examples of the more powerful and poisonous of them in what way they acted upon life to destroy it; and finally to follow said specific forces diffused in the non-medicinal media with which we attenuate them, so that we get their curative action there. But a nearly three months' serious, and part of the time alarming, illness has entirely prevented the consummation of my purposes in this respect, so you must take the will for the deed.

But, in conclusion, whatever may be our own failures and

shortcomings, and however persistent and long-continued the efforts of the materialists may be to that end, they can never—no, *never*—drive Hahnemann and dynamism out of Homœopathy. We are safe forever in the rich heritage the master left us, whatever else betide.

IN MEMORIAM.

BENJAMIN EHREMANN, M. D.

It is with great regret that we chronicle the death of another pioneer homœopath, Dr. Benjamin Ehrmann, who died in Cincinnati March 15th.

Dr. Ehrmann was one of the greatest homœopathic physicians in the West. He sprung from a family of physicians, and it seemed as if nature had bestowed upon him as a special gift the mastery of the study of medicine. He was the son of Dr. Frederick Ehrmann, a noted physician of Wurtemberg, Germany, who was also the son of a well-known physician of Germany.

Dr. Ehrmann had four brothers—Frederick, Christian, Louis, and Ernest—who were all practicing homœopathic physicians, making a complete medical family of physicians. The deceased was born in Jaxthausen, Wurtemberg, March 3d, 1812, and had reached the age of seventy-four years at the time of his death. He remained in Germany, attending its colleges, until he was twenty-one years of age, when he emigrated to America. On reaching the United States he went to Pennsylvania, at once entered the Allentown Medical College, where he soon graduated. Immediately after graduating he established himself in practice as a physician in the State of Pennsylvania. He continued his profession until 1847, when he sought the West, and concluded to locate in Cincinnati.

Immediately upon his arrival in that city he formed a partnership with his life-long friend, Dr. J. H. Pulté. The success of this firm during the cholera epidemic of 1849 is still remembered by the older citizens of Cincinnati. In 1849 Dr. Ehrmann took up his residence at 46 West Seventh Street, where he has since resided, and practiced his profession with such great success that his fame became known throughout the United States, and he was known and recognized by the medical profession as the Western pioneer of Homœopathy. Dr. Ehrmann was an active member of the International Hahnemannian Association, the American Institute, and an honorary member of the Homœopathic Medical Society of Ohio.

Dr. Ehrmann was well known as a Christian gentleman during his entire residence in Cincinnati of nearly forty years, and by a consistent Christian life became one of the pillars of the Church, and nowhere will his death be more keenly felt than in his church. By a consistent and honorable professional life he has earned a well-merited reputation both as a physician and a citizen. His many generous-hearted acts were shown by his voluntary practice among the poor, to whom he gave his services willingly and received in return only their thanks.

Dr. Ehrmann has raised an interesting and useful family. He had three sons—Dr. Albert H. Ehrmann, a practicing physician, who was associated with his father; Benjamin F. Ehrmann, attorney-at-law and President of the Board of Elections, and Dr. George B. Ehrmann, a member of the Faculty of Pulté College. Mr. Ehrmann had three daughters, all of whom are living.

CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILADELPHIA.

CASE NO. 1.—At four P. M., the tenth day of January, 1886, a lady requested a visit in haste. Found her much distressed and anxious, fearing paralysis. In her usual health she had taken a full dinner, and when reading the newspaper afterward the letters danced before her eyes, the print became blurred, then her face and nose became numb, then her lips and tongue became numb, pulse small and about one hundred and twenty in a minute. One dose of Aconite^{em} (Fincke) was put on her tongue. The numbness disappeared within half an hour entirely; pulse seventy-two; her sight was perfect when she closed either eye, but everything looked indistinct when she kept both eyes open; this symptom also disappeared next morning; a slight lightness of the head remained during that day.

CASE NO. 2.—Mrs. B. requested a visit in haste January 12th, 10.30 P. M. Found her in great agony; had been seized with pains in the left side of the abdomen, but hoped to disperse it by the application of a hot-water bag; she was sitting on a chair, doubled up, with her head resting on a chair before her; extremely restless, and, contrary to her general disposition, very desponding and anxious, expressing a great fear that the pain was gout in the stomach; the pain was aggravated by trying to straighten herself up, and she then experienced heavy stitches in the spleen. The cause of the attack was a heavy cold. On the 9th she was at the opera, and at the end of it she waited on

the stone steps of the opera-house for her carriage, the cold and extremely unpleasant weather bringing so many carriages there much delay and confusion followed, and, feeling cold, she and her husband concluded to walk the three blocks home; her feet became colder, and she could not warm herself for some time after returning home. She received one dose of Aconite^{cm} (Fincke) on her tongue. In half an hour I left her perfectly calm and quiet, relieved of the agonizing pain and ready to go to bed. It was with reluctance that this lady kept her room next day, as she declared she was perfectly able to go downstairs after a good night's sleep and a profuse perspiration, which left but a little soreness in her spleen. No return of any pain since then, now February 3d.

Comments.—Aconite is a remedy seldom called for, and yet so universally abused by the professing homœopaths that this rare incident of prescribing Aconite twice in three days impels me to make a few remarks on this remedy. Hahnemann, in his admirable preface to Aconite, points out clearly and distinctly the characteristic mental symptoms of it; without their presence, Aconite cannot and will not cure; it will also, as Hahnemann says, be very seldom necessary to repeat the doses. The unfortunates who, by erroneous teachings, have been misled into the belief of material causes of diseases to be cured by material doses, and who have taken the pains to read Hahnemann's works, have been frequently disappointed to cure when Aconite was administered merely because there was "fever" present, but not its characteristic symptoms as Hahnemann pointed them out; then the still more unfortunate patient was poisoned by Aconite tincture, and our noble healing art was "*disgraced.*" The intelligent student of medicine who really desires to become a homœopathic healer will do well to study closely Hahnemann's writings, and he will soon become convinced that the modern teachings in Hahnemann medical colleges and the publications now emanating from Hahnemann publishing societies and organizations, with very rare exceptions, are only caricatures of the Homœopathy of Hahnemann.

CASE NO. 3.—Mr. W. L., aged thirty-five years, of spare frame, had suffered for weeks from an ugly, dry cough; harsh and worse at three A. M. He now, February 12th, 1886, complains, when he coughs, of much soreness in the right lower lobe of the lungs; appetite poor. He received one dose of Kali carb.^{cm} (Fincke) about nine A. M.; went out as usual, but was compelled to return to his room at one P. M.; had a severe chill, followed by fever; increasing pain in the lungs; increasing

thirst; had a sleepless night; cough worse; he laid on his back; urinary secretions profuse and normal; slight perspiration all over. As there were no indications for a remedy save the development of pneumonia, he received no medicine till the 14th; had a sleepless night; whenever he fell into a doze he was roused immediately by a racking cough, causing intense stabbing, cutting pains in the affected portion of the lungs; he had to cough till he finally raised some tough, white mucus; had been delirious through the night; breathing, thirty-four per minute; pulse, ninety-six per minute; tongue dry; much thirst, drinks often and little; color of the face, copper-colored; lays on his back in a half-sitting position; no appetite; *he talks all the time* and cannot be kept quiet; received one dose of Lachesis^{5m} (Fincke); he became more calm and had less pain, but at one A. M. of the 16th he again became worse; after having expectorated great quantities of blood-streaked and rust-colored sputa, he complained of decidedly more pain in his lungs and utter inability to go to sleep; the loquaciousness was also worse; the urinary secretions were very profuse, but normal in appearance. He received then another dose of Lachesis^{5m} (Fincke). He was better on the 17th; respiration less often; pulse came down, and on the 19th he began to sleep; no more rust-colored sputa; face more natural; loquacity better; secretions of urine diminished. On the 20th (the eighth day of his illness) he began to eat; all his symptoms improved. On the 26th (the fifteenth day of his illness) he left the bed for an hour and began to eat well; slept well. On the 2d of February (the twenty-first day of his illness) he was able to sleep all night; resume his place at table in the dining-room, eating enormously with great appetite. On the 8th of February he took his first ride, as the air was clear and dry, with benefit. He has not required any medicine since he took that second dose of Lachesis so clearly indicated for his condition, and considers himself dismissed, requiring no further treatment.

Comments.—This case has been written out to show the invariably successful treatment of the sick when Hahnemann's methods are strictly followed. Hahnemann, with his penetrating, philosophical mind, showed the healer of the sick how to apply the principle of the similars for their cure; he also again promulgated the dynamic origin of disease, well known to the ancients. The hospitals attached to the temples of Isis were attended by the priests of these ancient temples; the treatment was psychological, and therefore impliedly based on their knowledge of the dynamic origin of diseases. It would be well

for the doubters of the correctness of this re-established proposition to read a work lately published on *The Mind Cure* by Milles.

The true homœopathic healer, accepting Hahnemann's methods, has carefully developed the healing art on that basis; he has continued to prove new drugs; he has continued to dynamize drugs, to find by the clinical experiment where the curative powers of drugs ceases, and has not yet found the limits of their curative powers, but instead of a limit he has found increasing curative effects from continued dynamizations; to him, the clinical experiment was the only reliable test of the efficacy of the means used for the cure of the sick.

In the November number of the *Periscope*, published at St. Louis, we find an extraordinary editorial. There can be no two parties of homœopathists, as the editor contends, high dynamizationists and low-attenuation men. Either the one or the other are homœopaths; they do not agree on a single point, and the issue is a false and fictitious one, uttered for the sake of deception. The high-potency men, as the editor calls them, are followers of Hahnemann, and as such have become advocates of high potencies, and hold that the higher attenuations are more efficacious than the lower, and that is all; they are homœopatheians. The low attenuationists have again and again declared their belief in material causes of diseases, as opposed to the ancient as well as Hahnemann's advocacy of the dynamic origin of diseases, and *therefore* advocate material doses for the cure of material diseases, and in that they are strictly *logical*—they declare, wherever the microscope does not detect the material presence of the drug, its curative actions do cease; and in this declaration they are very badly illogical, as it is not the microscope which can settle the question of medicinal action on the human organism. If the sick recover and are cured under the influence of a dynamized drug, that drug developed its curative action, all the denials of the illogical microscopists to the contrary notwithstanding. These low attenuationists are, by their own confessions, not homœopathists, and if they claim to have been perfectly unsuccessful with higher attenuation, we can only offer them our commiserations, having tested their efficacy for *forty* years, always claiming that the posological question must be left to the individual judgment of the physician. If the learned editor of said editorial rejects utterly and entirely what in our forty years' experience has been the outcome, viz.: the great superiority of dynamized drugs, we must be permitted to draw our own conclusions from his honest

“Confession.” If these non-homœopaths have better results in curing the sick than have the strict homœopaths, they will gain the ascendancy; so far we can't see it, and their works do not prove it.

The editor of the *Periscope* had the deal. We play our card, and expect the learned, doubting, failure-confessing editor to play next and do one better.

IOWA HOMŒOPATHIC MEDICAL SCHOOL.

The ninth annual commencement of the Homœopathic Branch of the Iowa State University occurred March 2d.

The annual address was delivered by the Dean of the Homœopathic Faculty, Dr. A. C. Cowperthwaite. It was a polished, scholarly effort, and reflected credit upon the speaker, whose oratory and thought were of the highest order. His advice to the graduating class was practical and sound. The degree of M. D. was conferred upon Fred J. Becker, Geo. E. Blackman, J. L. J. Barth, Jno. E. Barrette, Wm. Bray, A. A. Cotton, R. S. Kirkpatrick, F. D. Paul, W. S. Norcross, D. E. Stratton, F. S. Strawbridge.

Success to all teachers of *true* homœopathic principles!

CLINICAL BUREAU.

THUJA IN DIARRHŒA.

Miss C., twenty-one years, thin and fair. Diarrhœa for several days; *pale, yellow, watery; forcibly expelled, copious, great gurgling in bowels.* Stool oozed from anus during sleep. *Great debility after stool, with weakness by spells; loss of appetite, oppressed breathing. Drink rolls into stomach audibly.*

Thuja^{60m}, four powders, one to be taken in the evening, not to be repeated if improvement set in during night. She took one powder and was able to go to work the next morning. The day she got the powder she was not able to walk home from her work, which she was compelled to leave. Her mother came to the office crying, with the gravest fears for her daughter's recovery. She must have been sick. Every symptom of the case was pronounced and covered by the drug save one, “Stools oozing from anus during sleep.” Z. T. M.

LACHESIS IN SORE THROAT.

May 9th, 1885.—Miss Sophy C., three years, fat, with a short, thick neck. For several days she has had no appetite, has been languid and not like herself, being a very active child. To-day she was unusually weak and must be held constantly. Her breath being quite offensive, her aunt examined her throat and saw a “grayish white spot” on the left tonsil only. The child by this time was so cross and fretful, screaming and crying, that nothing could be done with her. I was called, and was greeted with the same performance, only worse, the child screaming and seemingly half wild with fear. On examining her throat two and one-half hours after the first examination, there were two pieces of membrane, one on each tonsil the right one being smaller, and both tonsils red and angry; breath quite putrid. One dose Lach.^{em} (Swan) dry on the tongue.

May 10th.—The child was playing about the room. Came and opened her mouth, and brought the spoon to have her throat examined of her own accord. There was no membrane on the right tonsil and only a thin film on the left. She began to improve in two hours after the dose of Lach. and slept better than for a week. All traces of ill-temper disappeared before night yesterday, and she has been in perfect health since.

Almost as good a result as could have been accomplished with swabs, gargles (by the way, she couldn't have gargled), poultices, two tinctures in alternation every half-hour, possibly three, and other devices only known and practiced by the so-called pathological school of Homœopathy.

The family, who have until recently been under allopathic treatment, were slightly astonished. S. A. KIMBALL.

BOOK NOTICES AND REVIEWS.

A NEW BOOK OF MATERIA MEDICA.

F. E. Boericke has lately issued a circular making a “preliminary announcement” that the Hahnemann Publishing House will shortly issue a *Hand-book of Homœopathic Materia Medica*, edited by Dr. Timothy F. Allen. It will contain about 1,200 pages, and the price will be about fifteen dollars.

Below will be found an extract from the specimen pages appended to the circular.

ACETIC ACID.

For use, prepare dilutions with distilled water.

General Action.—This acid produces directly gastro-enteritis, and also (in one case, at least) membranous laryngo-tracheitis. Its remote effects are a profound anæmia with diarrhœa, night-sweats, feeble pulse, emaciation, and cough.

Generalities.—Emaciation. Attacks of faintness. General oppression and heaviness. Weakness. General trembling. (Convulsions with insensibility.)

Mind.—Irritability. Nervousness. Anxiety. Alarm. Excitement. Delirium. Confusion. Inertia. Unconsciousness.

Head.—Vertigo. Heaviness. Dull pain in forehead and vertex. Dull aching in right frontal eminence, then in left. In the temples distention of bloodvessels. Shooting pain through temples.

Eyes.—Sunken, surrounded by dark circles. Pupils dilated. Lachrymation.

Face.—Red, hot, and perspiring, with flushed cheeks. Pale, waxy. Expression wild.

Mouth and Stomach.—Salivation. Tongue pale and flabby; dry and cold. Thirst. Eructations, hot. Loss of appetite; aversion to cold food; to salt food. Nausea; vomiting; vomiting after eating. In the stomach, pain, burning, gnawing, ulcerative. Heat. Soreness. Fermentation with distress. Cold drinks cause distress. Soreness in one spot as from an ulcer, with gnawing; with agony and vomiting of thick, yellow matter like yeast. Epigastrium painful to pressure.

Abdomen.—Burning pain. Distention. Gripping. Rumbling. Feeling as if it would sink in, which caused dyspnoea. Relief by lying on abdomen.

Stools.—Watery, with colic. Bloody.

Urine increased and light-colored.

Mother's Milk impoverished, bluish, deficient in caseine and butter; the child drooped, had diarrhoea, and died of marasmus; the mother was pale, emaciated, and had chronic hemorrhages.

Respiratory Organs.—Voice lost. Croup with hissing respiration, rattling, formation of false membrane in windpipe. Cough dry, then moist, with fever; dyspnoea, emaciation, oedema, and diarrhoea. Respiration difficult, feeble, hurried.

Chest.—Burning pain. (Chronic inflammation.)

Pulse.—Rapid, small, weak.

Extremities.—Weak. Wrist and hand feel paralyzed. Hands cold, pricking, dry. Edema of lower extremities. Diminished sensibility of feet.

Skin.—Pale and waxy. Red and burning. Desquamation.

Fever.—Temperature diminished, with cold feet. Flushes of heat with perspiration. Hectic, emaciation, diarrhoea, night-sweats, dyspnoea, and swelling of lower extremities. Low fever with delirium, diarrhoea, tympanitis, constipation; also with stupor. Sweats profuse, cold, nocturnal.

Clinical.—General anæmia, with a waxy skin, anasarca, emaciation, and sweats. Delirium in low fever, with profuse sweats and diarrhoea. Membraneous croup, with bright-red face and perspiration. It should be given in anæmia of nursing women. (See above.)

THE PHYSICIAN'S CHEMISTRY. By Clifford Mitchell, A. B. (Harvard), M. D. Chicago: Gross & Debridge. 1886.

According to the first line of the preface, "the aim of this book is to give as much information in as small space as possible." Certainly the author has succeeded in his design. It would be hard, indeed, to compress any more information into as small a space. It is, therefore, a most excellent ready reference book for the practitioner who has but short time at his disposal, and must have the information he seeks close at hand.

We doubt, however, if it will be of so much service to the beginner, as it is too terse. Advanced students will, however, appreciate it. The "rapid method of writing the formulæ" for different chemical compounds is excellent.

For the convenience of those who wish to know the plan of the book we give the following summary :

After devoting twelve pages to the philosophy of chemistry and the formulæ for compounds, we come to Part II, which gives short descriptions of the elements and their inorganic compounds ; next, the organic compounds most interesting to the physician, such as Benzol, Naphthalene, Alcohol, Fusel Oil, Cholesterin, Glycerin, Glucose, etc. A chapter is devoted to the alkaloids—Morphine, Strychnine, Quinine; another one to the proteids—Albumen, Globulin, Fibrin, Uric Acid, Biliary and Urinary coloring matters, etc. Then follow chapters on Animal Chemistry, and Part II ends with a valuable chapter on Urinalysis, containing the latest information upon this subject. A note refers to another special work on the same subject by this author, which, however, we have not seen.

Part III contains about a hundred pages devoted to Toxicology, including symptoms, tests, and treatment.

This book ought to be particularly acceptable to homœopaths, as the author is himself a homœopath, and, consequently, has added many things which are particularly interesting to practitioners of that school, and, of course, cannot be found in other books of the kind coming from allopathic hands.

W. M. J.

A SYSTEMATIC TREATISE ON THE PRACTICE OF MEDICINE.
By Professor A. E. Small, M. D. Pp. 900. Chicago: Duncan Brothers. 1886.

Professor Small is one of the well-known and honored members of the *veterans* of the homœopathic profession. Any work coming from his pen, giving the experience of many years of practice, must, therefore, be welcome. The subject-matter of this volume covers the usual groups of diseases; the articles on the various diseases are brief, and in some cases incomplete. The discussion of treatment consists mainly in recommending drugs in fixed doses, without giving any reasons for each prescription. Indications for remedies are very scant; but this is so common nowadays in works on homœopathic practice that the deficiency ceases to cause any surprise!

If a deteriorated literature shows the decline of a system of medicine, then Homeopathy must be rapidly deteriorating!

E. J. L.

NOTES AND NOTICES.

THE COCAINE HABIT.—It is already reported that many in our large cities are using Cocaine, as Opium, Chloral, etc., have been used. Another of the many blessings to be derived from allopathic palliation!

THE ROLL OF I. H. A. MEMBERSHIP.—The thanks of the members of the I. H. A. are due Dr. Clarence Willard Butler for the neat and tastefully printed list of the members of the I. H. A. he has distributed.

DR. ALICE B. MCKIBBEN died last month at St. Louis very suddenly of heart disease. Dr. McKibben was a recent graduate of the Homœopathic Medical College of Missouri and gave promise of great usefulness.

ERRATUM.—In our March issue, p. 119, the cure of two aneurisms was credited to Dr. T. M. Pearce. It should have read G. M. Pease, our worthy colleague, who is just the man to cure aneurisms or anything else!

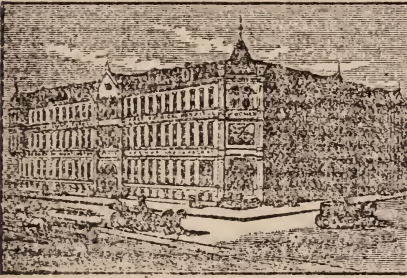
A GOOD RECORD

For the year ending April 1st. Between one hundred and two hundred surgical operations have been performed at the Free Hospital for Women supported by the Murdock Liquid Food Co., Boston, without the loss of a single patient, and all restored to usefulness.

LIQUID FOOD WAS GIVEN BEFORE AND AFTER THE OPERATIONS

What other hospital that does not use Murdock's Liquid Food can show such a record?

By its use we can build up any patient who is too reduced for an operation, so that not only a safe but successful operation can be made, and in common cases the patient can be made convalescent in three-quarters of the time usually required.



With what we have been and are doing, we shall be able, in our new Free Hospital, that we are now building, corner of Huntington Avenue and Camden Streets, to perform in the Surgical half of the Hospital 500 operations annually. Until then we shall remain in our old home.

THE SURGICAL STAFF AT MURDOCK'S FREE HOSPITAL FOR WOMEN, AT 30 LEVERETT STREET, ARE IN DAILY ATTENDANCE TO EXAMINE PATIENTS AND ASSIGN BEDS, SATURDAYS EXCEPTED.

Its value in cases where limbs have been broken surprises every physician who has ordered its use, as it restores the broken limbs to health and strength in a few weeks.

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Remember that with feeble infants, who do not thrive on their mother's milk or the best prepared foods in the market, WE REQUEST NO CHANGE OF FOOD, but add 5 or more drops four times daily of Murdock's Liquid Food, and you will find that their lost or needed vitality will be restored to them in less than thirty days.

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Murdock's Liquid Food will assist all classes of Chronic cases. It is the only Raw Food in the world. It is free of insoluble matter, and can always be retained by the stomach, and when given for INJECTIONS it is equally valuable and can always be retained.

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TO SUSTAIN OUR CLAIM

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From the fact that no two beeves or sheep are alike is the reason of our different brands being different in flavor. All brands are made by the same formula. The letter represents the day of make, and the figure the tank. If richer, it is stronger in smell and flavor, and will bear a greater reduction.

MURDOCK LIQUID FOOD COMPANY, BOSTON.

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THE ORGANON.

Edited by DR. SKINNER.

A few copies of all that was published of this valuable JOURNAL of pure HOMŒOPATHY may still be had *only of the editor, post-free, for \$10.50, cash.* There are three volumes in cloth, lettered. In order to prevent disappointment, send early an International P. O. Order for the amount in favor of Thomas Skinner, 25 Somerset Street, London, W.

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T H E

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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. VI.

MAY, 1886.

No. 5.

NOTES FROM AN EXTEMPORANEOUS LECTURE ON PLUMBUM BY PROF. J. T. KENT, M.D.

(FRANK KRAFT, STENOGRAPHER.)

Plumbum: Its diseases and how to cure them. This includes not only metallic lead, but lead substance as well. The acetate is such an unstable salt, and so also is the carbonate, that their effects are almost identical with the effects of lead in general. Perhaps among the earlier effects of lead are its affections in the abdomen; this goes on for a considerable time, producing its effects upon the spinal cord and weakness of extensor muscles, until, finally, we have complete loss of power in extensor muscles and the consequent atrophy; then it is that we sometimes get "wrist-drop," and in the earlier symptoms we get in the abdomen what is commonly called lead colic. This medicine is a very long-lasting and potent metallic poison, affecting the entire economy and producing symptoms that are prolonged and seem never to yield to any kind of treatment except the specific treatment, which you will find to be homœopathic.

We have obtained symptoms from water having run through lead pipes, from sleeping in newly painted rooms, from painters, and by the use of hair dyes containing lead; from these we have procured symptoms that are in harmony with the pure provings of lead, and they are sometimes referred to as corroborative of the symptoms that occur when acetate of lead is used

as a hair wash, or in hair dyes—in which cases it produces so profound an impression upon the brain that some of its earlier symptoms are attended by delirium and great excitement, with depression of spirits and great mental anxiety. The paralysis runs through a large number of muscles, especially the upper lids and extensors, the eye-balls feel too large, and there is yellowness of the sclerotics.

In lead we have, after a long time, in lead provers, sometimes in lead painters, a waxy, pallid, greasy, shiny appearance of the skin; this is as marked in Plumbum as in Thuja or in Nat. mur.; in fact, the greasy appearance is more marked, while the waxy appearance is less prominent; the face is bloated and sometimes transparent, like that found in Arsenicum; there is swelling of both sides of the face, or puffiness of one side only. The teeth become black and are covered with a black, yellowish, slimy exudation; they become as black sometimes as those observed in hereditary syphilis, and Plumbum, Kreosote, and Staphis. have been the remedies resorted to most when that symptom was present. The teeth become soft and crumble and there is great offensiveness about the mouth; the gums swell and become lead colored, showing the lead-colored line around the margin of the gums. The mouth is offensive in its taste; it has a mawkish, sweetish taste; sweetish saliva. Sweetishness is common with the secretions of the mouth. Then the vomit is sweetish; eructations spasmodic; eructations of a sweetish vomit in connection with a sick headache. It competes with Iris versicolor in this. There is a dirty-looking, aphthous appearance of the inside of the mouth and upon the margins of the tongue.

Plumbum is full of hysterical symptoms; it has hysterical choking; it has the *globus hystericus*; it has the hysterical constrictures; it has hysterical weeping and hysterical deceptions; in fact, it has almost the entire mental state of hysteria.

Dirty, purple-looking blotches in the mouth and on the tip of the tongue. It has paralysis of the muscles that accelerate swallowing, so much so, that at first fluids can be swallowed, but solids cannot; finally, fluids and solids go out through the nose. Fluids can be swallowed, but solids come back through the mouth. Burning in the œsophagus and stomach some hours after eating; stricture of œsophagus from spasms; that you will find in the text. Gulping up of sweetish water; eructations empty and sweetish. Vomiting of food and discolored substances, with violent colic. In connection with the colicky state of the abdomen there is vomiting of feces—or of a vomit

that smells like fæces—so-called fæcal vomiting. There are obstructions in the abdomen—in fact, this medicine produces such a paralytic state of the abdomen, especially in the substance of the intestines, that they cannot carry on their office. There is an extreme dryness. A colic comes on that is both spasmodic and enteralgic. Vomit comes on—regurgitation of fæcal smelling vomit; that is to say, the vomit has the odor of fæces. Now, in the stomach and abdomen, we have most horrible torture—cutting pains, tearing pains, rending pains; especially is this the characteristic of this remedy when there is a sensation of drawing, as with a string, at the navel, which seems to draw the umbilicus back to the spinal column. A drawing-in of the abdomen. This occurs in the colic and occurs also in the uterine trouble. Many a time have I looked over a case—looked over it time and again—and found no similar remedy to meet the set of symptoms presented, being in doubt where to look for the simillimum, and, finally, the patient would tell me (after undergoing much torture and tossing about) that she had a sensation as if pulled by a string at the navel, and, lo and behold! Plumbum, the only remedy that has ever produced that symptom, would correspond to the whole case and bring a great harmony out of chaos. So it is when you have a grand key-note; then you will find something that will harmonize the whole picture frequently. Don't forget it; there is violent colic, abdomen is drawn in to the spine as if by a string, with cutting, contractive pains, with restless tossing, and better from rubbing or hard pressure. A number of the pains of Plumbum are made better from rubbing and pressure. The parietic conditions, when they are attended by sharp pains, are made more life-like by rubbing. Hence it is that electricity—the electric battery—and rubbing makes the Plumbum or lead poison paralysis feel better; it stimulates the muscles into activity and it feels more life-like. Contraction of the intestines; navel violently retracted; large, hard swelling in the cœcal region, painful to touch and motion. Plumbum has produced a typhlitis and has many times cured it. Inflammation and gangrene of the bowels; and the characteristic feature would be this drawing at the navel. There is some burning, but not so marked as in Arsenicum.

Plumbum has been a wonderful remedy in intussusception and in hernia—strangulated hernia. Very commonly an old hernia goes on a considerable length of time and the parietic condition of the small intestine becomes so marked that there is a damming up of the fæces which encourages the throwing out of this

knuckle of intestine. The relief of that constipation will very often, in spite of the surgeon, cure that strangulated hernia. That thing you never can believe until you see it performed. Nux vomica has many a time cured a strangulated hernia, that is, it has cured the patient for the time being, not sewed up the rent—we don't mean that—not in overcoming the predisposition to that hernia, but in saving the patient's life by simply unloading the bowels in a natural and simple way and permitting the peristaltic action to resume its natural activity, and so drawing the intestine back into the belly. When the surgeon can't help him without this unloading you may use injections until you are tired out and you may fail and your patient may die, or an operation becomes necessary—which very often saves the patient's life if skillfully performed. But which would you prefer? If you knew just exactly the remedy that was going to do that work naturally by unloading the bowels—if it was upon yourself—which would you do? You would wait three or four hours upon the action of a remedy and postpone the use of the knife. I think you would. I think I would rather have Nux vomica or Plumbum than the surgeon's knife. This is not to teach you to do away with the surgeon's aid, but to resort to the knife only as a last resource. The obstruction, with the pains that I have spoken of, and especially the drawing in at the navel, with vomiting of faecal matter—or smelling like faecal matter, with a tightness like paralysis of the small intestines and no ability to expel the stool—in short, a complete paresis of the abdomen, such conditions belong to Plumbum and it proves the great remedy. It produces a bileless stool—light-colored stool. It produces a great amount of stasis in the portal veins dammed up in the liver and spleen, engorgement and enlargement and turgescence of blood. From these causes we have fissure of the anus. A fissure of the anus with this drawing in at the navel would be cured by Plumbum. Some say that a fissure cannot be cured without an operation, but there are certain definite symptoms that point to remedies that do cure fissures of the anus. I know a case in this city of fissure of the anus which, after going the rounds, came to me. It was a most distressing case, and the symptom that guided me to the remedy was this. She says: "Doctor, I feel a constant pecking, pecking—a sensation as of little hammers in the part." "Why," said I to myself, "that is a Lachesis symptom; yes, of course. I will give her a dose of Lachesis." So she got a dose of Lachesis—even after the best surgeon in the city said she would have to undergo a surgical operation. This one dose

of Lachesis cured her and she never had any use for the knife.

The anus in Plumbum feels as if drawn upward. With these abdominal symptoms Bright's disease has been cured; diabetes has been cured. The urine dribbles, and another grand symptom is strangury—an inability to pass the urine, the bladder is full of urine, but he cannot pass it. This occurs in lead colic and lead-poisoning. There is atony of the bladder. The urine is extremely fetid and high colored. These are the most important symptoms of Plumbum. It produces some spinal and some heart symptoms. Paralysis of the extensor muscles—of both the lower and upper extremities, and it is especially noticeable in the “wrist-drop.” It has a fetid foot-sweat, as much so as Silicea. Now, when we have these symptoms: paralysis preceded by mental derangement, trembling, soreness, or shooting, tearing pains, “wrist-drop,” progressive muscular atrophy, then we have conditions that have been cured by Plumbum—not produced by it. It produces a great deal of emaciation of the extensor muscles, and these conditions alternate with colic and epilepsy—chronic forms.

Now, how much Plumbum is required to produce some of these symptoms? I have asked myself that question many times. I have had several patients the first night after sleeping in a newly painted room come down with lead colic. Said I to myself: “How much lead did he get with the windows open and the doors open? How much lead could he take during one night with millions of volumes of atmosphere passing through that room all night long? and yet he came down sick with lead colic. That was too much for me; it must have been above the eleventh centesimal potency, as particles so small that they can float in the atmosphere cannot, I am sure, be observed by the microscope. Why do not all who are thus exposed come down with lead poisoning? Simply because they only who are susceptible to this poison are taken down sick. Susceptibility is the identical state that is present when the relation of the homeopathic remedy is sustained in the cure of the disease. If this is so I must agree with Hahnemann wherein he says the dose was yet too great to cure. We have demonstrated that it was above the eleventh centesimal potency, and yet it proved to be too large a dose to cure. Why? Because it made him sick. Had it been high enough it might have cured the diathesis or idiosyncrasy or susceptibility, instead of making him sick. Now, what have we gained with this condition of the body wherein this patient is susceptible to lead? Simply a predispo-

sition to the old disease, just exactly as the patient who takes scarlatina is predisposed to scarlatina. Why does not everybody get poisoned with the potato bug when they come within reach of it? For the simple reason that they have not that idiosyncrasy—that predisposition. If now this is yet too large to cure, as Hahnemann says, in the name of heaven how much do we have to change it in order that it will correspond to that sphere of identity in animal life so that it may associate with it; so that it may be similar; so that it may be brought in relation to it and obliterate that wrong dynamis, which is the predisposing cause? Now I am ready to argue that matter with anybody. In the face of these facts will any man stand up and tell me that this kind of a wrong must have Epsom salts to cure it—a something for the cure of which he is hurling in his chemicals in doses of such magnitude that they would make anybody sick, and thereby displace or suppress the original lead symptoms, which is only a wrong done to dynamis? I have seen scores of cases where this “wrist-drop” had been produced from simple inhalation—from the slight absorption of the acetate of lead when used upon the hair. I have also had several cases of lead-poisoning brought about by the use of acetate of lead in a weak solution as a vaginal wash. Will you tell me, in the name of common sense, how much of lead they had absorbed? Of course, a great deal more than these parties who simply slept in the newly painted room, you will say. Here, you see, is room for thought, if for nothing else. It shows the inconsistency of attempting to treat lead disease by chemical means. But, understand, this does not mean that when the stomach is full of lead you must not puke it out—I do not mean that kind of a case at all. If you can demonstrate to me that there is any material lead in the stomach I shall tell you to puke it out. But for lead-palsy, lead-poisoning, lead-colic, and such complaints as painters get from a simple handling of the lead, it is simply folly to undertake to treat that with acids and salts and chemical means—it is the merest folly, and no one but a greenhorn could possibly be so foolish as to conceive of such a thing. It is the predisposition that you want to treat, it is not the lead; this paralysis is not brought on by the lead that is in the system, because there is no lead there. We do not expect the old school to solve these dynamic problems. They are prejudiced. They have locked up their libraries against homœopathic medication, and against everything on philosophy; therefore I say we do not expect them to know anything—but no man who has inquired into a philosophy of

medicine, and one so world-wide as that taught by Samuel Hahnemann, ought to use Iodide of Potassium to cure lead-poisoning; he ought not to use Sulphuric Acid in lead-poisoning. It is cultivated intelligence I am appealing to and not to common sense. You must treat the predisposition this individual has to lead. It is not every man who notices these things, viz.: that there are people subject to these poisonings and that every time they go into a newly painted room or happen to be where they can inhale lead they get sick and get colic with these lead symptoms, and that these are produced every time they come near it. Of course, you can feed to a man enough of lead in soluble form—acetate of lead, for instance—to make him sick—enough to make a well man sick; but this susceptibility is a homœopathic relation to the curative remedy that is now aggravating him because it is inhaled in too large a dose. With this diathesis, where he is so susceptible to lead, wouldn't common sense teach you to try and get an attenuation so high that it would not make him sick, if the bare inhalation of it makes him sick?

DR. HUGHES' CARICATURE OF DRUG PATHOGENECY.

E. W. BERRIDGE, M. D.

In the *Homœopathic World*, 1885 (July, August, and October), I commenced a "Critical Analysis of the *Cyclopædia of Drug Pathogenecy*" that was published under the auspices of the American Institute of Homœopathy and the British "Homœopathic" Society, and edited chiefly by Dr. Hughes. This analysis would have been continued all through the work had it not been unexpectedly "boycotted" by the new editor on the plea of want of space, though it appears that he found space to devote sixteen pages of the January number of the present year to a silly squabble between Dr. Dudgeon and the *Practitioner*.

This must be my excuse to the profession for not completing my work, and also for not giving my promised comparison between the pathogeneses of *Nux vom.* according to Hahnemann, on the one hand, and Black, on the other.

As it is, however, desirable that American homœopaths should know somewhat of the horrible unreliability of this revised *Materia Medica* of Dr. Hughes, I purpose to give in the pages of THE HOMŒOPATHIC PHYSICIAN a few more proofs of the truth

of my indictment. I can, however, expect but a small space in a journal so full, even to overflowing, with good things, so will only point out a few glaring errors and omissions, *ex uno disce omnes*.

(1) CARBOLIC ACID.—Proving of XY, given as No. 12 in the *Cyclopædia*. The omissions in this proving would be almost incredible were they not demonstrated as facts; and they alone, were there no others, should be sufficient to destroy forever our confidence both in this work and in the rest of Dr. Hughes' compilations. This abridgment of Dr. Hughes not only omits all mention of the sex, age, and temperament of the prover, but also the following important symptoms: "Pain and dragging feeling in stomach and low down in abdomen; compressed feeling across lower end of sternum; yawned now and then and took long inspirations; choking feeling in throat, with a disposition to hawk up phlegm; appeared morose and much less brilliant in conversation than usual." Another symptom is absolutely falsified—"confusion and pain in head; pain located over right eye," is perverted into "headache was felt most over right eye."

(2) FLUORIC ACID.—An enormous number of symptoms are here omitted. I will only, however, call special attention to a remarkable feature in Dr. Hughes' version of Jeanes' provings. In Allen's *Cyclopædia* we read about "Pain in right wrist and finger-joints after one hour." In Hughes' *Cyclopædia* it is united with two other symptoms which Allen declares to have appeared "after three hours." This, it may be said, is of no practical importance in the selection of the remedy. Granted. But seeing that the supposed necessity of publishing the day-books is the very *raison d'être* of the *Cyclopædia*, and that the second rule reads "Give a narrative of all provings, stating the symptoms in the order of their occurrence," it is obvious that either carelessness or incompetency on the part of the compiler must be the cause of this perversion of the truth. By the way, while the *Cyclopædia* states that Jeanes proved the third dilution, Allen says he made "provings with first to fifth dilutions."

(3) GALLIC ACID.—Dr. Kimball's provings alone are given by Dr. Hughes, and out of them he has omitted this symptom, given by Allen—"Sensation of contraction of anus, requiring a greater effort for expulsion at stool, which comes, at length, in bulk, as if accumulated there." The remarkable effects of fifteen to ninety grains daily in a case of aneurism, though given by Allen, are all omitted by Hughes. Both have omitted the

symptom recorded by the late Dr. Bayes in the *Monthly Homœopathic Review*—"An overdose of *Gallic acid* gives a sense of great tightness in head and ringing in ears."

(4) NITRIC ACID.—In the *American Journal of Homœopathic Materia Medica*, III, 120, Dr. Hering treats Hendrick's case of poisoning by fumes of *Nitric acid*. A most characteristic symptom was produced—"Anguish, removed by riding in a carriage." Bœnninghausen gives, under this remedy, "Amelioration of all the symptoms when riding in a carriage." But this symptom, thus verified though it is, is omitted by Hughes.

(5) LACTIC ACID.—Dr. Hughes only gives three of Dr. Allen's provings—namely, those made with low dilutions—and even here we find imperfections. In the original proving of S. we find recorded, "Rising of burning, hot gas from the stomach, causing a profuse secretion of tenacious mucus, which must be constantly hawked up."

The latter part of this symptom, which is certainly extremely valuable and characteristic, is entirely omitted by Hughes. Dr. Hughes has also entirely omitted Dr. Allen's twelve provings with the thirtieth potency. The fourth he quotes, though imperfectly, having been made with the first and first decimal. Yet, of these sixteen provings, Dr. Allen says (*New York Journal of Homœopathy*, 1873, p. 102): "The effects were so positive and uniform in different persons that even the most skeptical of the class were convinced of the effect of the thirtieth."

Foster's provings on a diabetic patient are also mutilated. The *Cyclopædia* here says: "After midnight of fifth day pains in joints came on." Allen says: "Had a bad night from pains in joints, which disturbed him very much and which came on suddenly after midnight."

(6) PICRIC ACID.—The rendering of this pathogenesis proves that an absolute falsification of pledges has been perpetrated. The ninth rule reads: "Include symptoms reported as coming from attenuations above the twelfth decimal only when in accord with symptoms from attenuations below." This necessarily implies that such symptoms will be inserted when they are in accord with those obtained from the lower attenuations; yet, on referring to page 65, we find that "the trail of the serpent is over it all." We read, "Three persons experienced symptoms from taking thirtieth and one from twenty-fifth." These were substantially as above—*i. e.*, the low potency provings—save that furuncle in nostril of No. 4 became in two provers of thirtieth a crop of such on face, becoming pustular and very painful, burning and stinging when touched. Now, we would ask whether

it is in accordance with what is implied in Rule 9 to thus slur over four valuable provings in four lines simply because they were produced by high potencies? *Had they been from low potencies, would they not have been quoted in full?* I challenge Dr. Hughes to answer!

In Section 128 of Hahnemann's *Organon*—a work in which Dr. Hughes evidently does not believe—the founder of Homœopathy advises the thirtieth potency to be used in provings in preference to the crude drug. Yet in his revised *Materia Medica* we find Dr. Hughes, whose very reputation is dependent upon his assumption of the name of Homœopathy, deliberately ignoring provings with that very potency which Hahnemann, after matured experience, found superior to the lower ones. Comment is needless.

What now will be the verdict of the profession, and what action will be taken at the next meeting of the American Institute of Homœopathy? Were this work properly edited it would be of great value, as it would save future compilers of *Materia Medica* the trouble of examining the whole of homœopathic and allopathic literature in order to gain a perfect knowledge of the pathogeneses of our remedies. But as it stands at present, the work is unreliable in the extreme, many symptoms (including, often, the most important) being entirely omitted, and, when given, frequently mutilated or falsified. The work is simply a disgrace to the medical profession in general and to the compilers in particular. If it is ever to be made useful it must be all done over again, though even then, I fear, one would not receive it with confidence from the same hands. Dr. Hughes, though he is quite *au fait* at discovering printers' or clerical errors in other people's works, is not, on his own showing, a fit and proper person to edit a homœopathic *Materia Medica*.

In his *Manual of Therapeutics* (1878), which he has the unblushing audacity to style "according to the method of Hahnemann," whereas it is really only "according to the method of Hughes," he declares that he looks forward to a millennium of pathological knowledge, and that "in proportion as that end is attained the need of any *Materia Medica* whatever becomes less and less."

To intrust the compilation of a homœopathic *Materia Medica* to a physician who looks upon any *Materia Medica* as only a temporarily necessary evil and a nuisance is about as rational an act as to request Mr. Bradlaugh or Colonel Ingersoll to write a commentary on the Bible for the use of ministers.

SULPHUR IN WHITLOW.

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

1882, February 2d, Miss N. D., æt. twenty. For three weeks has had whitlow on left forefinger, the whole of the finger is inflamed, and the last phalanx contains pus along its entire extent, except at dorsum. Has poulticed it for a week with *Hepar*² in the poultices and taken *Hepar*³ and *Silic.*³ internally, but it has got worse. There is now shooting pain in ulnar surface of last phalanx, throbbing all along the finger, aching extending up to axilla and scapula, also burning in the whole finger; it is very tender; sleep disturbed by the pain for the last week. Pains relieved by cold water, relieved by holding the arm up, worse by letting it hang down. Hot water aggravates the aching and throbbing. A lump as large as a marble in ulnar, side of bend of elbow, with aching in it. She often has hangnails. She has had five whitlows in the last nine years, all treated allopathically and by cutting; they came in quick succession in different places—three on left hand, and afterward two on right hand. The bone was removed from two of them.

A study of Hering's *Analytical Therapeutics* of whitlow led me to *Sulphur*, and I gave Sulphur^{dm} (F. C.) every four hours. No more poulticing, but bathing in tepid water.

February 6th.—The pain increased after the second dose, and they broke again on February 3d. Since then has been much easier and slept well. The skin became dark soon after it broke, which it never did before. To-day there is no pain except in the centre of the nail, as if it were pressed away from the finger. The lump is only the size of a pea and without pain, except on touch. The three previous bad whitlows lasted three weeks before they broke and took about a month to heal. No more medicine.

February 24th.—Reports that for a week the finger has been quite healed and she can straighten it. It has healed up much quicker than the former whitlows that were treated allopathically, and there is no numbness left, as used to be the case in former attacks. Usually the effect of the homeopathic remedy is to relieve the pain before the pus is either evacuated or absorbed, and this is the test of a cure as opposed to a natural recovery.

In this case the temporary aggravation of the pain of a whitlow almost ready to break prevented the usual course of phe-

nomena. But that it was a true homœopathic cure is proved by the unusually speedy convalescence.

The characteristics of *Sulphur*, as given by C. Hering, are: (1) "Index finger," *Sulphur* (to which may be added *Calc.*, *Kali-c.*, *Sepia.*); (2) "old maltreated cases," *Hep.*, *Phosph.*, *Silic.*, *Stram.*, *Sulph.*; (3) "from hangnails," *Lycop.*, *Nat-m.*, *Sulph.*; (4) "very sensitive to touch," *Apis.*, *Sang.*, *Sulph.* (to which add *Hepar*); (5) "after suppuration," *Silic.*, *Sulph.*; (6) "with caries," *Asaf.*, *Aurum*, *Fluoric ac.*, *Lycop.*, *Mercur.*, *Mezer.*, *Phos. ac.*, *Silic.*, *Sulph.*

TWO CASES OF NEURALGIA.

No. 1. On the 15th of last September I was sent for, with strict injunctions to bring along my vial of *Morphia* and "injector." As I am happily not possessed of those inventions of the Evil One, I went without them, and found the patient suffering excruciating pains in the face and head, which were greatly aggravated by the least jar or movement, and which had come on "like a flash." I was just about that long in calling for a glass and dissolving a few pellets of *Bell.*^{cm} (*Skinner*) and left with an assurance of speedy relief. This man had been subject to such attacks for many years under allopathic treatment, which usually consisted in the hypodermic injection of *Morphia* and generally with lulling of pain. But the attacks were growing much more frequent and increasing in severity; the old story. He told me the next morning that nothing had ever helped him so quickly. On November 23d he called for "some more of that medicine," and said that while he had not, prior to the September attack, gone longer than two weeks without pain, he had had no indication of it since then, about ten weeks. This attack had been quite as sudden, although less severe, than the other. A few doses of *Bell.*^{cm} again acted quickly, for I met him two hours later going out for an evening's amusement. On the 17th of December he had a few twinges of pain, at once helped by the same remedy, and he has remained free from it ever since, now three months.

No. 2. December 3d last another allopath, had suffered since a child with violent neuralgia of face and head which nothing had helped. In this case the pain would come stealing on in a "slow and sure" fashion, requiring hours to reach its maximum of intensity and then beginning its decrease, which was quite as slow. I gave him *Stannum*^{5c} (*Tafel*). He has

called several times since and received a repetition of the remedy, or Sac. lac., as I thought best, but finds the attacks farther and farther apart and relieved at once by the remedy. He had *never* been able to attend any place of amusement without deserting his friends to "seek the seclusion that his cabin grants," and to stop all business when particularly anxious to stick to it was his regular programme. Since taking Stan. he has had more real enjoyment than ever before in his life, and lately has made trips to New York and Chicago in business interests and seen any number of "white elephants" at each place.

These cases interest me much in being so similar in regard to their chronicity, the former allopathic maltreatment, and the quick relief from homœopathic medicines, yet so *dissimilar* in character of pain. They teach nothing new in indications for remedies, nor are they more worthy of note than thousands of cases which are just as quickly relieved by correctly applied homœopathic remedies when allopathy had failed for years, but they do add a couple of nails to the coffin which many mongrels are constantly dragging into light—a coffin which, for its foulness, should have been buried ages ago.

WM. JEFFERSON GUERNSEY, M. D.

PHILA., March 16th, 1886.

NOTES ON MELILOTUS.

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

I wish to call attention to a comparatively new drug introduced to the profession, I believe, by Dr. Bowen, of Fort Wayne, Ind. We have had, thus far, it is true, but a fragmentary proving of this remedy, yet enough has been gleaned from the meagre symptoms to show beyond a doubt that it is destined to occupy a high position in our materia medica. I refer to "Melilotus"—the Sweet Clover.

I have been enabled to gather the following symptoms from provings made by Dr. Bowen, and which in practice I have thus far found reliable, having first become acquainted with its virtues in the year 1878.

MIND.—Fairly furious; had to lock him up; loss of consciousness, with gushing of blood from nose.

HEAD.—Terrible headache, with or without nausea; head-

ache accompanied with dizziness, faintness, and nausea; intense throbbing headache, with feeling as if all the bloodvessels in the brain would certainly give way and cause some lesion of that organ. Accompanying this headache was the prominent symptom of being obliged to void urine frequently. Headache so intense as to cause a purple redness of the face and bloodshot eyes, culminating in epistaxis, which affords relief.

Periodical headaches of a nervous character, occurring every week, or once in four weeks. More frequent during the winter months. Headache so severe that it almost produced delirium; frightful, heavy, oppressive headache, lasting three days, which was relieved by the application of vinegar. (Belladonna has aggravation from vinegar.)

Headache intense in left supraorbital region; made worse from any motion, and always aggravated by attempting to think hard, but better from lying down. (Belladonna worse from lying down.) Talking caused the pain to disappear from forehead and settle in occiput. But when ceasing to talk, pain returned at once to forehead; it could be distinctly felt migrating.

NOSE.—Blood gushed from nostrils with loss of consciousness.

FACE.—Very red face, highly congested, almost livid.

STOMACH.—Acid eructations all day, causing burning and smarting.

RECTUM.—Felt heavy throbbing and fullness in rectum, which proceeded from internal piles, evidently caused by the drug, as the prover never had hemorrhoids before in his life.

URINARY ORGANS.—Was obliged to leave business to go and relieve accumulation of water in the bladder, which became very annoying.

RESPIRATORY ORGANS.—Horribly distressing cough, causing great anxiety. Became very weary and could not get air enough; felt as if smothering. Toward night a slight expectoration, detached with much difficulty, but which brought some relief. Had to give up business and apply hot cloths to chest; part of the night delirious, talking wildly. Cough so heavy and oppressive could not finally lie on either side; tickling in throat, with cough and spasmodic breathing, causing extreme nervousness. Cough relieved, like the head, by epistaxis.

CHEST.—Great load on chest, causing difficult breathing; feels as if he must smother, causing me to examine clothing to see if garments were not too tight. Became very weary, "because I could not inhale air enough to do me good." Chest very sore.

GENERAL SYMPTOMS.—Very nervous and easily annoyed. Extremities cold.

NOTE.—Dr. Bowen informs me that he gives this remedy for all cases of epilepsy or spasm of any kind, especially for those occurring in children during dentition, with almost unvarying success. Also finds it almost specific for all cases of epistaxis.

Melilotus may be studied with Alumina, Carbo animalis, Coffea, and Dulcamara—all of which have epistaxis with the headache.

Ant. crudum has, like Melilotus, epistaxis, but it occurs in the evening, and *after* the headaches and *after* the rush of blood. Both the white and yellow species were used in making the tincture.

"THE ABUSE OF SULPHUR."

C. C. HOWARD, M. D., NEW YORK.

The prevalent idea among the majority of physicians of our school regarding the use of Sulphur seems too absurd for serious consideration to any thinking mind, much less to a follower of Hahnemann.

Although fully cognizant of the qualities of this remedy, its slowness of action, its lasting effects, and one the choice of which should be made only in well-marked symptoms, yet, accepting the teachings of our average college professor, one would naturally conclude this remedy to be the great "cure-all" of Homœopathy.

In case of doubt as to his proper remedy or failure of prompt action on the part of the remedy already prescribed, the student is particularly instructed to administer Sulphur, and although its effects may not be the ones sought after, yet if there be no virtue in this remedy, then indeed are we encountering walls of darkness.

If instead of this advice the young "seeker after truth" was shown the advantage of making a careful study of his *Materia Medica* he would find use for Sulphur really confined to similar symptoms of said drug.

In my humble opinion, the pursuance of such a fallacious theory is not alone destructive to both patient and physician, but a blemish upon "Pure Homœopathy."

AN APPEAL FOR PROPER INSTRUCTION FOR MEDICAL STUDENTS.

The various medical societies, State, national, and international, will shortly be meeting. It is then that the busy practitioner has his (annual) opportunity for conversing with his brother practitioners and exchanging views with them. It is therefore an appropriate time for us to say a word concerning our medical schools. The truth need not be concealed. It is well known that the majority of these schools make little attempt to teach Homœopathy as Hahnemann (and those who believe with him) would have it taught. We are not now attempting to decide which is the better, the Homœopathy of our (present) colleges or that of Hahnemann—let that be for other occasions; we merely wish to have it clearly known that there is a choice between these rival medical schools; that there is at least one medical school east of “the Rockies” where the Homœopathy of Hahnemann *is* taught. Now physicians who believe in Hahnemann’s *Organon* should send their pupils to the medical school where it is properly and fully taught. Do not consider your duty done when you send a pupil to a homœopathic medical school. If you are a pure homœopathist, and desire your pupil or your friend to be so, see that he is properly taught. The untrained mind will readily entertain false teaching, knowing nothing better, and maybe will never be able to eradicate it. For ourself, we can honestly say that we cannot entirely eradicate the views and theories we absorbed at the two allopathic medical schools we attended, and these teachings were little disturbed by the lectures we heard at our homœopathic *alma mater*. We hope our homœopathic friends will not overlook this warning. Nearly all of our medical schools have one or more good homœopaths among their teachers, but at the majority of them the general tone and teaching is anti-Hahnemannian.

At the St. Louis Homœopathic School it is otherwise. There the teaching is strictly homœopathic, and the tone thoroughly Hahnemannian. The faculty of that School has lately been reorganized to bring its faculty more in harmony with its chief purpose, *the teaching of Homœopathy*.

A physician last year came all the way from Scotland to attend Professor Kent’s lectures, and so well pleased was he

that he established a fund, the interest of which was to be used as a prize for the best examination on the *Organon*. If this gentleman found it worth his trouble to go from *Scotland to St. Louis* to secure the proper teaching, surely no place in America is so remote that the distance should outweigh the advantage.

CASE OF ECZEMA—MEZEREUM.

August 24th, 1884.—Mrs. C., age forty-two.

Eczema of twenty years' standing.

Eruptions on back of hands and wrists half-way up to elbow; itching, aggravated by scratching; small, burning vesicles, drying down into crusts, itching and burning after scratching, and becoming moist after scratching. Violently worse from the application of water; considerable burning in the vesicle.

Eruptions on back of hands, Arg.-m., Asar., Berb., Mez., Phos., Plat., Plumb., Stront., Thuj., Zinc.

Particularly eczema, Mez., Phos.

Burning vesicles, Bov., Caust., Graph., Merc., Mez., Mur.-ac., Natr.-c., Natr.-m., Natr.-s., Nitr.-ac., Phos., Sepia, Spig., Spong., Staph., Sulph.

Eruptions, itching, made worse by scratching, Amm.-m., ANAC., Arn., Ars., Bism., Bovista, *Calad.*, Calc., Cann., Canth., *Caps.*, Carbo-an., CAUST., Cham., *Can.*, Kreos., Ledum, *Merc.*, MEZ., Mur.-ac., Natr.-c., *Phos.*, Phos.-ac., PULS., Sepia, Silic., Spong., Staph., Stront., Sulph.

Itching, burning after scratching, Anac., Arn., ARS., Bovista, *Calad.*, Canth., CAUST., *Can.*, Kreos., Ledum, *Merc.*, *Mez.*, PHOS., Puls., *Sep.*, SILIC., Staph., Stront., SULPH.

Eruptions itching, becoming moist after scratching, Ars., Bovista, CARBO v., Caust., Kreos., GRAPH., LACH., Ledum, LYC., Merc., MEZER., *Petrol.*, Rhus, Sepia, Staph., Silic., Sulph., and many others not related to the general case.

Eruptions aggravated from washing, AMM.-c., ANT.-c., Bov., CALC., *Canth.*, *Carbo v.*, Caust., CLEM., *Can.*, Dule., Kali-c., Lyc., *Merc.*, *Mez.*, Mur.-ac., Nitr., *Nitr.-ac.*, Phos., RHUS, *Sars.*, SEPIA, *Spig.*, Staph., Stront., SULPH.

Mezereum^{20m} (Fincke).—One dose dry and Sac. Lac. The burning and itching passed away in a few days. The skin became soft and normal in less than four weeks, and has remained healthy. She never had been entirely free from the suffering caused by the eruption.

How much superior this expectancy is to doses so large that you are sure to have medicine in! Why don't they bring on their cures?

Perhaps it is because their agnosticism makes them doubt that they have made any. It seems here to please some of these doubters. I was told that anybody could report cures, that such reports were not to be admitted as evidence. I therefore presented a paper on the sixteenth section of the *Organon* of Samuel Hahnemann as an argument without cures. I hear of no answer that has offset those statements of facts; again I am coming with cures to corroborate the doctrine—these principles. Hence I have so fully presented a very simple case of a most natural chronic disease where washes and ointments and *alteratives* had been used for twenty years, and in all antagonism had never been met. The true specific for the disease was met in Mez.^{20m}.
Cito, tuto e jocunde. J. T. K.

A REPLY TO THE AUTHOR OF ADDRESS, ETC.

M. O. TERRY, M. D.

I have read that "age may become justly contemptible if the opportunities which it brings have passed away without improvement," and that a man's a "wretch, who, having seen the consequences of a thousand errors, continues still to blunder."

The distinguished critic says: "Homœopathy treats of the true nature of human sicknesses, and also of the agents by which it *proposes* and *promises* to cure them."

Pathology in the days of Hahnemann was not sufficiently advanced to explain the "true nature of human sicknesses" of every sort.

Hahnemann was a scientific man, and not a *pretentious quack*, as the critic would make him. He therefore did not leave us a description of the true nature of the majority of the various diseases. We do not know *to-day* the exact nature of most of the diseases which we are called upon to treat.

"What are these scientific methods?"

The Doctor's elucidation of the relation of science to Homœopathy in this paragraph should be a sufficient proof of his insanity to entitle him to have a keeper, for a greater jumble of incoherency of expression never was placed on paper outside of an asylum. After great effort I found in the paragraph two sentences which showed a second's lucid interval, but which re-

vealed the most nauseating obstinacy, prejudice, and "ignorance."

"The whole problem of sickness and cure is in the domain of dynamics, and never at all in that of physics."

As "sickness" means any deviation from health, will the Doctor denominate animal parasites and zymotic diseases as *dynamic* "sicknesses"? What is the simillimum respectively to cure "sicknesses" of this variety? We believe that "*physics*" is an important factor in the cure of the former and that improved sanitation should not be omitted in the latter.

Other illustrations, as the chemical action of poisons on the mucous surfaces, mechanical obstructions of the bowels, impacted cerumen in the ears, etc., might be enlarged upon.

Dr. J. P. Dake, late professor of the principles and practice of medicine in the Hahnemann Medical College of Philadelphia, says in his *Science of Therapeutics*: "What I desire is to assign to every principle and every measure its own place and share of importance in therapeutics."

I am accused of "ignorance" in two places in the same paragraph. What shall I say of him "who is ignorant in spite of experience"?

"How limited, by whom and by what?" This refers to my statement in regard to the place of remedies. What shall we think of the intelligence of a *critic* who in his blind, dogmatic egotism insists that the law of therapeutics is as universal and unvarying as the law of gravitation?

If the distinguished critic as a regular practice sits by the bedside of his various patients, with a volume of his *Infallible Symptomatic Indications*, and is able to cure all of them by this "indication" plan, *without* the aid of *physiology, hygiene, sanitation, antidotes, or any auxiliary measures*, then indeed I am "*ignorant*" and incompetent, and unworthy to be registered with the intelligent body of homœopathic physicians in this country.

But the homœopathic physicians who have the largest patronage, and who are the growing scientific men of our school in this and in other States, do use various auxiliary measures in practice, and avail themselves of all that modern science has to offer.

In regard to the statistics which I gave, showing of the closeness of the expectant and homœopathic mortalities, and which the *learned and logical* Doctor objects to, I take great pleasure in referring him to "A Lecture on Homœopathy," by Dr. C. Weselhoft, one of the ablest defenses ever made for our school. In the section on mortality and that portion in which pneumonia is spoken of this profound lecturer and *honorable* statistician fails

to make the homœopathic outlook any more favorable than I gave it. The Doctor says: "The average annual mortality (in the Leopoldstadt Hospital) for nine successive years, as given in the manuscript by Dr. Eidheer, was 7.2 *per cent.* Another report, extending over the years 1859-1866, gives a mortality of 5.85 *per cent.* and 9.57 *per cent.* under homœopathic treatment." Average *per cent.*, 7.54. The Doctor critic *claims* that the nearer the treatment came to "matter" doses the poorer was the showing for Homœopathy.

I will show the working of the "matter" principle in Utica.

A physician who has enjoyed a practice unexcelled both as to size and quality, and who treats pneumonia *strictly homœopathically*, but uses principally the *tinctures*, has lost one case of pneumonia in ten years—a case of *pneumonia notha*. The *high potency* physician has charged to him on the city books *twelve cases* of pneumonia. Each of these physicians has practiced in Utica upward of thirty years, and each represents the extremes of the faction to which he belongs.

Well, my dear Doctor, I will not accuse you of being "ignorant," but figures are very treacherous. Are they not?

More might be said in regard to this bitter, egotistic, ridiculous criticism. Spare us, Doctor, from any more of its kind, as it is too painful to witness in such a public manner your *dementia*.

UTTERLY AND UNCONSCIOUSLY IGNORANT.

We have published the above tirade of Dr. M. O. Terry in order to show our readers how utterly and *unconsciously* ignorant of Homœopathy some of these *professed* homœopaths are. This letter of Dr. Terry's will do much to convince thinking men of the existence of much blind ignorance or willful abuse of homœopathic principles as daily exhibited and practiced by the majority of so-called homœopaths!

Pathology is the *forte* of these physicians; yet they know nothing of it. Even Dr. Terry confesses: "We do not know *to-day* the exact nature of most of the diseases which we are called on to treat." How then does *he* treat them, seeing he reviles Hahnemann's symptomatic method of treating diseases? Secondly, as a "clincher," Dr. Terry adds: "As 'sickness' means any deviation from health, will the Doctor (*i. e.*, Dr. Wells) denominate animal parasites and zymotic diseases as *dynamic* 'sicknesses'?" In reply, we would say we believe Dr. Wells is just

the man to believe such a sensible thing, and that he does denominate animal parasites and zymotic diseases as of *dynamic* origin, and, moreover, cures them by the use of dynamic remedies. A dynamic disturbance of the health of the patient prepares the habitat for the production of these diseases.

Proper sanitary measures aid dynamic remedies by bringing the patient under proper physiological conditions, but alone they do not cure.

Dr. Terry was, we believe, once elected *President* of the New York State Homœopathic (!!) Society; think of that, and blush, ye followers of *Hahnemann*. This president of a *homœopathic* medical society writes: "What shall we think of the intelligence of a *critic* who, in his blind, dogmatic egotism, insists that the law of therapeutics is as universal and unvarying as the law of gravitation?"

As there could be no "*law of therapeutics*" unless it were a universal law, we confess we don't know what to think of Dr. Terry. If the Doctor ever *thinks* at all, he will assuredly one day feel sorry for himself that he ever wrote such nonsense. He best describes *himself* in saying "a man's a wretch, who, having seen (but maybe *he* has *not* seen?) the consequences of a thousand errors, continues still to blunder." E. J. L.

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY—ITS ORIGIN.

On page 41, Vol. XII, of the *American Homœopathist* is an attempt to give this by one who seems but partially informed as to the matter of which he writes. He gives his idea of the motive of this origin in these words:

"They [*i. e.*, the founders of this Institute] felt the need of some association for mutual friendship and support. Had they received any tokens of toleration, allowing them to appear in the existing medical societies with statements of their change of views and reports of practical success; had the medical journals of the day been open to their contributions; had there been any proper discussion of the merits of what they considered a great advance in therapeutic methods—they would have felt no need and no desire for any other organizations or any other journals."

Here are the ideas of this writer of history as to the motives which actuated the founders of this much-destroyed Institute. We have no hesitation in saying they do great wrong to the motives of these founders, and that as to them the above reasons

given for organizing this body are *false in every particular*. I say this in defense of these founders with the confidence inspired by a memory of what actually then and there occurred, all of which I saw and heard and part of which I was. These founders made no secret of their motives. These were freely talked over with each other as they met privately or socially, and fully discussed in the convention which created the organization, of which we have now remaining to us only a false pretence. *No one* of the reasons here given as the motives from which the Institute sprung was heard of from any member of the convention either in private or in session.*

The motives as expressed then, there, and by this noblest group of advocates of specific medicine, had reference solely to the truth of the law God gave to Hahnemann and Hahnemann had given to them, and not at all to any embarrassment or annoyance personal to themselves. If they had been persecuted, they had not met there to whimper over it. If they had been refused admittance (as some of them had, the writer of this paragraph for one) to existing medical societies, they were not there to parade before their fellows a knowledge of the fact, or to bespeak from them sympathy or "support." These were not spoken of; nor was the idea, as this writer states, of "*banding together for self-defense.*"

These men had no conscious need of any defense of any kind, and they were not there met for any such purpose. They were there only in the interests of God's truth, for the spread of a knowledge of this, and of the extension of a knowledge of the means this truth demands for the healing of the sick, and to protect the public, so far as they might be able, from imposture from those who were incompetent to administer this truth. These were the motives and this the spirit from which the Institute came into being.

But being created, progress in some direction was a necessity to it. For the first years this was under the governance and in the direction of these initiating motives. It was such as

* Was it because of the disgraceful contrast the present status and action of the Institute presents as compared with the true motive and spirit of its founders that these imaginary and false ones are given? There was in the true no stain or shadow of a motive personal to any member there present, whereas in these imaginary ones there can be but little else seen. We can see no other motive for this invention, so wholly at variance from truth; and we note with some kind of satisfaction, taking this view of the case, the evidence it gives that there was in the origination of these false motives some sense of shame remaining in one who has had so conspicuous a share in bringing about the change he records.

gratified those who had the interests of this truth and those of sick humanity most at heart. But then came new men, new motives, new measures, and progress of a different character has been the experience. This began, says our historian, in a proposition to enlarge the scope of the work of our "representative body," and this enlargement has continued in the creation of many added bureaus, the objectives of most of them having no relations, or only remote ones, to the objectives of the creators of the Institute. This progress has so completely occupied the attention of its members and satisfied their ambition, that God's law, its corollaries, and the means it demands and uses have so completely passed from the work of this body that a careful examination of it will hardly discover a stain of the Homœopathy of divine origin which alone was the Homœopathy of its founders. This seems to have been completely *washed out* of the work and minds of the present members of the body. So complete is this result that no tint of color or trace of thought of this is found in either. And is it not a little curious, if true, as suggested by our historian, that the *detergent* used in this *washing out* has had given to it as a name the beautiful word—"liberality"? This is the kind of *soap* which men who were ignorant, lazy, ambitious, or silly, or were more or less a combination of these, have used to clean out the members of this "representative body" from all which savors in the least of that philosophy and practice to disseminate a knowledge of which this Institute was created. The result seems to have been a complete success, though it must be confessed the *soap* has been of the *softest* and weakest known to men.

"*Liberality*" is a beautiful word because it expresses a beautiful idea. It signifies a free, generous use for the benefit of others of that which is one's own. There is another word for that which makes free use of that which is not one's own, no matter what the covering up with soft words may be, and it is not a beautiful word. Indeed, the word is ugly, perhaps because expressive of an ugly and unlawful act. Hence it is, perhaps, that the beautiful word has been applied to this act which has made so free with God's law, not their own, when they washed this from the thought and work of their body. There is little merit in making free with the goods of one's neighbor; there is just as little in treating God's law in like manner. And it should not be forgotten that when this is so treated the result is ever, and cannot be otherwise, detrimental to the interests of all concerned in the transgression. And more than this, it may be well to remember that the beautiful

word when applied to this ugly act of robbing God's law of its authority is a covering too thin to conceal the deformity it was intended to hide. Robbing will still be robbing. Robbing will be a violation of law, and violation of law will be a crime, call it as we may. Beautiful names do not alter the nature of acts or things.

Then the historian goes on to give a history of the progress of this body, which he understands had its origin in the exclusion of Homœopathy from societies and journals of old physic, and it is certain that in this he has been more successful than in his statement of the motives which gave it birth. He gives fairly, clearly, and coolly the process by which the Homœopathy of its founders has been excluded from the Institute, which he says was created to remedy its exclusion from old school bodies and journals, and it is not a little curious to note, while doing this, his perfect unconsciousness that in this progress of its history he is describing an apostasy from law and a shameless repetition of the *illiberal* example of old physic, which he says inspired the origin of this body. And when describing the process by which this exclusion has been effected he seems to think this was the right thing to do, and he approves of it, though it requires a peculiar strabismus to perceive aught of difference between this *liberality* and the *exclusions* of old physic.

P. P. WELLS.

NEW DISPENSARY IN NEW YORK.

A meeting was held at the residence of Dr. Clarence C. Howard, 68 West 50th Street, on March 15th, 1886, for the purpose of forming an association for the maintenance of a dispensary and a hospital, to be conducted according to the strict principles of Homœopathy. The following officers were duly elected: Mr. Wm. Jones, President; Mrs. Wm. Gardner, Secretary; Mrs. S. P. Howard, Treasurer; Dr. C. C. Howard, Physician in charge; Dr. E. Carleton, Consulting Surgeon; Dr. R. H. Bedell, Consulting Physician.

It was decided to name the Association after Dr. Bayard, who honored the assembly with his presence. It is sincerely hoped that all true lovers of Homœopathy in its pure teachings will lend their aid.

A dispensary is already established and is rapidly growing.

WHAT ARE "DEMONSTRABLE FACTS"?

Our esteemed and honestly outspoken contemporary, the *New York Medical Times*, ends an editorial, in its April issue, on "The Ethics of the Dose," in these words :

"There is much of what is called clinical experience which is purely fictitious and not worthy of any credence whatever.

"Scientific progress indicates beyond reasonable doubt that the selection of the dose is an important factor in the practice of medicine, and that the agent employed must be capable of doing just what is required. It must be neither too powerful and hence injurious, or not powerful enough, thereby failing to produce any effect.

"It is to ascertain this means that the conscientious physician will ever strive, and if he avoids fiction and accepts only demonstrable facts, he is much less likely to become entangled in the ethics of the dose."

Now, we unenlightened, uneducated symptom coverers would be glad to know clearly and exactly what are "demonstrable facts"? We are told "there is much of what is called clinical experience which is purely fictitious and not worthy of any credence whatever." This statement we do not dispute; but would like to know how we are to separate reliable clinical experience from the unreliable? No one has yet given any rules for this differentiation! Many, very many, in all schools of medicine, are decrying clinical experience as worthless; but none, so far as we are aware, are giving diagnostic marks for differentiation between the two.

In the allopathic school the practice is based either on pathological reasoning or upon purely empirical basis. Thus, for instance, a drug is used by a physician (merely as an experiment) in several cases of a disease; all, or mostly all, of these cases improve under the drug. Then shortly appears a paper entitled "Notes on several cases of —, treated by tonic doses of —;" and next the drug becomes fashionable for use in such cases. Would this practice be considered based on demonstrable facts? We believe not, rightly so. Another method of allopathic practice would be something like this: The patient has a congestive headache, we will say. This may be caused by an over-supply of blood to the brain, which might be due to a relaxation of the cerebral vessels, or to a too violent action of the heart. The rational treatment then would be to use a drug which will exert an inhibitory action on the cerebral blood-vessels in the one case, or in the other a cardiac sedative. This, we believe, is a fair statement of allopathic reasoning in a simple

case. If it be so, we ask, is *this* treatment based on "demonstrable facts"?

If these (supposititious) cases of allopathic methods in treating diseases are not based upon "demonstrable facts," then we believe we may fairly say that little of allopathic practice is so based. And we believe that even those few that are so based depend really upon this homœopathic principle! In support of this assertion we mention their use of Mercury, Quinia, etc.

Now, there is another method of curing the sick, which claims that a drug will *cure* such symptoms in the sick as it is capable of producing upon a well person. To prove this it must be shown that this rule holds true with *all* drugs in *all* cases of sickness. This, we believe, *has been* shown, and hence we claim that *similia* is a *law* of nature, not a simple rule of man.

Again, in applying this law of *similia*, some assert that it operates best when the drug used for the sick is diminished in quantity—in other words, is used in what are known as "high potencies." This assertion to be proven must also be found to be true with all drugs and in all cases of sickness. Now, how is this to be shown? Let us suppose a physician of average ability and education in a practice, say of twenty-five years, uses nothing but these "high potencies," and let us, moreover, suppose his success to be fully equal to that of *any* of his contemporaries.

Does this success prove anything? It would be foolish to assert that in twenty-five years' practice one does not meet with many difficult cases, and it would likewise be silly to claim that these serious diseases were cured by one man by placeboes (as high potencies have been called), while another physician, maybe, could not cure them with full doses of powerful medicine. If then the exhibitor of high potencies gets through twenty-five years of practice without losing more cases than his allopathic or low-potency homœopathic neighbors, how does he do it? *We* can only explain his success by assuming that these "high potencies" do exert some power. If any one else has a better explanation, let him bring it forth.

Now this supposititious case of twenty-five years' experience with "high potencies" has been repeated by hundreds of physicians in many countries. Is their experience based on "demonstrable facts"?—if not, how does their experience differ from that of the "low potency" practitioner? The only difference between the two is the *amount* of medicine given. Can that be fairly considered as *the* diagnostic line which separates the

reliable clinical experience from the unreliable? It would scarcely be considered a scientific differentiation.

The plain truth is that high potencies *do act*, but that the wise prescriber will use *any* potency which his case seems to call for, whether it be a CM. or a tincture.

A second plain fact is that each partisan considers all the clinical experience of his friends to be wholly reliable, and that of his opponents as "purely fictitious and wholly unworthy of any credence whatever."

Few rise above a biased and prejudiced view of contemporary events.

"Seek the Truth : come whence it may, cost what it will."

THE CLINICAL TEST.

ROLLIN R. GREGG, M. D.

The living animal organism *alone* can tell the poisonous and medicinal effects of drugs upon it. The diseased animal organism *alone* can tell the curative effects of drugs upon it, whether they be in the crude form, in low potencies, or in high potencies.

The annals of medicine for thousands of years, or from the very beginning of clinical observation to the present moment, do not furnish a single instance where the slightest knowledge has ever been obtained of the curative power of drugs under old school observation, *except by prescribing them for the sick*. And the annals of Homœopathy since it began alike furnish no single instance of the smallest grain of knowledge having ever been secured of the curative action of attenuated medicines in whatever potencies, *except by prescribing them for the sick*.

What means it, then, that a lot of men who assume to know more than Hahnemann or anybody else pretend there are other and more reliable ways of getting this important knowledge, and those ways through the microscope, spectroscope, and other gross instruments, wholly devoid of the power of telling us the first syllable of the truth upon the subject, and which are made to lie if they are made to speak at all in this direction? —what means all this? I repeat.

It means just this and nothing more, viz. : That these men place no reliance upon the principles of our therapeutics, or stand ready to sacrifice them to policy on the slightest provocation, and are withal possessed of the most illogical minds, wholly incapable of seeing their own inconsistencies and absurd-

ities. The idea of such men assuming to know more than the always logical, consistent, truthful, and self-sacrificing Hahnemann, and to have "progressed" Homœopathy from where he left it, would be only laughable were it not that this is a matter involving the lives of our fellow-men, and that thousands and tens of thousands have been sacrificed upon this altar of pretence that might have been saved by a strict adherence to Hahnemann's clinical teachings. Away, then, with such shameful pretence! and let us have a return to the simple methods and truths revealed to us by Hahnemann, which are, at the same time, the methods and truths of God, and which are *not to be improved upon* as principles underlying all of our clinical duties, but *must be obeyed* if we would do the best possible work in saving human life.

The miserably illogical and false issues raised in our own school of late years to put down the best teachings of Hahnemann, and this under a pretence of its being in the interests of science, is sufficient to disgust any man with such science (?) who knows anything of the true logic of Homœopathy as left us by the master, and knows its infinitely greater *reliability*, when rightly handled, than any other system of medical treatment known to man.

AN UNCONSCIOUS PROVING.

We read recently in a journal this case: "Dr. C. B. gave details of a case of nasal diphtheria which he had under observation. The membrane lined both nasal cavities and covered tonsils and pharynx. The glands of the neck were greatly swollen. Iodine and Liquor Calcis Chlorinatae were prescribed in alternation. Improvement was slow but steady. At the end of the twenty-first day, paralysis of throat appeared, when Gelsemium was prescribed. *The boy has a good appetite, and yet he remains weak and emaciated.*" (Italics ours.)

Turning to Allen's *Encyclopædia*, under Iodine (p. 126) we find "*increased appetite,*" "*remarkable and continued increase of appetite,*" etc., etc. On page 134 we find "*remarkable emaciation,*" etc.; on next page, "*great debility;*" "*extreme weakness;*" weakness, emaciation, with ravenous appetite is the peculiar symptom of Iodine (other drugs, as Abrot., Chin., and Nat-m. have it, but none as characteristically as Iodine).

So much for the indications for Iodine *after* its administration; *before* it was given Iodine seems to have had only one

symptom in this case, that of the swollen glands, which numerous drugs have. However, it is not our purpose to criticise the prescription, but merely to point out the effect it had, in spite of the two drugs given with it. As neither the physician nor those reported as commenting on the case seem to have noted the good appetite and emaciation as an effect of Iodine, we call it an unconscious proving.

Another remark may be pardoned ; in this case improvement is reported as slow but steady, and paralysis at end of twenty-one days, etc. Under the use of the two hundredths we have never seen a case of paralysis ; one case (a young girl) we can recall in which the membrane appeared not only in nares, fauces, etc., but also in vagina and vulvæ, improvement was rapid, and patient up in a week under a high potency ! Much better than this, Dr. R. R. Gregg claims not to have lost a case of diphtheria in fifteen years, and uses only high potencies and single doses !!

THE HAHNEMANNIAN ASSOCIATION.

The following circular has been sent to members of the I. H. A.

We hope the proposed change *will* be made ; the proposed title is a more appropriate name for the Association, whereas the present one is *not* ; it is, in fact, a ridiculous title. The Association was organized to perpetuate and propagate Hahnemannian Homœopathy ; let its name be such as to signify its purpose. It has never been an *international* association, having in six years had only one visitor from abroad. Let any European or other "foreign" physician join the Association as *associate* member, who shall have all privileges with no dues to pay. America supplies the Association's chief membership and *can* supply *all* its pecuniary needs. The following is the text of the circular note :

DEAR SIR:—At the last meeting of the "International Hahnemannian Association," notice was given that at the next meeting a resolution would be offered to drop the word "INTERNATIONAL" from the title of the Association, and the *only* reason given was, "*It was such a long title.*" It is just six letters longer than that of the "American Institute of Homœopathy."

There are grave reasons why it should not be changed. It was selected after mature thought, in order that it might be truly INTERNATIONAL, and not merely American. If this word be dropped, foreign physicians will consider they have nothing to do with it, that their membership is not wanted, and we shall cease to receive new members from abroad and perhaps lose old ones.

CORRESPONDENCE.

MESSRS. EDITORS:—For a long time as Hahnemannian homœopaths we have been looking for the day to arrive when we should have a genuine homœopathic hospital. At last it is here, and I desire to call the attention of your readers to the Women's Homœopathic Hospital of this city. By the generosity of a friend of the cause—Mr. Charles B. Reed—the women (God bless 'em!) have been enabled to construct a hospital which is a fitting monument to their labors, and it now behooves us to put our shoulder to the wheel and do what we can to assist them.

The following from the rules of the Hospital will show that they mean to have a *homœopathic* institution:

"No medicines, except strictly homœopathic remedies, shall be allowed for use in the dispensaries or in any department of the Hospital.

"The use of tobacco, wine, or intoxicating liquor of any kind is prohibited within the Hospital."

All Hahnemannians who contribute to this work may feel assured that they are promoting the cause, and if you will appoint yourself to receive contributions, I am sure you will receive the thanks of the ladies in charge.

Yours for the cause,

GEORGE H. CLARK.

GERMANTOWN, PHILA., April 12th, 1886.

ANSWERS TO QUERIES:—In THE HOMŒOPATHIC PHYSICIAN, April, 1886, page 133, there are ten symptoms given for which the remedies are asked. In answer, I send the following remedies:

- No. 1.—Digitalis.
- " 2.—Plumbum.
- " 3.—Tellurium.
- " 4.—Verat. vir.
- " 5.—Rheum.
- " 6.—Silicea.
- " 7.—Zincum.
- " 8.—Platina.
- " 9.—Lobelia.
- " 10.—Lobelia.

I have recently seen a singular symptom occur, for which I wish some one would suggest a remedy. The patient was

constantly under the impression that whatever symptoms she had were experienced by the nurse or some one near her. For instance, she would describe the pains which her nurse had had an hour ago, or how delirious her friend had been all night, or how prostrated *I* was at present, etc. This symptom was persistent throughout the case, and seemed to characterize it as thoroughly as I have seen any symptom characterize any case.

THEO. J. GRAMM.

PHILADELPHIA.

CLINICAL REFLECTIONS.

AD. LIPPE, M. D.

The coachman of an old friend who had detected that the healing art, as promulgated by Samuel Hahnemann, was "reliable"—detected it by the "clinical experiment"—reported that one of a pair of valuable coach horses was sick. No. 1 had been cured of incipient rheumatism by a single dose of *Rhus tox.*^c a month ago. The coachman says:

"I drove yesterday afternoon to the Park. After driving about an hour the horse began to have diarrhoea, which grew worse till we came home. He not only soiled the dasher of the carriage, but also my livery. After coming home and putting him into the stable the diarrhoea ceased, but the horse did not lie down in the night. This morning he stands quiet in his stall, his eyelids drooping, as if asleep, refuses all food, drinks, but is disinclined to move." Prescribed one dose of *Bryonia*^{103m} (Fincke) to be given to the horse. He lay down that night and ate his food the next morning. On the third day after taking the *Bryonia* he is driven as usual—is well.

Comments: The choice of the remedy was very easy. The day was the first *hot* day of April; the diarrhoea was worse from *motion*, and ceased when at rest; the discharges were watery and offensive; the disinclination to move and the utter aversion to food left no choice but *Bryonia*. The cure was perfect and complete; it was a homœopathic cure, and no mistake about it. The President of the American Institute of Homœopathy is now engaged in proving high potencies on the healthy, and he has a packed jury of "*experts*" to do it. Would these young aspirants to distinction be averse to proving *Bryonia*^{103m} (F.) on a pair of full-blooded horses driven into a park on a hot April day? And if their scientific superintendent does not find that one or two horses so used are attacked by violent diarrhoea will he, said

scion of science, not be ready to doubt only, but strike out the evidence here substantiated that even so large a creature as a horse can be and has been cured by a "high potency," on the ground that said potency has not produced similar symptoms on the healthy horse? The secret of success is not to be attributed to *the dose* alone. The first, most difficult, task is to obtain a true characteristic picture of the case to be treated. In this case this picture was interpreted from the coachman's report.

First, diarrhœa worse in hot weather, and, second, worse from motion; thirdly, disinclination to move, and apparent amelioration from absolute rest. Get the truly characteristic symptoms of a case *first*, and then find the similar remedy in a reliable *Materia Medica*, such as that of *Hahnemann*.

A NATIONAL HOMŒOPATHIC PHARMACOPŒIA.

Our attention has been called to the fact that there are now before the homœopathic profession of America two pharmacopœias, differing in their manner of arranging remedies and preparing preparations. This should not be; either one or the other should be the recognized authority. If neither be accurate, let competent authority declare their errors, and let a correct pharmacopœia be prepared and duly recognized as the authority. This matter, it seems to us, comes especially under the care of the Bureau of Pharmacy, etc., of the American Institute. We hope it may receive its prompt attention, for however much we all may differ in our views of potency, etc., we must all agree upon the necessity of proper and careful preparation of our drugs.

CASES OF CHRONIC DISEASE CURED.

THOMAS SKINNER, M. D., LONDON.

CONVULSIVE FITS IN A CHILD OF TWO AND A HALF YEARS.

A boy of two and a half years was brought to me by his mother (a lady), who informed me that her son had been afflicted with infantile convulsions since he was three months old. At first he used to be hours in them, now they lasted as many minutes, but they were much more frequent and they occurred at any hour, day or night.

His teeth are mostly all of them carious; used to perspire freely about the head; his head is large, fair hair, and brilliant com-

plexion; used to be pale and pasty, hot head; the fontanelles were long in closing, and he is pot-bellied. Lastly, he has an everlasting canine appetite, and extremely irritable and self-willed; he is liable to take cold easily, and to spasmodic croup, and his breath has always a sour smell before a fit.

If any one had sat down to write a true photo. of *Calcarea*, I should say here it is.

April 8th, 1878.—I placed upon the child's tongue *Calcarea*^{50m} (F. C.), a single dose, and I requested the mother to bring him to me in a week.

April 17th.—The child with its mother, accompanied by a lady friend, entered my consulting-room. The mother informed me that the child's temper had markedly improved since a week, but the convulsions were much the same. The child, who was a bonnie boy and elegantly dressed, was at my request permitted to run about the room, which he did, and when the mother and I were trying between us to clear up the case for the better diagnosing of the remedy, the little fellow saved us further trouble by revealing it in a most peculiarly uninteresting way, and to the great distress and shame of the mother and her lady friend. *The boy when standing on his feet laid hold of a chair and deliberately emptied the contents of his rectum on the linoleum floor.*

The state of the mother's feelings may be imagined. She started to her feet, rebuked the child like any injured parent, and apologized to me, explaining at the same time that this was *always the way* in which the boy relieved himself. "*He must be standing in order to get his bowels relieved.*"

The bell being rung, my maid soon put all to right. Then and there I placed *Carusticum*^{15m} on the child's tongue, and he has never had another fit, and, what is more, his bowels are moved in the natural way—sitting on the chamber utensil.

BAD EFFECTS OF VACCINATION.

February 7th, 1878.—A child was brought to me suffering from a *festering* eruption on her left knee, followed by violent ophthalmia of right eye and an eruption, similar to that on the left knee, on cheek. This state of matters had been going on more or less or on and off for at least fifteen months, and as it followed close on the maturing of the vaccine vesicle, there was good reason to suspect, if not to believe, that vaccination was the morbid agent, directly or indirectly. *The child always asked for "a piece"*

about eleven A. M. I gave *Sulphur*^{cm} (F. C.) on February 7th, 1878, and S. L. night and morning, enough to last a week, when they were to return.

February 14th, 1878.—Better, on the whole. The eruption on the right cheek is nearly gone. S. L. night and morning, enough to last for fourteen days.

February 27th, 1878.—Ophthalmia and all she complained of are gone, but she picks her nose, scratches her seat constantly, and says “she feels them biting.” *Fair hair and complexion; is very frightened in the dark.* She says that she is so and must have a light. *Calcareo*^{50m} (F. C.).

March 13th, 1878.—Quite cured of everything, and remained so while I was in Liverpool.

VERTIGO, DURING AND AFTER MEALS, OF FIVE YEARS’ STANDING.

INTRODUCTORY.—This case is so peculiarly interesting and altogether so extraordinary I must give it in detail, and I shall quote from my patient’s letters *verbatim*:—In March, 1871, I was recovering from an attack of influenzal catarrh, which terminated in loss of sleep and utter weakness, extending over three years, during which time, so far as practice was concerned, I was *hors de combat*. In order, if possible, to recruit my lost strength, I went to the Grand Hotel, Brighton, Sussex, my favorite sea-watering place. A week after I went there, at the *table d’ hotel* during dinner, there was a great commotion, and I saw some waiters with a lady trying to assist a young, or rather a middle-aged, gentleman out of the room. The doctor who has “the run of the hotel” was sent for, and I saw no more of the couple until next morning. He then told me what a sufferer he was from giddiness during or after a meal, and, so wretched was he from this alone, I felt no end of compassion for him, although all the good advice I could then offer him was to smoke less or drop it altogether, which advice was simply disregarded. He was a splendid draught and backgammon player, and we enjoyed many a game, although he was infinitely my superior in that line. We exchanged cards at parting, and five years afterward I sent him a copy of my short brochure on *Gynecology and Homœopathy*, never dreaming that he could still be a sufferer from his wretched complaint. In reply to my brochure I received the following from his pen: “March 20th, 1876. My Dear Sir: Some one has sent me your little book, and I have read it with great interest. I am not, of course,

able to speak on the great question, but I do know that I have spent, since I saw you in Brighton some years ago, more money on doctors than I care to think of, and to very little purpose. You will, I dare say, remember that I used to suffer from giddiness, singing in the ears, and a sort of general nervousness. You then said that I should give up smoking. Well, I have not given it up! Though smoking may have a good deal to do with my case (and I can assure you the suffering, though unobservable by others, is very real), I am inclined to think that the liver is the real source of the disorder. Before breakfast there is little or no giddiness, but *immediately after I have either a bout of vomiting or a great pressure on the pit of the stomach, with belching and great acidity.* Tea and coffee seem immediately to aggravate the nervous feeling and to increase the giddiness. I have sometimes been so bad—indeed, frequently—that I dared not have attempted to lift a wineglass to my mouth with my right hand. Not that I could not do it, but simply that I dared not try. Walking along the streets, I feel often that I must fall, and although the feeling is, I believe, purely a nervous one, still it is far from being a pleasant companion.

“I have just returned from a two months’ sojourn in Italy, in no way altered for the better.

“I am inclined to say, like him of old, ‘if you can do anything’ in my case, I can assure you, as I have already said, my sufferings are very real. Whether the brain or the stomach is the real seat of the disease I do not know, but when I read your book of ‘The Cloud Rolling Away,’ I thought I should write to you, and if you can even alleviate my disorder, I shall be very grateful. Faithfully yours, A. M.”

March 22d, 1876.—I sent him twelve powders of *Chamomilla*^{cm} (Swan), one to be taken night and morning dry on his tongue. To write when all are taken. My patient resided at this time four hundred miles from me.

April 16th, 1876.—I received a letter saying, that he had observed no change of any kind from the powders. I sent him twelve powder of *Nux vomica*^{mm} (Boericke), one night and morning, unless decidedly better or worse.

May 11th, 1876.—He reports himself “very much better than he has been for two years. The retching (gagging) has almost ceased, and I know that my digestion is much improved. On the 9th instant I felt a little giddy after breakfast.” I sent him twelve more powders of *Nux vomica*^{mm} (Boericke), with particular direction that they were only to be taken in the event

of a return of the giddiness, retching, or acidity—in other words, in the event of a “backwardation.”

April 6th, 1886.—He has remained well until this day—a term of ten years. Is this another “coincidence,” or is it a *bona fide* homœopathic cure by means of the *one millionth centesimal attenuation of Nux vomica*? If so, then in this instance, “truth is stranger than fiction.”

NOTES AND NOTICES.

THE INSTITUTE: A FULL ATTENDANCE DESIRED:—Will you not through your journal urge a general attendance upon our meeting at Saratoga this year? I am desirous that there shall be a much larger attendance upon the sessions of the Institute this year than in the recent past. Our cause demands the best gifts of our best men, and I hope that every earnest disciple of our cause will be in attendance. So only shall honest men come to understand each other better and our glorious cause be built up.

Yours fraternally,

O. S. RUNNELS, *President*.

“TO ALL THOSE WHO ARE IN ARREARS one year or more who will come forward and pay up arrearage and for a year in advance we will give a first-class obituary notice *gratis* in case it kills them.”—*Ex.*

THE ST. LOUIS COLLEGE.—Dr. Kent writes: “St. Louis will soon have a grand new College building corner of Jefferson Avenue and Howard Street, to be finished September 1st. Term opens September 14th, and continues six months. Every advantage will be found. All the plans have been a success. Throw up your hat. Hahnemannism will be a success in this city. Let out the news.”

BOOK NOTICES.

THE AMERICAN HOMŒOPATHIC PHARMACOPŒIA. Third Edition, Revised, etc., by Dr. J. T. O'Connor. Compiled and published by Messrs. Boericke & Tafel: New York, Philadelphia, and Chicago. 1885.

This third edition of Messrs. Boericke & Tafel's Pharmacopœia is simply the second edition reprinted, with a few additions, the chief being a list of remedies with their syllables properly accented to assist physicians in properly pronouncing the names of their remedies.

We believe this pharmacopœia to be the most accurate one for homœopaths, and unless serious errors can be shown to exist in it, it ought to be recognized as the standard American pharmacopœia.

E. J. L.

ERRATA.—Our *anatomical* editor was away last month, hence these errors: Page 137, line 15 from bottom, for *protuberantra occiputeles*, read, *protuberantia occipitalis*.

Page 138, line 11, for *accessories*, read, *accessorius*; line 19, for *neuritis ariendeas of the accessories*, read, *neuritis ascendens of the accessolius*; lines 20 and 22, for *ciustious*, read, *acusticus nervus acusticus*.

Our *therapeutic* editor had “malaria,” hence, we read, p. 132, line 17, *merry-anthis* for *menyanthes*.

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. VI.

JUNE, 1886.

No. 6.

NOTES FROM AN EXTEMPORANEOUS LECTURE
ON SEPIA DELIVERED BY PROF. J. T.
KENT, M. D.

(FRANK KRAFT, STENOGRAPHER.)

Sepia is prepared from the ink of the cuttle-fish—it is a mollusk. It is a remedy that affects the system very profoundly; it affects the entire organism, producing deep-seated disturbances, deep-seated symptoms; producing a profound impression upon the blood, upon the liver, upon the heart, upon the uterus, and upon the cellular tissues. It produces great relaxation of the entire body and venous engorgement of organs, especially the pelvis and pelvic organs. It especially affects the female; the women-provers, who were tall and slim, were particularly influenced by Sepia. From this we have gleaned the symptom: Tall women, Sepia; tall men, Phosphorus. It looks rather out of place to use such expressions, but there is a reason for such things. It is well known that tall men are likely to be narrow-chested and predisposed to chest-troubles, and all colds settle in the chest; while tall women are especially predisposed to weakness in the pelvic region, in the reproductive system; and Sepia produces a state in the reproductive apparatus that is marked in all its symptoms by weakness—weakness of the attachments, of the ligaments, relaxation, breaking down, a sensation of great weakness in the abdomen, extending clear to the chest. This weakness is especially observed in the stomach

—an all-goneness that extends from the uterus to the stomach, a gnawing, hungry feeling in the stomach, a sense of emptiness in the stomach, and great weakness in the pelvic region. The patient, to look upon, is waxy; has a sickly, greenish pallor, yellow, jaundiced; yellow eyes, pallid lips, and sickly looking: This medicine produces an effect upon the blood very much like our malaria by sewer gases and other gases that produce changes upon the blood, thus producing a sickly aspect. A marked feature in this medicine is the face—the puffiness and fullness on each side of the nose, with a yellow line, like a saddle, over the nose, or a yellow stripe—sometimes it amounts to a sickly line looking like a saddle. The skin is doughy and waxy and flabby—puffiness of the cellular tissues—and they become soft, soft to the “feel”—a lack of elasticity throughout the entire body. Profound exhaustion, trembling. The venous system is especially disturbed. We have turgescence first in one part of the body and then in another, with hot flashes; hot flashes to the head, hot flashes to the face, hot flashes everywhere; hot flashes to the feet; one moment the body is icy cold, covered with an icy cold perspiration, and the next moment it is burning. Chilliness throughout the body, alternating with flashes of heat. This has made Sepia one of the great remedies, corresponding to that period of life when woman has so many of these hot flashes—the climacteric. It is like Lachesis and like Sulphur and many other remedies in these hot flashes, these ebullitions of heat.

The mental state, as we take that up and go down through the remedy in a more specific way, we will find weak—a weak memory and torpid mind. The mental state is in harmony with a general apathetic feeling with this weakness. She dreads to be alone; this is sometimes exaggerated into a terrible fear of being alone. It contrasts with Sulphur, where the patient wants to be alone, doesn't like company, is irritable; the Sepia patient doesn't like to be alone, but wants company. She has an aversion to her friends and to people she loves; this is not so much an aversion or a wish to get rid of them, as it is an indifference to their affairs. She is indifferent in her feelings toward her friends and her family and her children. She takes on a careless, I-don't-care feeling, a lack of care, lack of proper interest in her family and in her affairs, an aversion to her work. If it be household work, she takes an aversion to it; things that she once loved in the way of employment and work, she takes an aversion to, she dreads them, she has an indifference in connection with it.

We have melancholy, hysteria, and mental weakness running through this remedy in a characteristic way. There is prostration of mind as well as of body. We have all sorts of vertigos connected with cardiac weakness. We have in the head boring headaches, we have tearing headaches, we have cutting headaches, we have pulsating headaches in Sepia. The headaches usually commence in the morning and increase till noon, and again commonly increase until night. The headaches, as a class, are relieved by sleep; if he can once get to sleep any time of day the headache will disappear. If it is in the evening, if he can have one good, sound sleep, he will wake up free from pain. The headaches are worse from lying on the back, but ameliorated from lying on the side, and especially upon the painful side. Sepia has pressive headaches, yet there is some amelioration from pressure. The headaches are better in the open air; they are worse from motion; but if you continue the motion, and the motion is made violent, it relieves the pain; yet the headache is relieved from the open air, feels better in the open air. And, now, this kind of an amelioration, if you watch it through and apply it to the remedy in general, you will see that it embodies much that is characteristic, you will see the guiding features. Many of the pains and aches of Sepia are made worse on first beginning to move, or moving gently, but growing better by active or violent or vigorous motion. So with the headaches. Nevertheless, the patient becomes easily exhausted. With these headaches, the patient is tearful, mild, and gentle, like a Pulsatilla case. But we see this distinction between the two remedies: In a Pulsatilla case, the patient is ameliorated by gentle motion and aggravated by violent motion; while Sepia is aggravated by gentle motion and ameliorated by violent motion. Many of the complaints of both, especially the headaches, are made better in the open air.

Under Sepia we may have a great many visual disturbances; in fact, almost any kind of visual disturbance may be found under this remedy; it has the halo around the candle, weak-sightedness, etc. So we find nothing very characteristic.

If, now, we take up the nose, we will then have something that belongs especially to this remedy; the discharges are watery and milky, and, as that passes on, they become thick, yellow, or greenish; thick plugs, scales, crusts come out of the nose; green, hard crusts, tough, elastic clinkers form high up in the nose. Some of our most protracted catarrhs may be cured by a careful study of Sepia.

The mouth, again, furnishes us some prominent symptoms of

this remedy. The tongue tastes badly, extremely offensive, salty, putrid, and offensive; foul eructations tasting like rotten eggs. The tongue is coated white, and the mouth is filled with a milky saliva, and you will have watery mucus coming from the throat. There will be blisters forming in the throat, or little vesicles filling with yellow fluid. In the throat there is always a sense of a lump—a lump in the throat. This is closely related to *Nux vomica*. You take it in many of our malarial troubles, where there is choking and a lump in the throat; *Sepia* very quickly removes this when connected with the stomach symptoms. The taste is salty, putrid, and offensive. *Nux vomica* has this same symptom and follows *Sepia* well. For a lump in the throat, in connection with malarial disturbances, malarial bad feelings, or in a bilious fever, or, rather, the remittent fever (which is the proper name for it), where *Nux vomica* has been the suitable remedy for the liver turgescence, associated with this lump in the throat, then *Sepia* will follow *Nux vomica* and be the finishing remedy. It is one of the most suitable remedies for clearing up a case—next to Sulphur. For clearing up a malarial diathesis in a person who has lived so long in a malarial country that the malaria seems to be a part of the entire existence, *Sepia* is unequalled; they seem never to wear it out, and especially where there has been Quinine used.

To go down to the stomach symptoms: there is always a sense of a lump in the stomach; complaints are aggravated after eating. Remember this one thing, which is a key-note in *Sepia*: a sensation of a ball in the inner parts. You will find that symptom cropping out in a good many parts. Sensation as of a ball in the parts; sensation as of a ball in the abdomen; as of a lump in the rectum, not relieved by stool. That last is a very peculiar symptom. Boëninghausen gives that as a characteristic sensation of a ball in the inner parts. Now, we have this sensation of a lump in the stomach, and also the contrasting symptom of a sensation of emptiness in the stomach—an all-gone, empty feeling in the stomach. It is like that found in *Ignatia*; but it is seldom accompanied by sighing, as we have in *Ignatia*. The *Ignatia* patient, with the all-gone, hungry feeling in the stomach, is always sighing. The lady who suffers from prolapsus, with this all-gone feeling in the pelvis, as if the insides would almost come out, a funneling, a sense of weakness, with this all-gone, empty feeling in the stomach, which is not relieved by eating, presents a *Sepia* picture; there is, however, a sense of great hungriness and gnawing, but eating does not relieve it; this is a *Sepia* case. It produces such a singular impression

upon the abdominal tissues that it results in what is commonly called by most ladies, especially old ladies, "pot-belliedness," a "pot-bellied" mother being a lady who has borne many children and has a very protuberant abdomen. That is a Sepia case. That relaxation and weakness and fullness runs all through the remedy, and it especially produces a prominent abdomen.

The constipation is marked; for days and days the patient will go without even a sense of desire to go to stool; not one particle of urging. The stool is large and hard, and there is an inactivity of the rectum—an inability to expel the fæces; this goes on for days, and when, finally, the stool takes place it is brown and large—round, agglomerated masses of fæces, leaving a sensation of weakness in the rectum or a sensation of a ball in the rectum, or, again, as some one has described it, a feeling as if she had not finished, as if she wanted to continue; this sensation, however, if tolerated, soon passes away, and then comes on again that entire absence of desire to go to stool. In the rectum there is almost an entire loss of sensation. She feels (as this especially occurs in the female, I say "she")—she feels an inactivity or weakness, an all-goneness in the rectum, and a lack of sensation there; it is a feeling of paralysis. She will sometimes say that she has an inability to strain at stool; she can't bear down; she can't bring on the necessary contractions to expel the fæces. This is especially related to Sepia, Alumina, Nat. mur., and Sil.; they all produce something like it; but it is not characteristic of Silicea, for they can there bear down, but no stool appears, or if a stool does appear it slips back because of its peculiar wedge-shape. Her violent straining in Silicea doesn't seem to help matters any, for the partially expelled stool slips back again. The Sepia stool is dark-brown, round, agglomerated, and in balls, sometimes glued together with mucus.

In regard to the pelvic organs, the bladder is in a state of irritability. There is sometimes an inability to pass urine, although there may be continued and repeated calls from the damming up of the urethra with plugs of mucus—white, coagulated mucus; it finally passes away in gushes; after this it dams up again with this flocculent mucus, looking very much like the caps that form white, ulcerous exudations. There is frequent desire to urinate; again ineffectual urging to urinate; involuntary escape of urine; nocturnal, involuntary urination; escape of urine involuntarily during first sleep. That is a characteristic symptom, and is especially related to little girls.

This all-gone weakness, dragging down, bearing down, is felt

in the region of the pelvis; there is a feeling as if the uterus would escape through the vagina; a sense of falling—as it is sometimes called. It compels her to sit down and cross the limbs as the only means of preventing the uterus from escaping—so she feels. This is especially common in washerwomen, women who are standing upon their feet; in saleswomen, these suddenly find themselves compelled to sit down and cross their limbs. There is also an involuntary command to place the hand or a napkin over the vulva, or to produce pressure there to prevent the escape of the uterus; this is the sensation—the feeling. Sepia has many times cured the most troublesome cases of proclivencia; it takes a long time to cure those cases, but if you follow up your remedies systematically you can cure many of them. Some of these patients are very old ladies, and it is impossible to do anything for them any farther than to give them the suitable mechanical support; but in middle-aged women you can cure all these cases. The menses are irregular. When I say that it covers the entire ground; they are too soon and too profuse; they are too late and too scanty. Any irregularity that you might wish for in this regard you can find under Sepia. It seems to produce a wonderfully wide range of irregularities in the menstrual function, and, in fact, almost any kind of menstrual flow. There is a leucorrhœa that is watery and milky. Now, if you will compare the proving you will observe that the mucous discharges are pretty generally milky, and, hence, we get the characteristic. The leucorrhœa of Sepia is WHITE. It produces in the female an absence of the sexual instinct. It is an exception in a Sepia case to find that instinct present; while its twin-sister, Murex, which is very much like Sepia, having so many of the symptoms of Sepia, corresponding very closely to it, in the general state produces the highest sexual excitement in the female—even to nymphomania.

I will not leave Sepia without saying something about the male sexual organs, because it is a wonderful remedy in weakness and relaxation such as follow bad habits—from sexual debauch, sexual gluttony. There is coldness, with offensive secretions, or offensive perspiration about the scrotum, and with penis relaxed; impotency. This gives you the characteristic features of Sepia expressed by many symptoms. Sepia is one of the greatest remedies in the books for gleet and a gleet discharge. For here we have the milky discharge—the scanty discharge gluing up the meatus in the morning, and scarcely at any other time of the day; Sepia will cure this state if properly used. It also produces in the male not only impotency, but it takes away the sexual desire;

yet there are a few symptoms in the provings where we find exalted sexual instinct.

Among the male provers we have in *Sepia* pressing tearing, rheumatic pains in the extremities. *Sepia* produces especially a rheumatism of the hip composed of tearing, aching pain, with extremely cold feet, and with cold, offensive perspiration. This perspiration is so excoriating that it produces rawness between the toes. In this it is somewhat like *Silicea* and *Plumbum*. We have offensiveness running through *Sepia*; offensive leucorrhœa; offensive foot-sweat; offensive, exhausting sweats, about the chest and about the face.

This remedy produces a chill, fever, and sweat. It has more thirst during the chill than during the fever. The thirst diminishes as the fever comes on. It has all the bone pains found in *Eupatorium*. If you run across a case of chills and fever that has been spoiled by an incompetent prescriber, or when you have spoiled the case yourself by the use of improperly selected remedies, or by repeating until you have so mixed up your case that the symptoms are not in harmony with any medicine that you know of, then, if you know how, you can clear up that case with *Sepia*, and the original chill, the one that was there in the first place, will come back and show itself. Now, if you wait until the case resumes its natural equilibrium and then prescribe for it cautiously, you can do as if you had begun anew. That is a very singular thing.

Sepia has some eruptions on the skin; the eruptions are likely to be vesicular, rubbing or scratching producing great burning. This vesicular eruption is likely to appear in wheals about the mouth and about the chin, like *Nat. mur.* *Sepia* is the typical remedy for ringworms. It produces eruptions like ringworms. It produces yellow spots like moth patches upon the forehead, chest, and abdomen; liver-spots; patches looking like those occurring in pregnancy, or coming on during gestation, that remain. These moth patches are very troublesome—those that appear about the head. I don't mean to tell you that *Sepia* is going to remove all of them, but it has done so; it will remove them whenever the symptoms—the entire symptoms of the body—correspond in a characteristic way, and at no other time.

ANSWERS TO "WHAT ARE THE REMEDIES?"

We have received several answers, none of which are complete, yet several are very good. The following deserve mention: J. D. Craig, M. D., Chicago; Edward Rushmore, M. D., Plainfield, N. J.; F. E. Stoaks, M. D., Greenwich, Ohio.

A BRIEF STUDY OF XANTHOXYLUM.

C. CARLETON SMITH, M. D., PHILADELPHIA.

I have used the prickly ash in my practice for many years, with the most happy results.

The symptom, "sudden flashes of heat," which was elicited in its first proving, attracted my attention toward the then comparatively new drug, and led me to study its pathogenesis as far as the limited provings would allow me to go.

Some of the most unsatisfactory cases we have to contend with in practice are those suffering from ailments incident to the climacteric period. Whatever may be the nature of a woman's sufferings at this crisis in her life, flushings of the face, with the most intense heat accompanying them, are almost invariably found to be present. And of the frequent repetition of these, night and day, the poor sufferer complains the loudest, and begs to be relieved in this direction, even though we can accomplish nothing further. These sudden flashes of heat occur at the most inopportune moments, when the patient is calmly conversing with her friends in her own drawing-room or while sitting in church. The sensation commences in some portion of the body more or less remote, and gradually, but steadily, ascends toward the head, becoming hotter and hotter in its progress until the face finally becomes like scarlet in appearance, and feels to the sufferer as if it would be consumed with the fierceness of the heat. At this juncture the patient is compelled to seize a fan and wield it most vigorously for relief, or, in the absence of any such assistance, she rushes for an open door or window to inhale the fresh air.

The attacks may or may not end with free perspiration and consequent relief. If no perspiration ensues, the suffering is prolonged and but slowly subsides.

Before becoming acquainted with Xanthox. I had but indifferent success in these cases. But since its virtues were revealed to me I have been enabled to give signal relief to my patients while undergoing the severe ordeal of crossing the line.

The flashes of heat under this remedy are of the *intensest* character, and hence in some of the worst cases, by its use, we can give the sought for relief. Some of the provers became so hot as to cause them to feel as though they would surely die in some of the paroxysms, while some desired to be *bled* in order to obtain speedy relief.

As an additional symptom, these patients become nervously apprehensive and fearful. Noises, and even shadows, frighten them. Here we find the Xanthox. corresponding to this condition of things, and, of course, will clear up the whole train of symptoms.

It is a noticeable fact that women suffer at this period with sighing respiration and a constant desire to take long breaths, both of which conditions are fully met by this remedy.

Lachesis plays an important part in disorders of this nature, and is highly curative when the heat is perfectly dry, not followed by sweat, as is Belladonna, and when there is present ovarian trouble as a complication; which latter fact can always be ascertained by examining the breasts, when, if such be the case, the nipples, one or both, will be inverted or drawn in, looking very much like the cicatrix which remains after the healing of a severe cut.

Belladonna may be mentioned in this connection as a remedy to be compared when there is plethora to deal with, intense congestive headaches, and where the flashes of heat end each time with sweat, and sudden relief thereby.

Ferrum has fiery red face with perceptibly enlarged veins, and is especially useful in those nervous cases that cry and laugh immoderately. Ferrum patient sweats from every motion, and vomits all solid food.

The provings also taught me that the Xanthox. ought to occupy a high place as a remedy for some of the menstrual difficulties we have to contend with, especially in the young and vigorous.

For instance, it produces the most excruciating pains during the menstrual flow—pains which cause the patients to cry out in agony, and clutch their hair with their hands in desperation during their paroxysms. And over and over again have I cured these suffering girls when their agony would be so great as to cause me to turn away from the sight of their contortions and their tears of anguish.

From repeated attacks of this nature, these young sufferers become extremely nervous—they are afraid of their own shadows, and start at every trifling noise. They are afraid to retire to bed alone, or go into a dark room; they yawn through the day, and stretch themselves, and are very drowsy, when they ought to be at work. Appetite fails them; frequent earache, which changes from the ear to the teeth on same side, so that patient does not know whether they are afflicted with toothache or earache, as the pain changes base constantly.

Lower limbs very weak, can't stand up long at a time, want to sit.

All these symptoms present a picture which is met nicely by the prickly ash, and relief from its use will often be most marked.

Gnaphalium might be compared and studied in this connection. Both this latter drug and Xanthox. have very painful menstruation. But the difference between the two is marked—Gnaphalium has *scanty flow* of blood, which is a *dirty brown* or *chocolate color*, while under Xanthox. the flow is steady, of a good color, and seemingly free, though frequently a week ahead of time, like Calc.

We think of Podophyllum in preference to Lachesis when pain seems to commence in right ovary (Lachesis left), and descends the anterior crural nerve, increasing in intensity as it goes down, and made worse by straightening out the limb.

Caulophyllum has intermittent pains in all parts, head, stomach, bladder, chest, and upper and lower limbs.

PROVING OF FURFUR IRITICI (WHEAT BRAN).

S. SWAN, M. D., NEW YORK.

(1) A woman proved a potency. It produced spasmodic drawings of the chin.

Pain at base of brain.

Wakes with headache, principally frontal, occasionally occipital.

For some days after commencing the remedy, aching in thighs.

Until the last few days she has had bloating in the lame foot since commencing the remedy.

Frequent and urgent desire to urinate.

(2) Mrs. M. B. P. took 1m (Swan) every hour till symptoms appeared, beginning October 23d. She was menstruating at the time.

November 1st.—Headache in left side of vertex.

Sensation of fluttering at heart, as if frightened. Both hips at each side of spine (region of dimples) are lame; better when walking, worse when sitting still. In hollow of left foot sensation as if of a dislocated bone or strained muscle, or rheumatism (never had rheumatism).

November 7th.—Muscles of throat inside are all sore to touch, and when washing round neck.

The gum in right upper jaw, back of molars, swollen and hanging down on lower jaw, and a little sore. On swallowing muscles of pharynx and throat are sore.

Since November 28th.—Soreness on top of foot, inside, as though the bones were sore when walking.

CLINICAL CASES.

E. W. BERRIDGE, M. D.

(1) *Kali-carb.* Mrs. T., aged thirty, October 9th, 1882.—About a week ago caught cold; neuralgia in vertex came on, for which she took some medicine of which she forgets the name; then the pains went to chest, and she took *Caustr.*, but without relief. *Present symptoms:* Cough for a week; worse by day. For five days, when coughing, pains in both sides of abdomen like two knives going inward toward each other, doubling her up, relieved by pressing with the hands. For fourteen days constant raw pains in stomach pit; it is now worse on coughing, and after coughing has throbbing there. For seven days wakes daily between five and six A. M., with aggravation of the cough and pain in stomach and abdomen. Sputa, smoke-colored round lumps, a little streaked with blood, and come flying out of the mouth with force without any effort being needed. Today the cough makes her perspire; the cough exhausts her.

Diagnosis of Remedy.—Sputa flying forcibly out of mouth is under *Badiaga*, *Chelidon.* and *Kali-carb.* (the latter a clinical symptom only), *Chelid.* and *Kali* have exhausting cough; *Kali* has the aggravation of cough at five A. M. The abdominal symptoms, in connection with the cough, have not yet been noted. I gave *Kali-carb.*^{3cm} (Fincke) every three hours for six days.

October 23d.—Cough much better. The knife pains went on second day; the early morning aggravation ceased on third day. The raw pain in stomach has not been felt since October 20th, and there is no throbbing there, only a little cough and phlegm in morning, with a little catarrh; the sputa no longer fly out; cough makes her retch in morning, but she does not perspire from cough. Soon quite well. The medical history of this patient is suggestive. She was never well after her sixth confinement. Her local allopathic doctor said there was not much

the matter, but as she became no better, she consulted the late Dr. ———, a well-known allopathic *gynæcologist* (and abortionist), who diagnosed displacement of uterus and introduced a pessary. He told her she would be well in six months, but as his prophecy was unfulfilled she consulted me, and obtained considerable benefit, even before the above attack of cough supervened. I found spinal symptoms and tenderness of spine, but the allopathic gynæcologist never examined the spine; of course, every patient that consulted him had uterine or ovarian trouble, else why did they come to him?

(2) *Sulphur*. October 29th, 1879.—Mr. R., aged twenty-nine, consulted me for sexual weakness; erections imperfect; semen escapes too soon; when straining at stool escape of glutinous fluid; scrotum flaccid. For eight years has been sexually excessive, two or three times every night until lately. Now only two or three times a week, and only one coitus possible. Sulphur^{mm} (F. C.) one dose and greater abstinence till the power is restored. Improvement commenced in a week or two, until the power increased and became quite natural.

(3) *Thuja*. October 5th, 1885.—Mr. R., after impure coitus on September 15th, had gonorrhœa, with a soft lump having an abrasion upon it, on left side of *frenum preputiæ*. The lump smooth and painless. Thuja^{cm} (F. C.) and 50^m (F. C.) removed it. It began to loosen in a day or two.

(4) *Causticum*. May 1st, 1885.—Mrs. D., at four P. M., sudden pain in inner side of right thigh where it joins the body, as if a bruise, were pressed on; worse when throwing left foot forward in walking, and so bearing all the weight on right foot. Gave *Causticum*^{cm} (Swan) at 8.30 P. M. In two hours it was better; next day only a little pain, and it soon went.

(5) *Ferrum iodatum*. December 20th, 1880.—Miss A. L. D. complained of morning catarrh, hot and restless in bed, sweet smell of urine. Gave *Ferrum iodatum*³⁰ daily for a week. March 23d, 1881, reports that the sweet odor soon went and has never returned. She also improved generally, and said the action of the remedy was very marked.

(6) *Kali-bichr.*—Mrs. D., aged fifty-four, was sent to me by Dr. Swan, of New York. Consulted me June 18th, 1883. Hot rising in throat after taking oily food, ale, or champagne; generally has a hot rising in throat when she lies down at night after last meal. Lying on left side brings on the rising in throat, with sensation of wind forming in stomach. Has been like this all the winter and ever since. *Kali-bichr.*^{cm} (F. C.) daily for a week.

June 23d.—Reports that the hot rising has not returned, though she has had champagne; neither has it returned on lying down at night, not even when on left side. No more feeling of wind forming in stomach, except very slightly. Feels better generally. *Kali-bichrm.*^{cm} (F. C.) alternate days for two weeks. Patient sailed for New York, so that I did not see her again.

(7) *Drosera*.—Mr. F. V., aged twenty-one, complained on June 24th, 1884, of cough *without much sound*, from catching cold while dressing at an open window four days ago. The catarrh commenced in nose, then went to chest. Breath very short. Yellow expectorations with cough. *Dros.*^{cm} (Swan) three times a day.

July 1st.—Reported that he was very much better after the second dose; breathing got quite well the same evening. Still a little cough. Can now sing a little, which he had not been able to do for weeks. Says the action of the remedy is “a miracle.” These symptoms ceased without repeating the remedy.

Some months previously the patient had been to Dr. M., a professed homœopath, for throat symptoms. He gave him gargle for the throat, two medicines in alternation, one having a salt taste, and advised cutting the *uvula*, which, however, was not done. After eight weeks of this mongrel treatment without any benefit he consulted me, and the simillimum, *Kali-bichrom.* in the Cm (F. C.) potency, relieved him speedily.

(8) *Belladonna*.—In a case of glaucoma, *Bell.*^{cm} (F. C.), twice a day for two weeks, removed an appearance of a rainbow halo around the flame of gas or candle; the colors of the halo were yellow, orange, and dark green, reckoning from the inner circle. The sight also much improved.

(9) *Cedron*. July 5th, 1883.—Florence M., aged four, about three weeks ago was in Scotland, just recovering from whooping-cough. For the latter half of this time was exposed to a bad odor from a drain, which resulted in ague. At first the chill came on every other day at 9.15 A. M. The first four or five chills lasted for about two hours, followed by fever for four hours; no sweat. Thirst all through chill and fever, craving sips of cold water every four or five minutes. Light-headed during fever. Her mother gave *Acon.*¹ for four days, after which the chills began to shorten and sweat followed the fever. Then she became quite constipated and looked yellow, for which she received *Podophyllum*, strong tincture; of this she had four or five doses, but only the first acted. *Nux vom.*¹ also failed.

She also took Chinchona³, two doses, two or three days ago ; but this also, like the rest of the *un-homœopathic* treatment, failed.

Present state.—For the last four or five days, since being in London, has had a slight chill every day at irregular times, lasting about fifteen minutes and followed by fever for about forty-five minutes. After the fever very violent warm sweat, chiefly on head and neck and hands, for fifteen minutes. Thirst for cold water, little and often, through all three stages. After the sweat falls into a heavy sleep for two hours, remaining drowsy for three or four hours altogether. Unusually lively before chill, laughing and jumping about. During chill and fever desires to be covered ; during sweat desires to be uncovered. Sleepy during sweat ; *whining* at any time. Still constipated ; this morning gray stools after enema of hot water.

Diagnosis of Remedy.—Several remedies were indicated by the different symptoms ; but as in intermittent diseases I have found the initial symptom of the paroxysm, *cæteris paribus*, of more diagnostic value than the rest, I selected *Cedron*, which alone has the excitement before chill. It also has paroxysms occurring at exactly regular intervals, which was a characteristic of the case before the mother spoilt it by her wrong treatment, derived from some mongrel domestic work on pseudo-homœopathy. I gave one dose of *Cedron*^{4m} (Fincke) at 11.15 A. M.

I did not see the child again ; but the mother reported that a chill came on about fifteen minutes after the dose, lasting about forty-five minutes, followed by sleep, with fever at the beginning of the sleep for twenty-five to thirty minutes ; on waking, after three hours' sleep, violent sweat. Two days afterward, at the same time as the last chill, felt sleepy and slept for two hours. The stools became natural. She has had no return since, up to May 20th, 1884, the date of last report, though she has been in a damp place, where both her parents had a slight attack of malaria.

(10) *Psorinum*. April 13th, 1885.—W. R., aged thirty, suffering from progressive locomotor ataxy. For four or five weeks has had feeling when walking as if left foot were pulled round inward ; worse for the last two weeks, so that he sometimes looked to see if it were really so. Gave *Psorinum*^{6m} (Fincke) twice daily for two weeks.

April 27th.—Reports that after first or second dose this sensation went "like magic," and he was able to walk very well ; the foot seemed, if anything, to be turning a little the other way. For the last three or four days has had a perfectly new symp-

tom, feeling as if the left great and next toes and adjoining parts of foot, for about two inches upward, were being pulled up by cords after walking a little distance. This new symptom ceased after leaving off the medicine. (See Allen's *Encyclopaedia*, 454-457.) In this case, one pathogenetic symptom was verified clinically and another confirmed by a fresh pathogenetic effect. In Allen, one hundred and five symptoms out of five hundred and fifty are marked as verified; yet because they are mostly from the thirtieth potency they are all to be omitted in the new *Caricature of Drug Pathogeny* by Dr. Hughes and Company.

(11) *Natrum muriaticum*. July 31st, 1885.—The same patient complained of headache just over eyes for fifteen to twenty minutes after every meal except supper, after which meal he feels "splendid;" he has had it for about four weeks and it is getting worse, so that he now has it all day, removed by sleep. At times, pain like a rope round head, latterly drawn tighter and tighter. For last two or three weeks, at times after walking a little, feels as if stepping on air. *Nat-m.*^{em} (F. C.) twice a day for two weeks and to leave off eating salt.

August 18th.—Reports no more headache since the day after commencing the medicine; no rope pains; no more feeling of stepping on air.

September 18th.—No return of above symptoms.

(12) *Lachesis*. April 25th, 1885.—Miss Jessie S., aged sixteen. Cough for two weeks; worse at night; causes lachrymation, watering of mouth, and pain in stomach; sputa are swallowed. *Lachesis*^{3cm} (Boericke) three times a day for eight days. May 7th, reports cough better next night, and ceased, with all the concomitant symptoms, after two days.

(13) *Sulphuric acid*^{em} (Fincke) removed a cough followed by eructations, in a case of phthisis, which it much improved.

(14) *Nitric acid*. September 12th, 1885.—Mr. W., aged thirty-eight, two or three weeks ago noticed an abrasion on penis, near where he had a soft chancre eight years ago; he applied a yellow powder obtained from an allopath; this healed it, but it cracked again. For three days has used a lotion prescribed by a Parisian allopath, which caused it to suppurate. He has now, on right side of inner surface of prepuce, an ulcer surrounded by an inflamed and indurated areola; it becomes more inflamed after walking; no pain in ulcer. The last impure coitus was in last week of July or first week in August; he thinks the latter. To apply wet lint to chancre; total abstinence from alcohol. *Nit-ac.*^{mm} (Fincke) twice daily for fourteen days.

September 24th.—Ulcer healing ; less deep ; less inflamed by walking ; no longer indurated. Repeat medicine as before.

December 28th.—Reports that the ulcer healed within ten days after last consultation. There has been no return and no secondary symptoms.

REMEDIES WHICH ACT ON CICATRICIAL TISSUE.

E. FORNIAS, M. D., PHILADELPHIA.

Asafet.—When old sores break open and turn black, especially on stump of amputated limb, with neuralgic pains.

Borax ven.—When old wounds and ulcers are inclined to reopen and suppurate.

Calc. phos.—When the scars left after an amputation ulcerate.

Carbo an.—When there is stinging in scars. They may break open and end in ichorous suppuration.

Causticum.—When cutaneous injuries, which had healed, become sore again ; due, perhaps, to over-fatigue, night-watching, and anxiety.

Crocus sat.—When old cicatrized wounds reopen and suppurate.

Crotalus.—When old cicatrices break open again ; especially if due to a low state of the system, septic influences, or the abuse of alcohol, or if there should be an oozing of dark blood from them.

Fluoric acid.—When old cicatrices become red around the edges, covered or surrounded by itching vesicles, or they itch violently, especially if near the joints or bones.

Graphites.—When there is much burning in old cicatrices, especially in those remaining after mammary abscesses or ulcers. It has the power to remove cicatricial hardness, wherever present.

Hyperic.—When the cicatrices are located in parts rich in sentient nerves, as the fingers and toes, with much pain. Also after amputations, when the ends of nerves are involved.

Iodium.—When the scars itch, break open, or pimples break out on them. Scrofulous diathesis.

Kali. bich.—When, after ulcers, the cicatrices remain depressed, or for deep stinging scars on the hand, after palmar abscess.

Lachesis.—When scars redden, hurt, break open and bleed, especially if when open they become surrounded by many small pimples or a purple areola.

Sulph. acid.—When scars become blood-red or blue, and painful.

SYNOPSIS.

SCARS :

Break open.—*Asaf.*, *Borax ven.*, *Carb. a.*, *Crocus*, *Crotal.*,
Iodium., *Laches*.

“ “ and turn black.—*Asaf.*

“ “ and turn blue.—*Laches*.

“ “ and bleed.—*Crotal.*, *Laches*.

“ “ and suppurate.—*Carbo a.*, *Croc.*, *Borax ven.*

Hurt before they break open.—*Laches*.

“ but do not break open.—*Sulph. ac.*

“ not, but break open.—*Crotalus*.

Become black.—*Asaf.* (after breaking).

“ red.—*Laches* (before breaking).

“ blood-red.—*Sulph. ac.* (painful).

“ blue.—*Sulph. ac.*, *Laches*. (after breaking).

“ gangrenous, after they break open.—*Ars.*, *Laches*.

Turn red, hurt, break open, and bleed.—*Laches*.

“ blood-red and hurt.—*Sulph. ac.*

“ blue and hurt.—*Sulph. ac.*

“ red around the edges.—*Fluor. ac.*

Surrounded by itching vesicles.—*Fluor. ac.*

“ by many small pimples.—*Laches*.

“ by a purple areolæ.—*Laches*.

Pimples break out on them.—*Iodium*.

In the fingers and toes, very painful.—*Hyperic.*

In the hands, with stinging.—*Kali bich.*

Near the joints or bones.—*Fluor. ac.*

When septic influences, or a low state of system cause them to break open.—*Crotalus*, *Laches*.

When their opening is due to the abuse of alcohol.—*Crotalus*.

When they remain depressed.—*Kali bich.*

After mammary abscess, with much burning.—*Carbo a.*,
Graph. (*Apis*, *Ars.*).

After palmar abscess, with stinging.—*Kali b.* (*Apis*).

After ulcers.—*Borax v.*, *Kali b.*, *Graph.*

After amputation, if they ulcerate.—*Calc. phos.*

After amputation, if they break open and turn black, with neuralgic pains.—*Asaf.*

After amputation, if very painful from pressure on the ends of nerves.—*Hyperic.*

Burning in.—*Graph.*, *Carb. a.* (*Apis.*, *Ars.*, *Hep.*).

Stinging in.—*Carb. a.* (*Apis.*), *Kali b.* (in hands).

Itching in.—*Iod.* Violently.—*Fluor. ac.*

Sore again after healing.—*Caustic.*

HYDROPHOBIA : PREVENTION AND CURE.

The interest of the public in this subject, and especially in the experiments of M. Pasteur for the protection of those who have unfortunately been subjects of attack by rabid animals, may be accepted as a reason for giving to it the limited experience of the writer in both prevention and cure of this most dreaded of all diseases. And, first, as to prevention of the development of the disease in those who have been bitten by mad animals. Attention was called to the possibility of this many years ago, and also to means by which this might be, and *had been* many times, successful, as he alleged, by that very intelligent and earnest believer in and advocate of the Homœopathy of Hahnemann—the Hon. Alexis Eustaphie, Consul General from Russia to the United States. He wrote several papers on the subject which were characterized by singular intelligence and earnestness, which were given to the public in the daily papers of New York. These able communications attracted the attention of the public less than their merits warranted. They were published years before Pasteur was heard of, if not before he was born. The principles involved in the methods of Eustaphie and Pasteur were apparently the same, though their means and their manner of administration were quite different. The number now living who retain a recollection of the Eustaphie papers must be small. If any are tempted to inquire why these important documents were allowed to fall so soon into forgetfulness, it may be accepted as a sufficient reason that their author was a known advocate of Hahnemann's Homœopathy, and the prevailing medical opinion and practice of that day were violently opposed to this, and the public took their cue from the doctors. The doctors of old physic were seemingly determined that "no good thing" should "come out of this Nazareth" if they could prevent it. And then the Consul was *not a doctor*, and his papers fell upon the ears of such as conceit had long ago carried far away from the possibility of being taught anything, and especially by those not of their own

persuasion. Those who already know all about it make but unpromising pupils, whoever may be the teacher. They have been only too ready to glorify Pasteur, while they wholly ignored what seems to us the better and safer method of the Consul. Did they refuse to be taught by one who had had many and positive experiences of prevention and cure of this most dreaded of all diseases because of the plenitude of their own knowledge of other and better means for the accomplishment of these ends?—means the use of which had been followed by greater successes? Not so at all. The history, which will not lie, when written, will certainly declare of these men that as to hydrophobia they had neither knowledge, means, nor successes. Is it not this very want of knowledge which has caused them to shout pæans to Pasteur and inoculation before its value was established by successful issues of its practice? So they swallowed Koch's microbes whole, and glorified Koch, before they knew aught of the truth, value, or importance of his asserted discovery. Would it not seem that with them any man's imaginary schemes and means are worthy of their attention and confidence; but as to the truth, discovered and many, many times confirmed, if in any way related to Homœopathy or emanating from any one advocating or practicing it, they will have none of it.

Prevention of the development of hydrophobia after a person has been bitten by a rabid animal has been a question on which much thought and labor has been expended. The result has been a resort to means—supposed to be adapted to this end—of very various kinds. The art of surgery has been many times and actively employed, and always with one result—viz.: *failure!* This resort has seemed to have promise of success in it only because of false views of the nature and action of the *cause* of the disease. This has been regarded as a *material thing*, inserted by the teeth of the rabid animal into the organism of the bitten person. So the problem before this view has been to get this *thing* out, or to destroy it where it has been deposited in the wound. For this purpose the knife, cauteries, caustics, and escharotics have been early and actively employed to destroy or remove this *thing* before there had been time for the supposed material, destructive agent to be taken into the circulation and carried beyond the reach of these surgical means.

The defect in this view, and the consequent universal failure of success from these mechanical means, is in mistaking the vehicle in which the poison is conveyed into the organism for the poison itself. This, so far from being a *material* something

which can be cut or burned out when once thrust into the body, is a veritable *dynamis* which instantly pervades the whole bodily mass and impresses on this and on every tissue of it its own nature; so that for its destruction or expulsion no amount of cutting or burning can be of the least service. It would be as reasonable and, we may add, as "*scientific*," and successful, to attempt to cut out of the body the electricity with which the lightning-stroke has killed it! And yet to this day, and notwithstanding these agents have never, so far as we know, protected any bitten unfortunate, they are the first and constant and only resort of old physic, as though there had ever been a single success from their use to encourage hope in surgeon, patient, or friends. So great is the blinding power of habit, prejudice, and ignorance! "Has not this always been the resort of those of greatest repute as healers? Then who shall impugn their intelligence or their practice?" It may be a sufficient reply to this question if we ask, Does not unvarying want of success make other condemnation of it superfluous?

If the dynamic nature of the virus be accepted, as truth requires, then the next logical step in seeking prevention will be to look for it in some other *dynamis* related to this of the virus as its natural conqueror. This has resulted in the recommendation of three different means by different authors, the use of which avails of the same principle in effecting, or in endeavors to effect, the desired prevention—viz. : *the principle of the similars*.

Hahnemann recommended dynamized Belladonna, a few doses of which, he affirmed, would secure this object. His confidence in this assertion was based on the likeness of the pathogenetic record of this medicine to the phenomena of hydrophobia. Experience has confirmed the accuracy of his judgment and justified his confidence in the principle of that natural law which revealed to him this truth: *The most similar remedy is both the cure and prophylactic of diseases*.

Eustaphieve, on this same principle, recommended the potentized virus itself as that which would most certainly protect, because the most certainly like in its effects to the phenomena of the disease. This virus has been dynamized and proved, and is known as *Lyssin* and *Hydrophobinum*. The Consul was a native of the Ukraine, in Russia, where this disease is very common, resulting from attacks by rabid wolves. There, he affirmed, he had seen its success many times.* Fortunately, the disease is

* A part, and, the Consul said, an important part, of the Russian practice with the bitten was to watch daily for the appearance of a vesicle under the tongue of the patient, which usually shows itself in the second or third week

not of common occurrence here. It has been the duty of the writer only once in his long course of practice to care for those bitten by a supposed rabid dog. Perhaps this case may have such interest in it as to warrant its recital.

In November, 1847, I was called to care for a young man of twenty-four or twenty-five years and a boy of seven years who had been bitten, each, through the thick part of the thumb while the young man, who was leading the boy by the hand, was trying to protect a lady from the attack of a dog which had already torn her dress badly and was showing great rage. The dog was well known in the neighborhood—had belonged to a man who had moved to a distant Western State, leaving his dog behind with no owner to care for him. He was known as a peaceable and harmless animal in all the neighborhood, and to have been feeding since his owner's departure on the carcass of a dead horse. The dog was found dead the day after he had bitten my patients in an unoccupied carpenter's shop in the shavings under the bench. There were no signs of any violence having been practiced on the dog nor any evidence of cause of death other than that he had died of disease of some kind. And taking the facts as I have given them—his former known harmless character, his great rage at the time of the biting, his late vagabond life, together with this other and, perhaps, important fact: that another boy, in the immediate neighborhood, at about the same time was bitten by a dog and soon died with all the fearful manifestations of hydrophobia—the conclusion, though it could not be *positively* proved, was not unreasonable that the dog died of hydrophobia and that he was suffering from its rage when he bit my patients. This was supposed to have been the dog which bit the boy who died; but this could not be *proved*. Nor could it be *proved* that the dog was rabid, but the facts seemed to justify a reasonable presumption that he was.

It was certainly safest to act on this conclusion. After a personal interview with the Consul, the patients got the nosode Hydrophobinum every twelve hours for a week, and were watched for three weeks more, but there were no manifestations of sickness of any kind in either, nor any of hydrophobia afterward. Of course, prevention of the disease was not *positively* proved in this case, though we are warranted by the facts in claiming pre-

after the bite. If left to itself, its contents are absorbed within the first twenty-four hours after its advent. It is to be punctured and its contents thoroughly washed out, and then prevention is secured. If this be neglected and the contents of the vesicle are taken up, then the disease is certain to appear in due time.

sumptively that the treatment protected the patients. There was no resort whatever to any means in these cases but to the supposed specific remedy. The result left nothing more to be desired. If called to care for another unfortunate in similar circumstances, we should repeat the practice with good hope of success.

The third method of procedure for prevention of the development of the disease in those who have been bitten is that of Pasteur. This, more than any other, has seized on the public attention and gained public confidence to an extent not warranted by any facts yet given us. It is worthy of remark that the agent employed by the French savant is the same as that of the Russian method. The difference is in the mode of its administration. And just here we have a lesson of the limited vision of old physic as to principles of philosophy and practice. The start point of Pasteur was the claimed protection from variolous contagion by the insertion of the vaccine virus. And such hold had this on old physic, that it at once talked of his method as a "*vaccination*" with the hydrophobic contagium, and gave to this at once, on most inadequate evidence, a confidence but little, if at all, less than that given to the method of Jenner. There has been no recognition by it of the essential difference in the nature of the two problems. In the one the question is, the extinction in the organism of its susceptibility to the action of a specific poison, which susceptibility is extinguished by one experience of its effects. The effects of the vaccine virus are so similar to those of the variolous that it does sometimes (not always) extinguish this susceptibility. The peculiarity is, the system, as a rule, recognizes no second impression of the variolous contagium. Unfortunately, the fatal results of the action of the hydrophobic contagium have been so uniform that there has been no opportunity for observations as to susceptibility to *second* attacks of the poison.

We have said we have, in this haste of old physic to seize on, advocate, and adopt this method of Pasteur, a lesson as to its limited vision of *principles* of philosophy and practice. Its eagerness in this case to approve and adopt practice founded on the *same* principles as that other which it has ever and so earnestly hated and opposed, is a demonstration of this of no little interest. It seems to have had no perception of the fact that this method of Pasteur is in its principles and nature homœopathic. So far as there is anything good in it, the result is only the outcome of imperfect obedience of the law of similars. Old physic didn't know, which explains all this.

Then this limited vision is further demonstrated by its partial acceptance of inoculation as a prophylaxis in cholera epidemics. This is the more remarkable, as there seems to be no principle involved which can give any promise of hope of success from this resort. We do not see how this partial acceptance can be excused, otherwise than that inoculation is the present craze of old physic, unless it should be pleaded that the collapse from so great hopes of good from a knowledge of Koch's microbes, from utter failure of any successful practice based on these, has left its adherents in a practical intellectual daze. It is evident they can't see the principles and elements of things which characterize their differences.

Then, as to the cure of hydrophobia, what has old physic to offer to the hopes of those who need curing? Only a succession of almost uninterrupted failures, which have marked all its past history. And is it, therefore, the more willing to receive instruction from those who have a better record? They are not more willing; they only cherish and manifest the spirit of the Pharisees of the olden time when they could not gainsay the fact of the new vision given to him who had been blind: "*Dost THOU teach us?*"

It cannot be otherwise than pleasant to all who love truth because it is truth, to contrast this record of failures with the successes which were promised by Hahnemann from the use of the rightly selected remedy, and which promise has been fully redeemed by the use of such remedies. In the *Archiv für Homœopathische Heilkunst*, Band X, Theil 3, S., 85 *et seq.*, is given in detail the facts and treatment of a case of this disease which had been under treatment by old physic till sentence of death in a few hours had been passed on the sufferer by her old school attendant. The sentence seemed to be justified by the described condition of the patient. She was really *in extremis*. Still, she responded to the action of the selected specific remedy and was by this restored to perfect health.* The remedy selected was one of a group which Hahnemann had pointed out as numbering in it the important remedies for hydrophobia. The patient got only one remedy.

It has been the duty of the writer to care for only one case of fully developed hydrophobia. The experience he had with this was not of little interest to him. A recital of this case may interest others. He was called one morning in July, 1848, to

* Bœnninghausen was the prescriber and reporter of this case. It occurred in January, 1830, and was reported by him in 1831.

see the man who had the care of his horse. He was said to have taken cold and had a sore throat. I found him in bed, complaining of headache, sore throat, great dryness of the throat, painful swallowing, sleeplessness, restlessness; his face was red and hot; eyes red, injected, brilliant, with a somewhat wild expression; skin hot, dry, and congested; intelligence clear; pulse, 110 per minute and hard. He gave clear and intelligent answers to questions put to him. As there could be no doubt as to the remedy the pathogenetic effects of which were most like the phenomena before me, I called for a cup of water and a teaspoon, dissolved a few pellets of Belladonna³ in the water, and offered the patient a teaspoonful of it. As soon as he saw the water he went into a violent convulsion. When he came out of this, I said: "Mike, what is the matter?" "That's the way I be, sir," was the answer. My diagnosis, which I had not thought of—*i. e.*, of giving a *name* to the case—was made for me. I had not thought of hydrophobia, but only what will cure this man. I tried a second time to give him a dose of the solution, and again the sight of the water was followed by another convulsion. I asked: "What have you been doing? Have you been bitten by a dog?" "No. I buried one which had been killed because it was mad." He got the blood and slaver from the dog's mouth on his hands, which were cracked. The phenomena before me were the result of this carelessness. Did this now clearly declared diagnosis call for a change of the selected remedy? He was said to "*have taken cold.*" But this had had nothing to do with the selection of the chosen remedy; this was determined only by the sick phenomena of the case, and the word "hydrophobia" had as little to do with changing the choice, as it made no change in the phenomena of the sickness. The patient, after he came out of his second convulsion, was directed to close his eyes and open his mouth as wide as he could, which he did, and a spoonful of the solution was thrown into his throat as far down as possible. This was swallowed without spasmodic resistance. This was to be repeated every four hours. This first visit was on Thursday.

The next day (Friday) he had less fever, less pain in head and throat, was less restless, had slept some during the night—in short, was better. Continued the remedy.

Saturday.—Still further improved. Continued the remedy.

Sunday he was so far recovered that in the morning he sat at the table and ate a bowl of bread and milk as comfortably as ever he did and his final recovery seemed assured. But there had been for three days a very earnest interference by the father

of a young boy who had been recently bitten by a dog, who wished to send my patient to the hospital at Flatbush that a knowledge that there was a case of hydrophobia in the neighborhood might not come to his very nervous wife, the mother of the bitten boy; he feared the worst of consequences if she should be told this fact. He beset the patient's employer, his doctor, and the patient himself, without ceasing, till finally the patient consented to go if I could be permitted to attend him at the hospital. This permission was obtained from the city authorities, without which the patient positively refused to go.

On Sunday morning the patient walked from his house to the stable, a distance of about one hundred rods, alone. I saw him there while he waited for the wagon which was to take him to the hospital. He was perfectly rational, and the only sign of the dread malady he showed was an occasional look, as of sudden apprehension, over his shoulder, as if there were some frightful object behind him.

I was to see him at the hospital the next day at one o'clock P. M. My late esteemed neighbor, Dr. John Barker, accompanied me to the hospital. We arrived ten minutes past one, and were told the patient had been *dead* about ten minutes! We could learn nothing of the treatment he had been subjected to, or of what happened to him after his reception at the hospital. I could not see the physician who had treated the patient, but learned he would have no homœopaths about *his* hospital (of course, he owned it), and had his own way, having killed poor Mike before my arrival! I saw Mike, dead, and saw he *had been bled!*

I say *killed* poor Mike, because, having seen him just before he left for the hospital, and knowing the progress toward recovery he had made under the action of the specific remedy, and how little there was remaining to be cured on that Sunday morning, I can have no doubt, if let alone from that time, the specific he had already taken would have been equal to completing the cure. But he was not let alone. What he was made to endure besides the bleeding I do not know. I only know it cost the poor man his life. Perhaps this was the cruelest exhibition of old-school prejudice, hate, and ignorance I have met, and the outcome was the saddest. And it seems the more unpardonable because we cannot suppose this doctor ignorant of the fact that old physic *cures* no such cases. We may, perhaps, hope it has killed few in so short a time.

P. P. WELLS.

CLINICAL BUREAU.

CASES FROM THE PRACTICE OF DR. KUNKEL, KIEL, WITH REMARKS BY S. L.

One of the old guard, dear old Dr. Kunkel, publishes cases from his practice, for the instruction and edification of our younger brethren, in the *Allg. Hom. Zeitung* of 1886. A servant girl, aged twenty, sick for a year, and for the last two weeks an inmate of the University Hospital. She complains of severe cutting, lancinating pains in the pit of the stomach, especially nights, and most severe after midnight, so that she has hardly any sleep. Thirst off and on; pulse accelerated, 100. On pressure a spot in the gastric region is sensitive. She was discharged from the hospital; advised to take walks in the fresh air; but this always made her worse, and she had to rest and lean forward. In bed she took up the same position. To sit up straight, or to stretch herself out, she could not endure during the painful paroxysms; constipation, discharges painful, or diarrhoea; micturition normal. Mouth, throat, and lips mostly dry at night, rhagades on lips. Nutrition did not suffer. June 24th she received six powders *Kali carb.*³⁰, to take a powder morning and evening.

June 25th.—Patient slept the whole night; felt better; the spot in the epigastrium still somewhat sensitive; pulse only slightly accelerated. She had the two following nights slight attacks of two hours' duration, which were the last ones, till the following September, when the same symptoms returned again, and were again relieved by the same remedy.

It may appear strange that while the first dose removed the pains for a whole night, the pains returned, notwithstanding the continuation of the remedy; but we may expect such manifestations in neuralgia, as they correspond to the physiological relations of the nerves. Their action, when well, is subjected to the laws of periodicity, and the same takes place in sickness and during curative processes. It is only an apparent aggravation, and we must abstain from changing the remedy on that account.

REMARKS.—It is of no use to prescribe for the name of a disease, for we looked in *Jahr's Forty Years' Practice*, in

Kafka's Hom. Therapy, in Baehr's, Jousset's, and Hughes' works, and failed to find Kali carb. mentioned among the remedies for gastralgia. In my repertorial collections I find, under Kali carbonicum, gastralgia with cutting, lancinating, or constricting, boring pains; worse after midnight, in cold weather; they cannot sit up straight; hemorrhoids; constipation after confinement, or very large formed fæces, which are nearly the same symptoms found in Dr. Kunkel's case, and it would be a great benefit to patients if every physician would be as well versed in our *Materia Medica* as Kunkel is known to be. Allen, V, 292, gives us: 693. Violent constrictive pains in the stomach, at *one o'clock at night*, extending into the chest, and under the shoulders, where they become sticking, with choking in the throat and oppression of the breath; 651. Sticking in hepatic region; 669. Cutting pain in the left side of the upper abdomen. 725. Cutting in the intestines; violent pains; *in order to relieve it he is obliged to sit bent over, pressing with both hands, or to lean far back; he cannot sit upright*; 765. Large, painful hemorrhoids. The characteristic symptom, the keynote of the case, which we underlined, is not found in the condensed *Mat. Med.* of Hering, Lippe, or Cowperthwaite, and therefore, when prescribing for a similar case, we might fail to hit the simillimum by putting our trust in these condensations. Professor Allen promises us now another condensation from his *Encyclopædia*, and though we willingly subscribe for a copy of it, we cannot subscribe to the contents of the opus. In spite of all the cry to weed out the chaff, we often find just such symptoms the keynote, which these severe critics erase; and though it may be more troublesome to dig out the keynote from the so-called rubbish, it will pay in the end, for the cure will be *cito, tuto, et jucunde*. Too often our laziness is to blame for our failures.

We acknowledge that, when reading the case, *Dioscorea* struck us to be the remedy, for it has those radiating pains, relieved by eructations and flatus, and worse after eating; it has sore lips, dry mouth, smarting of fauces; but we miss the nightly aggravation and symptom 501 of Allen gives us "worse by stooping, at time had to walk around the room to get his breath, very bad after riding or walking, when sitting down," and 645, "hard pain about the navel, worse from doubling up, better from pressure or motion."

Mention gastralgia, and every tyro will hold up his hand and cry *Nux vomica*, for a light pressure increases the pain, and hard pressure relieves. But *Nux vomica* has more tension and pressure, a crampy pain in stomach and abdomen, than those

stitching, lancinating pains which are so characteristic of Kali carbonicum. Both have the aggravation after midnight and from walking, with relief from sitting. How apparently trifling symptoms may differentiate one remedy from another!

We meet that relief from bending forward in *Argentum nitricum*, *Arsenicum*, *Belladonna*, *Bryonia*, *Chamomilla*, and *Nuxvomica*, but neither one, except *Bryonia*, has the characteristic cutting, lancinating pains of the case, and the aggravations of *Bryonia* are more before midnight than after it.

There are other points in this case which are of equal interest. The poor servant girl was already sick for a year, and if during that time she received treatment, it is just so much the worse for the treatment, and if her whole reliance was on the *vis medicatrix nature*, of which certainly this poor girl knew nothing, it shows, high authorities notwithstanding, that the expectant method will not always suffice.* Kiel has its own university and a medical faculty of great renown. Two weeks she was under treatment at the college-hospital, and discharged unimproved, with the kind advice to take a walk. We can easily guess what that treatment was: Morphine injections, and ferro-citrate of Quinine for the supposed anæmia or chlorosis, perhaps aqua Laurocerasi, and by all means electricity. If all fails, get rid of your patient by sending her to the seashore or up the mountains. It is not unlikely that many physicians of our own school also rely on such treatment, it is so easy and *secundum artem*. Kunkel cured the case with the ostracized thirtieth potency of Kali carbonicum, though Clotar Müller confesses that he succeeded in cases with the second and third potency where the higher one failed to make any impression, and that it was a true homœopathic cure is fully demonstrated, because every symptom of the case finds its simillimum in the pathogeny of the drug. What more does Horace M. Paine, M. D., and his adherents want, to make a cure a homœopathic one? Heaven protect us from some physicians of our own school. Against our enemies we are well able to defend ourselves.

Mrs. H. Landmann, forty-two years old, rather obese and plump, red face, dark-brown hair, consulted the doctor April 23d. She said that as a child she enjoyed good health, and before her evolution, which appeared late, she suffered much from colicky pains. About fourteen years ago, suppurating glands around the neck, afterwards well. Inside of six months

*Kunkel here acknowledges his mistake, and glories in *Nil desperandum*.

she underwent three operations for sarcoma of the frontal cavities, and the surgeon refused to operate for the fourth time, and then she was persuaded to try Homœopathy. She complains especially of severe headaches accompanying the growth of the sarcoma, at first over the whole head, but especially over the left eye, with nausea. There is swelling of that part, with protrusion of the bone, which is not sensitive to pressure. From a fistulous opening above the root of the nose flows a watery, odorless secretion. When waking the head feels especially heavy, and the heat of the bed relieves the headache. The pains increase in a hot room. Dry skin; only the axillæ perspire. Often severe itching in nucha. When, after the last operation, the headache reappeared, it always set in at noon for a few hours, but now it is continuous. Perfect insomnia. Complained always during menstruation of headache for a few days. Prescription: *Sepia*²⁰⁰, daily one dose.

May 8th.—Headache the first day, which then diminished, but for six days pains over the whole back; now pains in stomach and appearance of hemorrhoids; swelling and pains over the eye; the suppuration also diminished and secretion thinner; still surring in ears and loss of smell.

May 19th.—Headache and suppuration worse. *Sepia*³ for two days and one day nothing.

May 30.—Headache still increasing. *Calcarea*³ daily.

June 8th.—No change in the pain; stitching and itching severe; hemorrhoids not troublesome; sleep fair. *Silicea*²⁰⁰ daily.

July 1st.—For three days pains again, but only about noon; less stitching and itching.

August 16th.—*Silicea*²⁰⁰ was continued all this time. Headache now increases again, and she was ordered *Silicea* 3d cent., and immediately pain and suppuration decreased. Air only penetrates the nostrils off and on. *Silicea*³⁰ daily, for a long time, but without great success, till finally *Graphites*, 3d and 2d cent., removed the pain entirely; but the woman itched now terribly, for which *Nitric acid*, 3d and 2d, and then *Staphisagria*, 30th and 1st, were given. Patient had been over and over examined during several years to find out a lesion of any organ; she took *Aurum*² for nearly a year, but a gynæcological examination had been totally neglected. This was done, and revealed collum uteri hard and painful, especially the anterior lip; uterus somewhat enlarged, nearly immovable. This indicated *Platina*³⁰, which removed all pains in the pelvic organs and the induration of the collum, the uterus became more movable. For several years she now had been free of all

former headaches, and Platina³, followed by decreasing potencies of Nitric acid and Phosphoric acid, restored her to health. A small fistula of one-half cm depth, on the forehead, will be removed by external treatment.

Sepia, Calcarea, Silicea, Graphites, Nitric acid, Staphisagria, Platina, Nitric acid, Phosphoric acid, finally, and the treatment of the case lasted nearly five years—from 1879 to 1883. What patience from doctor and patient, and how it pays never to give up hope in such a psoric case, just as we see that the selections among our drugs were nearly all antipsorics. The patient was certainly of a psoric or scrofulous nature, and we may well ask what is a sarcoma which the surgeon extirpated three times without preventing its growing again, and then was afraid to touch it again, just what he ought to have been from the start.

Birch-Hirschfeld, in *Eulenburg's Encyclopædia*, xi, p. 670, defines sarcoma as fibroplastic tumors, consisting purely of embryonal tissues, or of a tissue which only shows the first modifications, appearing in passing into definitive tissue (Cornel and Bouvier), and divides them into fibro-sarcoma, with prevalence of fusiform elements, of hard consistency, and growing from a subcutaneous, intramuscular, or periosteal tissue, to which, probably, this case belonged, and in about a dozen other forms, according to their consistency. Of all sarcomatous tumors, the fibro-sarcoma is the most benign one, whereas a pigment sarcoma is too often malignant. All have a tendency to relapses, because the cells radiate deep into neighboring tissue with excessive energy of proliferation, and hence the failure of extirpation is easily explained; but as even a benign sarcoma may finally become malignant, surgical authors recommend its early removal during the stage of its benignancy, though failures to keep it from growing again are too often recorded.

Gilchrist truly remarks, in his *Surgical Therapeutics*, p. 255, that if an operation is attempted, treatment must be immediately instituted to prevent recurrence, and recommends Hecla lava, Arnica, Arsenicum, Aurum, Mezereum, Phosphor, Silicea. He confesses that treatment does not hold out any flattering promise. Helmuth, in his *Surgery*, p. 115, gives us a beautiful case of spindle-celled sarcoma, with its rudimentary, incomplete, and preponderating cell-element. The mother of the patient had succumbed to phthisis, showing again that psora lies at the foundation of all these dyscrasiæ. May not that psora of Hahnemann, which makes itself known in so many diverse ways, have its foundation in a want of development, the whole constitution remaining in a lower state of maturity, and the disease thus re-

taining its embryonal or fatal character? Arndt, in his classical work on *Neurasthenia*, p. 107, accepts this state as one of the chief causes of this now fashionable disease, and Brehmer, in his *Ætiology of Phthisis*, agrees fully to it. To eradicate that psora, if possible, must be our chief duty, though mechanical surgery is in its place to relieve the patient from his present sufferings.

Kunkel's patient complained chiefly of headache, especially over the left eye, with nausea where the bone is pushed outward by the swelling, and in the morning on awaking, in a hot room and by the heat of the bed; dry skin—only axillary perspiration; itching in neck; had always headache before menses, and Kunkel gave *Sepia* (which failed to bring much relief) and followed it by *Silicea*, high and low. In fact, during the whole treatment of the case the lower potencies acted far better, showing us how necessary it is to take account of the state of the patient; for we may suppose that after going through three operations the vitality of that woman was greatly below par and, hence, not responsive power enough left for a high potency. The selection of *Sepia* was certainly a good one, for it is a grand remedy in migraine of leucophlegmatic or anæmic women, hinting so often at uterine troubles. The pain is from within outward, especially on left side, with nausea and fainting spells, beginning as soon as waking up, lasting the whole day, and only relieved by lying down; the aggravation in a hot room finds its correspondence in the amelioration in the open air, when it is pleasant.

We all know what a grand remedy *Silicea* is in chronic suppurations and in headaches from nervous exhaustion, and still we do not wonder that it failed to give permanent relief, which, according to the statement, was done by *Graphites*. The French physicians consider black lead the chief remedy for the darts constitution—another name for psora; but just as the poison may throw itself on the external skin and produce herpetic eruption, so also may it spend its force on some other tissue and produce tumors. In fact, *Graphites* is also an excellent remedy in female complaints, as the genital organs are only another outlet for the poison, and we meet in this remedy, especially, aggravation of all troubles in the morning when awaking, with that neurasthenic condition which only finds some relief by rest in bed.

Though the headache disappeared, that sarcoma gave Kunkel a great deal of anxiety, for he gave now, as constitutional regenerators, Nitric acid, *Staphisagria*, and for a long time—nearly a whole year—*Aurum metallicum*. Did he think of a specific

infection (for the sins of the fathers shall be punished in the third and fourth generation) and in affections of the bones, be they of syphilitic or scrofulous origin, Aurum acts well. Sepia, Nitric acid, Aurum!—what a blessed combination in this case!—for to them we attribute chiefly the cure of the case, and it is wonderful to study how they complement each other.

Now comes the gynæcological examination and the same hyperplasia found there, which also produced the sarcoma, and Kunkel thinks that Platina removed this induration of the collum and the enlargement of the uterus, as it is considered by many authorities the female Aurum, and it is well known to have acted well in obstinate headaches, which resisted other treatment for years. Was the uterine trouble the *fons et origo mali*, or was not even this the sequela of the embryonic state of the woman? Do we, homœopathic physicians, not neglect too much gynæcological examination for the reason that we are opposed to local treatment, except for cleanliness' sake? But even a Skinner teaches that such an examination is necessary for the diagnosis and ought not to be neglected.

The case is interesting in its pathology, more interesting in its therapeutics, and exceedingly instructive in its success. It took five years and a lot of antipsorics to change the constitution of that woman from a psoric to a healthy one, but success finally crowned the zeal of the physician and the patient endurance of the good woman.

ARGENTUM METALLICUM IN TORPOR, ETC.

We believe it was Voltaire who, to make fun of the miserly inclinations of the Genevese, improvised this anecdote: A stranger seeing a woman lying unconscious in a faint, from which no efforts seemed able to arouse her, asked, "Where does she live?" "At Geneva," was the reply. "Ah! then I have an infallible cure for her," and taking a small silver piece, he placed it in the unconscious woman's hand; immediately the fingers clasped it, and shortly the woman recovered sufficiently to pocket the silver.

Now for the moral: It is common to hear subscribers exclaim (for criticism is ever easy), "our journals are so dull, so stupid," etc. Now suppose these dissatisfied ones try to remedy *this torpor* by a liberal dosing with *Argentum*. (*Aurum* might do as well.)

Perhaps it may be found that the cause of this dullness is not all on one side.

SOME CLINICAL CASES.

W. S. GEE, M. D., ILLINOIS.

Chloral hydrate.—Some weeks ago a gentleman presented himself at the office complaining of a terrific headache. The trouble had annoyed him for several days, and he decided to have it no longer unless inevitable. He described it as being a *dull, heavy, aching pain in the forehead.* It came *each morning,* and was worse at eight A. M. Any *sudden motion aggravated* it, such as turning the head quickly, speaking, or laughing, as he had noticed when playing with the children. He *could not lie down,* and was *better when in the open air.*

Comments.—When looking under *agg.* in *King on Headaches* I found this help:

“Motion, sudden, Chlo.”

“Lying down, Chlo.,” and many others.

“Eight A. M., Chlo.”

Amel. “in open air, Chlo.,” and many others.

A comparison of symptoms convinced me that Chloral came nearest to covering the totality of the symptoms. I had no potency of that remedy, so procured some of the crude, and with water made a saturated solution. From this I prepared potencies on the decimal scale to the sixth, using distilled water as the menstruum. He was waiting for his medicine, so that sufficient time could not then be taken to potentize higher. He was given some disks saturated with the sixth, and directed to take two every hour until relieved. In the afternoon I was called to see him, as his headache had grown much more severe. He said he noticed a relief soon, but continued the medicine (he had always taken the destructive treatment), and noticed that about ten to fifteen minutes after each dose his headache was aggravated. He was obliged to stop the medicine. The aggravation wore off by evening and he had a good night. In the meantime I had potentized it with distilled water to the twenty-fifth decimal, and he was directed to take one dose of it if the headache returned. The next day gave him an opportunity to use it, and the one dose ended the whole trouble.

Hydrophobin.—R., æt. twelve. Has complained for a week of having a “sick feeling” *whenever he sees or hears the water running from a hydrant.* Turns sick when eating. Feels weak. Bowels loose, stools watery and painless. Hydroph.³⁰ and Sac. Lac.

He stated some days later that after taking two powders the trouble all disappeared.

Bryonia. June 17th, 1885.—Pearl H., colored, æt. ten, states that for several years she has had an enlargement on the right side of her neck. The tumor is situated in the course of the sterno-cleido-mastoid muscle, and moves as she turns her head. It is hard, slightly movable, large as a pullet's egg. It is, perhaps, an inch in diameter by about two and one-half inches long, reaching up behind the angle of the jaw. She says "*It gets larger in summer and goes down in winter.*"

Complains of a sharp pain from above downward in the tumor and lying on that side. Feels a "drawing" in it when turning the head to the left. Pains at night on going to bed, but they stop during sleep. Likes moderate weather, but has more pain *in hot weather and when in the hot sun.* Gave Bry.^{3m} Sac. Lac.

June 27th.—The lump is not more than half its former size, and feels soft as if it contains pus. The pain has all gone. She can now lie on that side, turn her head to the left, or go in the heat of the sun without pain. Sac. Lac. for three weeks.

A few weeks later I saw her on the street and the whole thing had entirely disappeared, and she assured me that nothing was used except what medicine she received from me. Whether others have noticed this peculiarity I cannot say, but with me Bry. or Sil. has cured the great majority of colored patients.

Nat. mur. March 27th, 1885.—Anna — applied for relief from a trouble which was very annoying, but she thought medicine could not remedy. She presented the palms of both hands, and the whole surface was thickly studded with warts.

She declared there were more than two hundred. They troubled her much on sweeping-day, as they got very sore.

I could get no other symptoms, and on "warts in the palms of the hands" gave Nat. m., and she laughingly reported in a few days, when all had entirely disappeared. The warts had not appeared on other parts of the body.

Capsicum. February 26th, 1886.—Bessie O., æt. twenty-six, has been a sufferer for years from "dyspepsia" and destructive treatment. She has had repeated attacks of "acute gastritis." Has taken a "barrel" of medicine, and still lives. She gave a long list of symptoms, among which were these: Soreness of the stomach; burning, as if a fire was within the stomach, not during, but immediately *after* eating; hot or cold food or drinks make no difference; bowels regular; urine and menses "natural." Caps.^{1m} (four powders) (B. & T.), Sac. Lac.

March 3d.—Felt better within two days, when all the burning and soreness were gone. Feels much better in every way. The next day, after taking the first powder, she noticed a peculiar odor, and it grew worse as she took the other powders—four in all. It came on in spells; says she has it now, and that the odor is more like that from the burning of putrid meat than any other with which she is acquainted. It goes with her from one room to another and she has turned things about, thinking it to have been about the bed, or the clothing of herself or others. She “knows the medicine caused it.” Has an itching “tickling in the nose and the tip is hot.” (See *Hering's Cond.*, Caps.). Sac. Lac. cured her.

INVOLUNTARY PROVING OF ARALIA.

G. M. PEASE, M. D., CALIFORNIA.

The following symptoms have occurred three different times in a gentleman of light complexion and about fifty-five years of age, each time under the same or similar circumstances.

Feeling that he had a slight cold, he chewed a small piece of Spikenard root—sold in the shops under that name—but probably the *Aralia racemosa* of Allen's *Encyclopædia*. The piece chewed was not larger round than a small quill, and an inch in length. Several of his acquaintances had used the Spikenard root with benefit.

Twenty-four hours after chewing the root I found him with the following symptoms:

Lips red and considerably swollen, having a feeling as if parched. Mouth feels parched; wants to keep the tongue moving to keep it moist, although there is profuse salivation; the saliva running from the mouth worse when he lies down. Roof of the mouth covered with ulcers, irregular in size and shape, having a yellowish-white covering (not membrane) looking like pus. Throat swollen and sore, difficulty of swallowing on account of the sensation of having a “bunch” in the throat—could hardly swallow past the “bunch.” Voice husky and weak. Patient imagines he was poisoned in this way because he smoked, though he says that others who used the root were also smokers.

The occurrence of exactly the same symptoms on three occasions render it pretty certain that the drug was the cause.

Mercurius was the remedy given each time, and quick relief followed.

NOCTURNAL INCONTINENCE OF URINE.

In view of the paucity of objective and subjective symptoms usually (the patients being generally very young), I know of no disease which is so discouraging to the physician as the above. Having recently read an article in Leonard's *Illustrated Medical Journal*, by Robert Farquharson, M. D., F. R. C. P. (allopathic), I could not help comparing such uncertainties as there given with the certainties the homœopathic school presents to its followers, and also how we may frequently wander in a maze for want of clear-cut symptoms. This disease is very annoying to the mother and causes great anxiety to the physician, unless the symptoms are direct. Herewith I give two cases, occurring during 1884, in my practice :

CASE I.—Girl, three years, dark eyes and hair. The mother was almost worn out from frequency of the bed-clothes or extra cloths to be changed and washed, and the necessity of getting up to attend to her, not to speak of the incontinence in the daytime. The urine had no unusual smell, and, indeed, I could elicit no positive concomitant. Hence, in hope of relief, I gave several remedies in succession, until one day, I learned the child was *continually craving salt*, when I gave her one dose of *Nat. mur.*²⁰⁰, which was not repeated until she wet the bed, three weeks following. For five months following she has had no more medicine.

CASE II.—Boy, ten years, fair complexion and blue eyes. This case had run the gauntlet of all the schools as well as a goodly share of patent medicine for several years. The leading symptom was "*sharp shooting pain in left chest, close to sternum, and parallel to it.*" Hering, *Condensed Materia Medica*, under *Ox. ac.*, gives "sudden lancinating in left lung, depriving him of breath." "Sharp darting in heart and left lung, extending down to epigastrium." The last symptom is also given in Pegg's *Illus. Repertory*. I gave him *Ox. ac.*^{6c}, and in two days his trouble ceased. He continues well up to date, now over seven months ago.

[The above cases remind the editor that he, too, similarly had a case of nocturnal incontinence of urine in a little girl that resisted treatment for the very evident reason that no reliable indications could be obtained. Finally he was informed that the child could pass urine, when awake, *only when standing*. *Sarsaparilla*^{2c} was given, which *cured* in forty-eight hours.—W. M. J.]

VERIFICATIONS.

ALFRED HEATH, LONDON.

Antim. tart. Cough.—A little girl, age four years, with whooping-cough of two or three months standing, had bronchitis and congestion of lungs. Symptoms, very fretful before the cough, with great quantity of phlegm. The mother said that if *the child got angry she immediately had a fit of coughing*, and if she was fretful for some time, and did not cough, in order to relieve her of the phlegm she offered her something that she knew would make her cough; this always brought on the cough. Ant. tart. at once cured the *whole*—whooping-cough, bronchitis, etc.

China off. Expectoration.—A young lady, aged thirty, had abscess at bottom of right lung, with expectoration of gray, white, stringy, tenacious mucus, full of lumps of white granules, blood, and pus (shown by microscope), cough loose, causing vomiting of food, with *loud* whooping spasms three or four times in succession. After the above symptoms had been cured, had occasional cough, expectorating lumps of *whitish phlegm, full of BLACK GRAINS, size of a small pinhead*. China³⁰ removed this expectoration in two days; no return, patient convalescent.

Zinc. metallicum. Urinating.—A gentleman about forty-five cannot pass his water standing, can only do so when sitting down. Zincum, twelfth decimal trit., immediately removed the trouble. It had been generally brought on or increased by any kind of worry.

CLINICAL OBSERVATIONS.

CASE I.—Man, age forty-two, had severe pain on inner aspect of left knee, *very sore to touch, point of pain easily covered with finger end*; sometimes better for motion, *worse for pressure*; knee joint cracked on stretching limb. Unsuccessful in relieving it except temporarily, by Con., Colch., Rhus. Finally he complained of a *sore spot on abdomen* about two inches above navel, and the same distance left of median line. It was as *sore as a boil*, but no external evidence. The aggravations were the same as the knee, and remembering that Ranun. bulb. had “small, sore spot, as from subcutaneous ulceration,” *vide* Hering’s *Con. Mat. Med.* I gave Ranun. bulb.^{3x}, when both troubles were relieved.

CASE II.—The same man had intense soreness of instep (Allen's *Symp. Reg.*, p. 668) of left foot or bruised sensation; gave one dose of Bry.²⁰⁰, which gave relief in six hours.

CASE III.—Man, aged twenty-nine, had ague several years ago, which was broken up with Morphine. Since then has been troubled every spring and fall with malarial manifestations, which were usually suppressed with Quinine. Complained for three weeks of headache one morning, and the hives the next morning. Learned that he used to vomit bile during chill and suffered greatly in his bones, I gave him Eup. perf.^{12c}. The next day he had chill, which he said was just like those he used to have. Though fourteen months ago, he has had no more.

CLINICAL NOTES.

RULES FOR USE OF PESSARIES:

1. Be sure that the pessary is needed.
2. Always teach the patient to remove and introduce her pessary, and reject all pessaries which do not allow of this. I am sure that every useful purpose can be served by an instrument which may be taken out each night and replaced in the morning.
3. Always have the pessary made of a material impermeable to moisture. Soft, pure rubber, or vulcanite are the best. Leaving in diluted Condy's fluid over night will make such perfectly clean and odorless. A pessary which is at all absorptive becomes very foul and offensive.
4. Get your patients to soap all soft rubber pessaries. Oil spoils the rubber, making it soft and porous.

—DR. McLAREN, *Edinburgh Medical Journal*, April, 1886.

SAFE METHOD FOR REMOVING FOREIGN BODIES FROM THE EAR.—Dr. Jonathan Hutchinson writes as follows in the *British Medical Journal* of April 10th, 1886:

I am induced to draw attention to a method of treatment which I long ago advocated, and which is so simple and efficient that it almost supercedes the need of knowledge. It is the use of a silver wire-loop, instead of either forceps or scoop. I have never, since I was a student, used either of the latter instruments; and for the purpose of extracting hard bodies from the ear I hold that they are most dangerous. With a flexible silver wire-loop, or, if need be, with two placed at right angles, I have repeatedly succeeded when all other means had failed. Thus, not only is the loop quite devoid of danger, but it is both more easy of use and far more efficient than any other method. It is impossible that it can injure the membrana tympani or the walls of the canal. The method of procedure is, after having put the patient under an anæsthetic, to introduce the loop gently into the ear, and turn it about until it is believed to have got behind the foreign body. This it will often do at once; but sometimes a little patience is necessary. In one instance I took out a heavy piece of lead in this way with very little trouble, using two loops at right angles with each other. The simplicity, safety, and efficiency of the method make it desirable that it should be better known.

BOOK NOTICES.

A SYSTEM OF MEDICINE, BASED UPON THE LAW OF HOMŒOPATHY. Edited by H. R. Arndt, M. D. Volume III. Pp. 1046. Philadelphia: Hahnemann Publishing House, F. E. Boericke. 1886.

We take pleasure in congratulating Dr. Arndt upon the prompt completion of his great labors. This, the third and closing volume of the *System of Medicine*, is certainly a handsome volume. The three volumes are all gotten up in the best style, and do credit to the Hahnemann Publishing House. Would that their therapeutics were as creditable to Homœopathy!

The present volume considers diseases of the skin, some eye and ear diseases, and the "Constitutional Diseases." Under this dubious heading, the following ailments are considered: Inflammation, tuberculosis, tumors, scurvy, purpura, chlorosis, scrofulosis, cyanosis, anæmia, plethora, glanders, hydrophobia, typhoid and typhus fever, yellow fever, malaria, dysentery, cholera, erysipelas, influenza, parotitis, diphtheria, scarlet fever, measles, small-pox, vaccination, whooping cough, epilepsy, pyæmia, syphilis, etc.—a most curious jumbling together of diseases dissimilar and unlike. That such a variety of diseases should be put under one heading shows the absurdity of classifying diseases at all; far better arrange them alphabetically, so one may sometimes find what he seeks.

As to the therapeutic measures advised in this volume, they are as varied as the authors and the diseases. Each writer advises such methods as his little experience seems to warrant, and all is supposed to be "based upon the law of Homœopathy."

Samples of practice "based upon the law of Homœopathy," like this are truly amusing: "Small ulcers, which occur (in mouth,) in early syphilis (what stage is "early syphilis"?) must be cleansed thoroughly with the following solution of Permanganate of Potash." Why "must"? "Must," because the "law of Homœopathy" demands it, or "must" because the writer's petty experience approves of it? A vast difference exists between these.

Throughout the whole volume we find the greatest respect paid to allopathic authority, and extensive quotations from them, even upon the treatment of diseases. Are these also "based upon the law of Homœopathy"?

In the preface to this volume the editor writes: "At the very inception of the work the question arose whether to limit its scope to the strictest application of the law of similars to the morbid conditions which constitute disease, or to include every agent by actual experience in the practice of reliable physicians of our school shown to be useful in the treatment of the sick. * * * * * Earnestly believing that it is the first and chief duty of the physician to heal the sick, and persuaded that in actual practice it is decidedly unwise to ignore the use of auxiliaries, which neither lessen the marvellous usefulness, nor mar the beauty, of the law of cure, he (the editor) unhesitatingly concluded to accept a plain duty and to provoke severe criticism, rather than publish a work which, theoretically, might seem perfect, but could not stand the test of actual practice."

Why edit a system of medicine based upon a law which is merely theoretical, and which will not "stand the test of actual practice"?

Again, how can "the law of cure" be "marvellously useful" if it cannot "stand the test of actual practice"?

If the "law of cure" be a law, it must be universally active and potent; hence it can need no auxiliaries. Indeed, we might well ask, What are these "auxiliaries" so frequently alluded to, but never accurately defined?

Hygiene and dietetics are frequently mentioned as "auxiliaries," but they are not therapeutic agents, strictly speaking, and all use them. If the alternation of remedies, crude dosage, topical applications, "tonic" medication, etc., be some of these "auxiliary" measures, then they surely do "lessen the marvellous usefulness" and positively "mar the beauty of the law of cure."

It is not the law that is weak and failing, but *we*, the physicians who use it, who are ignorant, lazy, and exceedingly fallible. Let us, therefore, not use expedients, but increase our knowledge of the materia medica and our ability to apply the "law of cure." Then we will never need auxiliaries, nor find our "system of medicine" unable to "stand the test of actual practice."

In conclusion, we must express our regret that so much eclectic practice should have been allowed in these volumes to mar their usefulness to the practitioner and to falsely instruct the student.

CHART OF FEVERS. Arranged from Professor T. S. Hoynes's Lectures by J. P. Hough. Duncan Bros., Chicago.

This chart is a sheet some twelve or thirteen inches wide and about twenty-four inches long, containing a description of fevers arranged in parallel columns. These columns contain name, prodroma, character of the eruption, duration, period of desquamation, pulse, temp., sequelæ, varieties, prophylactics, remedies, etc.

The chart is divided into three parts: Exanthematic Fevers, Continued Fevers, Periodic Fevers. At a glance the physician can tell just what he wishes to know about any given fever without any time lost in turning leaves and reading material not immediately useful. Of course, the column containing remedies is imperfect. This must necessarily be so when we remember how vast is our materia medica and how the most unexpected remedies are suddenly indicated in any given case. This deficiency, however, is no objection to the chart, which is exceedingly useful in diagnosis and prognosis. Every physician who reads this notice should get one. W. M. J.

CHART FOR URINALYSIS. Duncan Bros., Chicago.

This is a convenient tabular arrangement of all the principal tests for determining the character of the urine. It is in the form of a sheet eleven by seven and a half inches, and is intended to be hung up in the office for ready reference. The tests are all good with one exception, Nitrate of silver, which is in our opinion of comparatively little value. W. M. J.

PAMPHLETS RECEIVED.

EMPYEMA : Herbert C. Clapp, M. D.

USE AND ABUSE OF INSTRUMENTS IN THE MALE URETHRA :
William B. Van Lennep, M. D.

THE TEST AT THE BEDSIDE ; OR, HOMŒOPATHY IN THE BALANCE : Pemberton Dudley, M. D.

Of these pamphlets, we may remark upon those of Drs. Clapp and Van Lennep, that the operations they discuss are needed only where Homœopathy fails, which is seldom when she has a fair chance. We do not see that these gentlemen have adduced anything new in their essays.

Of Dr. Dudley's lecture, we can only say it gives a clear and forcible account of the trials and triumphs of Homœopathy, and is well worthy of being read by all.

We believe the figures given by Dr. Dudley make too poor a showing for Homœopathy. The difference between homœopathic and allopathic losses are greater than he gives them.

Published by Mr. T. Engelbach, 154 Canal Street, New Orleans.

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.

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No. 7.

WHAT IS THE BEST METHOD OF SELECTING THE
REMEDY?*

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

It is evident, without argument, that this must be the method of law. If there be a law, and if this is to govern this selection, it must have had its origin in the mind which devised and created the body the selected remedy is intended to heal. It must then have been made one of the laws which were to govern its life, especially its *sick* life. In order to a clear view of the duty of this selection, let us go back to the scientific elements involved in this and examine them, and see if from them we can gain light on this best method.

The objective of this selection is the *cure* of sick humanity. Then the first object of examination is man himself. And in the outset we find him not an accident in the world, but the product of an intelligent creating power, complex in his constitution, the many parts or organs of which were each formed for the performance of its own special function, and each, in the execution of its own office, when undisturbed, is in that perfect accord with every other which conserves the organism as a whole and each of its parts. This harmony of function is health. Function is the result of motions in these organs, and in each is

* Read before the New York County Homœopathic Medical Society, March 11th, and before I. H. A., June 24th, 1886.

the particular motion its function requires. Motion implies motive power; organs are moved to the execution of function only as they are impelled by this power. So, in man, as before the problem of this selection, we have organs, the power which moves these, and the resulting functions.

Now this power, which is the characteristic of the *living* man, was, when placed within him for the purposes of life, made susceptible to impressions from agents without itself, which are capable of modifying its action on organs and functions, so that the harmony of these, which we call health, is destroyed. This discord in organs and their functions we call sickness, and is always tending to the destruction of both. The first impress, then, of the cause which has disturbed this harmony is on the power which executes functions. We have then, first, the impact of the morbid cause on the power which executes functions, then, the resulting disturbance, and then, perhaps, changes of organic tissues if this lost harmony is not restored before there has been time for these changes of function to produce changes of tissue. This is the order in which the processes of sicknesses succeed each other. The processes being once set up, the problem before the healer is to find the agent which has the power to restore the lost harmony of function.

How shall we proceed in our search for this? There are but two obvious courses open to us—one under the guidance of law, the other with no law or guide other than guessing. We can see no other course nor reason for proceeding to demonstrate the superiority of that under law. Nor is it needful to declare, as before this problem, there is but one known law, and that that is the law of similars. The clinical experience of more than three quarters of a century has abundantly demonstrated this to be a law, and neither opposition to this, nor the needs and sufferings and dangers of human sicknesses, have, in all this time, brought to our knowledge any other.

Then what does this law require of us, if we are to proceed under its guidance, as we attempt the selection of a needed curative? First, that *all* the elements in the problem of the selection shall be *known*, while it assumes that all necessary to a right selection are knowable. It will at once be seen, if we are to proceed under the law which underlies the science of therapeutics—the law of the similars—that these elements are presented to us in two categories, one embracing those pertaining to the phenomena of the sickness—the other, those of the recorded actions on the organism of the agents from which the selection is to be made. The law declares that the record of

that agent which is found to be most like the phenomena of the sickness is its curative, and it requires a complete knowledge of both categories before it will accept responsibility for the cure by any selected remedy. Thus, it will be seen, it sharply rejects all elements which may be intruded into the problem by whatever of guessing which may be called by whatever specious or well-sounding name.

Then of the sickness. It will be borne in mind this has resulted from the impress of some agent on the force which governs and executes functions, with power to change these from a living harmony to a destructive discord. This discord *is* the sickness. Then the law will know the history of this discord, the order in which its different elements have appeared, and of these elements which constitute this discord, *what* functions are so affected by this agent, and *how* are these affected? Each function is to be questioned as to the kind of modification it has had impressed on it, especially as this is declared in the modalities accompanying the change, as to what is the character of the pains or abnormal sensations, if any, what the time of day, or in whatever other circumstances is this change found aggravated or relieved. How is this change affected by other functions of bodily organs—as by motion, rest, position, eating, drinking, breathing, by evacuations of whatever kind, and this as to each and *every* function, and in utmost detail, and as to every circumstance or condition in which any one or more of these find aggravations or relief of sufferings. A record of these, clear and plain, is to be made, and then the prescriber is ready to pass to the other category of his problem, the record of the actions of the agents on the living organism, from which he is to make his selection. But before proceeding to this, it will be well to note, that up to this point his problem is wholly made up of dynamic elements, and not at all of any material entity. This assumes that the sickness with which we have to deal has neither a mechanical nor chemical origin.

But, the professional mind being what it is, it is quite likely, before passing to the medicinal category, to inquire—*what about the name* of this sickness I am about to attempt to cure? Is it not needful before proceeding to the search for the remedy that I shall give a name to that to be cured? You have given no hint as to the duty of diagnosis—name. Is it not needful, before going farther, to answer the question—*what* is it I am about to try to cure? We answer, the law has nothing to do with names of sicknesses, but with the phenomena which characterize them, and the name is not one of these. It demands

that you find in the record a simillimum to these phenomena, with which the name has nothing to do. You need have no concern as to a name till you have found your simillimum. The name will not help the search for this in the least. It may, if lugged in, prove a hindrance to the "*scientific*" search for the true simillimum.

But then the pathology of the case. Is one to pass to search for its remedy before this is settled? Is one to search for a curative for a given case before he has decided *what* it is that needs curing? If by pathology you mean something different from the totality of the symptoms, you are talking of that which the law has not made necessary to your successful search for your remedy, and of which, most likely, you will in the end find yourself guessing more than you know, and guessing law will not accept as any part of a service under its direction. The totality of the symptoms is all that can be *known* of the pathology of any case, and these are the only "*what*" the case presents for curing. If there be reasons for believing that there are in the case certain conditions of internal parts or organs, these reasons can only have their foundations in the perceptible phenomena of the case which can be known, and not in any imperceptible imaginings which no man can know. These phenomena are just the matters with which the law requires the healer to deal, while it rejects all unknown imaginings as only calculated to damage success.

Having thrust out diagnosis and pathology, not from clinical duties, but from this one of them, the selection of the remedy, where they have no place, though they have important uses in other clinical duties, we proceed to the next step in the progress of our selection under the guidance of law, and this is to compare our record of the sick phenomena of the case with that of the actions of drug agents, as these have been ascertained by experiments and observations of them on the healthy organism. These agents have been found to have power to disturb functions, and each in a manner peculiar to itself, and each in a way which differs from that produced by all other drugs. The record of the sick phenomena is to be compared with the record of the drug actions, that the greatest similarity may be found in the record of some drug to that of the case to be cured. This found, and the process of the selection is ended, for the law declares this to be the curative of the case.

But the selection of this from the many of its associates is not so simple and easy as it may appear to the inexperienced. We have shown that *all* the phenomena of the sickness are to be gathered,

with all of modality, circumstance, and condition pertaining to each.* The same knowledge is required as to the actions of the drug agents, *i. e.*, as to the modalities, circumstances, and conditions which have marked the disturbances in the organism observed in the experiments which have given us our *materia medica*. The record of these is a part of the proving of every drug which has given to this its clinical value. We require these, in both the record of the sickness and the drug, in fullness of detail before we proceed to the comparison which is to end in the selection of our curative, because it is in the likeness of these modalities, etc., that the curative relation between sicknesses and drug agents exists. Hence it is that in the record, on the one side and the other, there are found facts of more and less importance as indices of the true specific to be selected. We must have *all*, that we may be sure we have those which are most important. This is found oftener than otherwise not to be the facts which have had the most attention of patient and friends, and perhaps of the doctor.

To illustrate this, take a case of dysentery. The pains, tenesmus, and frequent evacuations are most likely to be the facts of greatest consideration to the patient. They are comparatively of but little importance to the prescriber. They say the case is dysentery perhaps, but they have no voice as to what will *cure* it. That the patient *faints* at each stool does not seem a fact of much consequence when it is accompanied by so much misery in the other and more obtrusive facts. And yet this slightly regarded fact proclaims in loudest and plainest speech the specific curative for the case. It is the mark of the master-healer that he recognizes those symptoms of the many which dominate the selection of the specific curative of his case; that he knows characteristic symptoms when he sees them, and gives to them their authoritative consideration in his selection of his curative.

We have seen that sicknesses are in their nature dynamic—that they are only disturbed forces and consequent changed functions. It is equally true that that in drugs which cures sicknesses is a *dynamis*. This, if remembered, may save from important mistakes. It should be remembered, because the likeness which the law requires reaches to this fact of the

* This is by far the most difficult part of clinical duties. "This record fairly and rightly made of any case, and that case is more than half cured." This was said to the writer by one of the greatest masters of the healing art he has ever known. In comparison with this difficulty, that of finding the specific remedy is quite an easy matter.

dynamic nature of both factors in the problem of finding the specific for a cure. It is true, men may get sick and other men may find means to cure them, and neither of them have any thought of the dynamic nature of the factors law presents for the healer to deal with. But it is also true, the best success in healing attends a proper recognition and use of this fact, and we all are, or should be, as healers, emulous of that which is best.

The fact that the dynamis in the drug, which alone acts curatively, is bound up, and, therefore, is comparatively inert in the crude drug, is capable of liberation and indefinite development by proper manipulation, should be borne in mind, as the degree to which this shall be carried in the case of a selected specific is often a matter of the first importance, and never one of indifference. It is not *always*, as some have supposed, that the higher this process of dynamization has been carried with the selected drug for a given case, the greater is its power to cure that case. But until this power has been liberated and developed it is, comparatively, but little available for the purposes of the healer. It is that degree of development of this power in our specific which brings it into harmonious relationship with the dynamis of the sickness which best prepares it for the best success. And, finally, let us remember to regret that, when first experiments were made to reduce drug *matter* in the dose, that aggravations of the patients' sufferings might be avoided, there came into use in our nomenclature such misleading terms as *attenuation* and *dilution*. The idea was reduction of drug *matter*, and the term may fitly express this as to the *matter* of the drug. But it was found that though the *matter* had been reduced, the *curing power* had been rather increased, showing demonstratively that *the two elements are not identical*. The *matter* was diminished, while by the same process which effected this, its dynamis was developed and its curing power enhanced. These terms are wholly misleading when applied to that which has happened to the medicinal agent when passing through the process which has been more fittingly termed a dynamization. In dealing out our medicines we are really handling *forces* and not materialisms, and to talk of *diluting* or *attenuating* a *force* is to talk of what is wholly inconceivable. A right understanding of these facts will save much confusion of ideas, and render quite plain many facts which, though facts, are seemingly impossible, and are wholly incomprehensible. All we know of them is that they are facts, and this we do know.

In the beginning we called the method of selecting the remedy we have presented the *best* method. If any inquire why we have done so, we reply, first, because it has given us a record of successes in healing greatly surpassing that of any other. It is this record and no other which has given to Homœopathy its world-wide repute and acceptance; second, because it is a practical embodiment of the principles of its law, and a practical departure from this method is, by just so far as this extends, only a *partial* exhibition of Homœopathy at the best, and may be, and not seldom is, so great that the *law* of therapeutics is left wholly out of sight. This is true of all practical proceedings based on the principle advocated by some, and called liberality, that of "*going as you please*," *i. e.*, following individual inclinations and judgments rather than the demands of law, and yet those who so teach and do, claim the right to be called by the name which rightfully characterizes only those who obey law. They claim to be accepted as homœopaths, though Homœopathy is wholly *a law*, and these are "*bound by no law*." Third, we accept this method as best, because it was the method of those who have given us our brightest examples of practical successes in the administration of our healing art. It was the method of Hahnemann, Gross, Stapf, Bœnninghausen, Haynel, Hering, Rummel, Schreter, Hartmann, Hartlaub, Rückert, Franz, Beker, Herman, Hornburg, Langhammer, Wahle, Jahr, Friedrich Hahnemann, and the other worthies who joined our great master in his labors which gave the world the priceless treasures of our *materia medica*. Fourth, we have called it the best, because a trial of it of near half a century has fully justified the confidence which the example and testimony of these worthies inspired.

And now if any man has a better method with a better record of successful healing attached to it than has this of law, let him bring it forward with evidence of the verity of this record, and if he can make this satisfactory, I am his friend, and will accept his better method with all thankfulness.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

The third quinquennial International Homœopathic Convention will be held at Basle, on the 3d, 4th, and 5th of August next; the first day to be devoted to general considerations bearing on Homœopathy; the second to *Materia Medica*; the third to Clinical Medicine.

Sectional meetings can be arranged for, at the discretion of the members, during the hours left vacant by the general sessions.

Every member will be at liberty to speak in his own tongue, provision being made for interpreting his meaning to the rest.

Let me remind the profession that funds will be required for this undertaking, and that Dr. Dudgeon, of 53 Montagu Square, London, is acting as Treasurer. And now I have only to appeal to all who love Homœopathy to join in making our gathering a pleasure and a success.

R. HUGHES, M. D.

CYCLOPÆDIA OF DRUG PATHOGENESY.

A. M. McNEIL, M. D., SAN FRANCISCO.

[Read before I. H. A., June 25th, 1886.]

Since the time that Hahnemann gathered around him a few disciples who had been convinced by the cures he performed, there have been many who, while professing to be his followers, yet denied much of his teaching. His life was embittered by them, and the harshest expressions that were ever wrung from him were directed against them. A journal was established, whose ostensible object was to advocate conglomeration of Homœopathy and allopathy, whose name has long since sunk into oblivion, very soon after Homœopathy was established. This course has been persisted in to the present time. No weapon has been too insignificant or too dishonorable to be employed against him. His motives have been misconstrued malignantly, even his sanity has been questioned. Recently these attacks have been increasing in boldness and frequency. One is armed with chalk and blackboard, and figures out how small the amount of matter in Hahnemann's potencies. Another, with microscope, hunts for matter in them, and because he cannot find it denies that it exists, and asserts that therefore they can have no power. Another turns over musty tomes and throws suspicion on Hahnemann's quotations and provings. It is to the work of these that I direct your attention.

Hahnemann showed his detractors how to prove the fallacy of Homœopathy as he taught it, and although no one has had the hardihood to deny the fairness of his challenge, none have been found brave enough to accept it. I quote this as it is found in the preface of Volume III of his *Materia Medica Pura*: "Take a case, of course one for which a homœopathic remedy has already been discovered, note down all its perceptible symptoms in the manner which has been taught in the *Organon*, and avoiding all those heterogeneous influences which might disturb the action of the drug, and if, under these circumstances, the drug does not afford speedy and efficient help, then publish the failure to the world in a manner which shall make it impossible to gainsay the homœopathicity of the drug and the correctness of your proceedings, and the author of Homœopathy will stand confounded and convicted."

"*But do not resort to deception. Every fraud is sooner or later made manifest and stigmatized.*"

Is there any scientist who ever made a fairer challenge? But although seventy years have nearly elapsed, I am not aware

that it has ever been accepted and Homœopathy shown to fail. Many times it has been accepted and the result was conviction and conversion.

A part of this last work is now before us, and is called *A Cyclopædia of Drug Pathogenesis*, edited by Richard Hughes, M. D., and J. P. Dake, M. D. As a preface, the instructions (made by themselves) under which it is edited are published. Part of these I find no fault with, the others I will name. Instruction 2, "Give a narrative of all provings, stating the symptoms in the order of their occurrence, *with such condensation as completeness allows.*" [Italics mine.]

As to the condensation practiced, one of the objections always urged against the homœopathic materia medica is its voluminousness. This was always and repeatedly urged. Allen's *Encyclopædia of Materia Medica*, containing all provings in every language, is the largest. I will compare the provings of Aconite in these two works. Both works have the same size of page and general style of printing, excepting that Hughes' and Dake's is very much abbreviated, so that more matter is crowded into a page. Allen devotes to Aconite thirty-two pages, Hughes and Dake forty-six, almost fifty per cent. larger. I suppose that, as they both claim to collect all provings and poisonings, the reason for this increased bulk is that where a symptom occurs more than once in different provings in Allen it only occurs once, being put in italics to show that it has been repeated. In Hughes and Dake it is reiterated with no distinguishing type. Allen also shows, by full-faced type, those symptoms which have been verified clinically till they have been promoted to the rank of grand characteristics. In Hughes and Dake all symptoms are printed alike, and are, therefore, placed as of equal value. In this way the clinical experience of Homœopathy for three quarters of a century have been thrown aside as worthless.

Let us see what has been omitted in condensation. Allen gives fifty-five grand characteristics, printed in full-faced type, and of characteristics three hundred and ninety-eight in italics. I boldly assert, without fear of contradiction, that he who has mastered these four hundred and fifty characteristics of both kinds is better fitted to prescribe, other things being equal, than he who has equally well learned all of these forty-six pages if it were possible. Nay, further, he who has learned well these fifty-five grand characteristics will prescribe better. As to what Hughes and Dake have omitted, on a careful examination I only recommended twenty-seven characteristics of either class retained, and these in the same type as all the rest. True, this

is sifting the materia medica, but it is throwing away the grain and carefully preserving the chaff.

Instruction 9 "Includes symptoms reported as coming from attenuations above the twelfth decimal only when in accord with symptoms from attenuations below."

The reason for this is, it has been frequently stated, because with the microscope no matter can be found in potencies above the twelfth decimal. Does it follow that because with our present microscopes we cannot find matter above the twelfth that it is not there? Let us see how scientific men reason on a similar subject.

Scattered across the sky are masses of light or nebulae seen with the naked eye. But turn an ordinary telescope on one of these and it is resolved into clusters of stars. But new nebulae are now seen. Use a more powerful instrument, and these also are seen to be composed of stars. Every improved telescope has resolved nebulae into stars, but has revealed others. And while astronomers believe that there may be nebulae not composed of stars, but of masses of incandescent vapor, they are now earnestly looking forward to the completion of the great Lick telescope to decide which are stars and which nebulae proper. No astronomer has ever asserted that there are no stars in a given spot of the firmament because with the most powerful instrument he can see none; he only says he cannot find any, but thinks it possible they will yet be discovered. But let us go further, and see what the illustrious scientist, Professor John Tyndall, says about the use of the microscope. (See *Fragments of Science*, fifth edition, page 7.) After showing that by dissolving gum mastic in alcohol and carefully adding water a perfectly clear liquid is produced, in which the most powerful microscope can find nothing, but that a beam of light reveals the fine particles of the germ, "It is, I hold," he adds, "among the finest ultra-microscopic particles that the matter potential as regards the development of bacterial life is to be sought."

"Now, the existence of these particles, foreign to the atmosphere but floating in it, is as certain as if they could be felt between the fingers or seen by the naked eye."* But if Tyndall

* Tyndall also says, *loc. cit.*, page 413: "At a certain stage of concentration the salt can no longer retain the liquid form; its particles, or molecules, as they are called, begin to deposit themselves as *minute solids*, so minute, indeed, as to defy all microscopic power. (Italics mine)."

Liebig says: "Only the imperfection of our instruments prevents our seeing creatures a millionfold smaller."

Cham. Briefe, page 28: "The same illustrious chemist recognized chemical action in solutions equivalent to the twenty-fifth homœopathic (cent. or dec.?)."

cannot see this matter, even with the highest microscope, how does he know it exists? *By its effects!* "By their fruits shall ye know them," is as good a scientific maxim as it is a scriptural one. And by the same way we know that pathogenetic and clinical properties are present in potencies above the twelfth decimal. But an eminent authority says that we may not adduce the clinical effects to prove this. With the same propriety it might be said that we may not be permitted to prove the use of gunpower by loading it and firing at an object. But Tyndall shows that ultra-microscopic particles do produce measles, scarlet fever, cholera, etc. And we are asked to believe that ultra-microscopic particles of rattlesnake poison cannot cause a headache or cure it. I might quote the experiments performed by two French physicians (old school) before the faculty of the French Naval Medical College, at Rochefort, France, of testing the powers of drugs on blindfolded persons when the drugs were entirely unknown to the subjects; but I forbear, and only refer you to the *Medical Advance* for June, and *San Francisco Chronicle*, April 18th, 1886. This is only one of the cases in which old school physicians have proven the truth of doctrines taught by Hahnemann and rejected by his professed followers.

The symptoms of Hughes' and Dake's work not being arranged according to the part of the body in which they occur, it is difficult and tedious to search for symptoms for any particular case. Just imagine yourself searching for a symptom among the forty-six pages of Aconite, and the best-arranged index or repertory could aid but little. So, for the study of cases by the practitioner, it is really worthless. And picture to yourself a student beginning his study of Aconite among these forty-six pages of symptoms of equal value. Day after day, week after week, and even month after month would pass and his confusion would only increase. The labyrinth of Minos was a straight path to that he would have to travel.

But if the *Materia Medica* of Hahnemann was full of fanciful and fictitious symptoms, the so-called success of early Homœopathy was a fraud, and that of to-day, as resting on it, should be repudiated by every honest man.

Many years ago distrust and suspicion had arisen in the minds of many homœopathic physicians against the provings of Hahnemann and his colleagues, and it was determined to investigate them by re-proving with massive doses. Dr. Watzke was one of the Austrian provers peculiarly formed to carry out this purpose. We will hear what he says. He says, in speak-

ing of *Natrum muriaticum*: "I am, alas!—I say alas! for I would much rather have upheld the large doses which accord with current views—I am compelled to declare myself for the higher dilutions. The physiological experiments made with *Natrum muriaticum*, as well as the great majority of the clinical results attained therewith, speak decisively and distinctly for those preparations. *Several of our most cautious provers* have obtained unquestionable characteristic *Natrum muriaticum* symptoms from them." In their provings, the only distinct picture of periodic fever was induced in Dr. Wurmb while proving the thirtieth and twenty-fifth dilutions. Dr. Schreter obtained symptoms from the thirtieth which no prover got with massive doses. Of course, according to this Instruction 9, these symptoms must be excluded, although obtained by skeptics from high potencies. Dr. Wurmb got decided and persistent symptoms from dilutions (from the thirtieth to the sixth), although from the crude salt, even in half-ounce doses frequently repeated, he got no symptoms. The provings of *Natrum mur.* will be useless and emasculated if symptoms obtained from their high potencies are rejected.

But it may be asked, is the homœopathic *Materia Medica* perfect? No! although it is the most remarkable work ever written by uninspired man. It does not require much proving of new drugs, but needs to be constantly compared with cured symptoms by careful observers and then verified. Characteristics are thus obtained; and, owing to the voluminousness of the *Materia Medica*, these must be the principal reliance of the physician and the student.

PROCEEDINGS OF THE MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC SOCIETY.

SYRACUSE, N. Y., March 18th, 1886.

The following members were present: Drs. Young, Hawley, Boyce, Biegler, Brewster, Martin, Marks, Clapp, Carr, L.B. Wells, Brown, Swift, Harris, Bessner, Gwynn, Duel, Emmens.

Minutes of last meeting were read and approved. The President, Dr. Young, appointed Drs. Hawley, Clapp, and Martin as Committee on Credentials.

There was no communication or paper from Dr. Ad. Lippe, to whom the Secretary had written a letter.

Reading of §§ 11 and 16 from the *Organon* by Dr. Hawley. Dr. Hawley remarked that the whole use of drugs was embodied in these two paragraphs.

Dr. Biegler spoke of the scarcity of the teaching of the *Organon* to students, and illustrated the superior power of the dynamized drug by relating a case of apoplexy improved on a single dose of Opium^{mm} even after Chloroform had been administered. He also gave the following case, as an instance of the sick-making power of mental disturbance. A young lady was suffering apparently from indigestion and had been treated by an allopath with cathartics; this was followed by continuous eructations. Remedies were given with partial or temporary improvement until the doctor discovered that she had been frightened, the symptoms pointing to Opium, which, when given in a high potency, relieved all symptoms for good.

Boyce spoke on the eleventh paragraph and compared it with Biegler's teachings.

The eleventh paragraph was further discussed by Drs. Wells, Hawley, Biegler, Brown, and Young.

The amendment to the Constitution changing the annual meeting of this Society to March instead of June was carried. The election of officers followed and resulted as follows, all the officers being elected unanimously:

President, Dr. J. A. Biegler, of Rochester, N. Y.

Vice-President, Dr. E. P. Hussey, of Buffalo, N. Y.

Secretary and Treasurer, Dr. Julius Schmitt, of Rochester, N. Y.

Moved by Dr. Hawley, that the Secretary notify Dr. Hussey of his election. Carried.

Dr. Biegler related a case of Natr. carb.^{em} and one of *Naja tripud.*^{em} The latter was given for aching in the throat, rawness between larynx and sternum, worse after coughing. One single dose cured.

Dr. Brown read a paper, which was discussed by Drs. Biegler and Wells.

Dr. Stephen Seward read a paper on tobacco cancer.

Moved by Dr. Harris, that Saratoga County be included in the precincts of the Society. Carried.

Dr. Biegler moved that this Society adjourn to meet at Saratoga at the same time with the International Hahnemannian Association. Carried.

A. B. CARR,
Secretary pro tem.

THERAPEUTICS OF DIPHTHERIA.

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

[Read at the January meeting of the Monroe County Homeopathic Society.]

The treatment of diphtheria has always been and is still "*l'enfant terrible*" of the so-called scientific school of medicine, and the different hypotheses brought forward by speculative minds of their fraternity have naturally started the most heterogeneous modes of treatment. Their failures have been the same as they are in all other serious diseases, the death-rate among their victims is enormous, and diphtheria has become a terror, not from its own inherent severity, but from the perverse measures that have been adopted to conquer it; and here I take occasion to say that the people's accusing physicians with filling the grave yards proves, as far as the scientific school of medicine is concerned, the truth of the saying, "*Vox populi, vox Dei.*"

How different the results of those who follow the law that God has given us poor mortals to combat disease, and for whose discovery the world will have forever to thank the immortal Hahnemann.

Here the death-rate shrinks to a minimum, and would be still smaller if we, the executors of the law, were other but human. The progress, however, we are making in finding the characteristics of our remedies will enable us in the future to show still more brilliant results.

In following strictly the law of *similia similibus curantur* and in carrying out most scrupulously the modes of its application as taught by Hahnemann and confirmed, especially in diphtheria, by R. R. Gregg, M. D., of Buffalo (see his book on diphtheria), I have had in my practice only two deaths from diphtheria since August, 1882.

I mention this not in a boastful way, but only to show that the law, even in this much-dreaded disease, is superior to human speculation and hypothesis.

Each one of the indications for the use of the following remedies has been verified in my practice:

Apis.—Œdematous swelling of throat and neck; a little bag of serum on the end of the uvula. Stinging pains in the throat, choking spells. Fever high, skin very hot, delirium, urine voided in drops with burning. Aversion to heat.

Arsenicum.—Diphtheritic membranes shriveled or black.

Tongue with red stripe along the middle. Swelling of submaxillary glands. Great weakness, prostration, adynamis, fever not very high, great restlessness and anxiety, patient wants to change from place to place, or child wants to be carried from one room to another. Dread of solitude. Urine frequent, scanty, burning; stools may be frequent, but then also scanty and burning. Desire for warmth. Thirst for little at a time.

Arsenicum corresponds to the very worst cases of diphtheria, but, happily, is seldom indicated in cases which have been from the beginning under pure Hahnemannian treatment. You will get them mostly out of the hands of the pseudo-scientific physician.

Arum triphyllum.—Diphtheritic membrane not characteristic. Patient is very irritable, cannot eat or drink on account of the soreness of mouth, tongue, and throat. He is picking his lips constantly until they bleed. Diphtheria of Schneiderian membrane, with acrid discharge from nostrils. Submaxillary glands much swollen. Urine may be scanty and voided frequently. Aggravation from three P. M., especially fever and irritability.

Belladonna.—Diphtheritic membrane appears on right side. Mucous membrane of throat of scarlet redness. Right submaxillary gland swollen and exquisitely tender to touch. Desire to swallow—must swallow or thinks he would choke, although the act is very painful. Tongue coated white, with red papillæ shining through the coating. Very sour smell from mouth. Thirsty desire for lemonade, which agrees. Fever very high, with a globular pulse, as if a shot were passing under your finger. Skin so hot to touch that it leaves a hot sensation in the hand of the examiner. Urine scanty, blood-red, when getting cold a thick, heavy precipitate of phosphates, or may be as clear as well-water. Patient may be very restless and excitable, starting in sleep, and high delirium, a regular ataxic condition, or he may be drowsy, with general venous congestion. Pupils dilated, violent beating headache, often starting in the occiput and spreading to forehead. Stiffness of neck. Time of aggravation from three P. M. to three A. M.

Belladonna is often indicated in children, especially when seen early in the attack, and will then cure rapidly.

Hepar.—Diphtheritic croup with enormous swelling of the glands of the neck. Dyspnoea very great. Croupy cough, with a little rattle.

Kali bichromicum.—Diphtheritic membrane greenish-gray or brownish-yellow. Swelling of tonsils and submaxillary glands, œdematous swelling of uvula. Choking spells. Pain in throat ex-

tending to ear, worse when protruding tongue. Very thirsty, desire for beer. Time of aggravation two to three A. M. Diphtheritic deposits in nose, pharynx, larynx, vulva, and vagina. Expectoration very stringy white mucus, or thick yellow chunks. Nasal discharge yellow and excoriating. Kali bichromicum seems to be the leading remedy this winter.

Lac. caninum.—Diphtheritic membrane white like china; mucous membrane of throat glistening as if varnished. Membranes leave one side and go to the other repeatedly. Desire for warm drinks, which may return through the nose. Post diphtheritic paralysis.

Lachesis.—This everlasting monument of Constantine Hering has grayish diphtheritic membranes, appearing at first in left side and spreading to right side. Mucous membrane of pharynx, buccal cavity, lips, and tongue dark purple; strong diphtheritic odor. Tongue pointed, may catch behind lower lips or teeth when protruding. Left submaxillary glands swollen and very tender to touch; painful deglutition; pain shooting up into left ear; urine scanty and frequent; fluids swallowed return through nose; occipital headache; stiffness of nape of neck; pain from vertex down to nape of neck. All symptoms worse after sleep. Desire for coffee and cold drinks, which relieve throat symptoms. Aggravation at two P. M. May be indicated in both the ataxic and adynamic states of the disease; has been very often indicated in former years, but less during the last two years.

Lachnanthes tinctoria.—Stiffness of left side of neck, so that patient has to sit with head bent to the other side, and has to move the whole body in order to turn from one side to the other.

Lycopodium.—Diphtheritic membrane, not characteristic, commences on the right side, spreads to the left side. Right submaxillary glands swollen, but not so tender to touch as in Belladonna. Desire for warm drinks, which are grateful to the throat; wing-like motion of the *alæ nasi*; aggravation from four to eight P. M.; diphtheritic membrane in nose spreads from right to left; yellow, thick, acrid discharge from nose. May be given almost in every case that commences on the right side, when Belladonna can be excluded.

Mercurius solubilis.—Diphtheritic membrane commences in one of the arches of the pharynx or in the uvula; mucous membrane of the throat purplish; tongue shows a dirty gray coating, is flabby, and takes imprint of teeth; ptyalism, bleeding of the gums; submaxillary glands and parotids swollen hard, prevent the separation of the jaws (which seems to be very characteris-

tic of this remedy); profuse, clammy perspiration at night; desire for milk.

Nux vomica.—Dark gray patches on right tonsil; fauces purplish; stitches through both ears during deglutition; patient is very much concerned about himself; chilly when uncovering; perspiration smells like horse's urine; aggravation at four A. M.

Petroleum.—This remedy I have had occasion to prescribe only once, and I give you, therefore, the symptoms of the patient as they were taken down at the time. The case was cured promptly. Diphtheritic membrane commences in left side, tongue pointed and purple (Lach.); then spreads to right side (Lach.); then to uvula. Mucous membrane of throat dark red and glistening (Lac-can.); exudation white like china (Lac-can.); then followed a bland discharge from right nostril, then from left (Lyc.); diphtheritic membrane in nose is gray; fetid odor from mouth; stitch in left ear when opening mouth; *soreness of bridge of nose; cannot stand the slightest touch, from the very beginning of the sickness*; later slight swelling of both upper eyelids; discharge from inner canthus of both eyes; desire for beer and brandy in water.

Rhus tox.—Membranes grayish white, mostly on both tonsils; pharynx greatly inflamed; swallowing very painful; submaxillary glands somewhat swollen; tongue coated white, with inclination to become dry; a triangular red space at its point; apex of triangle pointing backward; great restlessness on account of pains in back and limbs; desire for oysters.

Sulphur.—Diphtheritic membrane yellowish, commencing on either side of throat; mucous membrane livid or bright red; tongue coated white with red border, or yellow as if sprinkled with sulphur; thirsty, but vomits everything; very restless, must move about in bed, but movements start chills on back, running from below upward; clammy, cold perspiration; shooting pains from back of neck into left ear; empty, gone feeling in stomach; faints easy; cold drinks do not agree with stomach; desire for beer.

NEMESIS.

E. W. BERRIDGE, M. D.

In the January number of the *Homœopathic World* is an agonizing howl from Dr. Dudgeon because he finds himself boycotted by the allopaths. Dr. Dudgeon and his pseudo-homœopathic colleagues have been for many years in the habit of boycotting the genuine homœopaths. "With what measure ye mete, it shall be measured to you again."

THE MODUS MEDENDI.

T. C. HUNTER, M. D., NAPOLEON, OHIO.

It is claimed by scientists that the atoms of the diamond are as far apart, in proportion to their size, as are the stars in the heavens ; that each individual atom is in constant motion ; that the atom of each and every variety of substance has its own peculiar method of movement ; that the movements of the atoms of the diamond are peculiar to the diamond, and are always the same ; the atoms of quartz are peculiar to quartz, and are also always the same ; that this law applies to all substances, whether in a solid, liquid, or gaseous form. These facts are arrived at by a process of reasoning, and in the nature of things cannot be visibly demonstrated.

Let us apply this law and these facts to the settlement of the vexed question of the manner in which high potencies can affect the animal economy. Those who have carefully read the results of Jaeger's experiments in neural analysis, and who believe the statements he has made, need no argument to prove the ability of high dilution to affect the living organism. To those who disbelieve his statements, I would say, try the experiment as carefully as he did, and report the results.

In Jaeger's experiments the personal equation of every person experimented on was affected in a different manner by different remedies, administered without their knowledge of the name or nature of the remedy, and these were without the knowledge of the person experimented on. There could, therefore, have been no collusion.

I am sorry to say that these facts are directly contradictory to the edict of the learned savans, who together constitute that "grand aggregation" of medical talent yecept the American Institute of Homœopathy.

It is no doubt true that, being in conflict with the theories of that very learned and dignified body, it is the "*worse for the facts.*"

I would suggest that, after they have entirely eliminated from homœopathic practice the heresies of that old fossil, Samuel Hahnemann, as to potencies above the twelfth centesimal, they hold a meeting at Niagara Falls, and proceed in a body to the head of the rapids, and with all due solemnity put a quietus on its mad waters by throwing into the middle of the stream a peck of saw-dust.

In physics two similar waves of sound moving in opposite di-

rections and coming in opposition neutralize each other and cause silence.

Two waves of light of similar length and being opposed to each other produce darkness. Also, two similar waves of water will in the same manner obliterate each other. If these things are true in natural science, does it require a great stretch of imagination to conceive that they are true in disease and its treatment? May it not be true that these atomic movements in the diseased organism may be changed either in length, direction, or force, and that a remedy that will produce a similar aberration may counteract the abnormal movements, and allow Dame Nature to restore the normal? If this is true it may account for the many cases of sudden relief which frequently follow the administration of the strictly similar remedy.

CORRESPONDENCE.

TO THE EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

DEAR SIR:—Is there no member of the profession who is ingenious enough to propose a plan for study of the *materia medica* that can simplify matters? I don't mean to lessen the number of symptoms, etc., but to suggest such an arrangement or classification thereof that would lighten the burden of study which, as we now read it, would take any ordinary mind considerably more than the allotted "threescore and ten years" to master. If all of your readers would send in their views, perhaps a combination of the points thus obtained might aid in the matter. Again, if some philanthropist would offer a reward or prize for the most feasible scheme, we could wager that an attempt, at least, would be made in that direction.

For some time past I have used a rough, pigeon-hole contrivance improvised from a lot of pound globule boxes, about thirty in number, arranged on shelves, and each box marked to represent one heading, viz.: Mind, Head, Ears, Eyes, Nose, etc., following the usual classification. Here I stow away cards as I write them, putting each in its proper box. The cards measure about two by five inches, and are ordered from a stationer, of blank Bristol-board. Whenever a peculiar or marked symptom is seen in your journal or elsewhere I write said symptom on one side of a card and upon the reverse side the name of remedy, and toss it into "its box." By this means I secure a novel sort of repertory for peculiar symptoms, to which I often go in looking up a "hard case," and when a few idle moments

are mine, I take down the contents of one box and play a little game of solitaire in the form of a quiz. Symptoms that are entered in a book are seldom looked at and really of little use—at least, that has been my experience.

Trusting that this crude paper may bring out something more valuable on the subject, I respectfully submit it.

Yours, etc.,

WM. JEFFERSON GUERNSEY.

PHILADELPHIA, May 18th, 1886.

EXPLANATION WANTED.—In THE HOMEOPATHIC PHYSICIAN, Vol. VI, page 115, line 8, Dr. Skinner italicizes as characteristic the symptom "sinking, empty feeling at epigastrium *between two and three P. M.*" Lower down—line 7 from the bottom—he says it was *from one to two P. M.*, and repeats the same at page 117, line 5. Which of these is the correct version?

E. W. BERRIDGE, M. D.

TO THE EDITORS OF THE HOMEOPATHIC PHYSICIAN.

GENTLEMEN:—In the May number of your valued journal Dr. Gramm asks for a remedy for a patient who imagined those about her had all her symptoms.

Under *Gels.* I came across this symptom—a note I had made, but I failed to credit its origin: "She feels as though those about her are sick."

Yours respectfully,

GEO. H. CLARK, M. D.

GERMANTOWN, PHILA., June 3d, 1886.

A WARNING TO THE "REVISERS" OF OUR MATERIA MEDICA.

Cutting in intestines, violent pains; *in order to relieve it he is obliged to sit bent over, pressing with both hands, or to lean far back; he cannot sit upright:* Kali carb. This characteristic symptom, the keynote of the case (quoted), which we underlined, is not found in the condensed *Materia Medica* of Hering or Lippe or Cowperthwaite, and therefore, when prescribing for a similar case, we might fail to hit the simillimum in putting our trust in these condensations. Professor Allen now promises us another condensation from his *Encyclopædia*, and though we

willingly subscribe for a copy, we cannot subscribe to the contents of the opus.

In spite of all cries "to weed out the chaff," we often find just such symptoms the keynote, which these severe critics erase; and though it may be more troublesome to dig out the keynote from the so-called rubbish, it will pay in the end, for the cure will be *cito, tuto, et jucunde*.

Too often our laziness is to blame for our failures. ("S. L.," *HOMO. PHYS.*, Vol. VI, p. 223.)

MISCELLANEOUS PROVINGS.

S. SWAN, M. D.

AVENA (OATS).

Mrs. M. B. P. took CM (Swan) a dose every hour till symptoms appeared. Commenced January 23d.

January 27th.—Awfully lame in feet; they are so sore she can hardly keep shoes on, and when walking has to hobble along. Top of toes particularly sore. No pain in feet, but a smarting, stinging pain goes quickly through them; then she is at rest for a time. Occasional pains in the lower part of abdomen, left-side, like menstrual pains. Eyes water and tears drop down when out in air; never had this before. About noon, blur before eyes, for about twenty minutes; sometimes with it is a dull pain in right half of head, commencing over right eye. Occasional sharp pains from left iliac region to centre, as before menses. Particularly cross, fretty, irritable.

January 31st.—Does not sleep well; sleep is light, easily wakened at the least noise; has troubled dreams, not remembered on waking. Chilly every time she moves; has cold crawls all day. Slight frontal headache.

February 1st.—Could not sleep till two A. M. Restless and inclined to itch, but when she scratched there was no itching there. Cramps in left calf. Dreamed of blood; thought she was bleeding somewhere, but could not tell where.

February 8th.—Menses commenced on 5th; regular as to time, but pink, and no darker color; cloths, unless boiled, cannot be rid of it; no pain or ache. Itching of right side of vulva, and particularly of clitoris.

February 16th.—Pain in right ovarian region; not sore to touch, and relieved by pressure.

February 19th.—Leucorrhœa for last three days, yellow when drying; albuminous on urinating; drying hard. Throb-

bing headache in vertex in afternoon. At night, on washing, great sexual desire in clitoris, relieved by pressing on the part.

February 27th.—Continued pain in outer side of both breasts.

March 5th.—Menses commenced ; profuse, and breasts ceased to be sore.

March 7th.—Flow profuse, with thick pieces, like liver ; much pain in right ovary and back ; dazzling before eyes ; pain in top of head, as if deep in brain ; feels very miserable ; with the menses, came on a very sore throat, as if it had been burned ; voice is very rough.

March 8th.—Hoarseness ; can only whisper ; cough on going into a warm room ; pain on top of head ; intense itching of vulva and clitoris ; exceedingly sleepy from half-past ten to twelve o'clock, with constant yawning.

March 18th.—General lameness and soreness all over feet, only when walking ; pain from foot runs up right leg to hip-socket ; goes up tendo-Achillis ; had to lie up half the day from pain in right ovary, and through to back an aching pain ; intensely thirsty ; drinks about half a glassful ; often water fails to quench the thirst ; a little headache in vertex ; feels generally miserable.

March 19th.—Feels better, but has a tired, weary, languid feeling ; leucorrhœa after menstruation.

CHOLESTERINE.

S. Swan took two doses of two hundredth (Swan) two hours apart ; second day, small, sharp pain on left side of chest, about eighth rib ; third day, on awaking, heat and smarting in eyelids ; heavy, dull pain in eyebrows and upper wall of orbit ; dull, drawing aching across renal region, extending down sacrum.

Sixth day, sensation of tension in chest, notably on left of sternum.

Seventh day, intercostal rheumatic pains in sides of chest, and a spot the size of a dollar on left side of back below scapula constantly present for three days.

Eighth day, dull, heavy pain just above root of nose, in morning.

Tenth to fifteenth days, extremely constipated ; stools rather long, not very large, but very dry ; moving very slowly and impossible to force them faster ; not at all painful.

For cure by *Cholesterine*, see *Homœopathic World*, 1882, page 214.

REFLECTIONS.

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

IN THE HOMŒOPATHIC PHYSICIAN for April, 1886, I read with interest the comments of Ad. Lippe, M. D., in his "Clinical Reflections."

It was a surprise to me during the first years of practice that I so seldom found Aconite indicated.

I had in some way obtained the idea that this remedy was one of the most frequently indicated, particularly in febrile stages of disease.

I am satisfied that with most of the physicians who *aspire* to Homœopathy it is one of the remedies most frequently used. I do not wonder at their lack of success and frequent resort to measures that at once mark their lack of confidence in their profession.

They but feebly walk in the path so clearly marked out by Hahnemann, and are soon discouraged from honest effort, and resorting to some easy way, fall to alternating hastily selected remedies and work blindly in the mire of doubt and uncertainty.

They are constantly disappointed and have no means of correcting their blundering mistakes. They have no guide, for they will accept no law. Their *aspiration* proves to be only *ambition*. Is not this a verification of George Macdonald's definition? He says *ambition is aspiration* turned hell-wards.

Unless we are willing to follow the important instruction given us by Hahnemann to *carefully* observe the *peculiarities* of our patients in their diseased conditions and be guided by them, selecting the remedy accordingly, we shall fail, and well deserve to. The *characteristic symptoms* must be looked for in the diseased state, and the drugs producing such in the provings compared until the *one* covering the conditions of our case is found. Only by such careful study can we in any sense become masters of the art of healing. Honest, faithful effort is required to become able physicians.

Those who are not willing to work resort to a careless habit of examination and routine prescribing; they lose the power of careful observation; their sense of responsibility is weakened; they are mongrels.

We want none of this class; they are a hindrance to advancement, and a dishonor to every true worker. Homœopathy has suffered more from such pretenders than from those who declare openly against the truth.

ARE HOUATT'S PROVINGS RELIABLE?

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

It has been the fashion for the pseudo-homœopaths from time to time to cast discredit on all provings with the potencies by stigmatizing the provers as either incompetent or dishonest. Thus Mure's Brazilian provings were sneered at and misrepresented by the late Dr. Hempel, a pseudo-homœopath, himself now convicted of blundering ignorance and of willful falsification. Yet his verified proving of *Elaps corallinus* is worth far more than all the rubbish Hempel ever penned. Then again Nenning was the scapegoat, on whose devoted head all the sins of the materia medica were to be cast. He was stigmatized in a pretended homœopathic journal as a "bogus" prover, whose *nom de plume* "Ng," should be read "No go," and his provings were denounced by a pretended homœopathic physician as "misleading," "unreliable," "made to order," etc., etc. And all this has been written in spite of their partial indorsement of Hahnemann himself, who incorporated many of his symptoms in his pathogeneses, and in spite of the daily verifications of them by those who have brains to select *simillimum*, and honestly to take the trouble. Yet of late years "a change came o'er the spirit of their dream." *Nous avons changé tout cela*; and symptoms formerly relegated to the literary dust-bin have been actually found of sufficient value to be rescued therefrom as genuine pearls. Even Dr. Hughes, one of the chief purifiers (?) of the materia medica at the present day, has been compelled to admit that Nenning's symptoms are in the main "good and trustworthy additions to our pathogenetic material"* (commentary on Allen's *Encyclopædia*, page 49).

After this acknowledgment of injustice done to a valued prover, it is not surprising to find Dr. Hughes pouring out the vials of his wrath and indignation not only upon Dr. Houatt's provings, but upon Dr. Houatt himself. Drs. Mure and Nenning were simply denounced as well-meaning and honest, but incompetent. Dr. Houatt fares worse at the hands of his critics and is denounced as a rogue. At the British "Homœopathic"

* NOTE.—Yet at page 30 of his new *Caricature of Drug Pathogenesy* he again sneers at Nenning, and refuses to insert even all the symptoms Hahnemann had indorsed.

Congress, 1879, Dr. Hughes is reported to have denounced his provings as "actual lies," and in an editorial in the *British Journal of Homœopathy*, January, 1880, page 6, the writer, who seems by the style to be Dr. Hughes, declares, "It is far wiser and safer to reject them altogether as fabrications, and the greater the scorn and indignation with which we do it the less likely is the imposture to be respected." Surely it was somewhat rash thus to bring against Dr. Houatt a charge, not simply of incompetency, but of fraud, unless this charge can be supported by proofs, which as yet Dr. Hughes has failed to produce; for should these "actual lies" be demonstrated to be "actual facts," and valuable ones, too, Dr. Hughes will have to eat his own words—not a very appetizing diet.

What means should be taken to verify or refute a proving? First, confirmation by other provings; secondly, clinical verifications. With regard to the first, I will only quote those provings which have been made since Houatt's were published, seeing that Dr. Hughes might easily retort that a fraudulent publisher of manufactured provings might easily copy some genuine symptoms of older provings to aid the deception. But the clinical test is exposed to no such objection; indeed, it is emphatically indorsed by Dr. Hughes himself, who says (*Commentary*, page 49): "The thing which such symptoms need is clinical verification, testing, that is, by being used as materials wherewith to work the rule *Similia similibus curentur*. If, when submitted to such a test, they (as a rule) prove trustworthy we may safely assume them to be genuine, and admissible into the materia medica."

(1) *Anantherum muricatum*.—Dr. Farrington gives as a characteristic in erysipelas "much swelling of arms and legs, dark red or bluish eruptions, with tendency to suppurate" (*The Organon*, II, 222-3); this verifies symptoms 561, 562, 564, 582, 480, 499, 506, 507. In *THE HOMŒOPATHIC PHYSICIAN*, V, 402-3, I published a case verifying symptom 37. (These numbers are from Allen's *Encyclopædia*.)

(2) *Belladonna*.—Houatt's proving of *Belladonna* is No. 215 in Allen, and of those symptoms the following are starred, implying that they have been verified clinically: 1, 157, 198, 284, 333, 334, 335, 359, 382, 520, 605, 713, 726, 728, 744, 798, 800, 820, 837, 914, 941, 1059, 1089, 1148, 1149, 1152, 1196, 1408, 1412, 1445, 1483, 1517, 1605, 1639, 1642, 1653, 1666, 1673, 1677, 1685, 1713, 1751, 1761, 1847, 1848, 2209, 2232, 2273, 2412, 2496. In addition, in the *United States Medical Journal*, April 15th, 1876, page 358, Dr. Storey gives two cases verify-

ing symptoms 1882 and 2025, the latter of which belongs to Houatt. So already fifty-one of these "actual lies" have been clinically verified.

(3) *Bufo*.—Of this medicine Hering says (*Guiding Symptoms*, III, 46), "Many of Houatt's symptoms have been verified." Especially I would call attention to Payne's remarkable cure of a fearful case of epilepsy by *Bufo*³⁰, recorded in the *Homœopathic Monthly* and incorporated in the *Guiding Symptoms*. Also Dr. McClatchey said (*Hahnemannian Monthly*, XI, 186): "Within a circuit of five miles from our editorial sanctum we could gather such a cloud of witnesses to the truth of very many of the *Bufo* symptoms (of Houatt) as would astonish all skeptics."

(4) *Cubeba*.—In the *Homœopathic World*, 1882, pages 212-13, Dr. Swan writes that this medicine "is indicated in fetid odor from chronic catarrh, with greenish yellow expectorations; also in catarrh with rawness of throat, hoarseness, or aphonia, with fullness in chest or wheezing; also, catarrh, with greenish-yellow fetid discharge from nose; and in greenish-yellow fetid leucorrhœa. Have cured several cases with Cm and MM. (Swan)." This verifies symptoms 60, 195, 213, 183. In *The Organon*, III, 357, is quoted a cure of dysentery by Dr. Bacmeister, verifying symptoms 149, 150. In the *Hahnemannian Monthly*, II, 422, Dr. E. M. Hale says of Houatt's provings: "I have cured with *Cubeba* many cases of leucorrhœa, irritations of uterus and ovaries, catarrh of bladder, *dysuria*, and renal disorders, and am gratified to find that the symptoms in the pathogenesis are very similar, often identical, with those which occurred in the cases I have cured." In the same volume, pages 258-9, are some allopathic verifications of Houatt's symptoms. So several more "actual lies" have been found reliable.

(5) *Curare*.—In *The Organon*, III, 108, contains a complicated case cured by Dr. T. F. Allen, in which a very large number of Houatt's symptoms were verified. Dr. Allen says, moreover, in the article from which this case was quoted: "We have some knowledge of the effects of *Curare*, and confess ourselves astonished to find in Houatt's collection such a large number of symptoms consistent with each other and with our previous knowledge of the drug; and what we have to say of *Curare* we believe true of each of his provings." Yet, in spite of this, all Houatt's provings, with the exception of *Belladonna*, are excluded from Allen's *Index* to the *Encyclopædia*, on the ground that there are confessedly some clinical symptoms mixed with the pathogenetic not always to be with certainty differentiated.

The two Cities of the Plain, says the ancient legend, were to have been spared if ten righteous men could be found therein; but Dr. Allen consigns to therapeutic perdition eight goodly and righteous cities on account of the presence of a few sinners!

In the *Hahnemannian Monthly*, 1881, page 24, is Dr. Hardenstein's cure with Curare³⁰. I am unable now to compare it with the provings.

(6) *Kali-iodatum*.—Of this remedy, Dr. Allen marks as clinically verified symptoms 172, 174, 178, 183, 185, 186, 194, 267, 304, 426, 469, 470, 509, 525, 675. Fifteen more "actual lies" are thus verified.

(7) *Piper nigrum*.—The *Encyclopædia*, VII, 552, records the following effects (on two occasions) produced on a lady by taking large quantities of pepper: Feeling as if temples and malar bones were pressed in, worse on left side. This confirms symptom 13. This was a symptom contributed to the materia medica by myself; I trust Dr. Hughes will not accuse me as having invented an "actual lie" in order to support Houatt.

(8) *Robinia*.—On this remedy Dr. Skinner writes to me, February 4th, 1884: "*Robinia* is a remarkable medicine, and Houatt's provings are proving to be A1. *Bufo* ditto." One verified symptom was "oily sweat" (see symptom 493). I hope Dr. Skinner will publish his experience.

(9) *Sarracenia purpurea*.—The only clinical experience I can find is in *Hahnemannian Monthly*, I, 452-5; this, with the other cases referred to in the article, should be compared with Houatt's provings.

It will, I think, be seen from this analysis that Dr. Hughes was utterly in error in denouncing both Dr. Houatt and his provings; and it is to be hoped he will make the *amende honorable* to the memory of our departed colleague. In the meantime there are two things to be done:

First, to add all the symptoms to our repertories wherever omitted, that they may be more fully tested.

Secondly, it has been stated that Houatt did not publish all his provings, being naturally disgusted with the treatment he received from his colleagues. I propose that the I. H. A. should at its next meeting pass a resolution that application be at once made to Dr. Houatt's heirs, asking for a copy of the remaining provings, and, if possible, the day-books of all the provers.

THE RELATIVE VALUE OF SYMPTOMS.

AD. LIPPE, M. D., PHILADELPHIA.

The eternal laws are immutable, and Providence is ever ready to see a violation of these laws exposed. When the world was created there were created also all natural and eternal laws governing the universe collectively, and individuals as such especially. How much or how little we know of these laws is not under consideration in this paper. What we do positively know is the law governing the healing of the sick. This law always existed, and the earliest writers on the healing art knew of it. So did the greatest poet, "Shakespeare;" so did many men of learning; so did the immortal Hahnemann. His merit was to formulate a system of applying this law for the cure of the sick, facts after facts presenting themselves before his searching inquiries led him to develop his methods of cure till he succeeded in the application of the law of the similars, and he demonstrated that all curable diseases were amenable to the methods he finally developed for the cure of the sick. His strictly inductive method led him safely on his onward course; every forward step depended upon new facts ascertained. The last fact was that crude charcoal when taken by healthy persons did not change their sensations, did not produce any symptoms, but if triturated with an inert substance (sugar of milk) to the third trituration and then taken by the healthy individual, it produced such symptoms as were also cured by potentized charcoal if similar symptoms were found on the sick. These facts led to the foundation of the so-called potentization theory, and proved conclusively that potentization developed sick-making as well as curative powers lying latent in the crude drug. The Vienna provers had to admit it, the true healer admitted it, and found later, as Homœopathy was further developed, that there was not yet found a limit to the curative power of drugs, no matter how far and how much they were developed by means of potentization. It was left to the President of the American Institute of Homœopathy to open anew a question so long ago settled by facts to the full satisfaction of all true healers in his address, 1885. A series of papers showing how very indignant the homœopatheicians felt on that account appeared in the journals. Finally a peck of whitewash came from "Providence" providentially, only making the unfortunate President's position if possible more ridiculous. Providence would have it that the President of the American Institute betook himself to the witness stand and "confessed."

He delivered himself of an address before the Homœopathic Medical Society of the County of New York on March 11th, 1886, before one hundred and eighteen members present, after Dr. P. P. Wells, of Brooklyn, had read a paper on "The Best Mode of Selecting the Remedy." A vote of thanks was extended to Dr. P. P. Wells for his interesting and instructive paper on motion of Dr. Bacon, seconded by Dr. Wilder. That paper was *not* published in the May number of the *North American Journal of Homœopathy*; the leading paper in that number is on the relative value of symptoms, by T. F. Allen, M. D., New York.

Dr. Allen accepts the more scientific sounding terms proposed by Dr. Drysdale, absolute and contingent symptoms. For many long years the progressive homœopathists who were often uncharitably charged with neglecting "*Pathology*," have charged that a knowledge of the very little knowledge we have of pathology is indispensably necessary. On this point there never was a difference of opinion, but there is a great difference of opinion as to the uses of this knowledge. The symptoms of the sick, belonging absolutely to the form of the disease he is afflicted with, are those called now by Dr. Drysdale absolute symptoms, and there are many pretending homœopaths who seek to find a specific remedy for these absolute symptoms, and failing to cure the sick under the silly application of the law of the similars to a sick physiology or a pathological condition, ascribe these failures to the potentized drug, demand appreciable doses or doubt the general applicability of the law of the similars, denounce Hahnemann, his *materia medica*, and fall into vile eclecticism.

The true healer discerns closely between these so termed absolute symptoms as absolutely belonging to a form of a disease and then carefully and accurately notes down all the other strange symptoms belonging absolutely only to the sick individual and not absolutely to the disease, and these symptoms Dr. Drysdale terms contingent; these are the guiding, determining symptoms, and have a positively greater value for the selection of the similar and therefore curative remedy than have the so-called absolute symptoms. A knowledge of pathology and the absolute symptoms does not assist us in selecting a curative remedy, but assists us in determining the general régime of the sick. After clearly showing the value of the determining symptoms, the learned Doctor falls out of his roll when he fables about the two anti-zymotics, Quinine and Mercury, and finally asserts that if it—the poison (marsh malaria)—has attained an overpowering control Quinine will so reduce its virulence that nature will

eliminate it. This a fatal error, to say the least of it. Why abandon the law of the similars at a state of sickness which, as Dr. Allen says, has attained an overpowering control? This overpowering control is expressive of a failure of the unskilful homœopath to cure, and then he is told that Quinine will so reduce its virulence that nature will eliminate it. Of course, *nature*, aided by the similar remedy properly administered, will eliminate it, the marsh malaria. Quinine will suppress the symptoms and leave the marsh malaria to seek other organs, frequently the liver or spleen, and there develop fatal diseases. Again a lucid remark is made by the Doctor when he says, on page 411, our best results are obtained by treating the patient and ignoring the zymosis. The question, "How far is palliation consistent with or antagonistic to Homœopathy?" is answered by showing, as Hahnemann did in his *Organon of the Healing Art*, paragraphs 53 to 56: Either one or the other of the means of applying medicines for the cure of the sick can be the right one, and if we profess to be homœopaths it follows that we are in honesty bound to reject all other modes of applying medicines for the cure of the sick, we are bound to declare palliative treatment inconsistent with and antagonistic to Homœopathy. The keynote to the heresy of the applicability of various modes of cure by the physician is sounded in the *New York Medical Times*, which journal is honest enough to reject Homœopathy and accept eclecticism. On page 85 of the May number it expresses its hopes that the American Institute will cease to bind its members by a single dogma. The declaration of a belief that homœopaths are bound to adhere to a single dogma shows the deplorable ignorance of men who can utter such an *absurdity*.

Bound by a single dogma. All assertion for which no proof is offered is dogmatical *Chalybeus specut.* (*Philosophy*), p. 4. DOGMATISM is PUPPYISM come to maturity. The law of the similars is a natural law on which rests the whole structure of the homœopathic healing art. The history of the development of that law, and how it can and must be applied for the cure of the sick, was fully described in Hahnemann's *Organon of the Healing Art*. A deviation from his methods will necessarily be followed by failures, and weak as well as lazy men will never—hardly ever—blame themselves, but find some plausible excuse. Not all men do so; and I may now relate a singular case worthy of imitation: The late Professor Robert Hare, who for many long years had so successfully filled the chair of chemistry at the University of Pennsylvania, after resigning his chair, and after giving all his chemical apparatus to the Smithsonian Institution, had made up his mind to make some

Aluminium. Calling at his house one morning, I met the old Professor with his leather apron on, and naturally asked him what he was doing. He answered that he had twice failed in his attempt to make Aluminium; that it was his fault surely; other people had made it, and he would not give it up till he succeeded. He did succeed. "What other people have done I will do also," and he did it. How different it is in our days. Thousands of evidences are recorded confirming in all particulars the truthfulness of Hahnemann's method if properly applied. Hahnemann and others had secured an unparalleled success in curing the sick; others failed, and these men now boldly seek to create a doubt as to the applicability of the universal law of cure; they seek excuses for palliative treatment; they deny the efficacy of potentized drugs, if no appreciable drug quantities can be discovered by the microscope. Professor Hare made Aluminium. These unfortunates who failed deny that others succeeded and resort to eclecticism. They bewail that the homœopaths are bound by a dogma. They have time and again had the temerity to declare the followers of Hahnemann, the very ones who have established our practice, and by their painstaking, hard work made Homœopathy respected, that these men were now retarding the progress of what? Eclecticism! Well, they do, and will continue to do; all they can to expose the folly of men who favor a deviation from the law of the similars when it suits them. The relative value of symptoms must be determined by the observing healer himself; he knows that pathological conditions and sick physiology are not guiding symptoms, nor does he for a moment fable about zymotic diseases or palliative remedies; he will accept and apply Hahnemann's methods and cure the sick. He will not be compelled to implore Providence for a peck of whitewash because he was breaking his pledges to the public, when he professes to practice Homœopathy, and denies first of all the infallibility of the law of the similars as the only law of cure, and progressively undermines Hahnemann's arguments, till finally he packs a jury of incompetents to report adversely on the potentization question. It is a fatal error to claim that Homœopathy, stripped of the infinitesimals, would be more acceptable to the common school of medicine. Bosh! Homœopathy, without the infinitesimals, becomes a caricature. If these unfortunate adherents to fatal errors would diligently hide their infinitesimal knowledge of the principles governing the healing art to which they not only *profess* to belong and of which principles they *profess* to be exponents also, the common school of medicine might at least respect them, while now they refuse that much-coveted recognition.

THE SIXTH ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The International Hahnemannian Association met in its sixth annual session at Saratoga, June 24th, 25th, and 26th. Among those present were noticed Drs. H. C. Allen, E. A. Ballard, J. A. Biegler, C. W. Boyce, T. L. Brown, C. W. Butler, Alice B. Campbell, E. Carleton, A. B. Carr, Stuart Close, J. B. G. Custis, W. S. Gee, W. J. Guernsey, W. A. Hawley, H. Hitchcock, E. P. Hussey, J. T. Kent, C. H. Lawton, E. J. Lee, S. Long, J. F. Miller, Mahlon Preston, E. Rushmore, E. W. Sawyer, Julius Schmidt, S. Swan, L. B. Wells, P. P. Wells, William P. Wesselhoeft, etc.

We give a brief outline of the work done; fuller reports will be given later; suffice it to say here that the meeting was in every way a great success, and all in attendance felt themselves most amply repaid.

The first session was called to order promptly at eleven A. M. by the President, Dr. H. C. Allen, who then delivered a very interesting address. Referred to a committee, consisting of Drs. Butler, Ballard, and Lawton, who later reported in commendatory terms of the address, excepting one section upon the dose question, to which they desired to add an explanatory note. Then followed reports of Secretary and Treasurer; next the amendment to the By-Laws was rejected. The amendment, as proposed, was to the effect that an applicant for membership need not be a graduate of a regular medical college, but must be a *regularly educated* practicing physician. The rejection of this amendment leaves the rule as before, to wit: That an applicant must be a graduate of a regular medical college.

Dr. C. W. Butler moved that election for officers for ensuing year be made first order of business for afternoon session of Friday. Agreed to.

Dr. E. J. Lee introduced a revision of the preamble and resolutions, originally adopted June, 1880, as prepared by Dr. C. Carleton Smith and himself, and moved their consideration be made first order of business for Friday morning's session. Agreed to. The following are the resolutions, which were later duly adopted, after brief discussion:

The following resolutions completely and fully represent the therapeutic opinion and practice of the members of the *International Hahnemannian Association*:
WHEREAS, We believe Hahnemann's *Organon of the Healing Art* to be the only true guide in therapeutics; and

WHEREAS, Both the *Organon* and experience prove Homœopathy to consist of the law of the similars, which includes the totality of the symptoms as the only basis for prescribing, the use of the single remedy in the minimum dose of the dynamized drug, proven upon the healthy, and these not singly but collectively; therefore, be it

Resolved, That the alternating or combining of remedies in a prescription is non-homœopathic.

Resolved, That the use of medicated topical applications and mechanical appliances, surgical cases excepted, are non-homœopathic, and hence injurious to the *best* interests of the patient.

Resolved, That as "the best dose of medicine is ever the smallest," any suppression of symptoms by the toxic action of a drug cannot be recognized as homœopathic practice.

Resolved, That this Association can have no sympathy with those physicians who would engraft upon Homœopathy the pathological theories, the empirical prescriptions, or the crude dosage of allopathy and eclecticism: nor can Homœopathy be held responsible for their fatal errors in theory or failures in practice.

Resolved, That for the purposes of perpetuating and perfecting the science of Homœopathy, and for our common improvement and advancement, we organize the *International Hahnemannian Association*, and adopt the following Constitution and By-Laws.

An effort was made to drop the word International from the title of the Association, but after a spirited discussion, was, on motion of Dr. Kent, laid on the table.

Dr. Guernsey moved to change the seal of the Association, as its present symbol was indicative more of the faith cure than of Homœopathy. Referred to the Committee. Later Dr. Guernsey reported a new seal for the use of the Association by substituting a medallion of Hahnemann for the present "snake" device. Ordered.

The Auditing Committee reported the Treasurer's report as correct.

Committee on Revision of By-Laws asked for further time.

The Bureau of *Materia Medica*, under their Chairman, Professor J. T. Kent, M. D., then reported. Among the many admirable papers presented were those of Drs. P. P. Wells, A. McNeil, Wm. P. Wesselhoeft, D. C. McLaren, W. S. Gee, and J. T. Kent.

Dr. W. S. Gee's paper consisted of an elaborate proving of the "Loco Weed," introducing many valuable symptoms. The drug gives promise of being a valuable addition to our *materia medica*. Dr. Wesselhoeft's paper was a continuation of his proving of *Apium Graveolens*, reported at last meeting of the Association. This remedy also promises to be of much value, especially in urticarious affections. Dr. Kent's paper presented an exhaustive proving of the *Culex Musca*, better known as the mosquito. This proving had been four or more years in hand, and all agreed was exceedingly well done. Dr. Wells remarked that the late Dr. Hering had spoken of the probable value of the mosquito poison, but had never proved it.

Dr. Hitchcock read a very interesting paper on "High Potencies and their Action, with a Clinical Case," which was well prepared and full of good points.

In the discussion that ensued Drs. Brown, Wesselhoeft, and Schmidt participated.

The reading of the papers of this bureau, and their discussion, occupied all of the first day's sessions, three in all.

Dr. Kent closed the bureau by reading many papers by title only, so fruitful were their labors!

The Board of Censors reported applicants of about thirty physicians, some of whom were laid upon the table, owing to various non-compliance with By-Laws. Among those elected were Drs. Alice B. Campbell, C. Hoyt, W. Hoyt, S. Long, Frank Powell, J. G. Gundlach, H. W. Sherbino, J. H. Sutfin, R. C. Markham, Stuart Close, H. Hitchcock, G. H. Clark, A. H. Schott, G. W. Carr, W. H. Stover, W. D. Cooper, A. H. Ehrman, A. B. Knott, S. A. Kimball, W. L. Reed, Thomas Skinner, of London, etc.

Dr. Ad. Lippe was unanimously reinstated a member. The Association will be pleased to again welcome one who has so long and so faithfully advocated its principles.

The Bureau of Obstetrics, Diseases of Women and Children, Dr. Julius Schmidt, Chairman, presented a number of papers, the first of these being by Dr. Rushmore on "Clinical Cases," and next, by Dr. Allen B. Carr, on diphtheritic croup.

Dr. Custis read a paper on "Chills in the Lying-in-room, their Significance, and What they Suggest."

The discussion which ensued elicited remarks from Drs. P. P. Wells, L. B. Wells, Biegler, Preston, Campbell, Bishop, Sawyer, Carleton, Ballard, and Hussey.

Dr. Schmidt, Chairman, then read his paper on "Hydrops-amnii, Causing Premature Labor, and of an Anencephalus, followed by Phlebitis," which was received without discussion.

Dr. E. B. Nash presented a paper on "Specialties in Medicine," and by request—the author being absent—it was read, and proved to be a very excellent paper, brimful of sarcasm and wit, which brought down the house very many times.

A paper by Dr. D. C. McLaren, on "Pregnancy and Parturition," and also one on "Homœopathy in the Diseases of Women," by Dr. E. P. Hussey, were read by title.

Dr. Custis presented an account of an important case, and requested information as to treatment.

The first business of Friday afternoon was the election of officers for the ensuing year, which resulted as follows: Dr. James T. Kent, St. Louis, President; Dr. W. P. Wesselhoeft, Boston, Vice-President; Dr. E. A. Ballard, Chicago, Secretary; Dr. W. A. Hawley, Syracuse, Treasurer; Dr. G. Pompili, Rome, Cor-

responding Secretary; Dr. J. A. Biegler, Rochester, N. Y., Chairman of Board of Censors; Dr. W. S. Gee, Hyde Park, Ill.; Dr. Edward Rushmore, Plainfield, N. J.; Dr. C. W. Butler, Montclair, N. J.; Dr. J. B. Bell, Boston, Mass., Censors.

Dr. Allen, the retiring President, was elected a Committee on Railway and Hotel Rates for next Convention.

The next Convention will be held at Oakland, Michigan.

The report of the Bureau of Clinical Medicine, under Dr. E. Rushmore, Chairman, was next considered. This bureau consisted of Drs. G. F. Foote, J. F. Miller, F. Bruns, W. A. Hawley, J. C. Robert, T. L. Brown, J. A. Biegler, E. W. Berridge, J. R. Haynes, T. P. Birdsall, E. A. Ballard, G. M. Pease, T. S. Hoyne, and F. E. Stoakes. The papers were excellent and their discussion interesting.

The Surgical Bureau, Dr. E. Carleton, Chairman, with Dr. J. B. Bell, L. B. Wells, and W. H. Leonard, reported on Saturday.

When speaking on "Medical Education," Dr. P. P. Wells recommended that the members of the Association send their pupils to such colleges as teach the philosophy of Hahnemann; that no college could turn out homœopathic graduates that did not make a specialty of teaching the law. He referred to the College at St. Louis as being the only school that was sound on this doctrine. He referred to President-elect Kent, the professor of materia medica at the St. Louis school, in terms of highest commendation, and hoped the Association would stand by him in his efforts to uphold the banner of pure Homœopathy.

Dr. Kent thanked the speaker and the Association for their kind words, and hoped that his future course would justify the confidence heretofore reposed in him.

A resolution was offered to the effect that this Association recommend the Homœopathic Medical College of Missouri (St. Louis) to its members and their pupils and friends as the only college in the world at which Homœopathy is properly taught. This was promptly seconded, but before final action could be taken upon it a discussion arose, participated in by Drs. Ballard, Carleton, Rushmore, Brown, Cushing, Campbell, and others, plainly indicating that there were other colleges which were working industriously, though in a quiet way, for the same end. At the conclusion of the discussion, on motion of Dr. Kent, the resolution was laid on the table.

The Bureau on "Clinical Medicine" then resumed its routine business.

Dr. Gee read a valuable paper giving several important clinical cases; also papers by Dr. John C. Robert, Dr. Sawyer (two

papers), Dr. C. H. Lawton, Dr. F. Bruns; also, by title, papers from Drs. Baldwin, Seward, Lowe, Carr, Berridge (London), Haynes, Birdsall, Pease, Cranch, Hoyne, Stoakes, Foote, Hawley, and Guernsey (two papers).

Dr. Wells being on the point of leaving the meeting, the President took occasion to thank him for his presence and good words.

The applause which followed was long continued. When Dr. Wells finally rose to respond tears stood in his eyes, and for some moments he was unable to speak. His words came slowly and were listened to in quiet and with much feeling. He said: "I have hardly words to express my gratification at the approval of yourself and our Association. I am impressed with the probability that this is the last meeting of the Association that I shall ever attend. The probabilities are, before you will assemble again, I shall be called higher. I was not originally in favor of the formation of this Association. I thought my mission was rather in the old Institute, which I helped to create; but I have changed my mind. If I am never permitted to meet with you again, I would like to leave with those who survive me, my testimony, once and forever, to the truth of the law that governs our Association and which has our utmost confidence, and to urge the Association, if I am gone, to spare no effort, to count no exertion too much, which shall extend the confidence we have in our law and which shall increase our influence toward inducing all others to come into active support of the truth." (Applause.)

The necrological report was read and accepted.

From the Bureau of Surgery a number of interesting papers were read, among these being—Dr. Rushmore on "Tumors," Dr. J. B. Bell on "Homœopathy and Pain," Dr. L. B. Wells on "Arnica," Dr. T. Dwight Stowe on "Conservative Surgery," Dr. Leonard on "Ovarian Surgery," Dr. Carleton on "Bastinado in Asphyxia," "Cider Vinegar as a Local Antidote to Carbolic Acid," and, also, "Suppression and Metastasis."

The Association then adjourned *sine die*.

This report is hastily prepared from newspaper reports, and does not do justice to any of the papers or their discussion. Papers by Drs. P. P. Wells and A. McNeil are given in this number; next issue will contain Dr. Kent's paper on "Natrum sulphuricum, and Sycosis;" later on we hope to give many more of the admirable papers presented at this meeting. The Saratoga meeting of the International Hahnemannian Association will ever be memorable in its annals, for there the Association took a grand step forward in its "purpose of perpetuating and perfecting the science of Homœopathy."

“DR. LANGHAMMER AND DR. DUDGEON.”

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

Dr. Dudgeon (*Homœopathic World*, 1886, p. 210), in order to disparage Hahnemann's fellow-provers and exalt the *Caricature of Drug Pathogenesis*, declares of Langhammer that, “with strange perversity, he recorded dilatation or contraction of the pupil as the effect of all the medicines he proved—which we should have thought least likely to cause those symptoms.” He then gives a list of twenty-four of these medicines, adding, “Such anomalies destroy our confidence in this person's” (“person's” is good!) “provings, and no doubt many of Hahnemann's fellow-provers are equally untrustworthy.” On referring to Allen's *Encyclopædia* I find that in all these medicines, except nine, *one or other or both symptoms are confirmed by other provings*, and of these nine exceptions, the symptoms of *Merc.-sol.* are confirmed by the provings of *Merc.-vivus*. Would it not be better if Dr. Dudgeon made himself a little better acquainted with the homœopathic materia medica before venturing to condemn it? “A little knowledge is a dangerous thing.”

CORRECTION.

In June number, page 206, for *Furfur Iritici* read *Furfur Triticum*.

BOOK NOTICES.

AMERICAN MEDICINAL PLANTS. By C. F. Millspaugh, M. D. Boericke & Tafel, New York and Philadelphia.

The fourth fascicle of this beautiful work is just published. It is one of the most accurate and beautiful publications of its kind that we have ever seen. Besides the plates, which are colored to life with exquisite taste, there is a printed description of each plant in beautiful type. This description includes the usual statement of its botanical characteristics; a paragraph devoted to “history and habitat;” “part used in preparation;” “chemical constituents,” and “physiological action.” This last is, of course, from the homœopathic standpoint.

The whole work is eminently interesting to homœopaths, and there is not a physician of our school who should continue practice without a copy. We are all too ignorant of the nature of the materials which we prescribe. Physicians should have a good knowledge of chemistry and botany. In the absence of the latter knowledge these magnificent plates are an excellent substitute.

W. M. J.

PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION for the years 1884–85. Ann Arbor, Mich. 1886.

This volume of two hundred and seventy-two pages includes the minutes of the meetings for two years—being in reality two volumes bound in one.

It is an interesting and valuable work, containing contributions from well known Hahnemannian homœopaths.

We see within its pages the addresses of the two succeeding presidents—Drs. Foote and Gregg. There is an interesting paper upon "Suppressed Malarial Fever," by Dr. John Hall, of Toronto; provings of several remedies, by Dr. Cranch; one of Dr. P. P. Wells' excellent papers; "Magnetism," by Dr. Fellger, etc. The book is well printed, and is embellished with a wood-cut portrait of Dr. P. P. Wells.

The only adverse criticism we can make is that the publication of these papers should not have been delayed so long a time. W. M. J.

PURPURA. By George William Winterburn, M. D., editor of the *American Homœopathist*. New York: A. L. Chatterton & Co. 1886.

The above is the title of an excellent little monograph of two hundred and fifty pages upon Purpura and its homœopathic treatment. The work begins with a description of the disease, its etiology, pathology, and symptoms; descriptions of the several varieties; its diagnosis, prognosis, and treatment. Then follows a separate section devoted to indications of the remedies. These are not arranged in alphabetical order but according to their clinical value. The first and apparently most important remedy is *Crotalus*; then come *Phosphorus*, *Lachesis*, *Arsenicum*, *Secale*, etc., ending up with *Lycopodium*.

The last section is a very good repertory. In the section devoted to the individual remedies, under each drug is a list of *pathogenetic symptoms*; then *comments* showing its therapeutic range; then clinical cases proving the value of the medicine. It will thus be seen that the whole work is very thorough, and calculated to be a material help to the student and practitioner in finding the suitable remedy.

Statements are given of the experience of physicians who gave such drugs as Quinine and Chloral in massive doses with the resulting and unexpected production of purpura. Such proofs of the relationship of the drugs to purpura are of course acceptable to the homœopathist. Yet they are not valuable without the true pathogenesis to enable us to individualize. Accordingly, the author shows his clear understanding of our system by giving the required symptomatology. Those who are interested in the subject may find some cases that were published by this same author in *THE HOMŒOPATHIC PHYSICIAN* last September, page 306.

In conclusion, we may say that the book is beautifully printed, and we give it our cordial indorsement. W. M. J.

THE LATEST SYSTEM IN MEDICINE. By H. E. Beebe, M. D. Sidney, Ohio: Trego & Binkley. 1886.

The above is an address delivered before the Homœopathic Medical Society of Ohio, May 11th, 1886. It is a general review of the successful career of Homœopathy and an answer to much old-school argument against it, especially the address of Dr. Reeve, entitled "The Latest Systems in Medicine."

The author considers that Homœopathy suffers from two kinds of extremists within her ranks—"Those who would restrict us in our resources the same as the allopath, and the other class who are seeking recognition from our aggressors." By this we suppose he means the high potency men on one side and the mongrel element "seeking recognition" on the other.

Altogether, we think the address an excellent one.

W. M. J.

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. VI.

AUGUST, 1886.

No. 8.

NATRUM SULPHURICUM AND SYCOSIS.

J. T. KENT, A. M., M. D.

As its name indicates, it is the chemical combination of Natrum and Sulphur, Glauber's salts, sulphate of soda. It partakes of the wonderful properties of both Sodium and Sulphur, and some day will become a very frequently indicated remedy. It is a remedy which typically corresponds to many of the complaints of a bilious climate. Malarial climates are all more or less bilious. Of course, I don't mean every man or every woman that comes to you and says: "Doctor, I am bilious." We don't know what that means. It means more or less liver; it means more or less stomach; a general derangement of the system. Any kind of sickness may be called biliousness, but where the liver and stomach combine to effect disorders, we have biliousness. Natrum sulphuricum combines, in a measure, the wonderful effects of Natrum muriaticum and of Sulphur in the Western climate as an active malarial agent.

It is a most wonderful combination in its symptoms, because it not only pertains to muscular debility and disturbances of the general structures of the body, but also combines that which gives it consideration mentally. Its complaints are those that are brought on from living in damp houses, living in basements, and in cellars. Its complaints are generally worse in rainy weather—wet weather; hence it was called, primarily, by Grauvogl one of his hydrogenoid remedies. It produces a profound im-

pression upon the system in a general way like unto sycosis and like unto a deep-seated and suppressed sycotic disease. Therefore, it is one of the grandest remedies underlying asthma and asthmatic complaints and inherited complaints. In fact, *Natrum sulphuricum* is one of the best, one of the clear-cut, indicated remedies for constitutional conditions in children that result in chest catarrhs and asthmatic complaints. This shows you only one of its hereditary features. Now, if we take into consideration the sycotic nature, the hydrogenoid condition, of the constitution—always worse in wet weather—and this heredity, then we have one of the grand features of this medicine.

Its next grand sphere is its action upon the liver and stomach, producing, as I have intimated, this bilious disturbance of the body. We have, corresponding with this liver excitement, a long list of mental symptoms marked with irritability, anxiety, desire to die, aversion to life and to things in life that would generally make people pleasant and comfortable. Now, if I begin on this mental state and go down through it, we will see more of it.

A good wife goes to her husband and says: "If you only knew what restraint I have to use to keep from shooting myself you would appreciate my condition!" It is attended with wildness and irritability. No remedy has that symptom like *Natrum sulphuricum*. You may examine the various remedies in our pathogenesis and you will find almost every kind of mental symptom, but here is one that stands by itself—this wonderful restraint to prevent doing herself bodily harm is characteristic of *Natrum sulphuricum*. The satiety of life, aversion to life; the great sadness, the great despondency, coupled with the irritability and dread of music—music makes her weep, makes her sad, makes her melancholy—this symptom runs through the *Natrum*s; it gets this from the *Natrum* side of its family; *Natrum carb.*, *Natrum muriaticum*, *Natrum sulphuricum*, all have it. Anything like melancholic strains aggravates her complaints; mild music, gentle light, mellow light that pours through church windows—all these make her sad—these little glimmers of light that come through the colored glass make her sad. Now, such is the mental characteristic of *Natrum sulphuricum*.

It has violent head pains, and especially so in the base of the brain; violent pains in the base of the neck; violent, crushing pains as if the base of the brain were crushed in a vise, or as if a dog were gnawing at the base of the brain. These symptoms have led to prescribe this medicine. In spinal meningitis of to-day, if all the remedies in the *materia medica* were taken

away from me and I were to have but one with which to treat that disease, I would take *Natrum sulphuricum*, because it will modify and save life in the majority of cases. It cuts short the disease surprisingly when it is the truly indicated remedy. I don't want you to understand now that I recommend any one remedy for a disease—don't get that idea—but I have said that simply to get you to place the proper value on this remedy. In relation to the symptoms that you are likely to find in spinal meningitis there is a drawing back of the neck and spasms of the back, together with all the mental irritability and delirium already described. The violent determination of blood to the head that we find in this disease clinically is nicely cured.

The next most important feature is in relation to the eyes. That is characteristic and is equaled only by one other remedy in chronic diseases where there is an aversion to life with photophobia, and that is *Graphites*. You take these cases of chronic conjunctivitis, with granular lids, green pus, terrible photophobia, so much so that he can hardly open his eyes, the light of the room brings on headache, brings on distress and many pains. Here *Natrum sulphuricum* should be consulted and compared with *Graphites*, because *Graphites* has also an extreme aggravation from light in eye affections. Of course, this classes it entirely away from *Belladonna* and the other remedies that have acute photophobia or determination of blood to the brain, because it gives you a chronic state and condition that you must study. *Natrum sulphuricum* produces a stuffing up of the nose, red tongue, irritable mucous membrane of the eyes, nose, and ears, with great dryness and burning in the nose. Pus becomes green upon exposure to the light. The mouth always tastes bad. The patient says: "Doctor, my mouth is always full of slime." That is a common expression of the patient when he comes to you. And the provers, all of them, said that they were troubled with a slimy mouth. Thick, tenacious, white mucus in the mouth. Always hawking up mucus—it wells up from the stomach; mucus from the œsophagus; mucus by belching; mucus coughed up from the trachea, and it is always foul and slimy.

There is a distended feeling in the stomach; a sense of a weight in the stomach; almost constant nausea; vomiting of slime, bitter and sour. These are the characteristics: bitter and sour. A sensation of weight in the right hypochondrium, in the region of the liver; aching pains; sometimes cutting pains, and a great amount of distress in the region of the liver. Engorgement in the region of the liver. He can only lie on the

right side, his complaints are aggravated from lying on his left side. When lying on the left side the congested liver seems to pull and draw; the great weight increases the pain and uneasiness and he is compelled to turn back on the right side. Now, it is from these symptoms, whenever a patient comes into my office and says, "Doctor, my mouth is so slimy and tastes so bad, and I think I am bilious," that he always gets *Natrum sulphuricum*.

I began the use of this remedy with Schüssler's remedies some years ago, and find the indications well carried out by the higher and highest potencies. I carry Tafel's five hundredth potency in my case, and use also the highest of Fincke with same results. Bell says that if the thirtieth potency of Arsenic is equal to a complete knowledge of the drug, crude Arsenic would be equal to complete ignorance.

Now, there is another state as to the chest, and that is in relation to the cough. It has a cough with a sensation of all-goneness in the chest. In this it competes with *Bryonia*; both hold the chest when coughing. *Bryonia* holds the chest because he feels as if the chest would fly to pieces; there is such a soreness that he feels the necessity of steadying his chest. The complaints of *Bryonia* are relieved by pressure. *Natrum sulphuricum* has this same desire to hold the chest; but in *Natrum sulphuricum* the muco-pus that is spat up from the lungs is thick and ropy and yellowish green, looking like pus—purulent—and there is an all-gone, empty feeling in the chest. He feels a sense of weakness there; he feels that his lungs are all gone, that he must die in a few days with consumption or some other failing like that, and that it is coming on in a short time.

Bryonia will correspond more to the irritable states with the cough, where there is great rawness, great constriction, great sense of tearing in the chest, burning in the chest; while *Natrum sulphuricum* will correspond to a case that has been going on for perhaps a week; every cough brings up a mouthful of purulent expectoration with a desire to press upon the chest to relieve the weakness; *Natrum sulphuricum* is then your remedy. Another chest state is that of humid asthma. If a child has asthma give *Natrum sulphuricum* as the first remedy. Asthma, when hereditary, is one of the sycotic complaints of Hahnemann. You will not find that in your text-books, so don't look for it, but it may be an observation worth knowing. I have cured a very large number of such cases of asthma, although the text-books would discourage you if you should read them under asthma, because

they will tell you that cases of asthma are incurable. For years I was puzzled with the management of asthma. When a person came to me and asked: "Doctor, can you cure asthma?" I would say, "No." But now I am beginning to get quite liberal on asthma, since I have learned that asthma is a sycotic disease, and since I have made judicious application of anti-sycotics I have been able to manage and cure a great number of such cases. You will find in the history of medicine that wherever asthma was cured it has been by anti-sycotic medicines. That is one of the first things I observed, that outside of sycotics you will seldom find a cure for asthma. There is that peculiarity that runs through sycosis which gives you a hereditary disease, and asthma corresponds to that disease; hence it is that Silicea is one of the greatest cures for asthma; it doesn't cure every case, but when Silicea corresponds to the symptoms you will be surprised to note how quickly it will eradicate it. While Ipecac., Spongia, and Arsenicum will correspond just as cleverly to the supervening symptoms and to everything that you can find about the case, yet what do they do? They palliate the case nicely; they repress the symptoms, and your asthma is no better off, your patient is not cured. Arsenic is one of the most frequently indicated medicines of any in the books for the relief of asthma; so also are Bryonia, Ipecac., Spongia, and Carbo veg., but they do not cure; they relieve surprisingly at times. Where a patient is sitting up, covered with a cold sweat, wants to be fanned by somebody on either side of the bed, dyspnoea is so distressing that it seems almost impossible for the patient to live longer, to get another breath, then Carbo veg. comes in and gives immediate relief and the patient will lie down and get a very good night's rest; but what is the result? On comes the asthma again the very next cold. Natrum sulphuricum goes down to the bottom of this kind of a case. If it is hereditary, that is, not long-lived, if it is in a growing subject, Natrum sulphuricum goes down to the bottom of such a case and will cure when its symptoms are present; and the symptoms will so often be present. It is because of this deep-seated anti-sycotic nature that we find in the combination of Natrum and Sulphur that we have a new state and combination running into the life. When the chest is filling up with mucus, rattling of mucus, expectoration of large quantities of white mucus, with asthmatic breathing in young subjects, this remedy must be thought of.

With the constitutional troubles there are important head symptoms—head symptoms from injuries of the head. A young man in St. Louis was hurled from a truck in the fire

department. He struck on his head. Following this for five or six months he had fits; I don't know what kind of fits he had; some said he had epilepsy, some said one thing and some another, and some said he would have to be trephined. He was an allopathist, of course, as these firemen all are, for it is hardly ever that you can get one to go outside of allopathy and try something else. He was a good, well-bred Irishman; he had to have some good, stout physic. Some of his friends prevailed upon him to stay in the country for a while. He did so, but he did not get better; he was so irritable; he wanted to die. His wife said she could hardly stand it with him; always wanted to die; didn't want to live. His fits drove him to distraction. He didn't know when he was going to have one; they were epileptiform in character. Well, in the country he ran across a homœopathic doctor, because he had one of these attacks and the handiest doctor at the time was a homœopath. That homœopath told him that he had better come back to St. Louis and place himself under my care. He did so. At that time it had been about six months that he had been having these fits. When he walked into my office he staggered; his eyes were nearly bloodshot; he could hardly see out of them, and he wore a shade over his eyes—so much was he distressed about the light—such a photophobia. He had a constant pain in his head. He had injured himself by falling upon the ground upon the back of his head, and he had with this all the irritability that I have described. There was nothing in his fits that was distinctive of a remedy, and the first thing that came into my head was Arnica; that is what everybody would have thought. Arnica wouldn't have been the best remedy for him, though. Had I known no other or better remedy Arnica would have perhaps been the best. As soon as he had finished his description, and I had given the case more thought, I found that Natrum sulphuricum was the best indicated remedy for injuries about the head, and I have been in the habit of giving it. So I gave it in this case. The first dose of Natrum sulphuricum cured this young man. He has never had any pain about the head since. He has never had any mental trouble since, never another fit. That one prescription cleared up the entire case. If you will just remember the chronic effects from injuries upon the skull—not fractures, but simple concussions that have resulted from a considerable shock and injuries without organic affections—then Natrum sulphuricum should be your first remedy. Now, maybe that is not worth remembering, but when you have relieved as many heads as I have with Natrum sul-

phuricum you will be glad to have been informed of this circumstance. Ordinarily, Arnica for injuries and the results of injuries, especially the neuralgic pains and the troubles from old scars; but in mental troubles coming on from a jar or a knock on the head or a fall or injuries about the head, don't forget this medicine, because if you do many patients may suffer where they might have been cured had you made use of this medicine.

Natrum sulphuricum produces great flatulence, distention of the abdomen, cutting pains in the abdomen, associated with congestion of the liver. In this tympanitic condition of the liver that sometimes comes on in the inflammatory conditions in bilious fever you will find Natrum sulphuricum your remedy. In relation to the genito-urinary organs, we have some very valuable symptoms. In chronic gonorrhœa, with greenish discharges—yellowish-green discharges. Instead of gonorrhœa running off into a white, gleet discharge, it keeps up a yellowish, thick, greenish discharge. It competes here with Thuja and Mercurius, both of which are anti-sycotics. When Natrum sulphuricum is indicated there is generally very little pain, it is almost painless. There is chronic loss of sensibility in the part. The urine is loaded with bile, is of a pinkish or yellowish color, with a "corn-meal" sediment, or it looks like stale beer and is extremely offensive. Offensive urine is not in the text. Like Sulphur, it has burning of the soles of the feet at night, and the burning extends to the knees; burning from the knees down. It has also, like Sulphur, great burning in the top of the head; it has tearing, rending, cutting pains from the hips down to the knees; worse at night. The stomach symptoms are worse in the morning, and so also with the mental symptoms, they are generally worse in the morning. Now, upon the skin we have some eruptions; we have those cases of so-called itch, scabies or vesicular eruptions, vesicular eczema, with a thin, watery discharge exuding from the fingers, and the fingers are swollen stiff and stand out stiffened by the swelling; they are swollen so stiff they can hardly be gotten together. (Baker's itch and barber's itch come under this head.) Natrum sulphuricum cures where the palms of the hands are raw and sore and exude a watery fluid. Also vesicular eruptions around the mouth and chin and various parts of the body; little, fine water blisters, very much like Natrum muriaticum and very much also like Natrum carb. So you see it runs into the Natrums. The other disease that I incidentally mentioned a moment ago—the barber's itch—is a sycotic disease—a sycosis menti, a disease of the hair follicles. It is sometimes even contagious. It is one of the highest types

of sycosis—the next highest type of sycosis is the venereal wart known as the gonorrhœal wart. This medicine corresponds to this state and condition of the body. Now, we have said considerable about sycosis. We know in sycosis, which is a constitutional miasm, that we have venereal warts or gonorrhœal warts; that we have another sycotic state that comes upon the female in cauliflower excrescences. We have also hereditary asthma, a constitutional disease that depends upon sycosis, and this peculiar barber's itch is one of the highest types of sycosis; they are all due to one cause, and some day this cause will be demonstrated to be latent sycosis. Gonorrhœa will some day be known to be the true offspring of this sycosis. It is the contagious part of the sycosis. It is the means by which the disease is handed from generation to generation. This thing you will not find in the books, and it is, perhaps, only a private opinion and, therefore, worthless. But some day you will remember that I told you this. I have seen things in my observation that astonished me. I believe I have solved what Hahnemann called sycosis, though he has never described it. To me it is very clear from the cases I have cured with this theory in view or this doctrine in view. The cases I have cured lead me to believe that I am on the right track.

Now, I say that gonorrhœa and all of these latent conditions of the body are one and the same thing; that primarily they date back to one and the same source. Of course, the books will tell you that gonorrhœa is not a constitutional disease; but when gonorrhœa will produce warts, and gonorrhœal rheumatism, and will last throughout life, and children be brought into the world with the same disease, how are you going to get around it? There was a young man in the St. Louis City Hospital who had been there many months, and who was so sore in the bottoms of his feet that he could not get around; he had to leave his business; he was a baker; finally his old employer came to me and wanted to know if I could do anything for that young man. I didn't know anything about the nature of his disease. I told him to bring the young man to me. The young man was brought, and I learned from his history that years before he had had gonorrhœa; that it had been suppressed with injections. I put him under such constitutional treatment as these theories that I have just mentioned guided me to, and I cured him. In our city I have cured twenty-five or thirty cases of this peculiar kind of sycosis that dated back to a latent gonorrhœa. Symptoms of a latent gonorrhœa are unknown to the books. You will find nothing of it. It is only known to such

observers as have been able to make two out of two times one—by putting things together. By and by I shall have a complete chain of evidence to show that gonorrhœa is a constitutional disease and can be handed down from father to son, as can syphilis. It is one of the chronic miasms, and is one that very little is known about. If this be true, it is as dangerous to suppress a gonorrhœal discharge before its time as it is to suppress a syphilitic chancre before its time. You will never know if you go on treating these constitutional miasms by suppressing the primary manifestations—you will never know the harm you are doing.

The most of these are calculated by the process of evolution to wear themselves out, to roll out, or to evolve themselves into symptoms that are so depleting to the disease that they leave of themselves, or leave the patient very nearly free from the disease. Such is the calculation of Nature in a gonorrhœal discharge, and such has been the intention of Nature in the chancres that appear upon the genitalia. But poor ignorant man, believing he must do something, has made it his first business to cauterize these chancres—to dry up these discharges—and he doesn't know how much harm he is doing. But this is only a private opinion. I have observed this, that there are two kinds of gonorrhœa—one is a simple urethral discharge, which, when stopped by injection, will not produce a constitutional taint, because that is not a sycosis; and the other form is the sycotic gonorrhœa, which, if suppressed with injections, will appear in constitutional symptoms. Now, it is for you to live and think for yourselves. If you can make anything out of what I have told you, and it ever helps anybody, I shall be amply repaid. You will most naturally see that all these thoughts are in furtherance of Hahnemann's teaching, based upon the facts observed by him and his faithful followers. Unless guided by the light of the dynamic doctrine of disease and cure, these things would scarcely be observed. For the study of this sycosis I might have taken up Thuja, but knowing how well the master has performed this work, I have taken a remedy that is scarcely second in importance to bring out as well the use of a remedy as a miasm in relation to it.

TONGUE SYMPTOMS.

Aggravation from putting tongue out, Cocc. Kali-carb., Lyc.

Hacking cough from putting tongue out, Lyc.

When putting tongue out it catches behind the teeth, Apis., Lach.

Tongue trembles on being put out, Apis., Lach.

Tongue protruded with difficulty, can hardly be drawn back, Hyos.

Tongue indented upon the edge, Ars.-met., Glon., Hydrast., Iod., Merc., Podophyl., Rhus tox.

THE ADDRESS OF THE PRESIDENT OF THE
AMERICAN INSTITUTE OF HOMŒOPATHY,
AT ITS SESSION OF 1886.

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

It has been my duty on several former occasions to comment on addresses of Presidents of our homœopathic associated bodies, and not always with approval. Indeed, oftener than otherwise they have seemed to disgrace Presidents and the bodies who had elected them, and the duty of reviewing their performances has often been anything but pleasant. They have been so replete with ignorance and endeavors to pervert therapeutic science that they could not otherwise than cause grief or shame, or both, to intelligent minds who have the interests of homœopathic science at heart. It could not but grieve such to learn that these electing bodies were so ignorant of or indifferent to all which is characteristic of this science, and cause shame that this ignorance should be thus paraded before the community as an exponent of the present status of Homœopathy in the bodies whose heads these Presidents were for the time being. It is, therefore, a pleasure to note in the last of these addresses a manifest improvement over its predecessors in very many particulars. Indeed, if we had been present at the meeting and no one had got ahead of us in the matter, we are not sure we should not ourselves have moved a vote of "thanks to the President for his able and interesting address." We are sure we should have voted a hearty affirmative of such a proposition. This address is certainly admirable in its generous and noble spirit, and in the clearness of expression of the thoughts it presents.

But it is impossible to assent to some of its utterances, and notably to some of those at the beginning, where our President attempts giving history. After giving the coincidence of the death of Hahnemann and the birth of our Institute, he says of the latter:

"The organization which henceforth was to be his representative in the world, and which was to do more to voice and defend his cause than all other agencies combined, was launched upon its great mission. What was thus denied to a single individual [to be the representative of Hahnemann] was consigned to the safe-keeping of the organized many. How faithfully this trust has been administered is now a matter of record, etc."

Just so, and alas for the record! After the early history of the Institute, while this was under the guidance and control of

its founders, this record has been little else than an increasing abandonment of all which is characteristic of the teachings of Hahnemann, and of time and thought given to almost any and everything else which a wealth of bureaus could bring to the consideration of the body to which they were expected to report. Such reports, on these many subjects, have been so numerous that there has been no time to attend to the matters of this "trust," and these have been so effectually excluded from the recorded actions of the Institute that in that of the last few years it will be difficult to find an excuse for a suspicion that this body which has given us this record is an Institute of Homœopathy at all. And this is how the successors of the founders of this organization have "administered the trust" given to them. They have simply cast it out from them and would have nothing to do with it. And hence the great disgrace on Homœopathy, inflicted by its infamous "*Indianapolis resolution*." Did our President remember that that resolve made a part of that record when he eulogized it? There it stands now, as an attempted justification of whatever practical departure from all of Hahnemann or his Homœopathy any man's ignorance or whim may compel or tempt him to perpetrate. Did he know when he wrote this eulogy of this record that because it was a record of the abandonment of Homœopathy that many of its members, and those of the best, left its meetings and went to them no more? Did he know that one of the earliest of those to do this was our great leader, *Hering*? The writer of this walked out from the meeting with him, in which he said he had resolved to attend no more meetings of the Institute, and false to this "*trust*" was the reason he gave. *Hering*, I believe, was never after this seen in the Institute. In his thought of this record is it not too apparent that our President wholly mistook the *quid est* for the *quid apportet*? What he saw was what the record *should have been*, not what *it is*, or of late has been as to all pertaining to the Homœopathy of him of whom this President declares this body is the successor and representative.

And further :

"With the banner of therapeutic reform over it [the Institute] this great force of scientific workers has gone on conquering and to conquer, for the achievements of its past are but an earnest of what it is yet to accomplish, its work being but fairly begun. Loyalty and fidelity to principle [had he forgotten the *Indianapolis resolution*] on the part of its exponents are alone requisite to the fulfillment of this prophecy."

What in the name of truth and common sense has this Institute "conquered"? and what is it to conquer hereafter with

promise of good in it, as to any interests of "therapeutic reform," having so wholly abandoned working in the cause of its science, which Homœopathy is, is wholly in the territory of the unknown and unimaginable. If it were a triumph when our great leader was driven out from their body by their neglect of the science of therapeutics, we do not believe our President is one who will boast loudly of it, and we know of nothing else it has triumphed over, unless it be the patience and forbearance of their most honorable, intelligent, and illustrious members. Truly, if the past is a prophecy of the future, then any triumphs which are in reserve for Homœopathy must come from agents or agencies outside of the American Institute.

"That he [Hahnemann] did not reject 'the accumulated knowledge of the profession' and did not 'base his practice upon an exclusive dogma' is clear, therefore, to every fair-minded, unprejudiced person. This every student of his prodigious life-work must truthfully attest."

Now we suppose the knowledge of our President of what Hahnemann accepted of "the accumulated knowledge of the profession" must have been derived from his writings, just as it is with the rest of us. Now, in which of those does he find evidence that the master borrowed aught from "the accumulated knowledge" of old physic, which he wrought into his system of therapeutics, thereby adding aught of value to this. We have been somewhat familiar with these writings for near half a century, and were educated into the love of old physic as this was imparted to students in the days of our pupilage, and as this could be gathered from the current literature of that school in the days of our allopathic experience, and we have now no recollection of any intimation in any of these writings that they or Homœopathy were indebted in the least to "this accumulated knowledge" for aught which had given value to either. It may be we have overlooked this all these years.

And then, Hahnemann "did not base his practice upon an exclusive dogma." Will our President tell us what he did "base it upon"? In our simplicity we have learned only that this was based on an alleged *natural law* known to us as the "law of similars." We have no recollection of any mention, in any of his writings, that any practice of his had any other foundation or that he mentioned any other with recommendation to the confidence of his followers. He proclaimed a natural law, *universal* in its relation to the needs of all curable sicknesses, not a "dogma" which he or his followers were at liberty to regard or neglect, as whim or convenience might dictate. These expres-

sions, "accumulated knowledge of the profession" and "exclusive dogma," sound as though we had heard them before, but never before in an attempt to drag Hahnemann down to this low level of those of his pretended followers who had abandoned all pertaining to his system of therapeutics except its honored name. Indeed, we believe we have only met them in attempted defenses of those abandoners, certainly never before in any attempt to degrade Hahnemann from his exalted position as propounder and advocate of law. It has been said—"no exclusive dogma"—by those who found themselves incapable of a successful practice of Hahnemann's law, to palliate their practical plea of imbecility before this law, contained in their habitual resorts in their practice to expedients outside the demands of law, "no exclusive dogma" for them. The status of these "no dogma" men as to intelligent perception of principles is clearly shown by their inability to discriminate between a "dogma" and a *natural law*. Was it for the like of these that this false pretense was raised as to Hahnemann as a tribute to their complacency?

"The question of dose was an open one when Hahnemann left it. It is an open one still, and cannot be settled as by the voice of a Pope. To reach the final establishment of both the rule and exception as applied to the requisite dose of each individual drug in each particular case, appeal must still further be made to those great arbiters—*time* and *experience*."

Before assenting to this paragraph, we would know what the writer means by an "*open question*." If he means a question the answer to which has not been *universally accepted*, then his statement as to the dose is no doubt true. But if a question ceases to be an "*open*" one when the clearest intelligence, after an adequate "*experience*," both as to "*time*" and observation, has spoken, then we submit that this question of the dose has long ceased to be an "*open*" one. If such intelligence and opportunity have spoken on this matter of the dose, then the question is closed. Negation may prevent the universal acceptance of the utterances of this intelligence and experience, but negation cannot open a question which has been thus settled. It is submitted that Hahnemann and his immediate followers settled this question, and no superior intelligence has opened it by better observations or better experiences. If the testimony of these greatest and best observers is rejected, then whose is the loss? Is it not that of the rejector and of those who trust him? We may add, the testimony of these old witnesses has been many times fully confirmed by the experience, observation, and practical successes of their ablest successors. We have no hesitation in regarding the question of the dose as no longer, logically, an "*open*" one.

"The *Organon* should have first place among the text-books of every college, and every curriculum should make provision for its thorough study."

A sounder or more important utterance never came from a President's lips in any associated body. If there had been but this one utterance in this address calling for our approval, and there are many others, this alone would deserve thanks from every lover of truth. On no other recommendation in the address hangs so many and so great consequences. Will this so timely and clearly expressed *ought* be heeded by our colleges? If not, then on whom rests the responsibility? Not on our President. He has nobly cleared his skirts.

Again, the address says:

"It is our bounden duty to associate. Our societies should be strengthened by the membership of every subscriber to the law. Particularly is this so in regard to the American Institute. This is our representative body, and should be the pride of every loyal subject. Every one should be intensely interested in its welfare, the growth of its membership, etc."

Then *why are they not?* There are many who have no such sense of "*bounden duty*." Indeed, "*duty*" has compelled them to create other organizations where the truth of the divinely given therapeutics, as contained in the *Organon*, could be freely studied, discussed, elucidated, and advocated, as they were not, could not be, and are not in the American Institute. This is why many are not members of that body and why there are more who are not "*proud*" of it. The Institute has given itself to other matters of thought and action than those for which this body was created. They seem to have had more in thought, what will the Mrs. Grundy of old physic think or say of this or that? than of the principles and corollaries of our law. And it has been more engaged with matters which are approved of by this much feared body than with those inculcated by Samuel Hahnemann. In short, it has ceased to be an Institute of Homœopathy, and has become mainly an Institute for work which will not offend this Mrs. Grundy. In carrying out this work, it has *twelve* bureaus which are devoted to subjects certainly important in themselves, but not necessarily related to Homœopathy, or, at the best, only remotely so, while there are *two* which are expected to engage more particularly with homœopathic subjects. Now who does not see that this body so distributing its working agencies as an Institute of *Homœopathy* is only a caricature?

And further the address:

"This year no less than four so-called 'national' societies—besides this Institute, and composed almost entirely of its members—are meeting

within this small city within the week—the most of them holding meetings during the same time as that occupied by the chief. With all my might I say, *this should not be*. The proper place of every one of these societies is inside the American Institute of Homœopathy.”

We know nothing of the societies here alluded to, but if

“The proper and paramount business of this session is to see to it that those distracting and emasculating influences are from this time on neutralized,”

then we would suggest to those who are thus “*to see to it*” to begin with the inquiry—*why are these things so?* And if they find the cause to be too much of Mrs. Grundy and too little of Samuel Hahnemann, let them mend the methods of the Institute in this matter, and we venture to assure our President this cause of his grief will cease.

A HEREDITARY IDIOSYNCRASY.

S. L.

We will let our fair patient speak for herself: “Of my grandmother I know but little, as she died when mother was only six years old. Grandfather spoke of her as a very talented woman, but physically unequal, through highly wrought nervous conditions, to perform the work for which the brain was so eminently fitted. The only pronounced idiosyncrasy was her *predisposition to cramp-colic* induced from certain foods, most prominent of which was *milk*, eventually dying from colic, the belief being entertained, from drinking milk.

“My grandmother left as an inheritance to my mother the *cramp-colic* and her many talents and brain-power. In appetite my mother has not many marked likes or dislikes; but many things produce violent cramps and colic—not of the ordinary nature, as most people are affected, as it seldom or never affects the bowels and rarely touches the stomach. It always commenced with pain in the region of the heart, traveling upward to the chest, throat, and tongue, which symptoms tally exactly with the conditions of my grandmother’s case, in whom it was, however, of a more aggravated character, rendering her in a few minutes devoid of speech. In my mother it also often appears between the shoulders, suffering intense agony, which will be entirely dissipated in a few minutes from drinking a glass of ordinary cooking soda.

“My father also must be careful in his diet, as there are some

eatables which disagree, causing with him never any trouble of stomach or bowels, but vertigo and intense pain at the base of the brain, which I also might designate a cramp-colic, as it disappears with such remedies usually prescribed for such troubles. In taste he is odd, being very fond of milk and cream, but totally unable to eat butter, anything seasoned with it producing the most violent nausea. My mother is more than ordinarily fond of milk, and will occasionally indulge, though fully aware that the penalty of cramps will surely follow. Eggs have a like result. In vegetables, turnips, cabbage, asparagus produce cramps. Buttermilk she finds much easier of digestion, and can often drink it without any unpleasant after results, though it sometimes produces wind in the stomach. In relation to farinaceous food, she can only eat bread in the form of hot biscuit, or prepared in such a manner as to contain lard, as wheaten bread, in the form of light bread (raised with yeast prepared from hops), she cannot eat at all, neither does corn-meal agree. Liquors of any description cannot be taken, producing in place of stimulation the effect of weakness, or rather absence of strength, felt most severely in the knee-joints, a half teaspoonful of whisky creating the feeling of inability to walk, though not a physical fact. Wines, colic. Fond of all kinds of fruit; some agree, a few produce colic, especially watermelons. Otherwise, mother has a wonderful constitution, with no tendency to female complaints, able to perform a great amount of physical labor, so long as the work does not afford too great an amount of pleasurable excitement to the brain, has inventive genius of the mechanical turn, a talented musician and painter; she has constantly to change from one thing to another to counterbalance the nervous tendency to over brain work.

“Now to come down to myself. I presume that my heirlooms are the cramps with the same symptoms, with the exception that I can classify the foods which produce the pain between shoulders and those which create pain around the heart. I do not recollect of ever having taken a glass of uncooked milk, the taste being nauseous to me; but cooked with eggs into custard I like it very much, and then sometimes, but rarely, colics always with pain between the shoulders, as also a pain immediately under the shoulder-blade of the left side, which, owing to the curvature of the spine, makes the pain very near the waist line. Eggs boiled soft or hard, or poached, produce the same pain, but fried, into which there is a proportion of grease, they rarely ever hurt me. All kinds of fruit cause colic with the same symptoms, but if eaten in rich pastries, which is only a coating

of fat to the fruit, produce no ill effects. Raw fruit I never touch, dislike the taste, and it disagrees, strawberries and oranges causing fever, as well as colic. Vegetables I like, and can eat those which affect my mother most seriously without colic, provided they are dressed with vinegar, as otherwise they produce cramps in region of heart, etc., my worst enemy in the vegetable line being corn, either green or canned, and peas—colic with same symptoms. I dislike sweet potatoes, which disagree, while Irish potatoes, fried, agree, but boiled lay heavy on stomach, without colic. I have eaten, so far, very little bread during my life, but less than ordinary during pregnancy, but after confinement feel an almost uncontrollable desire for it. Rice and oat-meal produce colic as quickly as fruit, and have the added symptom of a burning sensation in the pit of the stomach, with wind, which passes into the bowels. Liquors act as with my mother, with exception of beer, which proves the best tonic for exhaustion, but creating biliousness. The bile accumulates in the stomach and creates nausea in a few minutes; is thrown from the stomach, and in ten minutes I feel as well as ever, though perhaps having suffered a week. Meat is my principal diet, upon which I have always lived, eating everything in the market, both wild and domesticated, with the exception of mutton. Fat meat I have never been able to eat, the taste turning my stomach, as does also either the taste or smell of tea.

“I have but one organic trouble, which comes and goes according to the climate—an excessive flow of urine. It is not confined to warm climates, but makes its attacks in various and varied altitudes, but *never* when living where I get the ocean or lake breeze. The urine, when analyzed, is pronounced free from all tests of ordinary urinary bladder or kidney troubles. During a severe attack the bladder is greatly distended and visible to the eye and to the touch.

“I have not yet touched upon the troubles of my oldest brother, which are many and varied, only I know that since his illness a rare beefsteak produces in him a sensation of drunkenness.

“And now to my dear little girl. I nursed her (living then at Los Angeles) until she was a year old, my breasts discharging immense quantities of very rich milk, commencing to feed her some at the age of nine months, as my health was poor. During that time she suffered greatly from colic and wind in stomach and bowels after feeding her with crackers and condensed milk; ever since she has suffered from this cramp-colic and constipation, the stool being exceedingly large and dry, without any

apparent moisture whatever. The attending physician considered my milk the cause of the mischief, and, under his order, I weaned her. She grew rapidly worse, and he then advised Horlick's food with fresh milk, which agreed well with her, but the old pain in the bowels seemed still to increase rather than diminish. She passed dentition without any other trouble save the old pain, but to get an action of the bowels enemata were necessary. We tried olive oil, which she would retain all night and pass in the morning without any stool, often, however, retaining the oil until an injection of soapsuds relieved her, the stool appearing healthy in character. Oat-meal was now tried; it opened the bowels, but caused intense suffering, passing wholly undigested. Then the doctor ordered rice, which digested well, but failed to loosen the bowels. However, as she liked it we alternated the food, and as she preferred rice without milk it was given her so, and I found that she suffered less pain. Then we gradually began with meat, and the improvement was marked; then potatoes, baked or boiled, with plenty of butter, and continued the rice with sugar, all of which digested perfectly, still adhering to the food prepared with milk night and morning, and still she suffered and the bowels remained inactive."

About this time they removed from California and settled in New York on account of malaria, from which Mr. C. suffered at the Pacific Coast. Mrs. C. passed, soon after her arrival, through an easy confinement, but suffered again from immense galactorrhœa, five to six quarts a day of heavy, rich milk, and her babe suffered from cramp-colic early from its birth. *Calcareo carbonica* reduced the milk, the babe was weaned, and brought up on veal and beef broth, suitably reduced. In consequence of constipation, it suffered from an aphthous erosion at the anus and succumbed to it. During this time the older child was brought up on soft-boiled eggs with bread, which digested thoroughly, but gave her wind on the stomach. A trial was now made with Horlick's food and rice, but increase of pain and constipation resulted. Liebig's extract of meat made her feverish. At my earnest request all milk, boiled or fresh, was now stopped and the child put on rare beefsteak, minced, stale bread with plenty of butter, which she relishes, and hot water sweetened. A baked Irish potato, mashed and buttered, is easily digested. Has an inordinate desire for salt, preferring it to sugar, but having a periodical love of sugar; has never tasted fruit or candy.

With this cramping in her bowels there is excessive perspi-

ration, increasing or diminishing as the attacks in the bowels are better or worse, and at the same time frequent urination. Her breath, as well as that of the babe during its short life, has a faint odor of chloroform, and she suffers, though rarely, from fainting spells, when she can only be roused with difficulty, and this happens only when tired out from walking or too much playing. Her mother is liable to such faintings, and has as many as three such fainting spells in one day, though consciousness is never entirely abolished. The child's grandmother had these fainting spells only during confinement, and in one of them she was nearly given up for dead, on account of its long duration. Taking into consideration the history of four generations of this highly talented, nervous family, all good-natured and sprightly when well, without any disposition to melancholy, but only sorrowing over their cranky constitution, we find :

1. Milk in no shape or manner is well borne, even producing nausea in some.

2. Meat is their staple food and well digested, though fat is disliked.

3. Milk produces cramp-colic and constipation; food like bread or potatoes is not digested when milk is taken with the food.

4. Pain in cardiac region when swallowing food.

5. Griping in the morning after rising, extending into the chest, followed by short attacks of pinching in the stomach.

6. Hard stool covered with mucus, resembling sheeps' dung; much straining.

7. Copious pale urine.

8. Pain between scapulæ.

9. Fainting spells, with faint odor of chloroform from breath.

Complaints after milk—Ambra, Angustura, Brom., Bryonia, Calcarea, Carb-veg., Cham., Chel., Chin., Cina, Cupr., Kali, Lach., Lyc., Nat-c., Nat-m., Nitr-ac., Nux-v., Phos., Sep., Sulph.

Complaints from eggs—Ferrum, Colchicum.

Complaints from bread—Bry., Caust., Nat-m., Nitr-ac., Nux-v., Phos., Puls., Rhus, Sars., Sep., Sulph., Zinc.

Complaints from farinaceous food—Lyc., Nat-sul., Sulph.

Complaints from fruit—Ars., Borax, Bry., Carb-v., China, Mag-m., Nat-c., Puls., Selen., Sep., Verat.

Fat food nauseates—Nitric acid.

Desire for milk—Merc-sol., Ars., Bov., Rhus, Sabad., Lil., Staph.

Desire for butter—Merc-sol.

Fainting spells—Acon., Camph., Carb-v., Chin., Lach., Nat-m., Nux-v., Phos., Sulph., Tabac, (Nicotine, breath odor of Alcohol).

Pale, copious urine—Nitr-ac., Puls., Ign., Mag-c., Phos., Plat., Rhus, and many more.

Cramp-colic—Bell., Cham., Cocc., Magnesia phos., Nux-v., Puls., Lach., Carb-v., Coff., Sulph., Zinc.

Flatulent colic.—Asaf., Cham., China, Lach., Mag-phos., Nux-v., Puls., Sulph.

How can these constitution ailments be eradicated? There is no hysteria in the family, which delights in brain work. I gave so far Sulphur, and after its action was exhausted Nitric acid²⁰⁰. Would any of the milk remedies be here indicated? Advice is solicited and will be thankfully received.

CLINICAL REFLECTIONS.

AD. LIPPE, M. D.

Mr. B., forty years old, always in robust health, called to complain of very intense pain in the right shoulder joint; can hardly move the arm, but is absolutely unable to lift the arm up; had a bad night, almost sleepless, on account of the pain. He received a few pellets of *Sanguinaria canad.*^{cm} (Fk.), and in forty-eight hours he reported himself well.

A coachman had fallen off a ladder and had bruised his right shoulder. Suffered intense pain at night; described it as great soreness. One dose of *Arnica*^{cm} (Fk.) relieved the great soreness, but he was unable to move the arm, when a dose of *Bryonia*^{cm} (Fk.) gave some relief. He now told me that some twenty years ago he had injured the same shoulder in a similar way, and that he was then laid up for some months. It was now the seventh day of his fall, and the shoulder remained very stiff; he could not raise his right arm without severe pain; at rest he was comfortable when he kept his arm in a sling. I now gave him one dose of *Sanguinaria canadensis*^{cm} (Fincke). Five days later he was able to resume his duties as a coachman.

Comments.—The first proving of *Sanguinaria canadensis* was published in the English language in the first volume of the *Transactions of the American Institute of Homœopathy*. On page 239 we find the characteristic shoulder symptoms, both pathogenetic and curative, and the symptoms have been so often verified that it might seem useless to report more such cases cured by *Sanguinaria*. As the tendency of modern materia medica compilers

is so very different from our early materia medica producers it is well to call the attention of reflecting healers to the growing evil. Here on p. 239 of the first great work of the early members of the American Institute of Homœopathy we find not only the pathogenetic symptoms, but their verification, by admitting into the pathogenesis of a then new remedy also the curative symptoms. Drs. Husmann and Jeanes, two excellent observers and true healers, have long ago joined the majority. Compilers, and most of these materia medica compilers and reformers, have become notorious despoilers of the laborious men who created our materia medica. Among them stands foremost Dr. Richard Hughes, who mercilessly abuses the memory of our best provers. May not my own old early friends, Drs. Husmann and Jeanes, fare better? It is high time that the profession demand "a halt" in these wicked abuses of the dead, who left their works behind them, seeking no other reward than the knowledge of having tried their best to augment our *Materia Medica Pura* as the only means by which we can apply the only law of cure for the cure of the sick. What results can we hope our rising generation will obtain when nothing but a sad caricature of the *Materia Medica* is bestowed on them for reference?

In the two cases related the guidance to a certain cure were the similarity of symptoms as we found them on record, made by the early pioneers of our healing art. Symptoms 235 and 236 were present, and the remedy was administered in a single dose and in a high potency. Of course, some of our colleagues will deny the efficacy of a dose in which no perceptible quantities of the drug can be detected by the microscope; the learned friend at the Hub will, of course, splutter about the absurdity of administering such a dose, but it does not change the facts at all. There are no attempts made to put a scientific looking pathological livery on our *Materia Medica Pura*. We find clearly related, changed sensations of the organism stated in the *Materia Medica Pura*, and we have the law of the similars to guide us to successful cures, not once, but invariably. It is obvious that without a materia medica it would have been impossible for Hahnemann or anybody else to even test the applicability of the law of the similars for the cure of the sick. This materia medica was created by Samuel Hahnemann, and with his *Materia Medica Pura* it was possible to prove beyond a possible doubt that the law of the similars was a natural law, and that under that law and under no other law diseases could and were cured, provided their similar symptoms were found among the *proved* remedies, and it seemed that no man of common

sense and tolerable intellect could draw another deduction from these facts than a conviction that the progressive successfulness of our healing art depended on a progressive development of our materia medica in just exactly the same manner as Hahnemann employed when he *created* a materia medica pura. This was the conviction of the founders of the American Institute of Homœopathy, the first fruits of their honest and intelligent labors are mentioned in this paper, their early publication of the pathogenesis of *Sanguinaria canadensis*, the appreciation of their labors may be expressed time and again by the survivors of the early pioneers and by a grateful posterity. While Homœopathy progressed rapidly, while the sick were cured by healers who followed Hahnemann's teachings and methods, a set of pseudo-homœopaths arose, and we could not describe these men better than Hahnemann himself described so frequently "*the pretenders,*" men who wear the livery of Heaven to serve the devil, as an uncompromising allopathist writes to me expressing his utter contempt for these men who preach one thing and practice another. That is *all* the recognition cranks obtain. Various modes have been tried by these pretenders to undermine our noble healing art. All to no purpose, always tripped up when these men tried to discredit Hahnemann and set themselves up as reforming progressionists for the sake of "*recognition,*" which only comes in the shape of *detestation*, and now finally these men resolved to *destroy* our materia medica. That arch-defiler of the great philosopher who founded our school cried out against Hahnemann's *Materia Medica Pura* because the day-books of the provers were not published, showing his ignorance (not confined to this point only) of the fact that the publisher of this work (Arnold) did it at a great pecuniary loss out of gratitude he owed Hahnemann for *curing* him.

Instead of going on in the beaten path, which had secured cures and successes, a set of illogical men pretend to *purify* our *Materia Medica Pura* by publishing hastily and inaccurately compiled day-books. There is really no limit to the ignoble acts of these destruction-seeking pretenders. There is the leading spirit of them, who denounces Drs. Mure and Nanning, and fairly criminales Dr. Houatt, charging him with *fraud*. These things become offensive to every true healer. Does Dr. Richard Hughes profess to be conversant with the drift of the homœopathic literature? If he does, he might remember our publishing a case of "renal colic" cured by *Ocimum canum*. He will find the remedy in my text-book and in Allen's *Encyclopædia*. He will find it also with the habitual slovenly and incon-

consistent work—Allen conscientiously excludes *all* curative symptoms. Why? Has he discovered also that of late years our journals are loaded down with incredible observations. They *never* deceive the thinker. In this case Allen admits in a parenthesis to be sure *right side* (curative symptoms), but omits a strong curative symptom—the hemorrhage from the kidney after the attack. The cases in which *Ocimum canum*. is indicated in renal colic are very rare, but just in such desperate cases we shall have a correct pathogenesis. Nenning's provings have thousands of times been verified. Nenning was the first homœopath who, *after proving Aconite*, gave it in pleurisy. Let Hughes howl and roar as he seems fit, but when he abuses Houatt he becomes a detestable *slanderer*. *Bufo* has cured time and over again epileptic attacks, especially when they occur during the night and are followed by coma and headache, and *Bufo* is also an *indispensable* remedy in what is called the malignant pustule, a most malignant and fatal malady. Time and again have I verified Houatt's provings by the actual test and *cured*. Now, will that blasted despoiler of our healing art publish one single case in which he prescribed a remedy proved by these by him maligned men, administered it according to Hahnemann's methods, and then failed. *No*, never will any of these destruction breaders commit themselves. Till they do let them be branded "slanderers of the dead." Every true healer will hold on to our own old-time, honored *materia medica*. Guided by it he will surely heal the sick, and he will resent all new-fangled propositions to purify the *Materia Medica Pura*. The motive of these proponents is *wicked*.

WHAT ARE THE REMEDIES?

The following symptoms are taken from Allen's *Encyclopædia*. Can you find the remedies from the *Index*?

1. Sensation "as if the anterior parietes (of abdomen) were wanting and the bowels were in danger of falling out." 71

2. Grasped forehead and cried: "My head! my head! I am crazy!" and walking about.

3. A feeling in the middle of forehead as if a hair hung down, which he constantly wanted to wipe away. 810

4. Puts hand into soup instead of the spoon; is unable to find mouth with spoon—runs it along the side.

5. Painful boring and tearing in a hollow back tooth and a sticking pain in same place in the tooth on touching cheek; relieved by cold and open air; aggravated by warmth. 110

CORRESPONDENCE.

TO THE EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

GENTLEMEN:—I am venturing to send you my answers to “What are the Remedies?” February, 1886. I do so, not because I have satisfactorily answered them—the reverse is true, I fear. But as one of your objects was to “test the value of the repertories,” I will contribute my observations.

I am in the habit of working up my cases with *Repertory* and *Materia Medica*. The difficulty I have is well illustrated by my answers to your questions. Often well-known symptoms are not given at all under any heading, others have to be sought from one end of the book to the other, and when a symptom is given in two places different drugs are given in the two places. Endless confusion ensues, one gets discouraged, one's faith in repertories is reduced to a minimum. Still a repertory is indispensable. I used Lippe's, chiefly. I need not say I am looking forward with pleasure and with great expectations to your *Repertory of Characteristics*. Apologizing for troubling you,

I am, yours sincerely,

A Junior Practitioner,

E. A. NEATBY, M. D.

LONDON.

1. Metrorrhagia of large black lumps; worse from any motion; violent pains in groins and fear of death—despair; bright red face and fever: FERRUM.

I first turn up metrorrhagia in Lippe's *Repertory*, and find over sixty drugs given:

— of black blood. Arn., Bell., Bry., Cham., Chin., Croc., Ferr., Igt., Plat. (all included in the sixty).

— with painfulness of abdomen. Ferr., Sabina.

— — (. . .) red face. Ferr.

To get more information respecting the character of the blood, refer to “blood.”

Blood clotted and black. Chin., Ferr., Nuxj., Sabin.

Lippe gives no information respecting the condition worse on moving, but in the Cypher *Repertory* of the Hahn. Pub. Soc. is found:

Motion (the least) increases flow vastly. Ferr., Sab., Sap.

The answer is *Ferrum*.

But this shows the difficulty of working with our present materials. No information is given on the remaining points in

connection with menstruation in any of the repertories at my command.

Allen's *Index*, under Clots, omits China, Iron, Sabina (!!). Upon whom are we to rely?

2. Drawing and tearing pain in periosteum, at night, in wet, stormy weather; at rest, in motion. RHOD. (and *Rhus*).

As no locality is given, reference is made to the chapter "Generalities" in Lippe.

Drawing, tearing. Cham., Colch., Hell., Igt., Laur., Merc., Plb., Puls., Rhod., Rhus, Sec. c., Staph.

Drawing when at rest. Mur. acid, Nux m., Rhod.

— at night. Cham., Plb.

— in bones. Arg., Chin., Cocc., Colch., Kali c., Merc., Rhod., Rhus, etc., etc.

— — — nocturnal. Aur., Lyc., Mang., Merc., etc.

In wet weather. Calc., Dal., Lyc., Merc., Rhod., Rhus, Ruta., Sep., Sal., etc.

— windy, stormy. Cham., Phos., Puls., Rhod.

The feature of worse in stormy weather would lead one to decide upon *Rhod.*, perhaps, though the nocturnal aggravation is not mentioned above (in Lippe), yet Rhod. and Rhus both have it.

Rhod. is said to be chiefly *before* wet and storm.

3. Elaps. (Allen); Ars., Puls. (Lippe).

4. Nux. (—)

5. Middle of thigh, as if broken. Sul. (Allen).

6. No locality given.

7. Coldness and itching. Acid nitr. (Allen and Lippe).

8. —

9. Carb. veg. (Lippe).

10. Walk in open air, desire for. Asaf., Mez., Phos. (Allen). Several others in Lippe.*

DR. E. J. LEE.

DEAR SIR:—I copy this (not that I think that Dr. P. P. Wells needs any help, but simply to clinch what he says) from the printed minutes of the Convention which was held in New York city April 10th, 1844 (that being the anniversary of the birth of the illustrious Hahnemann), to establish the American Institute of Homœopathy.

Dr. C. Hering, of Philadelphia, was elected President, Dr.

*The editors apologize for the tardy appearance of this paper; it was mislaid.

Josiah F. Flagg, of Boston, and Dr. Wm. Channing, of New York, Vice-Presidents, and Henry G. Dunnel, Secretary.

A preamble and resolution in these words were adopted, viz. :

“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 seek diligently for truth alone; and inasmuch as the state of the 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 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 skilful manner.*”

Dr. John F. Gray was elected General Secretary of the Institute, and Dr. G. R. Kirby, Treasurer. The Convention then adjourned.

The first session of the American Institute of Homœopathy was organized immediately after the adjournment of the Convention, on the evening of the 10th of April, 1844, at the call of the General Secretary-elect.

I have the minutes of the first two sessions of the American Institute of Homœopathy in printed form, and it certainly cannot be that I am the only person that has them, as there were, according to this report, not less than one thousand printed.

J. D. GRABILL, M. D.

SAN ANTONIO, TEXAS, May 7th, 1886.

BOYCOTTING!

EDITORS HOMŒOPATHIC PHYSICIAN:—When physicians disagree, who shall be the judge?

Dr. Berridge, in your July number, page 253, writes: “Dr. Dudgeon and his pseudo-homœopathic colleagues have been for many years in the habit of boycotting the genuine homœopaths.”

I had last year the pleasure of visiting the meeting of the

British Homœopathic Society, and wondered why such men as Wilson, Skinner, and Berridge kept aloof from the meeting. I asked members—Dudgeon, Hughes, Clark, Clifton, etc.—for the reason of such absence. They all replied that every homœopathic physician would be welcome, but they positively refused to meet with the Society. May we not ask, On which side is the boycotting?

Again, the members of the I. H. A., as a body, refuse to attend the meetings of the American Institute, and by their very absence show a wrong spirit. True, words of similia are always thoroughly enjoyed and applauded by a full house. *In omnibus charitas*; and though charity need not ride in a “bus,” as is often the case, still this spirit of exclusiveness does more harm than the contamination with mongrelism could ever produce on this or the other side of the water.

Can every member of the Legion of Honor swear he never under any circumstances swerved from the strict application of the homœopathic law?

Honest and truthful Dr. Skinner acknowledges such an exceptional case, and perhaps others have been in the same predicament. I often wished to become a member of the I. H. A., but I cannot give away the *liberty* which a Dunham desired and which does not mean *license*. The exceptional transgression shows that the rules are strictly kept in nine hundred and ninety-nine cases out of a thousand. No boycotting, but let us be brothers in unity. Our teachers of true Homœopathy ought to be at every meeting and make their influence felt; for they will be listened to with close attention and gratitude, and *in hoc signo*, S. S. C., a close union will give us victory.

Yours, in F., L., and T.,

S. LILIENTHAL.

DEAR DR. LILIENTHAL:—In your communication to “Editors HOMŒOPATHIC PHYSICIAN” you inquire why members of the I. H. A. do not attend meetings of the *American Institute*. We reply, Most of the members of the I. H. A. *did* for years faithfully attend these meetings, many of them being among the founders of the Institute, and they have worked in past years, in season and out of season, to build up the Institute, fondly hoping it would prove a faithful guardian of the truth and an active disseminator of priceless knowledge.

The writer remembers hearing the late Dr. McClatchey, at Coney Island, June, 1881, tell a friend that nine-tenths of the

members of the Institute were eclectics—and surely Dr. McClatchey knew all about eclecticism!

Now, what service—to themselves or to others—could a few strict Hahnemannians in such company render? Experience has proven them to be out of place in the Institute and the Institute itself utterly useless to them. But you will reply, Granting the Institute was becoming eclectic, should not these men have remained at their posts and sought to stem the tide of eclecticism? A fair question, and one which experience of many years answers. The homœopathists did remain and did try to stem this torrent of eclecticism. And the result? Dr. McClatchey has stated it: after nearly forty years of such service we find the Institute to be nine-tenths eclectic! At the last meeting of the Institute, at Saratoga, a member, after listening to a discussion, exclaimed he almost believed himself to be listening to allopaths! Homœopaths have at present no mission in the American Institute. A Hering, a Dunham, a Guernsey taught the truth, illustrated the truth—yea, almost died for the truth—and to what result? Nine-tenths eclectic! The members of the Institute will not listen to “Moses and the prophets; neither would they listen, even though one rose from the dead.”

Again, you ask: “Can every member of the Legion of Honor swear he never under any circumstances swerved from the strict application of the homœopathic law?” Some of the members of the so-called “Legion of Honor” are eclectics, and are dishonored for signing a paper with false intent. However that may be, we presume every one makes mistakes, and every homœopath has made many errors in practice. It is not what one does, but what one *tries* to do.

Strict Hahnemannians undoubtedly make mistakes, but they love Homœopathy and try to practice and develop it. The eclectic, on the other hand, does not believe in Homœopathy, strictly defined, and does not try to practice it.

For many years we have had Dunham quoted as the champion of liberty. Liberty for what?—To do as one pleases? Neither Dunham nor any other man can grant such license. No man can give the success of homœopathic practice to eclectic practice. Practice Homœopathy, and you get its results; practice eclecticism, and you get *its* results. What liberty do you desire? Take it, and with it its legitimate consequences. “As one plants, so shall he reap.”

Our charges against the Institute can be briefly summed up.

In the early years of its existence the Institute was weak in numbers but strong in men of ability and of purpose. In these

latter years the Institute is strong in numbers but lacking in ability and purpose—in fact, it seems to have no purpose, unless a servile imitation of the allopath and a ready adoption of each new fashion in medicine be evidence of a studied purpose to please the old school. About every principle which makes Homœopathy strong and victorious has been successively denied and derided—all to please the allopath. The single dose is rejected; the minimum dose is ridiculed; drug pathogenesis is placed upon a false basis, pathology; psora theory—useful as it has been, numerous as have been the proofs of its value in healing—has been made a laughing-stock. In short, all the distinctive, all the useful, principles of Homœopathy are rejected to-day by nine-tenths of the members of the American Institute, and yet you, Doctor, ask for the reason of the absence of lovers of true Homœopathy! Truly, you must be jesting. “No boycotting,” you say. The truth is there boycotted, and hence we seek it elsewhere.

E. J. L.

AN IMPORTANT OMISSION.

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

From the April number of HOMEOPATHIC PHYSICIAN I learn that Dr. T. F. Allen is about to publish a *Handbook of Homœopathic Materia Medica*. The precise need of such a work is not very apparent, seeing that we have Hering's *Condensed Materia Medica*, and also his *Guiding Symptoms*. It would conduce more to the interests of Homœopathy if Dr. Allen would edit a new and *complete* edition of his *Encyclopaedia*. A large number of errors and omissions has been already published. Here is one which I have just discovered in *Colocynth*. Symptom 362 is from the proving of Dr. Caroline Lebeau, and references are given to the proving in *A. J. H. M. M.*, 1870, and *N. A. J. H.* (new series), 61. The proving is also published in *H. M.*, VI, 28. From the original version of the proving we learn that after the second and last dose at noon there was no unusual feeling, till *about four P. M.* the severe colic came on. On the second and third days the same pains returned *at four P. M.*, and so on for six days in all. To this proving Dr. Lilenthal adds a note: “Remarkable is the periodicity caused by this dose of the high dilutions.”

Yet, in spite of all this, Dr. Allen *entirely omits this very important feature of the symptoms*. He merely states that on the second day “abdominal pains came on again at four P. M.,” but the daily periodicity (resembling *Lycop.*) is conspicuous by its absence. Are we never to have a complete and accurate *materia medica*?

A WARNING FROM HISTORY.

In July, 1843, the American Institute was organized for the purpose (as stated in their resolutions) of—

(1) The reformation and augmentation of the materia medica, and (2) the restraining of physicians from pretending to be competent to practice Homœopathy who have not studied it in a careful and skillful manner.

Among the physicians who associated themselves together for these purposes, we read the names of the illustrious men that have made Homœopathy in America. Hering, Joslin, Kirby, Jeanes, Williamson, Bayard, Lippe, Wells, McManus, and a host of others were there. It is well for us of the I. H. A. to pause now and consider how an institute founded by such men could have proven in a few years such a lamentable failure; for failure it is, however large in membership it may be, however large its publications are; failure it is! For the Institute was organized to promote and develop Homœopathy; but no Homœopathy is now to be read in its transactions nor heard in its debates.

We ask again, How and why did the Institute become eclectic? The answer is evident. By following the false and pernicious idea of seeking numerical strength. In order to grow in its membership, every one who applied was elected. Hence in a few years the homœopathists were entirely outnumbered, outvoted, and finally engulfed in a mire of eclecticism.

At the last meeting of this Institute a distinguished member is reported as saying, after hearing a discussion upon the treatment of diphtheria, he could almost imagine he were attending a meeting of allopaths! A terrible criticism upon so-called homœopathists—their treatment differed scarcely at all from that of the allopaths! And this in an Institute “of Homœopathy” founded by a Hering, a Joslin, etc.!

To avoid a like failure, let the I. H. A. guard its doors with utmost carefulness, admitting none to its membership of whose personal worth and homœopathic practice there can be the least doubt.

No member should sign an application for membership unless he knows *personally* and surely of the fitness of the applicant. Never can we be too strict in our elections for memberships. Once in, it is difficult to remove an objectionable member. We believe the present Chairman of our Censors will be unceasingly vigilant. Let the members boldly support him.

PECULIAR SYMPTOMS.

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

It has been suggested in one of our journals that the members of the I. H. A. should "record new and reliable observations and verifications of unusual symptoms, etc." The following is a small contribution :

(1) Dr. Theo. J. Gramm will find the symptom "delusion that some one else, and not the patient himself, is ill," under *Gelseminum*. Dr. W. W. Day reported this as produced and verified clinically in one of the American journals.

(2) Dr. Skinner reports a cure by *Causticum* of the symptom, "he must be standing in order to get his bowels relieved." This symptom I have also verified clinically on two occasions. A colleague informs me that he once cured it with *Alumina*³⁰.

(3) At the end of his very interesting case of spurious pregnancy, reported in the *Medical Advance* for May, Dr. Skinner verifies the symptom "movement in abdomen as of the fist of a child," stating that *Sulphur* is the "only medicine" that has it. A similar symptom is also found under *Convallaria majalis*, *Crocus*, and *Thuja*. The characteristic of the *Convallaria* symptom is that it occurs *when lying on the back*.

(4) *Plumbum*.—This should be what the mongrels would call "a good remedy" in epilepsy. In one of our journals, I think the *Homœopathic World*, the following is attributed to it: "Tries to scramble up a wall before the epileptic attack (in dog)." Dr. David Wilson tells me that he cured a case having this symptom, "after the attack, runs into a corner and urinates."

(5) *Zincum*.—Lippe's *Repertory* gives (p. 222) "sensation as if blood stagnated in legs." This I have clinically verified in a very interesting case. The patient has been for about two years under the care of a professed Hahnemannian, who had relieved her of some of her symptoms, but proved utterly unable to cure the remainder. Being recommended to consult me by a friend whom I had greatly relieved after the same physician had also failed, she placed herself under my care; and at the present time both she and her friend are almost well. The last prescription of her former physician, some weeks before she saw me, was one dose of *Nux*^{10m}, to be followed next evening by one dose of *Calc*^{6m}!!! *Zincum* was staring him in the face the whole time, and it is almost needless to say that this unhomœopathic compound prescription was "like so much water on a duck's back."

CASES FROM PRACTICE.

JOHN V. ALLEN, M. D., PHILADELPHIA.

It is not necessary for me to mention many cases from practice to show the efficacy of high dilutions in all forms of disease, but as we are continually “*poo-pooed*” by the mongrel sect (so-called homœopathic) for using such preparations, and as it might be of benefit to them if these few cases should reach their notice, I will mention some of the many hundred I have cured with these preparations.

CASE I.—Miss A., age eighteen years. I was called one morning early and found this young lady bleeding profusely from a cavity in the jaw, occasioned by the extraction of a tooth. She had bled continually for five days, after being treated unsuccessfully for the same by a reputable chemist with Sulphate of Iron, etc., and after seeking the advice of a prominent allopath. There were no indications for any particular medicine, any more than the cause, viz.: tearing of the blood-vessel, and otherwise bruising of the parts in extraction. I gave Arnica³⁰ in water, every fifteen minutes until better. I called two hours later, when patient reported that the hemorrhage ceased after taking the first dose of medicine, and did not return.

CASE II.—This patient, a practicing dentist of Frankford, consulted me some months ago, then suffering with neuralgia, and asked for a prescription, which he knew would be homœopathic. For the past eight years he has not known what a well day was; so severe has been his sufferings, that Professors Garretson and Levis, each in turn has unsuccessfully tried to cure him by the extraction of branches of the trifacial nerve. Nor did the patient stop at butchery, but sought the treatment of two prominent mongrel homœopaths of our town, and all in turn failed to relieve what afterward proved so easy. The pains were sharp, cutting, in right sup. and inf. maxillary regions, coming and going suddenly; of course *Bell.* was the remedy to cure, on account of the character of pains. Of this I gave six powders in CM potency, and the patient has not had a return of a paroxysm, and to this day is free of pain.

CASE III.—Mrs. C., aged twenty-eight years, had been suffering with paroxysms of chills and fever every other day for five weeks, and no relief after taking chill preparations of Quinine. Chill commenced in the stomach, and from thence

spread all over the body. During the chill profuse sweat, headache, and no thirst. Heat, with increasing headache and thirst, followed by profuse perspiration; during the apyrexia, the headache continued, and the patient felt very sore all over the body, as if bruised; bowels constipated and ineffectual urging to stool. Feet continually cold and damp. Gave three powders of *Lycop.*^{cm}, which relieved the chill and other symptoms only temporarily for a few days, after which the symptoms returned with marked severity. I then gave three powders of *Calc. carb.*^{cm}, and the chill, fever, and other symptoms entirely disappeared without a recurring paroxysm, and she remains perfectly well to date.

CASE IV.—G. G., aged twenty years, consulted me May 22d of present year suffering with purpura hæmorrhagica. The lower limbs and abdomen were entirely covered with black and blue spots, from the size of a pin's head to that of a pea, and the chest, upper extremities, and face not so thickly spotted; nose has continually bled for five days and nights. Blood of a very thin, dark color, and a very distressing, weak, sore feeling all through the body. Gave *Sul. ac.*⁵⁰⁰. Next morning the patient reported nose-bleed stopped, but continually passing of pure blood from the bladder, with burning. Gave *Terebinth.*⁵⁰⁰, which immediately arrested the hæmaturia, and the patient continued to steadily improve without any more medicine.

CLINICAL BUREAU.

CLINICAL CASES.

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

(1) *Arnica*.—Pain in right anterior side of head, worse by lying with the head high, relieved by lying with head low. Was cured by one dose of Fincke's millionth potency of *Arnica*.

(2) *Psorinum*.—Miss —, March 25th, 1886. Cough, causing tearing from centre of chest to throat, all on the right side. Cough worse at night; urine escapes when coughing. *Psorinum*^{cm} (Fincke), one dose.

April 6th.—Reports that she had no cough the following night, and it did not return. She says she never knew a medi-

cine act so quickly. (See Lee's *Cough Repertory*, p. 22.) This symptom is 392 in Allen, but is not there given as verified. It is one of Hahnemann's symptoms from thirtieth potency; but even with his indorsement, and a clinical verification, it will doubtless be omitted by Dr. Hughes in his *Caricature of Drug Pathogenesis*, because the potency was above the twelfth decimal! But perhaps the work will never reach so far. The second part, just published, contains some horrible blunders and omissions.

NOTES AND NOTICES.

DR. F. BRUNS has temporarily removed from Boston to Buffalo, N. Y. He has established his office at 775 Front Avenue.

DR. E. A. BALLARD, the newly elected Secretary of the International Hahnemannian Association, has been visiting Philadelphia, and honored our editorial sanctum with a call.

THE Sulphide of Calcium has been employed by Dr. Simpson, of Bergen, in the following case: A typhoid fever patient presented a swelling in the neck which promised suppuration. The drug was administered in one-fourth grain doses, with result of reducing the swelling and removing the constitutional symptoms depending on it.—*The Medical Record*.

ERRATA.

The following corrections should be made in our June issue:

Page 206. Furfur Iritici should read Furfur *Triticum*. Second line of this article, for drawings of the chin read drawing *in* of the chin. Seventh line of same article, for thighs read throat.

Page 208, line twenty-four, for loosen read *lessen*.

Page 211, line sixteen, for latterly read laterally.

NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN,

No. 213 West Fifty-fourth Street, New York City.

The regular winter session (twenty-fourth year) will begin **October 1st, 1886**, and continue twenty-six weeks. Daily clinics will be held in the College, while the Hospital and Dispensary adjoining give advantages for practical instruction unsurpassed by any other college. In addition, the large daily clinics of the Ophthalmic Hospital and the Ward's Island Homœopathic Hospital (weekly) are open for students.

For further particulars and circular address

CLEMENCE S. LOZIER, M. D., Dean,
103 West Forty-eighth Street, New York, or
LOUISE GERRARD, M. D., Secretary,
149 West Forty-first Street, New York.

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. VI.

SEPTEMBER, 1886.

No. 9.

THE ORGANON OF THE INSTITUTE.

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

SAM.—Blow! blow, father!

OLD WELLER.—It's all very vell, Samivell, to call blow! blow! but vere is the vind to come from?—*Pickwick*.

The American Institute, at its last meeting in Saratoga, is said to have passed a resolve calling on our homœopathic colleges to teach their classes the philosophy and practice taught by Hahnemann in his *Organon of Homœopathic Medicine, i. e.*, to teach their classes *Homœopathy*. Why are these colleges so called on, and what is the significance of this resolve?

In the first place, they are called to this duty because it has been hitherto so almost entirely neglected. They are called *Homœopathic*, created to teach *Homœopathy*, and men have been placed in them whose business it should have been to teach their successive classes the principles of this philosophy and practice, and yet the Institute, by this resolve, declares they have not done it, and this judgment of the Institute is confirmed by the uniform ignorance of their graduated pupils, when leaving their class-rooms, of all pertaining to these principles and this practice. Not one of them has been found by the writer of this who has given any evidence he had been so taught, and all, when questioned on the subject, have declared they had heard nothing of these through their whole college course. And yet each had borne away with him a declaration on parchment that he had

been taught these principles and by this teaching had become qualified to practically administer them for the benefit of the sick public, and this declaration has been signed with the hand of each of his teachers, who had been receiving the money of this graduate and omitting altogether the instruction each so certifies this pupil has received. Does a *falsehood* become a *truth* by being placed on parchment? If not, what becomes of the character of these teachers as to veracity?

It will be remembered this Institute, so calling for a cessation of this shameful and abusive neglect of duty, is composed of graduates of these colleges, and consequently were only too well informed as to the truth of this neglect, so significantly pointed out in this resolve. What else, indeed, could have drawn from them this call to duty by these teachers, but an intolerable sense of wrong, and want, in the hearts and minds of these Institute graduates, which they were not willing should be continued in the experience of future classes? The intelligent of these graduates, when brought before clinical problems, with the duty of solving them according to law upon them, cannot but have had painful consciousness of their deficiency, the result of this neglect of their teachers, and it can hardly have been otherwise than that their own humiliation, before this felt want, compelled this resolve in the interests of future classes of graduates and of future sick humanity. It is well that this should be so, though it will hardly escape notice that the call came rather late. It is well also that it should come from these interested sufferers, who can hardly be mistaken as to the fact of this practical treachery on the part of their teachers, or the embarrassment this has inflicted on themselves in their early clinical experiences. Will this wail from these graduate members be heeded by these teachers?

The answer to this question covers all there is of importance in this timely resolve. What is this to be? Will the *Organon* be taught as a result of this resolution? The graduates of the Institute say to the colleges—teach the *Organon*! As these are at present manned, what can be the answer that will more fittingly describe their poverty of qualification for this work than that of asthmatic old Weller to Sam: "*Vere is the vind to come from?*" Who shall teach these teachers, who must themselves be taught, before they can teach others? We say these must be taught, because it is inconceivable that they should carelessly, lazily, or of vicious purpose withhold from their classes this precious knowledge if they themselves had possessed it. They have only omitted to teach that which they themselves did not know.

They have omitted this duty only because they *could not* perform it. They could not teach the unknown.

This brings us logically to the often treated and most important subject, "*improved* medical education." This "*improved*" has often been presented as the one great desideratum of the medical body. And anybody could see how desirable this is. But nobody seems to have had a very clear view of just how this was to be achieved. Indeed, everybody seems only to have had visions of ways and means pertaining only to the pupil. "*A better preliminary education.*" Good. More time given to the study of elementary sciences, *i. e.*, those which are cognates of therapeutics. Well, no man will know too much of these, or be too familiar with them. But if he is to be *better educated* he must have *better teaching*. The pupil can only absorb what the teacher has to give him, and if he comes out from his graduating institution in a state of knowledge before clinical duties suggestive of a *want* of something better than he has brought with him, the fault must be his own—want of attention or capacity on his part, or of neglect or want of knowledge or capacity to teach on the part of his instructor. The onus of this want, where it is so general as to be found in a majority of a body so large as our Institute, is by this fact beyond doubt placed to the discredit of the teacher.

Better education, then, means better teachers—just this, and only this. Better educated homœopathic graduates from our colleges can only result from replacing those teachers, whom this resolve of the Institute charges with neglect or incompetency, with men who are capable and willing to teach the philosophy and practice of the *Organon*. These graduates in the Institute, who presumably were impressed with a sense of this necessity, say this teaching is the one great need in order to attaining the "*better education*" so much talked of, and so greatly needed, by both graduates and the public, and they are right. But how can this teaching be realized by the present incumbents in our colleges? Has any one of them been placed in the chair he occupies because of any supposed fitness, by reason of his superior knowledge of this philosophy and of its practical administration? If there be one, where is he and what is his name? Does not the past history of these colleges show that if it accidentally happened that an appointee had been given a chair who knew and could and was disposed to teach the principles of this philosophy, he was just the man that was not wanted, and therefore he has had "*to go*"? Then where are the men, when this resolve comes to these colleges with the demand that

they teach Homœopathy, who can comply with its terms? Will not each incumbent when called on for this duty be compelled either to confess his inability in the premises, or to attempt to foist on the Institute and their classes a poor substitute of their own for this inspired truth of the *Organon*? *Nous verrons.*

If the present colleges, with their present faculties, find themselves wholly unable to comply with this demand of the Institute, is this, their most reasonable resolve, to be therefore without effect? Has the public, which has given to these colleges their corporate powers, no rights nor interests in this matter? Were not these powers given to these corporations for the very purpose that there the philosophy and practice of Homœopathy might be taught, and for no other? But, say their graduates, who have had the best means of knowing the truth of what they affirm, these corporations have hitherto been recreant to this trust, and we demand a cessation from this and a compliance with the purpose of their creation. Now, what will these colleges do when thus indicted and called to duty by their own children? And again we say, *Nous verrons.*

HOW TO STUDY THE REPERTORY.

PROFESSOR J. T. KENT, M. D.

After all the symptoms of a patient have been written out the *Repertory* should be taken up. The beginner should not attempt to abbreviate the *anamnesis*, but should write out the *full general rubric* for exercise, if nothing more. If *melancholy* be the word, the remedies set to the word should be written down with all the gradations. If the *melancholy* appear only *before* the menses let a sub-rubric be placed in a manner to show at a glance the number of remedies of the *general class* having the *special period* of aggravation: Many of the most brilliant cures are made from the *general rubric* when the *special* does not help, and, in careful notes of ten years, would bring down many of the *general rubric* symptoms and furnish the best of clinical verifications. The longer this is done the more can the busy doctor abbreviate his case-notes.

The special aggravations is a great help, but such observations are often wanting, and the general rubric must be pressed into service.

Again, we have to work by *analogy*. In this method Bœnninghausen's *Pocket Repertory* is of the greatest service.

Take Minton's most excellent work, and we find menstrual agonies are ameliorated by heat, peculiar to *Ars.* and *Nux.*, and by moist heat, to *Nux-m.* But the symptoms of one case are not like either of these remedies, and we must go further into the materia medica. We can there form the *anamnesis* by analogy and make use of the *general rubric*, taking all the remedies known to be generally ameliorated by heat and warmth applied.

To be methodical, the general rubric should appear in the notes of the prescriber and the special below it. If this plan be carefully carried out, a comparison of ten years' work would be a most instructive perusal. What is true of a remedy generally may often be true in particular, especially so in the absence of a *contraindicating exception*, well established.

If this plan be followed by beginners, always reading up the *Materia Medica* with the *anamnesis*, by the time business becomes plenty the work becomes easy and rapid. A young man can prescribe for a few patients a day and make careful homeopathic cures, and he can gain speed enough to prescribe for twenty to thirty a day after a few years. Any man who desires to avoid *this careful method should not pretend* to be a *homeopathic physician, as the right way is not in him*, as the desire must precede the act.

The patient does not always express the symptom in the language that would best indicate the *real nature* of the symptom. Then it is that judgment is required, that the physician may *gain a correct appreciation* of the symptoms. So often is this true that the young man and often the old is led from the true expressions of nature, and he will make an inappropriate prescription. The task of taking symptoms is often a most difficult one. It is sometimes possible to abbreviate the *anamnesis* by selecting one symptom that is very peculiar containing the key to the case. A young man cannot often detect this peculiarity, and he should seldom attempt it. It is often convenient to abbreviate by taking a group of three or four essentials in a given case, making a summary of these, and eliminating all remedies not found in all the essential symptoms. A man with considerable experience may cut short the work in this way. I have frequently known young men to mistake a modality for a symptom. This is fatal to a correct result. The symptom is the sensation or condition, and the modality is only a modification. The symptom often becomes *peculiar* or *characteristic* through its modality.

When a sensation is looked up in the *Repertory*, all the reme-

dies belonging to it should be written out, and individualization began by modalities.

I am frequently asked what is understood by *peculiar* as applied to a case. A little thought should lead each man to the solution.

A high temperature, a fever *without thirst*, is in a measure *peculiar*. A hard chill with thirst for cold water is *peculiar*. Thirst with a fever, with the heat, is not *peculiar*, because you can safely say it is common to find *heat with thirst*, and uncommon to find heat without thirst. That which is common to any given fixed disease is never *peculiar*. This may seem too simple to demand an explanation, but let him who knows it go to the next page. Pathognomonic symptoms are not used to individualize by, and are never *peculiar* in the sense asked for.

I am asked what I mean when I say to beginners, *treat the patient and not the disease*. My answer always is about as follows: The symptom that is seldom found in a given disease is one not *peculiar* to the disease, but *peculiar* to the patient, therefore the peculiarities of the patient have made the disease differ from all the members of its class and from all others in the class, and make this disease, as affecting this patient, an individuality by itself, and can only be treated as an individual. This individuality in the patient manifests itself by *peculiar* symptoms nearly always prominent, and always looked for by the true healer. The man who gives Acon. for fever knows nothing of the spirit of the law or the duties of the physician. The same is true of *Colocynth* for colic, Arsenicum for chill, etc.

“What shall we do when we find several peculiarities in the same patient and one remedy does not cover them all?” Here is where the astute physician will pick up his *Repertory* and commence the search for a remedy most similar to all, and if he has been a student for a few years he need not go about asking foolish questions. The lazy man has spent his days in the folly of pleasures, and the man of limited belief has shot out so many valuable things that he is constantly standing up in public asking foolish questions and reporting cases with symptoms so badly taken that he reveals the whereabouts of his past life. He has not made use of the *Repertory*, and shows a complete ignorance of the *rubrics* and the usual formality of taking symptoms as taught by Hahnemann. It is a blessed thing that they are not responsible for all their ignorance. Where shall the responsibility rest, and who shall “throw the first stone”?

It is so easy to wink at the sins that ourselves are guilty of

that it seems impossible to find judge or jury before whom to arraign the first law-breaker.

The cry for liberty has been a grievous error, as liberty is and has been most shamefully abused. It means a license to violate law, and only a modest elasticity is necessary and full eclecticism is the product. It is liberty that has driven out of use, or limited the use of, the *Repertory* that all the old healers so much consulted. If Bœnninghausen used a *Repertory* with the limited remedies there proved, how much more do we need to consult it.

NOTES UPON A LECTURE ON STAPHYSAGRIA.

PROFESSOR J. T. KENT, M. D.

(Stenographically reported.)

This remedy is a wonderfully useful remedy in a limited sphere. Its sphere is generally of a nervous character with marked irritability, both of body and mind—irritability of the mind and genito-urinary organs and skin.

The mental symptoms will often depend upon the genito-urinary irritability.

The mental states when once developed will be aggravated by anger, by indignation, by over-eating, and especially by any sort of sexual excess, or worriment.

It is a characteristic feature of Staph. to become gloomy and downcast. Irritable and very sad after anger, especially when suppressed. After a marked offense. After an insult. A gentleman is insulted by a scamp that he cannot fight and he suffers wonderfully with the prostration that follows. He feels insulted; he feels indignant; were he a little lower in life he would raise his fist and go at him. So he holds himself, curbs himself, and suffers by it. This curbing or restraint of self brings on the Staph. mental state. With that information I almost always give Staph. That kind of a condition so naturally brings on this Staph. symptom. If it is a diarrhoea brought on by such a state—by anger or indignation—it is Colocynth. Now these two remedies are quite similar; especially similar in relation to the testes and ovaries. Staph. has proved useful more particularly upon men. Colocynth has manifested its marked condition in both ovaries and testicles. Both these remedies produce a pain in the testicles as if they were squeezed, and both produce the same symptom in the ovaries. In both

these instances these complaints are brought on by anger and indignation. But in Staph. we have these marked mental features that I have described—sadness, melancholy, etc.

Another marked feature of Staph. is its debilitating influence upon the sexual organs of the male, bringing about impotency with extreme irritability of the bladder and urethra; irritability of the bladder and urethra brought on by sexual excess—that will give you, most likely, many symptoms of Staph. Its greatest usefulness is when it corresponds to this Staph. state. In many of the complaints coming on from coition, with excesses, you will find many Staph. symptoms.

You will find this a very useful thing in newly married people, especially the female, with frequent urging to urinate. A young wife in a few weeks after marriage suffers greatly from passing water. Great irritability of the bladder and urethra. The natural changes in her life have brought about this result, and Staph. is a most excellent remedy. In relation to the genital organs there is marked itching; irritability with itching and crawling as of insects. The most troublesome symptoms in the male are brought about by this crawling, as of insects about the scrotum. He will tell you that he has something that is always crawling. He wants to scratch his scrotum at all times.

Where the irritability is more particularly confined to the prepuce and penis it is Petrol.

The external genitalia of the female will have this itching, and you will have to compare Coffea, Platina, Petroleum, Apis, Tarantula, and Staph. They all have this very troublesome itching.

Terrible puritis, a sensation as of insects creeping and crawling. Tarantula Hispania has cured a great many of these cases for me. She will say that the whole outer parts feel as if worms or as if insects were boring and crawling, with no relief from cold or heat. There is a continual titillation and irritation there which is annoying and distressing.

These are the general symptoms of the genito-urinary state, and the mental state will help you to select this medicine. There is another marked feature in relation to the head and forehead. A sensation of a lump in the forehead, as if it were wedged in. The whole front of the head feels like a wooden ball wedged in there. The interior of the brain feels as if it were a wooden ball.

This symptom is likely to come on and be associated with

the mental symptoms, and brought on from the same cause, associated with irritability of the genital organs, etc.

There is another symptom that is likely to be present, either with or without this sensation of a ball in the head, and that is a sensation of emptiness, as if there were a spot in the base of the brain.

These two symptoms may be associated; sensation of a ball in the front of the head, and a sensation of a vacuum in the posterior part of the head. These are characteristic of Staph.

It has the most pressing, stupefying headache, with a general stupid condition of the mind. Sleepiness, so that he desires to lie down and sleep all the time. And he is so irritable that he doesn't want the members of his family to speak to him, and he has to use the greatest control to tolerate the little members of his family; the children annoy him so.

There is great itching on the scalp, and falling off of the hair. These are the characteristic features. The itching is as much from a sensation of crawling, in keeping with this symptom everywhere upon the skin.

It seems to be a very deep-acting remedy at times. It will act in chronic mental symptoms for four to six weeks. I have known a single dose of Staph. to keep off the most marked and troublesome symptoms for six weeks. I have a patient under control now on Staph., and it has been acting on him about six weeks. He is nearly well. He has had in all two or three doses of Staph., very high. It was a case of great brain-tire, so called, with great genital weakness. Irritability with inability to sustain a mental effort. He was insulted by a man; being too dignified to fight, he subdued his wrath and went home sick, trembling, and exhausted. Staph. acted most wonderfully on him.

In fact, this medicine has given relief even in syphilis and sycosis. There being an interweaving of the two diatheses in an old case of chronic syphilis—a syphilis that has run a long time and left its impression upon the body. And especially does it modify cases that have been mercurialized. It stands almost equal to Hepar and Nit. ac. in that respect.

For the inflammation that sets in after a patient has been mercurialized—as the final result of syphilis—it stands with Merc., Hepar, and Thuja for that state.

It is a great remedy for styes with a hardened base, leaving hard knots; with this irritable state that I have described; the genital weakness and irritability of the bladder.

Made worse by anger and indignation; such a history from your patient will lead to this medicine.

Another marked and very peculiar feature is in relation to the teeth. They are black and crumbling. It is a very great remedy in little children, in irritable children who have black teeth. Teeth turn black almost as soon as they appear from the gums.

Compare this with Kreosote, for it also has the irritability, the changeable condition, desiring all sorts of new toys, throwing them away as fast as they get them. This irritable state belongs to both, and you must compare the two medicines carefully.

This remedy has salivation; hence you see its relation to Mercury, and why it so cleverly fits Merc.—when it may antidote it. Its genital symptoms and salivary symptoms are like Merc.

Hering gives constant accumulation of water in the mouth.

There is swelling of the tonsils, also after abuse of Merc.

While talking she swallows continually. Why? Because of this constant accumulation of water in the mouth.

Longing for thin, liquid food.

Great desire for wine, brandy, or tobacco.

There is a great craving for his tobacco, which makes him sick. It does not say so in this text, but it is a fact that he is always aggravated from his tobacco.

Sensation as if the stomach was hanging down or relaxed. This is a good deal like Ipec. in the colicky state, but not a marked exhaustion from nausea. Colic after lithotomy. That, of course, is a clinical symptom. Colic, with urging to stool or with urging to urinate; squeamishness—worse after food or drink. Worse after food or drink is quite common and is a characteristic aggravation.

This makes me think of it in relation to wounds.

Wounds that have become irritable, and turned dusky. For that you will find a wonderful remedy in Staph. Of course, in such a case, look for the mental state generally, and the symptoms that preceded the wound. Staph. is so good for wounds, for the effects of wounds, or healing of the disturbance in general, that if for any reason you have been giving your patient Staph., and he then receives a wound you couldn't change your medicine. You can go on with it.

Hot flatus; smells like rotten eggs—(Psorin).

There is something more characteristic about this medicine; that is the perspiration and flatus smell like rotten eggs. The

Staph. patient when sweating, smells liked spoiled eggs, the perspiration is so foul.

After the least food or drink, griping and dysenteric stool. Now what does that sound like? Like Colocynth.

Colocynth and Staph. have the same symptom. Both have that symptom, aggravation after eating and drinking.

Staph., Colocynth, and Caust. follow each other and are complementary to each other.

You find in your text a great many symptoms related to weakness of the male sexual apparatus.

Always bear in mind the wonderful value of this medicine in relation to masturbation.

The low (lunacy?) that belongs to the practice—to the act—also belongs to this medicine.

Testicles inflamed with burning, and stinging, and pressing, and drawing pains. Shooting and drawing in the cords. Right testicle feels as if compressed.

In Colocynth we have the testicle feeling as if squeezed. You see this is the same symptom—as if compressed or squeezed. They are very similar in this symptom.

There is a heart symptom not in the text that is of great value. Stitching pains in the heart are very characteristic.

There is trembling and beating of the heart.

This medicine has violent palpitation—palpitation so marked that it can be seen—the throbbing; and it shakes the whole body. That is found also in Nat. mur.

If you have violent stitches in the heart and the region of heart, stopping the breathing, and with that no other symptom—as you will find very often in practice nothing else to guide you but this stitch in the heart—then Staph. will serve you very well.

There is another peculiar feature of Staph.; that is, its tendency to produce dry scaly eruptions upon the elbows, and over points of the bones, and the bones of the chest, but particularly upon the elbows and the knees.

Nodosities on the fingers and toes.

It also produces an inflammation of the periosteum—a periostitis.

Compare that with Asaf., Sil., and Merc.

Colocynth, Staph., and Caust., follow each other in rotation.

THE MATERIA MEDICA OF THE FUTURE.

AD. LIPPE, M. D.

Brighten up, you desponding disciples of Hahnemann, who taught the world how to apply the Law of the Similars for the cure of the sick, and for that purpose created a *Materia Medica Pura*. Desponding brethren who were unnecessarily frightened into the belief that the *Cyclopædia of Drug Pathogenesis*, of which our esteemed English philosopher is the father, and whose aim in life has been to remind the medical world of the historical fact that Samuel Hahnemann *lived* and promulgated a new Healing Art, by *HIM* called *Homœopathy*, which was not acceptable to the large majority of materialistic, conservative, unthinking medical men and who further says, if Hahnemann had left out "the essentials" the large majority would have adopted a school the founder of which was so successful to combat diseases, but they were not; and so apparently seemed to be the father of the *Cyclopædia of Drug Pathogenesis*, claiming that the play of *Hamlet* with Hamlet left out would be more admired by brainless spectators than the play is now by brainy spectators who come to see a new delineation of Hamlet. *For the present*, let your despondency be turned into joy. Brighten up. There comes a sweet message from Brighton, which you will find on page 581 of the *American Journal of Homœopathy*, July, 1886. Richard Hughes, M. D., *condescends* to defend himself against some accusations about the shortcomings of his pet child, the *Cyclopædia*. Of course, if an author, or his packet indorsers, have not the material, it amounts to a supererogation to furnish the work, and if Dr. Arndt is quoted as one who cites from the *Eclectic Medical Journal*, it is the first time that Dr. Richard Hughes & Co. publicly commit themselves as adherents to the eclectic school; it is an *honest* confession! The last sentence of Dr. Hughes' whitewashing attempt is *very, very* significant. This learned man says: "Nothing has been alleged by our present reviewer* which would hinder the *Cyclopædia* from being what we are striving to make it, *the Materia Medica of the future*." That is it. The *Cyclopædia* is intended to furnish future generations with a

* Dr. Berridge and others have also reviewed this caricature, but they are ignored! Is the reviewer now mentioned inviting the providential white-wash brush?

Materia Medica; it is not intended for the present generation. The *Cyclopædia* will be a plain *Materia Medica* for the future, not a *Homœopathic Materia Medica Pura*. The editors and compilers will strive to make it so. While they were striving diligently to have the *Cyclopædia* accepted as an indispensable substitute of Hahnemann's master works, not considering for a moment that Homœopathy gained *recognition* by the people under the results (cures) obtained with its aid, they realized the fact that their compilations were not hailed by all the homœopaths, and with praiseworthy modesty they now tell us that this caricature is "for the future." The present generation does not appreciate this Opus; that is the only inference we can draw from it; in this they are right. What the future will require, *no man can tell*; if in the future this Opus is needed, all right; at present there is no need of it.

EXPLANATION WANTED.

THOMAS SKINNER, M. D., LONDON.

In the July number Dr. Berridge, of London, seems puzzled to know the exact times which I consider indicate *Sulphur* as regards its most important and all but unvarying characteristic—"sinking, empty feeling at the epigastrium." I reply, eleven A. M. daily, or almost daily, when ill or below par. The next in point of time or periodicity and homœopathicity, I have found to be *from eight till nine A. M., and from one or two till three P. M. daily, or almost daily, when out of sorts*. The copulative conjunction "and" in the last clause is of greater importance than Dr. Berridge seems to think, and it seems to me very like hair-splitting that Dr. Berridge should ask for an explanation, because, *in one case*, the afternoon aggravation *varied one hour*. Time and clinical experience will verify or nullify the characteristic value of the italics at page 115 of Vol. VI of *THE HOMŒOPATHIC PHYSICIAN*.

Dr. Berridge seems to forget that there are degrees of characteristic, as of everything else, and further, let me observe that Dr. B. is laboring under a willful mistake when he states that "Dr. Skinner italicizes as characteristic," etc. Dr. S. does nothing of the kind, and no one knows better than Dr. B. himself that Dr. S. means neither more nor less by said italics in describing his "Cases of Chronic Disease—Cured" than to lead the reader's attention to the symptoms of the case leading

to the selection of the remedy, and *corresponding to similar symptoms in our Materia Medica*. This I consider a very different thing from characteristics, and, I repeat, no one knows this better than Dr. Berridge. If Dr. B. will take the trouble to look at page 115, Vol. VI, he will see what a mess he has made of it. Let him read DIAGNOSIS OF THE REMEDY, and he will find that *the italics* are not confined to *Sulphur* alone, but to Sulphur, Calcarea, Lycopodium, and Pulsatilla. Yet an "explanation" is "wanted." If I mistake not, not only is an explanation wanted from another quarter, but an apology as well.

By italicizing the symptoms corresponding to those in our *Materia Medica*, in describing almost every case cured or relieved which I have published, I have received the hearty congratulations and thanks of many homœopaths in all quarters, and it would be well if Dr. B. and every one did the same, instead of frequently giving us a learned-looking array of some twenty or fifty remedies, *not one of which resembles the totality of the symptoms*, or is ever dreamt of as fit for administration in the case, and the characteristics of which are generally, if not altogether, ignored.

My answer to Dr. Berridge then is, homœopathicity and characteristic Homœopathy are two very different things indeed, and in the present instance he has mixed them, I have said *willfully*, and I sincerely hope I may be wrong.

FATAL ERRORS.

AD. LIPPE, M. D.

The progressive wing of the homœopathic school is advocating persistently such gross, fatal errors that it appears timely to expose them, as an acceptance of them would make our healing art a laughing-stock.

One of the leading fatal errors is the promulgation of a frequently repeated assertion that we, as homœopaths, are bound to be governed by an exclusive dogma, that we are asked to be *slaves* to an exclusive dogma, and that we must be liberated from this slavery. None of the writers or speakers have ever told us what this imaginary exclusive dogma which interferes with the freedom of action and practice really is. Even in the last century a learned Frenchman conceived the idea that there could be no certainty in medicine till we were governed by some natural law in our practice. This natural *law* existed always—from the creation of the world—and cannot be modified or set

aside by any argument, dictation, or contrivance whatever. As a natural law, it can no more be set aside or ignored than the human and divine laws that regulate our civil society, as attempted in these modern days by the Communists.

Natural laws are divine laws and will prevail, even if a succession of Presidents of the American Institute represent them as *dogmatic* and interfering with the liberty of the profession. They address themselves to professing homœopaths, and, boldly pretending to be expounders of our great text-book, the *Organon of the Healing Art*, by Samuel Hahnemann, make reckless statements and uphold opinions not in harmony with the teachings of the master. They of late seemingly exhibit an utter ignorance of the fifty-third to fifty-sixth paragraphs of the *Organon*. The last orator surely has never read the foot-note to the eleventh paragraph, nor the eleventh paragraph itself neither, else he would not have said: "*The belief is increasing that symptom is only another word for effect, and it invariably implies a cause—some definite, impression-producing thing, which has acted or is acting in conflict.*" (Dr. O. S. Runnel's address before the American Institute of Homœopathy.) If ever there was an absurd heresy uttered, here is one, and any logical mind must draw the deduction from Dr. Runnel's address that the belief is increasing that Hahnemann and our noble healing art are all wrong and that it would be best in these days to come to the relief of and sustain the still large majority of our dear allopathic brethren in their desperate effort to stick to the germ theory, now abandoned by the most progressive and observing men of their school. Does not Professor T. F. Allen blow the germ-horn in the June number of the *North American Journal of Homœopathy*, page 518, and spread himself before a gazing majority, as if he really knew nothing of the law of nature governing the healing art, and address himself solely to kindred spirits, ignoring Hahnemann and his school, going back to the easy-going practice of administering Quinine as a specific remedy for marsh malaria, on the *theory* and *belief* that Quinine is a germicide and kills the *supposed* plasmodium? Yet such men stick to the name! The late Presidents of the American Institute may do what they please; they may blow hot and cold in their addresses, profess to follow Hahnemann, and thus flatter the numerical majority of pretenders, who, ignorant of the *Organon* or of the application of a natural law for the cure of the sick, are entertained with a tirade against an exclusive dogma which their chosen presiding officer opens, not suspecting that all this talk is absurd and a fatal error. The homœopaths who

fully see the fatal error very naturally inquire after the *motives* of the men dealing and trading in fatal errors, to the *disgrace* of our school. What is the *motive*? The brave Richard H., from Great Britain, has committed the fatal error over and over again of telling us how, if the fatal errors committed by Hahnemann were eliminated from Homœopathy, the medical world at large would honor us with their *recognition*. And this would-be reconstructor of our materia medica—who forever has tried in vain to bring distrust on Hahnemann and now disgraces himself by slandering the departed brethren who have sacrificed themselves while living that they might add their mite to enlarge our knowledge of the sick-making and (therefore) curative action of drugs—this same man finds followers among men this side of the water who, like him, have done absolutely nothing to advance our healing art! *The motive* thus is clearly “RECOGNITION” by the dominant school of medicine. Another fatal error.

As it has always been our habit to sustain our propositions by *documentary evidence*, not dealing in shallow phraseology like the “*exclusive dogma*,” we will now astonish the RECOGNITION-SEEKERS by a copy of a letter from a prominent and very active allopathic physician who has undertaken, with a Committee of the Philadelphia County Medical Society, to show irregular, unlicensed doctors that the law of the land is supreme and that the medical laws must be obeyed.

Here is a copy of the letter, dated Philadelphia, July 7th, 1886:

“AD. LIPPE, M. D.:

“*Dear Doctor:—I have read with great interest your address on ‘What is Homœopathy?’ and while disagreeing with you in doctrine, am in full accord with your exposé of those who steal the livery of Heaven in which to serve the Devil. I have the most profound respect for all who are true to their principles, no matter how much I may disagree with them, but the deepest disgust for those who preach one thing and practice another. Could you spare me a few more copies of your address, as several of my friends are anxious to have your opinion on the subject?’*”

After this time the aiming after “*recognition*” does clearly appear to be “*a fatal error*” if it is undertaken by “*pretenders*.” Sailing under false colors does not pay; it is “*piracy*.” The motive of the homœopaths is to show the rocks on which the piratical craft is surely running if they take no warning and do not hoist an honest flag.

The fatal error of the fear of an exclusive dogma governing our school, as well as the fatal error of recognition-hunting on a piratical craft, have been exposed, and we now will attempt to show to pretenders, if still a spark of sense is left them, that

the natural law governing our school is an ancient law. They may then probably obtain a copy of the *Organon* and learn, what is not taught generally in the medical schools, how safely and surely to apply that law for the cure of the sick. Hippocrates knew the law, acknowledged the correctness of it time and again; but a natural law, like the law of the similars, must be always true; not only reflecting medical men see it, but also the poets. The great poet Shakespeare has given frequent evidences of this knowledge, but on this occasion we will indulge in only one quotation from *Romeo and Juliet*, Act I, Scene ii:

Tut, man! one fire burns out another's burning,
One pain is lessen'd by another's anguish;
Turn giddy, and be help by backward turning;
One desperate grief cures with another's languish;
Take thou some new infection in thine eye,
And the rank poison of th' old will die.

The immortal poet fully explains the law of the similars, and when he says *turn giddy, and be help by backward turning*, he fully illustrates the law of the similars. Giddy dancer, reverse your steps and you will be helped; standing still is not your remedy; *tolle causam* is not your remedy; but keep up a *similar* motion in the opposite direction and you will be helped.

Pain is not cured by paralyzing the pain-demonstrating nerves. Mind that, you defenders of the hypodermic-injection-of-Morphia, sailing under false colors and defamers of the true healer. Even the great poet tells you that "one fire burns out another's burning"—an artificially burning producing drug will remedy burning pains—not your progressive squirt-gun. But *cui bono!* Men who cannot appreciate Hahnemann surely can't appreciate or learn from Shakespeare; these men will forever be led by designing men into "*fatal errors*," such a *fatal error* as Dr. Runnels advocates in his late address, when he said: "*It is puerile to say that he ever countenanced the rejection or non-observance of that formula, 'sublata causa, tollitur effectus' (the cause being removed, the effect ceases), or forbade the mitigation of the intense suffering of pronounced incurables by the most effective palliatives within human reach.*" It is a heap of fatal errors we find in this short sentence. It is really excessively puerile to attempt to draw from any of Hahnemann's writings the deduction that he ever countenanced the silly formula, "*sublata causa, tollitur effectus.*" Has he not protested against and condemned severely the prominent formula of the allopathic school, "*causam tolle*"? and Dr. Runnels undertakes to assert that Hahnemann countenanced such absurdities! What do we know about the "*prima*

causa morbi”? Again we call Dr. Runnels’ attention to the sixth paragraph of the *Organon*, foot-note included. Paragraph seven deals with “*causa occasionalis*.” Now it is a well-known fact, indisputable, that you must first catch the hare before you can cook him. If the *prima causa* has not been found, neither in the chemical laboratory or on Bock’s dissecting-table, nor by the microscope, we have just as good a chance to cure the sick as we have to eat the hare that has not been caught. The next fatal error is still more ridiculous. The forbidding of the use of palliatives obviously follows the acceptance of a law of cure; there cannot be two conflicting laws both true and applicable. The acceptance of the law of the similars precludes the palliative practice, and if a greenhorn among the new graduates believes that the intense suffering of even the incurables by means of the most effective palliatives within human reach will be relieved successfully, he will find out that fatal error in a very short time. The intense suffering so palliated will return more severely—increased doses of the most effective palliative will, by and by, be rejected by the sufferer with his nervous system entirely prostrated, the stomach rejecting even the palliative, the physician at his wits’ ends after his promises to give relief have failed—he is himself sick and disgraced also.

It is a fatal error to attempt to make Homœopathy more acceptable to the common school of medicine by caricaturing it, depriving it of any of its characteristics and seeking *recognition* of Homœopathy while in reality the worst medical caricature, “vile, unprincipled, communistic eclecticism” is offered by professing recognition-seeking homœopaths, who are a disgrace to any school of medicine.

THE LADIES’ TIPPLE.—That popular abomination known as “Beef, Iron, and Wine,” which is now sold so extensively not only by druggists but by tradesmen of various kinds, deserves a little special attention from the medical profession. It is an agreeable mixture to the sight and taste; its name is a triple combination of seductive mononyms; while, taken into the stomach, it acts as a gentle “pick-up” to the worn and over-sensitive nerves of the ladies. It has, in consequence, become a popular, if not a fashionable, tippie, and is indiscriminately used to an extent that is, we believe, not entirely free from danger. Every medical man knows that the amount of actual beef or food in these various preparations is insignificant, and that it is the wine, after all, that makes them liked, and that leads so many persons to purchase their second bottle.

There is no good reason why this mixture is allowed to be sold by those unlicensed to sell wines, and if the law supports the practice it is the duty of physicians at least to try and lessen it. Inebriety can result from these tipples.—*The Medical Record*.

IN MEMORIAM.

ROLLIN R. GREGG, M. D.

The homœopathic medical profession will learn with surprise and regret of the death, on Wednesday, August 4th, of Dr. Rollin R. Gregg, of Buffalo, after a lingering illness.

He was a well-known and consistent homœopathist. We cannot do better than copy the following admirable notice of him from the Buffalo *Courier* :

“Rollin Robinson Gregg, M. D., was born in Palmyra, N. Y., August 19th, 1828, and removed, with his parents, to Adrian, Mich., when five years old. He began the study of medicine in 1849, with Dr. Rufus Kibbe, the family physician, an allopathist. In 1850 he went back to Palmyra, and began the study of Homœopathy with an uncle, Dr. Durfee Chase, and took courses of lectures in the homœopathic colleges in Cleveland and Philadelphia, graduating from the latter college in March, 1853. In May, 1853, he removed to Canandaigua, N. Y., where he practiced medicine in partnership with Dr. Lyman West, until 1861, when he came to Buffalo. His ability as a physician and a writer soon gave him local and national prominence. In 1869 he established a medical journal called the *Homœopathic Journal*, which he edited for two years, when he was obliged to discontinue it on account of ill health. He was the author of *An Illustrated Repertory* and *A Treatise on Diphtheria*, the latter of which has met with a large sale among physicians. He was a contributor to many medical journals; was senior member of the American Institute of Homœopathy, member of the Erie County Homœopathic Medical Society, New York State Homœopathic Medical Society, Homœopathic Medical Society of Western New York, Homœopathic Medical Society of Central New York, and the International Hahnemannian Association, of which he was President in 1885. Articles from his pen have been published in the local press from time to time. One several years ago upon ‘The Physical Evils of Alcohol,’ created great interest, and was extensively copied throughout the country; and his more recent article, representing his decided views upon some of the most interesting and vital questions in pathology, excited wider than national interest, and will be remembered by many. He was a

plain, unostentatious man, an indefatigable student, giving his time to thought rather than to show, extremely conscientious in his practice, rigidly carrying out his convictions of what was best for his patients' welfare, regardless of every other motive, and may truly be said to have given his life for others. Notwithstanding his large practice and studious habits, for years he devoted one afternoon in each week to prescribing, free of charge, for all the poor who would come to him, until, becoming too great a tax upon his strength, he was obliged to discontinue it.

"He was a most indulgent man to his family, always ready and willing to gratify their every wish. He was married in Canandaigua, September 8th, 1858, to Hattie E. Williams, who with two children, Ida Williams Gregg and Edward Rollin Gregg, survive him."

OFFICERS AND BUREAUS, I. H. A., 1887.

In order to facilitate the work of the I. H. A. for the next year, we publish now a full list (with post-office addresses) of its officers and bureaus for ensuing year. Members of the bureaus should put themselves in communication with the Chairmen of their respective bureaus that work may begin at once and be properly directed. Applications for membership *must* be in hands of the Chairman of Board of Censors by January 1st. The President and other officers will be glad to give any information in their power, to those desiring it.

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Berridge, London; Dr. G. H. Clark, Philadelphia; Dr. J. A. Compton, Indianapolis, Ind.; Dr. C. F. Millspaugh, Bing-hamton; Dr. J. E. Winans, Lyons Farms, New Jersey.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

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NOTES FROM A LECTURE UPON CADMIUM SULPHATE.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

(Stenographically reported.)

This medicine corresponds to very low forms of disease, and especially where the stomach is involved in extensive irritation, attended with exhaustive vomiting and extreme prostration. Aggravation by the slightest motion runs through this remedy. We have desire to keep quiet, like *Bryonia*; and we have the exhaustion and extreme irritability of the stomach of *Arsenicum*. In this you see we have a cross between *Arsenicum* and *Bryonia*. That is one valuable point.

You will see that it is not necessary to alternate *Bryonia* and *Arsenicum*; when you have the "cross" and don't know what

to do, you can always find a true specific by looking long enough.

You have the extreme irritability of the stomach; although *Bryonia* has much of this it doesn't take your patient so low down into this state of prostration and irritability. It has vomiting of mucus; vomiting of green, gelatinous slime; and it has sometimes frothy mucus with blood; or even vomiting of blood.

The prostration is so great that he thinks he will die. With this there is a tenderness over the stomach; tenderness over the abdomen generally, with tympanitic condition. There is marked soreness in the region of the liver. And withal the skin is becoming yellow and sallow. The urine becomes scanty; at first heavily loaded, and finally suppressed. At times there is bloody urine.

The blood also passes from the bowels in black, offensive clots. The stomach seems to fill up; there is a feeling of distention; it seems full. There is a gagging and retching and violent nausea, and finally violent vomiting of an inky substance—of black blood, with sinking and collapse.

Cadmium sulph. seems to take the patient down fully as low as *Arsenicum*. His stomach is in every sense as irritable; the nausea is as great; the sinking and prostration as profound. All the symptoms resemble *Arsenicum*; but he has not been restless like the *Arsenicum* patient; on the contrary, he must keep very quiet. Vomiting of inky substance and blood.

These are states that you will find in yellow fever. Several physicians of our school have used this medicine in yellow fever and verified these symptoms.

Now, this same irritable state you will find in cholera infantum: Irritable stomach with frequent, mucous, slimy stools; greenish discharges; greenish gelatinous vomiting; greenish gelatinous stools. These you will find under this medicine. You will find these conditions in cholera infantum. It has been found a wonderful medicine in cholera infantum; and, in this, I will again say to you, it is a cross between *Arsenicum* and *Bryonia*.

Wherever it occurs to you that from your symptoms you have a mixture—that you have a cross between *Arsenicum* and *Bryonia*—you can find in this no excuse for alternation, because you have the proper medicine in Cadmium sulph. It may be a difficult matter for you to get hold of a potency of Cadmium sulph., because it is not very much used here. You can probably get it very low at the pharmacies. I use it only very high.

This remedy also produces paralysis of certain muscles. That is another characteristic—paralysis of the side of the face, of either side, but the left has been favored. Inability to lift the upper eyelid or to contract the muscles of the side of the face. This medicine has cured such cases even when of long standing. It has cured both painful and painless paralysis of the face. Inability to close the eyes caused by this paralysis.

Another marked symptom for this medicine is coldness. Coldness with cold sweat, especially on the face; associate that with the severe pains of the paralytic kind, or severe pains in the stomach in connection with this vomiting. Violent cutting, burning pains in the abdomen. There it is again like *Arsenicum*, burning in the stomach like *Arsenicum*.

Here is this symptom in the text: tongue shows traces of black vomiting, dirty brown or black. Upon the mucous membrane there adheres to the sides of the mouth and to the teeth appearances of stringy, dark, bloody exudations, and it is very offensive. In this remedy there is violent thirst, like in *Arsenicum*, *Bryonia*, and *Phosphorus*; violent thirst. With all these conditions you may have that which would make you think of *Belladonna*, for this medicine has in the head—in connection with the attack—that which threatens great violence; preceding this vomiting, preceding this condition of the stomach, it has *hammering in the head*, so violent are the pulsations. Throbbing and burning, with great heat of the head; coldness of the extremities. It seems as though all the blood in the body was rushing to the head. This may make you think of *Belladonna*, but here Cadmium sulph. has this state.

In the text I find pain in the vertex, lung, in the head, tongue; digging and drawing in the head; pulsation in the head and temple. Inflammation of the brain with the hammering; and this violent state has been so great that it has produced rupture of blood vessels and apoplexy, which has resulted in paralysis.

The stomach symptoms, as they are laid down in this text, are most astonishing. There are a great number of stomach symptoms, and you will find them in yellow fever and low forms of disease, attended with vomiting, cholera infantum; irritable stomach and gastritis are pictured in these symptoms in a very marked manner. I will read these stomach symptoms to you in a condensed form (this is in connection with nausea and vomiting generally). Deadly nausea; intense retching and distressing nausea. Nausea in the mouth, chest, and abdomen; often with pain and cold sweat in the face. The nausea is often accompanied with red face and lock-jaw; gagging, retching, and

vomiting up of mucus every few minutes. Excessive vomiting of a yellowish, greenish semi-fluid, almost gelatinous. It is like *Ethusa* and also like *Arsenicum*; also *Bryonia*, *Ipecac*, and *Veratrum*; and especially in that greenish, semi-fluid state. Vomiting of sour, yellow, or black matter with pain in the abdomen. Excessive nausea, gagging, retching, and so sensitive that the least touch on the lip will bring on the vomiting. Deadly nausea; must lie quiet. (There you get the opposite of *Arsenicum* to watch for.) Black vomit, which is still in the stomach and can be smelled; he feels it and smells it. This is a clinical experience. Nausea and black vomiting when other medicines fail in yellow fever. Vomiting brown fluid after drinking cold water. Vomiting of food, or bile, or mucus. Vomiting of acid matter, or yellowish matter, accompanied by cold sweat in the face, and with griping. Burning pains in the stomach. (That also belongs to *Arsenicum*.) Violent cramps in the stomach. Gastric symptoms during pregnancy, in drunkards. After cramps in the stomach; after drinking beer; in the forenoon. (This is a hint from Hering.) Cutting pains in the stomach; those are very characteristic; cutting and burning. It says here, intense burning in the stomach. Also burning from the œsophagus to the stomach; coldness in the stomach and hypochondrium; burning pains in the stomach and navel; urging to stool. There are your stomach, nausea, and vomiting symptoms.

Can anything be more marked? Can anything stand out with a better picture—showing you the remedy that you will need in the South—those of you who are going South to New Orleans, and Memphis, and Vicksburg? And some day we may have yellow fever to deal with here.

The pain and cutting and the burning that belong to the abdomen are similar to those in the stomach. But these general symptoms are likely to stand out. They will extend down to the stomach. Here is the grand characteristic: these evacuations that are of a gelatinous and yellowish-green, semi-fluid character, those are very characteristic of this medicine. It may be associated with alvine evacuations; but there will be these gelatinous, yellowish-green, semi-fluid discharges. With these symptoms—the gelatinous, yellowish-green discharges—you will need to compare it with *Colchicum*, *Hellebore*, *Podophyllum*, *Sepia*, and *Rhus*. *Kali bich.*, also has such a state in its general aggravations, in its general conditions. There is also severe cutting pain in the region of the kidneys, with suppression of the urine, or very scanty urine, or bloody urine.

You may find this remedy useful in connection with vomiting in pregnancy, if there be this severe gastric irritation which nothing relieves. *Arsenicum* is not indicated because she is not restless. It is too bad a case for *Bryonia*. It is a case that has been existing for some time; then you may find this remedy will help you out.

It is expected that you are homœopaths and will practice homœopathically, and that you will relieve these cases. If you get them in the beginning they are not likely to become very bad. They should be relieved speedily and promptly, especially the vomiting that occurs in the early stages—in the early months of pregnancy.

It has a cough with loss of consciousness, agitation, and red face. Pain in the stomach, or vomiting of bile.

There are some sleep symptoms that are also characteristic. When he goes to sleep he stops breathing, and wakes up suffocating and fears to go to sleep because of the spells. You will find that in *Opium*; in *Lachesis*; in *Carbo animalis*, *Grindelia squarrosa*, and *Grindelia robusta*. He rouses up with great dyspnœa, because he sleeps but a moment before he feels that something is taking place, and he is roused up by the dyspnœa—by the sense of being smothered. Then he goes along again and drops to sleep, and just as soon as he does so, his breathing stops. Like *Lachesis*, the symptoms are all worse after sleep.

Now this is a little like *Arsenicum* in relation to the pains. The pains in *Arsenicum* and most of the suffering states of *Arsenicum* come on after he has been asleep awhile, as well as coming on in the night or along toward morning. There is an aggravation of *Arsenicum* by time—many of the symptoms come on in the night whether asleep or not. But the abdominal pains are likely to come on after waking in the morning. In this remedy the symptoms are mostly worse after he has been asleep, whether in the night or day time; on waking the symptoms are generally worse. In this remedy there is great sleeplessness—annoying, protracted sleeplessness.

There is another state in connection with this congestion of the brain, and that state would be very likely to be associated with cholera infantum. A child will lie with its eyes open and apparently unconscious. With all these stomach symptoms, with the bowel symptoms, and congestion of the brain, you may imagine a bad case of cholera infantum. Child lying apparently asleep; so far as its movements are concerned, it is motionless. It can be roused up as from a sleep. It is not that unconsciousness of *Hellebore* and *Zincum* and *Apis*—which have an unconscious

state from which the child cannot be roused—but this appears to be a stupor as from sleep. The eyes are open. That is something peculiar about this medicine.

Hellebore will go into a profound stupor from which you cannot rouse him, like *Apis* and *Zinc*. Other remedies have it too, but these are leading, and are the most common remedies.

There is one peculiar state in which this medicine has been found the most useful in the treatment of yellow fever. This is clinical information. When a patient seems to have been doing well for awhile—seems to have been getting better—and from exposure to a draft of air he takes cold (and all the doctors in the South know how likely black vomit is to come on after taking cold), then think of Cad. sulph. Taking cold in yellow fever is almost sure death. It brings on a state much lower than that through which he has gone.

Now, if he has been perspiring while convalescing, a slight draft of air, or a slight throwing off of the clothing will bring upon him this state of prostration—a feeling as if he was going to die. For a relapse with all of these violent symptoms Cadmium sulph., clinically, has been a most important remedy. For this reason I believe, from the symptoms, that we will find it an important remedy in this state of things. *Crotalus* has also been used for this state with great benefit. (I shall talk to you about that the next time.) Whenever sweat is checked in yellow fever from any cause, these states are likely to come on, and this remedy is likely to be indicated, because the symptoms call for it.

Cadmium has a very strong resemblance in this state to that of *Zincum*, but there is this much about it: there seems to be a different sphere of action, and a different way of bringing these states about. *Zincum* has this same vomiting, but it is from a different cause, and it comes about in a different way. If a child, for instance, has gone through with a congestion of the brain, after it began to rouse up—begins to come to his senses—there is likely to be great prostration; slow convalescence; vomiting of a teaspoonful of water; almost paralysis; the stomach refuses to tolerate anything—not even a little liquid—after he has gone through with this congestion, with the stupor, then *Zincum* would be indicated. But here we have another state. Here the stomach symptoms are primary. Or if there is congestion it is of the active type, coming on with great violence, like *Belladonna*. Hence, you see, its sphere is unlike *Zincum*. In the text you might confound it with *Zincum*; but knowing these facts you could not. Both *Belladonna* and Cadmium have rolling of the head in cholera infantum.

There is a grand relation between *Carbo veg.* and Cadmium. The very lowest form, with tendency to septic blood in yellow fever, will demand *Carbo veg.*, and may assist Cadmium to do its work. In *Carbo veg.* there is more bleeding, less nausea; exudations of blood about the teeth; a great deal of dyspnoea. Patient wants to be fanned; a great deal of cold sweat. Sweat comes out hot and becomes cold soon. There is suffocation and sinking. Puffiness of the surface. *Carbo veg.* may correspond to some of the lower forms of yellow fever.

THE CARICATURE OF DRUG PATHOGENESY.

E. W. BERRIDGE, M. D.

To the second part of the *Cyclopedia of Drug Pathogenesis* we find the following note attached: "In view of what has been said as to condensation, they (the editors) have in the present issue exercised more restraint in this particular, and will be glad to learn how the result commends itself." As it might be considered uncourteous if none of the "Hahnemaniacs," as one of the leading mongrels impertinently calls us, took notice of their polite request, we venture to make the following comments on three provings as a specimen of the whole:

It would show a want of appreciation of the learned editors' willingness to be corrected did we not express our approval of the "restraint" which, with evidently painful self-denial, they have imposed upon themselves. Nevertheless, it is unsatisfactory in two ways. First, they do not tell us how much "restraint" they have imposed; whether they have adopted the suggestion to reprint the provings *verbatim*, or whether they have continued to condense (and mutilate) as before, only to a lesser extent. Secondly, though they by implication admit that the first part of this work has been imperfectly executed, they make no promise to give their subscribers a revised and improved edition, so that those who find they have been entrapped into purchasing a confessedly unreliable work may not have to lament the loss of their dollars through a "confidence trick." On this latter subject we hope the learned editors will state their intentions.

In examining the second portion of the work we have taken three provings, the originals of which were easily accessible, viz.: *Anthemis nobilis*, *Aranea scinencia*, and *Aralia racemosa*, and will confine our remarks to a few symptoms in each. *Ex eno disce omnes.*

At page 269, line 18, under *Anthemis nobilis*, we read, "Much perspiration on head and face;" this is not only a condensation, but an absolute falsification of the symptom, which read in the original, "Much warm perspiration all over body, chiefly on head and face."

In line 24, of the same page, we read "dysphagia for liquids;" this is a most unwarrantable mutilation of the original symptom: "On drinking tea had no relish for it; it seemed as though it would be vomited, because the pharynx felt as if the liquid would not go down; this was felt only with liquids, the solid food he enjoyed and swallowed without difficulty." In the same line "eyes watered much in open air," should be, "Eyes watered much, especially on exposure to cold." Surely the editors do not consider these two conditions as synonymous! The symptom "eyes slightly painful, as though something pressed against posterior part of ball, worse on bending head down," is omitted altogether, and to the symptom "carotids feel turgid" should be added, "This feeling was especially marked below, decreasing upward." This will suffice for *Anthemis nobilis*.

On page 332, lines 15, 16, we find under *Aranea scinencia*: "On first day took two drops on going to bed. In two hours felt fatigued physically and mentally, as though he had labored hard; had felt uncommonly well in morning." As it seemed a very curious circumstance for the prover to feel fatigued two hours after going to bed, when naturally he would be asleep, for there is nothing said to the contrary, I referred to the original, where I found the following version: "First day, dose, two drops on going to bed. Slept well all night (is usually restless and sleeps but little). At eight A. M., two drops more. In two hours felt fatigued," etc.

Comment on this blunder is hardly needed!

Finally, on page 339, we find a new and improved (?) version of Dr. S. A. Jones' proving of *Aralia*, thus: "On retiring at midnight was seized with a violent fit of asthma, which, as he is subject, thinks can hardly be ascribed to the drug. He says, indeed, that the programme was different from that to which he is accustomed, but he does not specify the points of distinction." So it would seem that the editors, who neither experienced nor witnessed the symptoms, were better able to judge of their cause than Dr. Jones, who did experience them! As Dr. Jones declares that these symptoms were not those of his ordinary attacks, and considered it a reliable proving of *Aralia*, and as *Aralia* has proved beneficial in asthma, this *dictum* of the editors is at least uncomplimentary to Dr. Jones.

VERIFICATION OF SYMPTOMS OF COFFEA TOSTA.

G. M. PEASE, M. D., SAN FRANCISCO, CAL.

From dilutions made from tincture of roasted Mocha coffee I can report the following symptoms as speedily relieved, first by the twelfth centesimal; but before there was a permanency was obliged to resort to the thirtieth, sixtieth, eightieth, one hundredth, and one hundred and twenty-fifth, all centesimal. These symptoms will be found in Allen's *Encyclopædia*: No. 7, anxiety; 8, a kind of *fearfulness which seems unendurable*; 9, *timidity*, and fear of sudden death (similar to Acon., which had been given but failed); 40, *paleness of face*; 41, countenance very pale, and had an *anxious expression*; 43, face waxy pale; 53, tension in the stomach so that she is obliged to loosen the clothes; 55, great fullness in epigastrium and partial loss of appetite; 101, trembling of the limbs; 118, great lassitude and general debility, 119, *excessively weak and prostrated*; 126, aversion to open air, which aggravates the symptoms; 138, coldness of the surface and *limbs*; 139, on account of easy perspiration, chilliness and shivering from the least exposure to cold air; 140, chilliness with general shaking and chattering of the teeth: CANNOT GET WARM; 141, *feet and hands cold*; 152, cold, clammy perspiration all over the body, but *chiefly in the palms of the hands* (also lower legs and feet, similar to Calc. c.). The italics are given of the most prominent conditions.

At one time, wishing for a higher potency than I felt the disposition to make by hand, and failing to get it at our local pharmacy, I wrote to Boericke & Tafel, and received the following reply:

* * * * * "We beg to state that *Coffea tosta* we have not in stock, never having had a call for it. Hahnemann made his θ from the green berry. * * * * * We have heard that sometimes physicians did—as you have done—first roast their coffee, but as the provings were made from θ made from the green berry, we always made ours the same way, and our potencies are also made from such θ ."

As I had *Coffea cruda* made from the green berry and did not desire *Coffea tosta* also made from the green berry I continued the potentizing. Should any of the readers of THE HOMŒOPATHIC PHYSICIAN desire a graft of *Coffea tosta* made from the roasted berry, I shall be pleased to supply them with either of the potencies mentioned or the one hundred and fiftieth centesimal.

CORRESPONDENCE.

TO THE EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

GENTLEMEN :—Can our homœopathic “eclectics” or allopathic brethren explain the *material* nature of the following ?

While in conversation with a patient (an elderly lady) the other day, I used the word “lemons” and she immediately grasped her throat and seemed to swallow with considerable difficulty. I inquired the cause and she replied : “That whenever an *acid* was mentioned she had the queerest sensation in her throat, with *shooting pains from the throat into the ears, increased quantity of saliva, and a constant desire to swallow.*”

She also stated she could not take acids, as they produced such an aggravation of the above symptoms.

Here is a key which might unlock another chapter in “substantialism” did we know how to apply it.

Yours fraternally,

R. L. THURSTON.

MINNEAPOLIS, August 3d, 1886.

EDITORS HOMŒOPATHIC PHYSICIAN.—I have been looking over with interest the case of S. L. in the last number of THE HOMŒOPATHIC PHYSICIAN. I would recommend a dose of Lachesis high, every night at bedtime for a long time, and Chamomilla *high* for the acute symptoms, when they appear, frequently repeated.

Yours, etc.,

H. NOAH MARTIN.

PHILADELPHIA, August 5th, 1886.

EDITORS OF HOMŒOPATHIC PHYSICIAN :

Having read over S. L.'s case of “Hereditary Idiosyncrasy,” in the August number, I would suggest the use of Natrum muriaticum for both mother and child.

Let him try it faithfully in both cases and give Psorinum intercurrently if it fail to act well. I think they are both Natrum cases, and it is, I have found, one of the most “hereditary” drugs we have.

D. C. MCLAREN.

BRANTFORD, ONT., August 8th.

“AN IMPORTANT OMISSION.”

A. F. RANDALL, M. D., PORT HURON, MICH.

On page 303 of the current volume of the *PHYSICIAN*, Dr. Berridge calls attention to what he pleases to call “an important omission.” I desire to record a verification of that symptom and to express my conviction that the four P. M. aggravation will yet be found to be as characteristic of *Colocynth* as it is of *Lyc.*, particularly as regards colic.

Two years ago I treated a case of scarlet fever with fatal result in about three days, and, although this was only my third fatal case of that disease in eleven years of practice, the father and mother were firmly of opinion that their child died from *lack of medicine!* and their grief was of the kind that refused to be comforted. A few months subsequently another child was born to them, and when it was about three months of age Mrs. R. went into their house and found the baby screaming “for all it was worth.” “Why don’t you do something for that baby?” The reply was, “The doctor (allopath—no more homeopath for them) had done all he could, and said the baby would outgrow it; all the old women’s remedies had utterly failed, and they were firmly convinced that the baby would die.” “Would they give it something she would bring?” “Yes, but they knew it would be useless.” It had had the colic for three months, seemed in terrible agony, restless, and worse at intervals of a few minutes.” I sent *Colocynth*²⁰⁰. A dose was given at six P. M., another at seven, and shortly the babe fell asleep, slept all night, and nearly all of the next day, which rather astonished them, but they felt confident that the colic would return as soon as the effect of the “opiate” worked off. It had an occasional dose of the same remedy afterward, and is to-day alive and well. After I had prescribed I learned that the attacks came nearly every day and *always at four P. M.*, and *lasted till seven or eight*. I am now very glad to learn that the remedy was indicated by the “*totality* of the symptoms.”

By all means, let those who are qualified so to do continue their criticisms; we will save our volumes of the *PHYSICIAN* until we can have a “complete and accurate *Materia Medica*,” with no thanks to those eclectic excluders who are just now amusing themselves (and us) with their “boiled down” book.

DO POTENCIES HIGHER THAN THE TWELFTH ACT?

WM. STEINRAUF, M. D., NOKOMIS, ILL.

Richard Hendricks, aged nineteen years, was taken sick on the eighth day of June with a pain in the right side. I was asked to send him some medicine. From the description of the messenger, I learned that the young man had sickened rather suddenly, was very restless, tossing about, and had quite a high fever. Under the circumstances, I thought I could do no better than to send *Aconite*, which I did by putting ten of the very smallest pellets moistened with the 3x in two ounces of water, with the injunction to take one teaspoonful every three hours till there was some change.

The next day I was called to see the patient, as the pain had increased and the fever was no better. I found the lad in bed with a pulse of one hundred and thirty and a temperature of one hundred and five at ten A. M. This was, according to the statements of the friends, the third morning of his sickness.

I was somewhat astonished at such a state of affairs. As he attributed all his misery to a pain in the right side of the iliac fossa, typhlitis, perityphlitis, and inflammation of the appendix vermiformis passed through my mind. The pain had commenced suddenly, was of a sharp, lancinating nature, and was increased by motion. This condition of my patient remained thus for two days, only that the pulse and temperature were very much higher evenings than nights. Now, the pain ceased in the iliac fossa and a cough set in, which directed our attention to the right lung. Pneumonia was our diagnosis. He was treated with different medicines in the second and third potencies, but to no effect; his pulse now in the evening was one hundred and fifty and the temperature one hundred and six and a half. Pure blood was vomited up in large quantities and the outlook very gloomy, all the more so, as the man was of a consumptive family, his father having died of phthisis. In this dilemma, when all our efforts had proved naught so far, and as to all appearances we could not lose anything by giving our remedy high, we gave Phos.²⁰⁰, a few pellets dry on the tongue. In six hours our patient was better, in twenty-four hours out of danger. He got up two days after taking that remarkable dose of Phos.²⁰⁰.

ULCERS ON CORNEA, EXTRACTED FROM VARIOUS CLINICAL SOURCES.

E. W. BERRIDGE, M. D.

Central ulcer, Ars., Cimicifuga, Euphrasia, Hepar, Merc., Nux-v., Sulph. (deep), Silic., Lac.-felin.

Ulcer in upper part, Crot.-tig., Hepar (also *serpiginous*), Merc. (vascular), Rhus (vascular).

At margin, Hepar, Kali-b., Merc.-iod., Thu. (*Pustule on edge of cornea*, Rhus.).

— *lower margin*, Hepar (vascular).

— *lower part*, Merc., (vascular, superficial).

— *outer side*, Ars. (elevated edges).

— *outer margin* (Sulph.).

— *inner part* (Alumina.).

Ulcer vascular, Ars., Calc., Graph., Hepar, Merc., Rhus.

Superficial, Ars., Asaf., Canth., Con., Euphr., Merc.-iod., Merc., Rhus, Sulph.

— *deep*, Hepar, Silicea, Sulph., Arg.-n.

— *sloughing*, Hepar, Sil.

— *elevated*, Hepar.

— *red*, Hepar.

— *circular*, Hepar.

— *smooth*, Hepar.

— *serpiginous*, Hepar, Merc.-iod.

— *with white base*, Hepar.

— *perforating*, Sil., Podo.

— *elevated edges*, Ars.

— *non vascular*, Sil.

— *transparent with clear edges*, Euphr.

ERRATA.

In Dr. Wells' paper upon Dr. Runnels' address, in our last number, the following corrections should be made: Page 286, nineteenth line from the bottom, for "love" read *lore*; p. 287, third line from top, for "this" read *the*; p. 288, fourth line from bottom, for "body" read *lady*.

“THESE BE YOUR GODS, O ISRAEL!”

E. W. BERRIDGE, M. D.

In the third edition of *Hempel's Materia Medica*, edited by Arnott, the following quotation from Hahnemann is given (Vol. 1, page 696): “Bark is seldom effectual unless it disturbs the rest of the patient at night, as it does that of persons in health who make a trial of this drug.”

Dr. Dudgeon translates this passage: “Bark will hardly ever be found curative when there are not present disturbances to the night's rest similar to those the medicine causes in the healthy, which will be found recorded below.”

A JOKE.

We see it reported that the able President of the American Institute desires the *Organon* to be made a text-book in homœopathic medical schools. Is it not, has it not always been, so used? How could Homœopathy be taught without it? Unless something *better* is offered President Runnels should not be so sarcastic.

NOTES AND NOTICES.

DR. E. A. BALLARD, of Chicago, desires us to state that his address is 97 Thirty-seventh Street, Chicago, *not* 3631 Cottage Grove Avenue. He moved nearly a year ago, but letters and papers still continue to be sent to this latter location. Hence this notice.

THE MEDICAL RECORD of August 28th contains an interesting report of the clinic of Dr. Sexton upon “the effects of sea-bathing upon the ear.” It is claimed that pain and deafness are caused by the waves striking the side of the head, the water having force enough to penetrate the ear and bruise the drum. It also carries with it small shells and grains of sand that remain and keep up irritation. The momentum of the wave is also able to carry the water through the nostrils or the open mouth into the eustachian tube and so into the middle ear, thus causing inflammation, pain, and deafness.

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. VI.

OCTOBER, 1886.

No. 10.

HIGH POTENCIES. HAVE THEY EFFICIENT ACTION ON THE ORGANISM ?*

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

For the purposes of this paper we will answer the question—What are we to understand by "High Potencies"?—by saying: All numbers of potentized drugs, raised in the centesimal ratio, from the thirtieth inclusive, as directed by HAHNEMANN in his *Organon of Homœopathic Medicine (Third American Edition, p. 217)*; *i. e.*, all above that which contains in each drop of the liquid preparation of a drug the decillionth of a drop, or less, and of the dry preparation the decillionth of a grain, or less, in each drop or grain of the medicinal substance so treated. Is this drop, or grain, or a fraction of either, capable of producing any effect on the living human organism, in any circumstances, either for good or evil? This is the question we propose to discuss in this paper. In the prosecution of this purpose we remark, first, that this power to so affect the organism is wholly a matter of *fact*, and not in any part or degree a matter of opinion or belief. It is either fact or fiction, and this entirely independent of its acceptance or rejection, by one or many, of whatever authority these may be in other departments of knowledge. Acceptance adds nothing to its being or authority, while rejection can neither mar nor destroy it. If a *fact*, it *is*, and cannot be otherwise. If a *fiction*, no advocacy can give it either being

*The substance of this paper appeared in Skinner's *Organon*, in July, 1880. It has been revised and changed by its author to adapt it, in its subject-matter, to the present thought of the profession, as it is now professedly engaged in its discussion and investigation.

or importance. There is no middle ground in the case. If the power be a *fact*, then by its existence it is raised above all possible vicissitude, from whatever of negation, ridicule, sarcasm, or reproach, from whatever of ignorance or prejudice; if a *fiction*, it is equally beyond the power of advocates to give it life or influence beyond that which attaches to dead thoughts, which have perished for lack of truth. Its utmost reach will be to become an object of strange curiosity to the world, for not a few of the intelligent in the world of science have believed in this power. What do we understand by a fact? That which exists. Different facts rest on different kinds of evidence as proofs of their existence. Facts in mathematics are demonstrated by figures; in chemistry by visible experiments upon the elements with which this science deals. So of various other sciences. Facts in these are proved to exist by experiment and observation upon the elements with which these sciences have to do. If, in these, certain results follow certain processes or combinations with uniformity, certain relations are assumed to exist between these elements as *facts*. And yet it may be said of most of these, that for any knowledge of them in possession of the world at large, men have been, and are, wholly dependent on the testimony of the few who have made the experiments which have disclosed their existence. The world, in accepting the testimony of these witnesses to facts, so accredited, has not been charged with credulity or want of independence of mind. The progress of knowledge of all sciences has proceeded on this line from the beginning, and must in all its future advances pursue the same course. It is the testimony of the few who make and observe experiments which constitutes the additions to the sum of human knowledge, as possessed by the many. The many are dependent on this testimony for increase of their knowledge, by reason of the fact of their general lack of time, means, and knowledge necessary to their making the experiments for themselves.

Outside of the question at the head of this paper, it has not been known that those who have thus labored and witnessed, in the interest of science, have been met with opprobrium and abuse in return for the fruits of their labors. Men who have proved, who have tried, and know the truth of that to which they testify have been rightfully and duly honored. It has been reserved for those who have tried, and know the truth of the answer to this question, to be met with unbelief, ridicule, and reproach from those who have not tried and do not know. It is to be remembered that this return for experimental labor, and testimony as to its results, has come almost exclusively from

those who do not know. On the one side there is experimental knowledge of the truth ; on the other, want of experience necessitates absence of knowledge. But the judgment of "*impossibility*" has not, therefore, been the less positively pronounced, and this even by men who in other departments of knowledge stand in rank with those who stand highest,* and this with as little regard to logic or evidence as has characterized the sneers and negations of those who in this rank have no standing at all.

Why this difference between this and the testimony of experimenters in other departments of knowledge? Are the witnesses few? Are they incompetent observers? Are they truthful? Are they less worthy of confidence, those who have tried and know the truth of that which they affirm, than are others who have not tried and do not know? Is there any other or better way of getting at the true answer to this question than to try it? Experiment and observation, are not these better than *a priori* negation? Are they not better than accusations of fanaticism and insanity?

If it be said such negations and accusations have come only from small men, who are attempting to move under a greater load of prejudice than they can gracefully carry, the truth of this is at once admitted; and to this may be added, that such minds are not expected to resort to the only proper solution of this question—to try it. Abuse of those who do is easier. They are equal to this. For the other they are believed to have few qualifications. Are the witnesses to the affirmative of this question so few that their testimony is therefore insignificant? Nay. They are not few but many. Of physicians, many hundreds; of patients, many tens of thousands. Have they spoken before taking sufficient time for the necessary experiment and observation? Of many physicians, it may be truly said, they have given half a century, and even more, to daily practical trials of these potencies. Of many others, they have given them similar trials for ten, twenty, thirty, and more years, all resulting in a common conviction of their efficient action, *so strong that none can be stronger, and this with an uniformity wholly incompatible with the possibility of a mistake.*

The number and character of the witnesses, their innumerable experiments and observations, their remarkable unanimity of conclusion, place the affirmative of the question in the immovable position of a fact, which can only be set aside by the force of more intelligent and more numerous witnesses, who shall have

*Sir John Forbes, Dr. John Ware, and others.

made more and more carefully conducted experiments, which demonstrate different results. The "*impossible*" has no place here. No man, nor body of men, whatever their standing in the world of science, has authority to pronounce that "*impossible*" which careful and intelligent experiment and observation, conducted by competent men, for more than half a century, have proved to be a fact.

Against such a result the assertors of the "*impossible*" have only opposed their personal *dictum*, and left it unsustained by any higher authority than that of their own individual personality. Whatever of weight may be justly given to this, in questions of science, it is confidently submitted that as against the testimony of this multitude of witnesses, many of whom are in every respect their equals in natural and acquired endowment, in character and capacity for observing facts, and who have had abundant opportunity to know the truth of that which they affirm, this personality can give no force of authority to their negations or to their assertions of "*impossibility*." To the affirmative of this question men testify who for many years have had daily demonstrations of its truth in their daily practical successes, which have given them increasing confidence in the truth and value of that which they affirm, to the end. On the other hand, are those who have no such experience, and are therefore without knowledge, declaring this affirmative "*impossible*," apparently for no better reason than that they themselves *know*, practically, nothing at all of the matter at issue. The logic of this is, that that of which they have no practical knowledge does not exist—something more than a shadowy claim to share with the Almighty His attribute of *omniscience*.

This argument, or rather assertion, of the "*impossible*," has had some historical illustrations. "The Royal Society of England" resolved the conversion of reciprocal into rotatory motion "*impossible*," when Watt's engine was, at the time of the passage of this resolution, performing this resolved "*impossibility*."

Dr. Lardner, the highest authority in philosophy in his day, declared navigation of the ocean by steam an "*impossibility*," and even demonstrated this, by reason of the great space that would be required for the necessary fuel and machinery. At the time of this demonstration the British steamship *Sirius* was at anchor in the harbor of New York, having made the voyage from Liverpool by steam-power.

These illustrations of the true value of the "*impossible*," of no little interest, are well calculated to teach modesty to those who thus assume the functions of the Omniscient, if, indeed, they are

not precluded from instruction in this graceful virtue by the pride so characteristic of this class of men.

The witnesses testifying to the truth of the affirmative of the question before us, we have seen, are sufficient in numbers to prove the existence of any fact capable of being proved by human testimony. We have seen that their daily duties gave them abundant opportunity to ascertain the truth of that which they affirm. We have shown that they came to their conclusion in no hasty spirit. They gave to the consideration of the subject all the time and attention a matter so intimately related to the lives, health, and prosperity of their fellow-men demanded, and that advancing time, with its increase of experimental evidence, has only served to strengthen their confidence in this truth, *till it has become to them a fact, than which no other stands on a more solid foundation.*

Then these facts of numbers, opportunity, and time, being as here represented, to complete the picture of their fitness as witnesses to so important a truth, it may be some will inquire, and not improperly, as to the personal character of these men so testifying. We have said their number is, of physicians many hundreds, and of patients many tens of thousands. Of course, no one man can have a personal knowledge of each one of so great a multitude. It has been the fortune of the writer to know many of the class here spoken of, in this and other lands, and he has no hesitation in saying of those whom he does know, that they are as worthy of credence as any similar number of men of any class whatever. Among them are men of the highest ability as observers, and of as sound regard for truth as those who are most consecrated to its interests. Of the whole number he has no hesitation in regarding them, as in all the qualities which go to make good witnesses, as equal to the average of men both in capacity and integrity. It may not be amiss to look at the discipline through which some of these witnesses have been brought to the convictions they avow on this subject, and the more as it throws light on their character and that of the testimony they bear to the efficient action of these potencies. The "*impossible*" is the first suggestion to nearly all intelligent minds when this action is first presented as a matter worthy of their confidence as healing factors. The quantity.* It is so insignificant. It is

* It is the great error of those who deny the efficiency of high dynamizations that they only regard our medicines and their doses from a material standpoint. For them, that which cures in the medicines is the *matter* of the drug, and hence their rejection of these dynamizations, because they cannot conceive of any *matter* being present in them, and therefore to them there is no healing

too contemptible to be worthy the attention of serious minds. This is the first and almost universal conclusion of all who for the first time have their attention called to the subject; and then the next step is quite natural, and that is the "impossible." The witnesses who now testify to their power and value were in the first instance no exception to this state of mind when they took the first step in the investigation which led to their emancipation from the "impossible." These men have all been skeptics, at least the best of them, and they have emerged from skepticism into conviction and faith, through investigation, followed by long experience and observation. Every one of them, in his present testimony, may be said to bear witness against himself when he affirms the efficacy of these potencies. In this they condemn their former ignorance and prejudice as utterly without reason or excuse. It is a maxim of those whose especial office is to examine evidence, and from this to elicit the truth, that he who testifies against himself gives the strongest and best evidence. If this be a sound principle, then the testimony thus given in the case before us is materially strengthened by the fact that these witnesses have all come from the ranks of unbelievers, impelled by the force of facts which they could neither gainsay nor resist.

Some of them met these facts while making experiments, to which they had been impelled either by friends (as in the case of the writer) or by conscience, to silence the clamor of either or both, with the sole object of proving these potencies the non-entities they confidently believed them to be. In his own case the first experiment undertaken with this sole object showed him that he was dealing with a power which he was compelled to recognize, and which he could by no means quell by the ever-

power in them. From their standpoint, no doubt, they are right in their conclusions. The error is in their point of departure in their argument. This appears from the fact, which cannot be reasonably denied, that these potencies do cure, and cure the gravest sickness, and as *matter* in form, in these, is inconceivable, the fact that they so cure is no less than a demonstration of the true nature of that which cures. It *proves* this nature to be *dynamic*. Now it is no more possible to conceive of *quantity* as pertaining to a dynamism than it is to conceive of *matter* in these high dynamizations. *Quantity* implies the possibility of *measurement*. But who has measured or can measure the dynamics of gravitation and declare quantity as an attribute of it? or of the attraction of cohesion, or of the power of thought, or of the moral forces? Great and small, predicating quantity, are terms which do not belong to the vocabulary of these forces. No more does it to that of the force which cures. This force may show greater efficiency in some circumstances than in others, as it does when in its greater development—the higher dynamizations—cure sicknesses which the lower members have failed to do.

present and potent "*impossible.*" The power was not only possible, it was a fact, and a fact pregnant with blessing to himself and the world. So this conviction has been created and confirmed in the experience of many of these witnesses, and we cannot conceal from ourselves *that in solid worth it outweighs all the negations of all the skeptics who can be counted.*

If it be suggested that the discussion of this question has been fully exhausted in past time, and that the results then reached have been confirmed by subsequent experience, to the extent of rendering further argument useless, and therefore the question be asked, Why pursue the subject further now? the reply is, the facts do not seem to be so generally or perfectly known as they should be, especially by those who are comparatively young in the practical studies and duties of our school of the profession; and this, perhaps, chiefly because they are young, and this discussion has been, in the main, of the past. The history of the last two years has disclosed the fact that there are those in our ranks at the present time who do not know the truth of this question, simple as it is in itself, and easy as it is of demonstration, and though it be so fully testified to by a multitude of those who have had the best means of knowing the facts in the case.

The proposal to inquire into the potential action of the thirtieth centesimal and higher potencies of homœopathically prepared medicines suggests the following questions: What disposition is it proposed to make, in this inquiry, of the great body of experience and testimony on this subject, brought to us in our history of the past? Is not this proposed inquiry wholly a work of supererogation? Is it possible to place any answer to the inquiry in our title on a stronger foundation than that furnished by experience and testimony already on the record? This testimony has been before the world for more than half a century, with evidence constantly accumulating, till now, it is submitted, the interests of truth require no more. Will those prosecuting this inquiry have access to better sources of evidence, or will they claim for themselves to be better capable of judging or observing facts than were those who have preceded them in this inquiry. If so, what credentials do they offer to us which give assurance that this claim is well founded? Surely the ignorance of the history of this question, evinced in the proposition to now inquire into the truth of its affirmative, seems to give assurance of nothing so much as of the unfitness of the proposers of this inquiry for the work which they would undertake. What evidence do these men give of better industry, clearer intelligence, more earnest zeal, or integrity of purpose, than

has characterized those who have gone before them? Do they propose to try it by better methods than those practiced by their predecessors? Nay, but so far as these have been disclosed, they appear of a very inferior character, and to give, if put in action, only promise of confusion, and a possible casting of obscurity over that which is now bright and conspicuous.

It is confidently believed that after these questions are answered, the general verdict will be, as to the inquiry, No promise of usefulness in it, and therefore not needed. It is not forgotten that in the progress of observation and discussion of the efficiency and value of these potencies, which has followed the original writing of this paper, those who deny both are those who call for new investigations of the subject, nor that in this progress these negators have been driven to extreme of absurdity in their denial of the jurisdiction of the only tribunal where the question can have a standing. This denial can only have had its origin in the consciousness of the fact that the evidence before this court (that of clinical experience) was wholly against them, and therefore this their only resort, to reject its authority and deny its jurisdiction. As this is, in the nature of the case, the only possible tribunal before which these questions can be tried and decided, even a blind man can see that this negation is equivalent to a confession of judgment against themselves. And they resort to the only other tribunal left to them, that of unbelief, which decides questions without trial, and so saves them all trouble, though in the end this resort only enhances the disgrace of defeat.

Then, as to the methods of the proposed inquiry, outside of clinical experience, *i. e.*, by giving drugs to the healthy. In the first place, the great difference of susceptibility to drug action of persons in health, varying from that which is extreme in some to that which is so near a nullity in others that they are only affected by comparatively massive doses, and the fact that a knowledge of this difference can only be ascertained by experiment, constitutes an obstacle to gaining any valuable results from this trial quite insuperable, *i. e.*, giving potentized medicines to healthy persons. The drug is given to one of these last and sluggish ones, in the proposed potentized form, and no result follows. The verdict as to this experiment will be—*No power*—when the failure depends not on want of power in the drug, but an absence of sensibility in the prover. Therefore the verdict—*No power*—may be altogether at variance with the truth. Then the great sensibility of some individuals to the action of some drugs, while almost insensible to the action of others, is an ad-

ditional element which cannot fail to embarrass the inquiry. The inquiry, so carried out, seems, for these and other related reasons, to have in it little of promise of good in a new solution of this problem, which has been so long and so satisfactorily solved by better methods, and by men every way equal to any who will be likely now to engage in this superfluous investigation.

There are few drugs, if indeed there be any, of which it can be said that the provings of them already had have fully exhausted the circle of their possible effects on the human organism. Even of those most extensively proved, and therefore best known, new results are constantly presented to the observation of experts in our materia medica, either by clinical experience, poisonings, or provings on the healthy. It is sufficient to refer to the recent growth of the pathogenesis of *Sulphur*, which years ago presented to us so extensive a record of symptoms that it was regarded as an example of our provings as complete as any, or to the scarcely less than marvelous recent record of symptoms of *Plumbum metallicum*, to illustrate our meaning. It has been proposed to give to a prover a drug, the name of which he does not know, though he is supposed to be familiar with the record of its symptoms, and he is to give its name, guided to this by his knowledge of the drug, and its effects as these shall be realized in his experience, after taking a sufficient number of doses to develop modification of the functions of his organism. These, it is assumed, will so accurately repeat the record of the symptoms of the drug that the expert prover will recognize and name the agent which has produced them. If not able to do this, either his knowledge of the drug is defective, or the phenomena resulting from the doses, if any, are to be referred to other causes, both of which conclusions may be false, and yet this is to be received as a testing of the power of potencies to affect the organism, which reasonable men are expected to accept as conclusive. Suppose the prover be one of the extreme examples of susceptibility as to the particular drug he has taken, he is almost certain in this case to experience new symptoms, which, being new, were not recognized by him as effects of the drug, and therefore contribute nothing toward revealing its name to him, and this the less, the more he is familiar with its previous record.

And then, if no repetitions of the previous record characteristic of the action of the drug be developed in the proving, the conclusion, *No power to affect the organism*, may be false, and must be so held till the identity of the recent and former provers is established as to circumstance, condition, and constitutional

susceptibility to the action of this drug. As this will certainly be found impossible, the value of the proposed experiment, as a test of the action of potencies on the organism, is disclosed as a nullity. And, besides, we are not so much interested to know whether drugs in the potentized form are capable of producing *poisonous effects on the healthy*, as whether they can effect *curative results on the sick*. This last is our practical concern, and fortunately we are far removed beyond doubt on this subject.

Then the microscope fails to show the presence of medicinal substances in potencies higher than the fifth, or, as some say, the twelfth. What then? The attempt has been made to attach the inference that therefore there can be, and is, no power to cure in those which are higher. If the power to cure were limited to those agents which are discoverable by this instrument, then the whole matter could be easily settled. But those who have advanced this objection have shown no such limitation. If the power to cure were so limited, why not the power to cause as well? We know there are many grave maladies resulting from miasms no microscope has ever revealed, and the disease has not, therefore, been modified in the least degree. It has been neither more nor less severe for this cause. The truth is, before the microscope can be admitted as an authority on this question it must be shown that its power of detection of the medicinal presence is equal, or superior, to that of the vital susceptibility of the living organism. This its advocates have not attempted to show, nor are they likely to. Till this is fully proved the instrument, however interesting its revelations in other departments of science, has nothing whatever to do with the solution of the problem before us.

The answer to the claims which have been advanced for its recognition in this inquiry is: The thirtieth, and even much higher potencies, have cured the sick, and do still, after these many years, all the same as if there were neither references, challenges, microscopes, nor skeptics to oppose. That they have cured and do cure, is a fact as solid and substantial as any other in the circle of human knowledge, and being a fact, it will so remain when referees, challengers, and skeptics shall cease to be. This being a fact that high potencies, as we have defined them, have cured and do still cure the sick, we have an affirmative answer to the question which stands in the title of this paper, which is quite conclusive. But it may be said that the inquiry is to be as to the action of those potencies on the healthy organism. True. But was not the inference to be drawn of non-potentiality with the sick, if the investigation failed to recognize

potentiality with the healthy? If not, why the investigation? If the reference were in whole or in part to provings on the healthy by these potencies, these could be safely left to clinical confirmations or condemnation, as clinical experience should decide. And then our chief concern is with the use and results of these potencies of drugs with the sick. With the healthy these are comparatively of little consequence.

With the sick they are of the highest importance. That they do act on the sick we have the testimony of those who have proved the fact practically in an experience of more than half a century. The testimony of these witnesses has been uniform and in the affirmative. And then it is scarcely less than self-evident that, if potential as to the sick organism, they are also as to the healthy, this being composed of the same organs and functions, the difference between the two being, in the former a change in function or tissue, resulting from the morbid process. But the truth is not left to inference at this late day of experience with these potencies. The whole matter was settled by the Austrian Provers' Union in their very remarkable proving of *Natrum muriaticum*, and this chiefly by the provings of members who were wholly skeptical as to the possibility of the action of these potencies. They failed to secure any valuable results from the use of the crude substance, in large or small doses, or from its low potencies. They resorted to the higher with a return of wealth of most important symptoms. The gentlemen were more astonished than gratified by this outcome of their experiment. They did not hesitate to say it was wholly at variance with their previous belief, and that, if their prejudices could have controlled the result, it would have been different.

They unwillingly acknowledged the truth, that the potencies do act potentially on the healthy organism. Do our friends expect an investigation more intelligent or faithful than this of Vienna? Or do they expect one more controlled by prejudice than this confessedly was? Or were the advocates of this new investigation ignorant of the fact that the matter they proposed to inquire into had been already thus settled, against the wishes and prejudices of the provers?

It is not the object of this paper to discuss the comparative value of higher and lower potencies as curative agents; still, it may not be amiss to remark, that the observation of the writer of the practice of those who have used the higher has shown him that this has gradually, but progressively, become more and more exclusively confined to the use of the higher numbers. This is eminently true of those among them with whom he is

personally acquainted, and especially of those who are most thoughtful and the best observers. This result, these witnesses affirm (and their number is not small), has been imposed on them by a more successful practice than they had been able to realize from lower numbers, and this often against their wills and prejudices. The amount and weight of this testimony is important, and the writer has no hesitation in believing it fully confirmed by his own experience.

In this conviction, let it be remembered by those who may be tempted by this testimony of those who have thus profited in their practical duties to make trial of these potencies, if they expect to realize similar results in their own experience, they are to follow *exactly*, as these witnesses have done, the rules given them by the Master. *If they begin by deciding that this or that of these rules is not essential to the experiment, they may as well, and perhaps better, stop before beginning.* They can never be witnesses in the case of the slightest value, nor can they realize the results which are affirmed to have followed a more faithful observance of them.

It may be added to the above that the only instance of comparative observation of the curative power of higher and lower potencies, on a large scale, *i. e.*, continued and recorded for a series of years, was made in the *Hospital of the Sisters of Charity*, in Vienna. The experiment was continued ten years, in two periods of three years each, and one of four years, each succeeding period being practiced with numbers higher than that of its immediate predecessors. The experimenters knew nothing of the comparative results till after the expiration of the full term of ten years.

When these were carefully collated by competent agents, it was found that in exact ratio as the practice had been advanced from lower to higher, the ratio of cures had been increased, and the duration of the disease and the period of convalescence had been abridged, thus, in all practical respects, confirming the superior curative power of the higher as compared with the lower potencies, as well as the conclusions of those in private practice who have from their own experience testified to the same superiority.

It will be remembered that these prolonged experiments in Vienna were not made by the advocates of high potencies in practice. On the contrary, so far as they were on the record as to these, they appear as opponents.

The results stand as facts. The whole practical life of the observers had been hitherto given, in good faith, to the use of

the lower. They acknowledged the result was different from their expectations, and that they would have preferred it should have been otherwise, thus adding a valuable element to the character of the testimony they give us.

If it be asked : Are the higher potencies of superior practical value in the hands of *all* practitioners ? the reply is : The superiority will be found only in the practice of those who are willing to follow the instruction of the Master :

"Mach's nach aber mach's genau nach."

"Do it exactly at I have done."

But have there been no practitioners who, after faithfully trying the higher numbers in their practice, have gone from these to the lower with increase of beneficial results ? If there be such, let them give the cases in which they failed of success from the use of the higher numbers in such detail as to their elements as will enable another to prescribe intelligently for them, and if the writer is not able to point out the error in practice from which these failures have come, he will hope to be able to receive such reports with respectful attention, *and in no case to return insult and abuse for this addition to his knowledge.*

NOTES FROM A LECTURE UPON VERATRUM ALBUM.

PROFESSOR J. T. KENT, A. M., M. D., ST. LOUIS.

(Stenographically reported.)

The evacuations of Veratrum alb. are copious and frothy. There are marked cramps in Veratrum alb. Camphor is cold but has no sweat. Veratrum alb. has cramps in the abdomen and extremities, and that which is more distinguished even than that in these three remedies is the foamy, frothy stool. Scale has suppression of the urine and rice-water discharges ; it has the prostration and exhaustion and restlessness and thirst ; all these remedies have thirst for cold water. And Veratrum alb. has thirst for cold water. They are quite similar and yet are different. There is another remedy that will be found of importance in cholera, and that is Jatropha. The characteristic feature of this is a rice-water discharge ; it has vomiting and purging ; more or less sweet ; and more or less cramps ; it has a suppression of urine and the great prostration and syncope and rapid onset of the disease that is peculiar to cholera, and it has

this to differentiate it from all other remedies—that the vomit and purging and evacuations are thick and albuminous, lumpy, instead of thin and watery. This is one of the grandest remedies in the book; when you have that symptom, none of the other remedies will cover it, and it has all the other symptoms of cholera.

Cuprum has the suppression of urine; it has the sweat more or less cold—becoming cold after it is out a little while; it has the blueness of the surface, the appearance of sinking, the vomiting and diarrhœa, and rice-water discharges; but it has more marked cramps than any other remedy in the book. It is known by its violence, the violence of the cramps; the cramps in the chest are particularly marked because it seems impossible for him to get his breath on account of the spasmodic dyspnœa, terrible cramps in the abdomen, and in all the extremities, even cramps in the fingers and thumbs, thumbs turned down.

Arsenicum, you will remember, has the frequent but scanty stool, rice-water discharges, rice-water vomiting, terrible nausea, terrible gastric symptoms, terrible sickness; the least amount of water makes him sick; a mere teaspoonful of water gags him. There is not so much cramping in this remedy, and the remedy is generally indicated after diarrhœa, or after the profuse discharges have ceased and he is about to enter collapse. This is the most characteristic time for Arsenic—the prostration and collapse. Arsenicum has been found indicated in scanty but frequent stool and tenesmus. It is very rarely that you will find Arsenicum indicated in cholera except in collapse. The prostration and threatened death, collapse; that is Arsenicum. Sometimes you will find Phosphorus having the characteristic indication that the patient has thirst for cold water, with the profuse discharges from the bowels, pouring away as from a hydrant. But the most characteristic feature and upon which you will give Phosphorus is the peculiar vomit. It has violent thirst for a drink of water—cold water; he often vomits it immediately, or he vomits it after it becomes warm in the stomach. That is a grand feature of Phosphorus.

Cuprum sometimes has thirst for acids, but that is not a very distinguishing feature in cholera. You will not get those distinctions in your book. I am trying to give you the distinguishing features and point them out to you so that you will know when to give that remedy.

Sulphur is sometimes a great cholera remedy, and runs into these comparisons, when the cholera comes on in the latter part of the night, or toward morning, driving him out of bed.

This is as characteristic of Sulphur in cholera as it is in any other disease. Sulphur has been recommended as a prophylactic. You may need Carbo veg., but you will have to contrast that with Arsenicum in the collapse of cholera, because Carbo veg., Camphor, Veratrum alb., and Arsenicum are the great collapse remedies, and would be indicated after the stool has stopped. Carbo veg. and Veratrum alb. have cold breath, the breath is actually cold in the collapse, and they both have profuse sweat, but in the Carbo veg. case the sweat is hardly an indication for the remedy, as it is in Veratrum alb. In Veratrum alb. it is so characteristic because of its coldness. If you will notice under the cover of the Carbo veg. case you will find that the sweat is warm, while in Veratrum alb. it comes out cold. If you notice, upon the face where they both have marked sweat, the sweat is cold in both of them. When exposed to the air it is cold, and the body is actually cold and deathly. All of these remedies have blueness around the eyes, and blueness of the face, blue skin. Particularly is this characteristic of Cuprum, Veratrum alb., and Camphor. The Carbo veg. patient wants to be fanned. In collapse this is more characteristic of Carbo veg. than of any other remedy. The patient wants to be fanned; wants his head, perhaps, slightly elevated on a pillow, so he can be fanned, and fanned vigorously, too. In Veratrum alb. the tongue is actually cold. They are pretty nearly dead when they get these symptoms, and an intimation now from me is that you shall give as little medicine as possible in these cases. I hope you will have confidence and give these medicines well potentized. If you do not you will scarcely ever save a case of collapse of cholera; they do not act quick enough if you give them very low. Camphor is better from cold, and Veratrum alb. is sometimes worse from heat, the normal temperature of the body or of the room, that which would be convenient to others, evidently will not discommode the Veratrum alb. patient. But there are some symptoms where the patient is better from cold. He is worse from the warmth of the bed in rheumatism. He is compelled to walk the floor in a cold room from the excess of pain. The keynote to Camphor is diarrhœa, great prostration, cold, and will not be covered.

You will find that in some cases of disordered stomach, regardless of cholera and diarrhœa, etc., with the marked feature of coldness of the stomach. I remember not long ago prescribing for a disordered stomach that had been a source of annoyance for a long time. In one instance cited the party was

out in his harvest field at work when he had this troublesome coldness of the stomach; when this coldness came on he would have a profuse sweat, then it would go away, and after that the coldness would go away. That annoyed him year after year. He took all sorts of tonics. He couldn't be relieved. One single dose of *Veratrum alb.* cured that case permanently. You will now and then have to give *Veratrum alb.* in congestion and inflammation of the bowels, peritonitis, and enteroperitonitis. You will there have the vomiting, and diarrhœa, and cold sweat; most likely you will have the cold sweat. The cold feeling in the abdomen—reversed peristaltic action and a sinking in the abdomen, an empty feeling, and a coldness in the abdomen are characteristic.

I told you in the beginning that this is a great remedy for the female. Dysmenorrhœa and violent uterine pains. There may be more or less burning, or there may be coldness throughout the abdomen and stomach. But the dysmenorrhœa is attended with nausea, with vomiting, and with diarrhœa; profuse and watery discharges with more or less sweating is quite characteristic of *Veratrum alb.* You will find *Veratrum alb.* again indicated in puerperal fever—or rather in puerperal convulsions with this same general feature—sweating and diarrhœa; mania, wants to kiss everybody.

The complaints of women associated with menstrual periods or disorders of menstruation, nymphomania of lying-in women, also nymphomania in connection with menstruation. It says here: "Before menses;" but it is before, during, and after, associated with menstruation. It has menstrual aggravation. During pregnancy she wants to wander about the house. Here is this feature of insanity made worse during the menstrual period—"she wants to kiss everybody." There is diarrhœa or there is profuse sweat; with these symptoms *Veratrum alb.* is your remedy, and your only remedy. *Veratrum alb.* has very difficult breathing. Dyspnœa—difficult respiration with dryness and constriction of the chest like *Phosphorus* and *Bry.* But it will be in this case with profuse cold sweat, and perhaps with diarrhœa. And with the nausea profuse vomiting and asthma. In damp cold weather, in the early morning, better from throwing the head back. Cold sweat on the upper part of the body. An especial feature that you may possibly observe in *Veratrum alb.*—it may not always be present—is that the most profuse sweat is upon the head, and the sweating spreads downward from the head to the toes, down the body. The sweating spreads downward.

Here is a long symptom under cough, from which we will pick out several characteristics. Dry tickling after walking in the sharp, cold air, or rattling, but nothing loosens. The rattling in the chest is quite characteristic of *Veratrum alb.* *Veratrum alb.* is a great remedy for whooping cough caused by tickling in the lowest branches of the bronchi. Expectoration yellow and tenacious. Spasmodic cyanosis with cold sweat. This is a characteristic feature of whooping cough. Cyanosis. Loud barking cough with hysteria. Worse in the morning and late evening until midnight from going into a warm room, getting warm in bed, change of weather; eating and drinking cold things, especially water. Epidemic whooping cough is worse in the spring or autumn. The convulsive stage of whooping cough. Under heart and pulse: Tumultuous, irregular contraction of the heart, forerunners of paralysis. Intermittent action of the heart with some obstruction in the hepatic region. Pulse frequent, small, and hard. Slow, soft, and intermittent, sometimes slower than the heartbeat. This remedy is not so important in relation to the heart and pulse as it is with *Veratrum virides*, which has full and bounding pulse—a very strong pulse, with red face, throbbing carotids, a good deal like *Belladonna*. *Veratrum virides* is a wonderful heart remedy. It has slow, feeble, soft pulse. Pulse with lack of power as well as a full, bounding, hard pulse. This remedy has slow, soft, and intermittent pulse. *Veratrum virides* has also intermittent pulse. The pulse will beat along in both kinds of *Veratrum*, soft and easy for a few beats, and then get slower and stop a few beats, then go on again.

We have already paid particular attention to symptom: hands icy cold and blue. Compare that with *Silicea*, because *Silicea* has cold hands and feet. *Silicea* also has great coldness of body during menstruation. *Sil.* again resembles *Veratrum virides* in the peculiar constipation that I perhaps forgot to mention. The *Silicea* stool is large and hard. A marked feature of the *Silicea* stool is that it is so large and hard that it is sometimes impossible to expel it, and when it is expelled part way the patient becomes exhausted and gives it up in despair, and the stool slips back again when it is apparently about to be completely expelled. In *Veratrum alb.* he will strain and pass a large stool; he will strain and sometimes give it up without accomplishing the work, like in *Alumina*, in which this terrible constipation is peculiar, this straining at stool, straining until exhausted. In the *Veratrum alb.* stool he will strain until covered with a cold sweat, and then give up exhausted.

The Alumina patient, although his symptoms in this regard are hard to describe, I have verified them many a time. The patient will grasp the seat, and bear down and press with the abdominal muscles, and undergo violent straining, and will be covered with sweat from head to foot. He gives up in despair. Now, these three remedies are very similar: Alumina, Veratrum alb., and Silicea. It is stated that in Silicea the stool slips back; it is not so stated in these other remedies; still these have this violent straining. Other remedies have similar symptoms, but these are very marked—cramps in the calves.

The last symptom under 34: pains in the limbs; worse during wet, cold weather; worse in the warmth of the bed; better when walking up and down. These pains may come on any minute like Mercurius. Chamomilla pains make him get up in the night and walk around for relief, and are better from motion. Under position it says that children are easier when carried about quickly. That is like Arsenicum. The Arsenicum child is so restless that nobody can move fast enough; nobody carries him fast enough. But if carried across the floor rapidly it seems to satisfy; but the instant you stop it will commence to yell.

There is a peculiarity about Sulphuric acid in this rapidity of everything that is going on. The Sulphuric acid patient may be very sick, but nobody does anything quick enough for him. He is not satisfied with anything that you do, because it is not done quickly enough. He just wants things to jingle; you will do that if you will fly around and wait on him. He is not satisfied, because you don't get around fast enough. In Pulsatilla we have improvement from slow motion. Puls., Lycop., and Rhus are the remedies that have the characteristic better from motion. Lycop. has the Rhus relief from motion.

Pains in the legs in the rheumatic state better from motion. Puls. is better from motion, and also worse from motion, worse from rapid motion, and better from slow motion. As soon as you walk rapidly across the floor with the child it will cry, in Puls., and also if you sit down. It is only relieved from its irritability and pains by moving it slowly in Puls.

Now, in the fever, and wherever else you find symptoms of Veratrum alb., apply the red string—profuse vomiting, profuse evacuation from the bowels, profuse sweat. Great thirst for cold water and refreshing things; worse in the night, worse in the warmth of the bed. Vomiting, purging, and great prostration. Cold sweat over the whole body, and especially on the face.

PROGRESSIVE MATERIA MEDICA.

AD. LIPPE, M. D., PHILADELPHIA.

The notorious Dr. H. R. Arndt, professor of materia medica at Ann Arbor, and the author of the most progressive eclectic works on practice, sailing under homœopathic colors and indorsed by the progressive management of the Hahnemann Publishing Company, and by the subsidized press; indorsed also, apparently, by the American Institute of Homœopathy, this said H. R. Arndt is out with a circular addressed "to the profession."

Firstly, I thank said Dr. Arndt for not sending me, and other homœopaths, that circular, as I have been for almost half a century a true Hahnemannian, and do not hesitate to express my protests against the said Dr. Arndt's attempt to pervert Homœopathy into vile eclecticism. Said Dr. Arndt seems to think it necessary to abuse Dr. H. C. Allen for having done his simple duty in exposing Dr. Arndt's heresy and incompetency. The accusation is that Dr. Arndt asked as the first question for the final examination of the senior class, "*Give the composition of twenty-five grains of Dover's powder, dose for an adult. Give dose for an adult of Pulv. Opii; amount of Opium represented by one and a-half grains of Morphia.*"

Professor Arndt is finding fault with Dr. H. C. Allen in not mentioning the subsequent questions! There is nothing in them to show that Arndt is competent to teach or examine on homœopathic materia medica, and even if they were questions well put it would not show why the first question was past criticism. And it is an ordinary event for these progressivists-into-vile-eclecticism to give themselves away. Arndt desires to state that *he* has seen serious results arise, *even in the practice of avowed Hahnemannians*, from the utter ignorance of the nature and dose of certain drugs used non-homœopathically.

So have others seen the same thing. Why is it so? The graduates of the so-called homœopathic colleges do as their teachers do. They profess to be homœopaths in order to DECEIVE the people and practice what such men as Dr. Arndt have taught them—"Eclecticism." And Professor Arndt commits himself when he makes that objectionable assertion. And now I shall ask this teacher a few questions. What have Dover's powders to do with Homœopathy or its materia medica? Does Homœopathy use sudorifics, and where does Professor A. find any authority for such an absurdity in any of Hahnemann's

writings? Do homœopathists legitimately use Pulv. Opii? Does Hahnemann not condemn severely the use of Opium as a palliative? What has Homœopathy to do with Morphia? The progressive materia medica of Dr. Arndt, by his own showing, includes a compound: Dover's powders; Opium in substance pulverized; Morphia in half grain doses. The profession at large—I mean both the old school and the homœopathic school—are beholden to Dr. H. C. Allen for his exposition of Dr. Arndt's incompetency, and to Dr. Arndt for his plea of "guilty." Dr. Arndt says he will teach Homœopathy as *he* understands it, not as Hahnemann taught it. Mark that! As HE, Professor Arndt, understands it! His Opus on practice, and the first question he asked the senior class, are a plea of "guilty," and Dr. H. C. Allen's charges are fully proven by Professor Arndt's self-stultification.

PEACE-OFFERINGS: AN OLIVE LEAF.

AD. LIPPE, M. D., PHILADELPHIA.

The progressive, anti-dogma wing of the homœopathic school, yearning for recognition, have distinguished themselves once more, and have given rise to a new phase of the history of medicine. As it cannot be long before this recognition craze will evaporate, it may be as well to put on record the events of a few years, if for no other purpose than to complete history, and exhibit the folly of the recognition seekers, showing them how they are not only not successful in their attempts to patch up a peace, but how, in fact, they receive a severe rebuke from the other side of the house. A year ago we were reminded by Dr. Bowditch that Dr. Conrad Wesselhœft kindly consented to give his views upon Homœopathy to the members of the Boylston Medical Society of the Harvard Medical School. Now, to return the compliment, the Hahnemann Society of the Boston University have requested Vincent Y. Bowditch, A. B., M. D. (Harvard), to state his views upon the much-vexed question of the difference between the homœopathic form of practice *as now known* and that of the "Old," or "Regular School." Dr. Conrad Wesselhœft did give "*his views*" upon Homœopathy, and any one who desires to know what his individual views are is reminded of the fact that Otis Clapp & Son, Boston, have that precious lecture for sale. This lecture of Dr. Conrad Wesselhœft before the Boylston Medical Society of the Harvard

Medical School, which has been reviewed before, was a peace-offering, an attempt to make Homœopathy "acceptable." The choice of an efficient man to lecture on Homœopathy was, in every respect, unfortunate and injudicious, as there were in Boston other men, who not only knew the fundamental principles governing the homœopathic healing art, but who live up to these principles and *develop* Homœopathy as it was left to us by its founder, while Dr. Conrad Wesselhœft has earned a well-deserved *notoriety*. He was the very last man that should have been allowed to deliver a lecture on the subject; he is the notorious mistranslator of Hahnemann's *Organon of the Healing Art*; he is notorious for his attempts to find the sick-making powers and the curative powers of drugs by the aid of the microscope, thereby ignoring the great advances offered the practitioner by Hahnemann. Of course, he was seeking recognition, as the "Old," or "Regular School" this very day profess to find the *causes* of diseases by the aid of the microscope also. The microscope will *never* divulge either the cause of diseases nor the presence of the curative power of drugs.

Dr. Bowditch speaks well from his materialistic standpoint, but he is far from settling the "vexed question." How can it be settled? By the actual experiment only. There have been opinions given by very prominent allopaths long ago, who dealt much more fairly with this question and who made honest inquiries as to the comparative results in healing the sick under the homœopathic and allopathic system. There appeared in No. XLI of the *British and Foreign Medical Review*, a paper by John Forbes, M. D., F. R. S., entitled, "Homœopathy, Allopathy, and Young Physic." This paper was republished in 1846 by Otis Clapp, 12 School Street, Boston. If Dr. Bowditch would condescend to read *that* paper, he would find much instruction in it and probably repent of his address. To the question, What would your (allopathic) school do in a case where the symptoms were so varied that it was impossible to make a diagnosis? Dr. Bowditch might well accept John Forbes' sentences:

"For nature then has room to work her way,
And, doing nothing, often has prevailed
When ten physicians have prescribed and failed."

The paper of Dr. Forbes was a reply to a pamphlet by Dr. Henderson, the Professor at the University of Edinburgh. Dr. Bowditch answers questions propounded to him, and in reality accepts the distorted explanation of Homœopathy by Dr. Conrad Wesselhœft. Dr. Henderson was not exactly a repre-

sentative of exact Homœopathy when he wrote his pamphlet. He began by accommodating himself to the wishes of his old colleagues, trying to make Homœopathy just a little more acceptable to them, as they were neither ready nor capable of following Hahnemann in his arguments. By no means accepting Dr. Forbes' reply as satisfactory, we always held him to be honest in his convictions, but, as he did not make the actual experiment, he was not therefore able to give a sound opinion on the subject, and consequently fell into a logical blunder. Not being able, and too honest wilful to deny the most astounding results under Dr. Fleishmann's homœopathic treatment of pneumonia at the Vienna Hospital, he attributed these so favorable results to the fact that the sick received only such remedies as were in his opinion equal to "*nil.*" Had he had the moral courage to try the experiment, he would have changed that opinion; but as he had blundered in his logic, he blundered further on and blundered into young physic—a do nothing therapy. The rebuke he gave the common allopathists was never forgiven. He might much better have made the experiment and become a homœopathist, as he was no longer recognized by the common school of medicine as a reliable editor of the then famous *Quarterly*. Dr. Bowditch confronts a professed homœopathist, but by no means a *representative* man; he only represents a wing of illogical physicians who *profess* to belong to the homœopathic school. Glad that Dr. Bowditch exposed these illogical, law-defying men at the close of this address, we shall dwell on this most essential point of the controversy again. First a few words to Dr. Bowditch. When Dr. B. says that a positive science of medicine is an absolute impossibility, he is sadly in error. The positive science of medicine consists in the science (knowledge) *to cure* the sick. The perfect knowledge of the exact function of every nerve, muscle, and other organ, and of their relations to disease, does not perfect our knowledge to cure. While in this material direction the ordinary physician seeks for revelations, the sectarian homœopaths have furnished every physician with a knowledge of the effects of many drugs on the human frame, both in health and disease; have furnished them with an unfailing natural law—the Law of the Similar, and with a safe guide for applying that law. As long as physicians hold on to the belief in diseases *per se*, and the possibility of discovering their causes, so long will they have to continue their palliative treatment, and the Hahnemannian method of the Healing Art will remain to them a sealed book, incomprehensible to their material conception of diseased condition. They object principally to the dyna-

mic origin of diseases to be cured by dynamized drugs—that is really the stumbling-block. Hence it is no wonder that the ordinary physician is horror-stricken when he finds that the founder of the homœopathic healing art proclaims the old formula, *similia similibus curantur* reliable, and proves it by “experience”—experience based on practical observations. If Dr. Bowditch tells us truly that no physician of the “regular” or “old school” is taught to practice by any set maxim, rule, or principle, he fully exposes the insurmountable barrier which excludes the physician of that school from even the attempt to investigate a Healing Art which is based on fixed principles, maxims, and rules. When actual observation demonstrates that cures are made under homœopathic treatment of long-standing diseases that have been unsuccessfully treated by skilled physicians who were not guided by any set maxim, rule, or principle, which is not unfrequently the case, then they, like Dr. B., exclaim, “Could not this favorable result have occurred if Nature had been left to herself?” Try it; follow the advice of that learned physician, Dr. Forbes, and benefit the sick. If Dr. B. cannot believe that an infinitesimal part of a grain of table salt can have the slightest effect, salutary or deleterious (Dr. B. means curative or sick-making), upon any one, he is encouraged in his skepticism by the statement from pseudo-homœopaths, that such ideas have long been exploded, and so is entitled to the privilege of unbelief till he tries the experiment. But there is no *idea* about it. If pseudo-homœopaths imagine themselves able to deny facts—historical events—let them be happy in their imaginations. But they cannot expunge the testimony of the large number of honest physicians, who, with Dr. Watzke, of Vienna, published their experiences, with the utmost simplicity, in the *Oesterriche Zeitschrift*. Their confession is recorded in that journal, that the actual experiment had convinced them that their cherished preconceived ideas about the sick-making and curative powers of *Natrum muriaticum* (kitchen salt) had utterly changed. The experiment clearly and unmistakably proved that the decillionth potency was in every respect more efficacious than less potentized preparations. That is history, and such history does not explode, nor can it be set aside by ignorant and malicious recognition-seeking *Pretenders*.

We shall now strike the key-note of the controversy, and are greatly obliged to Dr. Bowditch for his very humiliating but true statements. When Dr. B. says and proves that homœopaths do not always practice in accordance with the methods to which they profess an adherence, he draws the picture mildly

indeed, but when he also adds that such men are *apparently* held in high estimation by their own colleagues, he also is showing himself to be a close observer. Yes, they are *apparently* "tolerated." Calling themselves homœopaths, it was hoped by the homœopaths that by a good example and tolerance they might eventually be induced, if not compelled, to see their errors and become consistent and practice in accordance with the methods which they professed to adhere to; they were *never* held in high esteem, but they were *tolerated* by a large number of men who were faithful to the school to which they belonged, its principles and methods. Dr. B. finally quotes from the *esteemed* Professor in his address to the Boylston Society last year this expression: "*To say that a homœopath should not use an allopathic means of treatment, or that an allopath should, on no account, use a homœopathic remedy, is as absurd as to say that a blacksmith must, on no account, use a watchmaker's file, etc.*"* No discourtesy in what you say. A professed homœopath who could utter such an absurd sentence as Dr. Conrad Wesselhœft did deserves no courtesy. There is no logic in that sentence, and I defy the best microscopist to detect it. The highly esteemed Professor Wesselhœft (Conrad) does not see (microscopist as he is) any reason why a homœopath should not use an allopathic means of treatment!!! Did not this very Conrad Wesselhœft translate (*mis*-translate) Hahnemann's *Organon of the Healing Art*? What, then, of the 53d and 54th paragraph? Can two fully antagonistic cure methods be both applicable? Here comes the peace-offering—vain hopes. A pretending homœopath who resorts to an allopath's means of treatment is plainly a *fraud*, and, worse than that, he mounts the witness-stand and testifies that he, *individually*, is incompetent to practice Homœopathy, and utters his own *testimonium paupertatis*. He exposes himself to the detestation and scorn of every physician of both schools; he lowers himself to the level of every ordinary quack who appeals to the ignorance and prejudices of the many, under the pretense of being a progressive, *liberal* man. He calls himself a homœopath, while all the consistent homœopaths, as well as the regulars, call him "*a fraud*." Is that anything approaching *recognition* or accepting the olive-branch?

The allopaths are surely welcome to use a homœopathic remedy, and if they do, it is an evidence of their willingness to try the "experiment." When the late Dr. Constantine Hering,

* Absurd! The blacksmith may use a watchmaker's file, *but* the watchmaker has no use for the blacksmith's implements.

then a student and assistant of a celebrated surgeon at Leipzig, was asked to write a pamphlet against Homœopathy, he, as a conscientious man, having consented to comply with the request, concluded that he could only do so after he had first tried the experiment. He did so, and the experiment confirmed all that Hahnemann taught to be true. He did not write the expected anti-homœopathic pamphlet, and was dismissed from his position and had finally to go to Wurzburg, where the large-minded scientist, Professor Schoenlein, assisted him to graduate as doctor of medicine. He became and remained during a long life a consistent homœopath. Those not governed, as the true homœopaths are, by any set of maxims, rules, or principles, they may, when in distress, well try a homœopathic remedy. Of course, if they do they also confess to a *testimonium paupertatis*, but in doing so they may gain wholesome experience. Let us for a moment dwell on the professional position of men whom Dr. Conrad Wesselhœft tries to represent. In our days they call themselves liberals and progressive homœopaths; in fact, they appeal, like ordinary quacks, to the ignorant people; they stop at nothing to further their own pecuniary interests; they insist on calling themselves homœopaths and, as Dr. Bowditch truthfully tells us, use allopathic means. They belong to so-called homœopathic societies; they carry with them the hypodermic-injection syringe, and the Morphia and Atropia bottles; they send their prescriptions to the apothecaries, like all other physicians, and claim that to be their privilege. Hahnemann and his followers appeal to the interest of the people, and are always true to their profession. Dr. Bowditch knows, as well as I do, that the most successful homœopathists are *always* true to the principles governing our school, and that they are the most successful practitioners, commanding the confidence and esteem of the most intelligent members of the community.

Such men do not ask for "recognition." They offer no olive-branch. What will eventually be the fate of the recognition seekers represented by Dr. Conrad Wesselhœft—what will become of the olive-leaf? The poor, misguided men still have my sympathy; they are in a sad dilemma. The "regulars" have exposed their illogical irregularities, the homœopaths will now expose their illogical attempt to make peace-offerings, and will *despise* them just as much as the "regulars" do; what *will* they do? The homœopaths are tired of "tolerating" a set of men who by their own confessions advocate mixed—eclectic—treatment; who boldly defy Hahnemann's teachings, and even abuse as dogmatists the men who are true to the cause;

and who for merely selfish reasons stick to the name, form Hahnemann societies, Hahnemann clubs, Hahnemann colleges, Hahnemann journals, and in these do promulgate and teach vile eclecticism. The "regulars" expose their misdoings, how they profess one thing and practice another to please the ignorant, to whom they cunningly and like ordinary quacks appeal. Let them see the handwriting on the wall.

In parting with Dr. Bowditch, and hoping he will continue to expose these all-around despised, utterly dishonest men, we thank him for his lecture, and now will say a few words to misguided, recognition-seeking men themselves. We say to them you are "*recognized*" all around as a set of men who sail under false colors and disgrace the healing art promulgated by Hahnemann, and by him called Homœopathy. Strip yourself of the assumed name of homœopaths! But who will have you? The homœopaths will be glad to get rid of you—as you have disgraced them. The "regulars" have found you out, and severely despise you. Be honest, drop a title you do not deserve, or you may fare worse. Join the eclectics—to them you belong. You have been tolerated under the charitable belief that you would come to your senses, but you were ungrateful, and show by your offensive conduct that our charitable belief was "a fatal error." Still, you shall be allowed to finish your course—you shall have rope enough and you will hang yourselves. We have precedents, to be sure. The socialists, men who have no true conception of the difference between liberty and freedom, promulgated their brain-cracked absurdities and they were not molested, because it was not deemed possible that their absurd notions would take. Alas! they addressed themselves to the ignorant; they progressed under the belief that toleration meant approval. They were allowed rope enough, and we now see where they have landed. In both London and Chicago they are taught that freedom of speech is not the same as liberty of speech; there is the rope. Does not the microscopist of the Hub see without the aid of the microscope that his peace-offerings and his olive-branch are "*politely rejected*"? Does not the same distinguished physician see without the microscope that he has "committed" himself to vile eclecticism? If he does not see it just now he will awaken to a very unpleasant reality before long; he will be taught that he cannot misrepresent Homœopathy; he will be taught the vast difference between liberty and license. The peace-offering has been rejected; the olive-branch was an illusion.

ON THE HOMŒOPATHIC TREATMENT OF THE TOOTHACHE.*

Read before the Allopathic Medical Society, of Muenster (Westphalia), by
Dr. V. Bœnninghausen.

From among the numerous varieties of odontalgia the author selects only one species—the throbbing toothache, on which he makes the following practical remarks :

I. By taking cold, particularly from sharp, dry air, there is frequently a species of fever produced, which is accompanied with congestion of blood to the head, burning heat in the face, hard, accelerated pulse, and great physical and mental uneasiness. If simultaneously with these symptoms a beating toothache is felt, generally confined to one-half of the jaw, with a red cheek on the same side, then *Aconitum* is the specific, which soon removes the toothache together with the other symptoms.

II. Another kind of beating toothache occasioned by taking cold, but without fever, is cured by *Causticum*. It is generally of a chronic nature, attended with painful, easily bleeding gums, and with rending pain in the eyes and ears and muscles of the face.

III. *Chamomilla* will cure a throbbing toothache, particularly in women and children presenting the following characteristics :

It is worse at night, becomes almost insupportable by the warmth of the bed, so that the patient is driven complaining and moaning from place to place. One cheek is frequently red and somewhat swollen, as also the submaxillary glands; there is likewise thirst and perspiration on the scalp. A very small dose of this remedy, or only a smell of it, is sufficient to remove the whole suffering. Some time since, while I was absent from home, my wife was taken with this species of toothache. She applied to Dr. Branco, who then resided in this city. He administered on the first day *Aconitum*, on the second *Pulsatilla*, and on the third *Bryonia*, without the slightest relief; and presuming that in this case homœopathic treatment would be of no avail, he finally ordered eighteen leeches and prescribed some anodyne mixture. The ease produced by these means was, however, of very short duration, and the appearance of my wife

* We make no apology for republishing this article from the pen of so great a homœopathist as Bœnninghausen. It first appeared thirty years ago; but as the journal in which it was published is out of print, it has been lost to sight. We have the pleasure of once more bringing it to light.

quite alarmed me on my arrival in the afternoon of the fifth day of her suffering, when I immediately administered Chamomilla. An hour afterward the pain left her, and the next morning the swelling of the face was removed.

IV. The throbbing toothache, which is cured by China, does not occur so frequently. I remember particularly one case, which I met with during a journey through the district of Arensburg. A young girl, hitherto in blooming health, had become pale and emaciated. She suffered from a beating toothache generally after eating and at night, which would be relieved by clenching the teeth firmly together and by strong pressure, whilst a gentler touch would aggravate the pain exceedingly. There were also night-sweats and continual diarrhœa, which debilitated her to such a degree that she was scarcely able to walk. She was relieved in one night by China.

A similar toothache may be produced by the abuse of China, as I had occasion to observe in the case of two individuals, who partook of it every day in their brandy. It would, of course, have been improper to administer China in these instances, and the symptoms differed so materially, that one patient was cured by Arnica, the other by Pulsatilla.

V. The north pole of the magnet very speedily relieves a throbbing toothache *in the lower jaw*, which is attended with a sensation of burning, with swelling, heat, and redness of the cheek, whilst there is chilliness in other parts of the body, tremor and uneasiness in the extremities, with general irritability. It becomes aggravated by heat and eating. The cure was effected, in many instances, in one minute, by placing the forefinger long enough on the north pole of the magnet to produce a slight increase of pain. The following example, though a failure, may illustrate the powerful effect of the magnet in similar cases. My servant suffered from a toothache apparently adapted for the application of the north pole, but the pain was *in the upper jaw*. He had scarcely touched a magnetic rod which bore only a weight of a few ounces, when he suddenly put the other hand to his face, saying: "There, it jumps down" (in the lower jaw).

In order to ascertain whether this metastasis was really occasioned by the north pole of the magnet, I ordered him to touch the south pole, and again his hand flew up to his face, for the pain, as he assured me, had returned to the old place again. Pulsatilla relieved the poor sufferer in a few minutes. That could be no imagination!

VI. Another cure performed with Pulsatilla gives me still

much satisfaction. Several years since, I stopped one evening during my travels at a hotel, where I met some friends and the young family physician of mine host. I had scarcely seated myself in the parlor, when the oldest daughter of the family begged me to relieve her from a throbbing toothache, under which she had suffered for longer than a fortnight every evening from sunset until midnight. All the means employed had proved useless, according to the physician's own confession, and though the circumstances did not permit a further inquiry into her case, I let her smell of my preparation of Pulsatilla, and the relief was so instantaneous, that even the doctor admitted it would be something extraordinary if this cure was permanent. But I concluded that Pulsatilla could only have acted so promptly in consequence of a state of the patient's system perfectly corresponding with this remedy, and therefore told the doctor if the patient would observe a homœopathic diet for eight or ten days, she would not only remain free from toothache, but her other symptoms would also subside. The young Æsculapius seemed still more surprised, and asked: "What other symptoms?" I then acquainted him with some characteristics of Pulsatilla, viz. : chilliness, and yet the effect of artificial heat being almost insupportable, absence of thirst, disposition to weep, wakefulness before midnight, unrefreshing sleep in the morning, disgust for rich victuals, etc.

Upon this, he replied that the patient must have informed me herself about these symptoms, and when it was proved that I, having just arrived, had only conversed with her in his presence and within his hearing, he became vexed and rather forwardly accused the patient and her parents of partiality to me, and of saying anything to please me; for it would be utterly impossible to have such knowledge from any other source.

This induced me to take him aside and inform him that I had reason to suppose there must be also irregularities in the patient's uterine functions, as well as in those of the intestinal canal, the truth of which he might ascertain himself, if he felt disposed. He not only consented to this, but was also candid enough to confess that he found my suppositions correct. Though the cure proved a permanent one, I never could discover whether the Doctor was induced by it to pay any attention to Homœopathy.

VII. The indications for the use of Sabina in this species of toothache are of but rare occurrence, yet I have met with some cases where it proved to be the only specific. The throbbing appears likewise toward evening and in the night, becomes aggravated

by the warmth of the bed and by eating, and is attended by a sensation as if the tooth were going to burst. There is strong arterial action, belching of wind, and in females, in whom only I had occasion to observe it, copious uterine hemorrhage of light color at the menstrual period as well as at other times. In one instance this kind of toothache appeared immediately after a podagrical pain in the great toe had been suppressed by external applications. Sabina, corresponding with one as well as the other of these symptoms, removed them both.

VIII. The throbbing toothache, for which *Succus sepiae* is the specific, mostly attacks persons of sallow complexion. It extends up to the ear and down through the arm to the fingers with a prickling sensation therein; it is attended with difficulty of breathing, cough, swelling of the face and of the submaxillary glands. The throbbing toothache during pregnancy is often removed by this remedy, which is rather slow, but certain in its operation.

IX. Similar to the toothache to which *Sepia* is adapted, in regard to the sensation as well as the accompanying symptoms, is that which is cured by *Silicea*. The pain is more in the lower jawbone, the periosteum of which is swollen, than in the tooth itself; the patient has no rest at night from general heat, and his skin is very prone to ulcerate from slight bruises. I cured myself from an attack of this kind.

X. *Spigelia* is an excellent remedy for the throbbing toothache which is attended by a rending, burning pain in the malar bone, paleness and swelling of the face, with yellow rings under the eyes. There is also often pain in the eyes, frequent urging to urinate with copious discharges, palpitation of the heart, a sensation in the chest resembling the purring of a cat, chilliness and great uneasiness. I succeeded in curing such a case of pro-sopalgia and toothache of several years standing.

XI. *Hyoseyamus* will cure a throbbing toothache, which occurs mostly in the morning, and is occasioned by cold air. The affected tooth seems to be loose during mastication, and there is also a violent pain in the gums, congestion of blood to the head, general heat, at intervals spasmodic contraction of the throat, so as to prevent the patient from swallowing, and great dejection of spirits. Jealousy and grief had thrown a young girl into a severe fever with delirium and throbbing toothache, which were removed by *Hyoseyamus*.

XII. The throbbing toothache which often appears after eruptions, which have been suppressed by external applications, is cured by *Sulphur*. Such cases are attended with swollen

gums, which likewise throb; there is great sensibility of the edges of the tooth, congestion of blood to the head, and throbbing headache, particularly in the evening; the eyes are red and inflamed and so is the nose; there are stitches in the ear, ineffectual effort at stool, constipation, pain in the back, uneasiness in the extremities, chilliness, drowsiness, etc. If, however, these symptoms should have been occasioned by the abuse of Sulphur, other remedies must be resorted to.

XIII. The throbbing toothache produced by the abuse of Mercury, mostly worse at night in bed, is generally removed by Acid. Nitr.

XIV. Veratrum is indicated where there is swelling in the face, cold perspiration on the forehead, sickness at stomach, vomiting of bile, lassitude of the extremities, great sinking of strength, even to fainting, external coldness and internal heat, and thirst for cold drinks, scarcely to be satisfied. An individual who had been suffering in this manner for twenty-two weeks, and who became so reduced as to be unable to walk, was cured by two doses of Veratrum.

These aphoristic remarks on the varieties of but *one* species of toothache, for which, from amongst thirty-five remedies, we had only opportunity to try fifteen, sufficiently explain the difficulty in selecting the specific remedy for every given case, since many other varieties of toothache bring a still greater number of remedies into concurrency of choice. Hence the assertion "that homœopathists need no laborious study," must at once appear unfounded, and though the practitioner may fail, from want of skill, the homœopathic fundamental law *never does*. Professor Echenmeyer, of Tuebingen, says in his work, *Allœopathy and Homœopathy Compared According to their Respective Principles*: "The accumulation of extraordinary facts is beyond all doubt, and the reasonable do not expect from Homœopathy what *might justly be demanded* from doctrines tested for centuries past. Homœopathy not only stands severe scientific analysis, but it also presents us with new principles and conducts us into a higher pathology and physiology. Hence, then, let her have fair play!" With this request, gentlemen, do I conclude my feeble attempt to introduce into our Society a subject by no means favored as yet by its members; but so much greater is the pleasure which I feel by acknowledging the noble spirit of calm observation and impartial investigation, manifested by allowing Homœopathy "fair play," until either its truth or fallacy shall have become indisputable.

THE I. H. A. AND THE INSTITUTE—THE DIFFERENCE EXPLAINED.

A PROMINENT HAHNEMANNIAN EXPRESSES HIS VIEWS—HOW THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION DIFFERS FROM THE AMERICAN INSTITUTE OF HOMŒOPATHY.

One of our reporters yesterday interviewed a prominent member of the International Hahnemannian Association and obtained his views on certain subjects connected with the present Association and the one which meets here next week. As the interview developed some valuable and interesting information we give it.

“In what respect does the International Hahnemannian Association differ from that of the American Institute of Homœopathy which meets here next week? You both profess to be homœopaths?”

“True, the American Institute claims to be homœopathic, and in so far as they have appropriated the title and base their profession on the law of Hahnemann, they may call themselves such. But they do not carry out that which was taught and practiced by our founder.”

“Can you tell me in a few words how they differ?”

“Hahnemann, who was the discoverer and promulgator of this school of medicine, taught and practiced that there was but one remedy for a series of symptoms, that this remedy must be potentized to such degree by various processes, until it reached the plane of the symptoms—when, if properly administered, the latter would disappear, and the patient be cured quickly, gently, and permanently. This process of selecting the one remedy, as you might infer, is a laborious one—there being now upward of one thousand remedies, with new ones appearing each year. The true followers of Hahnemann adopt the plan of studying a case thoroughly until the one remedy becomes apparent. The other branch decline to go into this labor, and by giving drugs sometimes crude, sometimes singly, sometimes two or more in alternation, at other times in combinations, with external applications, Morphia, Quinine, hypodermic injections, and other adjuncts not recognized by our great master, they palliate, suppress, or hide the disease, only to have it reappear at a later period in another form.”

“This, to one not specially familiar with medical matters, looks very like eclectic practice.”

“So we claim it is, the merest pretence of Homœopathy. In-

stead of making a painstaking effort to individualize each case (for no two cases are ever exactly alike), and then giving the *one* remedy suited for that particular case, they—this other association—are governed in the main by names and pathological conditions, and thus treat the names of diseases and not their patients.”

“The American Institute seems to outnumber you, however?”

“Certainly, as Allopathy outnumbers Homœopathy. Their practice is a very much easier one, and medical men, not unlike the rest of mankind, are sometimes given to taking things easy—getting lazy, in other words. Then, also, the International is still young, but steadily growing in numbers and popularity.”
—*The Daily Saratogian, June 25th.*

THE ECLECTICISM OF THE INSTITUTE.

The following, from a Saratoga paper, reporting a meeting of the Institute, shows how eclecticism thrives there: * * *

Dr. Owens spoke of diphtheria and gave his treatment of various cases.

Dr. Grosvenor had found that those diphtheria patients who take and retain nourishment get along the best.

Drs. Dake, Sawyer, D. E. Hoag, Packard, Butler, Carmichael, and James also spoke on the subject of diphtheria.

Dr. Cowperthwaite said: “I feel to-night as if I were in a meeting of Old School physicians, when men get up here and say it must be lactic acid and lime, and hot irons and Sulphate of Soda, and not one of them gives an indication. I say I feel that I have strayed into a meeting of allopaths. Providence has either been smiling on me for the last eighteen years or something else; but I desire to say here to-night, and it may be very remarkable to you, gentlemen, and that is, I have never started off on that kind of a tangent but once, and that was the one case of diphtheritic croup that I ever lost. That was a case in a family that came to me from allopaths; they thought the child would die and stayed up all night with it and had it inhale Lime and Bromine, and the child died in the morning. That is the only case I ever lost. I don't believe in all that stuff that we are talking about here. Let us stick to our remedies. I have cured three cases with Lachesis and I have not given it lower than the thirtieth, and I am not a high potency follower either. I have cured one case with Causticum, and that was with the thirtieth. * * * ”

CLINICAL BUREAU.

LAC FELINUM.

E. W. BERRIDGE, M. D.

Mr. H., aged thirty-seven years. September 10th, 1885. Left eye inflamed for three weeks. Entire conjunctiva bulbi a deep red. Photophobia. On left segment of left cornea is an ulcer. For last three nights, pain like a knife running from left eye to left occiput, on lying down, especially when lying on left side. Burning in left temple near eye, worse at night. Has had to remain at home for the last five days.

Lac felinum ^{42m}. (Fincke) every four hours.

September 26th.—Says the eye was better the next day, and continued to steadily improve. The pain ceased first, being entirely gone in three days; then the inflammation disappeared.

Now the eye feels quite well, and there is only a slight film (of old standing) where the ulcer was.

Aggravation of eye pains by lying on left side has been verified by me in another published cure by *Lac felinum*. Aggravation of eye by lying on the painful side belongs to *Syphilinum*, and aggravation by lying on the unpainful side is under *Zincum*.

CLINICAL CASES.

J. D. TYRRELL, M. D., TORONTO, CANADA.

July 13th.—Last night Mr. P. suffered very much from facial neuralgia; used hot vinegar, with no relief; he then took a free dose of Bell.³ which "cured" his neuralgia, so he slept and awoke almost unspeakably happy. He reports:—Right side of face feels thick and swollen, lips thick and stiff; whole side of face numb, can scarcely articulate; voice husky and thick, speech slow, indistinct, and stammering; loss of co-ordination, weak, tottering gait, as if drunk; cannot pick up handkerchief with either hand, he constantly drops it; if he lean against anything on *left side*, he cannot straighten up unless he push himself off with *right hand*; if he sit on floor must use *right arm* to elevate himself, else he cannot get up; cannot pass any person

or object on *left side* without running against it; constant tendency to go to *left side*, not in a circle but diagonally; pupils dilated; *right side of face, left side of body, affected*. R Hyos. nigr.²⁰⁰ three pellets, one every two hours; improvement rapid and permanent; discharged well in three days.

No. II.—Mrs. S. (June 19th).—Medium height, slender, dark hair, pale face, *gray eyes* since birth. Mental temperament highly sensitive to action of drugs. Three years ago had “neuralgia of the heart,” for which Belladonna plaster was prescribed. In a day or so pain was sensibly diminished, but she complained of pain in head and eyes, thought it was caused by the Bell.; but her parents thought it all imagination, so she wore it three weeks, when she had no pain, but *iris of right eye* had changed from *gray* to *deep blue*, noticeable and noticed by friends clear across the room. It has remained blue ever since, and she has steadily, but slowly, lost power of vision, till now she cannot read or sew by gaslight, and not for long by daylight. R Bell.^{40m} (Fk.) four pellets, one every two hours, and report in ten days.

June 29th.—Reports eyes less painful; can read two or three hours by gaslight without pain or dimness; right eye not so blue. She says powders produced sharp pains from back round to hypogastrium; great bearing down and tenderness; scanty, but frequent urination; pains come and go suddenly; wants medicine to stop pain, so she can go down town. R Bell.^{4m}, one powder. Next day met her down town feeling better. This proving seems to corroborate and complete symptoms recorded in Dr. Berridge’s *Repertory to Hom. Med.*, page 35, Iris-Color, discolored, Atp. (Bell.).

No. III.—About two months ago *reported* his daughter, æt. eight, as follows:—Mental temperament; thin, does not sleep well; “has worms;” grinds her teeth at night; sleep made up of naps; has twenty-nine warts on her hands and fingers; warts painful and have resisted all treatment; child stoops very much; dorsal vertebrae very much curved. R Sulph.^{cm} (Swan), two powders, twelve hours apart. Reports to-day, August 25th: The warts seemed to “slowly melt away,” till now all are gone: shoulders and back “straight as an arrow.”

BOOK NOTICES.

A DECALOGUE FOR THE NURSERY. By S. J. Donaldson, M. D. Boston: Otis Clapp & Son, 1886.

This excellent book is intended for the instruction of young mothers in the care of infants. As the name suggests, it is divided into ten chapters, each one of which is devoted to some special detail in the management of babies.

Thus chapter first relates to the "washing and clothing" of young children. Chapter second treats of "bodily posture;" chapter third, "infant diet;" chapter fourth, dentition; chapter fifth, "fresh air," etc. We particularly commend the chapters upon clothing, posture, and diet. That of posture is perhaps the least understood and considered, yet it is of the highest importance. We cannot so thoroughly approve of the therapeutic measures, a few of which savor too strongly of old physic. Yet the denunciation of old school drugging is more vigorous, pointed, and just than can be found in almost any other author.

On the whole, however, we cordially indorse this book. Its style is easy, natural, and fluid. It is well-printed in large type, and can be safely recommended by doctors to young mothers for their guidance.

W. M. J.

NOTES AND NOTICES.

TRUTH.—*The greater the value of a symptom for purposes of diagnosis, the less its value for the selection of the remedy.* A clear understanding of this principle is, I believe, of the greatest importance in making a homœopathic prescription; and the difference in practice between physicians who follow this rule and those who reverse it is very marked, and, one may almost say, radical.

T. F. A.

DR. JOHN V. ALLEN, of Sellers Street, Frankford, Philadelphia, has just been married to Miss Maggie J. Cannon, of 531 North Fifth Street, Philadelphia, by Rev. J. P. Byrne, in St. Joachim's Church, Frankford, assisted by Revs. Tobin, Donovan, and Burke. Solemn High Mass was celebrated. Von Weber's Mass was sung, under the direction of Professor Bowman and Rev. Joseph Strahan, of Tacony. The happy couple received their friends at their new house, 11 Sellers Street, on Wednesday evening. The wedding presents were quite numerous and valuable.

DR. THOMAS M. DILLINGHAM, 134 Boylston Street, Boston, being about to sail for Europe, has taken Dr. Samuel A. Kimball into his office to look after his practice during his absence.

OTIS CLAPP, OF BOSTON.—Otis Clapp, senior member of the firm of Otis Clapp & Son, homœopathic pharmacists, died in Brooklyn September 18th. From 1862 to 1875 he was United States Collector of Internal Revenue for the Fourth Massachusetts District.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION will hold its third annual meeting at New Orleans, La., on Wednesday, Thursday, and Friday, December 8th, 9th, and 10th, 1886.

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. VI.

NOVEMBER, 1886.

No. 11.

PRACTICAL SURGERY AND SPECIFIC MEDICINE.

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

[Introductory Lecture before the New York Medical College and Hospital for Women, Session of 1886-7.]

The faculty which apprehends principles, and the innate differences of these, as they are met in practical duties and experiences, is one the student of medicine and surgery should early and earnestly cultivate, and the practitioner never cease endeavors to enlarge and perfect, and especially the practitioner of *specific medicine*, because its exercise is so constantly demanded in his every endeavor to relieve the pains and heal the sicknesses of mankind. His life-work is so largely made up of analysis and comparison of visible and invisible elements, and his success in dealing with these depends so much on his right apprehensions and discriminations of them, that a vigorous and trained faculty for this work is, at the outset and forever after, a *sine qua non* in his duties.

First. The principles of the philosophy of the relationship of curatives and sicknesses by which health, when lost, is restored. A knowledge of these implies a recognition of the true nature of that which constitutes sickness, and of that in the drug which makes it a curing agent. A wrong understanding of either will assuredly lead the student or the practitioner into the regions of the unknown, where all will be found to lead to a system of therapeutics, uncertain, unreliable, and to disappointing guessing. It should be remembered that *specific medicine* demands that each element in the problem it is called to solve

shall be *known*, and this implies that all elements a knowledge of which is necessary to this solution are knowable.

Before this faculty we are about to present practical surgery and specific medicine, with a view to discover the relationships of the two to each other, if we may. At first sight it may appear that no two duties can be more unlike than are those of these two departments of professional work. But *first* sight does not always cover the whole ground of any subject, and it may not of this. It sees on the one side the man or the woman with his or her paraphernalia of knives, scissors, forceps, saws, tubes, needles, etc., in great variety, together with splints, bandages, and pulleys, with whatever else may be necessary to enable him or her to deal in the best manner and with best success in endeavors to repair the damages of accidents, or to relieve of the consequences of morbid processes, as these may be met in various deposits of matter or in destroyed parts, organs, or tissues. So the surgeon appears, and has for centuries, as one equipped for duties altogether mechanical in their nature, and he is best prepared for these who comes to them with the nerve and skill needful for the performance of the grand operations which mutilate where the operator could not cure; and if life be preserved by these mutilations, let not the operator nor his work be lightly esteemed. Thus viewed, the surgeon is prepared to deal with material elements by use of material agencies. But the work of the true surgeon is not limited to these, as we shall see.

The practitioner of specific medicine, on the other hand, appears with neither instruments nor apparatus other than a few small phials, each containing a few small pellets, each charged with its own power, which relates it to the sick conditions for which it is the specific. A knowledge of these powers is to the specific prescriber what the frightful display of instruments and apparatus is to the surgeon. But there is in the equipment of the two this wide difference: the physician finds in his simple and unobtrusive armamentarium a magazine of powers equal to all his needs and those of the sicknesses he cures, while the surgeon who is equal to the most imperative demands of his calling is often compelled to go beyond his material resources into the immaterial domain of the physician, and there borrow the forces which alone can bring relief to his own embarrassment and his patient's woes; and no amount of skill in the use of instruments and apparatus can take the place of these forces in the most satisfactory cures which result from the surgeon's work. Even in treating the results of grave acci-

dents, where mechanical injuries are the objects of the surgeon's care, and where, if anywhere, we might look for completeness of resource in mechanical means, not seldom the true surgeon finds his most precious and effective helps in the dynamic arsenal which contains the resources of the specific prescriber.

If it be asked, Why this difference between the two related branches of the healing art? we can only answer, It is in the very nature of the problems the two have to solve: those of the physician being simple in their nature, while the surgeon is constantly called to deal with those which are complex. The physician's are purely dynamic; the surgeon's are often a mixture of dynamic and mechanical elements, and hence, if he be equal to the demands of his calling, he must frequently resort to both mechanical and dynamic means, while the physician, if he be a physician, employs only those which are dynamic.

In treating sicknesses this man knows he is dealing with processes which have resulted from the impress of one force—the morbid cause—on another force, that which governs and executes the processes of functions in the living body, so that the harmonious action of these, which is health, is disturbed, and discord is introduced; and this discord, wholly a dynamis in its nature, is the sickness the physician is to cure. To restore this lost harmony is the one objective of the physician's work, and this experience has abundantly proved is best effected by means which are also wholly dynamic in their nature.

All that class of diseases which have been called *surgical*, because in their progress they are more or less likely to develop conditions which may call for mechanical interference, have their origin in dynamic causes, and hence in the beginning often find relief, and not seldom their cure, in the means borrowed from the armory of the physician; while even mechanical injuries, after dealing with them by mechanical means, according to their nature, often find their cure greatly promoted and accelerated by right dynamic medication. There is this distinction between the diseases which are regarded as more especially belonging to the province of the surgeon, and the results of accidents, which are his by prescriptive right. The diseases call for dynamic means in the beginning, while with results of accidents, such as fractures of bones and dislocations of joints, these are in place chiefly after the use of mechanical means.

Then there are conditions sometimes met with after mechanical injuries which fail to respond to whatever of skill in the application of means from the armamentarium of the surgeon.

For example, you may find fractured bones refusing to unite even when treated by the most skillful and experienced surgeon. He has exhausted his means, and at the end of weeks of pain and anxiety on the part of the patient, and anxious endeavor on that of the surgeon, there is found no beginning of the process of reparation. The ends of the fragments are as movable upon each other as when first broken. The best skill has failed, and what can the poor patient or surgeon do? Here is one joint more in the limb than nature intended or has use for. Indeed, the one joint more has made the broken limb perfectly useless. Such a case came under my observation in 1846. A boy, fifteen years old, had an artificial joint in the right forearm at about the junction of the upper and middle third. The case was of three years' standing. It cannot be necessary to add that he had had the best of treatment the surgical skill of that day could give him, after saying he had been a patient of the late Dr. Valentine Mott, who certainly would have looked on himself as wronged by any one who should assign him to a less exalted rank in American surgery than that of its head. Dr. Mott had done all, and the best he could, for the boy, and the end had been an utter failure. The case had been abandoned now for a long time, and the boy left to go through life with only one arm for its practical duties. This was the state of the case when his mother, on whom I was in attendance, first called my attention to it. It was so that this happened about the time I was translating Croserio's paper on the "Relations of Homœopathy to Surgery." I learned from this paper that this eminent surgeon and earnest advocate of Homœopathy had found that dynamized preparations of *Symphitum officinalis* hastened the reparation of fractures by exciting and increasing the needful deposit of callus matter, thus greatly abridging the period of convalescence after such accidents. Croserio was the first, so far as I know, to call attention to this root as a remedy for these accidents. I do not know how his attention was called to it, or how he ascertained the fact. But a fact it is, as I have had many opportunities of verifying, that it does shorten the period of repairing fractured bones. When I examined this arm, the thought came to me that here was an opportunity for an experiment to test the truth of Croserio's observation. To be sure, the case was not exactly a fair one for this purpose, for the artificial joint was of some years' standing, and had been subject to all the means known to old surgery for its cure without benefit, and if these means caused suffering and exhaustion to the patient, this was no reason for withholding them with

the Seigneur Dr. Mott. He was not afraid to deal with heroics, and presumably the boy had had the ends of the fragments rubbed against each other, and had enjoyed the experience of setons and whatever else this excellent surgeon was able to devise, from which he could hope for aught of benefit to an artificial joint. The patient and his parents had been told by this eminent surgeon that the case was helpless and hopeless as to cure. But then the next thought was: Dr. Mott knew nothing of Homœopathy. He only knew enough to hate it. At any rate, he had not tried it in this case, and probably had never heard of Croserio's discovery.

So, though the case, on the face of it, was sufficiently discouraging, I determined to try it, if the root could be had. I asked the mother if she had ever seen the *comfrey root*. She said there was a large specimen of it in her father's garden in —, a town not far from Brooklyn, on Long Island. I said, If you will get me a specimen of the root, I will cure your boy's arm. I was rash and enthusiastic in my faith in Homœopathy, and I believed in Croserio. Three days after this an expressman brought me about half a peck of the root. From the best specimen of this I carefully prepared a tincture according to the directions of the *Organon*, dynamized a drop of this, and gave the boy every six hours a teaspoonful of water in which some pellets charged with this dynamization had been dissolved. The result was remarkable. It astonished me greatly, though I had seen homœopathic cures before. In two weeks from taking the first dose, this boy, pronounced crippled in his arm for life, played and enjoyed a *game of ball* with it, and had the full use of his arm ever after. My promise was rash; but the boy was cured!*

* The following record of a case of artificial joint, treated at the Brooklyn Homœopathic Hospital, has been kindly furnished me by the surgeon in charge of it. He treated the case wholly by mechanical surgical means, and knowing him, as we do, we have no reason for believing any man would have used such means in a like case more skillfully or with clearer intelligence. It is given here as a contrast to the case treated wholly by dynamic means. This is of interest, because of the difference in the nature of the means employed in the two cases, the difference as to time of beginning treatment after the fracture, the duration of the treatment, and the probable suffering of the patient resulting from this in the one case, and the perfect painlessness of the treatment in the other. The one was taken in hand immediately after the fracture, and, no doubt, was skillfully handled as to the means employed. The other was first treated after an interval of three years from the time of fracture, and yet in fourteen days from taking his first dose the arm was restored to soundness, while the case treated mechanically was under treatment more than a year. Verily, in this case the *new* would seem to be the better.

CASE OF FALSE JOINT, MIDDLE THIRD HUMERUS.—Humerus fractured by

It was not long after this before I had an opportunity to test the preparation in a case of simple fracture of the humerus. The patient was a boy of seven years. The bone was broken about the junction of the middle and lower third. The lad suffered greatly from nervous shock after the accident, which was the result of a fall. There was great trembling and agitation, which continued after adjustment of the fragments and application of the splints. For this the boy got a teaspoonful of water, in which some pellets of a dynamized preparation of the homœopathic remedy related to such a condition had been dissolved, and he became perfectly tranquil and free from pain in less than five minutes. He was then chiefly troubled with the fear that he should not "be well by the fourth of July." The accident occurred in the third week of June. He got occasional doses of the medicine first given till it was judged he had passed the point of danger from inflammation and its attendant fever, of which he showed signs only in a very slight degree; indeed, these were so slight as to give but very little discomfort at any time. Then he had a teaspoonful of a solution of pellets of *Symphitum* every four hours. There was neither pain nor swelling to trouble the patient or his doctor. The splints were removed for the first time on the eighth day. The fragments

getting arm in a rubber-roller machine at middle third, on August 3d, 1885. Dressed with rectangular inside wire splint.

September 17th.—No union. On this date patient anæsthetized, and ends of fragments rubbed together.

September 18th.—Arm tightly bandaged, and shoulder-cap applied.

October 30th.—No union. Plaster splints applied. Patient leaving hospital with instructions not to remove bandage for next eight weeks.

March 17th, 1886.—Re-admitted to hospital with arm in same condition, viz.: no union. From this time till April 3d, at intervals of a few days, site of fracture hammered with wooden mallet for a few moments to excite inflammatory action.

April 3d.—Bone cut down upon, ends cut off, and fragments wired together. Arm dressed with wire splint.

April 9th.—Arm put in plaster-of-Paris dressing.

May 29th.—Dressing removed; no more union than on day of operation.

June 2d.—Left hospital.

June 5th.—Re-admitted to hospital.

Constitutional treatment.—Out-door exercise, Murdock's food, etc., with Farradic and galvanic currents for most of the time till August 9th, when second operation, performed similar to the first, viz.: ends of bone sawed off and ivory peg driven in; also brought ends into a position with silver wire, and arm put in wire splint.

August 18th.—Wire changed for plaster-of-Paris.

September 28th.—Plaster dressing removed. A good callus thrown out, and a very good union. Same day arm again put in light felt splint, in order to insure good union. This is the condition the patient is in at present time.

were immovable on each other, and the arm bore the handling of the dressing without complaint.

He wore his splints a few days longer to guard against a second fracture from a fall or other accident. Of course, I was greatly delighted with this success, and thought I had done a good thing, and had a right to rejoice over the unparalleled speedy recovery of this broken bone. I was not a little surprised, therefore, to learn, a few weeks afterward, that the case had brought me into great disgrace in the neighborhood. The neighbors insisted on it, and the parents were only too much inclined to believe, there never had been a fracture in the case, because a broken bone, *i. e.*, one *really broken*, was "never healed in so short a time." And certainly, there is no denying, from the standpoint of old-school surgery, they had a strong case on their side. If I had been tempted, by my surprise at this almost miraculous experience of success, to believe with these neighbors that there had been no fracture, how should I have accounted for the crook in the shaft of the bone and the crepitus when the fragments were moved? This, of course, the neighbors did not hear, and so their confidence in their judgment was not disturbed by it.

Then there are cases which demand mechanical interference of the surgeon as the first step in the process of cure. An operation is called for, and till this is performed nothing can be done by specific medicine for relief. But after this is accomplished it may do much, and it is not seldom, if this be omitted, the best skill of the operator will leave his patient to destruction from the original diseased condition, and the shock he has inflicted by his necessary violence. He may find, in such a case, if his patient now gets the true specific remedy, that it will lift him speedily up and out from his pains and danger. A case which well illustrates this was that of a young lady who came from a distant Southern State to Philadelphia to consult our great leader and master, Hering. He at once saw the case was first one for the surgeon, and called a professor of this art, in one of Philadelphia's famous schools, who found evidence of urinary calculus. This was to be removed by the surgeon, and after this the patient was to be treated by Hering, an arrangement equally honorable to both; and the more as the surgeon and physician were representatives of different schools of practice, between the members of which such courtesies are not too frequent. The stone was removed by the surgeon, by the use of the knife, and though a master of his art, he had only imperfect means of estimating the size of the stone till he had seized it

with his forceps. Then he discovered, to his horror, that his opening was inadequate to its passage. What did he do? Did he enlarge the way for the passage of the body to be removed? Not at all. But being a man of great physical strength and greater determination, he grasped the stone more firmly and dragged it through this too-narrow way by sheer force. Of course, great injury to parts was a consequence, and a very great addition to the shock of the simple cutting which had preceded it. This was so great the surgeon told his class (of which my informant was one), the day after the operation, that the patient would inevitably die.* In this prognosis he left out one important element—the patient was to be treated by Hering, and, therefore, was sure to be treated *homœopathically*. It was in this state of hopeless injury she came into the hands of our master, and because in his hands her case was not quite hopeless. Hering appears to me as before this case more the old master he was than in any other. He at once saw the “key-note” to the cure, and saw it where a less than Hering might well have overlooked it. It was in *the mental state of the patient*. She was *indignant* in the extreme, because she thought she had not been treated with proper respect by those whose hands she had just passed through. I have recited this case to illustrate this point of relationship between specific medicine and surgery rather than either of the many lying at my hand, because it not only presents the power of right medication, but also this marvelous knowledge and insight of the peerless physician. He gave a dose of *Staphisagria*, and in a very short time the patient was free from pain and danger, and her convalescence was brief and perfect.

[TO BE CONTINUED.]

WHAT CONSTITUTES AN “UTTERLY AND UNCONSCIOUSLY IGNORANT” PHYSICIAN?

A REPLY TO EDMUND J. LEE BY M. O. TERRY, M. D.

If the readers of THE HOMŒOPATHIC PHYSICIAN will refer to the December number, 1885, they will find an article on “Addresses, etc.,” and if they will examine the May number, 1886, “A Reply to the Author of Addresses, etc.,” and also immediately following a few comments by Dr. Edmund J. Lee, one of the editors of the journal.

* My informant described the stone as of the size and shape of a large lemon.

It is with these comments which the distinguished and erudite editor has made that we now have to deal.

Slurs and *prejudice* will not be indulged in. I will leave all of this to one who must use such weapons to divert the mind from the known scientific facts of the case. I will, therefore, mete out to my fair-minded critic what I consider to be the truth.

Passing the *Doctor's* "tirade," I come to his first question: "How then does he treat them, seeing he reviles Hahnemann's symptomatic method of treating diseases?" Perhaps the most concise method will be to take a hypothetical case. The patient has an ulcerated throat, accompanied with fever, following a severe cold. Here I prescribe strictly according to the law enunciated by Samuel Hahnemann. Here is the condition for the application of the law; but expose the ulcerated throat to a contaminated atmosphere, and the case may pass beyond the limits of the law. Billroth, in his *Surgical Pathology*, says: "Catarrhal conjunctivitis may become diphtheritic." So the simply ulcerated throat may become diphtheritic through the agency of fungi and infusoria. Now the case is a surgical one in part. The poisoned ulcerated surfaces must be kept in an antiseptic state. Not a particle of odor should be allowed to be emitted. Mercury in some form in material doses may be the *medicated* remedy, and act antiseptically at the same time. I should say, however, that the throat should have other treatment, if nothing more than the frequent application of an alcoholic spray. Again I say this part of the case has nothing to do with the law which Samuel Hahnemann enunciated.

Symptoms are but the cries of the nerves, and whether from disease or from remedies they are the indices by which we determine the *locality* where the morbid processes are going on. The Doctor admits his belief in the dynamic origin of zymotic and parasitical diseases.

I have treated malaria where it is indigenous; where the atmosphere was so impregnated with the *poison*, that any individual, coming down with a difficulty from a headache and deranged stomach to something more serious, would suffer from the dreaded chill. *Quinine* was the *specific* remedy, and *homœopathically* indicated in *material* doses. Our school in the region referred to was afraid to use it because it thought it *allopathic* to give *Quinine*. Homœopathic physicians were often severely criticised on account of failing to remove speedily the periodic chill. My point in this case is that, although *Quinine* was the *symptomatic indicated* remedy, it was the specific only when

given in doses of sufficient strength to neutralize the germ disease.

It may be "a sensible thing" to treat, for instance, that parasitical disease known as scabies, or *itch*, on the *dynamic theory*. I, for one, wish myself separated by such a line of demarkation from those who so believe that there can be no mistake.

"Think of it and blush, ye followers of Hahnemann," when such antiquated and absurd views are held up as *modern medical science!* Think again of the ridicule that will be brought upon you by medical men conversant with the nature of this disease. Think of looking up the indicated remedy based on the symptoms of the case, where the disease is on and in the skin in the form of *microscopical animal* life. Rather go back to the crudeness and cleanness of your forefathers, using *sulphur* and *soap* to destroy and free the skin from the parasites.

The Doctor states "There can be no law of therapeutics unless it were universal."

We have a *regular method of testing drugs*, but each remedy is governed by a law peculiar to itself. Have we a remedy which, by proving on the healthy organism, produces a disease similar to ITCH, a parasitical and filth disease?

We undoubtedly have the *best system* of therapeutics. Remedies alone, however, internally administered, will not cure all of the various derangements affecting the animal structure.

In closing, I offer the query: Is not a physician who uses a remedy when *indicated*, but not without removing the cause of the diseases, as good and even a more faithful follower of Hahnemann than one who gropes entirely amongst the limbs of the tree of symptomatology to the *utter* and *unconscious* neglect of the scientific facts relative to that disease? The latter will "never be missed" from the better element of the homœopathic school.

[We claimed in our former note, commenting upon Dr. Terry, that he was "utterly and unconsciously ignorant of Homœopathy," which is amply proven by the paper herewith given. We need not comment upon this second paper, for to all who know anything of Homœopathy it tells plainly its own tale of mongrelism.—E. J. L.]

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CORTLAND, N. Y., May 27th, 1886.

EDITORS HOMŒOPATHIC PHYSICIAN.

GENTLEMEN:—I have just read the article of M. O. Terry, M. D.,* and your reply to it. I wish to give you a specimen of

* HOMŒOPATHIC PHYSICIAN, May, 1886, page 178.

this wonderful physician's practice. Two years ago he read a paper in the New York State Society at Binghamton on the treatment of carbuncle. It was to inject into the carbuncle in different directions *Carbolic acid*. His chief and most effective remedy for spinal neurasthenia is thermo-cautery. I suppose he did it on the ground of his being one of those homœopathic (?) physicians who have the largest patronage, and who are the growing scientific (?) men of our school in this and other States, "that use various auxiliary measures in practice, and avail themselves of all that modern science has to offer." I suppose these are some of his boasted *auxiliary measures*. I remember when some one questioned the homœopathicity of these he had very little to say in defense of them along that line. The fact is, so far as my observation goes, that these sticklers for all sorts of auxiliaries, adjuvants, etc., generally know much more of them than they do of *Homœopathy*.

That *braggadocio* about pneumonia is all lost, because, according to Allen, the *clinical test* does not prove anything, you know. The microscope, spectroscope, or instruments of that ilk must decide all that.

E. B. NASH, M. D.

PROGRESSIVELY AGGRESSIVE.

AD. LIPPE, M. D., PHILADELPHIA.

In the front ranks of the progressive homœopaths, who have progressed backward till even sensible eclectics despise them, and who in all quarters are exposed to the attacks of the regulars, stands H. R. Arndt, M. D., one of the professors at the University of Michigan, who, by some trickery or as a joke, was charged by the Regents of the University with teaching Homœopathy. He is now out with a circular addressed "To the Profession." As the progressivists—a piratical set sailing under false colors, and now exposed to public execration by the regulars as preaching one thing and practicing another—have inaugurated the means of defending their law-defying attitude by "boycotting," we really are thankful to Dr. H. R. Arndt for boycotting some homœopaths by not favoring them with a copy of his circular. Go on in that way—thank you! Could this progressivist not find a medical journal willing to print his attempted defense? Guess not. In passing let us say that this progressivist is the author of a huge work on practice, an opus neither

flesh nor fish, more like the fabulous sea-serpent, a monstrous abortion, begotten by an attempt to produce a cross between low allopathy and vile eclecticism, under the pretense of belonging to the homœopathic school, and published by that popularity and money seeking Hahnemann Publishing Society. In his circular he finds fault with Dr. H. C. Allen for exposing him in the *Medical Advance*. His defense shows what sort of a gentleman and scholar he is.

The exposé complained of is that Professor H. R. Arndt asked the senior class as his first question on examination "Give the composition of twenty-five grains of *Dover's powder*; dose for an adult. Give dose for an adult of *Pulv. Opii*; amount of *Opium* represented by one and a half grains of *Morphia*." The learned professor and author tells the profession (of course, the boycotted old fogies are exempt) that he will continue to teach Homœopathy as *he* understands it. When he asked the senior class the above questions he confessed that he does not understand Homœopathy as it was taught by its founder, Samuel Hahnemann, and because exposed by Dr. H. C. Allen he follows in the footsteps of the progressivists and claims the right to teach what *he* pleases under the name of Homœopathy. If any genuine Hahnemannian exposes him he means to defend his right to call his eclecticism Homœopathy; to teach this so-called Homœopathy to serve his own selfish ends, notwithstanding the *documentary* evidence furnished by himself that he is ignorant of the principles governing our noble healing art, and that he has not the remotest conception of logic, etc. As to Dr. Arndt's logic, he defends himself by a statement that he has detected some professed homœopaths in the use of palliative allopathic means. If he did really detect professed homœopaths, many of whom are members of the International Hahnemannian Association, no doubt, let us have their names and his proof. That professing homœopaths, including Dr. Arndt, preach one thing and practice another thing has been exposed *ad nauseam* by the allopathists who spurn the wretches who put on the livery of heaven to serve the devil in.

If Dr. Arndt's detective work proved itself to be true, does Dr. A. not know that two wrongs never make a right? Will he cure these unfortunate hypocrites by instructing them how to use allopathic practice and escape detection? Here is a specimen of Dr. Arndt's *logic*, and we charge him under strictly logical deductions with favoring and teaching just such miserable hypocrisy: Profess to be homœopaths, he says in effect to the students, and *then* do as I and the like of me do, practice just

as you please and claim it to be advanced Homœopathy; follow Richard Hughes. The latter, by his own confession, has taken into his confidence Dr. Arndt, who furnishes material from eclectic sources for the last great opus, the *Encyclopædia*, rejecting the provings of Hahnemann's assistants. According to Richard Hughes' prophecy said amalgamated caricature will be the *Materia Medica* of the future. Why? Because the present generation declines to accept the fraud. It is printed at the expense of the American Institute of Homœopathy, and the future will find the opus unsold. Like Hempel's *Organon*, it will progress backward into the paper mill.

On the 8th of June, 1870, the American Institute of Homœopathy was told "*that perfect liberty would the sooner bring knowledge of the truth.*" The tree of freedom-of-medical-opinion was planted then and there. The knowledge of the truth is brought to us surely, and in 1886 Dr. Arndt, who has enjoyed perfect liberty under that ruling, brings us to the knowledge of the truth by making us understand that any criticism of his work will make this progressivist on the freedom license become aggressive and ugly. Still, we have the knowledge of the truth, and believe that perfect liberty will soon bring knowledge of the truth to others. Give them freedom, give them rope enough, and they will appeal to the profession, and hang themselves to escape the verdict of the allopathic school and the homœopaths combined.

A NEW SYMPTOM OF MANGANUM. *copy*

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

The following report is extracted from a paper by Dr. John Cowper in the *British Annals of Medicine*, 1837, vol. I, p. 41. The peculiar form of paralysis produced by *Manganum* is of great importance, as I can find no other remedy producing it. It is not often met with in practice, but I remember seeing a case about thirty years ago.

In the chemical works of Messrs. Charles Jennant & Company, near Glasgow, a number of men are employed in grinding the *Black Oxide of Manganese*. Their bodies become covered with it, the air is loaded with it, and they may swallow it in their food. In 1828 a previously healthy young man engaged in this occupation had signs of paraplegia. The loss of power in the lower limbs was so slight at first that, though perceptible to bystanders, it was scarcely observed and never made the

subject of complaint by the man himself; but it slowly increased, till at the end of some months he had to quit his work. He was little or no better at the end of a year. Next year another of the workmen, previously healthy, was similarly affected. He continued his employment for many months with some intervals. The paralysis increased and he was removed, from which time there was no further increase of the symptoms. Now, after seven years, there is only a very trifling amendment. The loss of power is most apparent in the lower extremities, which are so considerably affected that he staggers *and inclines to run forward if he tries to walk*. The arms are also weakened, but only to a small extent. He says that in speaking he cannot make himself heard by persons at a moderate distance, as formerly. The inability seems to depend, not on any defect in articulation, but on weakness of voice. There is an obvious expression of vacancy in countenance, apparently from the paralyzed state of facial muscles. From the same cause the saliva is apt to escape from the mouth, especially during speaking. Since the occurrence of these cases three other workmen have been similarly affected, but the disease was arrested by removing the cause. As soon as the staggering, which is the first symptom of the disease, was remarked, their employment was changed; in all of them the paralysis gradually diminished, and at the end of a few weeks was entirely gone. *It first paralyzes the lower extremities, whereas Mercurial paralysis commences in the upper extremities.*

BOYCOTTING BY THE MONGRELS.

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

Dr. Lilienthal challenges my assertion that the homœopaths are boycotted by the mongrels, on the ground that Drs. Dudgeon, Hughes, Clark, and Clifton all told him that "every homœopathic physician would be welcome" to the meetings of the British Homœopathic Society. Had Dr. L. read my note with a little more care, and in connection with the context, he would have seen that I was referring to the boycotting practiced by the mongrel journals, not by the mongrel societies. I have no doubt the latter would willingly accept my membership for the sake of my guineas, and to have some one to laugh at; perchance, also, with the dim and distant hope of even making me a mongrel like unto themselves. But I simply decline the

honor, and prefer to choose my own company. I can do them no good; if they will not believe Hahnemann and Benninghausen, they will not believe me. On the other hand, they can teach me nothing that I want to know. If I ever wish to study eclecticism, I shall prefer to get it at first hand from the writings of Lauder Brunton, and the lectures of Sidney Ringer. These gentlemen are at least honest in this, that they do not assume a designation to which they have no claims.

Now to substantiate my charge of boycotting:

(1) The late Dr. James Lillie sent through me a valuable proving of potencies of *Veratrum viride* to the *British Journal of Homœopathy*. It was boycotted by Dr. Hughes.

(2) I sent some interesting and, in my humble opinion, valuable provings of *Iris fetidissima* (in potencies) to the *British Journal of Homœopathy* and the *Monthly Homœopathic Review*. They were boycotted by Drs. Dudgeon and Pope.

(3) I sent some potency provings of *Erythroxyton coca* to the *British Journal of Homœopathy*. This was also boycotted.

N. B.—Dr. Lilienthal, who now denies the existence of said boycotting, admitted them into the *North American Journal of Homœopathy*, knowing that they had been boycotted, and thus practically censured the boycotting.

(4) If Dr. L. will refer to an appendix to "*The Organon*," entitled "*The Ethics of Mongrelism*," he will see how Dr. Dudgeon boycotted Dr. Skinner by refusing to admit a reply to an unjust attack upon him.

(5) Not many months ago Dr. Clark one of those four gentlemen who assured Dr. L. that the homœopaths were not at all boycotted by them, stated in his journal, the *Homœopathic World*, that his pages would be open to any statement of facts relative to the *Materia Medica*. Accordingly I commenced a critical analysis of the new Caricature of Drug Pathogenesis. This was continued for a few months, when, possibly finding that his friends, Dr. Hughes & Co., were getting the worst of it, this also was boycotted on the plea of want of space, though ever since the *Homœopathic World* has contained little else than the details of silly squabbles between mongrels clamoring for recognition and allopaths who deservedly snub them, and glorifications of the new "*Homœopathic League*," as an appropriate motto for which I would suggest, *Partureunt montes, nascetur ridiculus mus*.

(6) Still more recently Dr. Swan sent me his valuable collection of verified provings for me to arrange and get published. Among them was a proving of *Cinchona Boliviana*, translated

by the late Dr. Higgins. This I sent to the *Monthly Homœopathic Review*. After considerable delay, caused by the editors, Drs. Dyce, Brown, and Pope, not being able to make up their minds whether they should publish it or not, I received a post card from Dr. Brown, dated August 12th, 1886, in which he says: "We both are agreed that the publication of the proving would not be useful, so cannot print it in the *Review*." Is this sufficient evidence of boycotting, or does Dr. L. require more?

Dr. L. asks, "Can every member of the Legion of Honor swear he never, under any circumstances, swerved from the strict application of the homœopathic law?" *I can*. From the time when I commenced the practice of Homœopathy, *I have never once knowingly departed from Hahnemann's rules; I never once found the need of doing so.*

Finally, Dr. L. says: "Honest and truthful Dr. Skinner acknowledges such an exceptional case," alluding, of course, to the case of *Angina pectoris* reported in the final volume of the *North American Journal of Homœopathy*, in which Dr. Skinner declares that he found it necessary to resort to anæsthetic.

I much regretted at the time the manner in which Dr. Skinner commented on this case, but I did not reply for two reasons: (1) I hoped that one of our veterans would analyze the case; and (2) as Dr. Skinner had withdrawn from the International Hahnemannian Association, he alone was responsible for such a divergence from Hahnemannian practice. But now that Dr. Skinner has applied for re-election, and since his re-election this case is brought as a reproach against us by Dr. Lilienthal, it is necessary that some one should accept his challenge.

I have not a copy of the case at hand, and so can only, at present, quote from memory; but, as I studied it with great attention, and my memory is excellent, I am able to refer to it with substantial accuracy.

The case was this: Dr. Skinner found an anæmic girl howling from pain, unable to speak, but pointing to the region of the ensiform cartilage as the seat of pain. He gave one dose of Aconite^{10m}, and finding that in fifteen minutes there was no relief, proceeded to chloroform her. When the pain was somewhat subdued, she described it as a violent shooting from region of ensiform cartilage, or stomach-pit, to back.

The patient has to be chloroformed from time to time for many days, *Acon.* being also administered. After the Chloroform was omitted, the remedies administered on homœopathic principles, for the severe pains and the other symptoms,

acted like magic, as they had done before this attack. Hence Dr. Skinner concludes that there are cases, though few and far between, when the use of an anæsthetic becomes *necessary*.

I trust I shall not be misunderstood in these remarks. I have no desire to criticise Dr. Skinner for his treatment *per se*. I am perfectly sure that he did his "level best" for his patient, and angels can do no more. But *humanum est errare*; we are none of us infallible, not even Dr. Skinner. Had he simply published the case as one in which *he* individually had failed to select the *simillimum*, and asked for the advice of those who had been long in the active practice of Homœopathy when he was still in the Egyptian darkness of allopathy, all would have been well.

But when Dr. Skinner claims that *Aconite* was the *simillimum*, and yet failed; when he claims that there are cases where anæsthetics are inherently necessary, not because the physician is fallible, but because the Law of Similars is not universal, and when he winds up with an arrogant defiance to any possible critics in a manner which irresistibly reminded me of the Irishman's challenge to all comers at Donny Brook Fair, "Wull ony jintleman thread on the tail ov me coat?" he neither does justice to himself nor to Homœopathy.

Therefore, at the risk of having my cranium metaphorically broken by Dr. Skinner's shillelah, for I cannot say with him that "my head is as *thick* (!) as any nigger's," I venture to comment thuswise:

(1) It is a fatal error to conclude that because a single dose of a remedy fails to relieve acute pain in fifteen minutes, that either the wrong remedy has been given, or that Homœopathy has been found wanting. Undoubtedly, many cases, both of acute and chronic diseases, have been cured by single doses of the *simillimum* in a high potency; but there are other cases in which persistent repetition is necessary. Thus, in the preface to the third part of the second edition of his *Chronic Diseases*, published in 1837, Hahnemann says that the "repeated administration of one and the same medicine 'is' *indispensable* to obtain the cure of a great chronic disease"—a doctrine which I have verified in several cases even under the use of the highest potencies. Again, in section 247 of his *Organon*, the master says that "the smallest doses of the best-selected homœopathic medicines may be repeated with the best, often with incredible, results—in the very acutest (diseases) every hour, up to as often as every five minutes." This I have also verified in some cases of acute pain. In a case like that recorded by Dr. Skinner, I should

certainly have deemed it more prudent to dissolve the best indicated remedy in water, and give spoonful doses at very short intervals for a reasonable time before concluding the remedy had failed.

(2) It is a still greater fatal error to conclude that because an unhomœopathic remedy failed to act promptly, that, therefore, an anæsthetic must be given. It seems never to have occurred to Dr. Skinner that it was a very strange circumstance that every other medicine acted most beneficially and promptly, but that the *Aconite* did not. Is not the reason that the other remedies were homœopathic to the changing symptoms of the case, but the *Aconite* was not?

Further, this view of the case is, in my opinion, confirmed by an analysis of the symptoms. *Aconite* has plenty of shooting pains in the chest, but I cannot find either in Hering or Allen the symptom of the patient, shooting pains from region of ensiform cartilage to back. In addition, though, it has the symptom on which Dr. Skinner lays great emphasis, "Inconsolable anxiety and piteous howlings, with complaints and reproaches about trifles;" yet this symptom, given by Hahnemann himself, is an *idiopathic mental condition*, and not dependent on severe pain, as is Dr. Skinner's patient. Consequently, I can only conclude that *Aconite* had only a superficial resemblance to the case, and was not a true *simillimum*.

Dr. Skinner will doubtless ask, "What would you have done under such circumstances?" I should have much preferred that Dr. Lippe gave his opinion on this matter, as his experience is necessarily much greater than mine. However, I will, with diffidence, make the following suggestions. The true *simillimum*, of course, would be a remedy that produced the exact symptom of the patient, viz.: howling from pain, but unable to speak, but pointing to the ensiform cartilage as the seat of pain. If that had not been recorded, we could only resort to whatever we could ascertain with regard to the cause of the attack. Hahnemann says that in cases complicated by medicinal poisonings, it is often necessary to antidote the drug effect first before we can get a clear picture of the disease.

Now this patient was anæmic, to begin with, as she had been dosing herself with Carbonate of Ammonia, perhaps the worst thing that an anæmic patient could take. On referring to *Ammonium carbonicum* in Hering's *Guiding Symptoms*, we find angina pectoris given as a symptom of the first rank; and under "Antidotes," we find *Arnica*, *Camphor*, *Hepar*. Bearing in mind that the patient was over-fatigued by a long walk, the

choice of these three remedies is *Arnica*, a remedy which, according to *Guiding Symptoms*, is also a great remedy in angina pectoris, in connection with which it has cured "violent attacks of anguish" (page 3), and also (*Encyclopædia*, symptom 563) has produced "Stitches under the sternum."

In my opinion *Arnica* was best indicated as the first medicine to relieve the complications arising from the overdosing with Carbonate of Ammonia; and had a few doses of this remedy been given, I think the patient would have been considerably relieved without the use of anæsthetics, and, as the later indicated remedies, would have completed the cure without any divergence from the rules of Hahnemann.

I hope some of our veterans on the other side will give the profession the benefit of their knowledge on this matter.

Postscript: I have not referred to the fact that *Arnica*, like *Acon.*, has the symptom "howling," because in both cases it is idiopathic and not the result of pain. But the following symptom of *Arnica* is suggestive in connection with Dr. Skinner's patient, as it describes a pain so great that it can be expressed only by actions—not words: "Excessively violent pain, which caused many to scratch the wall or the floor with their nails, like madmen." (See *Encyclopædia*, symptom 789).

LACHESIS AND LYCOPODIUM.

In answer to the inquiries of a correspondent, we reprint the following by Dr. Piersons in *The Organon*, Vol. II, p. 228:

LACHESIS.	LYCOPODIUM.
1. Pain and soreness begin on left side of throat, which is	1. Pain and soreness begin on right side of throat, which is
2. Worse from hot drinks, better from cold; more pain on swallowing liquids than solids.	2. Worse from cold drinks (especially milk), except water in some cases; better from hot drinks.
3. Throat excessively tender to external pressure.	3. Tongue distended, causing a silly appearance.
4. Spits large quantities of ropy mucus.	4. Ichorous nasal discharge in scarlatina and diphtheria, beginning in right nostril.
5. Protrudes trembling tongue with great difficulty.	5. Tongue is darted out, and oscillates to and fro.

THE SANITARY WOOLEN SYSTEM.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

Several years ago Dr. Ad. Fellger, after returning from a trip abroad, exhibited to me some articles of clothing manufactured under the Jaeger Sanitary Woolen System which he had obtained at Stuttgart, where he also had the pleasure of meeting the inventor. The "feel" of the exquisitely fine fabric created within me an instantaneous craving for just such clothing. Could it be procured in this country, and at a reasonable price? Having long been cognizant of the great superiority of woolen over vegetable clothing, I felt that in this system of using *solely* one hundred per cent. woolen material for day and night wear Dr. Jaeger had "hit my fancy to a T." A few weeks since a circular was sent me from the Jaeger Sanitary Woolen System Company, of 827 and 829 Broadway, New York, which proved to be an American branch of the Stuttgart concern. I accordingly availed myself of a little pleasure trip to Gotham, "taking in" the Jaeger store. The result of my inspection of an hour and a half was an empty pocket (which was too lightly charged) and a determination to some time be possessor of an entire line of the goods.

Although the temperature was rising, I had faith enough in the theory (which I will presently explain) to immediately don my woolen undersuit, and could not now be prevailed upon to part with it.

Let me here refer to the chief points in the Jaeger system. His theory is that as woolen clothing rapidly evaporates and the vegetable (*viz.*: cotton and linen) fabric retains the exhalations from the body, so must wool *alone* be used in suiting, lining, padding, and even pocketing. He not only believes in the superiority of wool over cotton and linen, but thinks the latter materials positively injurious in preventing this evaporation, which is so necessary to good health, comparing a starched linen shirt (which is also proscribed) to a coat of varnish. An example of this may be easily cited in the rubber overshoe, which becomes almost unbearable after a little walk from the same cause, though in an exaggerated degree. In order, however, that the hygienic subject may not live entirely out of fashion, and consequently out of the world, the sanitary shirt (over and undershirt in one) is supplied with fine woolen collar and cuff bands, having stud holes for attaching the ordinary collar and cuffs if desired. That part of the shirt that would be exposed

to view in the open space of the vest is covered by a wide, ordinarily shaped necktie, also of pure wool. Thus anything unusual in outward appearance is avoided.

Quite a number of patterns of clothing and linings are exhibited for cutting into fashionable shapes, or the purchaser can procure the regulation Jaeger suit, if desired, but one thing must not be lost sight of, whatever the "cut," the coat, pants, vest, and underclothing must be *entirely* of wool, externally and internally.

The shoes are neatly made after the Waukenphast shape, but lined with woolen cloth and ventilated at the heel. The hats are woolen and with a woolen felt band which has a delightful feeling upon the forehead after wearing the customary adhesive plaster, and can be inserted in any hat. The bedding is particularly nice, and includes everything. The sheets and pillow-cases are as fine as China silk, and pleasant to even the most delicate skin.

There is a fond notion in the minds of most people that woolen goods are hot and good only for winter, and even then apt to engender too copious a perspiration. Now let me here state that it is solely with a hope of reaching a few whom Dr. Jaeger will not that I have been tempted to here defend his theory, namely, that woolen underclothes are hot in summer *because* they are encased in linen or cotton ones, which prevent the evaporation that would otherwise take place, and they are not warm enough in winter, sometimes for the same reason. If, therefore, the evaporation be permitted to take place uninterruptedly, or unhindered by this "varnish," we have a healthy skin, normal circulation, and consequently sufficient heat to withstand the cold of winter and feel comfortably cool in summer. Vegetable fabrics are more or less good conductors of heat and cold. Wool is a non-conductor of both, and thereby insulates the body from atmospheric changes. With such a system of clothing, which is veritably a sanitary one, we may safely, even though our clothing be somewhat damp from rain or perspiration, subject ourselves to an abundance of open air, and with the absence of drug dosing, which Homœopathy forbids, nature may be kind to us in extending our present period of ill health to robust manhood and womanhood far beyond the "expectancy" table of the best regulated life insurance company. Homœopathy does not force and drive but *aids* nature in casting off disease by *coaxing* it to perform its *normal functions*. So does the sanitary woolen system assist in maintaining health by keeping up the functions of nature. Therefore, I say,

what Homœopathy is to the sick the Jaeger system is to the well, and as a natural health preserver (consequently a preventive of disease) and an auxiliary in treating the sick, we should urge its general adoption, and do all in our power as scientific physicians to discourage the use of the pernicious vegetable clothing. Feeling conscientious in this matter, I wish the Jaeger firm, who are personally unknown to me, a hearty welcome.

HORDEOLUM OR STYE.

GEO. H. CLARK, M. D., PHILADELPHIA.

Hordeolum, or stye, a small boil on the margin of the eyelid, differs in no essential respects from boils in any other part of the body, and, as they are usually indicative of general disturbance, can only be treated successfully by paying attention to the general characteristic symptoms. There are cases, however, when one meets with these troublesome little affections in which there are no symptoms of general disturbance, and then reference to the following will be of service :

Styes in general: Alum, Am. car., Arn., Bor., Bry., Calc., Canth., Caust., Coloc., Con., Elap., Ferr., Graph., Hyperic., Lycop., Merc., Nat. mur., Pic. ac., Phos., Phos. ac., PULS., Rhus, Seneg., Sep., Sil., Stann., STAPH., Sul., Tep., Thu., Uran., Ziz.

- canthus, near internal : Lycop.
- — inner, pressive pain : Stann.
- corner of eye, in : Nut. mur., Stann., Sul.
- drawing pain in, before discharge of pus : Graph.
- drawing, burning pain in, agg. evening and in warm room : Puls.
- lid, lower, on : Graph., Phos., Rhus, Seneg.
- —, —, left : Hyperic.
- —, upper, on : Alum., Amm. c., Caust., Ferr., Merc., Phos. ac., Puls., Staph., Sul., Uran.
- —, —, right : Amm. c.
- nervous exhaustion, as consequence of : STAPH.
- nodules, hard, after : Staph., Thu.
- Styes, pain, drawing, burning, agg. evening and warm room : Puls.
- , —, — : Graph.
- pressive, near inner canthus : Stann.
- , —, shooting : Staph.

- Styes, pressive, tearing, in paroxysms : Staph.
 —, —, throbbing : Hep.
 —, —, warmth amel. : Hep.
 —, recurrence, to prevent : Graph., *Staph.*, Sul.
 —, redness of lids, with : Sep.
 —, sensation of, on holding lids still : Meny.
 —, sensitive to touch : *Hep.*
 —, sides, left : Elap., Lycop., *Puls.*, Staph., Uran.
 —, —, right : Amm. c., Calc., Canth., Nat. mur., Tep., Ziz.
 — suppurating : Lycop.
 — tension, with, on and, upper lid : Amm. c.

BISMUTHUM SUBNITRICUM (MAGISTERIUM
 BISMUTHI).

S. L.

In *l' Art Medical*, of August, 1886, we read : " The observation presented by Dr. Dalché to the Société de Médecine légale (July 12th) seems to show that the dressing with Bismuthum subnitricum may produce more or less severe manifestations.

" October 18th, 1884, a woman, about thirty years old, entered Hotel Dieu. Since September 19th she had been treated at home for a large and severe burn of the third degree, reaching from the inferior angle of the shoulder-blade down to the buttock, and taking in the whole back ; the left arm was severely burned. For the last two weeks the burn was dressed with the Bismuth. On October 3d the eschar detached itself completely, and the dressing had to be renewed every other day on account of the fætor. She improved steadily—appetite was good—when, on October 11th, she complained of a slight sore throat, accompanied by dysphagia. The inferior surface of the soft palate was covered by a white false membrane of slight adherence and consistency, uniting with false membranes on the tonsils and uvula.

" October 13th.—They were more extended ; under them the mucosa shows a blackish color, and the gums of the lower jaw present a dark brown color. Still her general state was not bad, and there was no albumen in the urine.

" October 16th.—Breath foul ; sphacelus of parts affected.

" October 26th.—Patient complains of burning of tongue, and one sees, on its edges, small black spots which, by their recession

form a track full of white false membranes. For the last two days she has also suffered from diarrhœa.

“October 27th.—She vomits everything. A black border appears on the upper gum, and spots appear on the inside of the cheeks. The dressing with Bismuth is stopped. Up to November 1st the patient is tormented with vomiting, diarrhœa, and hiccough, and albumen is found in the urine. On November 6th she complains of pains along the œsophagus; has no appetite, and her teeth are loose. Gradually improvement follows, but even at the beginning of December the spots on the mucosa and the black border on the gums are still visible. Toward the middle of December she left the Hospital.”

We have here an excellent proving of Bismuth, and the lesions observed resemble only slightly any other angina or stomatitis; most yet to diphtheritis; the Bismuth employed was pure, and its presence found in the urine and alvine discharges. A résumé of the phenomena observed gives:

Stomatitis pseudomembranosa, with disseminated plaques, the membranes resting on black spots (Bismuthic depots).

Black borders on gums; loosening the teeth.

Pharyngeal angina (uvula, tonsils, and palatine arch); false membrane, slightly adherent, and of slight consistency; slate-colored spots all over; later, sphacelus of the soft palate.

Vomiting, hiccough.

Pain along œsophagus (œsophagitis).

Diarrhœa; albuminuria.

It is curious that, just as in dressing with corrosive Mercury, the manifestations are limited to the alimentary canal. No other influence was observed, even none on the heart, to which Bismuth has a manifest electivity. To this observation may be opposed the innocuity of excessive doses by the mouth, and it is well known what large quantities Moneret prescribes. This inertia (perhaps not constant) may be explained by the insolubility of the subnitrate in the midst of acids, whereas suppurating wounds are alkaline. Still, vomiting and diarrhœa were observed in healthy persons after one or two grammes of the substance. May not its habitual tolerance be partly due (leaving the law of similitude aside) to the frequency with which this drug is prescribed for vomiting and diarrhœa?

We knew long ago that Bismuth produces vomiting, hiccough, and diarrhœa (Allen II, 186, and X, supplement, 386), and Dalché demolishes, happily, the objection that these symptoms are produced by indigestion. The gingivitis, angina pharyngea with intense redness, and excessive dysphagia were also known

(Allen, *l. c.*). But the false membranes, of little consistency and only slightly adherent to the cheeks, lips, tongue, pharynx, tonsils, and palate, ending in sphaceles, have so far not been recorded. May this not give us a hint to employ Bismuth in diphtheria, especially as also albuminuria was observed. This is put on record by a physician of the old school, and they might learn therefrom that our pathogeneses are not mere dreams. But it teaches us that extensive dressings with medicinal substances, even with Bismuth, may produce grave symptoms.

DR. PIEDVACHE.

CIMICIFUGA.

A LECTURE BY PROF. J. T. KENT, A. M., M. D.

[Stenographically reported.]

This is a great woman's friend, and some doctors only know it as such. Fenugreek is good for a horse, they say, and so is *Cimicifuga* good for a woman—when the symptoms agree. The general constitutional state to which this remedy is most favorable is the hystero-rheumatic constitution. Its symptoms are nearly as full of hysteria as *Ignatia*, and nearly as full of rheumatism as *Colchicum* or *Bryonia*; it has the aching rheumatic soreness in the body, and particularly in the muscles. The power of the muscles is affected pretty generally. It has rheumatism of the scalp; rheumatism of the base of the head, or of the skull; aching in the base of the skull, as if a bolt extended from the base of the skull through to the top of the head. Constant dull pain in occiput, extending to top of head. The headaches are ameliorated in the open air. It has a sensation of lifting up of the skull. In this it resembles *Cannabis sat.* and *Cannabis indica*. *Cannabis indica* has it as a pathogenetic symptom; so has *Actea racemosa*. *Belladonna* has it as a clinical symptom. This lifting up of the skull occurs in uterine troubles. Rheumatism, colic, irritable uterus, enlargement of the uterus; that will give you an association of symptoms like these head symptoms. Now, there is a marked mental symptom. That mental symptom is this: She feels as if a black pall, or a gloom, or a horrible sadness was settling over her; everything seems dark to her; there is no light around her. This symptom of darkness and gloom, like a

black pall settling over her, is a mental symptom centering at the heart, accompanied by palpitation. There is all this sadness and gloom, and it has many of the hysterical symptoms. Hypochondria is very marked. The eyes furnish a marked symptom; extreme soreness of the eye-balls with extreme aching; also chorea or clonic jerking of the eye-balls; oscillations; movement of the muscles produces jerking of the balls and shock of the lids. The pupils are dilated.

This remedy produces choreic spasms over the body, accompanied by rheumatism. Whenever the rheumatism subsides and chorea takes place, this is the remedy. There is a peculiar rheumatic, bruised feeling, sore in the chest and about the heart; aching in the heart, accompanying rheumatism. Intercostal rheumatism. Rheumatism of the muscles of the chest. Intercostal neuralgias. There is a great soreness in the abdomen; sore as if bruised. There is a menstrual symptom that is worth noting; menses too soon, too profuse; irregular; suppressed.

It may be safely said of this remedy that it has irregular menstruation; it is both too profuse and too scanty; too soon and too late. It has menses irregular, with enlargement, tenderness, induration, and great soreness clinically. It has many times cured the results of abortion: sub-involution. The menstrual discharge is likely to be dark and offensive and sour. Now there is another marked uterine symptom that you will need to remember, because you will find this symptom useful in after-pains; after-pains that seem to be the result of the spasms of the broad ligaments; aching, spasmodic pains coming on with more or less violence and clutching in the groin; spasms in the broad ligaments. Now, the rheumatism is not specially confined to one muscle or to one part of the body; it may occupy the whole body. It has a twin sister in the other Cohosh—this is the black Cohosh; it is a twin sister of the blue Cohosh, which is *Caulophyllum*. In association with uterine symptoms we have the same chorea; we have a similar rheumatic diathesis; we have hysterical spasms; and we have great prostration and trembling. But let me tell you the key-note, or a state or a condition for which you can always rely upon *Caulophyllum*: "Rheumatism of the small joints with uterine complaints;" while in *Cimicifuga* the rheumatism is more likely to be in the belly of the muscles, and not particularly in the joints. In nondescript uterine troubles this is always your remedy. It is mild, and may be administered in almost any form; it cures in the tincture, and it cures them when given in the third; it cures

in the thirtieth. I have cured many of these cases with the two-hundredth with just as great satisfaction.

Cimicifuga has predisposition to abortion; great uterine weakness; want of ability to go through with gestation; threatened abortion; pains and aches of a tearing, bearing-down character; dragging down, like labor pains. Now, in a hystero-rheumatic constitution, in a woman who is in the habit of aborting, this medicine would be most suitable. In a hystero-rheumatic constitution, where you suspect difficulties in labor, you may administer this medicine a month or six weeks, or two months before the expected confinement, with relief of the troubles, and, perhaps, preventing the troubles that would otherwise attend confinement. In both of these remedies there is a wonderful sensation of weakness in the pelvis; a sensation of relaxation; a sensation of exhaustion; and in this they compare with Pulsatilla and Sepia.

In Cimicifuga there is marked urinary trouble; teasing to urinate; frequent urination; burning during and after urination. Copious flow of urine followed by prostration. She gets up often in the night to pass urine. In the lower extremities we have the rheumatism that belongs to this medicine. The rheumatic pains are mostly aching and jerking; they are constant, and in the belly of muscles, producing knotting up and numbness. Numbness in the lower extremities, with cold feet and cold sweat. The aching that is in the muscles is sometimes like bone pains, it is so dull. There is twitching of the muscles associated with rheumatism, which may sometimes give place to the aching. A rheumatic aching and choreic jerking of the muscles, with the characteristic that in all of these rheumatic complaints, like chorea, the spasms are all made worse by motion, like Bryonia. This remedy is quite full of hysteric spasms; hysteric contractures; and it has been able to cure a number of cases of hysterical convulsions coming at the puerperal period; puerperal convulsions that are hysterical in character, with the clenched hands. Remember now these particular elements: the hysteria, rheumatism associated with uterine troubles, heart troubles, general weakness, and you will get a pretty good picture of this little remedy.

CORRESPONDENCE.

EDITORS HOMŒOPATHIC PHYSICIAN.

GENTLEMEN:—Permit me to bring to your notice the following case, and to request that you or some of your readers will kindly suggest the remedy.

The patient, a woman, some ten years since was suffering from what her allopathic physician called an attack of neuralgia. The doctor recommended that her head be *sweated*. Accordingly she was placed in bed with her head between two hot bricks, and the sweating continued until she was unconscious. In her delirium she imagined that her head fell off and rolled over into a pasture. She went and picked it up, but in getting over the fence it fell from her apron to the ground and broke to pieces. She took the fragments to her doctor, who put them together again, excepting one piece, which would not fit. He put this piece into his pocket-book and kept it. She now gets pains which arise in the neighborhood of the spleen, then fly to the head, causing delirium. In her delirium she says: "If you will only go to Dr. B. and get that piece of bone and return it to my head I believe I could recover." She also complains, whilst in this state, of the hardness of the pillow. She wants her head moved over to a soft pillow. Then she asks for the restoration of the bit of bone.

W. E. EVERLY.

GREY EAGLE, MINNESOTA, September 11th, 1886.

CLINICAL BUREAU.

THREE CASES OF DIPHTHERIA.

JOHN HALL, M. D., TORONTO, ONTARIO.

September 9th.—Boy aged ten. Tonsils and uvula covered with a grayish deposit, beginning on the right side. Great thirst for cold drinks (at the beginning when he could swallow), drinking only little at a time; throat swollen outside, and swallowing impossible. Had used allopathic means for recovery, with increase of deposit and of all the other symptoms.

The usual remedy, *Lycopod.*, as affecting the right side, and from thence to the left, seemed impracticable, as the patient at the first desired only *cold drinks, taking but little at a time*, which,

with the *dirty grayish deposit*, effectually shut off his medicine; and these symptoms being only under *Apis mel.*, so far as the writer's knowledge extended. This was given in the 15M potency, a dose every hour the first three hours, and then every four hours, which was continued twenty-four hours, the case being ominous of evil, and soon to be remedied if possible.

September 10th.—Reports as much better. Can swallow easily, and deposit on the fauces has almost disappeared. Swelling on the outside is also better, and now desires only warm drinks. I gave him *Sac. lac.* every four hours.

September 11th.—Slept well all night. All deposit gone; also the outside swelling; desires his usual food, which I allow to-morrow; is quite lively, and wishes to go out.

Of course, in all such maladies I do not allow the use of disinfectants, as recommended by the Board of Health—Chlorine, Carbolic acid, etc.—the use of which render our treatment more or less abortive; nor the precaution of these men in sending everybody out of the house excepting the nurses and physician, both of whom, if their theory be correct, need well disinfecting and ventilating before entering any other dwelling; and I may add that, where the patient is *seen in time*, no secondary symptoms follow, simply because such procedure cures this dreaded complaint.

The second case is that of a somewhat aged woman, who had nursed her daughter with the disease, keeping the physician, and, indeed, all others, ignorant of her condition until the state was almost hopeless, both tonsils and uvula being profusely covered and herself very ill. As the daughter was recovering, however, by patient attention, several times daily, and the use of homœopathic remedies—being guided thereto solely by the totality of the symptoms—she also so far got pretty well—she thought herself so before her physician could say as much—and being compelled to leave the city and travel some eight hundred miles, I looked on her with much interest. After some three weeks I received a letter very carefully giving every symptom, from which I learned that she was severely paralyzed both in swallowing and speaking. She could scarcely take any food without great danger of choking, and her speech was reduced to a whisper. During this time of both danger and suffering, her friends, who had no faith in our art, insisted on calling in allopathic aid, which signally failed with all its means to give any relief. Under these circumstances I was written to, and notwithstanding the most scrupulous search could not satisfy myself what best covered the symptoms of her throat and

larynx. Fortunately for me, she had added "*that she could not bear heat nor covering; but when such were put on her*"—as was natural—"would as soon throw them off." Having no remedy in which this was so marked as *Secale*, I gave this—a few doses in a high potency—waiting with some anxiety the result of my prescription; and not long after I received a letter of the most grateful kind, giving me an account of her complete recovery, from the medicine which had been sent.

Here then was a case of secondary symptoms, the patient having come very late under our care, and left the city before well cured; but even this dangerous state gave way by her faithfully giving ALL the symptoms, which a tyro would have failed in doing, leaving the patient to die.

The third was the case of a little girl aged about nine, living a few miles from me, and which I declined at first to take, she having been subject to allopathic treatment some four days previously, the doctor gladly giving her up, allowing the father to send for me. I was then prevailed upon and went tremblingly. Both fauces were covered, also the uvula, with whitish deposit, which seemed also to descend into the larynx. All I could learn was that the trouble began on the *left side*, and from thence invaded the right and uvula; was almost *strangled on awaking from sleep*, and greatly preferred hot drinks. I gave *Lachesis* high, a few doses, allowing it to act under *Sac lac*. The exudation was very slow in disappearing, and the patient feeling much better. About the fourth day of attendance a cough set in recurring at any time and without expectoration, and on examination of the throat saw that the back of the uvula was invaded with deposit, and, perhaps, lower down. Seeing no other remedy indicated but *Lachesis*, I continued it at long intervals, and though both cough and deposit were troublesome for a homœopath, that medicine cured both in about two weeks from the beginning, no secondary symptoms appearing.

CASES CURED BY LAC VACCINUM DEFLOMATUM.

S. SWAN, M. D., NEW YORK.

It is the fashion of some *soi-disant* homœopaths to sneer at the provings and cures attributed to this remedy and its allies, forgetting that this very remedy has been extensively used in diabetes and Bright's disease by Drs. Donkin, Mitchell, and others, and that *Lac caninum* has been successfully used by the

allopathic school in rachitis. It is useless to write for stereotyped fossils, but to those who are receptive of progressive truth the following cases will be of interest:

(1) Judge M. For years has been subject to attacks of bloating in epigastric region, and with it would always have an attack of asthma, so that he could scarcely breathe; then he would have a hard pressive pain at about fourth cervical vertebra; pressure round the breast (but not like the grasping of *Cactus*) with the dyspnoea; great despondency on account of the disease, has no fear of death, but is sure he is going to die in twenty-four hours. These symptoms were only relieved by purgative medicines; was always constipated. *Lac vaccinum defloratum* in a high potency cured.

(2) Miss Caroline B., aged eighteen. About seven or eight P. M. becomes so sleepy that she cannot resist, and has to lie down; about nine P. M. a very hot fever comes on, during which she sleeps; the fever continues until near morning; when she wakes in a profuse sweat, which stains the linen yellow, and is very difficult to wash out. During the day the back usually feels cold; short dry cough, with difficult expectoration of a small lump of mucus, which relieves the cough. Irregular menses, sometimes very dark and scanty, sometimes colorless water. Pimples on face and forehead. *Lac vaccinum defloratum* ^{1m} (one dose) completely cured her.

(3) Miss Bella B., aged thirteen, dark hair. For the last year has had severe headache at times, and great pain across umbilicus; also pains passing down under-side of thighs to heels; pains in top of feet, as if bones were broken across instep. These pains in legs and feet would come on as soon as she stepped upon them in the morning, upon which she would become faint and nauseated, and have to lie down; would have to lie down three or four times before she could get dressed. *Lac vaccinum defloratum* in a high potency cured her. Three or four months afterward the headache returned, and was again cured by the same remedy.

(4) Severe headache, with a sensation as if the top of her head was lifted up, and was raised about five inches, and all the brain were coming out; head feels very hot; motion increases the pain; the face feels as if the flesh was off the bones, and the edges separated and sticking out. Was better in five minutes after a dose of 1M, and next morning was well.

(5) Pain commencing in and above inner end of right eyebrow, in organ of size and weight, before rising in morning;

soon after rising the pain passes down into eyeball, increasing in intensity till afternoon, when it becomes unbearable. It is worse by walking, and particularly by sitting down, though ever so carefully; also by heat radiated from the fire, or by stooping; better by pressure; light did not aggravate it; eye looked natural; pressure on temple disclosed strong pulsation of the artery; pain ceases at sunset, and does not return till next day. *Lac vaccinum defloratum*^{cm} completely cured her.

(6) A woman had been suffering all the afternoon from a sudden suppression of menses, caused by putting her hands in cold water to rinse out some clothes. Great pain in uterine region, intense headache, aching pains all over, fever, flushed face. One dose of 1M in water put her to sleep free from pain, and she slept all night. Next morning had a slight flow; another spoonful brought on the flow properly, and by eleven P. M. she was able to attend to her duties, feeling entirely well. The flow continued the usual time. The pain ceased *before* the flow was restored, which proves that it was a homœopathic cure, and not a natural recovery.

(7) Dr. J. C. Boardman cured with 10M intense aching pain with soreness and heaviness of whole head; face deathly pale, and dreadful weakness and prostration.

LAC CANINUM.

S. SWAN, M. D., NEW YORK.

(1) Dr. Biegler sends the following case:

Mrs. K.: Crusts had formed on skin, under which grayish-yellow matter formed, and was squeezed out. Throat became bad, deglutition difficult, mucous follicles raised or swollen, and covered with a whitish, cream-colored mucus. Nose became so bad that there was fear of the destruction of the bones; bloody pus was discharged several times a day; bones of nose sore on pressure. Cured by *Lac can.*^{cm} (Swan).

(2) Mrs. B.: Proved *Lac can.*^{dmm} (Swan).

Pain as from a knife thrust from under left zygoma up to vertex (in fifteen minutes).

Low down in right groin above ramus, three lacerations up toward crest of ilium, waking her from sleep (in three days). Itching in left side of labia, with rough eruptive condition on left side of vagina, with acrid leucorrhœa, excoriating severely (in twelve days).

(3) By S. Swan, M. D. : Patient had intense unbearable pain across super-sacral region, extending to right natis and down right sciatic nerve; pain was so severe as to prevent sleep or rest; also, diphtheritic sore throat on right side, with sensation of a lump; could not swallow solid food. One dose of *Lac can.* billionth (Swan) cured in twenty-four hours.

SANGUINARIA IN RHEUMATISM.

E. W. BERRIDGE, M. D.

July 7th, 1886.—Mrs. ——— complained of aching in ball of right thumb, which part was swollen, the pain extending round wrist and back of hand; the pain is most severe in the ball of thumb. Has had it for about two weeks, and it has been worse since the hot weather set in; could not use hand properly from pain and weakness in it.

Sanguinaria Canadensis^{cm} (F. C.), one dose about noon. About five P. M. began to improve, and at ten P. M. was much better, with no swelling.

July 9th.—Hand was quite well, except some weakness.

July 10th.—Quite well, and feels better in general health than before.

BOOK NOTICES AND REVIEWS.

WORKS ON MATERIA MEDICA ISSUED BY HAHNEMANN; THEIR COMPOSITION AND VALUE. By S. Lilienthal, M. D. Pittsburg: Stephenson & Foster. 1886.

This pamphlet of thirty-nine pages is a paper read before the American Institute of Homœopathy at its thirty-ninth session. It contains a rapid review of the principal remedies in Hahnemann's *Materia Medica Pura* and the *Chronic Diseases*. We notice some valuable hints concerning the therapeutic value of certain remedies that would be quite useful to a careful prescriber in determining the choice of the similar remedy.

If Dr. Lilienthal would do justice to his paper he would republish it with a thorough alphabetical index to each remedy, that it might be used in daily practice.

We are much amused by one of his statements which we think should never have been made. He says, in speaking of Aconite: "Those keen critics, Drs. Dudgeon and Hughes, have *accepted* nearly all the symptoms of Hahnemann."

Accepted! What difference does it make whether the symptoms are *accepted* by these gentlemen or not? Have they not been industriously trying to break down the whole fabric of the homœopathic principle, and still further convincing those who are hostile to it of the justness of their opposition?

Then, if this be the case, what difference should it make to real homœopaths *what* these gentlemen accept or reject?

Is it not rather ludicrous that a master mind who originates an entire new system should have to submit his work to revision of its details by minds that are incapable of grasping its primary principles? W. M. J.

A LECTURE ON HOMŒOPATHY. By C. Wesselhœft, M. D. Boston: Otis Clapp & Son. 1886.

This is the third edition of Dr. Wesselhœft's clever lecture, delivered some time since before the Boylston Medical Society of Harvard Medical School. It is an able lecture and one mainly to be commended.

BOOKS AND PAMPHLETS RECEIVED.

THE TEST AT THE BEDSIDE; OR, HOMŒOPATHY IN THE BALANCE. By Pemberton Dudley, M. D.

OPERATIONS ON THE DRUM-HEAD FOR IMPAIRED HEARING, with fourteen cases. By Seth S. Bishop, M. D.

COCAINE IN HAY-FEVER. By Seth S. Bishop, M. D.

ANNUAL REPORT OF THE HOMŒOPATHIC HOSPITAL, MELBOURNE.

ERYSIPELAS AND OTHER SEPTIC INFECTIOUS DISEASES Incident to Injuries and Surgical Operations Prevented by a Method of Atmospheric Purification. By David Prince, M. D., Jacksonville, Ill.

NOTES AND NOTICES.

THE SIGNIFICANCE OF FACIAL HAIRY GROWTHS AMONG INSANE WOMEN—ALLAN McLANE HAMILTON, M. D., NEW YORK.—The significance of alteration in the growth of hair and the condition of the skin and its appendages have attracted the attention of many modern observers, and it has come to be generally acknowledged, I think, that such appearances have more than ordinary import as symptoms of nervous diseases. It is not uncommon, as we know, to find hair upon the faces of women, though when discovered it is not in any considerable quantity, and is the indication, as a rule, of a tendency toward masculinity or the arrival of that age when uterine and ovarian functions have ceased. It cannot be denied that when such growths take place in young women, in localities where hair does not usually grow, they are suggestive of some pathological process which may naturally be supposed to involve the sympathetic nervous system. Fabre has quite lately drawn attention to the production of very striking hair-changes in consequence of various mental states in women, and other observers allude at length to the excessive growth of hair in paralyzed parts. Fabre refers to several instances. In one the patient was a mother who had suffered great mental anguish through the loss of a child. Another woman, who suffered from a uterine disease complicated by nervous symptoms, lost all her hair, but it returned as rapidly and grew vigorously under the use of appropriate treatment.

The appearance of hair, slight though it may be, is, I think, an inevitable result of an overactive and continuous exercise of functions of the uterus and

ovaries, and is but part of the process which in the early stages of pregnancy is expressed by deposition of pigment in various places, by the bronzing of the skin, and the lively excitement of the organic nervous system. Kaposi mentions the liability of women who have borne children to hairy facial growths, but believes that the appearance of hair upon the chin is found more often after the climacteric period than at any other time.

Enough is shown by the meagre literature of the subject to prove that there is a very close connection between the irregular or excessive performance of the functions of the female pelvic organs and the phenomena of cutaneous malnutrition, and, moreover, that when their innervation is taxed some peculiar exhibition of disordered vaso-motor function occurs in a remote part.

* * * * *

First.—Abnormal growth of hair, especially upon the face, is frequently closely connected with disturbed function of the pelvic organs of women.

Second.—That in the insanity of women, especially when it lapses into dementia and cutaneous nutritive changes exist, such growths of hair are by no means of uncommon appearance.

Third.—That their unilateral character, so far as preponderance in growth is concerned, and their association with unilateral cutaneous lesions, such as bronzing and nail-changes, indicate their nervous origin.

Fourth.—Their appearance, chiefly upon the face in insane patients, and relation to trophic disorders incident to facial neuralgia, point to the fifth nerve as that concerned in the pathological process.

Fifth.—The development of hair with the deposit of pigment and skin lesions and occasional goitrous swellings suggests the inference that the neuro-pathological process which leads to the growth of hair in the chronic insane is akin to that which gives rise to Addison's disease.—*Med. Record.*

A SUCCESSFUL FOOD FOR INFANTS.—Douglass H. Stewart, M. D., 332 West Forty-seventh Street, New York, reports as follows: "I have made a test in above fifty cases of the Lactated Food you so kindly sent to the Northwestern Dispensary for me, and can only add that in every instance there was an improvement, more or less marked. I have had such poor success with '—,' '—,' and kindred foods that I employed your preparation in rather a faint-hearted way at first, but after one or two trials was convinced that Lactated Food is all you claim for it."

DR. W. A. DEWEY desires us to announce to his friends and patrons that he has returned to San Francisco, where he has opened an office at No. 36 Geary Street. Telephone No. 906.

SMOKING BOYS.—Dr. William A. Hammond says: "The use of tobacco by boys tends inevitably to destroy their nervous systems before they are fully formed. It makes them liable to neuralgia and various functional diseases of the brain which are certainly calculated to destroy their mental force. Tobacco also interferes with the development of the body in regard to size; it stunts the physical system. It certainly impairs digestion; it certainly impairs hearing and eyesight. I have seen several instances of young children having their eyesight injured seriously, if not irreparably, by the use of tobacco. The excessive use of tobacco is injurious to everybody, adults as well as infants, male as well as female."

DR. ED. LODGE, SR., returns to Thomasville, in Southern Georgia, and will practice there through the winter months in diseases of the throat, bronchia, lungs, and heart. The *American Observer*, which he published for twenty-one years, will be resumed under new management.

THE SIGNIFICANCE OF THE DECOMPOSITION OF ALBUMINOID SUBSTANCES.
—In a paper on this subject, Dr. Bryce made the point that we should not judge of the fact or condition of nuisances by odor, but should base our opinion and decision upon their bacterial manifestations.—*Medical News*.

LACTIC ACID IN LARYNGEAL PHTHISIS.—Dr. Theodore Hering, of Warsaw, has recently published a memoir with this title, in which he relates his experiences with this remedy. He treated thirty-two cases of tubercular ulcerations of the vocal cords with Lactic acid, and of these four were completely cured, two were nearly so, four were much improved, and in six the ulcerations were not healed, but phonation was restored and the dysphagia was relieved. He uses a twenty to thirty per cent. solution, applied by means of a pledget of absorbent cotton, and preceded in certain cases by an application of cocaine. When greater tolerance is established he employs an eighty per cent. solution of the pure acid, and the applications are continued until the eschar falls off. Such good results in so intractable an affection would seem to warrant a further trial of Lactic acid.—*Medical Record*.

[So the use of Lactic acid by the homœopaths is not ridiculous, after all.—Eds.]

A NEW and sure remedy for rattlesnake-bites is put forward by Dr. H. C. F. Myer, of Pawnee City, Neb. It is the tincture of *Echinococca Augustifolia*, and has been used by him successfully in eight cases. Dr. George C. Nichols, of Kansas City, reports in the *Kansas City Medical Index* a case successfully treated by this remedy.—*Medical Record*.

SODIUM CHLORIDE AND GOUT.—Dr. Ferrán, of cholera-inoculation fame, has recently published an article on gout (*Revista de las Ciencias Médicas*) in which he insists upon the prejudicial effects of Sodium salts in individuals predisposed to this affection. He says that the disease is most prevalent in cities on the sea-coast, and that persons sailing on vessels loaded with salt are very prone to gout. Alkaline waters are also injurious in that they often bring on an attack, although the patient is afterward better for a time. He recommends nitrate of Amyl by inhalation in the treatment of gout in addition to the internal administration of the acetic extract of Colchicum.—*Medical Record*.

TREATMENT OF ASPHYXIA OF THE NEW-BORN.—Dr. W. M. Trow, of Northampton, Mass., writes: "In view of recent articles in your journal upon the treatment of 'Asphyxia of the New-born,' permit me to say that for more than twenty years I have, with good results, treated those cases by elevating the hips so as to let the head hang down and holding the child in that position for a few seconds, more or less, as the case might demand."—*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. VI.

DECEMBER, 1886.

No. 12.

PRACTICAL SURGERY AND SPECIFIC MEDICINE.

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

[Introductory Lecture before the New York Medical College and Hospital for Women, Session of 1886-7.]

(Continued from page 386.)

There is a class of diseases which, in former times, have been regarded as belonging almost exclusively to the province of the surgeon, and by him but rarely cured. They destroy tissues by erosion or by depositing into them elements which by and by develop a destructive agency as to all surrounding tissues, and ultimately even of life itself. To arrest this progress old physic was confessedly powerless, and it turned all such cases over to the surgeon, and his only resource was his knife. Cut it off, or cut it out, and this was all he could do; and being to the short-sighted vision of old physic only a "local affection," why was not this effectual? Because the local results of the disease were not all nor the most important part of it. It was not effectual because that which *caused* this local destructive evil was beyond the reach of the surgeon's knife. He could neither cut it *out* nor *off*, and it remained after the fruitless operation ready, on the occurrence of any excitement which can renew its activity, to attack other parts, and, oftener than otherwise, with greater virulence than that which characterized the original attack.* The period of time between the operation and the second de-

* I have never heard of a cure of a cancer, by any means, which had relocated itself after its first local manifestation had been removed by the knife.

velopment of local destruction has been construed as a *reprieve* from the action of diseased malevolence. This is a mistake. The greater virulence of the second local development of the disease would seem rather to indicate that the operation had only added force to the malign agency it could neither reach nor control. It is not a safe conclusion, in such cases, that holds the *invisible* as *non-existent*. In dealing with the various forms of cancerous affections, this is the history which has followed attempts at their extirpation by the knife or other destructive agencies.

But can these diseases, which are called malignant, be cured by dynamic means—these which are so generally non-amenable to the surgeon's art? They are met in diverse forms, all which are destructive in their nature and refractory before any method of cure. Still they are made sometimes to respond to *specific* medication, even the most inveterate of them. There have been instances of cure of each of the various forms of these fearful maladies, except, perhaps, that of *osteo-sarcoma*. I am not aware that this has been cured by any means, however skillfully applied. But that fatal form, under any surgical skill or appliances, *fungus hœmatodes*, has been many times cured permanently by specific dynamic means. A case in Baltimore, that of a lady who had this developed on her thigh, and who had been condemned to lose her leg by her old-school surgeons, as though this had ever cured a case, and notwithstanding the invariable failure which had followed this resort in the past history of surgery—this was cured by my late friend, McManus, by a few doses of a rightly selected and *rightly managed* medicine. The disease disappeared in a short time, and never returned.

Epithelial cancer has been cured many times by specific medication, and perhaps has been oftener found to respond to this than its relatives. A case of this kind applied to me in 1859. The patient was a little past middle age, a retired merchant, with abundant means, who had consulted the best surgeons in Philadelphia, New York, and Boston for a sore on his under lip, which had been pronounced a *cancer* by them all, and I could see no reason for discrediting their diagnosis. He had come to New York for the purpose of having it *cut out*. Having a business transaction with a patient of mine whom I had been so fortunate as to cure of a lupus, pronounced incurable by Boston surgeons, he was told if he would come to me I would cure him. For, having cured his nose, he very simply believed I could cure everything. I could not promise to cure the lip,

but was willing to try, and suggested if I failed he could have it cut out after, and as he showed little evidence of constitutional cachexy, I was not without hope I should succeed. It was the first case of the kind I had attempted to treat homœopathically, and I did not know what I could do. I made a careful record of all aberrations of function I could hunt up in the man, and made a study of these, not of cancer, and gave him the medicine the record of which presented greatest likeness to most of these. The result was the sore healed and these aberrations disappeared. The man remained in health many years, and so far as I know has to this day. I gave him, in the course of the treatment, four different medicines, in succession, as the present symptoms seemed to call for each, at the time of prescribing. They were not given in alternation, but the second succeeded the first when this had exhausted its curing power, and the third the second for the same reason, and no other, and so on till there was no longer need to give the man medicines of any kind. It may not be without interest if we say of the medicines given each belonged to the class of so-called *antipsorics*. Each was given, not because it belonged to this class, but because the phenomena of the case called for these and for no other. The treatment lasted from May to December.

Another form of cancerous affection is that which is only too often met in the female breast. It has been cured by specific medication. But in the experience of Baron Dupeutren, Mr. Thompson, of the University of Edinburgh, Sir Astley Cooper, and Sir Philip Crompton, of Dublin, as these eminent surgeons informed my preceptor, in 1829, had never been cured by them by surgical means, and Mr. Thompson and the Baron added they did not think they had ever prolonged life one day by the use of the knife, though they had amputated many breasts. They said they had refused to operate on these cases for many years, their experiences of the results of amputation having convinced them that the resort was wholly useless. My surgical preceptor, also, for many years before his death, refused to operate on these cases, because his own experience had confirmed the judgments of the eminent surgeons named as to the worthlessness of operations for the removal of the local development of the disease. Such being the judgment and experience of so eminent surgeons of the resort to surgical means for the cure of mammary carcinoma, well-authenticated cases of cure by specific medicines must be of the greatest interest. One such has been treated by me and cured in the last three years.

The patient gave birth to her first child when twenty-one

years of age. She had abscess in the right breast shortly after her confinement, which was badly managed. Repeated abscesses were allowed to succeed each other, and to discharge through different openings, and when the discharge from these had ceased there remained an indurated deposit in the breast, and ugly cicatrices as well. After about ten years the deposit became painful, enlarged, was pierced with lancinating, burning pains. The cicatrices thickened, and the nipple was retracted. The patient was found in this state after having been treated for cough with expectoration, pains and soreness of the chest, shortness of breath, sweating at night, loss of weight, etc. Her mother's family had lost several members by pulmonary phthisis, and this was regarded as threatening the development of the family plague in her person. It certainly did not relieve the gravity of the prognosis in the matter of the breast. But both conditions now seem to be cured. She has had no trouble from either for the last two years, and is now leading a life of great activity, and bearing many and great responsibilities. The induration has ceased to be troublesome, and, I believe, has disappeared. The cicatrices have lost their threatening appearances. She has required no medicines the last two years.

Now what were the means used in this case which have placed it in so sharp contrast with the experience of results from the treatment of such cases by surgical means? We reply, she got, from first to last, only a few little pellets charged with medicinal preparations, which, we are told, "The American Institute have laughed out" of its body.* And in the light of this case does it not look a little as if the Institute had laughed prematurely? and as if their laughter had only made it the worse for the Institute? Its laughter certainly was found no impediment to the cure of this gravest of maladies. But what were the means employed for the cure of this breast? There were only two medicines given, the doses of which were taken at long intervals, and they were both *antipsories*! We believe if the doses had been repeated at short intervals, the treatment would have been a failure.

We have endeavored to present problems of cure which illustrate the differences and relationship of the two branches of the healing art, and if we have succeeded in our endeavor, we have shown the one to be chiefly a dealer with material elements, while the other is wholly concerned with those which are dynamic in their nature, and this is the difference in the nature

* T. F. Allen.

of things of which we have spoken. Take the case of the artificial joint. Why the refusal of the fragments to unite? Because the nutrition of the parts had become so modified by some cause, constitutional or otherwise, that the repairing callus was not provided for this purpose. Then the fault was in impaired function, and this impairment implies a change in the life-force which governs and executes functions. In the normal action of this force on nutrition in the case of fracture, the material necessary to repair is provided; but in its modified action the supply fails, and there is no repair. So, for the cure, in such a case, means are required which act on this dynamis which governs and executes the function of nutrition, and in a manner which shall restore this to its normal action on this function, that the supply needed for the repair may be furnished, and the case, so to speak, may be able to cure itself. Now it is not very apparent how mechanical means can so affect this force, while it is perfectly clear dynamic means did, and the cure was the result. So in the case of the simple fracture, mechanical means can only place the fragments in position most favorable to the needed repair, and to preserve them in it, and this is all they can do. But a dynamis which can reach this executant of function, and stimulate it to a greater supply of the repairing material, and an acceleration of the repairing process, can do more, and this is just what the *Symphytum* appeared to do in the case recited.

The shock which follows severe surgical operations, as in the case of the young lady who had been the subject of lithotomy, is purely dynamic. The violence to which the living sensibilities have been subjected has so impressed the life-force that bodily functions are generally so affected that they are not found in healthy action. All are changed more or less from their normal state, and confusion in these is the order. Now all the surgeon can do for the relief of this condition, with means peculiar to his art, is to secure for his patient the repose and sanitation proper for the speediest and safest recovery. Having secured these, he can only wait the result, "*trusting to nature*" to do for his patient where he finds himself powerless and without resources. But convert this surgeon into a physician whose armamentarium is loaded with means which enable him to act specifically on this life-force, and so to act on this that this confusion shall be brought again into harmonious order, and he will be found capable of doing much more and better for the cure of his patient than can any amount of "*trusting to nature.*" Let him know how to do the right thing, and do it, and leave "*trusting to nature*" to those who so often raise this pretense as

a shield to protect themselves from their sense of perfect helplessness. "Trusting to nature" is a well-sounding phrase, and sometimes seems to have a savor of wisdom in it, while, in truth, it is ever neither more nor less than a confession of judgment of utter practical imbecility. Let him find and give the specific dynamis which law has made the cure of this shocked condition, and his experience will most certainly repeat that of the master, which saw the poor patient brought from a condition which the eminent and experienced surgeon declared to his class would inevitably prove fatal, to one of peace, health, and usefulness. Let neither physician nor surgeon forget that rightly chosen and rightly managed dynamic means are able to do this even where no other known means can.

Then as to the whole family of malignant diseases, which old-time practice has so uniformly given over to the knife and to a fatal termination. These have been looked on as *local* in their nature, and hence, if this were true, what can be more reasonable than the conclusion which decided to cut them off or out, and so have an end of them? The only difficulty has been, in cases so treated, they would not so end. And the constant reappearance of that which was supposed to have been cut off or out should have taught those old-time surgeons, as it teaches us, that this idea of local character is wholly false. The reappearance demonstrates that there was something in the case which was not cut off or out. The surgeons said, something absorbed into the system from the local head which has now germinated into new evils, therefore they said, cut off or out early before this absorption, and there may be escape from the evil. But, return, notwithstanding, rebuked, this false judgment, though it suggested to the surgeon neither a better philosophy nor better practice.

What experience has failed to teach old-school surgeons, God's providence taught Hahnemann, and he has taught us, that each form of these malignant and fatal diseases is *not local* but *general* in their nature, and not material but dynamic in their origin and constitution, and that by rightly selected and rightly managed dynamic means, they may be and have been, each of them, cured. They are, before the law, like other forms of disease, and, if cured at all, it must be, has been, and can only be, by the right administration of the most similar remedy, as are all other diseases. If successfully treated, it must be by adapting the remedy to the phenomena of the case, and not by any, whatever remedy, supposed to be in relation to *cancer* as its curative. The *phenomena* are to be treated, and not the name. The reason for this is, that these diseases are the result of causes

acting on the life-force, and so modifying its execution of life functions that a train of discordant and destructive processes is set up which have in them no self limitation as to either duration or the extent of the destruction resulting. These, left to themselves, only cease when there is no more to destroy. As to the cause which has thus destructively impressed the life-force, both surgeons and physicians were wholly in the dark till it was pointed out to them by Hahnemann. He called it "*psora*." The designation was laughed at by these ignorant and arrogant doctors, but they were as helpless to cure the plagues after their laughter as before, and these diseases have been cured, when cured at all, only by means he called *antipsorics*, from which we should infer that there is much less of "*science*" or wisdom in laughter and ridicule than doctors seem to have supposed, and notably those of the American Institute of Homœopathy.

The evidence that the life-force is thus impressed by the cause of these malignant diseases is first found in the modified action of the function of nutrition. This being changed from its conservative action, itself reacts on all other bodily functions, and the resulting disorders in these go on till the whole sad story of suffering and death is told.

From these examples of disease and cure we have endeavored to show the intimate relationship of the surgeon's and physician's duties. They are closely connected, the one finding help from the resources of the other in the every-day duties of practical life, and this so frequently that the two may better be regarded as branches of one healing art, than as two factors distinct from each other. The surgeon must draw on the resources of practical medicine whenever, after relieving his case of mechanical embarrassments and wants, he finds bodily or mental functions in disorder, which are best, and perhaps only, relieved by the dynamic resources of the specific prescriber. Hence the surgeon, who will practice his art with the knowledge and skill which shall secure for him the best successes as a practical healer, must be master of a knowledge of the dynamic resources of the physician and how to use them, while the physician is compelled to resort to the surgeon's skill and means to relieve his patient of the pains and embarrassments of the mechanical elements which often make an important part of his case. These (as in the case of urinary calculus) are to be removed before the case can be in any condition to receive curative impressions from appropriate dynamic means. Hence, it will be seen, no one can be a surgeon, equal to all the wants of his calling, who is not master also of the art of dynamic prescribing; while the physician may be master of this, and at the same time be no surgeon.

NOTES FROM AN EXTEMPORANEOUS LECTURE UPON FERRUM.

PROFESSOR J. T. KENT, A. M., M. D., ST. LOUIS.

(Stenographically reported.)

Provers on beginning to take Iron soon present the appearance of pseudo-plethora—that is, an apparent fullness of blood-vessels. That is especially true upon the surface. The face becomes highly colored and hot—turgescens and filled with blood. The extremities, gradually, after a time, become cold, numb, and stiff. As a matter of fact, Ferrum produces a high degree of anæmia—a determination of blood to the surface from the slightest cause. Blushing, especially of the face, gives the appearance of plethora, but in reality it is pseudo-plethora. The old school are in the habit of giving Iron for anæmia. Iron is homœopathic to anæmia when its peculiar symptoms are present; but because it produces anæmia it is not essentially homœopathic to anæmia—I mean to all cases of anæmia. It produces a state in which it is very much like Manganese; that, however, is not attended with an appearance of pseudo-plethora. The face is not red or flushed or seal-brown, as is the case in Ferrum. The blood is gradually broken down, or at least its red corpuscles are; and, finally, a sallow, pale appearance of the skin sets in—a greenish-yellow tinge; after that occurs it is chlorotic in appearance. Ferrum produces almost a complete chlorosis.

There is a tendency to œdema—puffiness of the extremity and coldness; but at no time does the head lose its turgescence or its heat; and so, also, at no time does the face lose its flushed appearance. There is an increasing diminution of the red blood-corpuscles. It seems to affect particularly the lower extremities.

Now, with this state there is a very marked stomachic disorder, in which there is vomiting of food immediately after eating; there is a jerking regurgitation of food, very much as in Phosphorus, which spits up food by the mouthful; tasting as it did when swallowed. There seems to be no secretion in the stomach capable of bringing about a change of the food. On the other hand, fluids in Ferrum may stay down a long time and may not be vomited at all; but it has especially vomiting of food immediately after taking it. If you have the vomiting

of food, the flushed face, the anæmic condition, the bodily coldness of the hands and feet, then you will have a very fair, thoroughly characteristic picture of Ferrum.

Another peculiar condition associated with the bluish body and red face is the burning of the soles and of the palms. There is coldness of the hands and feet, but with burning in the palms and soles. That, you observe, gives you a combination of symptoms quite guiding and somewhat like Arsenic; and, by the way, it is quite similar to Arsenic.

There is a marked similarity between three drugs—China, Arsenic, and Ferrum—and they are antidotes to each other. Ferrum you will find everywhere recommended as an antidote to Arsenic; Hydrocyanic acid is also a common antidote. I have already described to you the peculiar anæmia of China. You will find Ferrum very often come into use as an antidote to the abuse of Quinine, and the preparations from the bark, because it corresponds clearly with the symptoms. At the same time, Ferrum is an antidote to the abuse of Arsenic. It corresponds, again, in a general way, to disorders attended with emaciation; consumptive disorders, producing a wasting; rapid wasting of the tissues. Iron, given in the crude form, the way it is sometimes used, is one of the most dangerous medicines—it is not really a medicine—is one of the most dangerous drugs to use in consumptive disorders. It should never be given except in the highest attenuations in consumptive disorders, for it may act with great violence, producing great destruction. Even the smallest doses, the smallest perceptible doses, will produce violent aggravation and great injury.

Another marked feature is its predisposition to hemorrhage. Quite early in the pathogeneses, before there is marked breaking down, we find profuse hemorrhages of dark blood producing marked effects in hemorrhage of the nose, in uterine hemorrhage, and the menstrual flow becomes immediately increased after taking Ferrum; the flow lasts too long; after taking Iron awhile, the blood becomes thin, and the hemorrhage is of a thin, watery blood. Ferrum has really two kinds of hemorrhage, dark blood, and thin, watery blood. One reason why consumptives should never touch Iron is the fact that it predisposes them to bleeding of the lungs. Iron and acids are very much alike. All the acids predispose the consumptive to hemorrhage, and especially true is this of Acetic acid. Now, you might very properly conclude that with this breaking down we should have great bodily weakness and exhaustion of all the limbs; the least exercise, the least work, the least labor of any kind, produces

fatigue. The red face of Ferrum begins in a peculiar way. You have seen individuals blush from the least embarrassment or excitement: Ferrum looks very much like that. Yet it isn't so much a blush from shame or from excitement as from pain; the face is almost constantly red; the face becomes so violently red, you may say, as we see sometimes in old whisky drinkers and old beer drinkers, and it may even be associated with large veins on the face. The face feels filled with blood, turgesced, engorged, and there is enfeeblement and dizziness associated with it. With the chill there is red face; with the pains there is red face; with the excitement there is red face. This is not a healthy redness, because if you pinch up a piece of the skin between the fingers it will blanch slowly, but the redness will return. It is a torpid circulation of the veins of the smaller vessels of the skin, and it exists from the general determination of the blood to the head. This appears to be a local hyperæmia; perhaps it is; but it occurs with general anæmic condition of the body. The more marked this redness and turgescence of the head, the greater will be the coldness and numbness and stiffness of the hands and feet and of the extremities; but this redness is not always attended with heat of the head, as in Belladonna or in Aconite, where we have redness with heat, for it may actually be attended with coldness, but the determination of the color to the surface is the particular feature of Ferrum.

Now, there is another marked feature of Ferrum, that with the pains and red face, whether it occurs with the chill or with the pains, there is marked thirst; hence, thirst is a key-note. Chill, red face, and thirst: Ferrum. You will find that in ague; is so characteristic in ague that you need but one medicine—Ferrum. You may also find this in septicæmia, in puerperal fever, in abortion. A lady was having a chill, and with that chill there was red face and thirst. One dose of two hundred cured that case. There is an irritability running through the Ferrum mental state; the patient is angry whenever opposed; hence, opposition brings on anger and pettishness. There seems to be a great deal of pride associated with this remedy; they cannot bear to be opposed; their pride is uppermost; they like to be on the right side; they don't like to find out they are wrong, and they will not listen to argument or reason. This is attended with pettishness and with irritability. This is a Ferrum state. There is sometimes coldness with this red face. There is a state in which Ferrum produces throbbing of the carotids, red face, hot head, and often fever, and with the chill there is thirst, but with the heat of that fever there is no thirst;

no thirst during the sweat ; it has a protracted sweat ; the fever is short and sometimes wholly absent ; the chill is likely to be marked with thirst and red face ; then the red face passes off more or less, and becomes blanched and pale and of a yellowish green. The sweat comes on almost at the very end of the chill, or if it is a slow fever it lasts a little while. There is a duski-ness in spots—a mottled condition of the body with this sweat ; the face will have red spots surrounded by white rings, which occur in some places about the body, particularly upon the back. Turn your patient over and look for them. The sweat is clammy and sometimes offensive, staining the linen yellow.

A marked feature is the time of aggravation, which is gener-ally toward morning. The sweat begins toward morning and may last till noon or all day ; it is clammy and offensive and the body has a doughy feel. In relation to its chill, that is likely to come on at three or four o'clock in the morning, or three or four or five o'clock in the afternoon. The general aggravation of Ferrum is especially toward the morning, from four to five, or from three to five o'clock. Some of these features you will not find in the text. Ferrum is associated with the so-called cold patients. Calcarea, Silicea, Sepia, and others have that class of cold patients. Lycopodium is a very cold patient sometimes ; so, also, Phosphorus. Opium is both hot and cold. Early in the proving of Opium there will be great heat and tendency to throw off the covering ; and you will notice in old Opium eaters that as soon as the first effects of Opium pass off they go near the stove ; they will bundle them-selves up. There is another peculiar feature in Ferrum, and that is in relation to its vertigo ; this comes on when going *down* the hill, and is opposed to Calcarea, which comes on when going *up*. The vertigo of Ferrum always comes on when going across water, while the water may be perfectly smooth, yet if the Ferrum patient gets into a canoe he gets so dizzy that he can hardly continue in the canoe ; he fears he will jump out ; he fears that he cannot balance himself upon the water, and sometimes gets sick at the stomach. This especial aggravation may not apply to but one or two symptoms of the drug. The general aggravation belongs to the whole drug, or to the drug in general. There are exceptions that are worth remembering. You remember I told you, in going over Pulsatilla, that the discharges are bland except the leucorrhœa. That is character-istic of Pulsatilla, but that doesn't say that Pulsatilla has not a bland leucorrhœa for itself. So I also told you once that in Arsenicum the complaints of the body are made better from

heat, and the headache better from cold. That is characteristic. But Arsenicum has a headache that is commonly better from heat. That, you observe, is the exception—the alternate action, as Hahnemann describes it. Bryonia, you know, is worse from motion, yet it has lumbar pains that are better from motion. Rhus, in its general state, is better from motion; but it has lumbar pains, and pains in relation to motion, associated with the spinal column, that are better from rest. They bring on almost the direct opposite of Rhus.

Some of our *Materia Medicas* are at fault in figuring out these exceptions, when they take it for granted that because a remedy has several symptoms that are aggravated from a certain peculiar condition, that, therefore, it is a general aggravation of the remedy, which is not true. Lippe says the pains of Camphor are made worse from cold, which is true. Now, as a matter of fact, the early bowel symptoms associated with cholera are ameliorated from cold, and the patient cannot be covered. The pains and the heat are conditions ameliorated by warmth, but the cold stage is aggravated from warmth.

Under aggravations from heat or cold it says: Thirst or thirstlessness, because Ferrum has both in some characteristics; when there is no fever with Acetic acid he is very thirsty; with the fever he is thirstless. In the dropsies, in Acetic acid, where there is profuse urination he has marked thirst—violent thirst; but in the febrile stages it is thirstless. This is uncommon, and, therefore, peculiar or characteristic. In pseudo-membranous croup there is marked thirst when there is no fever. In Ferrum there is throbbing in the head, particularly in the back part of the head; with the cough there is a violent throbbing pain at the base of the brain; it seems as if the head would burst open. If it is associated with red face it is Ferrum. Carbo veg. has violent pain in the base of the brain when coughing, but it has not the red face of Ferrum, nor all the pains and excitement associated with the red face; head hot and feet cold.

Another characteristic running through the remedy is diarrhoea of undigested food; painless, involuntary stools during a meal. China has painless, undigested stools during the night. In Ferrum, as a marked feature, is the desire to go to stool, which comes on as soon as he puts anything into his stomach; it may be involuntary, soiling his clothes while eating. Arsenic has it also.

The female sexual organs give us another prominent feature in this, that during coition the female is insensible to the act;

there is no feeling in the vagina ; there is a sense of numbness, or, rather, a lack of sense. In this it is associated with Berberis, and, on the other hand, it also has painfulness in the vagina during coition. Sepia, Kreosote, and Sulphur have coition very painful because of the increased sensitiveness of the vagina. Ferrum phos. has that state, but it is because of a spasm of the vagina caused by the increased sensitiveness. The vagina is too dry ; extreme dryness of the vagina ; dry and parched. When making an examination it seems almost impossible to get into the vagina with the finger without first anointing, and then you will have to make an effort, because of the extreme dryness of the vagina. Natrum muraticum has painfulness, because of the dryness of the vagina. The vagina is dry and hot in Ferrum. Another notable condition produced by this remedy is such a weakened condition of the vagina as attends prolapsus. Generally you will think of Sepia, Kreosote, Mercury, and Nux for prolapsus of the vagina. I stated, in going over the general state, that the menses are too profuse and last too long ; also, the flow may be watery. This may be associated with an old case, when a patient has been poisoned by Ferrum years and years ago by allopathic use. Ferrum would be indicated now and be useful. It enlarges the veins of the calves. It has a rheumatism that is likely to be in the right deltoid muscle, beginning in the shoulder and going downward. Sanguinaria has the same. Colchicum and Ferrum have pinching, drawing, and tearing pains in the right deltoid muscle, creating an inability to raise the arm ; worse from a motion to lift the arm, or from attempting to contract the muscle ; this is better from heat ; worse from the weight of the bed-clothes. Right arm is lame ; irresistible desire to bend the arm ; drives him out of bed at two A. M. ; better from walking slowly about. Veratrum has rheumatic pains, driving him out of bed, and, as I said before, Ferrum should never be given in consumption, and likewise never in syphilis. If, in an old case of secondary or tertiary syphilis you give Ferrum, you are sure to make his ulcerations phagadenic and his general condition worse. Don't administer Iron in the crude form to the sick. I regard it as one of the most dangerous and one of the longest acting medicines in the materia medica. It is a very deep antipsoric and one that should be handled with great discrimination. Use it highly attenuated and seldom repeated. It acts when suitably attenuated upon the body for fifty days.

PROGRESSIVE HOMŒOPATHY.

AD. LIPPE, M. D., PHILADELPHIA.

There is no standstill in nature and there is no standstill in the sciences and arts; we either progress forward or backward. These few lines are intended to show the progress forward under existing circumstances. This is as pleasant a sight as is the acknowledgment of Richard Hughes, M. D., that the great opus of his creation, *The Cyclopaedia of Drug Pathogenesis*, is intended to be the *Materia Medica* of the future. This, we opine, does not mean the *near* future, but a future far off. Rejected by the ungrateful present generation, it is hoped by R. Hughes & Co. that the opus rejected now will fare better than other works of other unappreciated authors—as, for instance, the *Organon* of Hempel, which, rejected by a large and respectable majority, progressed backward into the paper-mill.

The kind reader is reminded of the fact that the late Dr. Von Bœnninghausen published in 1863 a *Glossary to the Aphorisms of Hippocrates*. On page 280 we find the following foot-note (No. 30): “Many homœopaths will have found, with us, that there is a form of epilepsy most difficult to heal and which we often fail to cure if the patient falls into a deep sleep after an attack, from which they awake with a continuous pain in the cerebellum.” Since the late distinguished Bœnninghausen wrote that foot-note we have progressed, and have a knowledge of the pathogenesis of Bufo, and just such cases, which are not infrequent and so clearly described by the great observer, have been cured by Bufo, provided it is properly administered. It is an easy way to condemn a prover and his provings, and we find Richard Hughes dissatisfied with Bufo provers, and he abuses them and rejects their provings. To judge of the correctness of a proving *a priori*, without having subjected it to the clinical experiment, is a supererogation, and if such an *a priori* condemnation comes from an individual who has not given any evidence of his capacity to make an experiment it is best to ignore it. At all events, the clinical experiment has repeatedly proved that Bufo, when properly administered, will cure epileptic attacks, especially when they occur during sleep at night. The sick may or may not be awakened by the attack, but when he does awaken from his sleep he will have violent headaches. Whether the modern backward-progressing compilers of *materia medica* reject such clinically-confirmed symptoms or provings

or not, the true healer will, nevertheless, make a note of them and will cure a form of epilepsy formerly incurable. That is progress.

The Guiding Symptoms of Our Materia Medica, by Dr. C. Hering, the master-work of the father of our school in this country, is now in a fair way of being continued, and that is another progress forward, while it appears that the great opus of Richard Hughes is by him pronounced to be a progress backward in the distant future, probably into "the paper-mill." *The Guiding Symptoms of Our Materia Medica* will guide the diligent student into a full knowledge of our materia medica and enable him to become a true healer and progress forward.

A progressive way to find the curative remedy can be pursued, even when our best repertories do not assist us. We again resort to the illustration manner. There are very rare chronic cases of illness in which it seems almost a hopeless task to find the similar remedy. A few prominent symptoms may be covered by a remedy and they vanish after it has been taken for a short time; a new set of symptoms sets in, and you can cover only a few of them, and the same unsatisfactory results follow. In the case alluded to, which might be diagnosed chronic meningitis, some symptoms predominated. The headache was worse when lying down; relieved by remaining in a sitting position; when the pain increased a sensation like the globulus hystericus was complained of; *all the coverings of the neck felt too tight and were constantly loosened*; fullness, pulsation, and beating in the head. Glonoin, *Bellad.*, *Gelsemin.*, had given relief at times; *Lachesis* only caused aggravation. *Belladonna* had given out; so had the repertories. It now seemed as if a remedy related to *Belladonna* in its sick-making actions had to be found. We took up the little work of the indefatigable Bœnninghausen on *Relations*, and finally came to *Sepia*. All other related remedies did not correspond with the case before us. There we found what we had been looking for in the four hundred and seventieth and four hundred and seventy-first symptoms in the fifth volume of *Hahnemann's Chronic Diseases*. No. 470—Pressure in the throat, no matter how little it is covered; No. 471—Pressure in the throat in the region of the tonsils, as if the handkerchief were tied too tightly around the neck. To our not small astonishment, we found, for the first time in this case, *all the symptoms of the patient under Sepia*, and the benefit she received from this remedy was as astonishing as it was unexpected. In no other way than by examining the relative remedies to the one which had most benefited her could we have been enabled to

find the similar. It is not often that the repertories give out, but they did in this exceptionally singular case, and we call our colleague's attention to a progress forward to find the remedy. The materia medica of our school is, as we have shown, progressive, and we may further progress if we enter earnestly upon the study of the relationship existing between the proved drugs. If we progressively develop our healing art, we cannot be persuaded either into distrusting and abandoning the great inheritance left us by the master in his *Materia Medica Pura* and *Chronic Diseases*, nor into declaring that the law of cure, *Similia Similibus Curantur*, is also not reliable, and that progressive abandonment of logic and principles, as well as general progressiveness backward into misnamed liberal and scientific planes, demands from every "physician" a condemnation of sectarianism and an entire reliance upon his own illogical judgment when to administer remedies according to the law of the similars and when to apply palliative treatment only. Progressive liberalism, untrammelled by any formula or law of cure, demands (so these men say) that we may, as scientific men, apply the law of the similars and the palliative treatment "*in alternation.*" Progressive freedom of medical opinion and action demand such a course. Let us have full freedom of action in these liberty-seeking days; let us defy all laws, natural and divine, as well as the laws of the land; let us malign, boycott, and punish, if we can, all men whom we deem obstacles to *our* progressiveness. This is the language and demand expressed in the organs of this liberty-seeking set of men, who, besides all other absurd demands, claim the freedom to practice and teach Homœopathy as *they* understand it and claim to be still entitled to the honorable name of homœopath while, in fact, they have abandoned all the tenets of the school long ago. The symptom, "every covering of the neck seems to be too tight," has been so frequently cured by Lachesis that it appeared almost a positively reliable indication for Lachesis. In the case above referred to this symptom was permanent, did not necessarily belong to the presumed pathological condition, and Lachesis, also sometimes otherwise indicated, especially for violent pains in the left ovary when menstruation sets in, always aggravated the symptoms and never gave the slightest relief. In seeking for a remedy it was thought best to find among the remedies one related to the one which had given the most relief (Belladonna), and there was set at the head of the list a symptom not necessarily belonging to the disease so called. The lady had her fingers continually on the dress covering her neck; when it was even wide, the very touch of it distressed her.

The above enumerated symptoms were found under *Sepia*, and to our knowledge *Sepia* was for the first time administered where these neck and throat symptoms were present, and this symptom disappeared entirely after *Sepia*, which remedy much improved the whole condition of the patient. Is it not evident that our *Materia Medica* can only be made more useful by carefully noting the clinical results? Is a daybook of provers, such as the backward progressionists, Richard Hughes & Co., now try to foist on the profession of any possible use till the symptoms experienced by the provers have been verified by the clinical experiment? And then, after arranging them in a proper manner, they become accessible and useful. There are many, a great many, symptoms recorded in Hahnemann's, Hering's, and other collections of proved drugs not yet verified by the clinical experiment, but they have just as good a right to remain on record as other symptoms that have been verified. In the course of time these as yet unverified symptoms will become "guiding symptoms." The student of the pathology that is found in the books, as well as the progressive healer who studies comparative pathology, is aware that even the known forms of classified diseases have changed their characteristic concomitant symptoms, and as one of the most palpable illustrations we mention "scarlet fever." The older physicians have all observed such marked changes, not only in the scarlet eruption itself, but especially in the concomitant symptoms, that in these changed symptoms quite a different class of remedies became curative at various times. Remedies most frequently called for in scarlet epidemics forty years ago, such as Ammonium carb., Lycopodium, and Calc. carb., are in the later epidemics not indicated. There was an epidemic requiring very often *Mercurius iodatus*, another epidemic required *Apis* and *Arum trif.*, and for some years we have the old Sydenham scarlet fever for which Hahnemann found *Belladonna* so often the curative remedy. The next epidemic may call for an entirely different set of remedies, and symptoms may arise which now remain in our *Materia Medica* still unverified. In consideration of these facts stated, how is it possible for a thoughtful healer to fable about even the mere possibility of pressing diseases into a labeled pathological livery, much less demand the treatment of diseases by a *Materia Medica* read through scientifically ground pathological spectacles.

The progress forward was well illustrated by the published provings of Lithium carbonicum by the late Dr. C. Hering. If the progressive backward set of men, Hughes & Co., will take

up the third volume of the *American Review* they will find in it the daybooks of the provers, and it is a well-known fact that R. Hughes & Co. previously deplore Hahnemann's omission to publish the provers' daybooks. They should know that the publisher of Hahnemann's *Materia Medica* published the work from utterly disinterested motives, and only in grateful acknowledgment of the benefit he had received by Hahnemann's treatment. In the fourth volume of the *American Review* will be found an arrangement of the symptoms of Lithium carbonicum, including some clinical experiments and clinical confirmations. Hering and his contemporaries advocated a progress forward. But what of to-day? The progressiveness of our school will go on progressively; nothing can possibly check it. In the pathogenesis of Lithium carbonicum by C. Hering we find symptom 93: Acidity in the stomach was relieved by nothing so quickly as by Lithium. Here we have an evidence that curative effects of drugs frequently observed can by no means with propriety be expunged from our *Materia Medica*. Let our aim, as homœopaths and true healers, be to progress forward and ignore the progressivists backward—leave them to their fate.

POINTS.

C. CARLETON SMITH, M. D.

Prophylamin.—In rheumatism when the needle held in the fingers gets so heavy she cannot sew.

Copious diarrhœa, with rheumatic pains in ankle joints, but not in the wrists; thirst for large quantities of cold water, similar to Bryonia.

Arnica.—Taste of rotten eggs, especially in the morning. Graphites: *only* in the *morning* after rising, disappearing on washing the mouth; Tart. emetic, taste of rotten eggs *only* at *night*; Chamomilla has stools like spoiled eggs, but not the eructations or flatulence; Psorinum has eructations tasting like rotten eggs.

Under Chamomilla, Ant. tart., Ars., Cina, Ignatia, Kali c., and Puls., the children want to be carried; under Ars., the child wants to be carried *fast*; under Bromine, wants to be carried fast on account of dyspnœa, as in croup; Cham., only quiet when carried; Cina has amelioration from fast rocking; Acon. also better from fast rocking.

Chelidonium.—Desire for very hot drinks ; only water almost boiling will remain on the stomach.

Silicea.—In vermiculous subjects where Cina seems indicated and fails, Silicea will most probably be the remedy.

Cuprum Acet.—Constant protrusion and retraction of the tongue (also Lach.) ; in epilepsy the aura begins in the knees, ascending until it reaches the hypogastric region, when unconsciousness occurs, foaming at the mouth and falling down convulsed.

Just as soon as patient goes into a high ceiling room her head reels and she loses her senses.

Digitalis.—Feels as if heart would stop beating if she dared to move ; Gelsemium, she feels as if she must move in order to keep her heart going.

Dulcamara.—Catarrhal ischuria in children, from wading in water with bare feet, with discharge of mucus from the urethra, milky urine, and mucous deposit.

Guaiacum.—Violent and constant stitches in the throat from larynx to left clavicle ; violent, spasmodic inflammatory action of air passages, especially the larynx, with such violent palpitation of the heart as to cause suffocation.

Iodium.—Itching in the lungs, low down and extending upward through trachea to nasal cavity ; the itching in end of nose is the signal for the cough to begin.

Kali Bich.—Pain over inner angle of right eye, no larger than a three-cent piece ; quite excruciating ; commencing in middle of forenoon, increasing in severity until middle of afternoon and then disappearing.

Kali Bromatum.—He imagines he is singled out as an object of Divine wrath ; extreme drowsiness.

Constant hacking cough during pregnancy ; irresistible desire to urinate, but no flow except with urging and difficulty.

Kali Carb.—Sensation as of a stick extending from throat to left side of abdomen with a ball on each end of the stick.

Lachesis.—Obstinate constipation ; everything tastes sour ; food becomes violently acid as soon as it reaches the stomach.

Rhododendron.—Breathless and speechless, from violent pleuritic pains running downward in left anterior chest, after standing on cold, damp ground.

Cannot get to sleep or remain asleep unless her legs are crossed.

Sepia.—Tongue very foul, but becomes clean at each menstrual flow, returning again when flow ceases; palpitation relieved by walking a long distance and by walking fast; while *Spigelia* has palpitation, increased by sitting down and leaning forward.

Silicea and *Mag. mur.* have headache; better from wrapping up head warmly; but *Silicea* has pain better indoors and from rest, while *Mag. mur.* is better from open air and exercise—in fact, compels one to move about for relief; worse when lying down.

Stannum has colic like *Colocynth*, made better by leaning against something hard.

Child will not be quiet unless carried on the point of the mother's shoulder.

Stramonium.—Vomiting as soon as he raises his head from the pillow, and vomiting from exposure to bright light.

[In giving the above excellent article for publication, Dr. Smith requests that if any readers of this journal know of other remedies having the same or similar symptoms they will furnish them to the editor for insertion. If all would contribute their experience in this way a most valuable *Materia Medica* would result.

To make such articles as the foregoing available, every physician should provide himself with a blank-book, having an index in which all valuable symptoms should be entered under the most conspicuous word occurring in the symptom, with a note showing where the symptom was obtained. In a short time the industrious physician would find himself in possession of a manuscript repertory always ready for use and yet always growing. One of the editors of this journal has kept such a book in a limited way for several years and finds it invaluable.—Eds.]

PROCEEDINGS OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

SYRACUSE, September 16th, 1886.

DR. HAWLEY'S OFFICE.

Dr. J. A. Biegler, in the chair, called the meeting to order at 10.12 A. M. Present: Drs. C. W. Boyce, Seward, Leslie, Martin, Brewster, Hawley, Stowe, Carr, Harris, Nash, Voak, Gwynn, Hussey, Emmons, Schmitt.

Minutes of the last meeting were read and approved.

As Committee on Credentials the Chair appointed Drs. Hawley, Boyce, Seward.

Dr. J. A. Biegler, Chairman of the Committee on Revision of the Constitution and By-Laws, reported a sketch of a revised Constitution, the single articles of which were discussed, and finally a new Constitution was adopted, which reads as follows:

ARTICLE I.

This Association shall be known as the Central New York Homoeopathic Medical Society, embracing the following counties, and such others as may hereafter be added, viz.: Broome, Madison, Oswego, Cayuga, Ontario, Seneca, Chenango, Wayne, Cortland, Onondaga, Yates, Jefferson, Monroe, Oneida, Erie, Herkimer, Saratoga.

ARTICLE II.

The object of this Society shall be the improvement of knowledge of the science of therapeutics and the study of materia medica according to the law "*Similia similibus curantur*," as expounded by Samuel Hahnemann in his *Organon*.

ARTICLE III.

This Society shall be composed of those who are now members and of such others as may be hereafter duly chosen, in conformity with Article IV of the Constitution and the By-Laws.

ARTICLE IV.

Applicants for membership must be graduates of a recognized medical college or licentiates according to the laws of the State of New York, and shall indorse the declarations of principles adopted by this Society.

ARTICLE V.

The officers of this Society shall be elected by ballot at each annual meeting, and shall consist of a president, vice-president, a secretary, who shall act as treasurer, and three censors, whose duty shall be to receive and carefully examine credentials of applicants to membership and report their qualifications according to the requirements of Article IV of the Constitution and of the By-Laws, relating to the election of members.

ARTICLE VI.

The Constitution may be amended by a vote of two-thirds of the members present at any annual meeting, provided that notice of such amendments has been given at least six months prior to said annual meeting.

The following declaration of principles was also adopted :

DECLARATION OF PRINCIPLES.

That we fully believe in the rules of practice as given in the *Organon* (the fundamental principles of Homœopathy), viz.: the law of similars, the totality of the symptoms, the single remedy, and the dynamis of the drug, as the sole foundation upon which we act in practice.

That, as legitimate Hahnemannian homœopaths, we disavow all the innovations, which have been or may be foisted upon Homœopathy, and that, therefore, we repudiate the mixing and alternating of medicines, and disapprove all local, medicinal, and mechanical applications in non-surgical diseases.

The Secretary then read section 246 from the *Organon*.

Dr. T. D. Stowe opened the discussion with the following remarks :

Sections 246 and 247 should be read and analyzed in the light of section 245. By doing so we shall be better prepared to understand the rule of repetition and the "reason why" of this most important guide. As it is a maxim in law, that parts of an instrument or statute questioned, or difficult to understand, ought to be examined in the light of other parts that are definite or clear, or in the light of avowed objects, so in examining and comparing sections 246-7 we ought to do the same in the light of section 245. And this rule ought to be observed in the study of the *Organon* in all its parts. Had this been done in time past, much, if not all, of the acrimonious debate, giving rise to divisions in our school, would have been avoided, and the "bugbear" of Homœopathy, "the question of *dose*," would never have frightened the "old ladies" of the allopathic nor the young disciples of the homœopathic school.

The language of Hahnemann in these three sections, 245, 246, 247, seems to me to be plain—so plain that I wonder they have not been better understood. Section 245 emphatically and very reasonably declares that the rate and quality of *amelioration* of symptoms should govern the practitioner in the *repetition* of dose. "Perceptible amelioration, *making continual progress*,

formally *forbids* the repetition of any medicine whatever." This precept settles the repetition of "the dose" in *all cases* presenting *steady, marked, continuous* improvement, until all the symptoms are removed in *inverse* order in fifty or one hundred days.

But as all cases are not thus easily managed as some, indeed, most cases do not thus happily respond, then it becomes necessary to repeat again and again, and in section 246 Hahnemann lays down the rules of repetition. What are they?

1. A cessation of continual progress in the improvement of the patient.

2. If the remedy be strikingly homœopathic.

3. When it is administered in the highest development, *i. e.*, the least revolting to the vital power, *yet sufficiently energetic to influence it.* (What more can even an allopath ask?) And

4. When repeated at the most suitable intervals, which *experience* has determined for accelerating the cure, but not so frequent as to excite sensible aggravations.

In all these suggestions Hahnemann shows remarkable thought, care, and precision, and it will be observed "*the most suitable intervals*" are to be determined by the experience and judgment of the physician or counsel, and the urgency or gravity of the case. In paragraph 247 Hahnemann shows *when* (subject to the foregoing conditions), in chronic cases, the most subtle doses may be repeated every twelve, ten, eight, or seven days with the best and most incredible effect, or in acute diseases every twenty-four, twelve, eight, or four hours, and in very grave cases every hour to five minutes.

The length of time a remedy may or should be given is shown in section 248 to be, "Until a cure is effected, or until it ceases any longer to afford relief." In the latter case the remnant of symptoms will require the selection of another homœopathic remedy.

Hahnemann's foot-notes to the sections under discussion to-day may seem to some contradictory or ambiguous, but careful examination will show the contrary. Such notes abound throughout the work and are to be regarded as explanatory and defensive. It may be that they were not always called for or necessary, but in making up a verdict as to their merit or demerit we must not forget that Hahnemann was human, and as such was not, nor did he claim to be, perfect; that he was reviled and persecuted for promulgating his discoveries and his methods; that for years, like Socrates of old, his wife was his bitter enemy, a sort of Xantippe; that in later years his practice was overwhelming and his literary pursuits indefati-

gable. How many of his critics could have been indifferent or even calm under similar pressure?

No, my brothers, the great fault with his critics in and out of our school is that Hahnemann is misrepresented, because misunderstood; misunderstood, because poorly studied and timidly put into practice. Our duty is to investigate his precepts in the light of reason and fairness as scholars, and then to apply them in accordance with truth, nature, and sound exegesis.

Dr. Boyce spoke of the three periods in Hahnemann's life, corresponding to his precepts in regard to the dose, *i. e.*, in the first edition of the *Organon* he advocates the single dose; in 1833 he mentions that the single dose is not sufficient and has to be repeated, and in the introduction of the third volume of his *Chronic Diseases* in 1837 to 1838, from which the Doctor read, the advice is given to repeat the dose in a watery solution for days.

Dr. Boyce also mentioned that Hahnemann uses the word alternation when he speaks of the intercurrent use of Sulphur and Hepar.

Dr. Biegler pointed to the difference of alternation as made use of to-day from that Hahnemann recommends, whose advice is to let every remedy act for seven to ten days in chronic diseases before another remedy should be given.

Dr. Boyce now read a foot-note from Hahnemann's *Materia Medica Pura*, where, under Belladonna, he recommends the alternation of Aconite and Coffea.

Dr. Stowe said: "Hahnemann meant by alternation that a remedy might be changed just as often as the symptoms changed requiring its application."

Dr. Biegler said that Hahnemann, after all that he had thought, had no need to qualify the word "alternation."

Dr. Boyce said: "Dr. Bœnninghausen, Lippe, and all the older physicians, even Hahnemann himself, have alternated."

Dr. Biegler read from the foot-note of paragraph 246, where he gives the time, a dose of Nux had to act before Sulphur should be given, so that nature be ready to react.

Dr. Boyce tells of the alternation of Bœnninghausen in croup, as given by C. Dunham—namely, No. 1, Aconite; 2, Hepar; 3, Spongia; 4, Hepar; 5, Spongia.

Dr. Voak asked what Dr. Boyce would do when anybody sent for medicine for croup?

Dr. Boyce answered he would not send any medicine, but tell the messenger that he had to see the patient himself in order to make a satisfactory prescription.

Dr. Nash remarked that Bœnninghausen and all the heroes of Homœopathy were only men, who had not to be followed unless they stood up for principle, but that their deeds, when not in accord with Hahnemann's teaching, were excusable, as they had not so many remedies as the homœopaths of the present day. He gives his patients the order to give the remedy until better or worse, for aggravation will come promptly, and tell the nurse when to stop the medicine.

Dr. Gwynn doubts the capacity of the attendants to say when a dose should be stopped or repeated.

Dr. Boyce read a letter by Dr. C. Wesselhœft, of Boston, on the foot-note of sections 246 and 247.

Dr. Gwynn moved that the letter be received, and the thanks of the Society be tendered to Dr. C. Wesselhœft. Adopted.

The meeting was then adjourned and the out-of-town members accepted the invitation of the Syracuse members to dinner.

2.30 P. M.—Meeting was again called to order by the President, Dr. Biegler.

Dr. Gwynn thinks there is a spirit of intolerance in this Society that excludes the presence of many physicians. Hahnemann's *Organon* was twisted in such a shape as to please the men that come now to form it. He thinks there is no doubt that Hahnemann tolerated alternation, and he wants no fight amongst the homœopathic fraternity, we had enough to do to fight allopathy. He would not participate in any more meetings, as he could not learn anything.

Dr. Nash was sorry that Dr. Gwynn got mad; he never allowed himself to get into that mental condition. Opinions were opinions. He, for his part, always learned something from the discussion of the *Organon*. As to the remark, that so few are left that attend these meetings, he would rather have open enemies than false friends; the latter have made Homœopathy the laughing-stock of allopathy. A man of halfways never knows where he belongs. If the eclectics would take their true stand, there would be no fights among *homœopaths*. He himself was standing on the firm belief in pure Homœopathy.

Dr. Biegler.—Every society, to be successful, has to keep up its tenets. No offense could be given, if the many stuck to non-alternation, and this conflicted with the views of the few.

Dr. Lippe, Bœnninghausen, and we all had to learn before we could assume the standpoint we fight for now. He, himself, had used in former years Bœnninghausen's alternation of remedies in croup, but in his own family it failed, and, by clinging

to the rules of Hahnemann again, Phosphorus was selected, given in a single dose in a high attenuation, and cured in thirty-six hours.

Dr. Hawley always finds the best result in giving the single remedy; he had also alternated, when commencing to practice Homœopathy, but had learned better. He introduced Dr. True, of Syracuse, to whom was given the privilege of the floor.

Dr. True states that he is alternating with low potencies, and that he is sorry of the division in Homœopathy. He thinks that both Homœopathy and the people are suffering from it; he pleads for union, so that physicians might learn from an assembly like this.

Dr. Hawley spoke of the gradual decrease of the number of physicians attending these meetings since they began to discuss the *Organon*, and they stayed away without giving any reason. Nobody has been restricted in the method of treatment, although crude treatment is condemned. If these men are able to defend their methods, why don't they come and do it? Hereafter every member has to conform to the new Constitution as adopted at this meeting, and if he is a homœopath, why can't he submit to it?

If you want to manufacture nitro-glycerine, you have to follow the chemical formula in order to succeed. If you want to succeed in Homœopathy, you have to follow the law *Similia similibus curantur* and the rules laid down by Hahnemann, or you will fail to be a homœopath. I, for my part, give everybody permission to cure disease outside of Homœopathy, *if he can*.

Dr. Harris remarked that the Society was not popular on account of an illiberal feeling; we ought to have more liberty. I thoroughly indorse Hahnemann, but I will not call any man, whoever he be, "master." He did not like members to come together and form cliques, like politicians do.

Dr. Nash said: "I was never restrained in giving my opinions in the meetings of this Society, and I am glad that Dr. True openly confesses that he alternates and comes here to learn a better way. We are in the defense against men without any principles, and we do not want to increase our members by sacrificing our principles. We have not been intolerant, but we have condemned everything that is not Homœopathy."

Dr. True expressed his sympathy with the principles that were represented here.

Dr. Biegler said: "As long as no principles are at stake everybody is lovable, but as soon as the homœopath, adhering to

Hahnemann's teaching, talks Homœopathy, he is called a disturber of harmony.

"Dr. Voak studied under Lippe and Guernsey, but in a case of croup, when medicine had to be sent and he could not see the patient, he would send Bœnninghausen's prescription. When in Binghamton at the last semi-annual meeting of the New York State Society he heard Dr. Terry's case of carbuncle, he could not help pitying the doctor that did not know any better how to treat this disease."

Dr. Hawley thought that you can generally elicit some symptoms from the messenger, so as to enable you to send the single remedy. For instance, if child wakes feverish with a sawing respiration Aconite will be indicated, whereas sawing breathing without fever called for Spongia; and if child wakes toward morning with a croupy cough and a rattle, as if it would raise, Hepar would come in.

Dr. Stowe related the following cases: "Mr. D. V. came to me in February, 1885, for a prescription for croup. The child was about three years old, tolerably fat, of light complexion, light hair, and blue eyes. For some time the child had been ailing, having ordinary coryza, followed now by croupy symptoms. They were:

- "1. Much dry heat with restlessness.
- "2. Sudden awaking in fright at nights, from nine P. M. till two A. M., grasping its throat.
- "3. Shortly after perspiration on face, head, and neck, *going off with sleep*.
- "4. During the paroxysms of hoarse, suffocating cough, the child had purple nails and lips.
- "5. Scanty, tough expectoration, yet the tracheal sound was somewhat loose. Sambucus^{2c} (Dunham) cured.

"In December, 1884, or January, 1885, the child had a similar attack, for which a so-called homœopathic physician prescribed, but without relief. Hive syrup was then given, but its action was so violent, nearly killing the child, that the parents were almost scared out of their wits and disgusted. When the father came to me he said he 'was almost afraid of me, as I was a stranger and a homœopath; yet they dared not give any harsh medicine.' He took the Sambucus and gave it with happy results. Some time after that he called and obtained more, saying, 'It acted so prompt and nicely that he wanted it in the house in case of another and similar attack.'

"The dry, hot skin *during sleep*; the sudden suffocative paroxysms of hoarse cough, obliging the child *to spring up and*

grasp the throat in terror; and the perspiration in face and on the neck, when thus awakened, led me to choose Sambucus."

Dr. Carr proposes, as place for next meeting, Rochester, on the third Thursday in December. Carried.

Dr. Schmitt moved that the next subject for discussion be "Sycosis," and that Dr. Kent, of St. Louis, be requested to prepare a paper on this subject for the next meeting. Adopted.

The meeting then adjourned at half-past four P. M.

JULIUS SCHMITT, *Secretary.*

WHAT IS THE MOST TRULY HOMŒOPATHIC TREATMENT FOR BURNS AND SCALDS?*

AD. LIPPE, M. D., PHILADELPHIA.

Every individual case will require its individual treatment according to the law of cure (*Similia similibus curantur*), and, therefore, many remedies, not mentioned in this short essay, may be indicated in some cases as the symptoms accompanying such injuries, as well as the causes which may indicate them. I can, therefore, only treat of such conditions following such injuries as we find most frequent in practice. And to illustrate the general treatment of scalds and burns in the most truly homœopathic manner, I shall first state the symptoms generally following the different degrees of combustion, and give the remedies that are indicated by such symptoms and have been confirmed by practice, and, secondly, state what remedies were more efficacious according to the causes.

Combustions are caused when our body comes in contact with fire, heated substances, mineral acids, alkalies, or some of the metallic salts and oxides. On the degree of heat, and, therefore, with fluids, on their density and thereby conditional capacity for heat, on the time they have been in contact, and on the tenderness of the parts with which they have been in contact, depends the degree of the ensuing inflammation. Thus may exist any number of degrees; but we will confine ourselves, as is usual, to *four*.

(1) The first degree of combustion is caused by steam, or from the contact of more or less hot substances; it produces a deep, not circumscribed, redness of the skin without swelling,

*The above excellent article was first published in the *Philadelphia Journal of Homœopathy* thirty-three years ago.—EDS.

which vanishes when pressed upon by the fingers. The skin peels off in a few days.

Treatment.—Among the known homœopathic remedies *Ars.*, *Bell.*, *Euphorb.*, *Hammamelis*, *Rhus*, and *Tereb.* correspond with that condition of skin. I found *Hammamelis* the most efficacious remedy. The distilled preparation, externally applied, will reduce the pain immediately.

(2) The second degree, which is mostly caused by heated fluids, causes the epidermis to become either spontaneously or gradually elevated to a smaller or larger blister, filled with a yellow or transparent fluid. The redness and swelling of the skin are more intense than in the first degree, the pain severer—burning—and this condition is generally accompanied by fever. The vesicles shrink and dry up, the fluid becomes absorbed, and the epidermis is thrown off, or if they burst or are opened the fluid is emptied, the blister sinks in and dries up, a new epidermis is formed, or the place suppurates.

Treatment.—There is none of the known remedies to correspond closer to this condition than *Cantharides*, which, if early enough applied, will prevent the blisters from forming to any extent. Where they have formed the tincture of *Cantharides*, applied with a brush externally, will soon relieve the pain. But alcohol or brandy may be applied. *Urtica urens*, *Creasote*, and *Causticum* have to be next considered, should *Cantharides* not be sufficient. When it has come to the formation of ulcers, *Ars.*, *Carbo veg.*, *Cycl.*, and *Lachesis* have to be considered.

(3) The third degree is caused by the flames of fire or by the longer contact of the body with hot substances, especially hot fluids. It is characterized by gray, yellowish, or brown spots, which are thin, soft, and when slightly touched painless, only painful when more severely pressed upon, at the same time blisters make their appearance (filled with a brownish or sanguinolent fluid), the adjoining parts are red and much swollen. In six or eight days, sometimes later, the epidermis and the malpighian net are thrown off, and it heals by granulation. There is a white, bright scar left.

Treatment.—This irritation corresponds with the symptoms of *Ars.*, *Canth.*, *Cycl.*, *Creasote*. *Creasote* water will very generally soon allay the violent pain. It can be applied with a brush, and linen cloths dipped in weak *Creasote* water can be applied to the burned parts. I found this an admirable remedy. *Caustic* solution has been used in the same manner successfully.

(4) The fourth degree is caused by a long contact with fire, red hot or melted metals, boiling fluids, etc. The destruction

involves the whole thickness of the skin and the cellular texture, or goes deeper into or through the muscles to the bones, or a whole part is destroyed and burned to coal. The scurfs formed are of different thickness, and insensible when caused by hot fluids; gray or yellow when caused by fire or dry hot substances; brown or black, dry, hard, sounding when touched. In the circumference of these scabs the skin is drawn into radiating folds. The adjoining parts are much swollen and reddened, very painful, and often covered with blisters. Around the scabs suppuration ensues which causes the scurf to be thrown off, and then a more or less deep ulcer is formed. Granulation sets in, the edges unite and form ill-shaped, hard, immovable scars, frequently changing or even sometimes suspending the motions of the parts.

Treatment.—The best remedy in such cases is soap—a paste made out of the scrapings of good Castile soap and spread on linen, with which the burned surface is covered. It is necessary to renew this dressing from time to time. If the ulcers become putrid and offensive, and Sapo. given internally does not relieve, the dressing must be changed, and Creasote will then be in place externally. If the pain in the ulcers is burning, Ars., internally, or, when they bleed at the same time, Carbo veg., will be the best remedy. Sec. cor., Caust., Cycl., Laches., if the ulcers become gangrenous. Such cases, after treatment with lead water, have yielded in my hands to the application of soap; the remedy being administered at the same time internally.

When the burn is caused by sulphuric or other acids, Lime-water is the best remedy.

If caused by an alkali, Vinegar is best.

If caused by burning fluid, as is used in lamps, a paste of Chloride of Lime and Oil, or an aqueous solution of Chlor. lime alone, is best.

Gunpowder burns, which generally affect the face and hands, I have best treated with a very weak solution of Creasote.

If it is caused by phosphorus, Sweet Oil is the best remedy.

If fever, diarrhœa, constipation, or other symptoms make their appearance, they must be treated according to symptoms. In many cases it is better to apply externally only a little mutton suet, and give the remedies internally, except when they had been treated injudiciously before.

The People's Health Journal, of Chicago, says: "Invalids who have tried everything but Homœopathy, have made less than half an effort to get well."

EXPLANATION WANTED, BUT NOT GIVEN.

E. W. BERRIDGE, M. D.

It is with extreme reluctance that I occupy the pages of THE HOMŒOPATHIC PHYSICIAN with anything approaching a personal matter ; but Dr. Skinner's attack on me in the September number is so ill-natured in its tone, as well as unjust in its substance, that I crave a few lines for a reply.

The point is simply this: Dr. Skinner published a case in which he first declared the sinking at the epigastrium to have come on *between two and three P.M.*, and afterward referred to it as *from one to two P.M.* Seeing that there was a discrepancy arising from some clerical or printer's error, I asked which was the correct version. Surely this was a fair question ; and I think the profession will be much surprised at the manner in which Dr. Skinner has attacked me for it.

(1) I did *not* ask Dr. Skinner what hours he considered as characteristic for this *Sulphur* symptom, but simply what the symptom cured was, there being a discrepancy in the record.

(2) Dr. Skinner accuses me (twice) of "*willful*" mistake, italicizing the word on the second occasion, so that at any rate there should be no "mistake" as to his meaning. In other words, he accuses me of being a *deliberate and intentional liar* !

To this charge I make no reply. I treat it with the supreme contempt it deserves. But lest my colleagues should think that I have been careless in my quotations, I will call their attention to Dr. Skinner's own words (p. 115, line 5 from bottom): "I now reckon it strongly indicative of *Sulphur*." If this, combined with italics, does not mean that Dr. Skinner considered the symptoms characteristic, then language must have been given, at any rate to him, to *conceal* his thoughts, as Talleyrand used to say. Besides, the question was not whether the symptom was characteristic, but what the symptom really was.

(3) Dr. Skinner sneers at my usual method of describing how I have selected the remedy. I am sorry it does not please him. But my method is, to the best of my poor ability, based upon Hahnemann's own instructions and example ; and having the indorsement of the master, I can endure the censure of my own pupil.

In conclusion, should Dr. Skinner ever again honor me with his criticisms in THE HOMŒOPATHIC PHYSICIAN, I shall take no notice of it unless it is couched in the tone and language which

is used in discussions between *gentlemen*. Whether Dr. Skinner's charge of "willful" mistake, *i. e.*, of deliberate lying, can be classed under that category, I leave my colleagues to decide.

DR. EVERLY'S CASE IN THE NOVEMBER NUMBER.

We are in receipt of two answers to this singular case.

Dr. George H. Clark, of Germantown, Philadelphia, suggests Baptisia.

Dr. W. S. Gee, of Hyde Park, Illinois, suggests BAPTISIA, *Thuja*, Phos., and Cajuputum. He also adds: "The fixed ideas of *Thuja*, as well as its miasmatic sphere with the close symptomatology, suggests a study of it if other remedies do not act."

"PARALYSIS FROM BELOW UPWARD."

W. S. GEE, M. D., HYDE PARK, ILLINOIS.

Dr. Berridge, in last number of *HOMEOPATHIC PHYSICIAN*, calls attention to the paralysis of Manganum, and adds, "I can find no other remedy producing it." If the paralysis from below upward is the feature to which he refers, he may add *Conium* to the list. In my lectures of last year I mentioned that peculiarity of *Conium*. Brunton says, p. 787: "The symptoms of *Conium* poisoning are weakness of the legs and staggering gait, passing on to paralysis, which progresses upward, and finally causes death by failure of respiration. The mind remains clear to the last." The same facts may be gathered from *Taylor on Poisons*, p. 699; also from a later work largely drawn from it—*Blyth on Poisons*, p. 240. The last statements of the great Socrates should fix these facts in our minds. Remember also *Lathyrus sativus*, given in Allen's *Encyclopædia*.

NOTICE, MEMBERS I. H. A. The rule applying to application for membership, whereby all names must be in the hands of the Chairman of Board of Censors six months previous to the meeting at which the vote is taken, is now in force, and December 25th is the latest date, after which the Chairman has no discretion, and all names coming in thereafter will have to go over to next year. Fraternaly,

J. T. KENT, *President*.

HOMEOPATHIC MEDICAL COLLEGE,
MISSOURI, November 8th, 1886.

CORRESPONDENCE.

COCAINE ADDICTION.

MESSRS. EDITORS :

If any reader of your journal has met with a case of cocaine addiction and will send me the fullest details at his command, I will thank him for the courtesy, reimburse him for any expense incurred, and give him full credit in a coming paper.

J. B. MATTISON, M. D.

BROOKLYN, 314 State Street.

CLINICAL BUREAU.

CLINICAL CASES.

W. S. GEE, HYDE PARK, ILLINOIS.

From students and other friends a repeated and pressing invitation is given to "write for our journals." Thinking that perhaps what seems too simple to many of us may be of interest to neophytes, this case is submitted:

CASE I.—August 31st, 1885.—C. W. S., American, æt. thirty, was sent from a firm in the city by one of the proprietors whose experience had engendered such confidence as he thought to warrant sending all his friends to me. He had told the new victim that "He will want to know all about your history for one or two generations," and sent him with instructions to "tell all about it." The complaint made was that he had "jaundice." That he had been treated for weeks and by several physicians without benefit, but rather injury. Remembering that in all obstinate troubles, even of the acute variety, if they are unchanged by treatment ordinarily successful, a miasm is at the base of it (and such troubles always have an important history), we began at once the search for first cause. The following is copied from my record: Knows nothing of his family history, as he has been away from home for many years. Thinks all the members were subject to bilious turns. When about twelve years old, had an attack of headache which lasted forty-three days. *He always woke up with it at six A. M., and it lasted until sundown. During the attack wanted to be quiet, did not want to move or have any noise, or be spoken to, or have mental exertion. Eating candy*

or *drinking coffee* would bring on an attack. Had attacks of "dyspepsia" at the same time or afterward. Headaches ceased about five years ago, and has had "bilious attacks" since. At one time when he had the headache he lay three days at a time with his hands under his head. Had a bilious attack about once a year; it began by loss of appetite, then languor, *kidneys and backache, skin yellow, urine high-colored*. An attack lasts three or four days and passes away. Present trouble: About four weeks ago had a brassy taste; six days later began to vomit; could not eat; *the urine turned yellowish-red, and bowels became constipated*. Still feels *languid, IRRITABLE, has no energy, skin is of a deep yellow color all over the body, and itches excessively*. No appetite; *wants to eat, but cannot. Has taken much medicine*; even "took seven kinds in one day." Nux vom.^{dm} four powders, Sac. Lac.

September 5th.—Five days' time brought this report: "I am now all right, although I am still yellow and have some itching of the skin; eat well, and feel like myself again. *Have some sour gulping from the stomach after eating*." Sac. Lac., with one powder of Nux vom.^{dm} to take if symptoms returned. He never needed the last powder, as the whole trouble rapidly vanished.

Can any one read the above and doubt the existence of a liver trouble in this case? What more written evidence could be desired? This young man had suffered before, as the history shows, and all his serious troubles pointed to the same locality as the cause of trouble. We could not definitely say where the predisposition to such attacks lay without the full history of the case. Many different causes give rise to jaundice, but a different history is found in the different cases. So in the selection of the remedy for the given case. The present symptoms may not be sufficient in themselves to justify a selection, but with the history the aid is all-sufficient both as to disease and remedy.

As Dunham wisely illustrated, we may not be able to decide as to whether two lines an inch long are parallel, but if they be extended the problem is easily solved. What are the prevalent ideas regarding the treatment of liver troubles, especially where jaundice is an accompanying symptom? That a medicine or *medicines* must be used which "stirs up the liver" and produces several free movements of the bowels. How many cases of congestion, active or passive, escape without Mercury in some form? Where this idea is entertained many poor victims are made invalids for life through the bigoted stupidity of such

practice. How often does induration remain? Disturbed and limited function, of course, results. These same physicians remove enlarged tonsils by the knife, and had not nature wisely made such strong attachments and encased the liver, it is probable that a portion or the whole of it would many times be "scientifically" removed.

How do we know that such a disease exists but by the symptoms? Disturbed function is manifested in nervous phenomena, and just in proportion to the amount of nervous disturbance of a pronounced, peculiar character is the case more favorable to cure. We deal with *facts* when we note the symptoms elicited from the patients. We may theorize as to the cause and results of symptoms, which are the only evidence of disturbance, but that conjecturing is unnecessary, and liable to lead us to wrong conclusions. Having the *facts* from the patient, we have corresponding *facts* in well-proven remedies. The *facts* of the disease when met by the similar *facts* of the curative remedy result in his cure. If symptoms which vary from the normal, in the given case, are removed, is not the patient well? Nux vom. included the nervous phenomena of that case, and hence cured the case, although that remedy may never have produced the same condition of the liver. Neither did it perform the cure by virtue of its "unloading" or "stirring" the liver to the extent of producing several loose stools. Neither could it have been from *toxic* action that such a change was wrought. If one doubts the dynamic cause of disease and the dynamic curative effect of our remedies, let him witness the evolution to health of one of these cases of old liver trouble. One other point deserves mention. Why was the remedy selected? Because it corresponded to the *totality of symptoms*, and NOT because the patient has been "drugged."

Can a remedy cure, when given in a potency, any symptoms but those which come within its curative range? It is loss of time and a source of confusion to give Nux vom. for "previous drugging" *when another remedy is well indicated.*

CASE II.—September 16th.—From the same store came another clerk when he saw what had been done for his neighbor. A. R. B., æt. twenty-four years, was also informed as to the history that would be necessary, and came "loaded."

(We may say here that the ignorance as to the importance of the history and the inability to give it definitely and accurately is one great hindrance from reaching the curative remedy. It is often necessary to have them call repeatedly, to freshen their memory, consult their friends, etc., for many times. This help

is next to indispensable.) This young man's father is sixty-four years old; has rheumatism. (He is an allopathic physician of some note in the East. I wonder what would best express his feelings if he knew that a "little pill" influence had started into his family!) Mother, fifty-five, has neuralgia. Has four brothers and two sisters, and health of all good. When six months old had cholera infantum. It lasted several months, and he has not been strong since. From that time anything indigestible brought on fever or convulsions. Was subject to stomach trouble, with vomiting, headache, and fever, until twelve or fifteen years old. Had "typhoid fever" every year in spring or fall, or, when much weakened, for several years in succession. In 1883 had scarlet fever lightly, and was well that summer. Was weak, but recovered slowly. Had diarrhoea for several weeks. After the diarrhoea stopped he was better in health for two months, when a pain appeared in the left knee and gradually grew worse. Applications were made, then other joints became implicated. This trouble lasted one year, from October to October, even while medical skill of the congenial kind was continued. During the time a consultation and conjunction of scientifically wise physicians pronounced "effusion in both knees, and he must stop all work for a year." He was *worst in March*, and in June was able to walk a little on crutches. *In summer* the ankles, wrists, and elbows gradually got better. The knees have been weak ever since. The soreness seems to be in the *long bones of the legs, but the ends are tender* on deep pressure. *The pain is worse before a storm. He can predict a storm three days ahead. He is better after the storm comes. The pain is worse when he starts to walk, and grows less after walking some distance.* He says that during the attack the pain was *worse at night, was restless, and the bowels were constipated.* Rhus tox.²⁰⁰.

September 26th.—Felt feverish for a day or two after the last visit; has had less pain. He later took some cold, and for a slight return of the trouble he received one powder of Rhus tox.^{cm} with marked relief. From that dose to the present he received another powder of Rhus tox.^{cm}.

From the crooked, pity-deserving young man who came in as carefully as possible with an unmistakable evidence of protest against coming to a homœopath there has developed an active young man who has attended dancing-school with great enjoyment. He walks as stately as any of his friends and has not lost a day from business since taking the first dose of Rhus tox.²⁰⁰. He was sure another severe illness was before him when he came, as he

felt just as before the long siege above described. Would he be easily convinced that the powders which constituted the medicine were "nothing but alcohol"? I use Sac. Lac. *powders* as placebo, that no one may say that the "alcohol" in the placebo accomplished the only change made.

CASE III.—August 23d.—Wm. McC. came from the same store. He is a Scotchman, æt. twenty-three, of slender frame. He held the office of "shipping clerk." He gave this "pedigree:" Four years ago, in Scotland, while working in a printing office and while lifting a heavy load of paper he felt sick and spat blood, and in a few minutes vomited blood. He had always been well before that time. After that time he had trouble with his stomach and has not been well since. There *was a burning, empty, gone feeling in region of the stomach* immediately after the bleeding. This occurred in April, and the following June he came to America. Soon he began to have trouble also with the bowels. He returned to Scotland on a visit, and while there was relieved, but when he returned to America the bowel trouble again appeared. Attacks of diarrhœa were quite frequent; with all the attacks he was dizzy, weak, and *faint in stomach*. The attacks always came in the night; the stools were *always of a burning character* and left a *burning in the anus*. He has received much treatment from several physicians, but gets no permanent relief.

Present symptoms: Diarrhœa came on again about midnight last night—came suddenly and with urging; had four movements before daylight; stools were *hot and burning each time*; stools scanty; *stools offensive, and the odor clings to him*; *empty feeling in stomach, especially about eleven A. M., with faintness, and is relieved by eating*.

Gave Sul.^{1m} (B. & T.), three powders—one after each movement—and Sac. Lac.

August 28th.—He reports: "Took another powder as directed and the trouble stopped, but ate something which started the bowels again, and took the others and have had no diarrhœa since." The appetite returned, the bad taste (which had not been recorded above) disappeared, and he was all right again.

A few points are worthy of notice from these cases.

1. Only one remedy was used in each case. For one, the two hundredth of it, and, later, the CM.; for another, the DM only, and for the last, the 1M only.

None of them received at any time from me any other remedy or potency than the one named.

2. The curative remedy in each case was indicated by *previous attacks of illness*.

When in doubt as to the best remedy, with Dunham I would say, "*Draw LONG lines, and the parallel will become evident.*"

See Dunham's *Lectures on Materia Medica*, Vol. II, page 56, for cases which were cured of present ailments with remedies indicated for troubles years ago.

BOOK NOTICES AND REVIEWS.

THE PHYSICIAN'S VISITING LIST FOR 1887. Lindsay & Blakiston's edition. Philadelphia: P. Blakiston & Co.

This is the thirty-sixth year of the publication of this excellent little pocket-book.

In addition to the convenient blank portions for keeping notes of cases, we find Marshall Hall's ready method in asphyxia, a list of poisons and antidotes in tabular form, a dose table, which, however, is useful only to physicians of the regular school, an excellent article upon "Disinfectants, condensed from the conclusions of the Committee on Disinfectants of the American Public Health Association," etc. The full list of the valuable things for every day use may be learned from the advertisement, which appears in this number. We can only say that the information contained is that which the physician wishes to know in his daily practice when far away from his library. Every physician should have a copy.

W. M. J.

HOMŒOPATHIC PERIODICALS AND MEDICAL ADVERTISEMENTS. By E. Hasbrouck, M. D., Brooklyn, N. Y. Read before the Homœopathic Medical Society of the State of New York, September 7th, 1886.

This pamphlet of four pages is a protest against the prevalent practice of admitting advertisements of proprietary medicines to the pages of professedly homœopathic journals. The castigation herein given is well deserved.

There ought to be reform in this matter, but we think the author has a mighty task before him.

W. M. J.

L'UNION HOMŒOPATHIQUE is a new monthly journal devoted to Homœopathy, published at Antwerp, in Belgium. Its editor is Dr. Boniface Schmitz.

We give the new journal cordial greeting and wish it every success.

THE SURGERY OF THE PANCREAS. By N. Senn, M. D. Reprinted from the Transactions of the American Surgical Association, April 29th, 1886. 129 pages.

This book has just been received.

ERRATA.

Page 387, line 24 from the top: for *medicated* read *indicated*.

Page 408; line 23, for *hot drinks* read *cold drinks*.

