

80332



Class \_\_\_\_\_ No. \_\_\_\_\_

EX CHANGE.

30

W 75









Digitized by the Internet Archive  
in 2013

THE  
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

---

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

---

EDITED BY  
EDMUND J. LEE, M. D.,  
AND  
WALTER M. JAMES, M. D.

---

VOL. VII.

---

PHILADELPHIA:  
1123 SPRUCE STREET.  
1887.





# INDEX

## TO THE

# HOMŒOPATHIC PHYSICIAN.

### VOLUME VII.

	PAGE		PAGE
Abies canadensis, . . . . .	444	Anacardium, . . . . .	8, 9, 50, 51, 52, 53,
Abies nigra, . . . . .	444	60, 61, 77, 90, 96, 201, 202, 334, 479	
Abridged Therapeutics, Founded upon Histology and Cellular Path- ology. By Dr. Med. Schussler. Trans- lated by E. H. Holbrook, M. D., Re- view of, . . . . .	140	Anal Fissure. E. W. Berridge, M. D., . . .	194
Abrotanum, . . . . .	444	Angina, Follicular, Sanguinaria in . . .	477
Aconite, . . . . .	17, 49, 50, 53, 54, 61, 115, 173, 184, 185, 201, 204, 256, 261, 281, 282, 329, 330, 361, 369, 377, 387, 433, 445, 446, 447, 449, 450, 451, 453, 456, 461, 462	Angusturia, . . . . .	49, 51, 297, 462
Actea rac., . . . . .	52, 53, 101, 155, 379	Antimon. crud., . . . . .	448, 461
Aesculus, hip., . . . . .	63, 210, 406	Antimonium tart., . . . . .	48, 49, 50, 51, 52, 53, 54, 94, 96, 166, 184, 224, 445, 447, 450
Aethusa, . . . . .	60, 61, 79, 114, 211	Antipathies, . . . . .	491
Agaricus, . . . . .	50, 51, 238, 332, 455, 462	Aphorisms of Hippocrates. Benning- hausen's. Trans. by A. McNeil, M. D., . . . . .	99, 116, 161, 188, 242
Agnus, . . . . .	52, 53, 282, 446	Apis; Clinical Symptoms. J. E. Wil- nans, M. D., . . . . .	23
Ailanth., . . . . .	49, 50, 52, 400, 450	Experience with; a Clinical Note.	
Ailanthus. A. McNeil, M. D., . . . . .	456	Wm. A. Hawley, M. D., . . . . .	133
Alcohol, . . . . .	354	Apis, 51, 52, 53, 96, 193, 240, 258, 333, 335, 374, 389, 406, 445, 448, 453	
Aletris, . . . . .	453	Apocynum, . . . . .	49, 335
Allen, John V., M. D. Capsicum, A Few Comparisons of, . . . . .	10	Apoplexy, . . . . .	242
Rep. to Hæmorrhage of Bowels, . . . . .	485	Aqua Fortis, . . . . .	354
Typhoid Fever, . . . . .	487	Archives of Gynæcology for July, Notice of, . . . . .	348
Allen, Dr. T. F., Views upon Homœo- pathic Practice, . . . . .	396	Argent., . . . . .	49, 50, 53, 407, 444
Allium cepa, . . . . .	51, 52, 61, 211, 241, 375, 446, 450	Argentum nitricum. A Lecture. J. T. Kent, M. D., . . . . .	199
Allium sat., . . . . .	336	Argent. nitr., . . . . .	52, 87, 126, 200, 201, 202, 238, 240, 287, 377, 385, 447, 449
Aloes, . . . . .	67, 239, 240, 364, 445, 456	Arnica, . . . . .	18, 49, 51, 52, 53, 54, 57, 58, 61, 66, 67, 133, 152, 154, 155, 156, 160, 192, 208, 238, 239, 243, 278, 279, 330, 379, 346, 445, 448, 449, 451, 453, 456, 459, 461, 462
Alumen, . . . . .	49	Arsenicum Album. A Lecture. Prof. A. McNeil, M. D., . . . . .	330
Alumina, . . . . .	2, 47, 49, 50, 52, 53, 60, 61, 170, 171, 199, 204, 239, 407, 432, 444	Arsenicum, . . . . .	1, 3, 4, 11, 15, 49, 52, 53, 57, 75, 76, 78, 80, 81, 96, 131, 135, 152, 156, 157, 159, 160, 200, 202, 204, 206, 207, 208, 240, 243, 257, 273, 281, 328, 329, 331, 332, 333, 334, 335, 336, 337, 344, 364, 367, 374, 375, 378, 379, 384, 394, 403, 407, 442, 446, 448, 450, 451, 454, 455, 461, 462, 468, 470, 471, 481
Alumni Association of Hahnemann Medical College, Notice of, . . . . .	221	Ars. hyd., . . . . .	51
Ambra, . . . . .	52, 53, 462	Ars. iod., . . . . .	384
American Institute of Homœopathy. Ad. Lippe, M. D., . . . . .	117	Arsenicum metallicum, . . . . .	2
American Institute and Its Laughter. P. P. Wells, M. D., . . . . .	107	Arum triphyllum, . . . . .	15, 48, 51, 193, 407, 447, 449
of Homœopathy, Transactions of	105	Arund., . . . . .	51, 52, 60, 61
American Medicinal Plants. By C. F. Millspaugh, M. D., Review of, . . . . .	436	Asafet., . . . . .	60, 61
Ammoniacum, . . . . .	224	Asar., . . . . .	445, 461
Ammon. Br., . . . . .	49, 52, 53		
Ammonium Carbonicum, . . . . .	48, 49, 50, 51, 52, 53, 60, 61, 194, 281, 369, 407, 423, 458, 461, 462		
Ammon. mur., . . . . .	49, 51, 52, 53, 54, 60, 61, 205, 428		

OCT 27 1911

80303

	PAGE
Asclepias, . . . . .	15, 51
Aspar., . . . . .	52
Asphyxia, Treatment of, in the New Born, . . . . .	39
Atropia, . . . . .	49, 51
Aurum, . . . . .	10, 49, 50, 52, 53, 60, 61, 280, 330, 447
Avena sativa, . . . . .	87
Backache, Worse from Noise. C. S. Durand, M. D., . . . . .	389
Badiaga, . . . . .	48, 51, 52, 429
Badiaga Case, A, . . . . .	429
Bad Breath, . . . . .	351
Bad Habit, A, . . . . .	269
Ballard, E. A., M. D. Clinical Notes upon Parturition, . . . . .	378
Baptisia, . . . . .	15, 32, 113, 114, 120, 121, 155, 156, 157, 165, 166, 224, 303, 407, 445, 462
Baptisia in Hysteria. G. W. Sherbino, M. D., . . . . .	113
Barium, . . . . .	240
Baryta-carb., . . . . .	2, 12, 49, 52, 53, 54, 60, 61, 96, 127, 128, 195, 208, 407, 435, 458, 462
Beaten at His Own Game, . . . . .	36
Belladonna. W. S. Gee, M. D., . . . . .	408
Belladonna, . . . . .	1, 8, 10, 23, 49, 50, 51, 52, 53, 54, 58, 60, 61, 64, 96, 99, 100, 126, 127, 165, 166, 175, 184, 190, 193, 194, 195, 203, 208, 211, 214, 240, 243, 245, 250, 281, 282, 328, 337, 372, 376, 387, 406, 409, 410, 446, 448, 450, 451, 452, 456, 458, 459, 461, 462, 467
Bender, Dr. Prosper, . . . . .	36
Benzoic ac., . . . . .	337, 469
Berberis, . . . . .	445, 448
Berridge, E. W., M. D. A Case of Anal Fissure, . . . . .	194
Capsicum Cough, . . . . .	390
Clinical Notes, . . . . .	65
Cyclopædia of Drug Pathogenesis, The Revised Version of the, . . . . .	13
Dr. Everly's Case in the November Number, . . . . .	32
Dyspnoea on Falling Asleep, . . . . .	48
Dr. Kent on Syosis, . . . . .	23
Keynotes, and the Totality of the Symptoms, . . . . .	44
Lachesis Nine-Millionth, . . . . .	195
Lac Felinum, . . . . .	123
Paralysis—Manganum, . . . . .	115
Soft Corns Cured by Wiesbaden, . . . . .	477
Berberis, . . . . .	194
Biegler, J. A., M. D. Clinical Cases, . . . . .	447
Gamboge Case, . . . . .	423
Hay Fever, . . . . .	317
Bismuth, . . . . .	8, 50, 52, 448
Book Notices and Reviews, . . . . .	34, 69, 104, 140, 180, 220, 347, 391, 436
Books and Pamphlets Received, . . . . .	105, 348, 438
Borax, . . . . .	20, 49, 50, 60, 61, 154, 206, 376, 461
Bovista, . . . . .	2, 49, 51, 52, 60, 61, 369, 457, 485
Boxing the Ears, . . . . .	351
Brief, but Attractive, . . . . .	314
Bromium, . . . . .	15, 49, 50, 52, 114, 166, 224, 333, 458, 484
Brown, Titus L., M. D. In Memoriam, 390	390
Bruns, Dr. Frederick: Removal of, . . . . .	220
Bryonia, . . . . .	48, 49, 50, 52, 53, 54, 57, 60, 61, 112, 120, 126, 153, 184, 185, 208, 214, 236, 238, 239, 240, 282, 303, 339, 387, 389, 404, 407, 423, 444, 445, 446, 417, 448, 450, 455, 457, 458, 559, 461
Bufo, . . . . .	50, 51, 462

	PAGE
Butler, Clarence Willard, M. D. A Case of Dysentery, . . . . .	246
A Happy Coincidence, . . . . .	58
Cactus grand., . . . . .	18, 20, 53, 239, 340, 445, 447, 462
Cad. sulph., . . . . .	48
Cainca, . . . . .	51, 53
Cajuput, . . . . .	32
Calad., . . . . .	53, 54, 445, 461
Calc. ac., . . . . .	54
Calc. carb., . . . . .	47, 49, 50, 53, 54, 60, 61, 96, 126, 130, 131, 132, 170, 171, 174, 194, 204, 206, 207, 208, 209, 211, 237, 240, 282, 329, 330, 334, 314, 367, 371, 376, 378, 433, 434, 444, 446, 447, 448, 452, 458, 459, 472, 485
Calc. flu., . . . . .	52
Calc. iod., . . . . .	354
Calcarca phos., . . . . .	19, 20, 51, 60, 61, 472
Calendula, . . . . .	60, 279
Campbell, Dr. Alice B. Address at Opening of Hering Mem. Hospital, . . . . .	414
Camphor, . . . . .	15, 50, 76, 78, 80, 81, 448, 485
Canc. fly., . . . . .	50, 52
Canfield, Dr. Corresta T., . . . . .	269
Cannabis indica, . . . . .	13, 175, 201, 234, 354
Cantharides for Hydrophobia, . . . . .	352
Cantharis, . . . . .	11, 407, 444
Capsicum, . . . . .	5, 52, 53, 54, 157, 407
Capsicum Cough. E. W. Berridge, M. D., . . . . .	390
Three contributions to the study of, A Brief Study of. C. Carleton Smith, M. D., . . . . .	4
The Mind and Skin of. Wm. Jef- ferson Guernsey, M. D., . . . . .	7
A Few Comparisons of. John V. Allen, M. D., . . . . .	10
Carbo an., . . . . .	48, 49, 52, 53, 60, 61, 96, 281
Carbo veg., . . . . .	1, 2, 5, 6, 48, 49, 52, 53, 54, 60, 61, 96, 135, 153, 154, 156, 159, 204, 206, 237, 238, 239, 240, 318, 335, 336, 344, 375, 403, 454, 474, 475, 485
Carbolic acid, . . . . .	13, 179, 250
Carbn. s., . . . . .	54
Card. m., . . . . .	53
Carlsbad, . . . . .	48
Cascarilla, . . . . .	68
Case for Consultation; S. L., . . . . .	84
Castor Oil, . . . . .	216, 250
Catalogue and Price Current of Homeo- opathic Goods. Otis Clapp & Sons, . . . . .	180
Catarrhal Pneumonia. G. W. Sherbi- no, M. D., . . . . .	165
Cauloph., . . . . .	453
Cauticum, . . . . .	8, 9, 12, 18, 47, 49, 50, 52, 53, 54, 60, 61, 67, 96, 193, 194, 238, 260, 280, 282, 346, 369, 391, 405, 410, 445, 454, 458
Cedron., . . . . .	51, 68
Central New York Homœopathic Medi- cal Society, Report of, . . . . .	91, 370, 465
Chamomilla, . . . . .	6, 10, 49, 52, 53, 54, 58, 60, 61, 88, 154, 233, 282, 323, 377, 448, 449, 462
Characteristic. Notes upon a, . . . . .	224
Notes on. C. Carleton Smith, M. D., Edmund J. Lee, M. D., . . . . .	443
Some, . . . . .	340
Chase, Dr. C. E., . . . . .	269
Chelidonium, . . . . .	10, 49, 52, 54, 224
Chestnut!! . . . . .	33
Chimaphila, . . . . .	60
China, or Cinchona. A Lecture by Professor J. T. Kent, M. D., . . . . .	152
China, . . . . .	49, 50, 51, 52, 54, 67, 78, 96, 122, 126, 153, 154, 155, 156, 157, 158, 159, 160, 204, 236, 281, 343, 344, 334, 386, 403, 404
Chin. s., . . . . .	49, 50, 473

	PAGE
Chloral Eruption, . . . . .	270
Chloral Hydrate, . . . . .	137, 174, 377, 440
Chloroform, . . . . .	31, 137
Cholera, The Cause of, . . . . .	21
Chrom. ac., . . . . .	61
Chronic Diseases. J. G. Gundlach, M. D., . . . . .	474
Cicuta, . . . . .	50, 367, 462
Cimex, . . . . .	474
Cimicifuga-Corregendum. Wm. Jefferson Guernsey, M. D., . . . . .	163
Cimicifuga, . . . . .	165, 271, 272
Cina, . . . . .	49, 50, 52, 68, 207, 279, 281, 282, 444
Cinchona, . . . . .	157
Cinnab., . . . . .	61
Cistus can., . . . . .	60, 61, 407, 410
Citr., . . . . .	462
Clark, Geo. H., M. D., Correspondence, Dulcamara in the Ovario—Uterine Sphere, . . . . .	139 280
Tellurium, . . . . .	60
Class-Room Talks. Prof. J. T. Kent, M. D., . . . . .	458
Clematis, . . . . .	3
Clinical Case. J. A. Biegler, M. D., . . . . .	447
A. B. Eadie, M. D., . . . . .	121, 248
Wm. Jefferson Guernsey, M. D., . . . . .	62
Prof. J. T. Kent, M. D., . . . . .	124, 301
G. W. Sherbino, M. D., . . . . .	302, 387
Clinical Notes. E. W. Berridge, M. D., . . . . .	65
Clinical Note, A. Geo. H. Higgins, M. D., . . . . .	390
Clinical Verifications. G. W. Sherbino, M. D., . . . . .	339
Coca, . . . . .	51, 52, 53
Cocculus, . . . . .	239, 240, 242, 427
Coccus C., . . . . .	49, 50, 51, 52, 53, 54, 185, 281 329, 344, 445, 446
Cocoa and Chocolate. Pub. by Walter Baker & Co. Review of . . . . .	105
Cod., . . . . .	49, 53, 54
Coffea, 52, 53, 54, 88, 369, 427, 449, 458, 461	
Coincidence, A Happy. Clarence Willard Butler, M. D., . . . . .	58
Colchicum, . . . . .	53, 60, 322, 331, 344, 377, 403, 404, 462
Colds. To Prevent, . . . . .	221
Collinsonia, . . . . .	447
Colocynth, . . . . .	11, 17, 50, 54, 67, 128, 129, 157, 281, 364
Colocynth Symptom, An Unusual. R. Gibson Miller, M. D., . . . . .	123
Cornoc, . . . . .	50, 53
Conium, . . . . .	8, 50, 52, 53, 60, 115, 189, 194, 281, 282, 337, 367, 461, 462
Constipation, Remarkable Case of. J. B. Elliott, M. D., . . . . .	429
Consultation, A Case for. S. L., . . . . .	84
Consumption and its Treatment. Dr. Stammers Morrison, . . . . .	348
Convalescence, Therapeutic Notes upon. E. J. L., . . . . .	344
Convallaria majalis, . . . . .	48
Copper, . . . . .	52, 60, 61, 184, 240
Corns, Soft, Cured by Wiesbaden. E. W. Berridge, M. D., . . . . .	476
Correction. See Errata.	
Corrosive Sublimate, . . . . .	179
Cotton, Controlling Contagious Diseases with, . . . . .	70
Cotyl., . . . . .	50
Cough, Time Table. J. E. Winans, M. D., . . . . .	49
Country Visitors, . . . . .	349
Creosote, . . . . .	344, 445, 462
Crocus, . . . . .	48

	PAGE
Crotalus-hor., . . . . .	156, 332
Croton tig., . . . . .	49, 52, 154, 240, 247
Croup: Its Nature and Homœopathic Treatment. By Hurro Nauth Roy, L. M. S. Review of, . . . . .	140
Cuprum, . . . . .	49, 50, 52, 80, 81, 240, 344, 346
Curar, . . . . .	49, 54
Cyclamen, . . . . .	54, 194, 240, 346
Cyclopædia of Drug Pathogenesy. Editorial Notes, . . . . .	395
The Revised Version of the. E. W. Berridge, M. D., . . . . .	13
A. George A. Taber, M. D., . . . . .	297
Dr. Taber and Richard Hughes, M. D., . . . . .	399
Cypripedium, . . . . .	87, 88
Cysts; Trans. by A. McNeil, M. D., . . . . .	130
Daphne uid., . . . . .	67
Death from Poison Ejected by a Toad, . . . . .	352
DeBaun, Edwin, M. D. Offensive Feet, . . . . .	434
Deck, J. Feild, M. D. A Sabadilla Case, . . . . .	462
Dengue; Researches into the Etiology of. J. W. McLaughlin, M. D., . . . . .	348
Detwiler, Henry, M. D. In Memoriam, . . . . .	212
Diet in Hypochondriasis, . . . . .	351
Difficult Respiration, . . . . .	392
Digitalis, . . . . .	2, 49, 51, 54, 160, 288, 335, 462
Dioscorea, . . . . .	12, 51, 53, 54, 247, 303, 340, 384
Dip oma Dispute, The, . . . . .	222
Diseases of the Bones and Ligaments of the Spine, A Treatise on. By S. M. Cate, M. D., . . . . .	349
Diseases of the Hair and Scalp, A Practical Treatise on the. By George Thomas Jackson, M. D. Review of, . . . . .	391
Diseases of Horses, with some Remarks on the Pleuro-Pneumonia of Cattle. J. Hall, Sr., M. D., . . . . .	276
Disinfectant, The Fly the Great, . . . . .	314
Disinfectants in Homœopathic Practice, . . . . .	315
Dispensary, New Homœopathic, . . . . .	492
Dolichos, . . . . .	52, 53
Drosera, . . . . .	49, 50, 52, 53, 54, 120, 160
Drugs and Medicines of North America. J. U. & C. G. Lloyd. Review of, . . . . .	69, 347, 489
Dulcamara, . . . . .	3, 49, 54, 60, 236, 255, 275, 281, 282, 274
P. P. Wells, M. D., . . . . .	281
in the Ovario-Uterine Sphere. Geo. H. Clark, M. D., . . . . .	280
Durand, C. S., M. D. Backache Worse from Noise, . . . . .	309
Dynamization, or Dematerialization. J. B. Sunderland, M. D. Review of, . . . . .	438
Dysentery, A Case of. Clarence Willard Butler, M. D., . . . . .	246
and its Treatment. Ad. Lippe, M. D., . . . . .	363
Dysmenorrhœa—Clinical Notes. Prof. J. T. Kent, M. D., . . . . .	19
Dyspnea on Falling Asleep. E. W. Berridge, M. D., . . . . .	48
Eadie, A. B., M. D. A Clinical Case, . . . . .	121, 248
Ear, Novel Methods of Treating Diseases of the Middle. By Seth L. Bishop, M. D., Notice of, . . . . .	348
Editorial Notes, . . . . .	223, 271, 315, 353, 396
Elaps, . . . . .	60, 61, 447
Elements of Modern Domestic Medicine. Henry G. Hanchett, M. D., A Review of, . . . . .	436
Elliott, J. B., M. D. A Remarkable Case of Constipation, . . . . .	429

	PAGE		PAGE
Empiricism to Homœopathy, From, . . .	270	Hahnemannian Homœopathy, A Specimen of, . . .	139
Epidemic Remedies with an Antipsoric	351	Hall, J., Sr., M. D. A few Diseases of Horses, with some remarks on the Pleuro-Pneumonia of Cattle, . . .	276
Epsom Salt, . . . . .	468	Hamamelis, . . . . .	51, 447
Ergot, . . . . .	101, 272, 354	Hawley, Wm. A., M. D. Address before the Onondaga County Hom. Med. Society, . . .	400
Ergotine, . . . . .	250	Experience with Apis. A Clinical Note, . . . . .	133
Errata, . . . . .	36, 70, 142, 269, 350, 391, 491	Hay Fever. J. A. Biegler, M. D., . . .	317
Erratic, . . . . .	339	Hellebore, . . . . .	3, 50, 60, 333, 453
Errors in Drug Proving. P. P. Wells, M. D., . . . . .	355	Hemorrhage of the Bowels. J. V. Allen, M. D., . . . . .	485
Eryng, . . . . .	54	Hemorrhage, Nasal, to Arrest, . . . . .	352
Ery. a., . . . . .	60, 61	Hepar, . . . . .	3, 10, 18, 49, 50, 52, 53, 54, 60, 61, 68, 96, 199, 206, 208, 209, 211, 234, 235, 238, 239, 240, 407, 433, 434, 450, 453, 454, 466
E. S. W. Correspondence, . . . . .	214	Hering, Euphrasia and Ceba, . . . . .	251
Ether, . . . . .	137, 354	Memorial Hospital, . . . . .	410
Eugen, . . . . .	52, 54	Hesse, Dr. Hamburg Cases Treated by, with remarks. S. L., . . . . .	24
Eupatorium Perfoliatum. A Lecture by Professor J. T. Kent, A. M., M. D., . . .	55	Hide-bound. E. J. L., . . . . .	213
Eupat. perfol., . . . . .	12, 52, 54, 56, 57, 58, 152, 472	Higgins, George H., M. D. A Clinical Note, . . . . .	390, 392
Eupator. purp., . . . . .	13, 52, 68	Hitchcock, H., M. D. !!, . . . . .	368
Euphorb., . . . . .	50	Why these Errors? . . . . .	425
Euphrasia, . . . . .	49, 50, 51, 52, 96, 375, 450	Removal of, . . . . .	36
Euphrasia and Ceba. Hering, . . . . .	251	Holloway, J. C., M. D. A Subscriber's Opinion, . . . . .	492
Euthanasia—Emergencies. Professor J. T. Kent, M. D., . . . . .	134	Home Knowledge, by Rob. A. Gunn, Review of, . . . . .	348
Everly's, Dr., Case. Dr. Berridge, . . . . .	32, 136	Homœopaths, Words to Young. D. C. McLaren, B. A., M. D., . . . . .	110, 209
Exclamation Points !! H. Hitchcock, M. D., . . . . .	368	Homœopathic League Tracts, Notice of, . . . . .	36, 105, 348
Experiences of a Young Homœopath. F. E. Stoaks, M. D., . . . . .	171	Homœopathic League, First Annual Report, . . . . .	348
Ferran's Inoculation Statistics, Deductions from. J. E. Winans, M. D., . . . . .	66	Homœopathic Materia Medica, Instruction to the Study of the, by C. L. Cleveland, M. D. Notice of, . . . . .	348
Ferrum, . . . . .	11, 12, 49, 50, 52, 53, 54, 96, 204, 248, 406	Homœopathic Medical Education, S. L., . . . . .	122
Ferrum acet., . . . . .	354	Homœopathic Medical Society of Ohio, Annual Address read before the. Albert Claypool, M. D. Notice of, . . . . .	349
Fibroid Tumor of the Ovary, . . . . .	180	Homœopathic Medical Society of Penna., Transactions of, . . . . .	104
Flexible Collodion, . . . . .	354	Homœopathic Therapeutics in Dentistry. Walter M. James, M. D., . . . . .	234
Fluoric Acid, . . . . .	52, 169, 209, 240, 344, 428	Homœopathy in our Colleges. G. W. Sherbino, M. D., . . . . .	100, 196
Fornias, Edward, M. D. Verifications, 169		E. J. L., . . . . .	197
Fort Wayne Journal of the Medical Sciences. Notice of, . . . . .	348	Homœopathy, in its Relation to the Diseases of Females, and Gynæcology. Thomas Skinner, M. D. Review of, . . . . .	105
Gamboge, . . . . .	50, 51, 54, 428	Homœopathy and Gynæcology. By Thomas Skinner, M. D. Review of, . . . . .	34
Gamboge Case. J. A. Biegler, M. D., . . . . .	428	Homœopathy, Negative and Positive Effects of, on General Medicine, . . . . .	85
Gee, Professor W. S., M. D. Belladonna, . . . . .	408	Sound, . . . . .	221
Spongia. Notes from an Extemporaneous Lecture on, . . . . .	16	Hopeless Case Beyond a Doubt, . . . . .	36
Gelsemium. A Note on, . . . . .	235	Hospitals of the Women's Homœopathic Association of Pennsylvania, The. Walter M. James, M. D., . . . . .	177, 249
20, 61, 202, 203, 318, 331, 354, 367, 407, 492		Ad. Lippe, M. D., . . . . .	215
Give Nature a Chance, . . . . .	492	Howard, Clarence C., M. D., Mania a Potu, . . . . .	174
Glonoin, . . . . .	1, 2, 50	How Experiences Differ. Editorial Notes, . . . . .	223
Glycerine, . . . . .	146		
Golden Rule, A., . . . . .	314		
Gonorrhœa, Suppression of, . . . . .	282		
Grand Opportunity, A., . . . . .	316		
Graphites, . . . . .	48, 50, 52, 53, 54, 58, 60, 61, 96, 194, 209, 280, 281, 282, 346, 374, 375, 462		
Grat., . . . . .	49, 50, 53, 54		
Grindelia robusta, . . . . .	48		
Grindel squarrosa, . . . . .	48		
Guajac, . . . . .	184, 344		
Guernsey, Wm. Jefferson, M. D. Capsicum, The Mind and Skin of, . . . . .	7		
Cimicifuga-Corrigendum, . . . . .	163		
Clinical Cases, . . . . .	62		
Natrum mur. in its Antidotal Sphere, . . . . .	127		
Natrum sul. in Asthma, . . . . .	129		
Periostitis-Pulsatilla, . . . . .	345		
Gum Arabic, . . . . .	369		
Gundlach, J. G., M. D. Chronic Diseases, . . . . .	474		
Gymnocla, . . . . .	49, 52, 194		
Hahnemann, Portrait of, . . . . .	438		
Hahnemann Association of Pennsylvania, . . . . .	425		
Report of Proceedings, . . . . .	479		

	PAGE
How to Succeed as Physicians. By James B. Bell, M. D., . . . . .	349
Hughes, Richard, M. D. Dr. Taber and the Cyclopædia of Drug Pathogenesis, Human Family, The . . . . .	399 392
Humor of it, The. Ad. Lippe, M. D., . . . . .	103
Hydatid Cyst of the Liver. S. L., . . . . .	342
Hydrastis, . . . . .	47, 50, 54
Hydrocyanic Acid, . . . . .	52, 115, 156
Hyoscyamus, . . . . .	53, 54, 99, 100, 250, 332, 457
Hypericum, . . . . .	52, 68, 346, 461
Hypnotism, The Medico-Legal Aspect of, . . . . .	22
Icterus, . . . . .	66
Ignatia . . . . .	1, 2, 7, 8, 12, 19, 25, 49, 50, 52, 53, 54, 59, 60, 126, 194, 238, 239, 344, 346, 406, 444, 448, 450, 461, 462, 471
Illicium, . . . . .	427
Index to Volume Seventh, Remarks on, . . . . .	492
Infection from Dairy Products, . . . . .	391
Indiana Institute of Homœopathy, . . . . .	106
Indigo, . . . . .	52, 53
Insanity, A Manual for Students and Practitioners. E. C. Spetzka, M. D., . . . . .	438
International Hahnemannian Association, . . . . .	106
Editorial Notes, . . . . .	224
Eighth Annual Session of, . . . . .	252
Notice of Annual Meeting of, . . . . .	180
Notice to Members of, . . . . .	180
And Work. P. P. Wells, M. D., . . . . .	313
Bureau of Clinical Medicine, . . . . .	350
Internation Med. Congress (Notice), . . . . .	392
Intubation of Larynx, Notice of, . . . . .	438
Iodine, . . . . .	2, 49, 52, 85, 86, 96, 199, 238, 240, 340, 343, 367, 450, 451, 462, 480
Iodide of Potassium, . . . . .	85
Iodoform, . . . . .	324
Iowa. State University of. Hom. Med. Department, . . . . .	360, 392
Ipecacuanha, . . . . .	23, 47, 49, 52, 53, 54, 58, 89, 152, 160, 276, 328, 353, 382, 446, 461
Iris-v., . . . . .	448
Iron, . . . . .	240
Isopathy, Not, . . . . .	221
James, Walter M., M. D. Homœopathic Therapeutics in Dentistry, . . . . .	234
The Hospitals of the Woman's Homœopathic Association of Pennsylvania, . . . . .	177, 249
A Silicea Case, . . . . .	435
Jalap, . . . . .	62
Journal of Dietetics, The. Notice of . . . . .	106
Judge Who Knows, A. . . . .	222
July Number, The, . . . . .	270
Kali Bichromicum. Ad. Lippe, M. D., . . . . .	183
Kali bichrom., . . . . .	50, 51, 52, 54, 60, 61, 185, 186, 187, 204, 207, 376, 406, 444, 448, 450
Kali brom., . . . . .	50, 68
Kali Carbonicum. Lecture by Prof. A. McNeil, M. D., . . . . .	236
Kali carb., . . . . .	2, 49, 50, 51, 52, 53, 54, 60, 61, 96, 205, 207, 237, 238, 239, 240, 260, 280, 281, 334, 391
Kali hydriodicum, . . . . .	52, 240, 247, 288, 353
Kali phos., . . . . .	68, 367
Kalmia, . . . . .	1, 2, 50, 52, 54
Kent, Prof. J. T., M. D. Address Before the International Hahnemannian Association at its Eighth Annual Meeting, . . . . .	225
Lectures, . . . . .	55, 74, 106, 152, 199, 325, 374, 392, 403, 452
Argentum nitricum, . . . . .	199

	PAGE
Kent, Prof. J. T., M. D.	152
China or Cinchona, . . . . .	458
Class-Room Talks, . . . . .	124, 301
Clinical Cases, . . . . .	19
Dysmenorrhœa, . . . . .	134
Emergencies—Euthanasia, . . . . .	55
Eupatorium Perfoliatum, . . . . .	325, 374, 408, 452
Sulphur, . . . . .	74
Veratrum Album, . . . . .	220
Kershaw, Dr. J. Martine. "At Home," . . . . .	220
Keynotes to the Materia Medica. By Henry N. Guernsey, M. D. Review of, . . . . .	140
Keynotes and the Totality of the Symptoms. E. W. Berridge, M. D., . . . . .	44
Kimball, Dr. Samuel A. Removal, . . . . .	391
Kreosote, . . . . .	17, 52, 53, 54, 60, 281, 333
Lac. acidum, . . . . .	109
Lac. caninum, . . . . .	65, 67, 125, 126, 190, 194, 254, 302, 303, 339, 406, 410
Lac. deflor., . . . . .	125, 126, 194
Lac. Felinum. E. W. Berridge, M. D., . . . . .	123
Lachesis, . . . . .	6, 12, 17, 19, 47, 48, 49, 50, 52, 54, 60, 62, 67, 69, 76, 82, 96, 99, 127, 135, 138, 156, 168, 185, 190, 239, 240, 260, 281, 282, 318, 327, 335, 342, 343, 344, 376, 404, 406, 410, 412, 446, 448, 450, 457, 461, 467, 478, 483
Lechesis Nine-Millionth. E. W. Berridge, M. D., . . . . .	175
Lachesis and Sabadilla, A Brief Study of. C. Carleton Smith, M. D., . . . . .	167
Lachnanthes, . . . . .	54, 63, 407, 444
Lactic-acid, . . . . .	444
Lac. vaccinum defloratum, . . . . .	48, 50
Lact., . . . . .	54, 450
Ladies' Aid Association, . . . . .	492
Latyrus, . . . . .	367
Lauroc, . . . . .	50, 51, 52
Laws of Blockade, On the. Thomas Nichol, Notice of, . . . . .	348
Law of the Similars the only Law of Cure in the Treatment of the Sick. Ad. Lippe, M. D., . . . . .	441
Lecture to Nurses, . . . . .	270
Ledum, . . . . .	8, 52, 54, 346
Lee, Edmund J., M. D., Dr. Swan, and the I. H. A., . . . . .	176
Hidebound, . . . . .	213
Homœopathy in our Colleges, . . . . .	197
Notes on Characteristics, . . . . .	443
Therapeutic Notes upon Convalescence, . . . . .	344
Lee, John K., M. D., In Memoriam, . . . . .	476
Leggett, S. L. G., M. D., Aggravation from Noise, . . . . .	461
Library of the Surgeon-General's Office, Notice of, . . . . .	222
Lilienthal, J. E., M. D. Points, . . . . .	68
Lilienthal, Dr. Samuel, . . . . .	221
Samuel, M. D. A Case for Consultation, . . . . .	84
Cases Treated by Dr. Hesse, of Hamburg, . . . . .	24
Hydatid Cyst of Liver, . . . . .	342
Homœopathic Medical Education, . . . . .	122
Materia Medica; What is Needed, . . . . .	460
Points, . . . . .	68
Lillum tig., . . . . .	238, 303, 340, 384, 458
Lime, Carbonate of, . . . . .	240
Iodide of, . . . . .	354
Lippe, Ad., M. D. Address at Opening of Hering Mem. Hospital, . . . . .	412
The American Institute of Homœopathy, . . . . .	117
Dysentery and Its Treatment, . . . . .	363

	PAGE		PAGE
Lippe, Ad., M. D.		Menses, Irregular, . . . . .	369
The Hospitals of the Woman's		Ad. Lippe, M. D., . . . . .	457
Homœopathic Association of		Menyanth, . . . . .	54, 60, 61
Pennsylvania, . . . . .	215	Mephites, . . . . .	54, 60, 61
The Humor of It, . . . . .	103	Mercer, Dr. Edward W., Removal of, . . . . .	349
Irregular Menses, . . . . .	457	Mercurius, . . . . .	2, 11, 50, 52, 60,
Kali Bichromicum, . . . . .	183	61, 115, 131, 184, 204, 206, 208, 209, 234,	
The Law of the Similars the only		280, 281, 282, 286, 290, 344, 346, 364, 375,	
Law of Cure in the Treatment		376, 377, 394, 398, 404, 406, 444, 446, 449,	
of the Sick, . . . . .	441	453, 454, 455, 483	
Paragraph 133, . . . . .	81	Merc. corr., . . . . .	11, 61, 332, 442
Points, . . . . .	66	Merc. cyan., . . . . .	193, 410
Tellurium, . . . . .	1	Merc. sol., . . . . .	50, 54, 60, 410
Trading upon a Name, . . . . .	338	Mercury: Bichloride, . . . . .	146, 364, 365
Lithæmia. By J. W. Dowling, M. D.		Mezeureum, . . . . .	8, 9, 51, 52, 53,
Notice of, . . . . .	349	54, 68, 96, 241	
Lithium carb., . . . . .	52	Milk Supply of Large Cities, and the	
Liver with Two Gall Bladders, . . . . .	36	Improper Mode in which it is Con-	
Lobelia, . . . . .	2, 50, 54, 451	ducted, The, . . . . .	35
Logic of Failure, . . . . .	221	Miller, R. Gibson, M. D. An Unusual	
Lunar caustic, . . . . .	285	Colocynth Symptom, . . . . .	123
Lycopodium, . . . . .	1, 3, 6, 12, 19, 23, 26,	Miller, Z. T., M. D. Medical Societies:	
28, 47, 50, 51, 52, 53, 54, 60, 61, 67, 96,		How to Make Them Useful, . . . . .	379
120, 135, 153, 156, 160, 165, 166, 189,		<i>Minnesota Medical Monthly, The,</i> . . . . .	220
190, 194, 195, 200, 202, 207, 208, 209, 224,		Mongrel Medical College of the Future, . . . . .	199
238, 241, 282, 317, 318, 329, 334, 376,		Morphia, . . . . .	52, 112, 115,
384, 387, 403, 404, 405, 406, 410, 444,		135, 137, 154, 155, 250, 274, 303, 355, 364,	
445, 446, 447, 454, 459, 461		396, 440, 441	
Magnesia carb., . . . . .	3, 18, 50, 51, 52, 53,	Moschus, . . . . .	49, 51, 52, 54, 61, 446, 448
54, 63, 301, 369, 447, 457, 458		Murex, . . . . .	19
Magnesia mur., . . . . .	27, 28, 52, 54, 203,	Muriatic Acid, . . . . .	11, 51, 53, 54,
331, 461, 462		346, 461, 462	
Magnesia phos., . . . . .	28, 254	Mygale, . . . . .	455
Mag. s., . . . . .	53, 54	Myrt. c., . . . . .	54
Magnet, Early Use of, in Surgery, . . . . .	491	Nash, E. B., M. D. A Proposal for a	
Manganic acid, . . . . .	160	Work on the Therapeutics of the	
Manganum, . . . . .	11, 52, 204, 367, 445, 450	Throat, . . . . .	189
Manganum-Paralysis. E. W. Ber-		Therapeutics of the Throat, . . . . .	406
ridge, M. D., . . . . .	115	Natrum ars., . . . . .	49, 50, 52, 447
Mania a Potu. Clarence C. Howard,		Natrum carb., . . . . .	3, 20, 49,
M. D., . . . . .	174	50, 51, 52, 60, 346, 461	
Manna, . . . . .	194	Natrum mur, in its Antidotal Sphere.	
Married, . . . . .	491	Wm. Jefferson Guernsey, M. D., . . . . .	127
Marum verum, . . . . .	52, 377, 444, 450, 462	Natrum mur., . . . . .	1, 2, 16, 49, 50,
Massachusetts Homœopathic Medical		52, 53, 54, 56, 60, 87, 128, 152, 194, 199,	
Society, Publications of the, . . . . .	348	200, 206, 321, 333, 405, 444, 446, 448	
Materia Medica: What is Needed, S. L.,		Natr. phos., . . . . .	47
Clinical; Lectures upon. Prof. E.		Natrum sul. in Asthma. Wm. Jeffer-	
A. Farrington, . . . . .	489	son Guernsey, M. D., . . . . .	129
McCart, T. S., V. S. Toothache of		Natrum sulph., . . . . .	23, 49, 51, 54,
Horses, . . . . .	132	129, 447, 462	
McLaren, D. C., M. D. That Sepia		Naja, . . . . .	51, 52, 54
Case, . . . . .	69	New Jersey State Homœopathic Medi-	
Words to Young Homœopaths, . . . . .	110, 209	cal Society, . . . . .	269
McNeil, A., M. D. Ailanthus, . . . . .	456	New York Society for Medico-Scien-	
Arsenicum Alb. A Lecture, . . . . .	330	tific Investigation, Inaugural Ad-	
Translation of Bœnninghausen's		dress before. W. Y. Cowl, M. D., . . . . .	346
Aphorisms of Hippocrates, . . . . .	99,	Nickel-Plated Cooking-Vessels, . . . . .	350
116, 161, 188, 242		Niccolum, . . . . .	51, 53, 54
Cysts, . . . . .	130	Nitric acid, . . . . .	3, 49, 50, 52, 53,
Lecture on Kali Carbonicum, . . . . .	236	54, 60, 61, 95, 96, 101, 194, 199, 238, 240,	
Prophylaxis from Bœnninghausen, . . . . .	63	241, 371, 407, 410, 445, 446, 447, 448, 462	
Puerperal Convulsions, . . . . .	372	Nitrum, . . . . .	49, 50, 51, 54, 58, 446
Silicea, . . . . .	202	Nitroglycerine, . . . . .	20
Tetanus, . . . . .	295	Noise, Aggravation from. S. L. G.	
Medical Advance, The, . . . . .	106	Leggett, . . . . .	461
Medical Classics, . . . . .	349	Sound and, . . . . .	461
Medical Current, The, . . . . .	220	Notes and Notices, . . . . .	34, 70, 106,
Medical Education—What is it, and		143, 180, 220, 269, 314, 391, 394, 433	
when and how is it to be attained?		Notice, Special, . . . . .	70
P. P. Wells, M. D., . . . . .	37	Nux-mosch., . . . . .	48, 52, 114, 281
Medical Societies: How to Make them		Nux Vomica Cases. H. E. Potter, M. D., . . . . .	385
Useful. Z. T. Miller, M. D., . . . . .	379	Nux vomica, . . . . .	5, 49, 50, 51, 52, 53, 54,
Medicines vs. Doctors, . . . . .	391	67, 68, 86, 161, 186, 211, 245, 246, 277,	
Med-rhinum, . . . . .	23, 24, 47, 68	279, 296, 344, 377, 378, 385, 386, 387,	
Mellilotus off, . . . . .	255	404, 407, 444, 455, 456, 462, 468, 470	

	PAGE
Offensive Feet. Edwin deBaun, M. D., . . . . .	434
Oleander, . . . . .	2, 52, 239, 445
Oleum Animale. Julius Schmitt, M.D., . . . . .	51, 52, 54, 303
Old and New Symptoms, . . . . .	395
Old Style, . . . . .	491
Omiopatia Hahnemanniana E.Omiopatia Meticcia del Dott. Attilio Mattoli. Follicular Amygdalitis. A. Jacobi, M. D., . . . . .	349
Only Something in It, . . . . .	221
Onondaga County Hom. Med. Society, Address Before. Wm. A. Hawley, M. D., . . . . .	400
Opiates; The Curse of, . . . . .	440
Opium, . . . . .	48, 49, 50, 51, 54, 115, 146, 201, 212, 214, 295, 337, 338, 385, 397, 432, 442, 446, 447, 449, 462
Opprobrium Medicorum, . . . . .	392
Ostracism. P. P. Wells, M. D., . . . . .	181
Over-Dosing, . . . . .	314
Oxal-ac., . . . . .	18, 52, 448
Oxygen, . . . . .	87
Oxygen in Therapeutics. By C. E. Ehinger, M. D. Review of, . . . . .	436
<i>Pacific Record of Medicine and Pharmacy, The,</i> . . . . .	106
Paragraph 138. Ad. Lippe, M. D., . . . . .	81
Paralysis, Ascending, after Whooping Cough. S. L., . . . . .	365
Paris, . . . . .	49, 53
Parturition, Clinical Notes upon. E. A. Ballard, M. D., . . . . .	378
Pathology and Physiology of Diabetes. Prosper Bender, M. D., . . . . .	437
Periostitis—Pulsatilla. Wm. Jefferson Guernsey, M. D., . . . . .	345
Persistent Pain after Abdominal Section. By James B. Hunter, M. D., . . . . .	349
Peruvian Bark, . . . . .	152
Petroleum, . . . . .	52, 53, 54, 60, 61, 239, 280
Phell., . . . . .	51, 52, 54, 458
Phosphoric acid, . . . . .	1, 8, 11, 49, 52, 78, 87, 88, 96, 337, 346, 404, 462
Phosphorus, . . . . .	10, 32, 49, 50, 51, 52, 54, 60, 79, 96, 120, 135, 156, 159, 166, 185, 194, 195, 202, 204, 205, 206, 207, 210, 224, 237, 238, 240, 262, 263, 329, 331, 332, 334, 336, 344, 367, 375, 406, 407, 433, 434, 444, 445, 448, 454, 455, 462, 468
Physostygma, . . . . .	52, 367
Phytolacca, . . . . .	49, 158, 191, 193, 281, 406
Picric acid, . . . . .	298
Plant Analysis as an Applied Science. Helen C. deS. Abbott, Review of, . . . . .	437
Plaster of Paris, To Remove, . . . . .	269
Platina, . . . . .	32, 77, 96, 446
Plumbum, . . . . .	96, 432
Pneumonia, Baptista in. G. W. Sherbino, . . . . .	120
Podophyl., . . . . .	68, 237, 877, 381
Points. J. E. Lilienthal, M. D., . . . . .	18
S. L., . . . . .	68
Ad. Lippe, M. D., . . . . .	66
Polyporus, . . . . .	12
Polyuria, . . . . .	405
Poor Hering! . . . . .	221
Porter, Dr. Philip, . . . . .	269
Potter, H. E., M. D. Two Nux Vomica Cases, . . . . .	385
Prescriber, The. John H. Clarke, M. D., . . . . .	105
President's Address at Tenth Annual Meeting of Detroit Medical and Library Asso. C. J. Lunday, M. D., . . . . .	106

	PAGE
Principio Obbietto della Materia Medica. Dr. Cigliano, . . . . .	459
Proceedings of the Seventh Annual Session of the International Hahnemannian Association, . . . . .	220
Prophylaxis from Benninghausen. By A. McNeil, M. D., . . . . .	63
Pruritus, . . . . .	477
Psorinum, . . . . .	32, 52, 54, 60, 61, 62, 203, 211, 238, 239, 287, 321, 323, 344, 366, 375, 406, 444
Ptelea, . . . . .	462
Puerperal Convulsions. Trans. by A. McNeil, M. D., . . . . .	372
Pulsatilla, . . . . .	1, 6, 8, 9, 10, 12, 24, 25, 48, 50, 52, 53, 54, 60, 61, 76, 79, 96, 117, 124, 125, 153, 154, 156, 160, 184, 194, 199, 203, 204, 211, 239, 243, 260, 280, 281, 282, 286, 301, 302, 327, 339, 344, 346, 361, 369, 377, 378, 379, 384, 389, 392, 403, 405, 406, 433, 444, 445, 447, 448, 452, 453, 455, 458, 463, 465, 478, 480, 483, 485
Pulse, The, . . . . .	352
Quinine, Evils of, . . . . .	221
Quinine, 55, 57, 58, 137, 152, 156, 169, 250, 257, 259, 335, 342, 346, 365, 396, 397, . . . . .	442, 443, 453, 473
Randell, A. F. Correspondence, . . . . .	251
Ranunc-bulb, . . . . .	48
Rara Avis, . . . . .	491
Ratanhia, . . . . .	58
Rectum, Diseases of, Report on. J. M. Matthews, M. D., . . . . .	106
Registry for Nurses, The, . . . . .	269
Remedies, Alternation of. P. P. Wells, M. D., . . . . .	71
Repetition, A Note upon, . . . . .	373
Frequent, not Advantageous, . . . . .	314
Revolution in Medicine, The. By John H. Clark, M. D., Review of, . . . . .	69
Rheum, . . . . .	52, 344
Rheumatism, Sciatic, . . . . .	478
Rhododendron, . . . . .	3, 49, 54, 340, 344,
Rhus-tox., . . . . .	3, 25, 26, 27, 49, 50, 51, 52, 53, 54, 57, 60, 61, 96, 111, 121, 153, 160, 184, 208, 236, 238, 239, 245, 281, 282, 330, 333, 334, 340, 344, 389, 407, 433, 442, 444, 457, 458, 459, 468, 469, 478, 479
Rimedi, Individualizzati Dottor Tommaso Cigliano, . . . . .	488
Rochelle Salt, . . . . .	244
Rochester Hahnemannian Society, . . . . .	350
Rumex, . . . . .	18, 49, 50, 51, 52, 54, 159
Ruta, . . . . .	2, 53, 54, 346, 446
Sabadilla Case, A. J. Feild Deck, M.D., . . . . .	462
Sabadilla, . . . . .	50, 54, 96, 168, 346, 407, 410, 464, 465
Sabina, . . . . .	199, 328, 461, 462
Salicylic Acid, . . . . .	255
In Foods, . . . . .	351
Sambucus, . . . . .	54, 67, 445, 446, 447, 483
Sanguinaria, . . . . .	12, 51, 52, 54, 203, 353, 407, 447, 462, 477
In Follicular Angina, etc., . . . . .	477
Sanicula, . . . . .	255
Saponinum, . . . . .	47, 52
Sarsaparilla, . . . . .	50, 237
Sawyer, E. W., M. D. Sulphur Case, 336	336
Schmitt, Julius G., M. D. The Central New York Hom. Med. Soc., . . . . .	91, 465
Oleum Animale, . . . . .	303
Stramonium in Pneumonia, . . . . .	243
"Syccosis," . . . . .	94
Schreiner, Dr. Emma, . . . . .	438
Sciatic Rheumatism, Case of. J. A. Biegler, M. D., . . . . .	478

	PAGE		PAGE
Secale, . . . . .	81, 96, 135, 156, 157, 273, 335, 336, 462	Strychnia, . . . . .	250
Seceders Rewarded, . . . . .	222	Subscriber's Opinion. J. C. Holloway, M. D., . . . . .	492
Selenium, . . . . .	3, 49, 60, 96, 289, 344	Sulphur Case. E. W. Sawyer, M. D., . . . . .	336
Senega, . . . . .	49, 52, 54, 445	Sulphur, Lecture upon. Professor J. T. Kent, M. D., . . . . .	325, 374, 403, 452
Senecio aur., . . . . .	87, 88	Sulphur, . . . . .	6, 8, 9, 12, 19, 45, 47, 49, 50, 52, 53, 54, 57, 60, 61, 67, 101, 125, 153, 169, 171, 179, 184, 202, 203, 205, 206, 207, 211, 234, 237, 238, 243, 246, 278, 281, 282, 294, 326, 327, 328, 329, 335, 337, 339, 344, 367, 369, 375, 376, 377, 397, 403, 406, 410, 433, 434, 445, 447, 452, 453, 454, 455, 456, 458, 459, 468, 469
Sepia, . . . . .	2, 3, 11, 18, 19, 26, 27, 28, 48, 49, 50, 51, 52, 53, 54, 60, 61, 69, 96, 158, 189, 194, 237, 238, 239, 260, 281, 282, 327, 346, 369, 376, 377, 403, 406, 444, 452, 457, 460, 461, 462	Sulphuric Acid, . . . . .	49, 50, 52, 54, 235, 256, 448
Sepia Case, That. D. C. McLaren, M. D., . . . . .	69	Suppositories of Ice, . . . . .	222
Shall the Patient Eat What He Craves? . . . . .	223	Surgical Bureau of the International Hahnemannian Association, . . . . .	173
Sherbino, G. W., M. D. Baptista in Hysteria, . . . . .	113	Surgical Case, A. William Steinrauf, M. D., . . . . .	433
Baptisia in Pneumonia, . . . . .	120	Swan, S., M. D. Provings of Vaccinum, . . . . .	168
Catarrhal Pneumonia, . . . . .	165	Swan, Dr., and the I. H. A., . . . . .	176
Clinical Cases, . . . . .	302, 339, 387	Syncope in Hot Baths, Danger of, . . . . .	142
In August Number, . . . . .	390	Sycosis. Julius Schmitt, M. D., . . . . .	94
Homœopathy in our Colleges, 100, . . . . .	196	Dr. Kent on. E. W. Berridge, M. D., . . . . .	33
Typhoid Fever, . . . . .	214	Symphytum, . . . . .	256, 447
Silicea Case. W. M. J., . . . . .	435	Symptoms Undeveloped, . . . . .	351
A Lecture. Prof. A. McNeil, M. D., . . . . .	202	Syphilinum, . . . . .	46, 123
Silicea, . . . . .	8, 9, 32, 49, 50, 51, 52, 53, 54, 60, 61, 94, 96, 154, 169, 179, 189, 202, 203, 204, 205, 206, 207, 208, 234, 235, 240, 278, 281, 324, 331, 333, 334, 335, 344, 346, 367, 371, 434, 444, 445, 447, 453, 454, 462, 466, 472	Tabac., . . . . .	49, 53, 445
Silver Nitrate of, . . . . .	128, 146	Taber, Geo. A., M. D. A Cyclopædia of Drug Pathogenesy, . . . . .	297
Simmons, Dr. B., . . . . .	35	Dr., and <i>The Cyclopædia of Drug Pathogenesy</i> . Richard Hughes, M. D., . . . . .	399
Simmons, Fourness. Correspondence, . . . . .	139	Tarentula, . . . . .	49, 51, 53, 54, 60, 61, 135, 339, 340, 412, 447
Skinner, Thomas, M. D. Correspondence, . . . . .	31	Tartarus emeticus, . . . . .	243
Small, Professor A. E., Death of, . . . . .	64	Taught by an Allopath. (Note.) . . . . .	350
Smith, C. Carleton, M. D. . . . .	4	Taxus, . . . . .	67
Capsicum, A Brief Study of, . . . . .	443	Technics, Notice of, . . . . .	220
Notes on Characteristics, . . . . .	167	Tellurium. Dr. George H. Clark, . . . . .	60
A Brief Study of Lachesis and Sabadilla, . . . . .	482	Ad. Lippe, M. D., . . . . .	1
Spongia Tosta, . . . . .	28	Tellurium, . . . . .	2, 3, 49, 60, 61, 190, 444
Sodium, . . . . .	461	Tetanus. Trans. Professor A. McNeil, M. D., . . . . .	295
Sound and Noise, . . . . .	65, 391, 492	Texas Homœopathic Med. Asso., The, . . . . .	142
Southern Homœopathic Association, The, . . . . .	314	Therapeutic Notes upon Convalescence. E. J. L., . . . . .	344
<i>Southern Journal of Homœopathy</i> , . . . . .	350	Therapeutics of the Throat, A Proposal for a Work on the. E. B. Nash, M. D., . . . . .	189, 406
Sowing Tares, . . . . .	467	Theridion, . . . . .	54, 461, 462
Spigelia, . . . . .	54, 60, 61, 96, 462, 467	Thuja, . . . . .	3, 10, 43, 49, 51, 53, 61, 87, 94, 95, 96, 126, 183, 189, 200, 201, 202, 209, 259, 279, 281, 285, 290, 355, 371, 453, 462
Spongia, Notes from Lecture on. Professor Gee, . . . . .	16	Tobacco, . . . . .	212
Spongia Tosta. C. Carleton Smith, M. D., . . . . .	482	Tongue, Uses of, . . . . .	391
Spongia, . . . . .	17, 18, 50, 52, 53, 133, 449, 450, 479, 482	Toothache of Horses. T. S. McCart, V. S., . . . . .	132
Squilla, . . . . .	450	Trading upon a Name. Ad. Lippe, M. D., . . . . .	338
Stannum, . . . . .	49, 50, 52, 53, 54, 194, 342, 448	Trombidium, . . . . .	11, 240
Staphisagria, . . . . .	16, 17, 49, 50, 51, 52, 53, 54, 63, 96, 206, 238, 280, 281, 346, 371, 473	Truth Well Stated, The, . . . . .	270
State University of Iowa, Homœopath. Med. Depart., . . . . .	350, 392	Tuberculosis, Another Cure for, . . . . .	221
Steinrauf, Wm., M. D. A Surgical Case, . . . . .	433	Typhoid Fever. J. V. Allen, M. D., . . . . .	487
Sterility. W. H. Wathen, M. D., . . . . .	106	G. W. Sherbino, M. D., . . . . .	214
Sticta pul., . . . . .	50, 52, 54, 67, 319	Urinalysis, Practical, with Clinical Hints. By J. B. S. King, M. D., . . . . .	104
Still Waiting, . . . . .	314	Vaccinum, . . . . .	453
Stoaks, F. E., M. D. Experience of a Young Homœopath, . . . . .	171	Vaccinum, Provings of. S. Swan, M. D., . . . . .	168
Stow, T. Dwight. Proceedings of the Central New York Hom. Med. Soc., . . . . .	370	Veratrum Album. Prof. J. T. Kent, M. D., . . . . .	74
Stramonium in Pneumonia. Julius G. Schmitt, M. D., . . . . .	243		
Stramonium, . . . . .	2, 8, 19, 32, 49, 50, 100, 115, 238, 244, 245, 296, 331, 337, 341, 448, 450, 462		
Strontium, . . . . .	9, 52, 54, 240		



	PAGE		PAGE
Veratrum alb., . . . . .	49, 53, 54, 68, 75, 76, 77, 78, 79, 80, 81, 88, 159, 164, 203, 239, 243, 333, 446, 447, 448, 453, 485	What is Taught. P. P. Wells, M. D., . . .	143
Verbascum, . . . . .	11, 53, 54	Who is the Quack? . . . . .	270
Verifications. Edward Fornias, M. D.,	169	Whooping Cough, Ascending Paralysis After. S. L., . . . . .	365
Flora A. Waddell, M. D., . . . . .	426	Why these Errors? H. Hitchcock, M. D., . . . . .	425
Views upon Homœopathic Practice, Dr. Allen's, . . . . .	396	Why we Fail. Editorial Notes, . . . . .	353
Visiting Lists, Reviews of, . . . . .	490	Wiesbaden. Notes upon New Remedi- cies, . . . . .	240
Waddell, Dr. Flora A. Verifications,	426	Wiesbaden, Soft Corns Cured by. E. W. Berridge, M. D., . . . . .	477
Wanted, . . . . .	269	Winans, J. E., M. D. Apis, Clinical Symptoms, . . . . .	23
Wants the Earth, . . . . .	349	Cough Time-Table, . . . . .	49
Watts, F. E., M. D., . . . . .	70	Deductions from Ferrane's Inocu- lation Statistics, . . . . .	66
Wells, P. P., M. D. Alternation of Remedies, . . . . .	71	Worms in Eggs, . . . . .	492
The American Institute and its Laughter, . . . . .	107	Xanthoxylum, . . . . .	190, 194, 484
Dulcamara, . . . . .	274	Year's Work, The . . . . .	439
Errors in Drug Proving, . . . . .	355	Youngman, Dr. Copartnership Notice,	142
I. H. A. and Work, . . . . .	313	Zerns, Wm. M., M. D. In Memoriam,	476
Medical Education—What is it, and Where and How is it to be Obtained? . . . . .	37	Zinc, . . . . . 47, 49, 51, 53, 54, 60, 61, 63, 123, 201, 282, 333, 369, 444, 445, 449, 458, 459, 461, 462	
Ostracism, . . . . .	181	Chloride, . . . . .	146
What is Taught? . . . . .	143	Sulphate, . . . . .	179
Wesselhœft, Dr. Wm. P. Address at Opening of Hering Memorial Hos- pital, . . . . .	418	Zingiber, . . . . .	49, 50, 53, 54
		Zizia, . . . . .	54, 448, 462



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. VII.

JANUARY, 1887.

No. 1.

---

---

## TELLURIUM.

AD. LIPPE, M. D., PHILADELPHIA.

The mental symptoms may be comprised in "quietude," less inclined to be lively or to fly into a passion. This condition might properly come under the head of "*apathy*," which we find strongly under Arsenicum, Phosph.-acid, Ignatia, Natrum mur., etc.

There is vertigo when rising in the morning, aggravated from every movement, similar to Carbo veg. Glonoin has a similar vertigo with diabetes. There is fullness of the head with sleepiness, similar to Belladonna.

The most characteristic headache is a violent linear pain in a small spot over the left eye—the locality is similar to Kalmia and Lycopod. The Tellurium headache comes suddenly, and leaves as suddenly as it came.

The eye symptoms are very important and may indicate it in pterygeum and cataract. We have not as yet any clinical verification of the eye symptom. Among the ear symptoms we find a characteristic indication for it which has been verified repeatedly.\* Itching and swelling, with painful throbbing in external meatus; in three or four days discharges of a watery fluid, smelling like fish-pickle, which causes vesicles wherever it touches; ear is bluish red as if œdematous; hearing impaired. Tellurium has not the stitches in the ear nor the early swelling and redness of the ear that we find under Pulsatilla. The discharge under Pulsatilla is like pus, green. Tellurium differs

---

\* In Allen's *Encyclopædia*, this symptom is to be found under "Skin."

from Mercury, which has characteristic a great aggravation of the pains and sensation of coldness of the inflamed external meatus when becoming warm in bed.

The discharge from the ear is frequently blood-streaked. Bovista has also a very offensive discharge from the ear, but the soreness which it causes manifests itself in the formation of scabs.

We find uncommon abundant secretion of saliva from the mouth, like Mercury, and also a whitish coated and swollen tongue, so that the impressions of the teeth are clearly shown upon the margin of the tongue, like Mercury, which has a gray or heavy coated tongue with foul breath. The breath and other exhalations of Tellurium are like garlic. Swollen tongue, with indentations of the teeth we find, besides Tellur. and Mercury, also under Stramonium, Arsenicum metallicum, Glonoine, and Iodine.

Gums bleed so that the mouth is filled with blood: similar to Nat. mur., Carbo veg., and Mercury.

The sore throat of Tellurium is always relieved by eating and drinking; very similar to Ignatia. Tellurium has dryness of the throat. Ignatia has the sensation of a plug in the throat.

The breath smells like garlic; this is a characteristic symptom of Tellurium, and so far not known to have been produced by any other remedy.

Tellurium has weak feeling, like faintness, in the stomach, after congestion of blood in head and nape. This weak feeling in the stomach is also found under Sepia accompanied by nausea, and is then caused by thinking of food to be offered. Baryta has it also, but eating relieves it. Oleander has relief of it from drinking brandy. Alumina and Digitalis have an aggravation of it after eating. Kalmia has it extending to the throat relieved by eructations; Kali carb. has that sensation of weakness accompanied by eructations. Lobelia has it with dyspnœa.

Tellurium has painful sensitiveness of the spine from last cervical to fifth dorsal vertebra, sensitive to pressure and touch, similar to Nux vom. and Ruta.

A very important symptom is, "pain in the sacrum passing into the right thigh down the sciatic nerve; worse when pressing at stool, coughing, laughing, also when lying on the affected side." Here we have a true picture of a form of sciatica. Lachesis is also frequently indicated in sciatica, but the Lachesis pains in the sciatic nerve are relieved and are very slight when lying quiet in bed. Sitting up—rising to one's

feet—causes a great aggravation. The pain, if aggravated, is a sensation of intense heat, as from a hot iron, and is often aggravated by sleep. Rhus tox. will be also a remedy in this painful disease if the pain is worse at night, when rising from bed or from a seat, and relieved by continued motion and walking. Arsenic will be the remedy if the person can find no rest in any position, but feels himself compelled to walk about, changing the position, which is painful and gives no relief. Lycopodium has cured sciatica, returning every four days periodically. Kali bichromicum has also pain in the sciatic nerve as far as the knee.

Tellurium has cured offensive perspiration of the armpit when the smell was described to be like garlic. Other offensive smelling perspirations of the armpit are found under Hepar, Dulcamara, Nitr. ac., Rhododendron, Selen., Sepia, and Thuja. Very characteristic of Tellurium is "ring-worm." The ring-worm consists of red, elevated rings very distinctly marked. It appears as spots, very bright red and sharply defined, with minute itching vesicles; itching is worse especially at night after going to bed. The ring-worm of Natrum carbonicum is surrounded by a yellow ring or it suppurates. Sepia has brown or claret colored spots, or humid ring-worm with itching. Clematis has red humid herpes and ring-worm with intolerable itching in the warmth of the bed and after washing; the herpes is red and humid with the increasing, but pale and dry with the decreasing moon. Magnesia carbonica has small red, little elevated, smooth herpes, scaling off afterward without sensation.

---

COMMENTS.—In the fifth volume of the *Homœopathic Review* will be found the original reports of the provers, and also the arrangement of symptoms by the late Dr. Constantine Hering. The profession at large should be grateful for the labors of such an indefatigable member of it. But we must regret to state that there comes from Gotham a censorship by a self-appointed progressive-recognition-seeking physician, at present Dean of the so-called Homœopathic College, who declares Hering's *Guiding Symptoms* unscientific and unreliable! This censor indorses Richard Hughes' *materia-medica-of-the-future*, while he evidently feels sore and laments with his publisher that Hering's *Guiding Symptoms* are pushed forward because it is well known that they are needed, and that every true healer will welcome the appearance of so useful a work. Unscientific, why? because it is useful and is not clad in the pathological livery? This *scientific* censor has but a short time ago espoused the exploded

germ-theory—picking up the crumbs that fall from the allopathic table. Such a censor will not be able to retard the publication of Hering's *Guiding Symptoms*. Such men, late graduates, who by this ungrateful teacher were impressed with the idea that the *Organon* is a poor concern anyhow, old, out of fashion, and now properly laid aside for a "progressive science"—in short, of no great value. Late graduates, or, say, a majority of them, may be misled into the belief that Homœopathy may be inscribed on their diplomas, and a dispensation added to it to discard the *Organon* and the published works of the men who gave our school its standing, by following Hahnemann's methods faithfully and developing our healing art, by adding to the materia medica such provings as will enable us to be still more successful than ever before. There are some graduates, even of such colleges, who have more intellect and a better understanding of "science" than their misguided and misguiding teachers. They will not accept the proffered and recommended progressive science, including the germ-theory and the Quinine departure. They will accept as homœopaths the *Organon*, Hahnemann's *Materia Medica*, and Hering's *Guiding Symptoms*, and become healers indeed. They will learn that their successes in healing the sick increase as their knowledge of Hahnemann's methods and of his *Materia Medica* increases. They will give credit and remember gratefully such early promulgators of Homœopathy as Hahnemann taught, as the late Dr. Constantine Hering, and atone for the ungrateful remarks made by their former teacher and now censor of Hahnemann and Hering.

---

### THREE CONTRIBUTIONS TO THE STUDY OF CAPSICUM ANNUM.

#### I. *A Brief Study of Capsicum.*

C. CARLETON SMITH, M. D.

It is a fact that almost every drug that has been well proven has running through it, like a scarlet thread, a peculiar symptom, which at once characterizes the drug.

The characteristic symptom which permeates Capsicum is *burning*. This is also indicative of Arsenicum, but Ars. has a peculiar and marked restlessness, which Caps. does not have.

It is also interesting to note that though this drug is used so largely on our tables as a condiment, it is, notwithstanding, one of our most precious curative agents in a potentized form.

Hahnemann tells us that a very small portion of a drop of the tincture of Capsicum diluted to the trillion-fold degree—each diluting bottle having been only twice succussed, would be found quite sufficient for a dose for all homœopathic purposes.

This drug has been of great value to me in abnormal conditions of fat, lazy people, and, perhaps, more particularly females of this description.

These patients get sick and they stick on your hands. They hang fire, so to speak, get no better and no worse. They are ill, and yet at your visits they are full of smiles. They will get out of bed for a little while, loll around the room, and then suddenly get back again. Their mouths are pasty, gums flabby, breath foetid, with accumulations of mucus.

Give Caps. to these cases and you will frequently bring on a reaction, ending in restoration to health. And in other cases, if the remedy is not so far reaching, it will at least make the way clear for other remedies which will complete the cure.

Patients who require Caps. are generally *better* while eating, but *worse* after. They complain of their best dishes tasting sour; crave coffee and use it, but afterward suffer from attacks of dyspnœa on account of the indulgence.

It must be remembered that Caps., while it produces burning in various portions of the body, yet it has an opposite condition, and that is, icy coldness of the stomach—and, hence, the fat, lazy patient I have described, will one day complain of intense burning within the stomach, and the very next day will surprise you by reporting icy coldness in that region.

Think of this drug always in persons who lack reactive force; they want to lie down all the time; can't hold themselves up. When they walk, they totter. If they come into your office they will stagger to a chair and plump down into it with a heavy sigh, and with gasping breath describe their case.

These fat patients who require Caps. are generally plagued with hemorrhoids, which they complain of as making them feel very blue and downhearted. They are also constantly troubled with enlarged cervical glands, which are quite painful; also elongated uvulas.

The breaths of these patients are so foul that it is impossible to sit before them while they converse with you.

The stools of Caps. are somewhat like those of Nux vom. in that they are frequent and quite small; but they are accompanied by burning in return, and expelled with violence, which Nux does not have.

It also has piles with mucous discharge similar to Carbo

veg., but differs from Carbo veg. in that the latter has mucous discharge of an unbearable stench, and much more profuse than Caps., even wetting the clothing through.

If a patient comes to you exceedingly gloomy from suddenly suppressed hemorrhoidal flow, give him Caps. <sup>500</sup> or higher.

This drug is a precious remedy for nostalgia or homesickness.

If you meet with little children who become homesick leaving their parents to go to school for the first time, give them a few doses of Caps. Young ladies going to boarding-school for the first time, will write back in a little while that they are terribly homesick. If you see them, you will find them with very red cheeks and sleepless at nights: Caps. high is the remedy.

Clumsy children who suffer with morning headache, and who have an attack of nose-bleed in the morning before they get up, require Caps.

The red cheeks of Caps. are like unto Chamomilla, but there is this difference: the latter is red and hot, the former simply red. And though feeling hot to the patient, are not so to touch. Caps. has excessive distention of the abdomen, like Lyc. The patient says her abdomen will surely burst. This does not come on, however, until about two hours after a meal—while Lac. has it immediately before the meal is finished.

This drug has also peculiar urinary symptoms. The neck of the bladder is spasmodically contracted, and the urine first comes in drops, and then in spurts, alternating.

We have marked symptoms of the genital organs which must not be overlooked—I allude to coldness of the scrotum and marked dwindling of the testicles; also violent erections in the morning when it is time to get up, which can only be allayed by cold water. We find also a gonorrhœal discharge, which is very thick and yellow. There are also pains of a rheumatic nature in the provings of this remedy, one of the most important being “bruised pain of the os-calcaneum, as if the heel were benumbed or bruised by a great leap.” It also has wandering pains, like Puls., of a drawing nature in lower limbs, in back, then in upper limbs, in the nape of the neck, in the scapulæ, and in the hands; excited by moving.

Sometimes we may have to choose, in treating these fat, lazy, and dirty people, between Caps. and Sulphur. This will be your guide: the Sulph. patients dread the water, while the Caps. patients dread the air; they won't go out-doors unless you drive them out.



In summing up: Capsicum will be found most useful in patients with blue eyes and light hair. In children who are excessively clumsy, very ugly in disposition, and always complaining of being cold and chilly; persons easily offended; singing, perhaps, and full of hilarity one moment, and the next scolding furiously.

Most complaints under this remedy are aggravated by the use of coffee, more especially the cough, which latter is apt to be of an explosive character, akin to whooping-cough, so severe in its nature as to cause a sensation "as if the drums of the ears would actually burst open."

In an epidemic of diphtheria of a very severe type through which I passed in the early years of my practice, I found Capsicum of great help to me whenever it was indicated, the indications being burning and soreness of the mouth and fauces; sensation of spasmodic contraction in the throat when attempting to swallow; the throat smarts as if full of cayenne pepper. The pain in the throat is greatest, *not* during the act of swallowing, but *between*. Similar here to Ignatia, but very different in every other respect. Cheeks red, but not hot, changing to paleness, with epistaxis; chilliness between scapulæ; worse from drinking cold water.

---

## II.—*The Mind and Skin of Capsicum.*

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

The mental symptom most frequently associated with Capsicum is nostalgia, and while we are not frequently called upon to prescribe for that trouble, it is so seldom written about that a brief reference to it may be of use. It has been said that "the best remedy for homesickness is to send the patient home," and while one can readily imagine some instances where this procedure would seem a necessity, it is, in a majority of cases, out of the question. We have to deal with a patient whose return home is a supposed impossibility; who not only desires to be home, but who has so dwelt upon the matter that all else has sunk into insignificance; the craving for home has become a disease, and he is, in a mild way, a monomaniac, thinking only of and wishing only for home and its attractions. Why should not this unreasonable craving call for medical treatment as well as any other?

The indication usually referred to Caps. for homesickness is

“redness of cheeks, sleeplessness, and hot feeling in the fauces.” Let us also note the disposition to become angry at the least offense; the patient is peevish and irritable, or, if in a pleasant mood, will become angry from the slightest thing that disturbs them; they are inclined to be indolent and melancholy and desire to be let alone. Other remedies have been used for nostalgia, the most important ones being *Phos. ac.*, *Ignatia*, *Helleb.*, and *Bellad.*, in the order cited.

*Phos. ac.* is particularly useful to young persons who have grown too rapidly, and will suit many cases at boarding-schools. The patient is indifferent in manner, or, popularly speaking, “doesn’t care whether school keeps or not;” bad effects from onanism; unwilling to talk.

*Ignatia*.—Changeable mood; sighing; distressed; “gone” feeling at stomach; not ameliorated by eating; bad effects from grief and disappointment; perhaps the patient had expected to return home on a certain date, and, being disappointed, she grieves and frets over it; or the school-girl has been reprimanded and gone to her room to cry herself sick; brooding in solitude; *imaginary* trouble; the circumstances producing homesickness not half so bad as they think.

*Helleborus*.—Irritableness, aggravated by consolation; does not want to be disturbed; weak memory; thoughtless; staring; sighing; inability to fix the mind; answers slowly, or is dull and says nothing; lamenting; moaning.

*Belladonna*.—Persons who, though naturally of jovial and entertaining dispositions, become violent, even delirious, when ill; sleepy, but cannot sleep; excitable; easily brought to tears, or morose and serious; fretful; nothing seems right; vexed at himself.

---

The skin symptoms of Capsicum are few, but we find one peculiar—hence important—symptom: namely, itching which is aggravated by scratching. I have verified this symptom several times under *Anacardium*, and, next to that remedy, we find the same symptom under *Ledum* and *Puls*. It is also recorded under *Bism.*, *Caust.*, *Con.*, *Mez.*, *Sil.*, *Stram.*, and *Sul.*, although in a minor degree.

The symptom, therefore, is more peculiar because of its unnaturalness than from the fact that it is uncommon in the *Materia Medica*. How, then, are we to tell which of these remedies to give for itching aggravated by scratching? By ascertaining what other local sensations are experienced and observing the mental idiosyncrasies.

*Anac.* and *MEZER.* have a change of place of the itching after scratching; *Anac.* is an ill-natured, nervous, hysterical person, with rather a malicious nature, while *Mezer.* is indifferent and despondent, and though angry at trifles, is soon sorry for it.

*Anac.* and *SUL.* have numbness after scratching, but *Sul.*, while nervous, peevish, and irritable, is rather inclined to be philosophical and full of religious speculations, while *Anac.* can "swear like a trooper."

*Sul.* has a raw feeling after scratching.

*CAUST.*, *PULS.*, *Sil.*, and *Sul.*, have sticking after scratching, but *Caust.*, while melancholy, looking on the dark side all the time, does not weep so easily as *Puls.*, and has not that slow, indecisive disposition; *Caust.* is also peevish; *Sil.* has a pretty big conscience, with compunctions about evil deeds, and though the child is obstinate and cross it cries when spoken kindly to.

*CAUST.*, *MEZ.*, *PULS.*, and *SUL.* have stinging after scratching. Their mental states as before cited.

*Caust.* and *STRONT.*—Tension after scratching. *STRONT.* is ill-humored, inclined to be angry and impetuous, while *Caust.*, though peevish, is melancholy.

*SIL.* has titillation after scratching.

*CAUST.*, *Puls.*, *Sil.*, and *SUL.*, eruption after scratching.

*Sul.*, erysipelas after scratching.

*Caust.*, *Puls.*, and *Sul.*, papules after scratching.

*Caust.*, *Sil.*, and *SUL.*, ulcers after scratching.

*CAPSICUM* has none of these indications markedly, although it has in a degree a pain in the scratched place, which is shared in by *Puls.*, *Sil.*, and *SUL.* This latter being the chief (as will be observed) for aggravation in general after scratching; further, *Caps.* has naturally a lackadaisical disposition not so completely found under any of the other drugs.

Thus glancing at a few of the mental and the cutaneous symptoms of this remedy, let us note that as the medicine is "peppery" so is the patient's disposition, and as we can imagine a local application of it to affect the skin, so does the internal proving of it produce burning and an itching, the latter not relieved by scratching any more than would an ordinary rubbing remove the dust of pepper from the skin.

I venture the assertion that in no class of diseases are mental symptoms less noted than in skin troubles, yet where will we find a diseased skin (cutaneous manifestation of constitutional disturbance) free from mental symptoms? We expect our patients to be anxious about these troubles, but sometimes they are unnecessarily so, thus aiding us in the selection of a remedy;

or if indifferent, it is still stranger and of greater importance. Their pride may be deeply wounded, and they avoid society from mortification because of a small, almost unnoticeable, eruption. All of these points are noteworthy, and if taken into account will aid us in selecting the truly homœopathic simillimum without which there is no perfect cure.

---

### III.—*A Few Comparisons of Capsicum.*

JOHN V. ALLEN, M. D., PHILADELPHIA.

I have endeavored, gentlemen, to give a few comparisons of the medicines having somewhat similar symptoms to Capsicum, the subject of the paper just read by Dr. Smith, and selected a few symptoms from each of the following headings: eye, ear, vomiting, stool, abdomen, cough, and chill.

Under the eye symptoms of Hering's *Mat. Med.*, we find objects appear black. It is the only remedy that I have been able to find having this symptom. *Phos.* has objects appear dark, as also have *Bell.* and *Hep.*, while *Thuja* has objects appear dark while reading. The dim vision of *Caps.*, particularly in the early morning, might be compared with *Cham.*, *Chelid.*, and *Puls.*, each of which have it, with the difference that *Caps.* is better on rubbing the eyes, and the totality of symptoms in a given case will decide which one of the other three might be indicated.

The ear symptom of *Caps.*, I think, should not be hastily overlooked, as it produces one condition which is so often maltreated with the knife, and very often proves fatal to the patient, and that is caries of mastoid process, which may be on either side, and here you must compare with *Aurum*. The *Caps.* swelling and inflammation is very tender to touch, with smarting, burning, tearing pains, while in *Aurum* we have the mercurio-syphilitic cachexia, generally with boring pains, offensive otorrhœa, and a general breaking down of the osseous system. Each of these remedies has pain behind the left ear. The *Caps.* pain is tearing in character, while that of *Aurum* is characteristically boring. Not only do we find the adjacent parts of the ear affected as I have shown, but we have an aching in one or both ears when coughing. This symptom I consider peculiar, and you will find not only the ear but any distant part of the body affected by coughing. You must compare *Dioscor.* with *Caps.* in pain affecting the ears on coughing, which in *Dios.* is worse at eight A. M. I might here mention that *Hep.* and

Phos. ac. each have earache when blowing the nose, and Manganese from laughing.

The eructations of Caps. are peculiar, and the patient will tell you the drug has the taste of the gases raised. I might mention that it has stitches in the side when belching. Now, Sepia should be compared when this symptom is found, and other symptoms of Sep. will lead you to select it.

In Sepia I might again mention that we have relief of pains in the back from eructations, and in Ars. pains in the back on belching. Verbascum should not be forgotten for belching during cutting pains in the abdomen. I will now try to compare the abdominal and stool symptoms together, but will not go into the finer shades of symptoms, but only mention comparative remedies.

In colic, around the umbilicus, with mucous stools, sometimes streaked with blood, with tenesmus, we must compare Merc., Canth., Coloc.

In Merc. you have the never-get-done feeling and chilliness following every stool, whereas in Caps. the chilliness is not after stool but after drinking, and violent thirst follows every stool, and must go to stool immediately after drinking, passing nothing but mucus, with burning in the rectum and bladder; it is with this latter symptom that we should think especially of Canth., as it has slimy, bloody stool, with burning pains in the rectum and anus, causing the patient to cry out; it also has chilliness after stool, as if cold water were poured over the body, and more tenesmus of the bladder than its ally Caps., and its vesical symptoms are always present when indicated, and we should not forget Merc. cor. when vesical symptoms are present in this character of diarrhoea. To Colocynth. I will give a passing notice, in merely stating that the tenesmus is during stool and relief of pain after stool, and the colic, as you know, is relieved by bending double and hard pressure, which is not so in Caps. Thrombidium should not be overlooked with symptoms presented like the above mentioned. It has, like Caps., mucous, blood-streaked stools, thirst following every stool, tenesmus, tenesmus and chills in the back, but the Thromb. patients cannot wait until they are through eating, but have the passage while eating (like Ferrum). Before leaving this section I would like to call your attention to Caps. in hemorrhoids, and its relation to other drugs in this condition. It has hemorrhoids which are burning, swollen, itching, throbbing, with sore feeling in the anus; bleeding or blind, with mucous discharge. Mur.-ac. should be one of the first remedies thought of when the sore

feeling of the anus is complained of, as it is one of the few remedies having hemorrhoids which are too sore to bear the least touch. Sulph. and Baryta-carb. should be carefully studied when mucous discharge accompanies piles, and the distinctive characteristic symptom of each will differentiate them from Caps. The cough of this remedy, as I have said before, causes pain in distant parts, as aching in the ears, nosebleed, stitches in hypochondria, stitches in neck of bladder, and stitches and tearing from hip to knee and foot, but you will find one peculiar cough symptom which I will mention and compare with Sang., and that is with every expulsive cough (and at no other time) there escapes a volume of pungent, fetid air. The Sanguinaria cough has belching before and after the cough, and only after in Caps., and the Sang. breath and sputa smell badly, even to the patient, and the cough is relieved by passing flatus up and down. Caps. sputa is dirty brown and not offensive to patient.

The grandest sphere of the action of Caps. is its power to cure intermittent fever, and its indications are peculiar and not difficult to differentiate. The chill begins in the back, with thirst, worse after drinking, better when walking in the open air.

Eupat. per. and purp., Lach., and Polyporus have each chill, commencing in the back.

Eupat. per. has insatiable thirst, but drinking causes nausea and vomiting and hastens chill, thirst two to three hours before chill, and chill ends in bitter vomit.

Lach. chill, as also does *Eupat. purp.*, commences in the small of the back, and not between the shoulders, as Caps. and Polyp.; patient wants to be near fire, while Caps. is better walking in the open air; Lach. has no thirst during chill, as do Caps. and Eup. per.

Polyp. has chill commencing in back between shoulder-blades, like Caps., but is worse while in the open air.

The Caps. chill, which is often followed by sweat, without intervening heat, should be compared with Causticum and Lyc. Caust. chill is lessened by drinking, and is without thirst, followed by sweat, without intervening heat.

Lyc. chill generally commences at four P. M.; no heat after chill, but great thirst after the sweat.

During the Caps. chill we sometimes have vomiting of phlegm. In this it should be compared with Ign. and Puls. The heat of Caps., which is lessened by motion, should be compared with Ferrum.

Characteristically all the stages of Caps., viz.: chill, fever, and sweat, are lessened by motion, and the chill spreads generally until extreme points are reached, then as gradually declines.

---

## THE REVISED VERSION OF THE CYCLOPÆDIA OF DRUG PATHOGENESY.

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

I have now lying before me the third and fourth parts of the above work, including the first volume. It gives me much pleasure to see that in the appendix Dr. Hughes has admitted the validity of my criticisms, and gives a revised version of some of the provings, duly crediting me with the corrections. I have not yet had time to ascertain whether these provings are now completely rendered, but they are evidently far more complete than before. Dr. Hughes admits that *Carbolic acid* was his first error at condensing, and that he had gone farther in that direction than he should. This honorable confession is a good sign for the future, but I must regret that he did not also re-examine the other provings of this drug. Had my papers not been boycotted by the editor of the *Homœopathic World* I should have demonstrated the reliability of many others also.

While the work is evidently now being carried out with more care than before, there is yet room for improvement, and it will not be perfectly satisfactory until all condensation is dropped. I do not mean the condensation of mere *rubiage*, such as some homœopathic as well as allopathic writers indulge in, but all condensation of the expressions with which the symptoms are described. Such condensation often impairs the full force of the meaning, and by rendering the phraseology less graphic, increases the difficulty of remembering it. I purpose therefore to point out a few errors in these two parts. The reader must not, however, consider that these are all—they may be so, or they may not. I can only now examine a few of the provings, leaving the editors to search the rest.

CANNABIS INDICA, No. 3, page 715. In line 4 of proving: "right arm" should be "right upper arm, extending down arm and up to axilla." In line 5 "feet" should be "foot" (misprint in original, copied also by Allen); line 6: after "right side" add "seemed to stop at mesial line;" line 7: "metallic" should be "somewhat metallic;" line 9: "much prolonged" should be "very much prolonged;" line 16, add "he could

count his pulse well; it did not seem to him to be beating slowly, though time seemed prolonged; his pulse seemed to him to be full and bounding" (as it really was); line 4 from bottom: for "this" read "this condition of heart." It does not refer to the other symptoms in the same paragraph.

Page 716, line 32, should read "remembered events that had happened, an idea that passed through his mind when a child, as about toys." The remainder of the proving is correct. No. 4, page 716, line 1: a comma should be placed after "short," it was the prover who was "short," not his "dark hair;" line 3: for "one P. M." read "one A. M." (misprint is original); line 1: for "December 7th" read "December 4th" (misprint is original). Page 717, line 2, should be "all kinds of fanciful ideas," otherwise the version is correct; No. 5 is correct; also Nos. 7, 8, and 9 (the latter is my own proving); No. 6, line 4, read "knew he was talking nonsense, but could not stop," otherwise correct.

So far, though this version is not altogether accurate, it is a great improvement on what he gave before. But there are several omissions at which I am much surprised. In *The Organon*, Volume I, page 329, I published some of De Boismont's experiments. These are omitted by Dr. Hughes, who only quotes De Boismont's quotations of Gautier's experiments.

No. 15 is Sherley Hibberd's provings, slightly condensed; for my own part I prefer the more graphic original. But I am at a loss to understand why Dr. Hughes has entirely omitted his second and third provings, which immediately follow the first. They contain some new and important symptoms.

No. 18, Pierce's provings, are very much condensed and many important illusions omitted. On page 727, line 16: "frequent drowsiness" is given in original as "sleepiness, drowsiness." It is also suggested that no mention is made of the effects of a dose of 5M (Fincke), though the symptom produced is almost identical with one produced by the crude drug. At the end of his proving Dr. Pierce gives a short proving on a friend "which bore strong resemblance to dropsy." This I am unable to find either in Hughes or Allen. I can also find no reference in Hughes to that standard work on the subject, *The Hashish Eater*, nor to one recently published here, entitled *Confessions of an English Hashish Eater*. Lastly, in the *Homœopathic World*, 1879-80, I published a part of my collection of experiments, only a portion of which can I find in the *Cyclopædia*. There are several others which I have either in the printed



original or in the MS., and as they were all quoted in the "Index to Cases of Poisoning," which I published many years ago in the *Monthly Homœopathic Review*, they surely should have been incorporated here.

**ARSENIC:** Under Arseniuretted hydrogen, Dr. Hughes has omitted two valuable poisonings, Nos. 120 and 194 of my *Pathogenetic Record*.

**ARUM TRIPHYLLUM:** These provings are so condensed and mutilated as to be almost unrecognizable. For want of space I must refer the reader to the originals, that he may make his own comparisons. I will only mention here that in Gramm's proving the important symptoms of November 12th are omitted, and others placed under that date which really belong to November 13th!

**ASCLEPIAS TUBEROSA:** Dr. Saveroy's proving is omitted, and Dr. A. C. Jones' proving of *Asclepias incarnata* in *N. A. J. H.* vi, 522.

**BAPTISIA:** Dr. Hughes has overlooked Dr. Douglass' corrections in *N. A. J. H.* vii, 228.

**BROMIUM:** Under *Kali bromatum* I am unable to find a remarkable case of poisoning reported by Dr. Hineke in the *Organon*, p. 343; also a very suggestive remark by an allopath, which I quoted in *Monthly Homœopathic Review*, 1870, p. 647, that this drug produced symptoms like epilepsy.

**CAMPHOR:** A reference to Allen will show some provings here omitted. In the *U. S. M. J.*, 1875, December 15th, p. 483-5, some provings of *Camphor* are published by Dr. C. Hering, J. C. Morgan, and Hatch. These I cannot find either in Hughes or Allen. In the *American Observer* (date unrecorded in my notes) is a proving of *Monobromide of Camphor* by Dr. H. W. Taylor, which produced the symptom "appearance of snow flakes falling." This seems also omitted both by Hughes and Allen.

In conclusion, I must strongly protest against some statements by Dr. Hughes which involve not only fatal errors but are inconsistent.

In the *Homœopathic World*, 1886, p. 413, he is reported to have said at the late Convention that the scheme in which our provings have been hitherto arranged, according to the method of Hahnemann, were "unnecessary, misleading, and pernicious." Nevertheless, at p. 14 of the Introduction to the first volume of the *Cyclopædia*, he declares that "the *Materia Medica Pura* and the *Chronic Diseases*, translated into the English tongue, must be regarded as the earlier volumes of the present series. Our index

will include them, and they should be possessed by every student of drug pathogenesis." I invite Dr. Hughes to answer these two questions:

(1) If the Hahnemannian schema is "unnecessary, misleading, and pernicious," how is it that it has proved both reliable and indispensable in practice, according to the evidence of all who have faithfully endeavored to follow Hahnemann's rules?

(2) If the evidence of Hahnemann's followers is rejected, and the schema demonstrated, is the opinion of Dr. Hughes, to be "unnecessary, misleading, and pernicious," what will be the use of incorporating the medicines thus arranged in the proposed index to the *Cyclopædia*?

---

### NOTES FROM AN EXTEMPORANEOUS LECTURE ON SPONGIA.

PROFESSOR GEE, OF HAHNEMANN MEDICAL COLLEGE,  
CHICAGO.

This valuable remedy comes to us from Hahnemann. It is not one of his deep, long-acting "antipsorics," but has proved to be of great value even in its limited sphere. In a domestic way it had been used for the cure of goitre, but in large and repeated doses of the powder:

That it has been of great value in the cure of this trouble many homœopaths will testify. Some have attributed this power to the slight amount of Iodine in the sponge.

No peculiar mental symptoms are deserving of special mention, but it has produced a dull, right-sided headache coming from cold air into a warm room. The headache is at times "congestive," with pressing, beating in forehead, red face. All the headaches are relieved by lying on the back horizontally.

Mouth and throat full of vesicles, with burning and stinging pains. You will remember that similar conditions exist when Nat. mur., Staph., and some other remedies are needed. When Spongia is the remedy the saliva is diminished (except, clinically, in whooping-cough), and the burning, stinging pains are present. When Staph. is preferred there is the constant accumulation of saliva, which necessitates frequent swallowing. The Nat. mur. vesicles are very sensitive to touch, even of food and liquids. The distress, too, is more of a smarting character.

Spongia is full of stuffed, cramped-like sensations. The parts thus disturbed are sensitive to touch, and soreness and stitches are likely to accompany.

Fullness of head as if skull would burst ; congestion of blood to ears ; nose stuffed up.

The burning and stinging of the mouth is also present in the throat, and a peculiarity of the sore throat is that it is worse after eating sweet things. A similar condition is present under Sang., especially when the burning is thus aggravated.

On the outside the throat is greatly swollen, "even with the chin," as the text has it. When called for, the throat is likely to be sensitive to touch ; and although the throat and general symptoms of the patient are better when lying down, he frequently wakes frightened because of suffocating spells. The stomach symptoms conform to the features of the remedy in being aggravated from touch of clothing ; better lying on back. There is also a drawing, as if growing together, of pit of stomach even to throat, obstructing his breathing ; stitches in stomach. This is the cramp-like pain in different language. Later this cramp relaxes and leaves the parts flaccid, and then we have the very peculiar sensation as if the stomach was standing open. (When the os uteri feels as if open—Lach. ; when it really does stand wide open—Kre.)

The abdominal muscles share in this drawing of the stomach, making inspiration very difficult.

Spongia has proved to be of value in troubles affecting the genital organs. Testicles swollen and hard, as in orchitis ; sensitive to touch, with stitches. A peculiar squeezing, screwing pain is present, as under Coloc. and Staph.

We now come to a valuable sphere for this remedy, and one in which its greatest laurels have been won, viz. : disease of the larynx and chest.

The same stuffed sensation is in the larynx ; obstruction as from a plug ; it produces real inflammation of the respiratory track. In the beginning is dryness, sensitiveness to touch, voice cracked, gives out, cough, hoarse, talking hurts, and even turning the neck causes pain. The stiffness, with the soreness and sensitiveness to touch which runs through the remedy, is here present. The sensation is as if grasped about the throat, causing the fright and suffocation on waking. The same grasping is present under Acon. Is it surprising that this remedy should be so valuable in croup ?

You will observe that from the character of the "plugging" of the larynx the difficult breathing is on inspiration. This is a keynote : Wheezing, anxious, labored inspiration, even involving the abdominal muscles. This is an objective symptom, and you need not mistake it when called to a case of croup. We now

find a marked exception to the general action of the remedy. The chest troubles are worse lying down; the breathing is worse lying down, but better bending forward. (You remember the Hepar sul. patient must sit up and bend backward.) The same stuffed, bursting feeling is present in the chest. The cramplike condition gives a stuffed feeling, as though he had to breathe through a dry sponge.

A short time ago a patient came slowly into the office, walked stooped, sat down carefully, leaned forward and kept very quiet, and seemed to be much exhausted. When he had rested a moment he said he had frequent attacks of asthma, but this was the worst yet experienced. The labored inspiration involving the abdominal muscles was quite marked. He answered that he had not slept for two nights and had been obliged to sit upright in his chair; that leaning backward or lying down or exertion "took his breath away." He received one dose on his tongue of Spongia<sup>tm</sup> (B. & T.), and within two minutes (I thought hardly time to dissolve or swallow the powder) he threw back his shoulders and, with an expression peculiarly his own, remarked that he did not know what I gave him, but "it went right to the spot" and "something has let up." He was able to walk out in a few minutes relieved and a happy man.

The cough is dry and barking and, like the sore throat, is worse from sweats, also from lying down with the head low, and from excitement. It is worse from cold and better from warm foods and drinks. It is true of Spongia, as with other remedies, that when one extreme is present, in the latter stage the opposite may be expected, even if not recorded. If a man takes whisky he is stimulated for a time, but the after effect is greater prostration than before taking it. So with a drug. If diarrhoea occurs first, constipation will follow, and vice versa.

Dry cough occurs first under Spongia, but it may be indicated in loose cough with profuse sputa. The croup cough at times sounds like sawing on a board, and the same sound is present between coughs, but it may be found useful in chronic coughs of a paroxysmal character when the mucus "torn loose" must be swallowed, as under Arn., Caust., and Sep., or is in a hard lump, as under Ox. ac. and Mag. carb.

This remedy has proved valuable for angina pectoris when the contracting cramplike pain is present with the suffocating spells, and worse with the head low. Think also of Rumex and Cactus grand. for many of these symptoms.

The cramplike pain with stiffness also extends into the mus-

cles. We find it in the left side of the face—articulation of the jaw; in the muscles of the left shoulder; in the ball of the right thumb—in the muscles about a joint.

In sleep, the old position is resumed—wants the head low. (The desire to lie with the head low has led to Arn. in serious diseases.) Awakes frightened; starts, because he fears he will suffocate. (The Sul. patient wakes with a start and a scream. The Stram. is greatly frightened at what he sees first. The Lyc. patient is cross, cries and kicks on waking. The Lach. is generally worse after sleep—mentally and otherwise. His disease grows worse while he is asleep.)

Remember, these features characterize the remedy, and do not attempt to memorize each single symptom:

*Sensitive to touch.*

*Cramplike pains, with soreness, stiffness, and stitches—3 “S’s.”*

*Relief from lying down of all troubles except those of the chest.*

*Suffocative attacks.*

*Chest troubles—lying down, better leaning forward. Stuffed, obstructed sensation, with difficult inspiration.*

## CLINICAL NOTES.—DYSMENORRHOEA.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

Mattie E——, æt. twenty-three. Since the first menstrual nusus, which occurred at thirteen, she has suffered great pain at every period, which has been every three weeks. Pain in the uterus and down the limbs. Before and during she has suffered from an empty, hungry, all-gone feeling in the stomach (Sepia, Murex, Ignatia); she cannot stand long on the feet, the pain is so much aggravated; cold feet, great dizziness when going up stairs, voracious appetite.

The fact that this difficulty dated back to puberty guided me to Calc. phos. She never had any more pain. This young lady was compelled to avoid any engagement that might come on her sick day, as she was compelled to keep her bed most of the first day. Her expressions of gratitude have often cheered me, and her praise has brought me much business.

So important is Calcaria phos. in the painful affections of the uterus connected with puberty, and resulting from bad habits or neglected advice at that time, that I feel like emphasizing this feature of it. It is a common practice in rural districts for girls at puberty to wade in water and do many careless things, thereby

laying foundation for dysmenorrhœa and sterility. The complaints growing out of these causes find their remedy in Calc. phos. in a very large number of instances.

Miss X——, twenty-four years old, had suffered from *dysmenorrhœa* since puberty. She always kept her bed during the first day. Menses a few days too soon and profuse, lasting five days. The pain was labor-like, and there was some bearing down in the vagina, with a sensation as if the parts would protrude. She often felt as if her menses would come on at different times during the interim, and sometimes a sexual flame annoyed her. Generally she was robust and free from complaint. Calc. phos. cured this lady in two months.

She was an orphan, having no mother to advise her, therefore exposure at the time that she most needed to exercise judgment, brought on the suffering that lasted ten years before she obtained the appropriate remedy. This patient had submitted to local treatment without palliation. She had been told that internal medication could not benefit her.

Miss Susie C——, twenty-two years old, consulted me for dysmenorrhœa. Her menses came very much too soon, and lasted from seven to ten days. The flow was dark and clotted the first three or four days; the severe pain was at the beginning; she got some relief after passing membranes. She complained of aphthous patches in the mouth and sometimes on the labia. She always had a leucorrhœa several days before menstruation, white-of-egg-like and ropy. Her pains were often labor-like, constricting (Cactus), extending into the back and up the back (Gels.), and down the thighs (Cham.), and sometimes to the stomach, causing vomiting. She would always weep from music (Natrium) and grow sick and become frightened when going down from the top of any high building in an elevator.

She got Borax<sup>sm</sup> at proper intervals. The result was satisfactory. The second period was painless and normal. The relief in this case has been permanent.

---

THE use of nitroglycerine by physicians should be attended with some special care. The drug may be old and inert, or, on the other hand, the alcohol which holds it in solution may evaporate and leave the solution dangerously strong.—*Medical Record*.

[Consistent homœopaths do not need this caution.—Eds.]

## THE CAUSE OF CHOLERA.

Dr. E. O. Shakespeare, of Philadelphia, was sent by the United States authorities to investigate the recent epidemic of cholera in Europe and India. Some time ago he gave a lecture upon his experience, which is briefly this: That cholera was caused by dirt and wretched hygienic surroundings, and spread by infection being carried in clothing, etc. Of the comma-bacillus as a *cause* of cholera Dr. Shakespeare does not seem to have found any proof.

In his report to the Government, a full account will be given of his investigations and the conclusions drawn from them. In the meanwhile a few extracts will be of interest.

The German and the English Commissions do not appear to have agreed upon the cause of cholera nor the necessity for quarantine. The English Commission sent out to India submitted a report in which they related observations and conclusions directly in opposition to the German Commission's deductions. After his own study of the conditions and operations of the disease, Dr. Shakespeare is forced to the conclusion that it is doubtful whether the disease is contagious in the general acceptance of the term. The question of the efficiency of quarantine was at once raised by the conflicting conclusions of these Commissions:

Dr. Shakespeare said he was struck with the cleanly appearance of Palermo. The streets were well paved and clean, and on first impression it was one of the cleanest cities in Europe. But in going into the alleys, courts, and by-ways, just off the principal streets, he was shocked by the reeking filth and abominations of every conceivable sort. The same conditions he found in all Italy, Spain, and Southern France. The houses were constructed with extremely bad sanitary arrangements. One general water well served for many families who occupied the many-storied tenement-houses. The sinks and water-closets were so close to the well as to permit of dangerous contamination, the alluvial soil allowing of great permeation. The inmates of the houses persisted that none of the water from the wells was used for drinking or cooking purposes, but for these water was obtained from the public fountains. He learned, however, that such was not true. Cholera was introduced into Palermo from Marseilles by a man who purchased some clothing from an infected person. He was employed on a vessel, and took the clothing ashore in the night. He lived in a court. His wife washed the clothing at one of the public tubs in the

centre of the court, which, through faulty drainage, leaked into the well. In a few days the man's wife was seized with cholera, his child died of it, and in a very short time nearly the whole court was infected.

When he reached Spain, the Doctor said he found a system of irrigation left by the Moors that must certainly be the source of the spread of the cholera. He had seen in the numerous canals women washing clothes, and from the same stream, very near them, others carrying water for drinking and household purposes.

The Doctor exhibited by a large map a peculiar condition of affairs in India, where cholera is epidemic. The map showed a suburb of Calcutta, which lies on low ground at the delta of the Ganges River. In building and throwing up earth for their buildings citizens constructed what are called "tanks" all over the city. These are filled by the rains of the monsoon season, the water reeking with filth, except in the public "tanks," from one monsoon season to another. He had seen women come down with their children and bathe in the water, while right at their elbow a neighbor brought a dish of food and washed it in the same water. Clothes are washed in the tanks, and they are used for all purposes, people coming from all parts of the city to use them.

The Doctor gave an interesting account of his investigations of Ferran's inoculations at Valencia. He said that in one village, out of eight thousand and forty-one not inoculated, five hundred and sixty-one were attacked and thirty-four died, while out of one thousand four hundred and nineteen inoculated forty were attacked and seven died. "My investigations of comma-bacillus," he said, in concluding, "leave me in doubt as to its being the cause of the disease. It is not a matter of the greatest importance whether it is the cause. I think Koch has conferred upon humanity a benefit of incalculable value—the placing in the hands of the physician of even ordinary intelligence the means of knowing whether, in the first suspicious case in a village, he has to deal with Asiatic cholera or ordinary cholera morbus."

---

THE MEDICO-LEGAL ASPECT OF HYPNOTISM.—M. Liégeois, Professor of Law of the Faculty of Nancy, calls attention to the possibility of crimes being committed by hypnotized individuals at the suggestion of those who have put them in this condition, and argues very justly that in such a case the punishment should fall on the author of the criminal suggestion rather than upon the irresponsible agent.—*Medical Record*.



## A FEW APIS CLINICAL SYMPTOMS.

J. E. WINANS, M. D., LYONS FARMS, N. J.

The latter part of summer and the fall months here have been associated, till of late, with a scarcity of rain. Bellad. we have found to be a very prominent remedy for affections occurring during a drought or in hot, sultry weather. This season, in addition, we have noticed a call for Apis under the following conditions:

(1) Cases of *cholera morbus*, as follows: Vomiting, with diarrhoea; vomiting of *bile*—oftener *yellow*, like yelk of an egg; discharges either white (clear) and *watery*, or else *thin* and *yellow*, but *very offensive* in either case; generally, also, with *much thirst*—contrary to the custom of Apis affections, as we have considered it.

(2) *Verminous conditions*, with above alvine discharges (in children), or of thin, yellow mucus, accompanying teething or intermittent fever. A few raisins provoked an attack in a child of sixteen months and was well followed by Ipec.<sup>cm</sup> (grass-green stools), and later by Bell.<sup>cm</sup>. The intermittent fever cases are *quotidian* and generally *in afternoon*; chill *short* (half an hour), but *irregular* in time of recurrence (between eleven A. M. and three P. M.), the fever ending in sleep (in one case) and *not going off till six* P. M. or thereafter; sometimes sweat *on side* on which child *was lying*—at other times not. Lycop. followed well after Apis for a return of chill at half-past eleven P. M. in above case several days afterward.

---

## DR. KENT ON SYCOSIS.

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

I was much pleased with Dr. Kent's essay on "*Sycosis and Natr.-sulph.*" Hahnemann was only able to lay the foundation of a knowledge of sycosis, Bœnninghausen built thereon, and it now remains for Dr. Kent to complete the edifice.

In this connection I would point out the following suggestive facts:

- (1) Asthma belongs to the syeotic diathesis.
- (2) Gonorrhœa does the same.
- (3) Desire to be fanned is a prominent symptom in asthma.
- (4) *Medorrhinum* has produced the following symptom:  
"Must be fanned all the time; throws the clothes off, yet surface

is cold; burning, mostly subjective, of hands and feet—wants them uncovered and *fanned*.”

*Medorrhinum* also has “hair on arms from elbows very thick,” and “very thick, long hair on legs from knees.” Compare symptom 2,932 (in *Encyclopædia*) of Thuja, another great antisyctic. This last is one of Wolf’s symptoms, omitted by Allen in his *Index* and sneered at by Dudgeon—both thus remarkably corroborated.

---

### CASES TREATED BY DR. HESSE, HAMBURG, WITH REMARKS BY S. L.

My good friend, Dr. Hesse, a disciple of the veteran Kunkel, publishes in the *A. H. Z.*, 17–19, some interesting cases, among others several of prosopalgia, with aggravations in the warm room, in bed, from hot food, disgust for fat, in the evening till midnight, from lying with the head low, or on the left side, or by lying on the side not affected; all such cases yielded promptly to Pulsatilla, and Hesse remarks that according to Bönninghausen Pulsatilla is especially indicated by aggravation from *lying on the left side or on the side not affected*.

In Allen VIII, p. 239, we find under aggravations: After lying down, offensive odor from mouth; after lying down, cough, dyspnoea; in bed, twitching of muscles of thighs; tremulous sensation in legs and knees; after becoming warm in bed, pain in heels; after lying down, headache in side on which he does not lie; lying upon either side, spasmodic symptoms; lying upon left side, anxiety and palpitation; lying upon right side, cutting in lower rib. Lippe (*M. M.*, 562) gives us aggravation while lying with the head low, on the left, or on the painless side, and *amelioration while lying on the painful side*, whereas Pulsatilla shows, otherwise, *amelioration in a cold place, in the open air, from eating cold things, from taking cold water in the mouth (toothache)*.

Teste (*M. M.*, 265) gives us, also, pains which manifest themselves principally on the side on which one is not lying, and quieted sometimes by lying on the affected side, alternating symptoms, aggravated by a sitting posture, by passing from a cool air into the warm air of the room.

Hahnemann (*M. M. Pura*, Dudgeon’s edition, II, 349): Symptom 203: Toothache, commencing at two A. M., did not allow him to lay the head on a cold part of the bed (Hesse’s case, 38, improved by pressing a cold iron to the face); 650,

when she lies on left side she complains of anxiety and great palpitation of the heart and loses her breath ; 895, the symptoms are ameliorated in the open air ; 898, suffering from open air, he dreads it ; 901, when lying on back the pains are diminished and go off, but when lying on either side they are aggravated or renewed. The editors remark that *the alternating actions a medicine most frequently displays, and which are most severe and most singular, are the most efficacious for the homœopathic cure of diseases.* Such an alternating action preponderates in Pulsatilla.

Piedvache (Jousset, *M. M.*, II, 524) says : Nocturnal symptoms prevail under Pulsatilla ; patient feels better when lying on his back with his legs drawn up, and the pains increase or are renewed as soon as the patient turns to one or the other side. Motion, marching, change of position, gives ease, the contrary takes place only rarely. This author finds often great similarity between the symptoms of Pulsatilla and Ignatia, especially in neuralgic cases, as in both relief is found by change of position, but the chilliness, the nocturnal aggravation, a chlorotic state, plead in favor of Pulsatilla.

Bayes in his *Applied Homœopathy*, p. 142, says of Pulsatilla : Many curious, unexplained medical points does the action of this little plant confirm, and to some extent elucidate. Among these is its *especial action on the left side of the body*, hence, perhaps, its special fitness for the cure of female disorders, which chiefly elect for their site that side of their victims. Oversensitiveness, impressionability, together with venous congestions and their sequelæ, will be benefited by Pulsatilla.

May not this impressionability explain the instability of symptoms as found in Pulsatilla as well as in Ignatia, and though keynote and modalities are valuable, it shows us again and again that only in the totality of the symptoms is our salvation, and that the mental symptoms often will turn the balance in favor of a remedy.

Case 39. A man of sixty-two years suffered five years ago from dropsy, which was cured by the late Dr. Goeze, and about two weeks ago his old trouble returned and rapidly increased, so that abdomen and legs are greatly enlarged. From some points of his legs water trickles down. Appetite good, no thirst, passes little urine ; after eating pains in stomach. All of which was removed by *Rhus tox.*<sup>3</sup>, thrice daily a drop. Though I found out afterward that he was sensitive to cold, damp weather, and preferred to lie propped up in bed ; the selection of the remedy was based on a remark of Bönninghausen

in his *Aphorisms of Hippocrates*: Characteristic for Rhus: *Edema of lower legs, with constant, profuse, involuntary trickling of water from ulcerating points, which will not form pus* (to be followed by *Lycopodium*).

How many, or rather how few, of us heard of this work of Bœnninghausen which contains lots of such good hints, for old Bœnninghausen was a close observer. The symptom as given by this author is not found in Allen's *Encyclopædia*, but the characteristic vesicular eruption with oozing of fluid is well known. Dunham in his lectures shows us that Rhus causes lassitude, languor, and weight, especially in lower extremities, prostration and emaciation, a serous infiltration of the cellular tissue in various parts, and an acrid state of the secretions generally. The individuality of the patient, sensitiveness to atmospheric influences, coincided so well with the individuality of the drug as given by Dunham, that Rhus was clearly indicated, though we also find under its symptoms purulent discharges. This individuality of the patient, we think, is too often neglected in the selection of the corresponding drug, and failures follow. Do we not witness the same reciprocity in proving a drug? A fails to witness any symptom from the drug; no matter how large or small the dose may be, the drug does not respond to his individuality; B gets only symptoms from doses of heavy calibre, whereas the impressible C shows us the finer action of the drug. Thankful, as we are, for what we receive in the *Cyclopædia of Drug Pathogenesis*, still we consider it fragmentary as long as the day-books of the latter are withheld, for only thus the totality of the remedy could be elucidated.

In cases 40-44, Hesse shows us the action of *Sepia*. This case, 40, reads: A tailor of thirty-seven years, with dark hair, pale, lean, complains of tearing in the teeth; in left shoulder, right leg; worse when sitting quiet or lying down; better during motion; feels unrefreshed in the morning, and dull of conception; he has to lie on his right side, as lying on the left side or on the back is unpleasant; eruption on legs, itching principally when he comes from the cold air into a warm room, and when sitting for a long time, as the legs then become restless, and he has continually to change position; appetite fair; constipation; feels too hot in-doors, and is inclined to melancholia. Cured by *Sepia*<sup>30</sup>, a powder once a week.

Mrs. H., brunette. For some time pressure in the stomach, and drawing from the stomach through the right chest into the shoulder, setting in one hour after eating; relieved by loosening her dress, and eructations; appetite good; no thirst; hypo-

chondriasis; falls asleep late; dreams constantly, and feels unrefreshed in the morning; tires easily, and feels worse in snowy weather. Sepia<sup>30</sup> cured.

A man about thirty complains for the last four weeks of pains in the small of the back after exposure to wet and cold weather; worse in the morning, when sitting, and when beginning to move about; falls asleep late, and cannot lie on left side or on his back; vertigo in the morning when rising, and feels uncomfortable in a hot room or when sitting too long; perspires easily. Sepia<sup>30</sup>, a powder every morning and evening, cured.

We differ from Dr. Hesse when he says the differentiation between Rhus and Sepia in such cases is easy. If we take Gross' *Comparative Materia Medica* for our only guide, there is too much of "better or worse" in either drug, but when we study the individuality of each drug the differentiation lies open before our eyes. Father Hahnemann puts Rhus in the *Materia Medica Pura*, and Sepia in his *Chronic Diseases*; hence an antipsoricum, with its vitality below par, sluggishness of the circulation the keynote to its application, and the effects of a single dose of Sepia often lasts for many weeks. If Rhus is often the indicated remedy in rheumatic affections, we find Sepia more often needful in rheumathritis and gout, to which many a time we find added an atonic dyspepsia, with its plethora of symptoms, so well covered by Sepia. Though we meet in both aggravation from repose and amelioration from motion, how different is its application; in Rhus we read: greatest rigidity and pain on first moving the joints after rest and on waking up in the morning; relieved by moderate exercise; the cold, fresh air is not tolerated; sleep is restless from tumultuous coursing of the blood, whereas the Sepia patient hates the warm room, dislikes the heat of the bed, and feels best in the fresh air; his sleep is therefore wakeful and unrefreshing. Get that liver right with your Sepia, get assimilation in order by Sepia, consider female affections as constitutional disorder and rectify them by Sepia, if indicated according to the totality, and Homœopathy will report many a victory; but allow this precious drug time to act and do not interfere.

Case 44 is one of palpitation of the heart cured by Sepia, and Case 45 another one cured by Magnesia muriatica. Let us compare them:

A man about thirty, stout and healthy looking, complains of palpitations and constipation; appetite good; no thirst; after eating bloatedness of abdomen, anguish and palpitation, especially when no alvine discharge took place for some time. He complains of the same troubles when sitting down after having had

a walk, never during walking. Flatulency on the left side of the abdomen rising upward, relieved by pressure. Hates to be sitting for some time, as it aggravates the palpitations, and still enjoys dancing the night through without suffering. Worse in cold wind; cannot lie on left side, prefers to walk with head uncovered; sweats easily, especially on the feet, which often feel cold. After the failure of *Lycopodium*, *Sepia* cured.

An elderly brunette lady complains of palpitation when quiet or when lying on her right side. Exercise, especially in the fresh air, feels good. Bowels move daily, but with difficulty and unsatisfactorily. *Magnesia muriatica*<sup>30</sup>, a dose off and on, cured her entirely, though the remedy sometimes produced constipation.

Thanks to Schüssler, the *Magnesia* and *Sodium* salts are not as much neglected any more as they were of yore, and if all of them are not yet installed into the regular army of proved remedies, let us not forsake Hering's breech presentations and accept clinical facts at their value, if we even must allow some discount (*Magnesia phosphorica*). Hahnemann, in his *Chronic Diseases*, says: Experience has taught me to look upon *Magnesia mur.* as a most valuable antipsoric. I recommend it, among others, for aching pain in the liver, even when walking or when lying upon the right side; knotty, hard, insufficient, delaying stool; palpitation of the heart when sitting and when rising from a seat, going off during motion; oppression of the heart; sleep does not refresh, feels weary in the morning; great restlessness and tossing about at night; she feels too hot to fall asleep. Mr. Clifton's remarks (Hughes' *Pharmacodynamics*) are very appropriate, for he found the drug very beneficial in congestion and enlargement of the liver. They all occurred in women whose uterine health was imperfect, and had been connected for months or years with recurring attacks of indigestion, biliousness, constipation, with large round motions, like balls, and inability to lie on the right side. Dr. Guernsey considers it one of the most important remedies in hysterical conditions. (Dr. Deschere lately cured a most aggravated case of gastralgia, which had lasted for months and obstinately refused to yield to narcotics and the washing out process, with one dose of *Magnesia mur.*<sup>200</sup>) Uterine spasms followed by leucorrhœa are often speedily cured by this medicine.

*Sepia* and *Magnesia muriatica* are so nearly alike that it may often be difficult to differentiate between them. We may, perhaps, take here a hint from Schüssler, who finds the *Magnesium phosphate* so valuable as a nerve remedy. We find far

less of this action on the nervous system in Sepia, where venous congestion and an atonic, torpid condition of the female sexual organs prevail. Mere symptom covering will not do; we learn more and more that we have to study out the central point, the sun, as it were, of a drug, and the other symptoms will then rally around it, like satellites around their chief. Only thus can the constant cry of an ever-increasing materia medica be answered and the study and application of our materia medica be based on a surer foundation. We are not too old to learn a better way, if there is any, and should we be wrong, we would be only too glad to be led on the road where mistakes in prescribing are the exceptions.

---

### CORRESPONDENCE.

#### “WHOM THE CAP FITS, LET HIM WEAR IT.”

DEAR MR. EDITOR:—In your November number I observe a paper purporting to be on “Boycotting by the Mongrels,” into which my name is dragged quite unnecessarily; and what connection it has with the title of the paper is completely beyond my comprehension, unless it is upon the principle of Bishop Berkeley’s famous book on “tar water” as a panacea for every abdominal ailment, while his real object was to disseminate his own peculiar views about the TRINITY.

This is the second time within a few months that my writings have been critically noticed by your correspondent, and it is remarkable that, although I have been intimately acquainted with him since 1874, he has never, before the month of July last, ventured to honor me with a critical notice of any of my numerous writings in our journals. There must be some cause at work to explain this, and as I feel certain that there will be a succession of attacks of the kind and in the same *animus* from your correspondent, in self-defense I think it right and just to explain what I conceive to be the cause of these recent personal attacks upon me. Last springtime your correspondent and I quarreled—not for the first time, *but for the last*, and he knows it. I say no more on this point, as it fully explains the *animus* which at present and for some time past has influenced him; and be it remembered that he does not criticise recent papers of mine—those which he has done me the honor to take notice of are old ones which I am justly proud of. The first was published by you in this journal as far back as last March,

and was not critically noticed until the July following, which was after our final difference. The second was a case of leucocythæmia, which I published in the last volume of the *North American Journal of Homœopathy* so far back as August, 1884; so that your correspondent has been taking his own time about pitching into me. I suppose he had been all this time "nursing his wrath to keep it warm," and since last spring his leisure time has been occupied in rummaging through all my writings so that he might find or make some holes in my coat (query? possibly to injure me in the eyes of my transatlantic Hahne-mannian brethren). Your correspondent is much mistaken if he thinks that anything that he can write by way of criticism, considering the *animus* of it, will ever tempt me to reply, and I shall give you my reasons.

Your correspondent's simile of the Irishman's challenge to all comers at Donnybrook Fair reminds me very much of himself, "Wull any jintleman thread on the tail ov me coat?" I am afraid that, although not at Donnybrook, but on the free soil of England, I have inadvertently tramped upon this Irishman's coat, when up goes his shillelah and down it came upon my foot. But he missed it that time, and in turn I gave him a "Roland for his Oliver." It was my reply to an "Explanation Wanted" (*H. Ph.*, July, 1886, p. 256), and which you kindly published in your September number, p. 321. It is presumable that the explanation was satisfactory, as it has never been answered, probably because it was unanswerable even by your correspondent, who is nothing if not critical. But this "explanation" was too much for Celtic blood to stand. There was nothing more in **THE HOMŒOPATHIC PHYSICIAN** of mine that he could tackle, and as I had written a good deal in *The North American*, he pounces upon my case of leucocythæmia, which he ignorantly thinks is the same as anæmia. Up goes his Hibernian weapon, "which never misses fire," and down it comes upon my devoted cranium; but thanks to its thickness, its hardness, and general niggerly properties, for a moment or two I felt stunned, and as the concussion passed off I drew myself up, felt more in the possession of my senses than ever, and the following were my reflections: Why should I reply to an unfriendly attack upon my writings by a man who has the daring to quote from memory the facts of a case of the utmost urgency and difficulty, a case which one meets with, perhaps, only once or twice in a lifetime? Why reply to one who mangles the facts and selects only those which suit his inimical ends? Why bandy words in self-defense with a man who has an unwarrant-



able conceit in his own opinions and in his ability to spot the *simillimum*, as if no one could do so but himself? Has your critical correspondent *never* failed to find the remedy, the *simillimum*? Why defend myself against a man who accuses me of using a palliative (Chloroform) in *one solitary case* of the most intense suffering, where, on account of the utter impossibility of getting a word out of the patient, I was driven to do what any man with a heart not made of stone would do? Why argue with a man about the use of Chloroform who knows nothing of it and who never used it, who is frightened by it, whilst I have administered gallons of it since 1847, and was brought up to have the most perfect confidence in it by the discoverer of its marvelous anæsthetic properties, Sir James Simpson, Baronet? Why argue with a man who charges me in 1884, after ten years of practice as a pure Hahnemannian homœopath, with being “still in the Egyptian darkness of allopathy”? I call this something very like the height of impudence, especially when every one of your readers must know that with this single exception I have never had recourse to any palliative of an allopathic kind since 1875, and no one knows this better than your correspondent. Is your correspondent aware that when he quotes a case from memory he not only does the writer injustice, but he lays himself open to the suspicion that it may be done with a purpose—a back-door through which he may make his exit when desirable? Why lower myself by mixing with a man who considers his “guineas” might be an inducement to the British Homœopathic Society to desire his membership? Lastly, my last reflection was a stunner, and I expect that it will prove a greater stunner to your carping critic of a correspondent. When I reflected that he, although practicing as an obstetrician, does not know the difference between a virgin *os uteri* of fifty summers and the *os uteri* of a woman at the ninth month of pregnancy—*vide Medical Advance* of May, 1886—I may safely conclude that I feel warranted in future in declining to take the slightest notice of anything which comes from the pen of your quasi-amiable correspondent—at least, until he shows a very different *animus* toward me. I have to apologize for the length of my letter, but as it is the first and the last of the series, I trust that you will give it publicity.

“If caps amongst a crowd are thrown,  
The one which fits you, is your own.”

I have the honor to remain, dear sir, yours truly,  
THOMAS SKINNER, M. D.  
LONDON, ENGLAND, November 20th, 1886.

## DR. EVERLY'S CASE IN THE NOVEMBER NUMBER.

Dr. Berridge writes :

"The nearest medicines to Dr. Everly's case are, *Baptis.*, *Cajuput.*, *Phos.*, *Psor.*, *Plat.*, *Sil.*, *Stram.*, which have 'delusion that he is in pieces,' or a similar sensation. Of these *Phos.*, *Plat.*, *Sil.* have aggravations of head symptoms from heat. *Phos.* (with *Bapt.* and *Cajuput.*) has 'delusion that he cannot get himself together.' I think *Phosphorus* is the *simillimum*, and should be glad to hear the result."

---

### CHESTNUT !!

#### A FROTHY MANIFESTO.

It is possible that but few physicians have perused the pages of THE HOMŒOPATHIC PHYSICIAN for August, since it may be that the circulation of that small, but by no means modest, magazine is not commensurate with its somewhat violent assumption of superiority. For the benefit of those who may never have heard of this sheet, we will give an exceedingly brief biographical sketch, for which we trust our contemporary will manifest a decent gratitude. It is not an onerous task to attempt, for there is but little to relate. Its origin is somewhat obscure. Evidence as to the necessity of its birth is entirely lacking. But these, perhaps, are minor matters of negation. The journal occupies its own particular place in the medical world. It is quite alone in its chosen field, for its plane is so narrow that it would be extremely difficult for any one else but its editor to effect a lodgement there. It is the organ of the "true healer," and its editors, also "true healers," grind away with a persistence worthy of a better cause. Its mission seems to be to publish monthly accounts of the great virtues and wisdom of "true healers," and bewail the fact that all wisdom will go with it to the grave, and to consign to perdition all who do not fall down and worship it. Should the picture just drawn appear the reverse of attractive, the reply is that the fault is in the original, and our justification for presenting it at all lies in the fact that this periodical, while attacking homœopathic enterprises and vilifying homœopathic workers, masquerades as THE HOMŒOPATHIC PHYSICIAN. In the August number, replying to a pleasant and courteous letter from Dr. Lilienthal, urging the

journal to consider the error of its ways, its editor sputters forth the following abuse of the American Institute of Homœopathy: "In the early years of its existence the Institute was weak in numbers, but strong [the editor was a member] in men of ability and of purpose. In these latter years the Institute is strong in numbers, but lacking [the editor has deserted] 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 successfully denied and derided—all to please the allopath. The single dose is rejected; the minimum dose is ridiculed; every pathogenesis is placed upon a false basis, pathology. \* \* \* 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." Such frothy spleen as this is the legitimate out-growth of intolerance and prejudice, and merits contemptuous silence. For, speaking as mildly as possible, the extract quoted is nothing but a deliberate misrepresentation of facts. The printed transactions of the Institute contain the evidence which absolutely confutes every assertion so blatantly made. The Institute, as a deliberative body, has never rejected the single dose, nor has it ever ridiculed the minimum dose. The statement that all the distinctive principles of Homœopathy have been rejected carries its own refutation. The trouble with this editor is that he is a partisan myope, who will not put on spectacles and see either his own face in the mirror, or the world at large as others see them. All that is done inside the circle in which, by choice or circumstances, he finds himself placed, is rightly done. The pets of his selection can do no wrong. To exhibit their excellencies, to paint their superiorities, to cackle vicariously over their eggs, is one-half the business of his life. The other half is to cheapen, pick to pieces, ridicule, condemn, and, so far as he can, destroy the work of all outside the charmed line which circumscribes the area of his narrow sympathies. Within his field all questions are divine; sunflowers are suns, crab apples are pomegranates, and an onion is the fountain of tearful emotion. Outside of his field the land is desert and the people are barbarians, who not only do nothing well, but who are guilty of great presumption in attempting to do anything at all. These poisonous waters break on barren shores, and there dwell the graceless infidels who do not worship toward the holy hill where he has raised his tabernacle. Blinded by passion, he mistakes assertion for argument, coarse invective

for energy, and deems common courtesy effeminacy. He calls on "Moses and the prophets." We advise him to peruse the epistles of Peter and Paul. Nobody will ever accuse them of weakness, yet though they never hesitated to declare "the whole counsel of God," and often thundered into unwilling ears the most disagreeable truths, their epistles are as full of gentleness and of courtesy as they are of logic. It is as true as ever that it requires some talent and some generosity to find out generosity and talent in others, though nothing but self-conceit and malice are needed to discover or imagine faults. We would also meekly remind the sapient editor of *THE HOMŒOPATHIC PHYSICIAN* that the more readily we admit the possibility of our own cherished convictions being mixed with error, the more vital and helpful whatever is right in them will become, and no error is so conclusively fatal as the idea that the Almighty will not allow us to err, though He may allow other men to do so.—*North American Journal of Homœopathy*, Oct., 1886, page 697.

---

#### BOOK NOTICES.

**HOMŒOPATHY AND GYNÆCOLOGY.** By Thomas Skinner, M. D. The Homœopathic Publishing Company. London. 1886.

Dr. Skinner's interesting brochure upon the relations of Homœopathy to the diseases of females is too well known to need a word from us. That he has found it necessary to issue a third edition attests its popularity. This brochure is one of the best our school possesses to place in the hands of female patients, who doubt the efficacy of Homœopathy in treating their complaints. Woman have been so miserably misled (mistaught) by the so-called gynæcologists of the day, that they believe they must needs be treated locally to be cured.

Dr. Skinner declares (and many other Hahnemannians will indorse his declaration) that: "Constitutional treatment alone is all that is necessary for the successful treatment of all vaginal, uterine, ovarian, and pelvic diseases," which statement he supports by narration of a few cases.

#### HELMUTH'S SYSTEM OF SURGERY.

The fifth edition of this well-known work is promised by the Hahnemann Publishing House in November.

---

#### NOTES AND NOTICES.

**TREATMENT OF ASPHYXIA IN THE NEW-BORN.**—Referring to the note with the above heading in the November number of this journal (page 414), Dr. E. A. Ballard writes us: "It recalls what an old-school M. D. told me some years ago—eight or ten. After working half-an-hour to resuscitate a new arrival considered it a hopeless case. He carried it to an adjoining room

to put it out of sight of the mother, and stood a few minutes talking about a place to put it, holding it all the while by the feet, when, to his great surprise, it began to object to being longer kept head downward."

**NEGATIVE AND POSITIVE EFFECTS OF HOMŒOPATHY ON GENERAL MEDICINE.**—That the vast changes which have taken place in old-school treatment are mainly caused by Hahnemann's teaching, is conclusively proved by the negative and positive changes it has undergone. 1. *Negative.*—Before Hahnemann, the practice of medicine had remained almost exactly what it was for centuries previously. Theories and systems succeeded one another, but the practice of medicine remained still the same. The same weary and irrational round of bleeding, blistering, purging, vomiting, sweating, mercurial salivation was practiced through all the ages. The undeniably better results of Homœopathy forced the old school to abandon their traditional methods, and now most of them have passed into the limbo of oblivion. 2. The *positive* changes that have been effected in general medicine are, to a great extent, in the direction of Homœopathy; prescriptions have been simplified, doses have been reduced, and the very remedies and methods of Homœopathy have been largely adopted by the best and most popular writers on therapeutics. The sick and suffering have derived some benefit from this change of treatment, but they will gain infinitely greater advantage when the mass of the profession have accepted the only true rule of treatment which we owe to the genius and the labors of Hahnemann, but which their teachers, who borrow so largely from Homœopathy, carefully abstain from mentioning, or only allude to in contemptuous terms.—*Hom. League Tracts*, No. 8.

DR. B. SIMMONS, a well-known Hahnemannian, has located at 61 Catharine Street, Liverpool, England. Hahnemannians may safely recommend Dr. Simmons to their traveling patients. Dr. S. is the editor of an excellent *Cough Repertory*, now out of print.

**THE MILK SUPPLY OF LARGE CITIES, AND THE IMPROPER MODE IN WHICH IT IS CONDUCTED.**—Having spoken at considerable length of good cows' milk, and in what respects it resembles and differs from human milk, he referred to the abnormal conditions of milk. There is only one period, he said, at which a healthy cow will secrete unwholesome milk, and that is after parturition, when it contains colostrum. Such milk taken by the young or by invalids may produce very harmful results. It is certain that the milk will not be entirely free from colostrum corpuscles ten days after the birth of the calf, but the farmer, not knowing the pathological condition of the milk at such a period, or at least the length of time that it is affected, usually saves the sixth milking, which occurs only three days after parturition. The milk of the entire dairy may thus be contaminated by the diffusion of the colostrum through it.

In speaking of the adulteration of milk, he said that many foreign substances have been added to it, but by far the most common forms of adulteration are the removal of fat and dilution with water. Pure milk furnishes an indication of the amount of fat required by the human being in the large proportion of butter to the other solid ingredients which it contains. Besides performing certain purely mechanical offices, fat is essentially concerned in many of the chemical and vital processes of the body. As a heat producer fat stands pre-eminent, and it is mainly from the fat stored up in the body that sustenance is derived when the supply of food is temporarily cut off or the power of digestion is impaired by sickness. Furthermore, it is believed that nature has especially adapted butter fat to the digestion of infants. Altogether, therefore, it is essential in large quantities to the proper nutrition of young children.—DR. H. A. POOLER in *Medical News*.

**HOMŒOPATHIC LEAGUE TRACTS.**—A monthly series of tracts is published, under the above title, by Messrs. J. Beale & Sons, London. They are interesting, and, doubtless, very useful.

Information respecting the League may be obtained from the Secretary, Mr. E. H. Laurie, 16 Blandford Square, London, N. W., to whom applications for copies of the Tracts should be made.

**DR. PROSPER BENDER.**—We observe in the columns of *The Canadian American* a highly eulogistic notice of Dr. Bender, who, since 1883, has been settled in Boston, practicing Homœopathy. We should think Dr. Bender would be much gratified by this complimentary biography. Had we space we should republish it entire.

**BEATEN AT HIS OWN GAME.**—Recently a young physician of the Harvard Medical School conceived the idea of playing a joke on Miss Annie Copeland, one of the lady students of the College of Physicians and Surgeons, and at the same time rubbing out an old score he had laid up against her. His plans were carefully mapped out, and, everything being in readiness, the lady was called upon to attend a case of fracture of the leg. Somewhat astonished, she promptly answered the summons of suffering humanity, confident in her ability to sustain the dignity of the profession she had accepted. On arriving at the residence indicated, she was surprised to find her patient to be a man about forty years old, apparently suffering the most excruciating pains. Moving the covering, she discovered the fracture to be that of a wooden leg.

Nothing daunted, and without showing any evidence of her discovery, she quietly replaced the covering, said she must go for some splints and bandages, and would return immediately. She did so, bringing with her some small pieces of brass and brads, with which she at once proceeded to repair the fractured limb. The surgical operation was performed in a remarkably short space of time, and the injury left to the healing process of nature. She quietly gave the necessary directions, informed the man that he would be all right in a day or two, and that her bill was twenty-five dollars. It is scarcely necessary to say that the fee was not forthcoming, the matter being treated as a good joke. Next morning, however, Miss Copeland appeared on the scene with a constable, and, much to the chagrin of the son of Æsculapius, collected her fee. It would seem that, if the young graduates of Harvard Medical School wish to get ahead of the lady students of the College of Physicians and Surgeons, they will have to rise very early, and use more brass than Miss Copeland did in reducing the fracture of the wooden leg.—*Philadelphia Item*.

**A HOPELESS CASE BEYOND A DOUBT.**—Anxious Wife.—“I am afraid, doctor, you will have to send my husband to a lunatic asylum.”

Omaha Doctor.—“I see no signs of mental disturbance.”

“But he does such strange things.”

“Does not seem possible. Tell me one of them.”

“Why, this very morning I caught him way off in a corner by himself reading the President’s message.”—*Omaha World*.

**A LIVER WITH TWO GALL-BLADDERS** was recently shown before the pathological section of the Academy of Medicine of Ireland.

**DR. HARLYN HITCHCOCK**, of Newark, New Jersey, has moved his office from 8 Lombardy Street to 921 Broad Street. Dr. Hitchcock practices pure Homœopathy, and we wish him success.

---

## ERRATA.

Pape 410, line 16 : for *properly* read *profusely*; line 17 : for P. M. read A. M.

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. VII.

FEBRUARY, 1887.

No. 2.

---

---

## MEDICAL EDUCATION—WHAT IS IT, AND WHERE AND HOW IS IT TO BE OBTAINED?

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

No subject is oftener or more earnestly discussed when doctors are assembled than is this, and always in the interest of a felt want of something better than the present experience is furnishing, or than the past has given us. They insist, and with apparent sincerity, on the duty and necessity of this better, and no one of them more earnestly than those who stand in the place of public teachers of medical sciences. The members of our college faculties, they seem to feel more and *talk* more of this need than others, but never tell us how or where this felt want is to be supplied. It is worthy of remark that the improvement advocated is, as presented by these professors, to be a something wrought by pupils themselves. They never seem to have had an inkling of thought that this better is to come, if it comes at all, from *better teaching*. Present teaching or teachers they are not supposed to charge with deficiency, but the pupil is to be spurred to greater diligence, and taxed for more time given to present teaching and teachers; and yet, after all this very proper talk of this real want, their pupils are sent out just the same living witnesses to this great need as before. They have not found the needed better. A kind of consciousness of this fact seems, at times, to peer out in the troubled, restless minds of these teachers, which seeks relief in change, as though any change must be for the better. And changes are made, and some of them, if not so plain in their disclosure of utter ignor-

ance of the true nature of this great want, would be not a little funny, by reason of the *bizarre* character of the resorts which constitute the changes in which these simple ones seem to have prided themselves, and from which they seem to have hoped that good would come to their classes somehow and in some way not very clearly discerned. An example of this appeared a little more than a year ago, when it was announced by one of our colleges (we are concerned now only with *homœopathic* medical colleges) that it had made it the duty of one of their professors to teach the manner of preparation and *use* of the three pet p's of old physic, pukes, purges, and poultices. Surely it could have been no less than heathen blindness and ignorance which could have supposed, for a moment, that these abominations of old physic could add aught of value to a homœopathic curriculum, or could, by any possibility, become a part of one.

A part consciousness of this, and of the other fact that theirs was supposed to be a *homœopathic* college, seems to have possessed this faculty, for at the same time they announced this supposed improvement of their curriculum, this which added the three now notorious p's, they also promised an equal amount of time and thought would be given to teaching Hahnemann's *Organon*. This codified God's law of healing seems to have had an importance in their minds, as an element of medical teaching and education, just equal to that of these three p's, for equal time was to be given to each. Each was to have *one* lecture a week through the session. We do not know how it fared with the p's, but we are informed by a pupil of the class to whom this promise was made that there was just *three* attempts made to talk of the *Organon*, that these were short, and that these talks, and notably the last one, were miserable failures. How could it have been otherwise with any member of a faculty who could conceive of this grossest of all absurdities, this of introducing these p's into a *homœopathic* curriculum as an added improvement? The conviction is irresistible that such a faculty must have been wholly blind as to the nature of the elements of the law they had been set to teach, and this conviction is confirmed by their failure in efforts to teach the *Organon*. This outcome is a response to our inquiry, when the American Institute, in June last, called on our colleges to teach the *Organon*, we, in view of the personnel of our college faculties, asked, "Where is the *vind* to come from?"\* We

---

\* Echo, in this failure, answers—from *nowhere*!



thought there was no more breath in them for this duty than there was in asthmatic Old Weller, wherewith to execute the called-for blowing. This faculty, certainly, when attempting the promised teaching, were apparently struck with a paroxysm of scientific asthma, and there was no breath in them for this effort, and we were not surprised. As they didn't *know*, of course they could not *teach*.

That this particular faculty does not know is further shown by the following utterance of one of its members in its present session :

"Gentlemen, don't fall into that silly, ridiculous, narrow-minded idea of thinking that after having given your remedy, you can sit down and fold your hands, and say that everything has been done for your patient. Everything has not been done. Don't stop until you have exhausted every means known to you. Homœopathy is a grand, good thing, gentlemen, but there are lots of good things outside of Homœopathy. You may be called to a child in convulsions. In this any old nurse could give you points, if you did not already know them."\*

Before a proper notice of this paragraph can be taken, there are some things to be borne in mind. First: This was the utterance of a teacher of *materia medica* in a *homœopathic* medical college. Second: It was given to a class who had come to this College to be taught the science of *homœopathic* practical medicine. Third: The College is the same where, after three attempts to teach this science as given us in the *Organon*, it was abandoned. Couldn't do it, was the practical outcome of this abortive endeavor. Fourth: That the utterance is from the professor of the *three p's*. Fifth: When this professor says, "*After giving your remedy*," he means after giving the *homœopathic* remedy for the case. He, being a professor in a *homœopathic* medical college, and ostensibly engaged in teaching the medicine which the title of his College proclaims, could have meant no other. Sixth: The *homœopathic* remedy is the *specific* for the cure of the case. Seventh: The *specific* curative is equal to *all* the demands for the relief of any curable case. Eighth: The *specific* needs no aids in the performance of its office from "*old nurses*" or any other source. Ninth: The members of this class and others, including this professor of *p's*, may learn, if they have

---

\* Why not teach these to the class, then and there, as was his duty, instead of leaving its members to find them out from "old nurses." Are members of this faculty inferior to these respectable old people in knowledge of proper clinical resorts? Is this a proclaimed inferiority of this faculty to that class of respectable and useful old people? With the two, as to a knowledge of *homœopathic* philosophy and practice, we should judge, from this sentence, that a comparison of the two would disclose very little difference.

the grace to try it and the knowledge necessary for the trial, that after having given the specific remedy, his highest *wisdom* will be employed in letting it alone. He may as well "sit down and fold his hands" as anything else. He has done his *whole* duty when he has found his specific remedy and given it, and it is his imperative duty to find this and give it. Having done this and *waited* the result, he may find this waiting neither so "*silly*" nor "*ridiculous*" as, in his ignorance, he may have supposed.

But it is possible one of these pupils may inquire, How am I to know I have found the specific for my case? The question is a very proper one. We may refer the inquirer to his professor for the proper answer. To answer this question, or rather to teach this inquirer to answer it for himself, is just that for which he has been put into the official chair he occupies, and it is but a scurvy dodge when, to avoid teaching the needful answer to this question, and of that which will enable him to find his specific, he refers his class to some "*old nurse*." If this be the outcome of his teaching of specific medicine, we see no great loss that can come to any one, or to any interest, if he should turn his class over to "*old nurses*" for whatever else they may need to know, and he "*should step down and out*." In view of this utterance of his, we cannot but regard the one who waits, not as the most silly and ridiculous one on the scene, for in these he must yield long preference to this would-be teacher of a science of which, in this one sentence, he gives so great and clear evidence of utter ignorance.

Having disposed of the "*silly*" and "*ridiculous*," how is it of the "*narrow-minded*"? To whom does this most damaging term attach with greatest force and tenacity, when the question is the clinical administration of that "*grand, good thing*" this professor declares Homœopathy to be? What is this grand and good thing? It is just this and nothing less, a law enacted by divine power when it created men, subject to sickness, for his deliverance from its pains and dangers to life. It is this law and its corollaries, so given of God, and a *science* of therapeutics based on these, developed by the insight, wisdom, and industry of man. This law and this science have a breadth of existence and applicability co-extensive with the whole domain of human diseases. A law of relationship of sicknesses and their curatives, so originating, could have no less extent than this. Omniscience and omnipotence have so created and determined this relationship, and the mind which comprehends and embraces this relationship is not narrow, and cannot be rightly charged

with narrowness, when found loyally obeying its precepts. On the contrary, that mind is "*narrow*" which, before this law and this science, is found to be incapable of grasping their scope or dealing with the principles loyalty to these involves. That mind is "*narrow*" which, in practical duties, is compelled, by inability to grasp these principles, to abandon them and go after outside resorts, of whatever kind, with which they may be more familiar, and these may, at times, be found to be "*old nurses*." This "*narrow-minded*" imbecility it is which leads to the slip-slop practice which characterizes those who claim the freedom to give their patients whatever "*they think will do them good!*" thus exalting their weakness and blindness above God's law! This is the narrow mind which, failing to comprehend the nature and extent of this law, and therefore failing of the successes which a legal compliance with its demands assures, runs off after those "other" supposed "good things outside of Homœopathy," which, therefore, have no place in the science of therapeutics, and no relation of curative to the case under treatment. These are the narrow-minded ones who, by this disloyal course, are not only made narrower by it, but weaker before all clinical problems they may be called to solve.

Then, as to an answer to the first question in our title of this paper—What *is* Medical Education? As, when speaking of colleges, we had reference only to *homœopathic* medical colleges, so here, when questioning as to what constitutes a medical education, it is a *homœopathic* education of which we mean to speak. This can only consist of a knowledge of homœopathic law and its corollaries, together with a knowledge of how to apply the science of therapeutics, founded on these, for the cure of the sick. Any education which leaves out a knowledge of these is not a medical education in the true sense of these words. This education must contain a knowledge of the true philosophy of sickness, and also of the nature of the curing agents, and of the rules for the use of these for the solution of clinical problems. A medical education in this sense is an education which enables one, before a case of sickness, to put his hand on the specific agent which will cure it. To be able to do this according to law is the objective, and only objective, of this education.

And then the second question—Where can this education be obtained? And in response we are both sorry and ashamed to say there comes to us little else than echo, and this only answers—*Where?* Why is it that this is so? Are there not incorporated institutions, and more than enough of them, which have been created for this one purpose, to give this education to those

who seek it? Then why, when we ask where can this be obtained, are we not told that in this and that place, where these institutions are located, this education can be had? Is there any other *raison d'être* for these institutions but that in them that which constitutes this education might be taught there? Then why is it not? Why, when called for a knowledge of the place, is it left to solitary old echo alone to answer? Why are institutions incorporated for the teaching of Hahnemann's Homœopathy given over to teaching how to prepare and use pukes, purges, and poultices, and other knowledges more in repute and in current use by old physic, to the exclusion of a knowledge of the philosophy of specific prescribing? Why should it have been that when a member of one of these faculties, more intelligent in the philosophy of specific medicine than his fellows, and seeing clearly the indispensable necessity of this to the class of pupils there gathered, when offering to teach them this, should he have been told by a fellow-member, "*If you attempt this the faculty will take your head off*"? Why, but that his knowledge of this philosophy which enabled him to perform what he had offered to do would, if brought into action, be a constant rebuke to his associates who were so conspicuously destitute of it. Why this threat but that they saw the need of the exclusion of this philosophy as a defense of their own ignorance of it. It could, by no possibility, be an injury to the pupils. Indeed, want of a knowledge of this was just what had gathered them in this College; that there this want might be supplied. It could not hurt them. It could not hurt the public that these young men should come out from this College to serve them in their sicknesses armed with a knowledge of how to find the specific cure for each case of their sickness. This knowledge it was that this College was created to impart to pupils, for their benefit, and that of this creating and trusting public. It could only hurt this faculty, and this only by the contrast of the work of this one homœopathic member with that of his fellows, into the work of which Homœopathy has never been wrought, and in which it is never found. This was so apparent to the member to whom the offer to teach this philosophy was made, and such was his knowledge of the character and status of his associates, that he assured this one intelligent member that if he attempted this their outcry would be at once, "*off with his head.*"

Why is it that in all our so-called *homœopathic* colleges there is no attempt to teach this philosophy, with two solitary exceptions, and in these exceptions by only one member of the faculty of each? And why is it that in one of these the member so teach-

ing is made to feel that he labors in a fighting opposition to his work, and that the other should be exposed by his so doing to the danger of *losing his head*? Is it so that teaching that philosophy, for the promulgation of which these colleges were created, has become a crime? Against what is this a crime, except against the selfishness of ignorance?

Before the fact of this neglect on the part of these faculties to teach the philosophy and practice of the Homœopathy of Hahnemann, and their almost unanimous opposition to this being taught, are we wrong when we charge them with *false pretense* and *malfœasence* in their official work, when this is so largely an imitation of the teachings and work of old physis? These are crimes in dealings and interests extra professional. Are they less so when colleges called homœopathic attract pupils to their lecture rooms by their titles, and then give them poor imitations of old physis, with a mixture of hate for and opposition to that for which these institutions had been created. Instead, we find there the current effort is not to teach but to destroy these and all devoted to them.

We think we may be pardoned if, in now dismissing this subject, we call the attention of these faculties to three other p's than those the silly introduction of which into a homœopathic college curriculum has made one of their number so conspicuously ridiculous. These other three, we beg to assure these faculties, though by them so shamefully abused in their past history, have rights which are every way worthy of their respect; nay, we may go further, and express the hope that if present abuse is continued these faculties may be *compelled* to respect them. We refer to the *pupils* assembled in their lecture rooms that they may be taught; to *patients* who may apply to these, now pupils but hereafter doctors, to be cured of their sicknesses; to the *public* who have given to these colleges their corporate rights. The pupils have a right to demand that they be taught that knowledge of the philosophy and practice of specific medicine for which they came to these faculties, that they might by them be taught. They have a right to be taught that Homœopathy is not a question of *quantities* but of *philosophical principles*, and that they be taught these *principles*. The *patients* have a right to demand a knowledge of these by the doctors they call for their relief, who hold diplomas signed by these faculties, certifying that they have been so taught, when the fact is they have not. The *public* who have created these institutions for their own good, and have given to them corporate rights, have a right to demand that this lying on parchment shall stop. That these faculties

either teach the philosophy and practice they were appointed to teach, or to “*step down and out,*” and give place to other and better men, who can and will perform the duties owing to these other three p’s, which present faculties have hitherto so shamefully neglected.

If we now repeat the second question in our title—Where is this education, which embraces a knowledge of the philosophy and practice of specific medicine, to be obtained? experience of the facts in the case replies to the voice of echo—*Almost NOWHERE!*

---

## KEYNOTES, AND THE TOTALITY OF THE SYMPTOMS.

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

The International Hahnemannian Association has very properly declared one of its principles to be “the *totality* of the symptoms as the only basis for prescribing.” This is in full accordance with Hahnemann’s teaching in section 7 of his *Organon*, where he says that “the *totality of the symptoms* must be the principal, the sole thing, the physician has to take note of in *every* case of disease;” and again (section 18), “the sum of all the symptoms in *each* individual case of disease must be the sole indication, the sole guide, to direct us to the choice of a curative remedy.” Further on, in section 153, he recognizes the fact that some symptoms are of more diagnostic value in the selection of the remedy than others; stating that “the more striking, singular, uncommon, and peculiar (characteristic) sign and symptoms of the case of disease are *chiefly* and *almost* solely to be kept in view; for it is *more particularly* these that very similar ones in the list of symptoms of the medicines sought for must correspond to. \* \* \* The more general and undefined symptoms, loss of appetite, headache, debility, restless sleep, discomfort, and so forth, demand *but little* attention when of that vague and indefinite character, if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug.”

Here Hahnemann’s teaching is plain; the *totality* of the symptom is *always* to be regarded, the more characteristic symptoms especially so, but even the less characteristic must not be altogether neglected.

This Hahnemannian doctrine was also the doctrine of the late Professor H. N. Guernsey, the so-called “father of the key-

note system," whose words on this point have been perverted from their true meaning. Though he gave in his *Obstetrics* and in the *Hahnemannian Monthly* a large number of characteristics or "keynotes," he never meant that they should form the sole basis of a prescription, which would indeed be simply prescribing for a single symptom. On the contrary, he declared (*New England Medical Gazette*, 1877, p. 120), "All characteristics or keynotes must be in harmony with and be confirmed by the totality of the accompanying symptoms before we have sufficient reason for prescribing." The same teaching is given in the preface to the first edition of his *Obstetrics*, published in 1873. "It may seem like prescribing for single symptoms, whereas such is not the fact; it is only meant to state some strong characteristic symptom, which will often be found the governing symptom, and on referring to the *Symptomen Codex* all the others will surely be there if this one is;" that is, as the author says a few lines further on, "If that remedy is well proven."

Surely these extracts should suffice to show that to prescribe for single symptoms is neither what was meant by Hahnemann when he wrote of characteristics, nor by Guernsey when he taught the use (not the abuse) of keynotes. But should anything be needed in addition to demonstrate not only the unscientific character of such prescribing, but its absolute impracticability, I will quote from page 7 of the preface to Hering's *Guiding Symptoms*: "The definition of a characteristic being a symptom not found under more than one remedy" is quite erroneous. "All our most approved characteristics, as they have been corroborated time and time again, are never such as are found in one medicine alone."

Yet in spite of all these teachings from our veterans, there has been a tendency on the part of some recent converts to attempt a short cut to Homœopathy, a sort of "see-the-case-at-a-glance" prescription, by means of an *exclusive* reliance on supposed characteristics, to the neglect of the rest of the symptoms. Thus, a few years ago, a writer asked: "Is every symptom of *Sulphur* as narrated in Allen's *Encyclopædia* a pure symptom of the drug and to be used as an indication for its therapeutic use? I know not! I thought it was the *characteristic* symptoms which were the guiding symptoms, and not 'every' symptom." Whether every symptom attributed to *Sulphur* is reliable has not hitherto been demonstrated, but assuredly every reliable symptom is to be used as an indication for treatment, or else Hahnemann and Guernsey and the I. H. A. are sadly mistaken!

It is, I believe, the fatal error of prescribing for single symptoms which led to Lux's heresy of Isopathy, or the prescribing of a dynamized nosode for every case of disease with a corresponding name—a practice which is completely at variance with the Hahnemannian and *scientific* method of prescribing nosodes, and all other remedies, according to the totality of the symptoms. To give an example, I never prescribe *Syphilinum* because I have diagnosed the case as either acute or chronic syphilis. I prescribe it because the symptoms of the individual patient indicate this remedy according to reliable provings or clinical observations; and in such a case I prescribe it without troubling myself (so far as the selection of the remedy is concerned) whether the disease is chiefly syphilitic or only complicated with syphilis, or neither. Yet we were told, only a few years ago, that "before any one could select *Syphilinum* with safety and with certainty, he must first be able to recognize syphilis in all its forms, and be able to differentiate between it and psora."

With all due deference to the writer (who, I hope, is wiser now), I maintain, first, that such a method of prescribing is non-homœopathic; and, secondly, that if it were homœopathic it would be impracticable, as the diagnosis cannot always be established, not even by the skill of the Great Infallible himself, who not very long ago arrogantly and insolently declared of us, that, "so far as my experience of homœopaths is concerned, I mean of the so-called Hahnemannians, they are, as a rule, most miserable hands at physical diagnosis."

With these prefatory remarks, I will now quote a few of the so-called keynotes, and prove that a reliance on them, *apart from the totality of the symptoms*, must prove a mockery, a delusion, and a snare.

(1) In the August number of the *Medical Advance*, Dr. Skinner writes a strong and much needed protest against the local treatment of leucorrhœa.\* At p. 132 he says of the symptom,

---

\* I must, however, here express my want of concurrence with Dr. Skinner's pathological doctrines as given in this article, though, of course, I fully agree with his denunciation of local treatment. He makes these four assertions:

(1) That the doctrine that "no diseased action could proceed without tissue change is simply nonsense and not fact."

(2) That the doctrine that "no discharge could take place from a mucous surface without inflammatory action" is ditto.

(3) That the vagina is the "constitutional waste-pipe peculiar to the female bodily and mental constitution."

(4) That "leucorrhœa" is a healthful discharge. How can it be healthful if it is a disease? Were it inflammatory, like dysentery, it would be disease. But it is no more inflammatory than defecation, which it is to be presumed is a healthful, healthy, and health-giving process.



cutting pains in abdomen from right to left, "One dose of *Lycopod.* high, and the higher the better, will give a good account of the leucorrhœa and its homœopathic relation to every case of leucorrhœa where that concomitant is present." Undoubtedly this is a valuable symptom; but *Nux moschata* (another remedy for leucorrhœa) has also produced a similar symptom, and there must surely therefore be some cases in which it, and not *Lycop.*, is indicated. *Ipecac.* has a similar pain from left to right.

(2) Stool passes better when standing: *Causticum.* This is another characteristic symptom which I have twice verified; but it has also been cured with *Alumina*<sup>23</sup>. *Medorrhinum* has the similar symptom, "Can only pass stool by leaning the body very far back." (N. B.—It is not necessary always to diagnose suppressed gonorrhœa before prescribing this nosode should this symptom be met with in practice. The totality of the symptoms will decide the choice.)

(3) Emptiness in stomach at eleven A.M.: *Sulphur.* This has been quoted as a keynote, but it is not infallible. The symptom also belongs to *Hydrastis*, *Lachesis*, *Natr.-phos.*, and *Zinc.* I was recently consulted by a colleague, one of our rising men, in a case of chronic constipation, where this symptom existed. *Sulphur*<sup>200</sup> had been given with only temporary and partial relief. I selected *Lachesis*, according to the totality of the symptoms, and the effect was remarkable.

(4) *Feeling of damp stockings on the feet: Calcarea-carb.* This must not always be relied on as an indication for *Calc.*, as it is found also under *Saponinum*, which has also a similar feeling on the hands, the effect of one of the above eight remedies, carefully selected according to the totality of the symptoms.

(5) One foot hot and the other cold. This symptom is often quoted as a keynote of *Lycop.* The original states, "coldness of right foot with heat of left," which I have verified; but as

I would suggest in opposition to these views:

(1) That no diseased action, even what is called purely functional, can possibly take place without molecular tissue-change.

(2) That no morbid condition has yet been demonstrated to produce abnormal reaction from mucous surfaces, except some form of inflammation, or at least congestion, which is its preliminary stage.

(3) That how the *mind* can have a bodily "waste-pipe" is not self-evident to an ordinary comprehension like my own.

(4) That if leucorrhœa is "healthful" it ought not to be removed by any means; and if analogous to defecation, no woman (as a rule) can be healthy unless she suffers from a leucorrhœal discharge about once in the twenty-four hours.

*Quod est absurdum.*

Bænninghausen quotes it, "heat of one foot, the other cold," I conclude that he found by clinical experience that in this symptom the side did not matter. But the symptom also belongs to *Hura brasiliensis*.

(6) Movements like the kick of a child. This symptom Dr. Skinner verified in a recently published case of spurious pregnancy, and as he claims it is the only remedy which has this symptom, I conclude he considers it an infallible keynote. Yet it has been produced by *Convallaria majalis*, *Crocus*, and *Thuja*, while *Carlsbad* has produced "sensation like the first movements of a child," added to which, in *The Organon*, Vol. III, p. 270, is quoted a case of false pregnancy cured by *Pulsat*. Dr. Swan informed me that he had seen the symptoms thereof removed with *Lac vaccinum defloratum*, and Dr. Kent writes that he has cured the very symptom quoted with *Sepia*.

---

## DYS-PNŒA ON FALLING ASLEEP.

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

In reply to some questions concerning his paper on *Cad.-sulph.*, Dr. Kent has sent me such valuable information that I think it should not be lost to the profession. He writes: "Loss of breath on going to sleep should be *Carb.-v.*, but *Carbo an.* has in my hands cured it. I have seen several cases of *Opium* poisoning when the symptom was present. I have cured it with *Opium*. I have verified it in both *Grindelia robusta* and *G. squarrosa*. You can also add *Cad.-s.* to your list. *Cad.-s.* has interrupted breathing during sleep, and from this I have dilated the symptom clinically to 'stops breathing on going to sleep, wakes up suffocating.' *Opium* stops breathing on going to sleep, and must be shaken to start him to breathing. I saw a patient over-sensitive to *Opium* once who had this symptom from one-tenth of a grain." In a former number of THE HOMŒOPATHIC PHYSICIAN I gave a list of medicines which had produced or cured this important symptom. The full list is now *Amm.-carb.*, *Ant.-tart.*, *Arum.-triph.*, *Badiaga*, *Bryon.*, *Cadm.-s.*, *Carb.-an.*, *Carb.-veg.*, *Grindelia robusta*, *Graphit.*, *Lachesis*, *Nux-mosch.*, *Opium*, *Ranunc.-bulb.*, *Grindel. squarrosa*. The misprint of *Carb.-an.* for *Carb.-veg.* occurs in Jahr's German *Repertory*, though, as it happens, it now belongs to both.

## COUGH TIME TABLE.

J. E. WINANS, M. D., LYONS FARMS, N. J.

MORNING—*Acon.*, *Ail.*, *ALUM.*, *Amm. c.*, *Amm. m.*, *Ant. c.*, *Apoc. and.*, *Arn.*, *Ars.*, *Arum d.*, *Atrop.*, *Aur.*, *Bell.*, *Bor.*, *Brom.*, *Bry.*, *Calc. c.*, *Carb. an.*, *Carb. v.*, *Caust.*, *Cham.*, *Chel.*, *Chin.*, *Chin. s.*, *Cina*, *Coc. c.*, *Crot. t.*, *Cupr.*, *Curar.*, *Dig.*, *Dros.*, *Dulc.*, *Euphr.*, *Ferr.*, *Grat.*, *Gymn.*, *Hep.*, *Iod.*, *Ipec.*, *K. carb.*, *K. bich.*, *Kreos.*, *Lachn.*, *Led.*, *Lyc.*, *Mag. c.*, *Mag. s.*, *MOSCH.*, *Nat. ar.*, *Nat. c.*, *Nat. s.*, *Nat. m.*, *Nitr.*, *Nux v.*, *Ol. jec.*, *Op.*, *Phos.*, *Ph. ac.*, *Phyt. (Ptel.)*, *Puls.*, *Rhod.*, *Rhus t.*, *Scilla.*, *Selen.*, *Sep.*, *Silic.*, *Stann.*, *Staph. (Stict.)*, *Stram.*, *Sulph.*, *Sulph. ac.*, *Tabac.*, *Tarent.*, *Tellur.*, *Thuj.*, *Verat. alb.*, *Zinc*, *Zing.*

—*Agg.*: *Nux v.*, *Stann.*

—*Amel.*: *Coc. c.*, *Grat.*

—IN BED—*Amm. c.*, *Bry.*, *Caust.*, *Coc. c.*, *Ferr.*, *K. ca.*, *Nitr.*, *Phos.*, *Rhus t.*, *Sep.*

—ON OR AFTER WAKING—*Ail.*, *Carb. v.*, *Caust.*, *Coc. c.*, *Cod.*, *Ferr.*, *Ign.*, *Mag. s.*, *Nux v.*, *Phos.*, *Rhus t.*, *Rumex*, *SILIC.*, *Sulph.*, *Tarent.*, *Thuja.*

—AFTER RISING—*Alum.*, *Alumen.*, *Amm. br.*, *Ang.*, *Arn.*, *Arg.*, *Bary. c.*, *Bov.*, *Carb. an.*, *Carb. v.*, *China*, *Cina*, *Dig.*, *Euphorb.*, *Ferr.*, *Lach.*, *Nitr. ac.*, *Nat. s.*, *Paris.*, *Sil.*, *Staph.*, *Sulph.*, *Thuja.*

—AT BREAKFAST—*Senega*, *Alum.*

MORNING AND EVENING (more especially)—Acon., Alumen, Bor., *Caust.*, Cina, Ign., *Lyc.*, Merc., Nat. m., Phos., *Rhus t.*, Sep., Silic., *Stram.*

TILL EVENING—Silic.

DURING DAY—Agar., Ail., Alum., Amm. c., *Anac.*, *Arg.*, *Arum d.* (BELL.), Brom., Calc. c., Chin. s., Cic. v., Coc. c., Coloc., Comoc., Con., Cotyl., EUPHR., Ferr. Gamb., Graph., Hepar. (Hydrst. c.), K. brom., Lach., Lauroc. (Lob. c.), *Lyc.*, Manc., Nat. ar., Nat. c., Nat. m., Nitr., Nitr. ac., Phos., (Puls. nut.), Sep., Silic., Sol. t. æg., *Spong.*, Stann., Staph., (Sticta), Sulph., *Sumb.*, *Viola od.*

EVERY OTHER DAY—*Anac.*, *Lyc.*, Nux v., (Sep.?).

DAY AND NIGHT—Amm. m., Bell., Bism., Cupr., Dulc., Euphorb., Ign., Kalm., *Lyc.*, Nat. m. (tickling), Nit. ac., *Spong.*, Stann., Sulph. (spasmodic).

FORENOON—*Agar.*, Alum., *Aurum m.*, Bell., *Bry.*, *Camph.*, Canc. fl., Chin. s., Cocc. c., Grat., Hell., (K. carb.), Lact. v., Mag. c., Nat. ars., Nat. c., *Rhus t.*, Sabad., Sars., Sep., Staph., Sulph. ac.

ONE A. M.—Coc. c., Sulph.

ONE TO TWO.—Zing.

ONE TO FOUR—Bufo.

TWO A. M.—(Amm. m.?) Chin., Chin. s., Cocc. (quartan.), *Dros.*, Glon., Nat. m., *Op.*, Phos., *Rumex*, Sulph.

—*Amel.* by drinking water—Glon.

TWO OR THREE A. M.—Ant. t., Merc. sol.

TWO TO THREE A. M.—Amm. c., K. bich.

TWO TO HALF-PAST THREE—Coc. c.

HALF-PAST TWO—(K. bich.)

TWO TO FIVE A. M.—*Rumex*.

MIDNIGHT TO THREE A. M.—*Acon.*

THREE A. M.—*Amm. c.*, *Cainca*, *K. carb.*, *Mag. c.*, *Mur. ac.*,  
*Nitr.*, *Op.*, *Rhus t.*

TOWARD THREE OR FOUR A. M.—*Bufo*,

THREE TO FOUR A. M.—*Amm. c.*, *K. carb.*, *Lyc.*

(*Amel.*) AFTER THREE A. M.—*Ant. t.*

NIGHT, TILL FOUR A. M.—*Apis*, *Nicc.*, *Sil.*

FOUR A. M.—*Anac.*, *Asclep. t.*, *China.*

FIVE A. M.—*Arum t.*, *Kali c.*, *Rumex.*

(*Agg.*), FIVE A. M. TO TWELVE M.—(*K. carb.*)

SIX A. M.—*Coc. c.*

SIX TO SEVEN A. M.—*Arum t.*, *Calc. ph.*

SIX TO EIGHT OR NINE A. M.—*Cedron.*

SIX A. M. TO SIX P. M.—*Calc. ph.*

HALF-PAST SIX A. M.—*Diosc.*

SEVEN A. M.—*Digitalin.*

EIGHT A. M.—*Diosc.*, *Ham. v.*

EIGHT TO NINE A. M.—*Silic.*

MORNING TILL NINE A. M.—*Sep.*

NINE A. M.—*Sep.*, *Tarent.*

NINE TO TEN A. M.—*Ars. hydg.*

NINE A. M. TO TWELVE M.—*Staph.*

TEN A. M.—*Aq. pet.*, *Coc. c.*, *Mag. c.*

TEN TO ELEVEN A. M.—*Coc. c.*, *Sumbul.*

ELEVEN A. M.—*Raph.*, *Rhus tox.*

TOWARD NOON—*Silic.*

TWELVE M.—*Agar.*, *Arg. n.*, *Arund.* (*Bell.*), *Euphr.*, *Naja*,  
*Staph.*, *Sulph.* (*Amel.*), *Mang.*

IN AFTERNOON, more especially—*Agar.*, *Amm. m.*, *Anth. n.*,  
(*Apis?*) *Arn.*, *Bad.*, *Bell.*, *Bov.*, *Cepa*, *China*, *Coca*, *Fagop.*,  
*Gamb.*, *K. bich.*, *Mag. c.*, *Mezer.*, *Mosch.*, *Mur. ac.*, *Nat. c.*,  
*Nux v.*, *Phell.*, *Phos.*, *SANG.*, *Staph.*, *Sulph.*, *Thuj.*, *Zinc.*

ONE P. M.—*Nat. s.*

ONE OR TWO P. M.—*Aq. pet.*

HALF-PAST ONE P. M.—*Phallas.*

TWO P. M.—*Coca*, *Lauroc.*, *Ol. an.*

THREE P. M.—*Ang.*, *Calc. ph.*, *Coc. c.*, *Hepar*, *Phell.*

AFTER THREE P. M.—Canc. flv.

THREE TO FOUR P. M.—Calc. fl.

THREE TO TEN P. M.—Bell.

FOUR P. M.—Calc. fl., *Chel.*, Coca, K. bich., Saponin(?).

FOUR TO SIX P. M.—Lyc.

FOUR TO EIGHT P. M.—Lyc.

FOUR P. M. TO BED-TIME.—*Mang.*

FIVE P. M.—Cupr., Nat. m., Sol. t. æg.

FIVE TO NINE P. M.—Caps.

SIX P. M.—*Am. m.*, *Chel.*, *Physost.* (?), *Rhus t.*, Sulph., Sumb.  
—(*Amel.*), from expectoration—Sulph.

SIX TO SEVEN P. M.—Ipec.

SIX TO TEN P. M.—Hyper.

QUARTER AFTER SIX P. M.—Ol. an.

SUNSET TO SUNRISE—(Aurum).

IN P. M. AND EVENING (more especially)—*Amm. br.*, (*Apis*?),  
Bell., *Lyc.*, *Nat c.*, *Phos.*, *Sang.*

AT NIGHTFALL—*Eriodyct.*, Ign., Lyc., Puls.

EVENING—*Act. r.*, *Agn. c.*, *Ail.*, Alum, *Ambra.*, *Amm. c.*,  
*Amm. m.*, *Anac.*, *Ant. c.*, *Apis*, *Arg. n.*, *Arn.*, *Ars.*, *Arum d.*,  
*Arund.*, *Aspar.*, *Atrop.*, *Bad.*, *Bar. c.*, *Bell.*, *Bism.*, *Bov.*, *Brom.*,  
*Bry.*, *Calc.*, *Caps.*, *Carb. an.*, *Carb. v.*, *Caust.*, *Cepa*, *Cham.*,  
*Chel.*, *China*, *Chin. s.*, *Cina*, *Coc. c.*, *Coff.*, *Con.*, *Cop.*, *Crot.*  
*t.*, *Dros.*, *Dolich.*, *Eug.*, *Eup. pf.*, *Eup. pur.*, *Euphr.*, *Ferr.*,  
*Fluor. ac.*, *Graph.*, *Gymnoc.*, *Hepar*, *Hcy. ac.*, *Ign.*, *Indig.*, *Iod.*,  
*Ipec.*, *K. bich.*, *K. carb.*, *K. jod.*, *Kalm.*, *Kreos.*, *Lach.*, *Lauroc.*,  
*Led.*, *Lith. c.*, *Lyc.*, *Lycps.*, *Mag. c.*, *Mag. m.*, *Mar. v.*, *Merc. v.*,  
*Merc. jod. r.*, *Mez.*, *Morph.*, *Mosch.*, *Mur. ac.*, *Naja*, *Nat. ar.*,  
*Nat. c.*, *Nat. m.*, *Nit ac.*, *Nux m.*, *Nux v.*, *Ol'nd.*, *Ox. ac.*, *Petr.*,  
*Phell.*, *Phos.*, *Ph. ac.*, *Prun. sp.*, *Psor.*, *Puls.*, *Rheum*, *Rhus t.*,  
*Rumex*, *Sang.*, *Seneg.*, *Sep.*, *Silic.*, *Sin. nig.*, *Sol. t. æg.*, *Spong.*,  
*Stann.*, *Staph.*, *Sticta*, *Still.*, *Stront.*, *Sulph.*, *Sulph. ac.*, *Sumb.*

Tabac., Tarent. (Thasp. aur.), Thuja, *Verat.*, *Verat v.*, *Verbas.*,  
*Zinc*, *Zingib.*

—IN BED—*Agn. c.*, ALUMN., AMM. c., Anac., Ars., Bell.,  
*Calc. c.*, *Caps.*, Carb. v., Coca, Coff., Dolich., *Dros.*, Ferr.,  
Graph., *Hep.*, Hyos., Ign., Indig., K. carb., Kreos., LYC., Mag. c.,  
Mag. s., Merc., Nat. m., Nicc., Nux m., Nux v., Paris, Petr.,  
Puls., Rhus t., Ruta, Sep., Staph., *Verbas.*, Thuja.

(*Amel.*) IN EVENING—Amm. m., Coc. c., Sulph., Zing.

WORSE IN EVENING TO TWELVE P. M.—Baryt. c., Bell.,  
Caust., *Hepar*, Mez., Nux v., *Rhus t.*, Sep., *Verat.*

BEFORE MIDNIGHT—*Apis*, Cal. c., Carb. v., Ferr., Mez.,  
*Nit. ac.*, Nux v., Osm., *Rhus t.*, Spong., *Stann.*

(*Amel.*) BEFORE MIDNIGHT.—*Apis* (q. v.).

SEVEN P. M.—Bry., Comoc., Grat., *Ipec.*, Iris foet., Spiran. (?),  
*Spiræa* (?).

SEVEN P. M. TO ONE A. M.—*Cainca.*

QUARTER AFTER SEVEN—Comoc.

HALF-PAST SEVEN P. M.—Act. r., Raph. (?).

SEVEN OR EIGHT P. M.—Sin. nig.

EIGHT P. M.—Diosc., Nat. m., Sep.

EIGHT TO NINE P. M.—Sep.

EIGHT TO ELEVEN P. M.—Nat. m.

TWENTY MINUTES AFTER EIGHT P. M.—Coca.

NINE P. M.—*Apis*, Diosc., *Silic.*

NINE P. M. to four A. M.—*Apis.*

AT NIGHT (including in bed) MAINLY—*Acon.*, Act. r., Alum.,  
*Ambra*, AMM. BR., *Amm. c.*, *Am. m.*, Anac., Ant. t., Arg. n.,  
*Apis*, Arn., Ars., *Arum d.*, *Aur.*, *Bar. c.*, BELL., Bry., Cact.  
g., Calad., *Calc.*, *Caps.*, Carb. an., Carb. v. (Card. m.), *Caust.*,  
*Cham.*, *China*, Cocc., Cocc. c., Cod., Coff., Colch., Comoc., Con.,

Coral., Cur., *Cycl.*, Dig., *Dros.*, Dulc., Eryng., Eugen., Eup. pf., Graph., *Grat.*, Hepar (Hydrst. c.), *Hyos.*, *Ign.*, *Ipec.*, Kali b., Kali c., Kalm., Kreos., Lachn., Lact., Led., LYC. (Lob. inf.), *Mag. c.*, *Mag. m.*, *Mag. s.*, Meph., *Merc.*, *Mez.*, (Myrt. c.), Nat. m., Nicc., Nitr., Nit. ac., *Nux v.*, Ol. an., Ol. jec., Op., Paris, *Petr.*, Phell., Phos., Psor., *Puls.*, (Puls. nut.), Rhod., *Rhus t.*, *Rumex*, Ruta, Sabad., *Sang.*, Scilla, Seneg., Sep., *Silic.*, Spig., Stann., Staph., *Sticta*, Stront., *Sulph.*, Tarent., (Thasp. aur.), Therid., *Verat.*, *Verbas.*, Zinc, Zizia.

(*Agg.*) AT NIGHT—AMM. c., Anac., Ars., Arum d., Bell., Caps., *Cham.*, *Chel.*, Cod., Coloc., Cur., Gamb., *K. brom.*, *Nat. s.*, *Nit. ac.*, Op., *Puls.*, *Stront.*, Tarent.

EVERY OTHER NIGHT—*Merc. sol.*

COUGH DURING SLEEP, OR AWAKING FROM DITTO—*Acon.*, Arn., *Bell.*, Calc. c., *Cham.*, Coff., Hippom., LACH., *Merc.*, *Nit. ac.*, Phos., Rhod., Sep., *Sulph.*, *Verbas.*

TEN P. M.—*Bell.*, Diosc., *Nat. m.*

TEN P. M. TO ONE A. M.—Calad.

HALF-PAST TEN P. M.—Carbn. s., Sol. t. æg.

ELEVEN P. M.—*Ant. t.*, Arn., Baryt. c., *Bell.*, Carb. v., Caust., Ferr., Hep., Led., Lyc., *Mag. c.*, *Mag. m.*, Mosch., Mur. ac., *Nit. ac.*, *Puls.*, *Rhus t.*, *Rumex*, Sabad., Sep., Stann., Staph., *Sulph.*, Sul. ac., *Verat.*, Zinc.

ELEVEN TO TWELVE P. M.—Hepar.

ELEVEN TO ONE A. M.—Cup. ac.

HALF-PAST ELEVEN P. M.—*Coc. c.*

TWELVE P. M.—(Amm. m.) *Ant. t.*, Bar. c., *Bell.*, Calc. ac., *Cham.*, Cocc. (quartan.), Coff., Dig., *Dros.*, *Grat.*, K. carb., *Mag. c.*, *Mag. m.*, Manc., Naja, *Nit. ac.*, *Nux v.* (lying on back), Phos., Ruta, Samb., *Sep.*, *Sulph.*, Zing.

(*Amel.*)—Phos.—(sitting up), *Sulph.*—by lying on side—*Nux v.*

COUGH AFTER TWELVE P. M.—*Acon.*, *Ant. t.*, *Ars.*, Arum d., *Bell.*, Bry., *Calc. c.*, *Cham.*, China, Dig., *Dros.*, *Hyos.*, K. carb., *Mag. c.*, *Merc.*, *Mez.*, *Nux v.*, Samb.



## EUPATORIUM PERFOLIATUM.

A LECTURE BY PROFESSOR J. T. KENT, A. M., M. D.

[Reported by C. S. DURAND.]

This remedy is good for chills. So is Quinine, they say. I have my doubts about it.

This remedy conforms to a low state of the body coming on, not with great rapidity, but rather slowly, such as you will find in marshy localities. It conforms to the marsh miasm, producing forms of chills and fever. It produces a very severe form of ague, and you will need to be conversant with this remedy, because when it appears no other remedy will cure your case.

It does not produce the typical chill, fever, and sweat of Quinine—only as an exception. A profuse sweat following the chill and fever is the exception in Eupat. Scanty sweat is characteristic; but it is still more characteristic for it to produce a chill and fever with scarcely any sweat. When there has been a mild chill, there may be a good, profuse sweat; but when it appears in the aggravated form, like you have it in the marshy districts, in the low lands of the Western States, river bottoms, etc., you will have a violent chill and scarcely any sweat.

One of the grandest features running through this remedy is aching in the bones as if they would break, and hence it conforms to what the people commonly called the “break-bone” fever; and the common people have used it since early times for “break-bone” fever, and they have hence called it “bone-set.”

Nearly always it is associated with disorders of the stomach, with a gastric headache. It produces a gastro-duodenal catarrh, hepatic congestion; hence, great yellowness of the skin and sclerótica; in fact, the eyes become so yellow that you notice it immediately upon the patient's entering your office. In an old case associated with this there is terrible aching and soreness in the eyes. Now this yellowness of the skin is associated with a stomach disorder, wherein, if he eat until his stomach is filled, he will suffer from terrible pains—aching in the stomach, which is relieved by vomiting of food, and then bile.

Vomiting bile is characteristic, and is a part of the red string of this remedy; in fact, he vomits enormous quantities of bile. Drinking of cold water is followed by severe pains in the stomach, nausea, and great vomiting; vomiting of water drunk,

mixed with bile. Thirst for cold drinks is a prominent feature, but for warm drinks it occurs only as an exception. But there is sometimes thirst for warm drinks, which relieve. Thirst for cold water during all stages of intermittent is not uncommon, and has been clinically verified. The characteristic, however, is thirst before the chill and during the chill and heat.

Another prominent characteristic in relation to this is thirst for large draughts of cold water before and during the chill, which is vomited at the close of the chill, or as the fever is about to come on. Of course, he has drank water and been drinking water till his stomach is full, which has not quenched his thirst, and he continues to drink until about the close of the chill, when there is a relaxation. A reaction begins to occur, and he vomits immense quantities of water and bile. There is a bitter taste in the mouth at all times. The vomit at the close of the chill commonly relieves him, so that he will go on through the fever and sweat, if sweat be present, without much vomiting. Again, it has an irritable stomach that continues through the heat and until the apyrexia.

Another grand feature relating to this drug is its violent headache, which comes on before the chill. This continues through all the stages, but is not so prominent during the chill and heat as during the sweat; hence, it is said that the sweat aggravates the headache. The sweat, when it is present, relieves all the other symptoms, the bone-pains, the nausea, anxiety, and thirst, as a rule, but not the headache.

In *Natrum mur.* the sweat relieves all the symptoms. But in *Eupat.* the sweat relieves all the symptoms except the headache, which is made worse. There you have two very distinct features. These headaches are not always present in *Natrum mur.*, nor in every case of *Eupat.*, but when all the symptoms are relieved except the headache, and that is made worse by the sweat, that is not a *Natrum mur.* case.

There is another feature as to the time for which this remedy is to be selected. In *Eupat.* he may have a chill almost any time, more commonly in the forenoon; but it has an evening chill, and there is a peculiar chill that is characteristic as to time, and that is an alternation of time. There will be a chill from seven to nine one morning, very violent, and the next day at twelve a light chill with not so many of the marked features. You will find no other remedy like this. I have seen that several times in intermittent fever, and *Eupat.* has always cured it. When you see this peculiarity as to time you will be almost certain to see the other characteristics of *Eupat.*

Now there is another peculiarity that marks the general state. There is great restlessness without relief from motion. You may have a fever with this restlessness so marked that you will be led to think of Rhus or Arsenic. But this condition does not depend so much upon innate restlessness, like Rhus and Arsenic, as it does upon the condition of the bones; his bones ache so—the pain is indescribable—they feel as if they would break, and he moves and moves, and moves continually—keeps in motion without relief.

Rhus has bone pains, though not in so marked a degree as Eupat.; but they are relieved by motion. Now you will be apt to associate this remedy (Eupat.) with Arnica, with Rhus, and Arsen.

The Eupat. patient moves because he can't keep still—his bones ache so. Although he gets no relief by moving, he seems to bear his pains more easily in motion than when at rest.

In Arnica the patient moves because of the soreness of the body. If you ask the Arnica patient why he moves, he will tell you he has been lying so long in one place that he is sore—that his flesh is sore. This soreness becomes so great that he turns over and seeks a new place. He gets relief for a moment, but by and by the soreness begins again, and he must hunt a new place. Although he is lying on feathers, or a new mattress, he can't keep still on account of the soreness.

Arsenic has innate restlessness. He is compelled to move because he can't keep still. But there is no aching of the bones with the restlessness; it is associated with an anguish of the flesh and mind—all over him; he is full of anguish, of anxiety and restlessness; he can't keep still.

Now, Eupat. is not a big remedy; it has not an extensive history, but it will conform to some of our low types of intermittent fever.

It has some chest symptoms that may be brought out with many of its complaints. It has a rough, scraping cough, chest sore—must support it with the hands. This is like Bryonia—must support the chest with the hands. This has been verified many times. Then it has heat about the soles of the feet and top of the head, like Sulphur.

Another feature that is sometimes quite characteristic in relation to the chill is, that the chill spreads from the back.

If you have a hectic fever with night-sweats from a suppressed ague, an ague that has been suppressed by Quinine, and night-sweats come on, with bone pains and aching all over, yellowness of the skin, and the general bilious state that has

been described to you—gastric and hepatic symptoms—then you will think of Eupatorium.

There is a symptom that might make you think of Belladonna. The pains come suddenly and go suddenly. It has sharp, cutting pains in its pathogenesis. Bell. has this as a characteristic. Chamomilla has it also in a slight degree.

I have only given you a little of this remedy. But I believe all of you will be able to see its peculiar and distinguishing features. You will see that it does not produce a Quinine chill; that it does not produce an Arnica chill; that it does not produce an Ipecac. chill; but that it produces its own kind of chill with its own peculiarities.

---

### A HAPPY COINCIDENCE.

CLARENCE WILLARD BUTLER, M. D., MONTCLAIR, N. J.

“There is but one way to get rid of these troubles successfully, and that is by an operation that will paralyze the sphincter muscle long enough to allow the ulcer to heal. This can be done by forcible dilatation alone. I speak of old, well-developed fissures of the anus.”

This positive statement, made on p. 306, Vol. IV (1886), of *The Homœopathic Journal of Obstetrics*, sets at rests forever the question of the curability of anal fissures by internal medication. It must, of course, from its *ex cathedra* character, be authoritative. It is not a statement of opinion, you will observe; it is a statement of positive fact. And so Lilienthal lays out an unnecessary amount of bootless labor for the poor doctor who knows no better when he sets him to study out the indications for twenty-four remedies for this disease; and Helmuth was talking “for buncome” only when he says that “fissures that have resisted other treatment for a considerable time,” have been known to “yield readily to the action of Graph. or Nit. ac., especially the latter.” Even Hughes shows a most unusual credulity when he cites cures of anal fissures as having been made by Drs. Marston and Allen with Graph. and Ratanhia respectively, while, as for the statements made of cures of this affection by internal medicaments, and these in high potencies, by Lippe, Dunham, Eggert, etc., why, the less said about the *reported* cures of such fossiliferous homœopaths, the better for modern progressive Homœopathy, and yet before this positive and authoritative statement of fact, I had in my ignorance attributed the disappearance of all signs of a fissure in the follow-

ing case to the administration of the remedy, and had not the electric light of the above writer's positive knowledge entirely swallowed up my "tallow dip" of faith, I should have been tempted to depend upon the carefully selected homœopathic remedy for a cure of the next case of fissure which it may be my lot to treat. Now, under the bright effulgence of this illuminating beam, I shall, of course, have both thumbs in that coming rectum just as soon as I can get my patient drunk enough to allow it.

G. E., aged sixty years.—Short, fat, jolly, light complexion, and nervous temperament, consulted me January 16th, 1886, presenting the following history and symptoms: Life sedentary; habits convivial. Takes a drink of whisky or gin before breakfast, another before lunch, one on the way home from the office, another when he gets home just before dinner, then no more until bedtime unless he has callers in the evening, when he may take "a few drinks." Uses tobacco moderately. His bowels have been inclined to be loose for years. Is never constipated. Has *now* three or four passages daily; the first, attended with most severe cutting pain in the anus, is small, long, and of a brownish color; the subsequent stools are watery, and the call is so urgent that he only succeeds in getting to the closet by great haste; has once or twice miscalculated by a fraction of a minute with disastrous results. Pain *shooting up the rectum* with and after all stools, but especially after the first stool in the morning, which has consistency and form. The same pain at times while sitting, never while walking. Indeed, when the pain comes on, he can *relieve it by walking about*, and in this way only. Standing relieves for one moment only, then the pain returns.\*

An examination reveals a fissure of the anus. The rectum was not examined, because any endeavor to introduce the speculum was attended with most excruciatingly painful spasm of the sphincter ani.

R. Ignat. am.<sup>34m</sup> (Fincke, graft), one dose; Sac. lac.

January 25th (nine days later).—Reports that the pain was greatly relieved and growing better till two days ago. Had very little pain after stools and none between. For the last two days has grown steadily worse.

R. Ignat. am.<sup>34m</sup>. (F. graft) in water, twelve doses at intervals of two hours, then Sac. lac.

---

\* These symptoms have been present for about six months, during which time he has used pile ointments, salves, washes, douches, etc., without benefit.

January 30th.—Better in all ways. Morning stool larger. Little and often no pain after stools, and none between. Sac. lac.

February 22d.—Meeting Mr. E. socially, I learned that he has not been aware of any trouble since a day or two after his last visit at my office. Considers himself well.

December 16th, 1886.—Remains well.

Now was not that a happy coincidence? The disappearance of the pain so shortly after the Ignatia, I refer to, of course. The *only* way to cure him was to paralyze his sphincter. His sphincter was not paralyzed. *Ergo*, he was not cured.

*Quod erat demonstrandum.* Mr. E., therefore, together with the patients of Drs. Allen, Marston, Lippe, Dunham, Eggert, etc., must go down to his grave with an uncured *fissura in ano*, but the bright ray that lightens in some measure this sad picture is that, though logically they must have the fissure, *they never know it.*

---

## TELLURIUM.

DR. GEORGE H. CLARK, PHILADELPHIA.

The most marked peculiarities of Tellurium are the otorrhœa, there being an acrid, watery discharge smelling like fish-brine; the condition of the crystalline lens, there being a deposit of a chalky-looking white mass on its anterior surface and pterygium.

The skin symptoms are also prominent, there being ring-worms over the whole body, more distinct on the lower limbs.

The other remedies having pterygium are: Calc. carb., Chimaphila, and Zinc.

Allied to it in skin symptoms are: Dulc., Hell., Nat. carb., Phos., Sep.

It is the only remedy in the materia medica having a discharge from the ear smelling like fish-brine. Other remedies having most markedly a discharge from the ear are: Aeth., Alum., Amm. c., Amm. m., Anac., Arund., Asaf., Aurum, Bar. c., Bell., Borax, Bov., Bry., Calc., Calc. phos., Calend., Carbo an., Carbo veg., Caust., Cham., Cist., Colch., Con., Cop., Elap., Ery. a., Graph., Hep., Jug., Kali bich., Kali carb., Kino, Kreos., Lach., Lycop., Meny., Meph., Merc. sol., Merc. viv., Nat. mur., Nit. ac., Petrol., Phos., Psor., Puls., Rhus, Selen., Sep., Sil., Spig., Sulph., Tarent., Tell., Tep., Zinc.

*Ear, discharge from :*

— — — *Acrid* : Tel.

— — — *bloody* : Bar. c., Bell., Bry., Calc., Caust., Con., Elaps.,  
Graph., Lycop., Merc., Mosch., Nit. ac., Petrol.,  
Puls., Rhus, Sep., Sil., Sulph.

— — — *brown* : Anac., Carbo veg., Tarent.

— — — *clear* : Bry.

— — — *excoriating* : Calc. ph.

— — — *fish-pickle*, smelling like : TELL.

— — — *offensive* : Aur., Bov., Carbo veg., Caust., Cist., Ery.  
a., Hep., Kali bich., Meph., Merc., Merc. cor.,  
Thuja, Zinc.

— — — *purulent* : All. cep., Alum., Amm. c., Amm. m., Arn.,  
Asaf., Aur., Bell., Borax, Bov., Calc., Carbo an.,  
Carbo veg., Caust., Cham., Cist., Con., Cop., Gels.,  
Graph., Hep., Kali bich., Kali carb., Kino, Lach.,  
Lycop., Merc., Nat. mur., Nit. ac., Petrol., Psor.,  
Puls., Rhus, Sacch., Sep., Sil., Sulph., Zinc.

— — — *discharge from :*

— — — *pus*, smelling like : Bry.

— — — *serous* : Elap, Tarent.

— — — *thick* : Ery. a., Tarent.

— — — *thin* : Cham., Merc., Sep., Sil.

— — — *matter* : Puls., Merc. sol.

— — — — *bloody* : Caust., MERC. SOL.

— — — — *brownish* : Anac.

— — — — *offensive* : MERC. SOL.

— — — — *sensation of* : Sil.

— — — — *yellow* : Merc. sol.

— — — — *moisture* : Merc. sol., Spig.

— — — — *flesh-colored, offensive* : Carbo veg., Kali carb., Zinc.

— — — — *thick* : Carbo veg.

— — — — *yellowish* : Phos.

— — — — *mucus* : Bon., Tarent.

— — — — *pus* : Acon. l., Aeth., Alum., Arund., Bell., Borax,  
Calc., Hep., Kali carb., Sacch., Tep., Zinc.

— — — — *bloody* : Ery. a.

— — — — *fetid* : Cist., Meph., Psor., Hep.

— — — — *white* : Ery. a.

— — — — *yellowish green* : Elaps.

— — — — *watery* : Cist., TELL.

— — — — *sensation of* : Acon. Calc., Chr. ac., Cinnab., Der.,  
Graph., Merc. sol. TEL.

## CLINICAL CASES.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

Some time since one of the editors of THE HOMŒOPATHIC PHYSICIAN complained that there was a lack of reports of clinical matter, and stated that ordinary cases would be acceptable. I will herewith present a few of just that sort, and hope others will follow suit.

I. A lady whom I found convalescent from a trouble which had been pronounced ovarian abscess by one of our homœopathic specialists, and who had for months been treated in the usual mongrel or "regular" fashion, and whom I had relieved of the trouble promptly by a discontinuance of the folly and a few careful prescriptions, said that she felt perfectly well, excepting a slight fatigue occasioned by a loss of sleep caused by a fretful child. It is of this child that I have now to speak. It was playful and apparently well during the entire day, sleeping and eating nicely, and presenting absolutely no symptoms to indicate any drug, save in the restless nights. *It would twist and turn and fret from bed-time till morning, and the next day be as lively as ever.* Jalap and Psor. both have this symptom, and I gave the little squirmer one powder of Psor. DCM (500,000) Fincke, dry on the tongue. That night the little girl and the mother both rested well all night, and she did not complain of a recurrence of the trouble for several months, until, in fact, she had an attack of croup.

II. G. M., male, æt. seven years. Marked dyspnœa, and every respiration accompanied by a dry cough. Restlessness. Thirst. Delirium at times. *Severe pains in limbs.* Every time he takes a nap (which is always short), *he awakens much worse.* R<sub>3</sub> 4 Lach. CM. (Fincke). The next day improvement was so marked as to permit me to discharge myself. The day following I heard through a member of the family that he was "about well." Let me here remark that aside from the aggravation after sleep, I think the pains in the limbs a good indication for Lachesis. They were severe, and all through the thighs and legs. Whenever I find a "throat case" having these pains, I say confidently to myself, either the left side of the throat is the worse, or the trouble has commenced there, and have *never failed to find it so.* Further than this, I have numbers of times been called to see a person suffering from and complaining mainly of those pains, with fever, which had been preceded by a chill, and slight huskiness or "thickness" of the voice, who would not complain



at all of the throat, and perhaps even assert that there was little or no trouble there. Looking, I would find marked ulceration or deposit, and always worse on the left side.

III. W. P., male, æt. forty years, had had neuralgia of face for a month, and had not slept *at all* for the last week. The pain would invariably *compel him to rise and walk about*.

R. 8 Mag. carb.<sup>50m</sup> (Swan), beginning about two P. M. He retired that night at nine o'clock and did not waken till morning.

IV. J. W. called last week for medicine for *hæmorrhoids*, accompanied by a severe pain in back, and stated that he wanted the same medicine I had given him for that trouble four years before, as that had relieved the pain in the back *before he left my office*. He had received *Æscul.*<sup>45m</sup> (Fincke).

V. E. H., female, eleven years. Throat completely filled with diphtheritic membrane, nose obstructed and having an acrid discharge. *Hæmorrhages* from nose and throat. The case had been neglected to this sad state of things under the delusion that the girl "had the mumps, and would get well herself." The parents had not looked at her throat and only became alarmed at the offensive odor. One symptom, which I have not yet recorded, decided my prescription, and that was the very *marked torticollis*. Her head was not only drawn out of position, but the deformity was so severe that it could not be overlooked. I gave her *Lachnanthes*<sup>50m</sup> (Swan), five powders, and that was all she needed. In a few hours her head was much straighter, and her throat was markedly better the next day. I discharged her well in three days.

---

## PROPHYLAXIS.

TRANSLATED FROM BENNINGHAUSEN, WITH REMARKS BY  
A. McNEIL, M. D., SAN FRANCISCO, CALIFORNIA.

"Very nearly related to the subject of antidotes is that of prophylactic remedies, and they are to be judged by the same natural laws. The object of these medicines is to destroy, in advance, in the living organism the disposition to contract a contagious disease. It is known that during the prevalence of even the most malignant and undoubtedly contagious disease there are always some persons unaffected, and the opinion is rational that they are guarded by their want of susceptibility. Experience has shown that in order to produce this condition artificially, only those remedies are efficacious which have the power to cure the dis-

ease in question, and to produce a reaction in the organism which is directed against the disease and its influence. Therefore if we will protect the unaffected members of a household in which, for example, a variety of nervous (typhoid) fever exists, we can do it with certainty only by administering that remedy which is truly homœopathic to the symptoms of those who are sick, while all other remedies which may be indicated in nervous fever are entirely useless."—Bœnninghausen's aphorisms of Hippocrates.

I will notice a prevalent error which exists in opposition to the above maxim, viz.: that Belladonna is *the* prophylactic of scarlet fever, and the name of Hahnemann is appealed to in support—we will see with how much truth. See *Materia Medica Pura*, Vol. I, page 97: "Belladonna may be used as a prophylactic against the genuine, erysipelatous, smooth, and glossy scarlet fever, as described by Sydenham, Plencitz, and others. \* \* \* They were ignorant of the character of this disease, which is proper to childhood, and they were indiscreet enough to mistake for scarlet fever the *purple rash*, which had migrated into Germany from Belgium ever since the year 1801. They falsely applied to this purple rash the term 'scarlet fever,' and failed, of course, in trying to cure it by means of the remedy which I had proposed.

"Purple rash (Roonvonk) being a disease different from scarlet fever, it requires to be treated in a different way. In purple rash Belladonna can do no good, and patients who are treated with Belladonna in this will generally have to die."

Hering said scarlatina Sydenhami had not existed in Philadelphia since 1832. I do not think this type of the disease has prevailed in the United States for half a century. The scarlet fever of this generation is the rough or miliary variety. Now let us apply Bœnninghausen's advice to this type of scarlet fever. Where the disease prevails we study our cases as a unit. See Hahnemann's *Organon*, sections 100, 101, and 102. When the epidemic remedy is found it will not only cure the sick, but prevent those exposed to the contagion from contracting the disease.

---

Professor A. E. Small, M. D., of Chicago, formerly of Philadelphia, died in Chicago, December 28th, 1886. We shall probably have an obituary notice of him next month.

## CLINICAL NOTES.

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

A lady patient sends me the following case: Miss A. had white patches (like the eggs of flies) on both tonsils, extending thence to back of throat; tonsils enlarged and deep red; felt she would suffocate at night from full feeling in throat which prevented sleep; swallowing toast gave some pain, but seemed to clear the throat; drinking anything caused more pain in throat, and she had to gulp it down. *Lac caninum*<sup>30</sup> quickly cured.

I have recently cured with one dose of Fincke's millionth potency the following mental symptoms: "Omits the final letter or letters of a word when writing; mentions in speaking the object seen instead of the object thought of."

As I am arranging *Lac caninum* for the I. H. A., I shall be glad to receive any additional symptoms.

---

## THE SOUTHERN HOMŒOPATHIC ASSOCIATION.

The third annual meeting of this Association was held in New Orleans, December 8th, 1886.

An address was delivered by the President, Dr. A. L. Monroe.

The Committee on Legislation reported that in North Carolina, Alabama, and Mississippi, where there are Boards of Medical Examiners of the old school, their arrangements, however fair in appearance, are, from the nature of things, intimidating to applicants of other schools. The result is that few of our school enter those States; therefore, a set of resolutions was passed protesting against the prevailing medical legislation.

A paper was read by Dr. Henry, of Montgomery, upon the methods in vogue of preparing high potencies. He took the ground that there is too much of the ethereal or visionary in some of these preparations, as presented by the patentees of the machinery by which they are made, for reasonable men. He urged the greatest care in selecting not only the remedy, but the potency for each particular patient. The paper did not meet with very hearty approval.

Other papers were read upon Diphtheria, Sanitary Science—a very interesting paper; Surgery of Gunshot Wounds of the Spine, Nephraphy, Excision of the Mammary Gland for Sarcomatous Neoplasms, Lacerations of the Female Perineum,

Bowman Method of Coffee and Milk-feeding of Infants, and the Indiscriminate Use of Alcoholic Liquors and Opiates.

Officers elected were: President, Dr. Joseph Jones, of San Antonio, Texas; First Vice-President, Dr. Walter M. Dake, of Nashville, Tenn.; Second Vice-President, Dr. E. A. Murphy, of New Orleans; Recording Secretary, Dr. C. G. Fellows, of New Orleans; Corresponding Secretary, Dr. C. R. Mayer, of St. Martinsville, La.; Treasurer, Dr. J. G. Belden, of New Orleans.

### DEDUCTIONS FROM FERRAN'S INOCULATION STATISTICS FOUND ON PAGE 22, JANUARY NO. OF THE HOMOEOPATHIC PHYSICIAN.

J. E. WINANS, M. D., LYONS FARMS, NEW JERSEY.

(a) *Number inoculated* were in proportion to those *non-inoculated* as three in seventeen.

(b) While *proportion attacked* were relatively less than three in one hundred, as against seven in one hundred.

(c) Yet *actual number of deaths* slightly preponderated (proportionately) among the *inoculated*, viz.: seven in thirty-four, or about one to five, which somewhat exceeds above ratio of three to seventeen.

(d) While as to *actual fatality* among persons attacked there were *nearly eighteen per cent.* of the *inoculated*, as against *six per cent.* of those *non-inoculated*. Ergo, hurrah for microbial inoculations!

### POINTS.\*

AD. LIPPE, M. D., PHILADELPHIA.

*Dolichos pruriens*.—Invisible itching. The nightly rest is especially interrupted by a very distressing itching all over the body, without any perceptible or visible cause; it is especially indicated if this itching proceeds from liver diseases, and is indispensable when there is present *Icterus*.

*Symphitum officinale*.—Mechanical injuries, pains in broken bones, injuries of the eyes from blows, a snow-ball strikes the eye, an infant thrusts his fist into the mother's eye. Arnica is utterly useless in blows injuring the eye. Arnica will relieve

\* See also Dr. C. Carleton Smith's article, "Points," in December number, 1886, page 432.

the soreness from injuries of soft parts, contusion of the brain, etc., but if the periosteum has also been injured, and the soft parts recovered from the bruises after giving Arnica, this soreness of the periosteum only becoming perceptible *afterward*, then Sympthitum will relieve it at once.

*The Guiding Symptoms* of our materia medica, by Constantine Hering, are largely subscribed for under the management of F. A. Davis, 1207 Filbert Street, Philadelphia.

*Lac caninum*.—Pains and disorders of all kinds, changing from one side to the other; it was first observed in diphtheria, if first one, then the other, tonsil was affected, changing repeatedly, while Lachesis has as a characteristic symptom the spreading of the disease from the left to the right side, and Lycopodium the reverse, spreading from the right side to the left. Pulsatilla has wandering pains, but not characteristically changing sides only, but wandering over the whole body, attacking different parts irregularly, generally with swelling and redness of the joints. Sulphur has a similar shifting of gout. China, Arnica, Daphne ind., and Taxus have also shifting pains.

*Sticta pulmonalis*.—Will be found an indispensable remedy with stoppage of the nose, with an uncontrollable desire to blow the nose to no purpose. Even at night this blowing is continued, allowing of no sleep, and nothing is really blown from the nose. Nux vom. and Sambucus have stoppage of the nose, with discharge similar to that which often attacks infants (sniffles). Lycopodium has stoppage of the nose at night, preventing breathing and sleep, with profuse discharges from the nose during the day.

*The Guiding Symptoms* of our materia medica, by Constantine Hering, are as indispensable to the library of a homœopathic physician as is Hahnemann's *Organon*. A library of a homœopathic physician without these works is as much of a mistake as the play of *Hamlet* with Hamlet left out.

*Causticum*.—Involuntary hard stool, worse during the daytime and when passing wind. Aloe has also involuntary passages of hard lumps of stool when walking. Coloc. has also involuntary formed stools. Causticum has pains in the bowels after a passage. Coloc. has the characteristic doubling-up pain before the stool.

*History* repeats itself. Dr. Roth in Paris undertook to sift the materia medica, struck out symptoms by the thousands,

attempted to discredit Hahnemann, and he found willing lieutenants in his aim to annihilate our materia medica. Dr. Constantine Hering more than forty years ago wrote him down in a German quarterly, and in his despair he "lost his reason" and quit. The same attempt to annihilate our materia medica is made now. Hahnemann is discredited by a corresponding set of men, and history will repeat itself. The *Materia Medica* of the future and the threatened more complete farce will advance to the paper mill, and the designing pretenders will, like Roth, lose the little reason they ever had, if they ever had any at all.

---

J. E. LILIENTHAL, M. D., NEW YORK CITY.

In the December number of THE HOMEOPATHIC PHYSICIAN the Editor refers to the article of Dr. C. C. Smith under the above heading, and requests readers, knowing of other remedies having the same or similar symptoms, to furnish them for insertion. Wishing to add my mite, I contribute the following:

Taste of rotten eggs. Hepar (Jahr.).

Children are easier when carried about quickly. Verat. alb. (C. Hg.)

Desire for warm drinks. Cascarella (C. Hg.); Cedron (C. Hg.).

Desire for warm drinks. Eupator. purp. (Butler in HOM. PHYS., May, 1883).

Desire for warm drinks. Hypericum (C. Hg.); Medorhinum.

Better, wrapping up the head and keeping in a dark room. Mezereum (C. Hg.).

The brain seems to shake when walking or running in open air; better when wrapping head up in warm room and when at rest. Nux vom. (C. Hg.).

Colic, relieved by pressure—carrying on mother's shoulder. Cina, Podophyl. (S. L. Therapeutics).

---

S. L.

Staph.—Escape of hot flatus, smelling like rotten eggs. (E. A. F.)

Kali phos.—Similar mental symptom to Kali brom.

Zincum met.—Stitch at the upper part of sternum, extending into left lumbar region, with dread of stooping. (R. R. Gregg.)

## THAT SEPIA CASE.\*

D. C. McLAREN, M. D., BRANTFORD, ONTARIO.

Over eighteen months ago I had to prescribe for a chronic headache, accompanied with fullness of the neck; the neck-band was frequently loosened during an attack. *Lachesis* proved of no value whatever, nor either of several other drugs. Finally, upon analyzing the case, *Sepia* came to the surface as covering more symptoms than any other drug, and it effected a prompt cure. Slight returns of the headache have been promptly checked by *Sepia*, but that fullness of the neck has never been felt since the first dose. The symptom, having been so distinctly verified by Dr. Lippe, should now rank as a keynote. Benninghausen's *Relations* is a sealed book to most homœopaths, but a few more cases like that recorded by Dr. Lippe would teach us how to use it successfully.

---

### BOOK NOTICES AND REVIEWS.

THE REVOLUTION IN MEDICINE. By John H. Clark, M. D.  
London: Keene & Ashwell. 1886.

This little duodecimo is the seventh Hahnemannian Oration, delivered October 5th, 1886, at the London Homœopathic Hospital, where the author is physician and lecturer on *Materia Medica*. It contains the freshest presentation of the old but always interesting story of the rise of Homœopathy, and of the persecutions of its immortal founder, Samuel Hahnemann.

W. M. J.

AMERICAN MEDICINAL PLANTS. By C. F. Millspaugh, M. D.  
Bœricke & Tafel: New York and Philadelphia.

The fifth fascicle of this exquisitely beautiful work was issued in December last. Among the many plants illustrated our eye was particularly arrested with the following familiar remedies of our *materia medica*:

Ranunculus Scel., Yellow Mustard, St. John's Wort, *Æsculus Glabra*, Rag Weed, Lactuca, Collinsonia, Lupulus, and Lachnantes.

The representation of the leaf of *Æsculus Glabra* is particularly fine.

Why does not every homœopathic physician possess himself of this beautiful work? We hope to hear of all the subscribers to this journal procuring it.

W. M. J.

DRUGS AND MEDICINES OF NORTH AMERICA. A Quarterly.  
Edited and published by J. U. and C. G. Lloyd, Cincinnati.  
1886.

No. 2 of Volume II has come to hand.

Before placing it upon our files we must stop to notice a very complete article in it upon *Asimina Triloba*, or Papaw. Following the usual botanical description, with cuts of the several parts of the plant, the editors give its chemistry. They have isolated its alkaloid—Asiminine. A view of the

---

\* See *Progressive Homœopathy*, by Dr. Lippe, December number (1886), page 429.—EDS.

crystals under the microscope is added, and then follows a study of the physiological effects, by Professor Roberts Bartholow, of Jefferson Medical College, Philadelphia, and a statement of its homœopathic uses, by Dr. E. M. Hale, Chicago Homœopathic College.

According to the latter authority, a child that had been poisoned by eating the rind of the unripe fruit had violent fever, vomiting, and was covered with a bright scarlet eruption. Pulse was 130°, temperature 105°. Fauces were red and swollen, tonsils and submaxillary glands enlarged, diarrhœa of yellowish color. Each day pulse and temperature fell until they became normal, desquamation occurred, and a carbuncle formed on the thigh, continuing two weeks. The diarrhœa continued four weeks. The whole case strongly resembled an attack of scarlet fever. Four other children that had eaten the fruit in company with this child were attacked with similar symptoms, but in less degree.

W. M. J.

THE BULLETIN OF THE NORTH CAROLINA DEPARTMENT OF AGRICULTURE for November is before us. It contains a detailed report of the proceedings of the "Convention of Northern Settlers in North Carolina."

The object of the Convention is to induce immigration to North Carolina. A creditable showing of the advantages of residence in this State is set forth in the proceedings.

Possibly this State would be a good place for homœopathic doctors to locate. At all events, information can be obtained of John T. Patrick, General Agent, North Carolina Immigration Bureau, Raleigh, North Carolina.

#### BOOKS AND PAMPHLETS RECEIVED.

FIFTY-SEVENTH ANNUAL REPORT OF BOARD OF MANAGERS OF PHILADELPHIA LYING-IN CHARITY.

INTER-STATE NOTIFICATION; Its principles demonstrated in the history of yellow fever at Biloxi, Miss.

A TREATISE ON SOME DISEASES OF THE BONES AND LIGAMENTS OF THE SPINE. S. M. Cate, M. D.

ADDRESS ON RELATION OF QUARANTINE TO SHIPPING INTERESTS. By Joseph Holt, M. D.

HEREDITARY INSANITY. By S. Lilienthal, M. D.

---

#### NOTES AND NOTICES.

SPECIAL NOTICE.—On November 5th, 1886, some one of our subscribers called at this office in the absence of the editors and paid his subscription. As he neglected to leave a memorandum of his name and address, we have not the slightest idea who it is, and are therefore unable to give the proper credit.

Will the gentleman please make good his omission?

W. M. J.

CONTROLLING CONTAGIOUS DISEASES WITH COTTON.—By the use of cotton filters and respirators Dr. David Prince, of Jacksonville, Ill., proposes to keep the infectious germs from spreading out of an infected room and from entering the system of persons exposed. Cotton filters arrest the passage of all particulate matter.—*Medical Record*.

Dr. F. E. Watts has removed from Olean, N. Y., to Port Allegheny, Pa.

ERRATUM.—January number, page 23, line 23 from top, for P. M. read A. M.



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. VII.

MARCH, 1887.

No. 3.

---

---

## ALTERNATION OF REMEDIES.

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

But is it never allowable to give two remedies in alternation? No doubt it is, but, almost if not quite, never in the treatment of this fever [typhoid].—*Myself* in *American Homœopathic Review*, Vol. III, p. 349, 1863.

"Doctor, before you die, put yourself right on the record as to this matter of alternation, and not leave this to be called up as a justification of error, wrongfully, as are sayings of Hahnemann, Hering, Dunham, and others, after their death, when they can no longer protect themselves."—*My Friend*.

It may not be amiss in attempting compliance with the request of my friend to note the time (1863) and circumstances in which the above statement of the sometimes admissibility of alternation was written.

When I began endeavors to practice homœopathically, almost all whom I knew as homœopathic physicians gave *two*, and some of them even *more*, remedies *at the same time*, to be given in alternation at short, specified intervals, without reference to, or a knowledge of, what would be the phenomena of the case at the specified time, when any dose of either was to be given. The doses were to be repeated without knowing whether either or neither of the medicines would then be *like the phenomena of the case under treatment*. Up to the time when the sentence above was written, this was so generally true of these doctors that one of them (the late Dr. J. R. Cox, of Philadelphia), on page 362 of the third volume of the *Review*, says: "The opponents of alternation being not, as I believe, more than five or six per cent. of the whole number of homœopathic practitioners throughout the civilized world."

So great had been the force of example of so great numbers, that new recruits to the ranks of converts to our school fell, as I did, into this senseless habit of practice for no other or better reason than this—that others were, so many of them, doing the same thing. It was assumed that what was so general must be right. And because so general, there must be, somewhere, a *scientific* foundation for the practice. I had promised myself to find this foundation, and spent time and thought in seeking it, but, because there *is* no such foundation, the search was fruitless, except that it led ultimately to the clear view of the fact that the habit was altogether *unscientific*, and wholly without reason or excuse.

It was while engaged in this search for a non-existent scientific basis for this so general practice, that the sentence at the beginning of this paper was written. I had progressed so far as to see clearly that alternation had no place in a right application of homœopathic law and means to treatment of typhoid fever. This I had fully stated, but so great was the force of the impression, that what so many earnest and honest men, who had been before me in the practice were doing, must, somehow and sometimes, be right, and, if right, then it must have foundation in philosophic principles, that I followed this statement with the objectionable sentence above, that alternation was *sometimes* allowable.

Then the questions would rise, What are these times, and what are the principles which justify this practice at these times? I set myself to answer these questions with full confidence that I should be able to do this satisfactorily to myself. But the more I studied for answers to these questions the more they confirmed themselves to my mind as insoluble puzzles. Insoluble because there *are* in the very nature of things *no such times* nor *principles* to be discovered. And because there are neither, neither have been discovered by any man. The sentence above was written just as or but little before the writer had emerged into a clear conviction of this truth. He sought to find out the cases proper for alternation, and the reasons which made them subjects for this, and the result has been an unhesitating assurance that neither cases nor reasons have any existence whatever, other than in the imaginations of erring, though perhaps honest, men.

So great was my confidence at the time of writing this sentence now objected to as above, that there *must* be some principles to justify this practice, at least in some cases, that in the outset of my search for these I thought I saw a *class* of such cases, and

wrote in the same paragraph which contains this which my friend feared would disgrace me after my death :

“The kind of case is that where the characteristics of the disease do not find their simillimum in those of any one known drug, but in those of *two* cognate drugs they are found. So there is *law* for the government of alternations of drugs, and that this is nothing but the same old law of similars which rightly controls all drug selections.”

This seemed, at the time it was written, to be a satisfactory answer to the question as to the *kind* of cases in which drugs should be alternated. It is certainly plausible, and has deceived many to their hurt. It is only plausible, as appears most clearly when brought to the light of the law it would give for its justification. This law says *the most similar*, not *the most similars*. Now, as there are no two drugs identical in their action on the living forces, the idea of *two* “most similar” in their effects is a demonstrated absurdity. The differences between the two will show *one* of them to be the “most similar” to the case to be treated, if either of them is, and it is this *one* which the law demands for a cure, and not the two. This *one*, the “most similar,” being found and given, the law promises a cure. It never has promised this to any *two*, given alternately, at short intervals, in the absence of all knowledge as to whether either of them will be similar at all to those elements of the sickness a likeness to which in the remedy the law demands to constitute it a curative in any case. This plausibility, we have said, has deceived many. I have been one of them. This deception has been carried so far with some practitioners that they have, and logically, gone so far as to say :

“The conscientious homœopath finds himself unable to fully satisfy his mind as to a single remedy. \* \* \* Two, three, four occur to his mind, but he is unable to distinguish conclusively between them. What shall he do? \* \* \* Give all four *at the same time*, and the prescriber is *criminal* if he does not.”\* [Italics the Doctor's.]—W. S. Searle, M. D., in *N. A. Journal of Hom.*, May, 1882.

Perhaps absurdity in professional writing has never gone further. And yet if *two* drugs may be lawfully given in alternation, why not four? This writer probably considers himself

---

\* The fault here is not with the “conscience” nor the logic of the writer, but with his *premises*. The law says the “most similar” remedy. This writer says he can't find it or does not know it when he sees it, and this he makes a sufficient reason for himself or any other man, for abrogation of God's law, and says whoever will not do this “*is criminal*.” False premise and ignorance, “that is what is the matter.” Crime is a *violation of law*, not a refusal nor neglect of this violation.

a "conscientious *homœopath*," though the law says *one* remedy, while he says *four* "at the same time." Is it not evident that though he may be very "conscientious," he is *no* homœopath, unless one may be so considered while he sets aside the fundamental principles of Homœopathy whenever his very limited knowledge of its *materia medica* leaves him in doubt as to which of any *four* drugs is most similar in its pathogenesis to the phenomena of his case?

Since the obnoxious sentence which might have disgraced me was written, now many years ago, alternation has ceased to be a part of my professional acts. I soon after found that in the light of the philosophy of Homœopathy this practical error could never be allowable, and my practice has since been strictly in accordance with this conviction. I look for *one* remedy, and not for *two*, and when this is found and given, the results are greatly more satisfactory to myself and beneficial to my patients.

Am I now "*right on the record*"?

---

### VERATRUM ALBUM.\*

A LECTURE BY PROFESSOR J. T. KENT, A. M., M. D.

[Stenographically Reported.]

This is the white hellebore, the root being the part used, prepared by tincture in the usual way. *Veratrum alb.* is a friend of the woman; it is pre-eminently the woman's remedy; it corresponds to many complaints in them not at all found in men. Especially is it mixed up with the hysterical diathesis. *Veratrum alb.* develops many functional uterine disturbances; develops the mental states with it; hence, in mental complaints, associated with uterine disturbances, it is of great value.

Hahnemann made the statement that the lunatic asylums would be diminished by one-third if these insane doctors, or doctors that treat crazy folks, were familiar with the use of *Veratrum alb.* He meant that it would cure one-third of the female lunatics in the asylums of his day. Of course, insanity is treated much better now than it was then, and perhaps his remark would not apply. Nevertheless, it is frequently indicated in the insane freaks and mental wrongs of women. It may also be used in men, but not so frequently. You will

---

\*In consequence of a misunderstanding, the second half of this lecture was printed first—in our October number. Dr. Kent having notified us of the blunder and remitted us the missing first part, it is accordingly published.—EDS.

notice running through the remedy that the mental states are all made worse at the menstrual epoch. It has many symptoms related to the menstrual period: hysterical freaks of a nonsensical character; vomiting, diarrhœa, and headaches coming on at the menstrual period. Now you see the general aggravation. Nearly all the acute exacerbations of the complaints running through *Veratrum alb.* are marked by vomiting, diarrhœa, and sweat. The sweat is all over the body and it is cold, especially upon the face and head; profuse sweat; and with all this there is great exhaustion. This runs through the acute, sharp, striking complaints produced by this remedy. There is a copiousness marking all these features—copious vomit, copious diarrhœa, and copious sweat. *Arsenicum* is sometimes distinguished from *Veratrum alb.* because of the scantiness of all these things, of all these peculiar symptoms. In *Arsenicum* we have scanty discharges; true, we have there the exhaustion, the sweat, and the vomit; but there is more retching, frequently vomiting up a little at a time, while in *Veratrum alb.* it is copious. The sweat is not so profuse in *Arsenicum*. In *Veratrum alb.* it is as cold as ice; it seems cold when it comes out. In *Arsenicum* it comes out warm on the body, and becomes cold afterward. *Arsenicum* has frequent, scanty discharges from the bowels, but they are generally scanty—they are not copious. In *Veratrum alb.* they are copious. Both have marked exhaustion; both have restlessness; both have pain and symptoms of restlessness driving them to despair, and driving them out of bed; and both have aggravations in the night. This remedy has burning running through it like *Arsenicum*, but it is distinguished by the copiousness of the excretions and secretions. Burning in the brain, burning in the stomach, burning in the abdomen, are characteristic of *Veratrum alb.* But we have all these burnings in *Arsenicum* also, and you must think of *Arsenicum* first of any remedy. *Veratrum alb.* has thirst for cold drinks, like *Arsenicum*, little and often. Now, see how easy it is to get two remedies mixed up when you only take a part of the picture of either. *Veratrum alb.* has an appetite for cold things, cold food, fruits, juices, succulent things, refreshing things, and is aggravated by warm things and warm drinks. *Arsenicum* is made better by warm things and warm drinks. There we have its opposite. Coldness in various modifications you will see running through the remedy. There is a sensation in *Veratrum alb.* as if a lump of ice were lying on the head, it is so cold—icy cold. There is coldness in the stomach, coldness in the abdomen at times, but this is circumscribed in its locality; it is in keep-

ing with the general picture, the general state. The hands and feet are cold as ice with or without sweating; there is marked general bodily coldness; coldness all over the body, occurring usually with a profuse sweat.

Now, with this coldness, blueness is common. It is not the congestive blueness of *Pulsatilla* nor of *Lachesis*, but rather a pale, bluish appearance from relaxed blood-vessels; blueness of the hands. You will need to know *Veratrum alb.* in this blueness. The veins of the hands and feet fill up and appear full; by pressure they become pale, and it is a long time before the pale part becomes changed to its original blueness again. The blueness disappears under pressure and remains away quite a while. This blueness is peculiar to *Veratrum alb.*, blueness of the surface; it may exist anywhere upon the surface; blueness of the face, blueness of the skin, blueness of the hands, blueness of the feet. You will see this condition after sudden exhaustion, after great vomiting, after great diarrhœa; vomiting, diarrhœa, and profuse sweat. Sometimes when this bluish condition of the skin appears the ears will be almost transparent with cold; the nose, and especially the tip of the nose, will be cold and elongated apparently, because it is shrunken or shriveled, looking more pointed; the general appearance of the face is more pointed; there is deathly sickness; icy coldness of the fingers and toes, and in cavities. Such a state pre-eminently belongs to *Veratrum alb.* The pains generally come on in the night, and commonly in the latter part of the night; relief only comes by walking. The patient will tumble around in the bed, but that will not relieve the pains; they drive to despair, and so the patient gets up and walks about for relief. Even in rheumatism where there is much soreness and swelling of the joints and tenderness, yet the excruciating pains make him forget the soreness so that he will get up and walk around in the night. (Mercurial pains are worse from the warmth of the bed and are relieved from cold.) *Veratrum alb.* has a sudden sinking of strength, sudden prostration, like *Arsenicum*, *Camphor*, and *Secale*. There is one general condition that belongs to many of the complaints of *Veratrum alb.*: external coldness with internal heat; associated with this we have dark, cloudy urine. There are three grand characteristics combining that distinguish *Veratrum alb.* from other remedies: the surface of the body is cold to the touch—as cold as death—he may be covered with sweat, cold sweat, even shaking; great chilliness, shuddering; hands and feet icy cold with a sensation of great heat; with great thirst; dryness of the mouth, tongue, and

palate; sense of inner burning; burning in the stomach; burning in the brain; burning in the abdomen; and dark-colored urine.

That is very characteristic of *Veratrum alb.* In the beginning I told you that *Veratrum alb.* corresponds in its mind symptoms with many of the wrongs of the insane. It has acute delirium, and many of the mind symptoms are of a sort of quasi-hysterical character. The insane person or woman desires to kiss everybody. This symptom runs through the text to a great extent. During her menstrual period she becomes hysterical and wants to kiss everybody. When you find that symptom in the sick-room you won't laugh at it. you will want a remedy to get rid of it, or you will be turned out of doors. No good husband is going to watch you tampering around with your nonsensical doses of medicine unless you relieve his wife from that symptom; he doesn't believe in nonsense. These things are not told you to laugh at. I tell them to you in dead earnest. If you think I am joking about it, wait until you get to the sick-room, and see how you succeed. Now, like *Anacardium*, there is a tendency to curse and swear; even a devout and pious woman in her hysterical freaks will become profane and curse and swear; but this remedy has not the two wills of *Anacardium*; it is more active in character. It also has religious melancholy, and despair of her position in society; that is a marked feature, a very marked feature. The woman imagines she has done something whereby she has forfeited her position among her friends and in society, and so takes on about it. Despair of salvation or despair of her position in society may come on with suppressed menses, with profuse menses, or when too soon, or any menstrual disorder; it may come on at the climacteric; but you will find a phase of it that is associated with some menstrual disorder. These symptoms that appear to correspond to *Anacardium* are entirely different, because the *Anacardium* symptoms are in no way related to the uterine complaints; they properly belong to the head and brain. *Veratrum alb.* has very little relation to the brain. It has mental disorders coming on in consequence of injured pride or fright. Some women have a superabundance of pride; they often become haughty, nonsensically so, and the slightest thing seems to trample upon their wonderfully false notions. The haughtiness breaks them down. The haughtiness itself may be a disease—may be a wrong state of the body, and *Platina* very often corresponds to it. All of the complete symptoms running through the text will have some portion of the red string attached to it.

Headache: head hot and covered with sweat; cannot bear to be left alone. That runs through many of the symptoms of this remedy; cannot bear to be left alone. With the headache there is nausea, vomiting, paleness, and stiff neck; micturition; pains coming on in the afternoon last through the night. Drawing in both arms; burning pains drive him to despair; with great prostration; with headache; with fainting; with cold sweat, great thirst, nausea, vomiting, and diarrhoea. You get in that not only the headache, but the headache with its peculiarities, with the vomiting, diarrhoea, and the great sweat. Perhaps it is associated in some way with menstrual disorders, with the wrongs that are likely to occur in menstruation, or at the time of menstruation. In these symptoms it stands out, carrying with it all its peculiarities, especially in the symptom: burning pains drive to despair; great prostration with the headache, with cold sweat; with great thirst, nausea, vomiting, and diarrhoea. The following is not a very important symptom, but *Veratrum alb.* has contraction of the pupils and also its opposite. Some patients experience this when they first take the remedy, when, by some authors, it is called the primary effect, and get the secondary symptom later on. Another individual will take it and reverse the order of things, so that which is a primary symptom in one is a secondary symptom in another. You must not get confused as to the homœopathic primary and secondary symptom. If your remedy fits the symptom it will cure it regardless of whether it comes from its primary or secondary effect.

In *Veratrum alb.* there is a restless, wild look, and a distortion of the face. In collapse it is related to *Camphor* and *Arsenicum*; we have collapse, bluish appearance of the face, nose more pointed, of a reddened hue; that is, if it is red in bed it will become pale on rising—alternately pale and red; drawing, tearing pains, with bluish, pale face, sunken eyes, and prostration. We have coldness in *Camphor*; it is, in fact, quite characteristic of *Camphor* to be icy cold without any sweat; the tongue is actually cold, withered, and swollen; dry, cracked and red; white with red tips, and edges coated yellowish-brown. (The back part of the tongue is black.) Therefore coldness of the tongue relates to *Veratrum alb.*, to *Camphor*; but *Camphor* has not the blackness. You will see this condition of affairs in low forms of fever, after a violent diarrhoea, with sweating and coldness.

Under sixteen you see hiccough after hot drinks, and also aggravation from hot drinks. Under desires and aversions you find there a part of the red string: craves fruits, juicy food, like *Phos. acid* and *China*; voracious appetite. Hunger and appetite



between the paroxysms of vomiting. That is like *Æthusa*. You will want to know how to distinguish *Veratrum alb.* from *Æthusa* in relation to that symptom. You will find that in *Æthusa* the baby will nurse itself full, leave the breast and vomit it up; it will vomit the milk and vomit the contents of the stomach; the first that comes up is something that looks like "smear-case," but that which has gone into the stomach last will appear just as it was taken. It will vomit curdled milk and uncurdled milk, and lie down and go to sleep and wake up as hungry as a wolf. *Veratrum alb.* will vomit profuse, watery matter first, and mixed with water and bile afterward. Perhaps there may be a diarrhœa. She will even, after vomiting, be as hungry as a wolf, and eat almost anything you give her to fill up her stomach. In a few minutes it comes up again. She will want cold things, and in a little while it comes up as before. Although there have been considerable solids eaten, she will vomit a great amount of liquid also, for it seems perfectly in keeping with *Veratrum alb.* for liquids to be hurled into the stomach and intestines, then to be poured away by vomiting and purging. *Æthusa* has some of the blueness of the skin, the hypocratic countenance and the sinking away about the nose and face—the pointed nose and face; but the cold sweat with which the vomiting is generally associated as well as the purging and the great amount of liquid and watery vomit—that will help you to distinguish it from *Veratrum alb.* There is aversion to warm things. You must remember these facts in relation to the remedy—warm food and warm drinks. There are two or three other remedies having that. In *Phos.* and *Pulsatilla* warm things taken into the stomach will be vomited as in *Veratrum alb.* Nausea, with sensation of fainting, generally with violent thirst. (That is an important symptom.) Now, observe how the characteristic feature runs through the vomit: vomiting with continuous nausea and great prostration. Thin, blackish, or yellowish substance, of bile and blood, are the characteristics. You may have that with many other remedies. But you must remember that there is profuse sweating, thirst, and exhaustion; the sweat is cold and there is likely to be a diarrhœa. This is the great sphere for which *Veratrum alb.* has been so useful; vomiting, diarrhœa, and sweat.

There may be nothing in the stool of *Veratrum alb.* to guide you to it; but if it is pouring away copiously—if there is copious vomiting, with the cold sweat, you wouldn't have to hesitate long before selecting the remedy. The pains in the stomach are likely to be very violent and may be associated with cramps in the extremities. Great retching; gastric catarrh; great weakness;

cold; sudden sinking; vomiting of blood with coldness; fainting fits; cold sweat, nausea, and vomiting. We have coldness in the abdomen, and also great burning in the abdomen. There is a tympanitic condition of the abdomen with great sensitiveness to the touch, with burning or coldness. Chronic coldness of the abdomen is a very common sensation with pregnant women and in women suffering from uterine disturbances. Coldness in the abdomen. You will very often in that case think of Veratrum alb. Always think of it when you have marked coldness of the abdomen, peritonitis, etc., vomiting of faecal matter from spasms of the bowels, and he is covered with cold sweat. Here you have the symptoms that lead to Veratrum alb. in Asiatic cholera; stools watery, greenish, mixed with flakes; gushing, profuse, rice-water discharges, with tonic cramps commencing in the hands and feet, spreading all over; sunken, hypocratic face. Asiatic cholera: Watery, inodorous, gushing, flaky, thin, papaceous, mucous stools. Now, Arsenicum differs from this remedy, as I said, from the fact that it is scanty in its stools; it has the prostration of Veratrum alb., if anything more marked, if that were possible; it has a sweat, but it is not cold, as Veratrum alb. is cold. Arsenicum has great coldness, but still there is not the icy coldness of Veratrum alb.

Nearly all the cholera remedies have more or less of cramping. Veratrum alb. has cramps in the soles, in the calves particularly, and in the fingers and toes. Cuprum is marked for the cramps, Camphor for its coldness, and Veratrum alb. for its cold sweat. Now, these things predominate, yet they all have these things in a general way—they have these things in common, but when the coldness is extreme, and not much sweat, but cold and dry, it is Camphor. Coldness, dryness, and blueness is Camphor. The terrible cramps that come on in the abdomen that make him screech and scream with the pain, the cramps extending to the chest particularly, that calls for Cuprum. Cuprum has the vomiting and purging nearly as great as Veratrum alb., but it has not the cold sweat in any marked degree; it has exhaustion, like Veratrum alb.; but it has not the cold sweat. It is marked for the collapse. Veratrum alb. for the cold sweat. Camphor for the coldness.

There are cases of dry cholera where the patient is taken down simply with coldness; no vomiting, no purging; it seems that he has not the vitality to vomit and purge. Neither does he sweat. He is simply cold and blue, almost unconscious, going right into collapse. These cases die without Camphor, and Camphor is the only remedy that we have that can correspond

to that state. Your patient's life depends upon Camphor. You can do with Camphor all that you can expect to do because we have no other remedy for that state of affairs. Where the cold sweat, and profuse vomit and purging, and watery character of the diarrhœa predominate, you have *Veratrum alb.* Where the cramps predominate you may have *Cuprum*. *Arsenicum* has more or less of the coldness; it has more of the restlessness in the beginning than any remedy, and the common feature is for *Arsenicum* cholera to commence after midnight. The *Veratrum alb.* case may commence any time, no matter when, because its distinctive feature is that it has no time. *Arsenicum* has also its own characteristic.

The *Secale cholera* I presume you could picture to yourselves; but owing to the fact that *Veratrum alb.* is sometimes made better by a little cold—cold things—and that Camphor particularly is made better in its coldness by uncovering, you will have to distinguish it from *Secale*.

---

### PARAGRAPH 138.

AD. LIPPE, M. D., PHILADELPHIA.

Paragraph 138 of Samuel Hahnemann's *Organon of Homœopathic Medicine* reads as follows: "Provided all the conditions before stated (§§ 124–127) (which are necessary to the trial of a pure experiment) be complied with, the symptoms, modifications, and changes of the health that are visible during the action of the medicine depend upon that substance alone, and ought to be noted down as properly belonging to it, even if similar symptoms, occurring spontaneously, should have been experienced a *long time before* by the person on whom the experiment is made. The re-appearance of those symptoms, in the course of the experiment, only proves that in virtue of his own constitution this person has a special tendency to admit of their manifestation. In this case they are the effects of the medicine, for it cannot be said that they came of themselves at a moment when a powerful medicinal agent exercised its sway over the entire organism."

In the *North American Journal of Homœopathy*, November, 1886, on page 760, we find a report of a meeting of the Society for Medico-Scientific Investigation, held October 12th, 1886. The object of the meeting was the rebuilding of the Temple of Therapeia. The suggestions to accomplish that purpose were made by Dr. T. F. Allen. It had, up to the 12th of October,

1886, been the belief that Samuel Hahnemann had laid the foundation of the Temple of Therapeia, that among his followers there were men like the late Constantine Hering, the Vienna prover, and others, who added their mite to the further construction of the temple. On the 12th of October, 1886, Dr. T. F. Allen suggests the rebuilding of the Temple of Therapeia. The suggestion to "*rebuild*" implies that the structure of the temple has proved itself a failure. The onus of the proof that the Temple of Therapeia, erected by Hahnemann, is a failure and requires to be laid low to be rebuilt, lies with the proponents, and their spokesman is ready to bring in his evidence. The utter absurdity of this attempted evidence will be shown presently. Dr. T. F. Allen pleads: "Many errors had crept into our work of *Materia Medica*, owing in large part to Section 138 in the *Organon*." Then follows an inaccurate quotation of Section 138. (*Hahnemann* says similar symptoms occurring spontaneously; Allen says, similar *and* spontaneous sensations.) We have given the whole section at the beginning of this paper. Men of letters, anxious to distinguish themselves, have tried in vain to trip up the great poet, Shakespeare, in error; these men have all been extinguished. The same fate awaits every medical man who will attempt to distinguish himself by charging Dr. Samuel Hahnemann with uttering erroneous statements. Paragraph 138 of the *Organon* is not an error, and its correctness is self-evident. If the organism is affected by any sick-making power, be it a drug or miasm, or any other dynamic influence, material or immaterial, that organism, holding in suspension, in virtue of its own constitution, some special tendency, will show this latent constitutional condition during the development of the sickmaking power now invading it, and symptoms he has complained of at times long ago will appear again and leave again without medication. To illustrate the correctness of this proposition, we will just here relate a case in point. On the 12th of September, 1885, a lady consulted me. She had had for months in succession attacks of an ulcerated sore throat, which remained not only uncured, but became worse all the time. It was a clear case for Lachesis, and she took a dose of it once in ten days till December, when the throat was cured. I did not see her till October, 1886. Throat had remained well; so was the lady; had grown stout, but complained now especially of severe rheumatic pain in the left shoulder, morning headaches, etc. It was again a clear case for Lachesis, and she received *one dose* of the highest potency. She called a week later—all well, but three days after taking the Lachesis her throat became sore and

remained so for nearly two days, as she expressed it, similarly but not as severely sore as formerly; it did not amount to much, she remarked; she has been well since. This case, like other experiences, confirms the correctness of every word of Section 138, and proves it tenable by positive evidence. The Homœopathic Healing Art gained a standing by the successes shown by the early pioneers, who relied solely on Hahnemann's *Materia Medica Pura* and his *Chronic Diseases*. If that *Materia Medica* had been "unreliable," what about the successes of those who relied on it? But Dr. T. F. Allen suggests "rebuilding." Not satisfied with charging Section 138 with being the cause of many errors, which Dr. Allen says and merely asserts have crept into our works of *Materia Medica*, trying to discredit Hahnemann, he now also reaches for C. Hering, and wants to give him a home thrust when he says, "Such works as Hering's *Guiding Symptoms*, while valuable from a clinical standpoint, were not either scientific or homœopathic." What sort of logic have we here? If the *Guiding Symptoms* are valuable from a clinical standpoint, then their clinical value must surely confirm their scientific merits; if they were not either scientific or homœopathic, how came they to be valuable from a clinical standpoint? Does not the true test of a *professedly* scientific work consist in its usefulness clinically? If it is not useful and valuable from a clinical standpoint, it may still be admired as "*scientific*" by such medical men as have not yet learned that the science of medicine consists in the knowledge how to heal the sick. As Dr. T. F. Allen admits that Hering's *Guiding Symptoms* are valuable from a clinical standpoint, it would behoove him to say also that said work is highly scientific and homœopathic.

We are told to tear down and rebuild upon the principle enunciated in Hahnemann's first edition. We are not told at what time of the day the meeting of the Society for Medico-Scientific Investigation was held, but from this last, utterly backward progressing sentence we take it for granted that the meeting was held "after dinner." Our notorious weakness for putting the most charitable construction on the shortcomings of erring brethren urges us to come to that conclusion. Still, there is a method in all this rambling talk. Dr. Richard Hughes & Company, the authors of the new *Drug Pathogenesis* by Dr. Hughes termed the *Materia Medica* of the Future, have utterly ignored Section 128 of the *Organon*. After all the biddings of T. F. Allen are complied with, after Hughes & Company have set aside Section 128 and Allen Section 138 of the *Organon*, after the *Organon* has been condemned as full of errors—errors

come to light after Hahnemann's *Materia Medica* of 1830 has established "Our Healing Art"—there will be very little left of a *materia medica*, and the new Temple of Therapeia will be "a molehill" only, and superseding the *Drug Pathogenesis* will have to wait till Hughes' opus, the *Materia Medica* of the Future, *has come*. After that future will come the molehill temple worship—of the tail of that Kilkenny Scientific Cat.

---

## A CASE FOR CONSULTATION.

S. L.

Lately I was by letters consulted in a case which offers great interest to the members of our profession.

The patient is a lawyer in the best years of manhood, hereditarily weighed down by neurasthenia. All the members of the family are of superior mental qualities, most of them not only artistically inclined, but producing works of art worthy of exhibition. I may be allowed to let the patient speak for himself:

"In the spring of 1877 I took a cold, not more serious than I had frequently experienced before. In connection with it I found myself suffering from vertigo. The cold, in a short time, did leave me, but the vertigo remained; and to my horror I discovered that I was unable to undergo any mental exertion. I had previously been indisposed to severe mental labor, but it had not reached a point where it occurred to me as being a serious matter. If now I attempted to write a simple business letter, it seemed as if the penning of each word required an exertion equal to lifting a hundred-pound weight. I had no physical pain, not even a headache, and have never suffered any since in connection with my disease. For the first four months I heard the clock strike nearly every hour in the night, and would get up feeling more tired than when I went to bed. *Muscæ volitantes* were very harassing, the shape most frequently assumed being suggestive of snakes, though, when appearing in this form, being only one at a time. The composition resembles clear drops of water joined together; also a small, dark, smoky spot, which sometimes appears separately, and sometimes in connection with the snake. The *muscæ* frequently appear in a bunch or spray; the dark spot not so frequent; the dark spot and clear particles always moving, not fixed. I have occasionally seen the snake-like object as far back as I can remember, but have no recollec-

tion of seeing the dark spot until now. My complexion became very florid, though I do not remember when the change took place. I consulted several physicians, but they failed to relieve me. Sometimes I found that lying on my back gave me relief, and for several years what studying I was compelled to do was done in this position. The most prominent and terrible symptom I have to contend with is suicidal mania. Sometimes one set of symptoms will predominate, and then again another. Sometimes I feel a sense of giddiness without any other noticeable symptom. Again, my mind will be very clear and yet I will suffer with the most agonizing impulse toward self-destruction. When first taken I could not keep up with a simple story told by a witness on the witness-stand. I could not carry on an ordinary social conversation, and even now it is almost impossible, when suffering from an aggravation produced from some of the medicines I have taken lately. At first I would frequently stagger, not seriously, when walking along the street, and my gait at present is often unsteady after dark. My eyes are still very sensitive to light. Two or three years after my attack I discovered sensitiveness to pressure about the third or fourth cervical vertebra. For several years I have occasionally observed that, shortly after falling asleep, I would suddenly wake with a violent jerk of the whole body. Always worse in the morning, I feel best from supper to bedtime. Not much trouble going to sleep during the forepart of the night, but wakeful during the latter part.

“One of the physicians gave me a solution of Iodine in Iodide of Potassium, which I took for several months with some benefit. He knew that there was consumption in my family, and that I, when a boy, was accustomed to expectorate considerably, and continued to do so occasionally up to the time I took the Iodine, which banished this disposition completely. Once in a great while I may catch a strong cold and cough up a little phlegm, in which case I take a dose or two of Iodine, and that is the end of it. But the effect of Iodine which pleased me most was the alleviation it gave to my nervous troubles; and in doing so it took every particle of redness out of my face. Finally, after several months, the red color returned, and I have since ascertained that about the thousandth part of a grain will produce a decided aggravation, lasting for several days.

“There are two prominent features of aggravation by different remedies: One is as if the blood in the body were collected under heavy pressure at the base of the brain, and it seems as if there were danger of explosion at that point. The mind is clear,

and you know what you want to do, but something like a nightmare prevents you from doing anything speedily. The other is dizziness, difficult comprehension, and a feeling of utter imbecility and helplessness. The aggravation of Iodine causes the first.

“While traveling I had a spell of typhoid fever, a mild type, but of long duration, and while suffering from it I was very much relieved of the nervous ailment. I was up and walking around out-of-doors with my pulse ranging from ninety to one hundred beats to the minute for a month before it went down. As soon as it fell my complaint returned with renewed vigor.

“I took a high potency of Nux vom. now, as I had previously taken it low with temporary benefit, and it proved quite a relief for several months. My next experiment was with electricity. The doctor told me I had some tender spots on my body and where they were before applying the current. The spots proved to be one on each side close to the nipple, one on the breast bone just above the pit of the stomach, and another a few inches above it, one on each shoulder-blade, and one on each hip. His plan of treatment was to pass a mild current through these tender spots. I found considerable relief from its use for a while, and also noticed that it took the red color from my face, similar to Iodine, but not so effectually. I then bought a battery and went to experimenting on other members of my father's family. I found some without any tender spots, and some with a few located similarly to mine. I finally became so sensitive to the Faradic current that its slightest action would almost set me crazy, and it would turn my face to a scarlet redness. I then tried the galvanic current. Passing it mildly from the base of the brain through a portion of the spinal column gave relief; a moderate current with one pole resting on the seventh cervical vertebra and the other just under the ear takes the color out of my face and aggravates all symptoms. The Faradic current increases the redness and aggravates, the galvanic current takes out the redness and aggravates. Iodine also excites the sexual nisus, causing nocturnal emissions, and so does the Faradic current.

“While under treatment of my electrician, I discovered, on leaning back in my chair, after the aggravation became quite serious, a tender spot about the middle of the spinal column, so sensitive that it was uncomfortable to sit in a chair. I feared too much electricity had been used, discontinued it for awhile, and the tenderness passed away.

“My next trial was sea air, and I found a great deal of difference between stopping on the coast and taking a trip out to sea.



“Returning to Homœopathy, my physician tried the effect of *Phosphoric acid*, third dilution, thrice a day; about four or five doses almost made me wild. After a rest took one dose of the thirtieth, and could feel the aggravation for a week. After two or three doses of this a week apart and finding a similar excitement of the sexual powers to that produced by Iodine, I took *Thuja*<sup>30</sup>, one dose a week. This acted finely for several weeks, but it continued to increase in power, till another change had to be made on account of the aggravation.

“*Argentum nitr.*<sup>30</sup>, *Natr. mur.*<sup>30</sup>, for several weeks.

“*Phosphide of zinc*<sup>6</sup>.—An hour after taking the first dose the pavement felt as if it was filled with bumps and depressions. A week after took another dose, causing aggravation for about three weeks, rendering me very stupid.

“High potencies were now tried, but it seemed that one or two doses of any remedy upset me. My facility for observation was not so good in regard to his high potencies, and he changed now to

“*Cypripedium*<sup>3</sup>.—One or two doses acted at first nicely, then came aggravation.

“*Senecio aur.*<sup>3</sup>.—No better, though both exerted a moderate influence in removing the color from my face.

“*Oxygen* was recommended, and for awhile it gave promise of restoring me to health and happiness, but aggravation followed, as usual. I lost appetite, color of fæces changed to a light drab, showing very little action on the liver, though the bowels moved daily.

“Perhaps the drugs were taken too low, and I run up *Cypripedium* to DM, but even then it took not many doses for an aggravation. I experienced decided effects from *Senecia aur.*<sup>20m</sup>, but not higher.

“*Avena sativa* is the only remedy which relieved without aggravation. It acts from the tincture up to the third, but soon loses its power. Rare beef, if taken three meals in succession, aggravates and causes nocturnal emissions.

“On account of constipation, somebody praised highly hot water. I drank about three goblets, with a little sugar and milk, at each meal. In about a week I discovered that it was acting as a tonic on my nerves. A slight aggravation followed each meal, and then I would feel first rate. But the aggravation increased, and any hot food would send a thrill of electricity through my whole nervous system. It also run up my pulse to eighty or ninety, which was maintained for several weeks. My kidneys became very active, my bowels of a better color and regular, my appetite returned, and I gained in flesh. On

account of a chilly sensation toward evening I consulted the doctor ; he gave me a low potency of *Veratrum album*, which removed my sensitiveness to hot water and produced intense dullness and stupidity.

“ I have lately run up *Senecio*, *Cypripedium*, and Phosphoric acid to the millionth. I can take *Senecio* and *Cypripedium* in the millionth for a few days without suffering great aggravations, though their effects are quite perceptible. For a number of years I have suffered with acne of the face and shoulders. A few maggot-pimples on the face, together with others containing pus. Those on the shoulders contain pus and are frequently quite large. My face also exudes in summer an undesirable quantity of oil, which is particularly noticeable upon the nose, so that it can be scraped off with a knife in considerable quantities. I have also suffered for several years with offensive perspiration of the feet.

“When a child I was very small for my age up to about thirteen, when I weighed sixty-five pounds. I then commenced growing rapidly, doubled my weight in about two years, and at sixteen weighed one hundred and fifty-two pounds. When at school I studied hard and graduated before I was seventeen years old, taking a regular classical course. Since writing the former part of my statement, I made some experiments with *Chamomilla*, and find that the low potencies strike me very hard, aggravating particularly the suicidal tendency. This is not noticeable to any extent when I get up into the thousands ; but I dare not take more than one dose at a time, and several days apart. It also takes the color from my face to a greater extent than any other drug except Iodine.

“I do not use any tea, coffee, or chocolate, nor indulge in spices in my food. To drink chocolate two or three meals in succession produces very decided aggravation. Coffee is not so bad, but is hard upon my nerves and stomach. Black pepper produces constipation, is exciting to the sexual powers, and causes nocturnal emissions. I use very little salt with my food ; acids and alkalies are very irritating to my stomach. A strong glass of lemonade will coat my tongue pretty thoroughly. A cup of strong coffee taken at a meal will coat my tongue all over heavily.

“ I have been advised to eat as nourishing food as possible, especially eggs, oysters, etc. I used to eat oysters before my nervous attacks, but since then they invariably cause nausea. Fish relish only occasionally. Eggs do not agree with me very well. They suit me best cooked as hard as possible, but then they are

very constipating. I can eat them raw, but fear that they produce boils. The only food to build up my nervous system which I can use to an unlimited extent is milk. This agrees with me, and I am very fond of it.

"I mentioned before of seeing a dark gray spot. Recently, on closing my eyes in the bright sunlight, I noticed what appeared to be the pupil of an eye attached to what might be considered the rest of the ball. I take this to be the gray spot that I see with my eyes open. I presume I inherit my very sensitive nervous organization from mother, who passed through some strange experience. After child-birth the room would have to be darkened so as to almost completely exclude the light. She would see sights of the strangest kind, varying from the most horrid to the most beautiful; she would hear the finest strains of music. One of the scenes that frequently occurred was a number of brilliantly burning lamps. She could always tell when she was growing better from this particular scene. The lamps grew dimmer and would then go off in smoke.

"A piece of green-grape pie will act on me as an emetic as quickly as Ipecacuanha. My general health is good, so that nobody believes in my sickness, and thus I have degenerated into a chronic misanthrope. To have struggled as hard and as diligently as I have to complete so early my course at college, and then, after studying law and being admitted to the bar, to have my health break down until I could not read a simple piece in a newspaper, and then to have people insinuate in my face that it is all mere imagination, and, what is still worse, that I was not willing to work—this puts feeling into me that devils only are supposed to carry. I presume I have said enough for all practical purposes."

---

Such was the statement which his sister brought to me with the heartfelt request to do something for a beloved brother, as accidentally I had done her so much good when given up by other physicians. After carefully reading his story, I ordered the patient to stop all medicine for six or eight weeks, follow his usual course of life, and then send in a fresh report, which here follows :

"I presume the making out of this statement may serve to illustrate one prominent symptom of my case, and that is indecision. When I have anything to do, I always feel that perhaps if I only wait awhile there may be a better opportunity or a time when I will feel in better condition to accomplish the work. This is entirely foreign to my disposition when well, for I was

always very prompt and energetic, and not disposed to procrastinate.

“I find it difficult to fix my attention upon anything, am compelled to make an effort to go through the daily routine of work; feel disinclined to talk or answer questions, or to recall what I wish to, but, when suggested, I am apt to remember it; in other words, my recollection is far more at fault than my memory. At times even forget what I am about to say and have to collect my thoughts and ideas before endeavoring to express them, and while I was called a good conversationalist before my sickness, am now poor at talking at all. I am also very low spirited, and have a dread as of impending evil, though I have naturally much humor in my composition and enjoy wit. At times my perception is slow and thinking difficult; therefore lose sight of many things that go on around me—frequently in going down the street will look at persons I know well without its occurring to me until too late. Generally thinking about something else than that which is passing before me.

“I walk very fast, and generally rather impulsive in motion, and am still frequently troubled with the serpent-like bodies already mentioned. I do not like to play the woman, but at times my spirits are at such a low ebb that crying seems to be the only relief. Then again I have an irresistible desire to curse and swear, though I abhorred before even slang. Just as strongly marked is a too highly sensitive mood, and feel greatly annoyed by a too delicate consciousness.

“Nervous and restless; often wake between one and two A. M., and find sleep impossible after that time. In eating, great desire for sweets. There is a thick, tenacious mucus in my throat, rather transparent, and it interferes with my articulation. Hemorrhoids slightly, moisture about anus; want of vital heat for years, requiring at night more covering than most people, and prefer wrapping up even in day time.”

---

Making a record of the symptoms, we find chiefly: Vertigo, from mental exertion; insomnia, after midnight; muscæ volitantes; suicidal mania; phthisis in ascendant; footsweats; acne pustulosa on face and neck; lying on back; morning, feels tired out; indecision of character; forgetfulness of recent events; cannot find the words to express his thoughts; inclination to weep; inclination to curse and swear; desire for sweets; want of vital heat, by covering up; loves to walk fast; piles in a slight degree.

We sent the patient a dose *Anacardium orient.* high. Advice is respectfully requested.

# CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORT OF PROCEEDINGS BY THE SECRETARY, JULIUS SCHMITT, M. D.

ROCHESTER, N. Y., December 16th, 1886,  
DR. ALLEN B. CARR'S OFFICE.

Dr. J. A. Biegler called the meeting to order at half-past ten o'clock A. M.

The following members answered to the roll-call: J. A. Biegler, E. P. Hussey, Stowe, Baker, Clapp, Carr, Voak, Hermance, Schmitt.

The proceedings of the last meeting were read and adopted.

Dr. Stowe moved as the next order of business the report of the Committee on By-Laws. Carried.

Dr. J. A. Biegler presented, as the work of the Committee, the following By-Laws, which were read and discussed and adopted as follows:

## BY-LAWS.

### SECTION I.

This Society shall hold at least four meetings in each year. The annual meeting shall be held at the city of Syracuse, on the third Thursday in September, and the other meetings shall be quarterly, and held at the locality named by the Society at a previous meeting, providing it be within the territory of counties heretofore named in the Constitution.

### SECTION II.

The officers of this Society shall remain in office until others are chosen.

### SECTION III.

The President shall preside at all meetings of the Society, preserve order, put all questions, announce the decisions, and appoint all committees not otherwise ordered. In his absence the Vice-President shall perform the same duties.

### SECTION IV.

The Secretary shall perform all the duties incident to such office; also all the duties pertaining to the office of Treasurer.

## SECTION V.

Applications for membership may be received at any regular meeting, and they must be indorsed by three members of this Society who are in good standing; said indorsement shall not be made alone upon the general reputation of applicants, but at least one of the members, who make said indorsement, must attest, *of his own knowledge*, the integrity of the practice of said applicant.

## SECTION VI.

Applications received in accordance with Section V shall be in the keeping of the Chairman of the Board of Censors for the period of six months, and it shall be the duty of said Chairman to furnish a list of the names of applicants to each member of the Society who shall be in good standing as soon as practicable after the meeting at which they were presented. The members who receive such lists shall return them to the Chairman of the Board of Censors, with their vote—yes or no—after the name of each applicant they may see fit to vote upon, not later than one month prior to the meeting at which they shall be submitted to ballot. A majority of the votes so received shall enable the Board of Censors, through their Chairman, to report favorably or otherwise.

## SECTION VII.

At the next meeting after the expiration of six months from the time applications have been received, and upon the recommendation of the Chairman of the Board of Censors, in accordance with Section IV, an election by ballot shall be held to decide the eligibility of each applicant, and a two-thirds majority of the members present shall be necessary to elect. If an applicant be not elected, he may, upon a majority vote, if he so desire, receive a second ballot at a regular meeting not under the period of one year.

## SECTION VIII.

Every member on his or her election shall pay to the Treasurer the sum of one dollar, and one dollar annually thereafter.

## SECTION IX.

Any member who shall fail to pay his annual dues, shall, for the time during which they shall remain unpaid, forfeit all privileges of membership, except by unanimous consent of members present.

## SECTION X.

The By-Laws may be amended at any regular meeting of the Association by a two-thirds vote of the members present; notice of the proposed change having been served upon every member at least three months prior to the meeting at which it is brought up for a vote.

## SECTION XI.

At each regular meeting a subject for discussion shall be named by the Association for the next meeting, and it shall be the duty of the President to require one or more sections of the *Organon* to be read. Also, each member shall be required to read an article or report a case in writing at least once a year.

## SECTION XII.

At all meetings of the Society the following shall be the order of business:

1. Calling of the roll.
2. Reading of the minutes of the last meeting.
3. Communications from the President.
4. Report of Censors and election of new members.
5. Reading of the *Organon*.
6. Reports on medical subjects.
7. Miscellaneous business.
8. Report of the Secretary and Treasurer.
9. Election of officers (at the annual meeting).
10. Adjournment.

Dr. Hussey moved that the President appoint a Board of three Censors, to stand until the next annual meeting. Carried.

Dr. Biegler appointed as such Board, Drs. Hussey, Hawley, and Nash, Dr. Hussey to act as chairman.

Dr. Carr moved that the President and Secretary be made a Committee to publish the Constitution and By-Laws, and that the Committee have power to act. Carried.

Dr. Stowe also moved that the declaration of principles be printed with the new Constitution. Carried.

Dr. Stowe moved that the President appoint a Committee of three to draw up a memorial of the late Dr. R. R. Gregg, of Buffalo, a deceased member of this Society. Carried.

The President appointed as such Committee Drs. Stowe, Hussey, and Hawley.

At one and a half P. M. the Society adjourned to accept the hospitality of Dr. Carr.

The meeting was again called to order by the President at two and a half P. M., when the subject for discussion, Sycosis, was taken up. Dr. Schmitt read the following paper on Sycosis.

“SYCOSIS.”

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

Sycosis is one of the heads of Hahnemann's hydra of chronic diseases. The name is derived from *δυσκοτ*, a “fig,” and has reference to fig-warts. The old school understands under Sycosis a folliculitis affecting the beard and the scalp. According to Hahnemann, this disease is caused by a miasma, which shows itself at first as a gonorrhœa, but attacks the entire organism like syphilis. He further says that this gonorrhœa is quite different from the local irritation that causes a simple urethritis; and he makes, therefore, a distinction between a mild urethritis and sycotic gonorrhœa, analogous to that between a chaneroid and a chancre.

The master, who gave us the symptoms of the psora-disease, had to leave to his true followers the work of enlarging our knowledge on the two other miasmata, viz.: syphilis and sycosis. The former has been partially described by old-school authorities, yet the symptoms and pathological conditions caused by syphilis are mixed with those due to mercurial poisoning to such a degree, that the differentiation between hydragyrosis and syphilis is almost impossible. The latter, sycosis, found its best investigator in Von Bœnninghausen. He gave a full statement of its symptoms in his “Anamnesis of Sycosis,” a translation of which you will find on page 321 of the third volume of *THE HOMŒOPATHIC PHYSICIAN*, and he also claims that sycosis is propagated, not only by the specific gonorrhœa of Hahnemann, but also by small-pox and vaccine virus, that is, that these three poisons are identical.

A good many observations made by pure homœopaths point to the correctness of Bœnninghausen's views.

Is it not peculiar that Thuja cures gonorrhœal discharges and at the same time small-pox? I remind you here of the variola epidemic that raged in 1871 in Philadelphia, where Thuja, corresponding to the *Spiritus epidemicus*, cured very many cases, and that without pitting. Have you not seen *Antimonium tartaricum* cure sycotic-chancre and small-pox?

Is not *Silicea* indicated in a purulent, badly smelling gonorrhœa, and does it not also cure bad effects from vaccination?

Many more examples might be given, but these may suffice.



Now, gentlemen, if Bœnninghausen's propositions are true, sycosis becomes a very important object for our study, and with your permission I shall try to give you a short description of acute and chronic sycosis and its treatment.

Sycosis, like syphilis, is the consequence of an impure coitus. After the exposure, a time of incubation, varying from seven to fourteen days, follows. Yet cases have been reported where symptoms of general malaise were noticed the very next day, although it took several days for the critical discharge to make its appearance. In the beginning, the discharge will not differ much from that we meet in a simple urethritis; perhaps the local symptoms may be very slight indeed, while in urethritis we generally find a highly inflammatory condition. The general feeling of the patient, however, will point to a disturbance of the whole system which is out of proportion to the local trouble. There may be mental depression, sleeplessness, general debility, inappetency, or canine hunger, bad taste in the mouth, constipation or diarrhœa, and so on. The discharge, at first mucous, gradually grows thick, purulent, green or brown, and offensive, and fig-warts may develop on the genitals.

If the patient is not cured in this condition (which in the majority of cases does not happen, as the pure Hahnemannian is the only one that is able to do so) and the symptoms are suppressed by local means or other unscientific procedures, the disease will become chronic. There may follow an apparent interval of health, but, in closely examining such a patient, you will find some symptoms, being perhaps too trifling to be complained of, which, however, show the existence of a condition not corresponding with the perfect health he may have enjoyed before the gonorrhœal attack.

These slight symptoms may remain stationary or increase very gradually, according to the stronger or weaker life-force which holds them in abeyance, but, nevertheless, a time will come when this life-force loses its strength or becomes undermined, either by an acute attack of sickness or great mental disturbance, and then the sycoitic miasma will no longer remain latent, but break out in full force and kill its victim, unless the science of Homœopathy comes to the rescue.

The prognosis in this disease is favorable if the proper homœopathic remedy is selected. Hahnemann's treatment of the acute attack was very simple, and he generally found Thuja and Nitric acid, given according to their indications, sufficient for a cure *if the patient came under treatment before a latent miasma like psora or syphilis had been aroused.*

But, unfortunately, these simple cases are rather the exception than the rule, and Thuja or Nitric acid, to which we will add, right here, Phosphoric acid and Sabina, will have to be complemented by some anti-sporic or anti-syphilitic remedy.

In chronic sycosis the treatment grows still more difficult, since then the patient will almost always present sycotic and psoric symptoms, and the worst cases will be those where syphilis is combined with the other two.

We shall have to find, by the most careful examination of the patient, which of the two or three miasmata has to be attacked first, and which next, and a correct alternation (always in the sense of Hahnemann) of anti-sycotics, anti-sporics, and anti-syphilitics may lead us finally to a cure if nature has preserved enough reactive power and the patient has not been abused by unscientific drugging.

Benninghausen gives us the following list of anti-sycotic remedies, which he divides, according to their greater or less similarity to sycosis, into four classes, namely:

First. Apis, Ars., Graph., Mezer., Phosph., Selen.

Second. Calc.-c., Caustic., Ferr., Jod., Puls., Sil.

Third. Anac., Ant.-crud., Bar., Bell., Carb.-an., Carbo-veg., Chin., Euphr., Hep., Kali-c., Phosph.-ac., Plat., Plumb., Sabad., Spig.

Fourth. Lach., Lyc., Nitr.-ac., Rhus-tox., Sep., Staph.

Since then some other remedies have been added, as Antimonium-tartaricum, Clematis, and especially Natrum-sulphuricum. The latter is highly praised as an anti-sycotic by Dr. Kent, and in his lecture on this remedy he also makes the very interesting statement that chronic bronchial affections almost always need anti-sycotics for their cure.

At last permit me to say a few words about vaccination, the third way sycosis is supposed to enter the human organism. If small-pox causes sycosis, vaccination may also do so. The occurrence of acute disturbances, assuming sometimes even a dangerous form, following the insertion of the vaccine virus into the system, seems to give us an affirmative answer. Whether, however, sycosis will follow after every vaccination is a question. Vaccine is but a modification—a potency, if you please—of variola virus, and the time of its protection against variola is certainly limited. Now, do individuals who have suffered severely of the vaccine virus ever acquire small-pox if exposed to it, even if not revaccinated? If experience would give us a negative answer, then, perhaps, we can conclude that vaccination made them sycotic.

The question, whether we, by vaccination, make persons sycotic, in other words, cause them to become cripples for their lifetime, is certainly a vital one.

Another interesting subject for settlement would also be the following: Can a person with latent sycosis, even if not vaccinated, have small-pox? And again, are not the persons with whom vaccination will not work sycotic, and therefore, *per se*, protected from small-pox?

Now, gentlemen, I hope I have given you something for discussion, which has been the sole purpose of this paper.

Dr. Hermance asked whether a case where crippled hands followed vaccination would be due to sycosis.

Dr. Biegler said: "The consequences of vaccination seem to depend upon the source of the vaccine virus. If this were taken from a sycotic person, sycosis might be transferred just as well as syphilis. Benninghausen wrote at a time when vaccination was done from arm to arm. He remembered only too well the time during the late Civil War, when syphilis was spread gratuitously by means of vaccination from arm to arm, and a good many vaccinations were none at all, as a good many times only small pustules appeared that dried up on the ninth day."

Dr. Hussey thinks that some children are not affected by vaccine virus at all; this may be taken as an evidence not that they are sycotic, but, on the contrary, perfectly healthy. He mentions, as an example, some children of his acquaintance who did not respond to the vaccination, nor were they ever affected by scarlet fever or measles, even after having been exposed to these diseases.

Dr. Clapp mentions that old constitutional symptoms, not belonging to sycosis at all, may be brought out by vaccination.

Dr. Stowe has found that lymph which had been recommended as the purest contained pus and blood corpuscles.

Dr. Biegler has been told by a physician, who has been studying closely the subject of vaccination, that he never found a case of diphtheria in non-vaccinated children, and this has influenced him so that he would not vaccinate a child until six to seven years old, if at all.

Dr. Stowe, when in Fall River, saw several cases of sycosis; all were English women and had fig-warts about their genitals. In one of them the base of the condylomata suppurated and was surrounded by a furrow, which undermined it, as it were. Silicea, two doses, cured in three to four months the local and constitutional symptoms. He is opposed to any kind of vaccination, even that performed with bovine virus, for this reason: The

small-pox virus with which the heifer is inoculated is taken from a human being and will carry with it all the chronic poisons that this body may contain through the blood and body of the animal. The latter may not be affected at all by these poisons, but they will not be extinguished by their course through the animal, and their dynamis must be carried with the bovine virus to the human system into which this virus is introduced during the performance of vaccination.

If nothing else will come out of this discussion, it will certainly bring before us the serious question, whether we shall or shall not vaccinate. Gentlemen, we must sooner or later arrive at the point when compulsory vaccination will be abandoned, and instead of it, pure hygienic measures be adopted for the prevention of small-pox.

Dr. Hussey—We as homœopaths must make a difference between potentization and dilution as going on when the small-pox virus traverses the body of the cow. It is the same as in Pasteur's experiments with bacteria, when inoculating one glass from the other; he would not call that potentization, where it even is no attenuation at all.

Dr. Voak was the first physician in his place who refused to vaccinate with humanized vaccine virus; never thought of the danger of vaccinating with bovine virus until his attention was called to it to-day.

Dr. Clapp had a similar experience to Dr. Voak. When he commenced to vaccinate with bovine virus, the people were opposed to it on account of greater cost, but submitted gladly after several deaths from the effect of vaccination with humanized virus had occurred.

Dr. Biegler gave, as an example how thoroughly a contagious disease might be prevented from spreading by proper sanitary measures, the following experience: While he was a member of the Board of Health of Rochester, about ten years ago, the health officers reported to him at six P. M. a case of small-pox in a shop where second-hand clothing and similar articles were sold. He told the health officer to take the patient, who was the owner of the shop, to the pest-house at once and then take everything in the house that was combustible and burn it, and then to ventilate thoroughly the whole house. All this was promptly done the same evening and so there was no small-pox in Rochester. The patient sued the city for damages, and he does not know what became of it.

Dr. Stowe related the following occurrence that happened in the place where he resided at the time. There was a small-

pox case in town; a young, ambitious physician inoculated a heifer from this patient, and then vaccinated with the virus of this animal about twenty-eight persons, all of whom got the small-pox.

A vote of thanks was tendered to Dr. Carr for his sumptuous repast; and as subject for discussion at the next meeting, Sycosis was again selected.

The meeting then adjourned to meet at Dr. Hawley's office in Syracuse on the third Thursday of March, 1887.

---

## BOENNINGHAUSEN'S APHORISMS OF HIPPOCRATES.

EXTRACTS TRANSLATED BY DR. A. MCNEIL, SAN FRANCISCO.  
HYDROPHOBIA.

In our long practice we have had only two cases of fully developed hydrophobia. The first is in the *Archiv für Hom. Heilkunde*, Band X, given in detail. The patient had been already treated allopathically, both internally and externally, and thus overdosed; yet he was quickly and completely cured. The second was in 1854, when there was an unusual number of rabid dogs. In the last three years, *notwithstanding* the great heat, scarcely any have been seen. This case was a countryman in the prime of life, who had been bitten seven days before in the hand by a rabid dog. On this morning he perceived in his head early in the morning *on washing* the first beginning of the disease. He immediately came to us for aid. While we were examining him in our office, he was attacked by the second paroxysm, placing us in an unpleasant situation. It began with a painful *drawing from the neck* to the forehead, then immediately *sparks* before the eyes and entire *loss of sight, with red face* and involuntary *gnashing of the teeth*. He was immediately led to a seat reclining backward and requested to keep quiet, which he was still able to do. In five minutes the paroxysm was over, and he was immediately given a minimum dose of Bellad.<sup>200</sup>, on the tongue, and afterward two other doses of the same, and two interpolated doses of Hyosey.<sup>200</sup>, and was ordered to take one every twenty-four hours. The result was perfect. On the sixth day he returned and assured us that he had not *had the slightest hint* of the disease. But as the wound on his hand revealed a *bluish* color shining through, he was given Bell. powders with Lachesis interpolated, instead of Hyos., on account of the *blue color*.

When he returned in eight days, all was healed and of natural color, and not the least inclination of ill health discoverable, and up to this time he rejoices in perfect health.

The prophylactic procedures of the two rival schools correspond perfectly to the above views and modes of treatment. While allopathy cuts, corrodes, and burns, which certainly no one can call jocund, Homœopathy gives simply and quietly her little white, sweet powders, which contain the medicines in the higher dynamizations which have the greatest similarity in their effects to the usual signs of hydrophobia. Among these, Belladonna stands at the head, and in order to make its efficacy more certain we choose only a high dynamization, by which, according to our experience, the sphere of action of a medicinal substance *is much enlarged*; but we also give as an intercurrent remedy, at one time Hyocy. and another Stramon., because these remedies, besides their partial symptomatic similarity to that of the true hydrophobia, have the propensity of rendering the organism more susceptible to the action of Belladonna. This procedure has, in fact, *proven itself so successful*, that in a wide region nine out of ten who are now bitten by mad dogs seek our aid, and of the *hundreds* who have used our prophylactics *not one has had an outbreak* of the frightful disease, or even the slightest attack.

---

### "HOMŒOPATHY IN OUR COLLEGES."

G. W. SHERBINO, ABILENE, TEXAS.

Are the colleges doing their duty? They are all named, but do they teach according to that *name*? I think not. Some of the clinical instructions are good, and some are bad and smattered with the old-school teaching. This should never be allowed in a college called homœopathic. Those who do depart from it are hypocrites and pretenders. I want to put my protest against such departures as being wrong in teaching allopathy to our students.

For instance, a student is just commencing to progress in the light of medical knowledge of to-day.

We will take first the chair of Gynæcology. The professor has a woman brought into the clinic for examination to teach the students the art of diagnosis and treatment; the case is examined so they can all learn and know how to manipulate, use the instruments with skill and precision. The case shows

enlargement and congestion ; the subjective symptoms are not looked after at all, nor are they desired, as this case must be one of surgery, and we will cut the anterior lip and bleed the cervix and relieve the engorgement. About one-half teacup of blood is caught. In one week she reports for another treatment. She gets it this time in the form of strong, fuming Nitric acid introduced into the "*endometrium*." Any one in the class could see the fumes. She came back the third time, and he said he never saw such an inactive, stubborn case. He cut the anterior lip again. This time he gave *Actea rac.* without any indication whatever. This professor had a fine practice, was a gentleman, a fine operator, and possessed suavity and affability in a marked degree.

Second case was seen at another professor's clinic. "One case I remember very distinctly, was examined with the much abused speculum—another case of congestion." *He told the class he would give her Aconite.*

The professor of obstetrics, who was a very fine teacher, gave his class instructions in "Post partum" hemorrhage, to inject above the pubis "fluid extract of Ergot," and for constipation "Sulphur and molasses." He thought beer also good, as the Germans, who drink beer, never get constipated.\* It was very seldom that he gave us therapeutical indications for parturient patients. He had tried the high potencies, two hundredth, and they were a total failure. Any man that would say that there were any curing properties in them was a ——— liar.

Are the boys getting such Homœopathy as this this winter? Is it any wonder that so many depart from the "*master's*" teaching with this kind of allopathic treatment? Let us see to it that our students are taught Homœopathy, and to see that they are sent to colleges where they will get the true principles of our healing art in its "simplicity and purity."

Let our united voice be raised in condemnation of this pernicious and barbarous treatment. And may it be buried in the depth of oblivion, and sunk down deeper and deeper out of sight, only to be raised at the last day, with the maimed and the cripples, those who suffered the pangs of death and were made martyrs and lost their lives in this BLIND and inhuman treatment.

Don't send students where they will be spoiled by wrong teaching. "Watch them and cherish them as the apple of your eye." There are many, very many instances, where the students received

---

\*Aloes in the beer.

good and wholesome instruction. They were as innocent as a young child who had never seen any other than good, sound Homœopathy. But they were sent away to college. They came back to teach the "old doctor" who had given them three years of instruction "all for love." He saw those same children come home filled full of such teaching as I have related, and I can tell you it's no dream or imagination, but truth. They have had all of the good lessons physicked out of them. They are of age, and they set up with tinctures, *Warner's parvules and granules and pink* medicines.

How important it is that every one of our colleges should have at least one professor who has the manliness to give our students the teaching of Hahnemann, and instruct them in the knowledge of our law, and build their young minds up in the most holy faith of *Similia similibus curantur*. This branch of teaching\* is far away from the sound doctrines of Homœopathy. The most important branches are to know how to heal the sick; "*individualizing*" the single remedy and the minimum dose of the dynamized drug. How many chairs in our colleges are giving the students this kind of teaching! A student that is cast out upon the world to battle with diseases with no better training than some of them have, as far as the principles of Homœopathy are concerned, is like a mariner upon the broad ocean without a "*compass*" to guide him among the bewildering and almost innumerable symptoms in the treatment of disease.

*As the twig is bent, so the tree inclines.*

The environments and all conditions, circumstances, and surroundings have a wonderful influence on all organisms, especially man.

As the students are taught by their preceptors and professors, so do they partake of their teachings, and as a natural consequence follow in their footsteps. I have observed always that doctors who use absolutely tinctures and low potencies and crude doses have little regard for our system of medicine, further than to use it as a cloak, as an advertisement; "who put their cards in the paper as homœopathists," and when they make their visits they will tell their sick patients they understand both systems of medicine and will give them "*either, or both mixed.*" Such are practicing *all for money*, and they know about as much of Homœopathy as I do of the navigation of the Hudson River.

---

\* The teaching of these homœopathic professors—so-called.



## THE HUMOR OF IT.

AD. LIPPE, M. D., PHILADELPHIA.

This is the title of an editorial in the *Physicians' and Surgeons' Investigator*, Buffalo, N. Y., January, 1887. After reciting from a *Catalogue of Morbific Products, Nosodes, and other Remedies in High Potencies*, ostensibly published by Samuel Swan, M. D., New York, a large number of such nosodes, the editorial winds up with an attack on the International Hahnemannian Association. As a member of that Association, we give the attack as we find it, and shall make our individual comments on the humor the learned editors indulge in. They say:

"We would not occupy our space with this farrago of nonsense but for the humor which lies in the cover, and which is the imprimatur of the International Hahnemannian Society, with the motto, *Similia Similibus Curantur!* In the last volume of the *Transactions* of this Society is a paper from the author of this new pharmacopœa, and another from a writer in the course of which he makes the following apposite remarks: \* \* \* 'Sectarians are you, who, knowing the fundamental character and constitution of Homœopathy, which comprehends and enlivens and renews the whole of the medical sciences, nevertheless wish to lower its law to the level of a rule of which you make use whenever it pleases you, mixing it with other hypothecated laws that are affiliated with eclecticism, applying to it and changing it with those fossil proceedings of blind allopathy, whose darkness it has just come to put to flight, placing medicine among the exact sciences!'"

That a circular and catalogue under the above title is in existence is admitted. Whether Dr. Samuel Swan published it himself or whether it is published by some one else as a practical joke is an open question, and cannot be settled till Dr. Swan pleads guilty if he comes to be interrogated on his authorship. Till he pleads guilty or denies the authorship it behooves every charitable journal, as well as every fair-minded individual, to give him the benefit of the doubt. It is hardly to be believed that a sane man would publish such trash; it is hardly possible that a member of the I. H. A. would claim that *morbific matter will cure the diseases which produced it, if given in a high potency, even to the person from whom it was obtained.* And, pray, what has the I. H. A. to do with it at present? While the attention of the profession has been called to the existence of this catalogue, ostensibly published by Dr. Swan, a member of the American Institute and of the I. H. A., as well as of other medical societies, it is to be expected that such societies will fully investigate this circular, and it does not behoove the editors of journals to take a fling at any of the societies to which the ostensible author of this circular belongs.

The publication of this circular is a disgrace to the profession, but neither the author nor the Society to which he belongs should be held responsible till the scandal is fully investigated. The American Institute, as well as the I. H. A., meet but once a year, and it is but right to wait for their decisions after due investigation and after Samuel Swan, M. D., has been given due opportunity to "explain" his relation to the circular, and if he published it in reality, to show proof of the correctness of his assertions and propositions and also show that his methods are purely homœopathic, and as it appears on the surface purely isopathic, and as such antagonistic to Homœopathy, our opinion is that the editors of the above journal in their "*humor*" are rather "*previous*," that they seemingly have forgotten the old axiom that a man, as well as a society to which he belongs, should not be denounced "guilty" till such guilt is properly proven. People who live in glass houses must not throw stones.

### BOOK NOTICES AND REVIEWS.

#### TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

This Report of the Twenty-second Annual Session held at Philadelphia, September 20th to 23d, 1886, was issued in December. It contains the usual reports of the minutes, and then are given in the order of their occurrence many valuable papers. Among those that interested us were: A paper by Dr. Fornias, of Philadelphia, on the "Differences between Metallic Gold and its Salts," from a therapeutic standpoint; a comparison of "Belladonna, Agaricus, and Borax," by Dr. Cranch, of Erie; "Some Notes on Hay Fever," by Dr. Horace F. Ivins, giving an interesting cure with *Allium cepa*. Unfortunately, this paper is marred by the recommendation of old-school measures—such as Cocaine and Galvano-cautery—which the Doctor found it necessary to use.

This means, of course, that the Doctor did not find the indicated remedy and so set out to *suppress* the manifestations of the disease with these anti-homœopathic measures.

"Clinical Cases," by Dr. W. J. Martin, of Pittsburg, contains an instructive cure of a cough by Manganum met. 12th. The indication was: *the cough is always better when lying down. It will stop when the patient lies down and not trouble her until she rises.*

There are many other interesting articles in this volume, but we have not the space to devote to them. W. M. J.

#### PRACTICAL URINALYSIS WITH CLINICAL HINTS. By J. B. S. King, M. D., Professor of Chemistry and Toxicology in Hahnemann Medical College, Chicago.

This is a series of eight charts or cards, nine inches by five and a-half, exposing a method of chemical examination of urine. They are excellently well arranged and are not too much abbreviated.

This method of putting the desired information in installments upon

separate cards is an admirable one, and shows that the author is a practical chemist. A man who is manipulating chemical reagents, has his fingers moistened with them, and is probably holding test tubes and other utensils, objects to have to turn over the leaves of a book. But if he can have the desired text upon a card, as is done in the publication under consideration, he can, before beginning work, set up the cards in some convenient position upon his laboratory table, and then he need not disengage his hands from his work at all.

The writer of these remarks speaks feelingly, he speaks from experience, for he has "been there." We cordially recommend these cards. We suggest, though, that they should be sold packed in a stout manilla paper case to keep them together.

W. M. J.

**COCOA AND CHOCOLATE.** Published by Walter Baker & Co.,  
Dorchester, Mass.

This charming little volume is intended to give a full account of the history, uses, and method of preparing this valuable food. It is issued by the manufacturers of chocolate. The account given of this interesting vegetable is quite full. It is beautifully printed in handsome type on fine paper. It is, of course, particularly interesting to physicians.

W. M. J.

**TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.** Thirty-ninth Session, held at Saratoga Springs, in June, 1886. Edited by the Secretary, J. C. Burgher, M. D. Pittsburg: Stevenson & Foster. 1886.

This large volume, which makes its yearly appearance, is now on hand. A great number of articles by different members is published, but we have not space even to enumerate them.

W. M. J.

**THE PRESCRIBER.** A Dictionary of the New Therapeutics. By John H. Clarke, M. D., Edin., London: Keene & Ashwell. 1886.

This is the second edition of this neat little book. The first edition was duly reviewed in the pages of this Journal in January, 1886, page 45.

W. M. J.

**HOMŒOPATHY; IN ITS RELATION TO THE DISEASES OF FEMALES, OR GYNÆCOLOGY.** By Thomas Skinner, M. D. London. The Homœopathic Publishing Co. 1886.

This is the third edition of that remarkable little book first issued by Dr. Skinner in 1875, on his joining the homœopathic school. As every one in the profession is familiar with it, it is unnecessary for us to discuss its merits. We therefore content ourselves with a simple announcement that this is the *third* edition.

W. M. J.

#### BOOKS AND PAMPHLETS RECEIVED.

Homœopathic League Tracts:

No. 9. ALLOPATHY JUDGED BY ITS PROFESSORS.

No. 10. EMINENT MEDICAL CONVERTS TO HOMŒOPATHY.

REPORT ON DISEASES OF THE RECTUM. By Joseph M. Mathews, M. D.

STERILITY: MANAGEMENT OF THE SECUNDINES. Wm. H. Wathen, M. D.

THE PACIFIC RECORD OF MEDICINE AND PHARMACY. Published in both Spanish and English.

THE JOURNAL OF DIETETICS. Cleveland, Ohio. Published quarterly.

PRESIDENT'S ADDRESS AT TENTH ANNUAL MEETING OF DETROIT MEDICAL AND LIBRARY ASSOCIATION. By C. J. Lunday, A. M., M. D.

---

## NOTES AND NOTICES.

PROFESSOR KENT'S LECTURES.—In the February number we published a lecture by Professor Kent upon *Eupatorium Perfoliatum*. By an editorial blunder we credited the report to Dr. C. S. Durand, when it was really prepared by Dr. Frank Kraft, now on the editorial staff of *The Medical Advance*

THE MEDICAL ADVANCE.—January number, criticising our heading of Dr. Kent's lectures, says: "Stenographically reported lectures are *usually* extemporaneous, since none but the veriest tryo in short-hand would attempt to follow a rapidly spoken lecture when the professor held the manuscript, which could be had for the asking. [This one is on you, Mr. HOMŒOPATHIC PHYSICIAN.]"

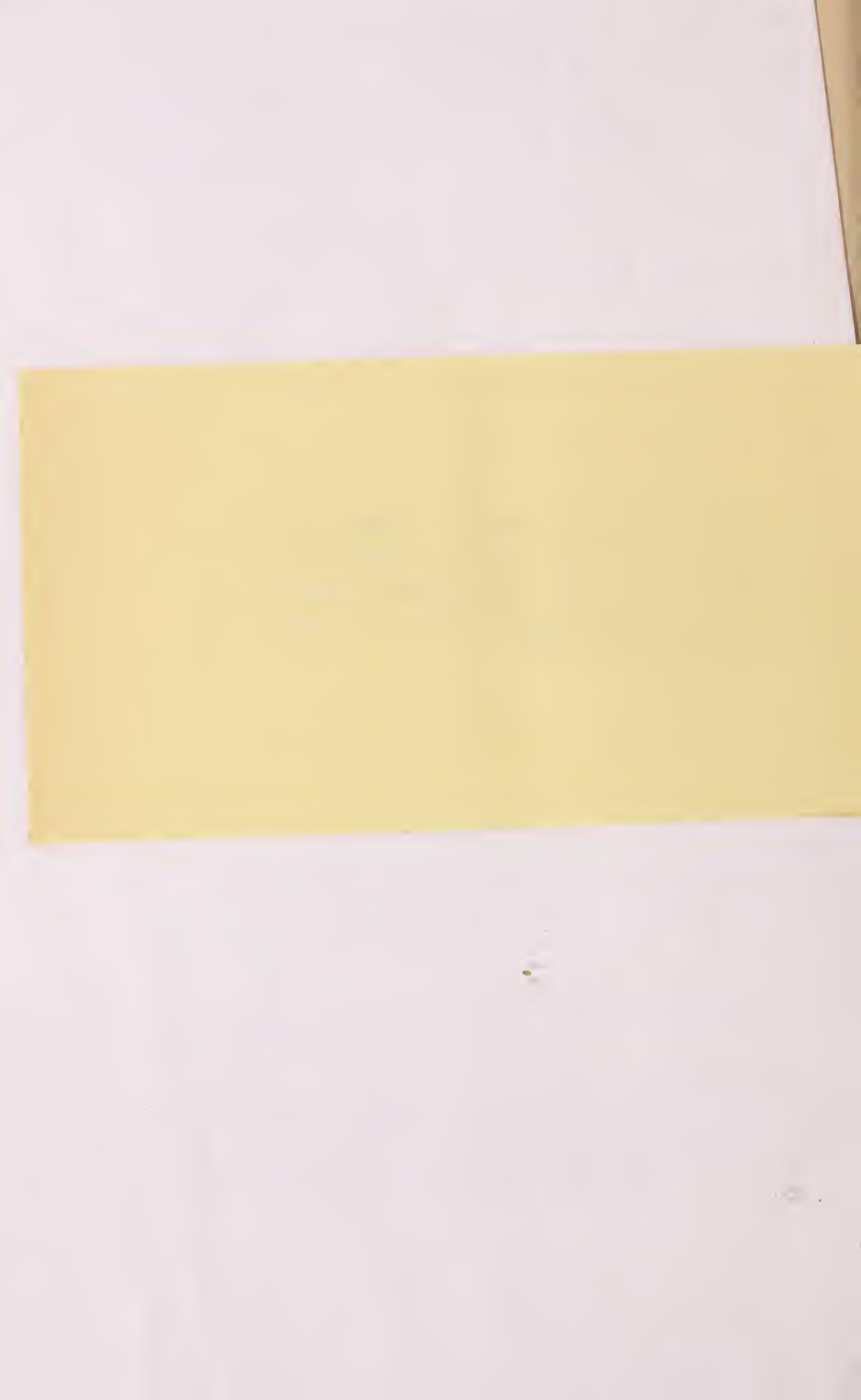
All right, Mr. MEDICAL ADVANCE! We are "laying for" you! We won't tolerate criticism. And though we have expunged *extemporaneous* from our heading it is not because of *your* criticism; oh! dear, no! By the way, we don't find *tryo* in the dictionary. The word there appears to be TYRO. And here's one on you, Professor Allen.

INDIANA INSTITUTE OF HOMŒOPATHY.—The twenty-first session of this Society will be held at Indianapolis in May. The principal officers for 1887 are: President, J. A. Compton, M. D., Indianapolis; Vice-President, Z. Hockett, M. D., Anderson; Second Vice-President, J. R. Haynes, M. D., Indianapolis; Treasurer, J. S. Martin, M. D., Muncie; Secretary, William B. Clarke, M. D., Indianapolis.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—The seventh annual meeting of the International Hahnemannian Association will be held at Long Branch, New Jersey, next June. The date will be given in a subsequent notice.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—The Executive Committee of the International Hahnemannian Association at their next meeting should provide room for "reports from delegates," that all Hahnemannian Societies throughout the country should be encouraged to send representatives. We are informed that the local Hahnemannian Society of Rochester has set the example by electing a delegate to the next meeting.

NOTE: The word *cases* at the head of the article on page 136 (plural) is a misprint. It should be *case*. The error was discovered only after the sheets had passed through the press, too late to correct.—EDS.



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. VII.

APRIL, 1887.

No. 4.

---

## THE AMERICAN INSTITUTE AND ITS LAUGHTER.

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

*"It [practice with high Dynamizations] has been laughed out of the American Institute."—Ex-President of A. I. H.*

This laughter seems to have been powerful, loud, and long, if judged by the effects it has been said to have produced. We know it has been loud and long, for we have heard it. But it is not so apparent that it has always been as wise as it has been loud. It seems to have been quite powerful at times, if we may accept this testimony of an ex-President of this numerous body. If this be true; which is the sufferer, the dynamizations or the Institute? There is further evidence of its power in the effect it seems to have had on the laughers themselves, and especially in this, that it seems to have extinguished in these all sense of responsibility to law ["bound by no law."—*Its President at St. Louis*], and also by the disgraceful Indianapolis resolution; and still further by the disgust it has produced in so many of its best members, and to the extent that they are no more seen in the assembly of these unwise laughers. They are no more willing to be counted with those who, being ignorant of God's law, repudiate it; so ignorant, also, of the best means it employs for the cure of the sick, they affect to blow these into non-existence by their so great explosions of laughter! And further, the power of this greatest of the latest acts of the Institute is manifest in the banishment from their body of all which is characteristic of Homœopathy except the name, and even this, as judged by their transactions, does not seem to have "*struck skin-deep.*" The violence of the laughter has only left

them strength to try and show how much they know of old physic. The result has been rather to show how little they know of Homœopathy. Indeed, this does not seem to have been at all in their thoughts. Alas for them!

We have said we have heard this laughter. We have heard it but once, and then it was in this way: An earnest member, who had been of a mind to work in the direction and interests of Homœopathy, in the simplicity of his heart brought to the Institute *provings* of substances, as Homœopathy requires all agencies shall be proved before they can be admitted into the armamentarium it employs for the cure of sicknesses. This was the very kind of work the founders of this Institute had in mind when the organization was created to enlarge and perfect the knowledge of our materia medica. Did the Institute receive, with thankfulness, this contribution to their knowledge of a subject, of which they then knew absolutely nothing? No! They laughed! They not only laughed at this working member, but they grossly insulted him; and this was his reward for his honest endeavor to add to their knowledge and their means for healing! They laughed considerably, and just as though they would have this understood as evidence that they *knew* a good deal. They knew, and probably now know, just nothing at all of the matter over which they became so hilarious, and before which they exhibited such bad manners. But, after all, their laughter and their boorishness added nothing to their power as healers, nor to the respect which good men would be glad to entertain for their body. And more, though this may be a disappointment to the members, it added but little to the perfection of their attempted imitation of old physic.

This one element in their history, in which they seem so greatly to excel, is the resort with which they endeavor to conceal their abandonment of the Homœopathy of the founders of their body, *i. e.*, the Homœopathy of Hahnemann, and when laughter is found not quite equal to the needs of the case, they have another resort, which seems to give them great satisfaction. This is to praise Dunham.\*

---

\* This reminds one of the advice given in these words by the accomplished editor of the *Spectator*, to critics who were conscious of inability to deal successfully with difficult subjects: "It will always be safe to say, if the painter had taken more pains the picture would have been better; and *be sure to praise the works of Pietro Perugino!*" No matter whether you know anything of these, his reputation will make this "*safe!*" So of those who praise Dunham. A knowledge of the law, or the principles which govern its administration, which controlled his practice, have not been found necessary to those who praise him. "Praise Perugino," for it sounds well, and for all the world just as though one *understood* and approved it all.



And he is so worthy of all praise they seem to have regarded his merits as equal to covering all their ignorance. They could *laugh* at the prover of these remedies, but Dunham was wise enough to use them successfully. This was, and is, just the difference between him and those who praise him, because, somehow, they have found it is the proper thing to do. They know nothing, and care nothing, for his law, its corollaries, or the loyalty of spirit with which he administered these, but only that the proper thing to do is to "praise Pietro Perugino!" It is a relief if one may safely hope our colleague of so many and so rare excellencies is but ignorant of the practical character of these adulators, and of that of the praise with which they so freely cover him.

This is how this meritorious prescriber dealt with one of these laughed-at remedies. It was so loudly and badly laughed at that it could have no place on the record of the Institute, nor on the pages of that largest work of our materia medica, which professes to give us all known remedies worthy of our respect. This remedy was not known to the Institute, so they laughed at it. If they are consistent, and laugh at all they do not know, they are not likely to lack for subjects for their merriment for some time. Dunham did not join in this unseemly laughter. He studied the record of the remedy rather, and found in it a likeness to his record of a gastrosis for which he had been giving the nearest simillimum he could find in the old record of our long-used remedies for between three and four months without the slightest benefit. It was after the long trial and many disappointments that he turned to the pathogenetic record of *Lac acidum*, and found it an *exact* simillimum to his case.\* He knew both the laughter and the exclusion, but these were no bar to his selection of the remedy. He gave it and neither saw nor heard more of his patient till her mother called in response to a bill sent for his services. Then the absence of the patient was explained, after the mother had given an angry inquiry as to why he "had not given this last remedy before?" and had accused him of "keeping her daugh-

---

\* The Institute was assuredly ignorant of the great and most important principle that each material substance has in it a dynamis of specific individuality, which is capable of liberation and development by proper manipulation, and so of being brought into beneficent relation to practical medicine. This is comparatively a modern discovery, to the confirmation of the truth of which this abused member has so largely contributed. They only saw in his proving the material—*sour milk*—and they laughed! They saw nothing of the curing principle in this which brought Dunham and his patient out of their embarrassment. "First be sure you're right," then laugh!

ter along to enlarge his bill." After this outburst she said "her daughter was perfectly well, and had not had the least trouble since taking the last remedy." Now was not Dunham's confidence in the remedy better than the unseemly and untimely laugh of the Institute? Was not their laughter, if judged in the light of this cure, a little premature? Then while they praise Perugino, let them endeavor to imitate his works.

## WORDS TO YOUNG HOMŒOPATHS.

D. C. McLAREN, M. D., BRANTFORD, ONTARIO.

As yet a young homœopath myself, and still encountering difficulties, I feel privileged to speak to some who, perhaps, like myself, have found themselves, not long after leaving college, muddled and bewildered where they should have been easily successful. Most of us are taught very thoroughly by experience, but some never, and for the reason that elementary premises are wanting on which to base definite conclusions.

To illustrate, allopathic text-books on surgery, after giving the method of operation for fistula in ano, frequently conclude with some such wisdom as this: "Keep up the patient's strength and guard against lung disease." It seems never to have occurred to these possessors of all knowledge that the operation of slitting a fistula might have anything to do with producing the subsequent phthisis.

Among professing homœopaths similar instances, differing only in degree of crudity, come to one's knowledge almost every day. One has exercised his art to the best of his knowledge, and perhaps from want of confidence or want of patience to wait for results, rushes to allopathic palliatives. This, to be plain, is a species of imbecility, and such imbeciles will never succeed in practicing Homœopathy.

Another fails to cure promptly and yet hangs on to the case, bound to find the right remedy or to know the reason why. Of such a one we may well be hopeful. We cannot all be Hahnemanns or Herings, and yet we can all possess their secret. They were determined to know the reason of things, and, though it took a long lifetime, both succeeded. Failures we all have and must have, successes too, but we must learn most from our mistakes, otherwise we will go on repeating them year by year, even as do the allopaths. Having profited by failure, we will be in a fitter mood to profit by success more difficult in a sense

than the other, because the exact elements of success in a given case are often harder to determine accurately than the causes of failure in another. Then, too, much of success that we have is only partial—not what it should be, not up to the mark, in fact. I remember well in my first year's practice sending the report of a case that I prided myself somewhat upon to one of our journals. The editor was kind enough to encourage me by printing it, but wrote that the case should have been cured in one week instead of three. As he showed me what was wrong and why, I learned something.

There are many pitfalls which, I suppose, only experience can teach us to avoid, and this only as our judgment becomes keener and more evenly balanced. Then, too, year by year we lose (or ought to lose, for it dies hard) that impatience of youth, which often interferes so disastrously.

I presume that the young practitioner is earliest liable to failure from what I may call "overdoing" it. He is summoned to acute and apparently alarming cases calling for decisive treatment; the symptoms are plain enough, and he leaves a supply of the indicated remedy in a glass of water. He may or he may not have been informed, what Hahnemann stated once half a century ago, that a single dose is sufficient to cure ordinary acute attacks, but hearing such a thing suffices little, for he has never seen that precept carried out, or, even if he has, the old popular feeling in favor of dosing may unconsciously urge him to do as we have supposed him doing. The next day, to his surprise, the patient is worse, and perhaps has some new symptoms; there is, surely, no doubt about it; some other remedy is required and given. In a day or two the case is inextricably muddled, and our tyro falls back on allopathy, or else the patient does the same thing by changing his physician.

The first case of acute rheumatism the writer ever had was in this wise. A workingman of advanced years was taken at the beginning of winter with pains, stiffness, and swelling in one foot. On inquiry he was found to be quite restless, the foot being easy in one position but for a few minutes, when a change was necessary. I gave him *Rhus tox.*, and left him with the assurance that he would be back at work in a few days. Instead of that, he was confined to his room all winter, and it was well on toward summer before he was fairly at work again. Why? Briefly, then, the second day found him, as he said, worse, or, as I perceived, different. Now he could not move at all, as every attempt was painful, and he felt better so long as he kept perfectly quiet. Wonder, surprise, and over-anxiety to keep my

promise as to his recovery prevailed over cool judgment, and, in a sort of wild panic, I prescribed *Bryonia*.

Fortunately for me, the man was too poor to summon another physician, so I had six months' experience of the treatment of rheumatism at his expense, and a weary round of prescriptions it was. I learned enough, however, to be able to knock his next attack on the head in a few days, but not enough to prevent my muddling the case of a poor widow with a large family the following winter. From these cases, then, I learned definitely the following rules :

1. *Prescribe accurately.* If this is not possible at the bedside, leave some *placebo*, go home and study. Make sure of the remedy at all costs, then, if it be a lingering complaint like rheumatism, or one of definite days of progress, like pneumonia and typhoid when fully developed, give a single dose dry or in water spread over an hour or two. But if it be severe colic, gall stone, neuralgia, convulsions, etc., leave a supply in water, to take a dose at every spasm of pain, or after every stool or emesis, as the case may be, strictly enjoining that none be given after improvement commences. In this way I cannot recall one case that required more than a second, or at most a third, dose of medicine. Suppose now a case of gall-stone colic. It would at first sight seem heartless to leave the patient for an hour or two while one is studying up the remedy, but when one has seen such cases suffering for days at a time in spite of all the palliatives the regulars could bring to bear, including Morphina, sweet oil, and hot baths, and, on the other hand, has seen such a sufferer go quietly to sleep a few minutes after taking a dose of the homœopathic remedy, the choice is certainly in favor of the latter by long odds. Add this consideration, and the course I recommended will be seen to be the only true, the only safe, one. Nearly all this class of cases have a tendency to recur again and again for years under allopathic treatment, but one attack cured homœopathically often prevents any more for life, or, at most, one or two light attacks follow after a few months.

2. Let the medicine have time to do its work. Some one asks, how long would you wait? In answering such a question it must be taken for granted that an absolutely correct prescription has been made in the first place, for if not, the sooner that is done the better. Then again, one must be able to depend on the potency, and for this reason I would advise every one to start with grafts of the polychrests obtained from their preceptors or other physicians who have tried them well. *Remember that the length of time a remedy takes to act is no proof that it*

*is not the right one.* In many cases, both acute and chronic, repeating the dose will spoil the case and even kill the patient. Take, for instance, the two following cases: Childbed hemorrhage with retained placenta, fainting and gasping, gagging as if about to throw up. The remedy was repeated every five minutes, and for a time—it seemed fully half an hour—the patient grew worse; a change of remedy would probably have been fatal, but in a moment the placenta was expelled, the flow ceased, and the woman began to breathe more naturally and made a good recovery. Then again, an infant with bronchitis, labored breathing, quiet, indifferent, too weak to cry, and the nostrils waving with each respiratory effort; a single dose of the indicated remedy was given and the case watched with fear and trembling for *two days* before any improvement was manifest. The conclusion was inevitable that a second dose or a change of remedy would have been fatal. Now, in the cases called chronic, how long should one wait? The answer is plain and simple, wait as long as the improvement lasts. But suppose there is no improvement in a week? Well, wait two, three, or even four weeks. It is the general experience that good results fail to appear for many days. The patient will say in a week's time that he is no better. If the correct remedy has been given any interference will irretrievably spoil the case, while if time be given, the original dose often effects a complete cure. Every homœopath of any education can prescribe with fair accuracy for cases of chronic disease, but many still fail to cure simply from ignorance of the proper management of remedies. But where is all this to be learned? says one. In Hahnemann's *Organon*, a book not for reading, but hard study, and in his *Chronic Diseases*, unfortunately out of print, but the reprinting of which would surely pay as well if not better than some of the works that are coming out so thickly, and would certainly be of greatly more value.

[TO BE CONTINUED.]

## BAPTISIA IN HYSTERIA.

G. W. SHERBINO, ABILENE, TEXAS.

On the day of the election I was called to make a physical examination of chest and lungs, but I soon found her unfit for anything of the kind that day. Her doctor was leaving just as I was hitching my horse; he could do nothing to relieve her unless she took a thorough course of treatment. I was kindly asked if I could do anything to relieve her.

She gave the following symptoms: She was weeping and sobbing, said her heart had quit beating, and she had difficulty in breathing; her hands and feet were cold, and she said they were dead; there was no feeling in them; her arms were numb, and it extended down into her hands; she felt as though she would be paralyzed. She kept rubbing her hands all the time; her tongue felt swollen too large, also her hands had the same feeling. (*Aethus.*) The pillow felt hard to her head; pain from the vertex down the back of the head, this pain extending down the spine, sometimes the whole length of it. She could not think; ideas confused; kept rubbing her forehead with her hands. She was very restless, was in constant motion all the time, rolling her head from side to side. She wanted to die, she did not want to live, she had nothing to live for.

R $\bar{y}$  Baptisia<sup>45m</sup>, Fincke, one dose. S. L. in water every ten minutes. In one hour I took my hat and left for home. From this I commenced giving her treatment; I thought I had the remedy. I spent a week looking up mind symptoms on *Nux mos.*, and thought I had the *red string* this time. She got a dose in the morning about seven P. M.; was sent for; got there in a hurry. Husband told me he had given a dose of Bromedia; he did not know what else to do. "If you did not know what to do, why do anything but send for me?" "Well, Doctor, my wife must have relief, she is unconscious, does not know a thing." I asked how she was taken, and he said with the same old train of symptoms as before, pain on top of the head. And I found the symptoms were the same as before at the commencement of the attack on the previous occasion, only she was unconscious. She would catch her breast and act as though she wanted to tear it open, then she would act like one dying. "I am choking, I will die if I do not get more air!" I would raise the window; that seemed to relieve her. Pulse this time was one hundred and twenty, very full and strong; before it was fifty-six, and the temperature ninety-seven degrees; face looked swollen, and she looked as though she had been on a spree, face red. I gave a dose of Baptisia<sup>45m</sup> and S. L. every ten minutes. The spells came on in paroxysms. This time she seemed to be dying, but I had her pulse, and knew she was not. They did not ask me any questions, and I did not answer any, but at this moment all in the house were wild with excitement. The husband said, "Telephone Dr. G." I thought that it was about time to find my hat. I told them I would withdraw from the case, but she came to by this time and said, "Doctor, please don't go." So I sat down. As the other doctor came in I was giving a tea-

spoonful of S. L. He looked the case over, and she told him if he knew me as well as she did he would like me; he straightened himself up, said he had nothing in particular for me or against me. He was called into the other room, and I kept giving the S. L.

She would not take his medicine, so I kept giving the S. L. That was a very profitable council. I shall never forget it, for he did not even ask me what I was giving. He called it congestion, and if she did not get relief she might die in one of them. She has not had any more of them, although there has been premonitory symptoms several times, but a dose or two put them to flight.

I report this case for the benefit of the younger members, as such cases are sometimes troublesome. She says she can tell by her own feelings when she is going to have one of these nervous spells; circulation stops, sensation as though the heart would stop, or an imperceptible motion; features drawn, "purple linea-nasalis;" aching numbness, not a tingling, like Acon.; a dumbness, as they call it, want of sensibility; can think of nothing; by the time she tries to tell what she wants the idea is gone. First case I have ever seen cured by this remedy. Always had Morphine before; this time she did not need it.

---

## PARALYSIS—MANGANUM.

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

In reply to Dr. Gee, the peculiar paralysis which I could only find under *Manganum* was *the inclination to run forward if he tried to walk*. The difference of direction in the paralysis of *Mang.* and *Merc.* was noted by Dr. Cooper, who seems to have been more observant than allopaths usually are. C. Lippe's Repertory also gives *Hydrocy.-acid* under paralysis, first of lower limbs, then upper. My thanks are due to Dr. Gee for calling attention to *Conium*. Dr. C. C. Smith's characteristic of *Stram.*, "vomiting from exposure to bright light," resembles one of *Opium*, which I found recorded in a case of poisoning, "vomiting from gas-light." Dr. Boyce has been misinformed as to Benninghausen's directions for the treatment of croup. He will find the correct version in *American Homœopathic Review*, vol. 2, p. 561. Besides, these directions were simply the best that could be given to the public in the absence of a homœopathic physician.

## BENNINGHAUSEN'S APHORISMS OF HIPPOCRATES.

### TOOTHACHE.

TRANSLATED BY A. McNEIL, M. D., SAN FRANCISCO, CAL.

An instructive example of the selection of the homœopathic remedy is the following, which is an instance of the utility of an old theological *vs.* memorialis, in the treatment of a frequently returning toothache, as should be done by a homœopathic physician :

(Quis?) Anna, a girl of some twenty years (Quid?), complains of a violent toothache (Nebi?) in a hollow, upper back tooth, on the left side, from which she has suffered a couple of months. In this general description there is not the remotest clue to the selection of the curative remedy, as more than half of all the proven drugs meet the conditions expressed. On further searching (Quibus auxiliis?) for the concomitants of the patient we discover an anxious, timid, lachrymose disposition; stomach easily disordered, particularly by fatty food; disposition to mucous diarrhœa; anxious palpitation of the heart in the evening when in the house; falls asleep late; evening chilliness, particularly in the back, with heat of the head and coldness of the extremities. However important and, in a certain measure, indispensable these symptoms are, yet the chief indications which are expressed in the above-mentioned verse are expressed by the words, *Cur? Quomodo? Quando?* The *Cur?* viz., refers to the often very important exciting cause or anamnesis, which in this case is stated to be a cold arising from wet feet, by which the menses, which were then flowing, were suppressed, and have not appeared since. The *Quomodo?* however, refers to the nature of the pains, which are in this case twitching, tearing, and at times pulsating and stitching in the above-mentioned hollow tooth. They extend up the cheek to the eye, the temple, and the ear of that side. All the foregoing are less important than the final *Quando?* which must have the aggravations and ameliorations according to time, attitude, or situation and circumstances, in order to make a certain and undoubted selection of the remedy. When, as in this case, the most painful period is in the evening till midnight, when the pains are aggravated when sitting quietly in a warm room, on becoming warm in bed, and especially by lying on the painless (not the painful)



side, and by hot or very warm food, and, on the contrary, are ameliorated in the morning and forenoon, when working in the open, cool air, and when cold water is held in the mouth, the pains are considerably lessened or entirely cease.

Every homœopath knows that Pulsatilla and no other is the right remedy, which, administered in the smallest dose, not only removes with certainty the entire suffering, together with the concomitants, but with proper diet in the following days brings permanent cure.

This is the way, with the assistance and guidance of a sufficient familiarity with the homœopathic therapeutics, by which, in every kind of mental and physical complaints, the correct choice of the remedy can be reliably made. The physician is not thus misled into the dark region of supposition and hypothesis, where the scanty ray of light proves in the end an *ignis fatuus*. Such a procedure as ours may not demand any profound and astonishing *scientific knowledge*, but one may easily see that a rich and extensive experience, acquired by a wide knowledge, is indispensable to select from over one hundred remedies for toothache the only one which can cure, and that, too, in a disease that allopathy so seldom cures.

---

## THE AMERICAN INSTITUTE OF HOMŒOPATHY.

AD. LIPPE, M. D., PHILADELPHIA.

In the *Transactions of the Thirty-ninth Session of the American Institute of Homœopathy* (1886), page 45, will be found the report of Chas. Mohr, M. D., Chairman of a committee appointed in 1882 on "Homœopathy in the *Encyclopedia Americana*." It is here reprinted. At the meeting of 1881 Drs. C. Mohr, J. C. Morgan, and J. C. Guernsey were appointed a committee to have the subject "Homœopathy" properly treated in the reprint edition of the *Encyclopedia Britannica*, gross injustice having been done the homœopathic school of medicine in the original Edinburgh edition.

At the meeting in 1882 this Committee reported having conferred with the publishers, who answered that the article in the reprint edition must read as it does in the original, and that T. M. Stoddart & Co. had agreed to represent Homœopathy properly in an article in the American supplement. The Committee recommended that a duly qualified committee be appointed to

examine said article, with authority to approve of its publication if found satisfactory. On motion, the report was received and the Committee continued, Dr. Pemberton Dudley being added. In 1883 the enlarged Committee reported progress :

"Your Committee now take great pleasure in reporting that the Messrs. Hubbard, who are the publishers of the American supplement of the *Encyclopedia Britannica*, styled the *Encyclopedia Americana*, secured the services of Dr. Horace Howard Furness, the well-known Shakespearian scholar, to write an article on 'Homœopathy;' that this article was duly submitted to your Committee, and, on their approval, has been published in the third volume of said *Encyclopedia Americana*, just issued. A copy of said article is herewith appended, and your Committee believe that it embraces all the information that an encyclopedia article on this subject can give.

"Dr. Furness merits the thanks of every homœopathist for the able manner in which he has treated his great subject.

"Respectfully submitted,

"C. MOHR, M. D.,

"J. C. MORGAN, M. D.,

"J. C. GUERNSEY, M. D.,

"P. DUDLEY, M. D.

"On motion, the report was accepted and referred, and a vote of thanks extended to Dr. H. H. Furness, of Wallingford, Pa., for his able article."

It is very gratifying to find that this Committee and the American Institute *approve* of the most excellent paper on Homeopathy written by H. H. Furness, Esq., and have honored him with a vote of thanks.

Various articles on Hahnemann and on Homœopathy had formerly been published in various encyclopedias. These articles were written by professional and *interested* parties—by allopathists and pseudo-homœopaths. After due deliberation, some old members of the profession, desiring that Homœopathy should be fairly presented before an intelligent public, became convinced that such a paper should be written by a ripe scholar, who was a *disinterested* person and one well known for his literary attainments.

H. H. Furness, Esq., an old friend of the late Dr. Constantine Hering, finally undertook the task. The profession remains under heavy obligations to this gentleman, who prepared himself for his task in diligently reading Hahnemann's and various other homœopathic authors' writings. Mr. Furness is not connected with the medical profession in any manner whatever; his labors are purely philanthropic. He was not aware, nor were Messrs. Hubbard, the publishers of the *Encyclopedia Americana*, that the consent and approval of the Committee of the American Institute were essentially necessary before said paper was published by them, and they are not aware of the fact that such

consent or approval was *asked for* or was granted. On the face of the facts before us, the paper itself is credited to H. H. F., and *not* to H. H. F. representing the Committee of the American Institute.

The very fact that said paper emanated from a *disinterested* scholar, uninfluenced by professional parties, will give the paper more force and a greater acknowledgment than it would have received otherwise.

The Committee of the Institute were an *interested* party; Mr. Furness was, to all intents and purposes, a *disinterested* party, and his innate politeness and modesty would have debarred him from accepting any invitation to write said paper, nor would the Messrs. Hubbard have offered him one if either of them had been aware that the American Institute had appointed a committee to prepare said paper. Even after it was printed, it appears that said Committee had not then written such a paper, nor had they offered it for publication to the Messrs. Hubbard.

The facts are simply these: Mr. Furness wrote a paper on Homœopathy; that paper was published in the *Encyclopedia Americana*, and is copyrighted by the publishers, the Messrs. Hubbard. Further, that a copy of said paper was given the Committee of the American Institute of Homœopathy and was laid before the Institute, was approved by the Committee, was accepted and referred by the Institute, and a vote of thanks was extended to H. H. Furness, Esq., for the able manner in which he has treated *his* great subject.

*At last* the Institute has accepted as authentic the history, the development, and the fundamental principles governing the homœopathic healing art as they have now been laid down before the public. It is the first step toward abandoning a growing idea about the freedom of practice and the freedom assumed by homœopathic colleges to teach all sorts of principles of practice, as they may appear applicable under the guidance of individual judgment, however unhomœopathic they may appear to the strict Hahnemannian. *At last* we have the sanction of the American Institute of Homœopathy for a logical exposition of our noble healing art, and this great paper by Mr. Furness will do much to prevent reading and intelligent persons from falling into the hands of "pretenders." We also express the hope that the *International Hahnemannian Association* will extend a resolution of thanks to the philanthropic and able author of the above-mentioned paper at its next meeting.

## BAPTISIA IN PNEUMONIA.

G. W. SHERBINO, ABILENE, TEXAS.

Mr. B. has been feeling poorly for two or three days. This morning he had a severe chill. I was called at five P. M. I find the following symptoms :

Aching in the muscles and bones ; aching from head to foot ; bed as hard as a board ; "*pillow hard as a rock.*"

Coughing large quantities of rusty sputa ; stitching pain in left chest ; has to hold his chest with his hands ("Bry." Dros.) ; "*fan-like motion of alae nasi*" (Phos., "Lycopod.") ; *stupid and sleepy*, could hardly keep awake ; total loss of appetite ; very thirsty for large drinks of water ; cough worse at night ; several loose stools per day—very offensive ; wanted to keep very still, as the least movement aggravated his cough and pain in the chest. (Bry.-alb.)

Temperature, first evening, 101°; pulse, 110; respirations, 32. The second evening, temperature, 103°; respirations, 40; pulse, 120. Third day, eight A. M., temperature, 99°; pulse, 88; respirations, 28.

Irritable from children making any noise or running across the floor. Mr. B. had pneumonia two years ago this winter. I attended him ; he had as severe an attack as before.

Two years ago he was sick eight days ; he had the same symptoms then as he had this time.

His brother was taken two days sooner with pneumonia ; attended by a "regular;" he did not suffer from any neglect as regards medical attendance or nursing ; he had all that. The last twenty-four hours of his life he took one quart of whisky to keep his heart acting, and he was seen by the pastor, who pronounced him drunk, as he had the singultus.

He died on the seventh day. My patient took nothing but fresh milk and pure cold water, and was convalescent on the third day ; he only got one remedy in the minimum dose. I had a great many cases of pneumonia to treat last winter. I got them early in the disease, and none of them was sick longer than eight days, and Baptisia was indicated in the early stage, and the most of them were cured without the help of any other remedy. I gave it until the existing symptoms were all gone, and found in most all of my cases the pneumonia was gone, too.

There is one symptom this man had after the fever and the patient convalescent. When coughing he had a terrific pain in the left shoulder ; it seemed as though his shoul-

der would fly to pieces, and his wife would have to hold his shoulder with her hand by grasping over the top with hand and fingers extending down and pinch as hard as she could. This I thought a peculiar symptom. I obtained other symptoms. The pain was brought on by a fit of coughing, and he had to get out of bed and swing his arm back and forth as fast as he could, as he said that was the only thing that would relieve it. Rubbing afforded some relief. I gave him one dose of Rhus-tox.<sup>cm</sup>, and he was cured; needed no more medicine of any kind. For the pneumonia I gave Baptisia<sup>dmm</sup>, Swan's. I had just received this graft from Dr. Swan the morning that Mr. B. was taken sick, and I was anxious to try this potency, and I had the satisfaction of testing the virtue of this wonderful remedy, too often overlooked and neglected, as I intended to cast it overboard if it made any failures, and I am glad to know that the higher we go the quicker we cure and the less medicine it takes.

May the Lord ever bless the dear doctors who have given us the high potencies and the law of similars.

---

### A CLINICAL CASE.

A. B: EADIE, M. D., TORONTO, CANADA.

July 29th, 1886.—Mr. Mc. complains of attacks which recur about every ten or fourteen days, becoming more frequent of late, characterized as follows: They begin at night. Hot sweat for ten minutes, followed by chill for five minutes; these paroxysms follow one another without intermission for a night and a day, and terminate in vomiting of green, thick, and slimy matter, mixed with ingesta; during the attack his heart seems to beat in his back; his wife can feel it shake the bed. There is some dyspnœa.

He has had these attacks for *two years*. In the intervals the following conditions are present: Constipation; no stool for three days at a time; stool, although soft, is hard to pass and sometimes accompanied by nausea and pyalism; he feels a burning heat all over internally; black and thick blood flows freely from least scratch on face; he feels as if the "blood flows to the head;" abdomen feels full all the time, is distended; can't bear the least touch of the finger over lumbar region on either side—right side worse; *percussion* here *quite impossible*; rumbling in abdomen like water moving; arteries throb; sleeps

about three hours ; wakes at half-past twelve A. M., and lies awake till morning ; dozes an hour before rising ; has *cramps in his hands, can't open them* ; nervous, can't write ; *has cramps in feet*.

Says his trouble "lies at pit of stomach ;" riffs after eating ; appetite soon sated, and stomach swells so that he can eat no more. Although he has been troubled for two years he has taken no medicine, hoping the attacks would wear away themselves, but now says he can stand it no longer, as they are growing worse.—R China<sup>cm</sup>, four powders, one night and morning.

August 1st.—Reported better ; feels like another man ; says he never thought medicine could do so much good. Bowels seem all right ; no difficulty in defecating ; internal heat, formerly always present, has disappeared ; nervousness better ; still complains of rumbling in abdomen and sensitiveness to contact, etc. R Sac. lac.

August 6th.—Reports continued improvement. R China<sup>cm</sup>, two powders, to be taken at intervals of seven days, with Sac. lac. between.

September 4th.—Called to say he continued well ; tenderness in side all gone ; no rumbling or abdominal trouble ; no chill or fevers since.

January 23d, 1887.—Continues well ; had once or twice some premonitory symptoms of the old fever attacks, but they proved abortive. He has had no attack since.

---

## HOMŒOPATHIC MEDICAL EDUCATION.

S. L.

With pleasure, and with grief we read in the February number of THE HOMŒOPATHIC PHYSICIAN the jeremiad of Dr. Wells, of Brooklyn, on medical education, and we agree with him that there is too much *talk*, and very little done to remedy the defects. It would be dreadful if there were no means to remedy this evil ; but mere talk and grumbling will not do it, nor has it ever done any good. Let our healers, who will not abate one iota from the pages of the *Organon*, put their shoulders to the wheel and start a new college, where nothing but the strictest Homœopathy shall be taught. The trial has never been made ; let it be made, and success will crown their efforts. For the study of the usual branches taught in medical colleges the students might matriculate in any so-called regular

college; there will be time enough left in the twenty-four hours to listen for a couple of hours to the teachings of Hahnemann and to undo the false precepts of the three P's and others. It may be a sacrifice of time and of money for the teachers to devote themselves, even at unreasonable hours, to the spread of the gospel of Hahnemann; but there are men who will not shrink from the sacrifice, if only the trial were made. We have nothing to do with the question: Will it hurt the already existing homœopathic colleges? We only believe in the survival of the best, and if there is none to be trusted, let us have one by all means.

Mere talk and grumbling will not help the cause. I, even, have the utmost confidence that there are enough physicians, members of the legion of honor, to fill up every chair taught in any other college, and with satisfaction and benefit to the students. Let our old and highly esteemed friend of Brooklyn, let Lippe, in Philadelphia, and others take the initiative; there are a few even in New York who will do their duty. By concerted action much can be achieved, which must fail by letting the hands rest in the lap and grumble.

---

### LAC FELINUM.

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

Mr. H., aged thirty-seven, September 10th, 1885, left eye inflamed for three weeks. Entire conjunctives 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*<sup>40m</sup> (Fincke) every four hours.

September 26th, says the eye was better next day, and continued to steadily improve. The pain ceased first, being entirely gone in three days; then the inflammation disappeared; now the left 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.

PROFESSOR J. T. KENT, M. D., ST. LOUIS, MO.

### ULCER ON THE LEG.—PULSATILLA.

Mrs. W., age seventy-three, writes: "The first breaking out of the ulcer she felt a smarting and stinging pain in her left ankle; there was a little elevation the size of a pea; the next day it broke and discharged a thin, bloody pus; around it was a purplish red color. The sore kept extending, also the discolored surface; then came a thick, yellow discharge of pus. The ulcer is now somewhat larger than a silver dollar. The surface of the ulcer looks like a sponge, and very red, covered with yellow, lumpy matter; the outside is almost on a level with the sore, I should say flat. The cloth that comes off (with mutton tallow) is slightly offensive; the ulcer I can scarcely smell; it burns, stings, and smarts; sometimes has a jerking sensation through the heel. She pulls her skirts up to cool the limb, which is better in the cool air. The warmer it is the worse it smarts and burns. Sometimes she describes the pain as something like splinters. From the knee down the leg sweats so that the hose is constantly wet. The well one is not so. As she gets up in the morning the foot swells until it is full and pains her very much; about three or four P. M. she gets easier and can lie down with some comfort. When she elevates the foot it feels much better, and does not swell so, and she is quite free from pain."

She has also some rheumatic symptoms that I suppose you want to know. There is great soreness from the shoulder to the elbow, and also in the cords of the neck. If she fans herself or uses her arms she has great pains in these parts. The upper arm aches with a grumbling, burning pain; she cannot put her arms back; both sides are alike. She can hold her hands over her head, but cannot reach out for anything. The fingers are swelled and stiff in the morning; the left hand is worse than the right. She often holds on to one arm, then the other; when she turns in bed she has to fold the arms and then work herself over. She is thirsty and feverish in the *afternoon*.

Puls.<sup>sm</sup> (H. S.), one dose, was immediately mailed to the patient, who lives nearly three hundred miles from this city.

Several watery stools followed, and all her symptoms were made worse, but she has many times taken a homœopathic remedy, and she remarked to her daughter that she was now going to recover again.



This leg ulcer is an old relic of barbarism with her, as she had had it cured several times allopathically. Some years ago I healed it with Sulph. very high, but it had to come again. The ulcer and the concomitants all departed in due time, and she is a picture of health now. The ulcer has been healed a year now, and she has not taken a dose of medicine since the Puls. mentioned. I am informed that at the end of six weeks the ulcer was healed. The potency was made by Dr. Johnstone on his new potentizer, *Hahnemann scale*; none are more reliable. The power to cure is in every one of these potencies. Every follower of Hahnemann should use the word "potency," and discard the words "attenuation" and "dilution."

When compelled to prescribe on a letter written by a laywoman, many things are wanting, but in the above we have the picture as given—no more and no less. The remedy was sent, and the patient, after all her family had settled down to this as her last sickness, made a good recovery. This is not the exception, but the rule after such prescriptions. If experience is appealed to or theory or *cures*, the inductive method must give us safest practice.

SICK HEADACHE.—LAC-DEF., LAC-CAN.

1886, July 10th.—Mrs. R. S., widow, aged thirty-five. "I have had sick headaches many years." Had peritonitis, had typhoid fever, and was down in bed four months. These headaches have been coming ever since, now five years.

Headache back of eyes.

Sunlight brings on the headache.

"If I go without eating I have a headache."

"If I eat too much I have a headache."

"Excitement brings on the headache."

"Going to theatre brings on the headache."

"I have lain three and four days in a dark room, not able to endure any light."

Milk brings on the sick headache.

Eating never relieves the headache.

"When sick with typhoid fever I was fed on milk until I vomited whenever they brought it to my bed."

"I am never free from headache, but I am able to be at my desk about one-half of my time, much of which I suffer intensely." Seldom vomits, but much nausea.

"When I vomit it is of the food eaten, sour and bitter."

Here are the symptoms. What is the remedy?

It was evident that I had no ordinary case on hand, as two

good prescribers had failed to help and told her so. Many whom I do not regard as careful physicians had treated her also. If the remedy must out, here it is : Lac-def.<sup>cm</sup> (Fincke).

July 16th.—She returned. Just finished, one of the most violent headaches ever had. “So sleepy while writing my letters that could hardly hold my eyes open.” Had to quit work two afternoons and go home. I am greatly discouraged when the headache is on. Sleepy while writing is new. Sac. lac.

July 23d.—No headache since last call.

July 30th.—A short headache, but feeling better. Lac-def.<sup>cm</sup> (F.), dry, one dose.

August 2d.—Headache came, lasted two days, but has heretofore generally lasted a week. Improving generally. Lac-def.<sup>cm</sup> (F.)

August 10th.—Improving.

August 26th.—Improving ; has just finished a headache, but went three weeks.

September 11th.—Headache in two weeks. Symptoms about as usual. Sulph.<sup>cm</sup>, one dose (Fincke).

September 12th.—Headache is on full force, started in left eye, sunlight makes it worse. “I felt the headache this time from delaying my dinner.” Gnawing, hungry feeling, not relieved by eating. Everything I eat makes me worse but fish. Cold brings on headache. Headache worse from weight of hat. This headache began in left eye and has extended to occiput. “The thought of milk makes me sick.” No palliative was given, but watching the symptoms seemed to be the only way of finding the remedy.

September 13th.—Reports that the afternoon of yesterday, the 12th, headache went over to right eye and side of head, but now it is back in my left eye. Lac-can.<sup>mm</sup> (Swan) was given, and immediately relief followed, and it was three months before another came, and it was very short and did not compel her to leave her desk.

February 10th.—She had a slight headache and took another dose of Lac-can.<sup>cm</sup> (F. C.) She has been compelled to lay aside all her clothing and procure larger size. Can eat anything, and enjoys life like other people.

Visions on closing the eyes, Argent-nit., Bell., Bry., Calc.-c., China, Ig., Thuja.

This symptom is believed by many physicians to be peculiar to Bell. It will thus be seen that other remedies have it. The authority, if desired, can be given for each remedy.

## NATRUM MUR. IN ITS ANTIDOTAL SPHERE.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

There hangs the proviso of some "if" about every condition of this world, and even those results which seem assured to us depend upon conditional circumstances. So, when about to prescribe an apparently well-indicated medicine, it is at least wise to consider if we have ascertained all that is discoverable about the case.

On the 7th of last September Mrs. S. P., æt. about thirty-two years, mother of two children, and a woman of excellent physique, came to me with a distressing throat trouble. I found the tonsils but slightly enlarged, a little inflamed, and accompanied by some catarrhal secretion. The chief annoyance was a sensation of swelling or "lump," which could not be swallowed, yet required constant effort to do so. Empty deglutition troubled her more than swallowing either food or drink, yet the food seemed to lodge in the throat and then felt *as if passing over a sore spot*. I had never seen the lady before, but she informed me that she had used many gargles and been under allopathic treatment for this affection for six weeks without relief. She complained of absolutely no other trouble, though prostrated from loss of sleep from this. I thought I had an easy case, and gave a few doses of Bary. cb.<sup>50m</sup> (Sw.) Four days later she reported "no change whatever." Further questioning developed nothing new and I repeated the remedy in the same potency—one that I swear by. Her next report was as before, and I ventured with the Lach.<sup>cm</sup>, then Bell.<sup>cm</sup>, and still the same story. I noticed at the next visit that her lips were covered with fever blisters and called a halt. Here was a new departure. Not until this date had I followed an important injunction of our master. Part of § 207 of the *Organon* reads: "Inquire to what allopathic treatment the patient has been hitherto subjected—to determine the course to pursue to correct, if possible, this artificial deterioration." I accordingly questioned her closely about her former treatment but elicited nothing of importance. One more point, "Did you have any other ailment prior to this for which your allopathic physician had treated you?" Her answer was all that I could wish. She had had a severe ulceration of the womb and been "burnt out" several times, "but that was now well."(?) How soon after

that trouble was "well" did this appear? She replied the very day that the discharge, which had been terribly profuse, had ceased (and suddenly), her throat had commenced to "choke." Did the allopath associate the two conditions? Not a bit of it. I could not ascertain with any degree of certainty what caustic had been used, but suspected the Nitrate of Silver from the fact that the herpetic eruption was strongly indicative of Nat. mur., its most powerful antidote. I accordingly gave six powders of Nat. mur.<sup>295m</sup> (F.) and told her not to be alarmed if the discharge from the vagina returned. Several days later she came into my office in great distress, exclaiming, "O Doctor! my ulceration has all come back. *What shall I do!*" "How about the throat?" "Oh! that is almost well, but the old discharge is as bad as ever it was. *What shall I do?*" I told her to go home and finish the medicine (Sac. lac.) and report. From that time on I had smooth sailing, and my case is now *well*, not palliated or suppressed, but *cured*. Doubtless the Bary. cb. would have acted nicely if the antidote had not been needed.

---

### AN UNUSUAL COLOCYNTH SYMPTOM.

R. GIBSON MILLER, M. D., GLASGOW, SCOTLAND.

David ———, aged thirty-nine, packing-box maker, has suffered constantly for seven years from the following symptoms:

Gripping pain in the stomach, extending through to the back, so severe as to cause him to moan and toss about. The pain begins at eleven A. M.; lasts till about twelve P. M.

The pain forces him to bend double, and is aggravated by straightening himself out or by touch, but ameliorated by pressure, especially on a sharp corner, by drawing up the legs *and during and two hours after eating*.

Another branch of the pain extends from the stomach around the left hypochondrium. The pain in the back is ameliorated by hard pressure or stretching out.

Sensation as if the food had stuck in supra-sternal fossa.

Rumbling in the stomach in moving. Yellow, liquid, painless stools, with great urging and tenesmus before and during, but complete relief after stool.

Colocynth<sup>1m</sup> (Heath), was given, and a sharp aggravation for ten days was the result. The Coloc. was stopped, and Sac. lac. given, and he immediately began to improve, the symptoms disappearing in reverse order to which they came, so that within

six weeks he was absolutely free from pain, and has continued well ever since.

In giving the Colocynth I was not satisfied I had the right remedy, but being unable to find any nearer to the symptoms gave it.

The relief from eating was very marked, and is so opposed to all the usual symptoms of the drug that it made me hesitate about giving it. In Allen, Symptom 323, which reads: "Beer (after eleven A. M.) caused violent griping pains in the stomach, coming on in paroxysms, and only disappearing *after dinner*," is the nearest I can find, as it has both the time and relief after eating, although in this case it was not due to beer, and I should be glad to know if any one else has noticed this relief after eating under Colocynth.

---

## NATRUM SUL. IN ASTHMA.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

In the August (1886) number of THE HOMEOPATHIC PHYSICIAN appeared some notes from a lecture on Nat. sul. by Professor J. T. Kent, wherein he refers (p. 278) to the value of this remedy in asthma. I have recently had two opportunities of verifying it, and take pleasure in tendering this bit of evidence as corroborative of that excellent authority.

I. E. G. S., female, married, aged thirty-six years. Attack violent; greenish, purulent expectoration; a loose evacuation immediately after rising for last two days. R. Nat. sul. <sup>500</sup> (Tafel) in water every two hours. She was enabled to lie down that night; respiration and cough much improved and the expectoration easier. The next day she was so much better that she ceased taking the medicine before I called, less than twenty-four hours from first visit.

II. C. C., female, married, aged forty-two years. Subject to attacks for years. Expectoration greenish and remarkably copious. R. Nat. sul. (Tafel), water, three hours. Improvement began after taking a few doses, from which time her expectoration became paler and less abundant; has felt better since than for years and one noteworthy fact is that her expectoration stopped in a few doses, whereas under remedies given in previous attacks it had continued weeks, thus indicating that the Nat. sul. had gotten at the "root of the evil," as Dr. Kent intimated.

## CYSTS.

TRANSLATIONS BY A. McNEIL, M. D., SAN FRANCISCO, CAL.

(The following cases I translate from the *Allgemeine Hom. Zeitung* for the year 1867. They are reported by X. Bourgeois, M. D., and were published in *L'Art Médicale*, and translated into the German.)

### CYST OF THE KNEE.

May 26th, 1857, I was called to see a nun. She was forty-one; chloro-æmemic, and subject to frequent attacks of neuralgia and oppression. Menses profuse. Leucorrhœa.

For half a year she has had a constantly increasing swelling on the anterior aspect of the right knee. It is the size of a hen's egg, is movable, circumscribed, tense, and fluctuates easily. The skin covering it is dark red, and penetrated by bluish veins. Some pain on pressure; walking not affected, but to kneel on that knee is difficult.

Calc. carb.<sup>3)</sup>, twelve pellets in one hundred and twenty grammes of water, daily two spoonfuls.

I saw her in fourteen days. The first few days stitches in the tumor. It had become tenser and warmer. I discovered a decrease of the swelling, and less tension objectively. Fluctuation clearer. The skin covering the hygroma revealed folds.

Calc. carb.<sup>200</sup>, twelve pellets, as before.

In three weeks more the tumor had completely disappeared. The skin covering the knee is soft; not the least trace of fluid.

The cure is perfect, no return. At the same time the menses have so far improved that they are no longer too early nor too profuse.

Julia P., thirty-six years old, has excellent health; consulted me on the 10th of September, 1860, on account of a hygroma of the right knee. A year before she had a bruise thereon from a blow, which had been treated by compresses wet with spirits of wine and camphor. Some swelling had remained, and this by degrees formed the above-mentioned tumor. It is as large as the third of a hen's egg. It is circumscribed, painless, fluctuating. The skin of the tumor is not discolored. Walking is more difficult. She tires easily.

Calc. carb.<sup>3)</sup>, four drops in one hundred and twenty grammes of water, two tablespoonfuls a day.

September 29th, nineteen days after the first visit, the cyst is smaller, softer, with a tendency to retrogression. Sac. lac.

In fourteen days more the cyst has almost disappeared, the skin thereon is relaxed, and lying in folds. No fluctuation; it appeared as if the walls were in contact, and glided over each other.

In November the entire disappearance of the tumor was ascertained.

#### CYST ON THE FINGER.

Pastor C., fifty-five years old, good constitution, has suffered a long time from gastralgia, and for two years has had a small swelling on the phalangeal joint of the middle finger of the right hand. The tumor is soft, movable, fluctuating, and of the size of a hazel-nut. It is not painful, but hinders the movement of the fingers. For some months it has increased. One physician had advised that the serous sac be removed by an operation.

I preferred internal medication. January 18th, 1864, I ordered three pellets Calc. carb.<sup>30</sup>, night and morning, dissolved in a spoonful of water, for six days.

Two months after the pastor assured me that it was completely cured, the cyst having disappeared in ten days. Only the loose skin indicates the presence of the former ganglion.

Such chronic diseases serve better than acute diseases as evidence of the efficiency of the infinitesimal dose. Will any one speak of a cure by nature in the case of a cyst which has lasted two years and constantly growing, when it disappears in fourteen days after the administration of a remedy? Is it not much more the evident effect of a positive medicinal action?

#### CYST ON THE WRIST.

G., otherwise of good health, suffers from time to time from gastralgia, constipation, and dyspepsia. He has been repeatedly attacked by pemphigus. The bullæ burst, and left painful ulceration, which continued several weeks. Under Mercur. and Arsen. in infinitesimal doses the disease disappeared, but relapses occurred, which, however, disappeared sooner each time.

He had a cyst the size of a hazel-nut on the anterior aspect of the wrist, which he had punctured every three months. I had done it twice myself. I proposed internal treatment, to which he acceded, in order that he might see the effect of homœopathic remedies.

July 10th, 1865, ten days after puncture I gave Calc. carb.<sup>30</sup> and after three weeks the same.

In four months I saw it again. He showed me his wrist, and there was not the slightest trace of the ganglion. I afterward convinced myself that there had been no relapse.

#### CYST ON THE EYELID.

Emil B., twenty-six years old, bilious temperament, was cured of a cyst on the right eyelid by Calc. c.<sup>200</sup>, and in five weeks after the thirtieth. The small cyst disappeared perfectly in nine weeks.

---

#### TOOTHACHE OF HORSES.

T. S. McCART, V. S.

It seems to me that a short talk about the care and feeding of horses might be beneficial to many lovers and owners of horses. Who ever thinks of his horse having toothache, or that his horse's mouth needs attention, or that there is anything wrong with his horse's mouth when he throws off large quantities of saliva? Continually chewing the bit, shaking the head, lopping the ear, turning the head sideways, and a score of other unnatural motions the animal makes to let you know that he is suffering pain. A horse cannot thrive well with a decayed tooth continually annoying him. He will not masticate his food properly because it causes such intense pain to bring the tender tooth in contact with any substance, however soft; consequently the animal will bolt sufficient feed to appease his hunger, and nothing more. After a time he grows thin in flesh, the hair becomes rough and staring, he is easily fatigued, has no ambition to move, etc. He now becomes a subject for physic, condition powders, etc. Finally some learned horse doctor undertakes the case and warrants to cure it in a week. After a few days the doctor asks for more time, as it is more difficult than he expected. The outcome of the matter is, the owner gets a bill three times the value of the horse, with the advice to turn the animal to grass for the season. Of course, he will not improve as long as the cause of the difficulty remains, and is at last pronounced worthless, destroyed, or sold for a trifling sum.

All of this annoyance and loss would have been obviated by timely exercise of a little good horse-sense! When your horse does not thrive, you can be certain there is a cause for it, which you can find by giving a little attention to the matter.—*Minnesota Medical Monthly*.



## EXPERIENCE WITH APIS.—A CLINICAL NOTE.

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

TO THE HOMOEOPATHIC PHYSICIAN.

MESSRS. EDITORS:—I had a letter three days ago which interested me so much that I transcribe it. If you think it of sufficient value you may print it in your journal. I will only premise that the patient, aged about fifty-eight years, is suffering with epithelioma of the uterus, and has been under my care and observation for the past three years, during which the growth has made no progress, but has rather receded, while her general health has greatly improved. On the first of September, 1886, she used, for the stinging, burning pains in the local trouble, a single dose of Apis.<sup>cm</sup>, Fincke. Two days ago she wrote me that the stinging and burning had returned. I sent a single dose of Apis.<sup>52m</sup>, Fincke, which she took as told in the letter. The result interests *me*.

DANBURY, February 23d, 1887.

MY DEAR DOCTOR:

I took those powders as directed, and must tell you of a singular experience I had Saturday night or Sunday morning. As usual, Nathan (her husband) was late home, and it was nearly twelve before we went to bed, although I had been lying down a good deal of the time before he came. I took a powder about eleven o'clock; did not get to sleep in some time, and after turning in bed felt something wrong about my forehead, and thought my hair had got twisted so as to pull pretty sharp. I brushed it two or three times with my hand, but it kept pulling worse, and I thought I felt something on the pillow, and imagined it might be a wasp or spider. I gave a shriek that aroused Nathan, and asked him to light a lamp, something had stung me. He did so, and we searched the bed, but could find nothing. I soon felt another sting on my left leg, two or three inches below the hip joint. I made sure there was nothing there, but two bunches came up like two small beans, and there was also a bunch on my forehead. They appeared in every way like a bee sting. I put some Arnica on my head, but after the one on my leg came I began to think about the medicine you were giving me for stinging pains, and did not make any further application. Was it the medicine? I have not had any of the stinging pain from

the local trouble worth mentioning since, but I have had some pretty hard piercing pain the past week, and also burning, so as to make me think there is a good deal of trouble there yet.

\* \* \*

Yours, sincerely,

J. S. G.

I must add that this patient has never had any idea what remedy she was taking. Of course, she knows nothing of what the drug was in this case.

---

## EMERGENCIES—EUTHANASIA.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

I am frequently asked, what should be done in times of great suffering for immediate relief? To those who desire to obtain reliable information, and who wish to practice in accordance with our principles, I would say, take the symptoms of each individual case and select the remedy capable of producing similar symptoms. In a general way this is all that would be expected of me for an answer to the question, by those who are conversant with *materia medica*.

Consumptives often suffer greatly when left to themselves, and some medical practitioners, knowing no better way, give Morphine and other stupefying agents, thinking that they allay human suffering.

This kind of practice cannot be too strongly condemned. Firstly, it is an acknowledgment that our law is not all-embracing; secondly, it is the *poorest kind of relief to the patient*. But I would not deprive medical practitioners of all means of relief for their patients, without furnishing as good or better ones.

The consumptive, when going down the last grade, needs the comfort of a true *healing art*, and not the makeshifts of monogrelism or allopathy. The homœopathic remedy is all that he, who knows how to use it, needs to allay the severest distress. Every true homœopathist knows the value of these wonderful remedies.

A few hints may not be out of place.

When the hectic fever, that so rapidly burns the patient up, is in full blast; the hot afternoon skin, the night sweat, the constant burning thirst, the red spot on the cheek, the diarrhœa,

the stool escapes when coughing, *the intense fever* P. M. ; the constriction of the chest, suffocation ; then should *Phos.*, *very high*, be administered, but *never repeated*. An aggravation will follow, but it must not be meddled with, as it will soon pass off, leaving the patient free from fever, and he will go on till death, many times, comfortably. *It is the regrettable meddling that causes the dying man so much misery.*

The distressed suffocation and inward distress in chest and stomach, streaming perspiration, great sinking ; must have the clothing away from neck, chest, abdomen, ghastly countenance, and choking, call for *Lachesis*, and it may be given as often as occasion requires, but to give satisfaction and prompt relief, not lower than two hundredth.

To this ghastly picture, if we add, he is covered with a cold sweat, and there is one on either side of the bed fanning him, and the abdomen is distended with flatus, and the breath is cold, *Carbo v.* in water every hour for six hours, and stopped, will give rest and beatitude with many thanks.

But the time is yet coming when even these remedies will not serve us.

The ghastliness of the picture has not been changed, and to it we have added the pains of dying cells—death pains, the last suffering. Such pains come on when mortification begins. If it is in the abdomen, we may avert it by differentiating between *Arsenicum* and *Secale*, but if this pain comes in the last stage of consumptive changes, we are beyond these remedies. Much later there is a remedy, and it is *Tarentula cubensis*. It soothes the dying sufferer as I have never seen any other remedy do.

I have seen *Ars.*, *Carbo v.*, *Lyc.*, *Lach.*, act kindly and quiet the last horrors, but *Tarentula cubensis* goes beyond these. I have lately administered it in the thirtieth cent. potency.

When death is inevitable, the first named remedies seem to be mostly indicated, but no longer act, and the friends say, "Doctor, can't you do something to relieve that horrible suffering?" the pain, the rattling in the chest, with no power to throw the mucus out ; the patient has but a few hours to suffer, but can be made as quiet as with the terrible Morphine in a very few minutes by the *Tarentula* thirtieth.

I believe that no physician would use a narcotic if he only knew a better way.

What is more inhuman than to leave the suffering patient in his last moments to writhe in the agonies of dissolution, surrounded by weeping friends? The true physician will embrace the opportunity to exercise his skill at these moments. It has

come to pass that I am invited frequently to stand at the bed of *moribund* patients, whom I never attended during their curable ills, and as many times do I thank the Grand Master for the wonderful means of allaying the pangs of the flesh, without resort to the necessity of departing from that law which I have so many times pronounced universal; even in the last moments—a euthanasia.—*St. Louis Periscope.*

---

### DR. EVERLY'S CASES IN THE NOVEMBER NUMBER.

Dr. Everly writes to us of this now well-known case, saying that he is still unable to relieve the patient. At his request, we publish a more detailed statement of the symptoms in the hope that some one of our readers will be able to suggest the remedy.

Mrs. L. B., aged fifty-six years, was married at sixteen years of age. Had a good constitution, was healthy and happy, but in less than six months her husband told her that women were for men's comfort, and they ought to be satisfied if they got their living. This crushed her feelings. She became filled with a desolate, lonely feeling, almost unendurable.

She gave birth to fifteen children in forty years, raising twelve. She scarcely ever lived in one place a year at a time, always residing on the frontier, subjected to all kinds of hard work and exposure.

When thirty years of age her family moved about four hundred miles, late in the fall, she walking and carrying a child much of the distance. Sharp pains began, shooting through her head and eyeballs, and finally, one night, whilst sewing, a sharp pain went through her head, seeming to burst it to pieces. She was delirious when her husband came to her, lying on the floor with her head clenched between her hands, and screaming that her head was burst. This lasted about eight hours. Very little was done, as no doctor could be obtained. Had frequent attacks after this when overworked or was pregnant, but not so severe as the first. Head very sore afterward. Her hair, which was black, turned very gray inside of three months. Her general health remained quite good until the fall of her forty-fourth year. About this time, her husband being an invalid, she was obliged to give him treatment with a galvanic battery every day for about eight months, by placing a sponge electrode under his feet, and holding the other in her hand, slapping his back from fifteen to thirty minutes at a time; in other ways

was working very hard. This seemed to bring on palpitation of the heart, with prolapsus uteri and hemorrhoids, with constant hard pain in splenic region. The menses stopped suddenly. She placed herself under the treatment of an allopath, who gave her sulphate of Morphia, which she took for about six years, constantly increasing the dose, until at last she used one-quarter of an ounce in a week. Washed clothes for a living for about two years, and in washing for a woman with erysipelas she took it in her eyes. In about three weeks after this had granulation of eyelids. The doctor burnt them with caustic and blue stone, turning down the lids and shaving the granules off, and cauterizing until the parts turned white. This was continued for seven or eight months. Quinine was given several times, until she was entirely delirious. These severe spells with her head continuing, she tried steaming, by heating three bricks, wrapping them with wet cloths, and placing one at each side and top, and covering the whole with a large pillow. She remained thus about three-quarters of an hour. Unconsciousness came on and lasted five hours. When consciousness returned her head felt as though it had been melted and all run together, and so terribly sore that the softest pillow felt hard. The spells continued. Was treated about four years by this doctor. The last year had sinking spells, in which while perfectly conscious could not speak or move. The flesh felt like that of a dead person. A new physician was tried. Had a long spell of sickness. Her stomach was so disorganized by drugging that she could not eat any solid food for three months. During this spell she imagined she was in an orchard, when her head came off. She got it in her apron to carry it home, and in climbing the fence let it fall against a tree, and it burst to pieces, but finally getting the pieces home, watched the doctor put it together. But one piece on the right side of the forehead would not fit, so he put it in his pocketbook, and after that in those spells with her head, would say if we put that piece back the pain would stop.

During this spell had all kinds of fancies; saw all kinds of beautiful birds and animals. Was in this condition about six weeks, slowly recovering. She stopped the use of Morphia, but in severe attacks she took Chloral, Chloroform, and Ether. This state continued until two years ago, when the pain went to her heart, causing it to stop beating until apparently dead. About a year ago came under homœopathic treatment. Soon after began having bearing-down pains and misery, as if the menses were coming on. At two or three different times had a discharge of a brownish color. These pains came on every month

during her first pregnancy. The veins on the back part of the right thigh burst, and there came a swelling as large as the first, almost preventing her sitting. Had trouble with this whenever pregnant, as the menses came on. After menses ceased had no more trouble with this until these pains came, when the swelling of the vein extended to the knee, with a purple color. At this time has pains beginning in the uterus extending to the hip and knee, with sharp, cutting pains in hypogastric region, a heavy pulling pain in sacral region, hard, dull pain in splenic region, or left hypochondria, shooting up through the heart or left shoulder blade, a drawing, bursting pain in occiput, with fullness and bursting pain in the front part; dry throat at night; bitter taste and foul breath; great soreness through the chest and pit of stomach, more so at night; sharp pains over the whole body; the inside of eyelids dry, the edges smart and burn; a coldness in small of back, as of cold lead; the right limb cold, with cold heels; numbness of the whole body at times; hemorrhoids protruding almost constantly when standing, very painful and sore, gather and break at times.

Aggravation at night from being alone; grief, melancholy, and deep thought; pains in the heart, with smothering; cannot get breath until she gets a drink of cold water and fresh air; is very nervous.

Amelioration, better in open air and from motion, from being in company.

Inside of eyelids is dry, edges smart and burn; coldness of back as if a piece of ice were lying on right side of sacrum; coldness of right leg; cold heels; numbness of whole body at times; hemorrhoids protruding almost constantly; very painful when standing, gathering and discharging at times; feeling of loneliness, although surrounded with friends; feels as if she were in the way of others; despair, does not wish to live; nervous, cannot sleep, especially after five o'clock A. M.; feels as if heart would stop beating, must move to keep it going; smothering sensation, relieved by drinking cold water. General symptoms change almost every day. Is better under my treatment than ever before. When I first saw her the eyes were so inflamed she could not recognize her own children.

---

Sensitiveness of neck in region of tonsils as if the necktie were too tight: Lachesis (*Hahnemann Materia Medica Pura*).

Sensitiveness of larynx to touch and when turning the neck: Spong. (*Hering*).

## CORRESPONDENCE.

MESSRS. EDITORS :

The following editorial from the *New York Medical Record* of February 19th shows how highly esteemed are those who, under the name of Hahnemann, are continually dragging in the mire the fair name of Homœopathy.

Very truly yours,

GEO. H. CLARK.

GERMANTOWN, February 24th, 1887.

### "A SPECIMEN OF HAHNEMANNIAN HOMEOPATHY."

"We have read with great profit the last issue of *The Hahnemannian Monthly*, a journal devoted presumably to the propagation of Homœopathy and the homœopathic practice. The six original articles with which the issue opens are striking illustrations of how little Homœopathy there may be in the practice aforesaid. The first treats of fatty heart, and the treatment advised is mainly hygienic—'symptoms as they arise should be treated with the properly selected homœopathic remedy'—but it is admitted that the prognosis is bad, *i. e.*, the remedies are futile. The next article is devoted to showing the value of Boroglyceride in certain surgical affections. The third article is on climate and phthisis. The fourth describes how the writer gave a three-drachm vial of Atropin, ten drachms [?], to a patient with singultus, until the throat was dry and the pupils dilated. He next gave one-fifth of a grain of Pilocarpin, then Lachesis, then Nux vomica, then Ignatia, then Hyoseyamus, and then Gelseminum, in one minim doses. At the end of three months the patient was well, despite the polytherapy. The last communication is upon Belladonna, Agaricus, and Borax, and reads a good deal like the real jargon of dogmatic therapeutics.

"The perusal of the articles above referred to leads one to ask how much of the real Hahnemannism there is among the readers of our valuable contemporary. There are certainly more climate, Pilocarpin, and strong nervines and narcotics than anything else in the last issue."

---

January 31st, 1887.

DEAR MR. EDITOR :

Permit me to point out a mistake occurring in January's issue of your much valued journal, where there occurs some little confusion between my father and myself, at page thirty-five. My father's present address is Darlinghurst, Sydney, Australia, and *mine* is 41 Catharine Street, Liverpool. In every other respect your kind remarks of my father are perfectly correct.

Apologizing for troubling you,

Most fraternally,

FOURNESS SIMMONS.

## BOOK NOTICES AND REVIEWS.

**CROUP : ITS NATURE AND HOMŒOPATHIC TREATMENT, WITH ILLUSTRATIONS OF HOMŒOPATHIC PRACTICE.** By Hurro Nauth Roy, L. M. S. : Lahiri & Co., Homœopathic Chemists, Calcutta, India, 1886.

This little pamphlet of forty-six pages is particularly interesting because it is written by a native East Indian physician. It gives a very excellent summary of the essential features of croup according to the latest information, and then states the remedies according to their therapeutic value. Clinical cases are given collected from various contributors to homœopathic literature. Two or three are added that are peculiar to India. They are as follows: Blatta Orient (cockroach) indicated in great dyspnoea, face congested, restlessness, hoarse, croupy cough, constantly changing position. Fever may or may not be present. Mooceta Jhoree (*Acalypha Indica*), Toolsee (*Ocimum Villosum*), Beetel Leaf (*Piper Chavica*), and Kala of the natural order *Acanthaceæ*.

From the tenor of a quotation from Dr. Holcombe we infer that the sympathies of the author are with the liberal or eclectic wing of our school.

W. M. J.

**KEYNOTES TO THE MATERIA MEDICA,** as taught by Henry N. Guernsey, M. D. Edited by Joseph C. Guernsey, A. M., M. D. Philadelphia: F. E. Bœricke, Hahnemann Publishing House, 1887.

The book before us purports to be a *resumé* of Dr. Guernsey's lectures on *materia medica* in Hahnemann College. Such it is. But it is especially devoted to his famous "keynotes," so valuable to every practitioner, and first published in his well-known work on obstetrics. As was said by Dr. Nash in a recent letter to the editor of this journal, "No man is fit to practice medicine until he knows these keynotes by heart."

Well, here they are, collected by the industry of Dr. Guernsey's son, who, by the way, reported the lectures at the time of their delivery. In these lectures the younger Dr. Guernsey had a grand opportunity for a perfect repertory to the keynotes exclusively. We regret to say he has not embraced it. The repertory appended is written in the same old ruts, much of it copied from Benninghausen, and arranged by regions, as in the *Materia Medica*, instead of being rigidly alphabetical.

W. M. J.

**ABRIDGED THERAPEUTICS, FOUNDED UPON HISTOLOGY AND CELLULAR PATHOLOGY.** By Dr. Med. Schüssler, of Oldenburg. Authorized translation by M. Docetti Walker. Baltimore: E. H. Holbrook, M. D.

This book is Dr. Schüssler's famous treatise on the twelve tissue remedies, but the copy before us is very much enlarged and improved since we first saw it ten or twelve years ago.

In support of the method of practice maintained in this book the author lays down the following propositions:

That the blood contains certain mineral salts in addition to water, fat, and albuminous substances:



That "in the formation of the tissue-cells these salts absolutely determine the kind of cell."

That "a disturbance in the molecular movements of any of the inorganic salts of a tissue produces a disease."

That "for the healing or cure of such, the smallest dose of the identical inorganic substance suffices, because the molecules of that substance administered as medicine fill up the gap in the chain of molecules of that particular cell or tissue-salt."

He recommends only minute doses of these tissue salts, and offers an explanation of the value of (say) common table salt in minute doses when the patient is already taking salt in large quantities with his food.

The explanation is as follows:

"Through irritation, over-stimulation, a certain tissue has lost its molecules of common salt. In consequence of this, that portion of tissue is so changed that it is no longer able to absorb out of the plasma new molecules of salt. The requisite molecules must, therefore, be introduced by some other means. The molecules of a minimum dose of common salt given as medicine reach the neurilemma (nerve sheaths) of those branches of the sympathetic which ramify through the mucous membrane of the mouth and upper part of throat, etc.

"In this way they proceed to the nearest ganglia (nerve centres) and from there they pass by the same path, *i. e.*, the ducts of the connective tissue sheaths of other branches of the sympathetic into the diseased tissue. \* \* \*

"When the said portion of tissue has acquired its former healthy condition through this supply of molecules, it possesses again the capability of absorbing from the plasma particles of common salt or any other cell salt."

"The presence of a dose of common salt unattenuated can be perceived by the nerves of taste. To produce this it is only necessary that the ends of these nerves be touched by the common salt. It is, however, questionable if the salt in a crude, non-attenuated condition can enter, or can be taken up by the ducts of the neurilemma which envelop the branches of the sympathetic.

"It seems probable that these narrow canals can only take up the delicately fine attenuated molecules of Sodium chloride and the other tissue salts, when set free by a special process of trituration or subdivision."

In the selection of the above extracts we have endeavored to give the readers of this journal who may never have seen the book itself in any of its editions, the salient features of a system that has attracted considerable attention in our school, and has sometimes been denominated "Schüsslerism."

For ourselves, as we understand Homœopathy, we cannot approve of these theories. We do not see how it is possible for them to be true. To us this whole scheme seems like a patching together of the theories and facts of physiology and the principles of Homœopathy in a vain endeavor to reconcile them.

The treatment of the sick is made to depend upon theories and "views." This has been the fate of sick people in all ages of the world under ordinary medicine. As these "views" were perpetually changing, the patient was subjected to a continual variation in therapeutic measures, and under such uncertainty, of course, the diseased state was seldom relieved, while the endurance of the patient was still further taxed.

The system under consideration seems to us to be only a repetition of the old story—a new theory, rising, flourishing, and then declining, until it sinks into oblivion. It apparently aims at establishing routine in medical practice, and thus to relieve the physician of the exertion and loss of time required for original thought in individualizing each case. Its ultimate end is to revive the idea and the search for specifics; to treat diseases rather than sick individuals, and to exempt the medical mind from the drudgery of study. All these are—if we may be allowed to use such an expression—the *vices* of old

medicine. Under their influence medicine has languished. Homœopathy was supposed to cure them, but in this Schüssler system we find them revived, and Homœopathy ingeniously made to support them.

Dr. Schüssler has stated some of the objections to his system and refuted them in a special chapter. But to us these objections seem puerile and, as a consequence, the "refutations" valueless. The writers making the objections do not seem to have made them from the point of view of a profound knowledge of and conviction of the law of the similars. Neither they nor the author of the book realize the comprehensive significance of this law. It is doubtful if they have sufficient acquaintance with it to see how it could be a law. Certain it is that there is not one objection that can be attributed to homœopathic conviction.

Perhaps it will be said that this criticism is severe and unjust. It is not our desire to be unjust, but we are anxious for the truth. We are free to say that the theory excites our admiration, but it is *only* a theory. If it is backed up by some clinical cases, we must say that they are not enough to establish it. Such a small number of cases would not be sufficient to establish the truth of Homœopathy. But, after all, the objections to it are cardinal and have been already stated.

Dismissing this part of the subject and returning to the make-up of the book, we can assure our readers that it is well printed; that it is well arranged for finding the most suitable remedy for any given case, and that it has that most desirable addition to a book—a copious index. W. M. J.

---

## NOTES AND NOTICES.

DR. M. D. YOUNGMAN, of Atlantic City, N. J., has associated with him in partnership Dr. A. W. Baily. While the firm will continue to give careful attention to all classes of diseases, it is Dr. Youngman's intention to devote himself especially to nervous diseases, both organic and functional.

ERRATA.—Dr. Winans wishes us to make some corrections in his Cough Time Table under rubrics as follow: "Morning in bed" add *Nux v.* "Forenoon," *Amm. m.*, not *Aurum m.* "Half-past one P. M.," *Phellan*, not *Phallas*. This error may also be found in Allen's *Symptom Register*. "Twelve P. M., Amel.; sitting up" refers to *Phos.* "In P. M. and evening" add *Sulph.*

THE TEXAS HOMŒOPATHIC MEDICAL ASSOCIATION.—The fourth annual session will be held at Fort Worth, Texas, May 3d and 4th, 1887. Officers for 1887: President, W. F. Thatcher, M. D., Paris; First Vice-President, J. R. Pollock, M. D., Fort Worth; Second Vice-President, F. Hines, M. D., Corsicana; Secretary *pro tem.*, C. E. Fisher, M. D., Austin; Treasurer, T. H. Bragg, M. D., Austin. Legislative Committee: W. F. Thatcher, M. D., *ex-officio*; C. E. Fisher, M. D., M. Slocum, M. D., T. H. Bragg, M. D.; J. Jones, M. D.

DANGER OF SYNCOPE IN HOT BATHS.—This peril is very great by reason of the "determination of blood to the surface of the body, thus quickly depriving the heart of its normal supply and stimulus." In cases of muscular weakness of the heart this danger must be imminent whenever the hot or even the warm bath is used. Apart from this obvious risk, however, there is always the possibility that in weakly or too impressionable states of the nervous system the peripheral stimulation produced by the application of heat to the whole of the cutaneous extremities of the afferent nerves may so act upon the centres as to arrest the evolution of energy by an inhibitory influence.—*New York Medical Times.*

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. VII.

MAY, 1887.

No. 5.

---

---

## WHAT IS TAUGHT?

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

We have on former occasions noticed the neglect and omissions by our colleges to teach their classes the knowledge necessary to make them the homœopathic physicians they have by the title of their institutions and their annual announcements promised. Our attention has been called to this by the testimony of their graduates and by the sorry evidence these have given of total absence of all knowledge of the philosophy and rules of practice which their diplomas falsely declare they have been taught, and that when leaving these graduating schools they were in such possession of this as to make them so capable of the practice of specific medicine as to be worthy of the confidence of the sick in the community, as specific, *i. e.*, homœopathic, healers. When so graduated and thus commended, we have found them wholly ignorant of the knowledge they were so declared to possess, and willing witnesses to this other damning fact, that there had been on the part of their teachers no attempt to impart this! Were we mistaken if we judged this state of things called for sharp rebuke? Were we mistaken when we deemed that the public should know of this neglect, and of the character of that which medical college faculties were giving their pupils as a substitute for that which had been promised?

These questions are suggested by statements of a member of one of our county medical societies to the effect that my last paper on "Medical Education" was denounced at their February meeting in a paper by one of its members, the object of

which was to “*urge on our colleges that their professors teach pure Homœopathy.*” The reason for this denunciation was that my paper “*was too severe.*” This denunciation was approved of by another member (himself a member of one of these guilty faculties), and especially that part which pronounced my paper “*too severe.*” This member also gave his own judgment of this that it “*was wholly uncalled for.*”

It will be remembered neither of these guilty members, both recently, and, so far as we know, both now, members of the same faculty, denied the facts to be as we have stated, nor attempted excuse or apology for these, for themselves, or associates.\*

It was only my comments on them they denounced—the one as “*too severe,*” the other as “*wholly uncalled for.*” Thus it will be seen they admit the facts of their college neglect and breach of trust to be as we have stated. The one confesses judgment against the faculty by urging that they now cease this neglect and breach, and “*begin to teach pure Homœopathy,*” and the other by his ready approval of this urging. Why this from either of these guilty ones, but that each knew the truth of former neglect to teach this?

And now we submit, the facts being admitted as we have stated, no comment on them *can be* “*too severe*” which denounces this long-continued crime. And the crime having been so long continued, the rights of these abused students and the rights of the public which incorporated these false colleges “*called*” in thunder tones for the exposure and denunciation of these faculties which have so long abused the confidence of both. Did this professor believe himself when he declared this exposure and denunciation “*uncalled for*”? Or can the other, before these admitted facts, imagine any of these, from any source, as more severe than these facts justify?

And now, having the confession of these two professors as to what has *not* been taught in their college, as given above, is it not of interest to know what *has* been given to students as a substitute for this neglected and omitted duty? We have the statement of one of these confessing professors as to their intentions in this business, and his views of means and places where

---

\* Since writing this paragraph we have learned this urging member is no longer a member of the faculty with which he had previously sinned. The urging on his part, whatever it may have been with his approver, was purely a matter of an awakened *conscience*. Though this has come rather late, we are glad it has come, and we hope it will do him and his late associates, including this approving one, a great deal of good. Will this urging bring forth in them fruits meet for repentance? *Nous verrons.*

"A good homœopathic education can be obtained. It can be almost anywhere, *i. e.*, in almost any homœopathic college. We are physicians *first*, and homœopaths *afterward*\*; and scientific men all the time."†

There it is—his views and plans—in plain words, which all can understand. "A good homœopathic education can be obtained in almost any homœopathic college." This he gives as his judgment. Then let him answer—Why is it *not*, in any one of them, his own included? He gives a sufficient reason why it is not in his own. "Doctors *first*"—"then homœopaths"—"and scientific men all the time"! He evidently would have it understood that his college is especially zealous in making, or in endeavors to make, *scientific doctors* of their students. He can mean nothing else. Then who shall apologize for or excuse such abortive efforts to this end as have year after year turned out classes of what he considers "scientific" doctors, in whose "scientific" attainments the *science* of therapeutics has no place? It has no place here because it had no place in the instructions given by these professors. And now one of them comes before a county medical society, at this late day, and urges that this wicked omission shall stop; that "pure Homœopathy" shall hereafter be taught even in their own college!

And then, "scientific men all the time" is decidedly good. What can be better? The trouble with this kind of "scientific" teaching is that the science of Homœopathy (without which no man can be a "*scientific*" doctor) is wholly left out. This endeavor to so make scientific doctors is no better than, and only, "scientific" fooling. It is giving to the young men who come

---

\* Why "*afterward*"? The reason for the creation of this college was not to "make doctors," but because "other colleges would or could not teach Homœopathy." Then why is this objective of this college existence and that of its faculty deferred to cognates of homœopathic science, and deferred so long that this objective is never reached? They have not taught these cognates better than they were taught by their old school predecessors, though they have given their whole time to them. There has been no pretense before or since the creation of this so-called homœopathic college that these cognates were not taught well enough by old physic.

† If they succeed in making them such adepts in "science" as to equal those of the poet, who could

a hair divide  
Between the west and northwest side.—*Hudibras*,

what does it help to make them homœopathic healers, if they continue to leave out of their teaching, as they confessedly have hitherto, the one science indispensable to this, the science of homœopathic therapeutics? Their attempt to make them such without this science has hitherto been only a miserable failure.

to their college for scientific *bread* only a *stone*, not bread at all.

So, confessedly, by these two professors, "pure Homœopathy" is not taught at all in their college, and hence the "urging" of one in his paper to cease from this crime, which urging is approved by the other. What, then, has been and is taught to students who are there gathered that they may receive this "pure" instruction, now so properly urged? What is the substitute for this, here given to these needy young men, and from what source is it derived and inspired? Here is a specimen given to them in the present session;\* it will speak for itself. It is not pretended by the student who wrote this, that it is verbatim, as given by the *professor* (sic!), but it is as nearly so as he could make it from memory, a few days after the lecture of which it made a part. He vouches for the accuracy of the specimen as to the principles it states and advocates.

Gonorrhœa is not due to a specific poison.† The abortive treatment, by Nitrate of Silver, excites an inflammation which, as it subsides, carries off the old trouble.‡ It is never to be used except at the commencement of the disease. A strong injection, twenty grains to the ounce, to be used only once, or one-half grain to the ounce, every two hours, stopping when inflammation and a thick, bloody, purulent discharge are reached. Bi. Chloride of Mercury, one grain to thirty or forty thousand of water, supposing bacteria are present,§ is efficacious if used early—four times daily—causes a subsidence of symptoms. Chloride of Zinc, one to two grains to a pint of water, dries up discharge.

In next inflammatory stage abstain from all injections. May, however, use this one for alleviation of pain: ℞ Ext. Opii, one scruple; glycerine, ℥ i; Aq. Pura, ℥ iii; Zinc Sulph., two grains.

This precious specimen is from one elected to teach in a college created to impart a knowledge of the philosophy and practice of specific medicine, *i. e.*, of Homœopathy. And yet in every line of the above he has made plain his utter ignorance of the first principles of these. First, of its philosophy of disease, this of gonorrhœa, for example. Homœopathic philosophy regards this as the representative of one of the divisions of the fundamental causes of chronic diseases. That it is a poison, or miasm, pervading the whole organism; that the troublesome local manifestation of its presence is only one of its results, and no more the disease itself than is the gathering in the handkerchief the influenza which has made its frequent use a necessity.

\* February 28th, 1887.

† To what is it due then?

‡ Perhaps this is Homœopathy, but the dose is certainly *rather large*.

§ What is a legitimate ground for this supposition? Is this intended in the interest of making his students *scientific* men?

And yet to this teacher the discharge and disuria are all there is of it. Stop these, and *voilà*—a cure of old *physic*. It is of no consequence to these myopic teachers of a “science,” which is no *science*—the results of these appliances for a *cure*, which is no *cure*—the least important of which is the cursing strictures which afflict this class of suffering sinners. In comparison with these, troublesome as they are, they are only insignificant before the ravagings of the syçosis this injecting practice has shut up in the organism—a ravaging and destruction of organs and functions, which cease only with the end of life, unless met and conquered by the specific means found only in the armamentarium of the “*pure Homœopathy*” this urging professor would have his college *begin* to teach. The philosophy this college was created to teach regards all diseases, except those of mechanical or chemical origin, as the outcome of a dynamic impress of some noxia on the life force of the sufferer, which changes its action on one or more of the functions of his bodily organs, so that the harmony of these is lost, with consequences more or less painful and dangerous, according to the nature of the disturbing noxia. This Professor, in the blindness of old *physic*, can only see two facts as to that of which he was speaking—discharge of a morbid product and painful micturition. Like old *physic*, he only sees a *local fact*, characterized by these two elements, discharge and pain. And he teaches to treat these with means which the philosophy his college was created to teach, tells him, only shut up the disease itself in the organism it has invaded for a greater and endless de-structive activity, unless conquered by the better means known to the philosophy it was his duty to teach, and to teach his class a knowledge of these better means, and how to use them for better results than can come from any amount or kind of injections, which are ever and only an unscientific resort for the cure of an uncomprehended evil. If this is the outcome of the endeavor of this faculty to “make scientific men,” then we submit it is the duty of this faculty, and their *first* duty, themselves to learn, before this problem of healing sicknesses, the meaning of this word “*scientific*.” For now this has no place in their thought, either as to diseases or the appropriate means for their cure.

But here is further, from this same Professor, on this same subject :

“The urethra of one man will be more sensitive than that of another, so you may have to feel round\* and work up to the right strength.

---

\* But what happens to the patient in the mean time if the agents used in this “feeling round” are too potent? “Feeling round” is good, *i. e.*, good

"Some of the ultra homœopaths consider injections injurious, and would not apply a *poultice* or a mus ard plaster, so afraid are they of metastasis, but I don't believe in having it constantly before me as a bugbear. I believe that injections have done harm, but if the proper injection be applied in the proper manner and at the proper time it will be beneficial.

"If I had nothing left in this world to choose from except internal medications and injections, I would take the injections every time."

[*Applause by the class!*]

Which of the three endeavors of this College was this utterance in the interest of? Doctors "*first*." It must be he regarded himself in the *first* stage, doctors! For there is neither trace nor savor of Homœopathy nor science of any sort in any word of it, unless it be in the expressed faith "that injections have done harm!" How could it be otherwise? If rightly seen, it will be found they have never done anything else. But he believes, further, "If the proper injection is applied in the proper manner and at the proper time, it will be beneficial." But the truth is, there is no such injection, manner, nor time. The only "proper injection" in the treatment of gonorrhœa is *no injection*, and neither manner nor time can sanctify the abomination, which is wholly false in philosophy and destructive in its results.

Is this the teaching by which they would "make doctors"? If so, what *kind* of doctors does it make? Does this kind of teaching contribute in any degree to the second objective of the alleged policy of this faculty, and on which and only this college was erected? \*

Would they "make homœopathists *afterward*" by previous teachings which violate all principles of homœopathic philosophy of disease, or is this to "make their students scientific men all the time" on this pabulum, into which no science, homœopathic or allopathic, in any degree or trace, enters? But if this teaching is in the interest of neither of the three grand objectives of the policy of this college faculty in what interest is it given, and why is it permitted?

Then what are "*ultra* homœopathists"? We do not, perhaps,

old physic—none of its adherents can do better. They are always doing this, and, like this Professor, always *doing this in the dark!*

\* Two years ago the Dean of this faculty in his commencement speech gave as the *raison d'être* of this college, that *Homœopathy* could not be taught in any then existing allopathic college, and *therefore* this had been created that a *homœopathic* education might there be given to students. Then why is it not? Why, after these years, is it found necessary to urge on homœopathic colleges, this one, of course, included, to *begin* after these years to teach "pure Homœopathy"? Why, instead of this, are students given such twaddle as we have quoted above?



exactly understand to whom this term applies. We know of only one kind, those who are loyally obedient to God's law in their clinical duties, and who never cease to search for the specific remedy for the sicknesses they are called to cure till they have found this and given it. They never resort to injections or other old physic means as a substitute for this, knowing the better results which follow the use of the specific remedy. Such as abandon this for the resorts of old physic from ignorance, incapacity, indolence, or any other cause, are *not* homœopathists at all, whatever they may call themselves or others may call them.\*

And whoever teaches classes in a homœopathic college to do this is evidently out of his place, and his labors are wholly subversive of that for which the college was created, *i. e.*, the teaching of Homœopathy, and not for teaching classes the superiority of old physic resorts or of "*old nurses.*" Verily, the urging on our colleges to begin the teaching of this *better*, though so long delayed, was neither untimely nor "*uncalled for.*"

And then we may, perhaps, be permitted to remind this teacher of injections that he misapprehends the objections of those who condemn and reject the use of them—these "*ultras*" of whom he speaks. It is not a fear of "*metastasis*"—a transference of the disease from one locality to another—but, as we have before remarked, that they shut up this in the organism, where it invades all organs, depraves all functions, and, perhaps, in the end, destroys life itself. That the difficulty of cure of this disease by specific medication—and it can be *cured* by nothing else—is immensely increased by these wholly unscientific resorts this teacher so earnestly recommends. It is not enough for him or others to say they have never *seen* such results follow suppression of gonorrhœal discharge. It is quite possible they never have, and it is as possible if these fearful consequences were before their eyes they would not recognize them as results of their favorite cruelty. Why should they? Gonorrhœa is to them only a discharge of morbid product with painful micturition.†

---

\* There is no more propriety in the phrase, "*ultra homœopathists,*" than there would be in that of *ultra mathematicians.* "*Ultra*" obedience to law is an absurdity the most foolish.

† Just as syphilis was to Ricord, only a sore of a certain kind—a chancre. This healed, and to him there was a perfect cure. [*Old physic.*] But there was *no cure* at all, though. As Ricord's observation of his cases ended here, it is more than likely he never knew that such *cured cases* in about two weeks appeared at the Hospital St. Louis to be treated for *secondary syphilis!* This is the testimony of one of the most intelligent young physicians this country has raised. In the pursuit of knowledge of his profession he was in daily

These stopped, and to them the disease is cured. They have no knowledge of it in any other manifestation, so when present it is not recognized. They do not see these disasters, it may be, because when they come on their unfortunate patients they go to others for relief, and it may be to such as this teacher designates as "ultras." Does he mean true homœopaths? It is certain these see more of these than is pleasant, and well they know the extreme difficulty of their cure. Let it be understood that our difficulty is not here, with the liberty of any man to practice injections in treating gonorrhœa, if this is the best he knows, but we do object to classes being taught this in a College said to have been created for teaching pure Homœopathy as a substitute for this noble objective, and more and more earnestly we object to the specific means of the homœopathic armamentarium being held up to disparagement before these classes in comparison with these or any other resorts of old physick.

But this devotee of injections is not the only one in this College created for teaching Homœopathy who casts this aside, and teaches for this the resorts of old physick. This is how he does it:

"The physician who trusts to medicine alone in post-partum hemorrhage is culpable. I should feel very bad if any of you should treat it without using the necessary means employed, such as ligature of the limbs with Esmarch's bandage—compression of aorta or femoral arteries—application of ice to interior of the uterus, or hot water and ice alternately—curette the uterus—use application of Iodine, which of itself is a styptic, etc."

Here it is. Could old physick have done better, or any recreant homœopath have done worse? This is given to his class as a substitute for that for which he had been called to the chair he occupies to teach, *viz.*: *specific* medicine. We venture to say to this man and his class, if he will but teach them this they will have rare need of these clumsy appliances of old physick. If he will but acquaint himself with the resources of specific medicine, and practice with them, and teach others to do the same, we venture to assure him he will find few occasions in the results for "bad feeling" when he finds his pupils engaged in

---

attendance on Ricord's clinic and at the St. Louis, where he met these *cured* patients so uniformly that they became objects of expectation, which was seldom disappointed. This famous specialist very likely never knew that the long list of published cures which made his name famous—the patients were not cured at all, but only damned. Healing the chancre was no more a *cure* than is the drying up the discharge of a gonorrhœa. And who does not know, who knows anything at all of the matter, how immensely the difficulty of the real cure is increased by resorts which produce these deceiving results?

obeying God's law of therapeutics. And more—in a practice of more than forty-five years with the specific medicine we have not met a case which called for any of the fuss and nonsense \* he says he will feel bad if the members of his class do not adopt in their practice, to the exclusion of specific medicine! Thus he teaches his class to avoid that for a knowledge of which his College was created, and to teach which he has been placed in the official chair he occupies! Was the crime in the appointment of an untaught, and therefore incompetent, man to this chair, or is it in his willful neglect and perversion of duty? Is there no power in the authority which made this appointment to remedy this abuse of confidence and dereliction of duty?

We have confession of this faculty as to what is *not* taught, and we have seen specimens of what *is*. We have, further, this testimony from a graduate of this college, of two years' standing, as to the spirit in which this, which is not Homœopathy, is taught by this recreant faculty, and also as to the spirit in which it is received by their deceived and misled students:

“When there was mention of any of the characteristics of true Homœopathy, or any allusions to these made, it was only to hold them up to ridicule!—And this brought from the class their loudest applause, every time!”

The witness to this shameful and disgraceful state of things is intelligent and worthy of belief as to the truth of that which he affirms. He has been, during the two years since his graduation, industriously engaged in obtaining, by his own efforts, that for which he had paid this faculty to impart to him, and at each step in advance in this knowledge he finds new sense of the crime committed against him and his associates by this faculty, created to teach the Homœopathy of Hahnemann, but who, disregarding this duty, only employed themselves in ridiculing it! And yet, a member of this faculty, so engaged, thinks a homœopathic education “can be had in almost any college,” and that rebuke of this abominable conduct is “uncalled for”! Who can hereafter, with these statements before him, respect the truth or the judgment of this guilty Professor?

---

\* We so characterize these as viewed from the homœopathic standpoint, and in contrast of these with the superior powers of specific medicines, always at the command of the specific prescriber. From the allopathic standpoint, apparently occupied by this teacher, the case must appear different, as these, no doubt, are the best means it knows!

## CHINA, OR CINCHONA.

A LECTURE BY PROFESSOR J. T. KENT, M. D.

China is prepared from the Yellow Cinchona Bark, and diluted from the tincture. This Yellow Cinchona Bark is used also in preparation of Quinine. Cinchona is not Quinia, but contains Quinia. It has an individuality of its own that cannot be produced by any combination. The most that is known about China, or Cinchona, commonly, is its use for chills and fever. It is used in large quantities in whisky. This is the principal drug in the old-school practice for chills. China is seldom indicated in chills, taking one season with another. There are seasons when it becomes the epidemic remedy, but they are far apart. Only one season in ten here will find Peruvian Bark homœopathic to the majority of the cases of chills. We find in one season that Arnica is curing the majority of cases; in another, Eupatorium. This season China has been indicated. I have not seen a single Quinine case this season, but still the old school are using it all the same. Large doses will generally suppress the chill. This season the ruling remedy has been Eupatorium; next, Arsenicum, then Arnica, Nat. mur., and Ipecac. They have been curing chills for me since July last. I think it likely, if you would examine the clinic books of this college, where over two hundred cases have been treated, you will find that Eupatorium rules. There may have been one or two cases of China. Where the indications are followed they get well without Quinine. That simply means one thing—that the prescriptions have been correct. When the curative remedy has been given the patient recovers. It is a broad remedy outside of its chill and fever indications. A host of conditions exist which call for China, giving it a field of action in other complaints, seldom in chills. It corresponds to that condition of the body known as anæmia. This is not a symptom, but a condition—great loss of blood, protracted hemorrhage, diseases that destroy the red globules of the blood, marked by weakness, exhaustion, irritability, and nervous exhaustion, or neurasthenia (this word is of no value). From the fact that it produces this peculiar weakness of body—this peculiar anæmia—it has been found the most useful remedy for hemorrhage; any complaint that results from hemorrhage; for “loss of vital fluids.” It is a wonderful remedy for old debauchees, who become anæmic and feeble. There is a grand feature running through

China; that is the irritability that results from the pains of a peculiar character—drawing, digging, and darting. Another peculiar thing is the aggravation of these pains by touch. The slightest touch brings on these pains. Touch aggravates and brings them on if they have been quiet for some time. The increase of amount of touch increases the pains to the greatest intensity; they become almost unbearable. China has the most intense suffering; especially is this the case where great hemorrhages have occurred. Nervous exhaustion will sometimes follow opening of abscesses, seminal emissions, and uterine hemorrhages; they culminate in this irritability. Another grand feature of this remedy is that the pains, weakness, and sufferings are all aggravated in the open air and slightest draft. China patients cannot endure the slightest draft. The pains and sufferings of this remedy are made worse from touch or draft of the open air. On the other hand, they are made better by warmth and in a warm room. The head pains are made better from pressure. The patient gets headache as soon as he goes into the open air, and is relieved from warmth and in a warm room. Many remedies have headache coming on in the warm room, such as Puls., Sulph., and others. These general features run through the remedy.

There is another grand characteristic—congestion, that localizes after the loss of fluids; pneumonia, that comes on after great uterine hemorrhage; abortion or miscarriage, after a surgical operation that has been attended with much hemorrhage and violent nervous shock. China is the first remedy to be thought of under such circumstances. For localized congestion following these losses think of China always. Give it unless some other remedy is especially more appropriate. Most of the pains seem to be worse from motion. The myalgic pains seem to be, under certain circumstances, better from motion. The pains in the abdomen seem to be better from slightest motion, but this is not a very marked characteristic. Motion is not to China what it is to Bryonia and Rhus. Another prominent feature is its great flatulence. The abdomen is distended almost to bursting; abdomen is tympanitic, painful, and sore, with these tearing, cramping, darting, and digging pains; all worse from touch and slightest draft of air. A marked feature of its flatulence is that he is not in the least improved by passing of little or even considerable amount of wind by belching (Lyc.), and reverse of Carbo veg., which has relief from expulsion of flatus. China, Carbo veg., and Lycopodium stand at the head of the list for this marked flatulence, almost full to bursting. Many

remedies are particularly windy, but these seem to have incarcerated flatus. In Carbo veg. the abdomen will be distended almost to bursting; when he begins to pass wind he gets relief. China gets no relief from passing flatus. Now, in China we have great debility, marked trembling of the hands, tongue, lips, and quivering and twitching of the muscles, which is called *subsultus tendinum*. You will see this state in low typhoid conditions, after marked hemorrhages, after great shock, or any exhausted condition of the body. The hemorrhages of China almost belong to the red string of the remedy, because it has produced such profuse hemorrhages. It may be large and active, yet passive and very protracted. Dark clots belong to China.

Another marked feature is the ringing in the ears. Now, this ringing appears to be very much like that which follows very marked hemorrhage (a continuous ringing in the ears after a uterine hemorrhage); face pallid, almost green. This is not a catarrhal ringing, but a nervous state, with threatened fainting (syncope). Another marked feature is its characteristic periodicity, every other day; every seventh or fourteenth day is less characteristic, but still it has it.

China has a few peculiar little symptoms that you will want to remember. They are very odd in their way; for instance, when the mother places the child to her breast she gets a toothache. You will be annoyed by that symptom if you don't know China. The mother will apply heat, which will relieve; touch will make it worse—especially is this the case in women who have had hemorrhage at their confinement. Every time she puts the child to her breast she has digging, tearing pain in a tooth or all of the teeth. (Every time the child nurses there is a discharge from the uterus: Silic.) (Every time the child nurses a sharp pain shoots to the back: Crot.-tig.) A case in this city was so bothersome and so severe as to last several weeks. Morphine, hot poultices, and many other things had been used by others without any relief. One dose of Crot. tig. cured this case. I have met this symptom about half a dozen times in the sick-room. (Cramps coming in abdomen or back every time the child nurses: Puls. and Cham.) There is one more symptom that is a peculiar one—a pain in the opposite breast while the child nurses; this is a Borax symptom. For instance, when the child is nursing the left breast, there is a violent pain in the right. These little things are peculiar and useful. There is another general symptom belonging to the general state of China, and that is a sore, bruised feeling all over the body, like Arnica,

only the latter is more marked. China is indicated if this sore, bruised feeling follows a profuse hemorrhage, or any of these vital losses, or severe diarrhœa that has been profuse. (In most all other instances it would make you think of Arnica. Baptisia has it; also Actæ race., in hystero-rheumatic diatheses. Baptisia has it in relation to fevers, and here closely associated with Arnica.) Now, these symptoms thus far modify the whole text. Whether your symptoms are related to chills and fever, or one disease or another, these states modify your symptoms. It would hardly be necessary to take up the text only to show how to apply the red string. You might go over the text again and again, and not figure out this much as the ruling symptoms belonging to the text. Here it says in text, in relation to its vertigo: Vertigo after loss of animal fluids; head feels weak, can hardly hold it erect. All this belongs to this general state of anæmia of China. China is seldom indicated in the earliest conditions of acute affections, because we have other remedies more appropriate. It comes in after marked debility, destruction of the blood corpuscles, with general weakness of the body, which brings on this vertigo. The vertigo and dizziness are from great bodily weakness when China is indicated. Now, you know, there will be a throbbing headache, better from pressure and in warm room, coming on after hemorrhage, and attended with sleeplessness, after labor with flooding, after any surgical operation attended with more or less loss of blood; night after night this patient remains awake. You don't need to prescribe Morphine. Sensation as if head would burst with sleeplessness; headache worse from motion or any jar. It is not that which modifies a symptom, but that which modifies *all* symptoms which belongs to the red string. Better in the room means better from warmth and excluded from draft of air. Brain feels bruised. Many of the complaints of China are worse at night; the pains are worse at night; the diarrhœa and the sweat also. It has profuse night sweats as a strong symptom. The sweat is oily.

Face.—Habitual nosebleed, especially morning on rising. But here we find under face, heat when entering a room from the open air; pale blue around the eyes. This gives you the pallid anæmic countenance. Toothache while infant sucks the breast; toothache worse from least contact with open air or current of air; better from pressing teeth together or biting hard. Another grand feature, that the exhaustive sweats are accompanied by thirst. China has thirst during the sweat of its peculiar fever. In typhoid, when the tongue becomes black

and cracked and bleeding, you will very often need China for that state. (Arsenic has very dark, brown tongue, sometimes black. Arnica and Baptisia have very dark, black tongue.) Another marked feature under desires and aversions: longing for dainties (cake and pie); aversion to fat things and warm food; to warm food and drinks, which disagree with the stomach. Aggravations from warm things, like Puls. and Phos. (Puls. is immediately made sick from warm tea and food. Phos. vomits food and drink as soon as it gets warm in the stomach; the pregnant woman gets sick and vomits from placing her hands in warm water: Phos.) The vomit of this remedy is sour and worse at night. Blackish, bloody vomiting is very much like China. Crotalus and Lachesis have produced black vomit; also Arsenicum. China has a vomit looking like inky water. This class of remedies, China, Arsenicum, Arnica, Crotalus-hor., and Lachesis will most frequently be your choice for black vomit in yellow fever (also Hydrocyanic acid.)

Cold feeling in the stomach is a peculiar symptom. These symptoms are all associated with the exhaustive sweats, as perhaps second in a characteristic way. Constant satiated feeling; yet can eat, but feels worse afterward; this occurs in the anæmic state, after great losses and sinking of strength. (Lycopodium has a keynote; after he has taken a mere mouthful he feels as full as if he had eaten a whole meal.) China has this with exhausted feeling, or after he had had chills and fever for some time. Fullness in the stomach and bowels; belching does not relieve. (Lyc. and Carbo veg.) Another prominent feature is slow digestion; food remains long in the stomach, especially if eaten too late in the day. (Puls., the food remains long in the stomach and sours; spits it up.) China is worse in the open air and Puls. is better; this decides the choice.

There is only one state, so far as I know, where the patient is made better by a draft of air, and that is in its collapse, when he wants to be fanned; he is covered with the sweat, often exhausting hemorrhages, and threatened collapse; China, Carbo veg., Ars., Secale. Vomiting of blood, great loss of blood; stomach sensitive to touch; gastralgia after depletion; acid belching of food; relief from motion; stomach feels sore, as if ulcerated; cannot bear slightest touch. China also produces enlargement of the liver and spleen. If you have a general anæmic state and history of Quinine drugging, you must antidote effects of the Quinine, and then give China high. Gastro-duodenal catarrh, after loss of fluids; colic from gall-stones; swollen, hard liver; these symptoms must be tied to the general



characteristics of the remedy. The diarrhœic stool is generally painless and at night.

Cinchona will serve you very universally in diarrhœas that are profuse and watery—yellow watery, or yellow, thin, and fecal. Black, watery diarrhœa especially calls for China, Arsenicum, Secale, and Baptisia. It is characteristic of China to have a painless involuntary stool of a cadaverous odor. The diarrhœa, in a characteristic way, is generally worse in the night and after meals, and a peculiar symptom in relation to it is at times a profuse sweat and then a violent thirst. You will find in Bell's little work on *Diarrhœa* that China is laid down for thirstless diarrhœa; but it has thirst if there is marked sweat; and, again, quite characteristic, thirst while at stool. (Arsenicum has a characteristic thirst before and during stool; also a marked thirst when the desire to go to stool comes on, attended with dryness of the mouth and thirst.) China has this same desire for water while sitting at stool. (Capsicum has thirst immediately after stool.) Another marked feature in relation to the painless nightly diarrhœa is lenteria. It is a common occurrence in infants to pass curdled milk in the stool. Another grand feature belonging to the aggravation of the diarrhœa: it is worse after a meal or after eating; sometimes worse in the mornings in hot weather and from fruits and sour beer; and that which belongs to China in general, from exhaustive diseases and discharges. Sometimes before and sometimes during stool, thirst; some colic, but it is the exception. When it is present, it is most likely to occur before stool. It is somewhat like Colocynth, relieved by doubling up. Another prominent feature is that the stool is commonly frothy. If you have a patient taken down any time during the night with a violent, gushing diarrhœa, stool being black or dark brown, cadaverous smelling, and attended with great exhaustion and pallor, stool driving out of bed frequently during the night, marked thirst during the sweating period (the more sweat the more thirst), painless stool, and may contain undigested lumps, very exhausting, give China. In the morning, forenoon, and during the day he may be somewhat better. Stool rather scanty during the day—a chronic diarrhœa that has a nightly driving out of bed, worse in the hot weather, after eating, and at night. A China diarrhœa, chronic, painless, and attended with lenteric stools, associated with the fevers and febrile states, with congestion of the liver, and stomach disorders, and with jaundice, will have these urinary symptoms, turbid, dark, or white sediment, and becoming cloudy, it deposits a yellow sediment, scanty greenish sediment. Another peculiar

feature, where they have taken whisky in large quantities, there will be a sediment of almost a mahogany color; it lies in rings around the bottom of the vessel. (For mahogany deposits always think of *Phytolacca*; a clay-colored deposit that requires soap stone to get it off will call for *Sepia*; it may occur in intermittents, but more commonly is associated with uterine disorders. *Sepia* has a gray, shining deposit, leaving a water line.) In an inflammation of the ovaries that follows hemorrhage or abortion, you will want to know *China*; the parts are very sensitive to touch; there may be tumid abdomen and pains worse at night; the patient generally is worse from the slightest draft of air. You must remember to apply this exhaustive state that comes from hemorrhages. *China* will often cure a dropsy that is the result of hemorrhage. An old woman died in the "Memorial Home" recently who had been given up to die two years ago. When I was elected as physician of the Home I found two old ladies given up to die. One of them, in particular, had vomited an enormous amount of blood (the Matron said "two gallons"); it produced considerable exhaustion. She sent for the doctor, who treated them in vain. Dropsy came on; the limbs became œdematous; the abdomen was full of serum and very tumid. Every day, for four days, she got one dose of *China*, and no more medicine. In four weeks the dropsy was all gone. She was upward of eighty years when I prescribed for her. Doctors say that old people cannot get well of dropsy. She had no more medicine until a few weeks ago, when inflammation of the liver set in, her abdomen filled up, and the other day she died. The old lady lived these three years entirely free from dropsy.

Of course, we don't find in *China* a dropsy in a pathognomonic way, but it produces a state like unto that following a hemorrhage. No matter how the anæmic state comes on, its symptoms are, nevertheless, similar to those which *China* is capable of producing. Dropsy in women after abortion, with profuse hemorrhage, convulsions after uterine hemorrhage, don't need any other medicine than *China* high. Metrorrhagia; blood dark; fainting; convulsions; congestion of the uterus; fullness, pressing, heaviness, worse from walking. This congestion of the uterus is most likely to come on as a result of hemorrhage or some exhausting disease if *China* is indicated. *Cocculus* had leucorrhœa instead of menses, but think of *China* also when these peculiar conditions are present.

There is a grand characteristic of *China* in labor—the pains cease from the hemorrhage. In this case she cannot have the

hands touched (aggravation from touch). Thirst sometimes comes on immediately after the hemorrhage, like the convulsions. Another peculiar indication in the last symptom, asphyxia of the new-born after violent hemorrhage of the mother. The mother has been having a series of hemorrhages, such as are found in placenta prævia, and the child is born asphyxiated. Then give both the mother and the child China. Some chest symptoms are marked, as great rattling in the chest, threatened paralysis of the lungs of old people, another good symptom in relation to breathing; China has cold breath. (You may place Carbo veg. first, Veratrum second, and China third.) The breath is cold in collapse; for instance, Carbo veg. has a peculiar picture—the patient cannot lie down in asthmatic state, or in collapse of cholera, or from hemorrhage (China), it may be; this threatened cold stage of the body, wherein it is related to shocks, the patient is bolstered up with pillows and covered with profuse sweat and pale; the breath is cold and patient must be fanned all the time. In Veratrum there is terrible exhaustion; cold, profuse sweat; great beads of cold sweat rolling out all over the body. Now, China is a sort of cross between these medicines. If this condition has been brought on after exhaustive flooding, surgical accident, or patient is in a profoundly anæmic state, it has cold breath, exhaustion, and sweat of the other two remedies. Arsenicum ought to be mentioned in relation to this collapse. It has terrible exhaustion, but in cholera morbus, where the countenance is cadaverous and covered with sweat, it has great restlessness and exhaustion. The restlessness is peculiar in Ars.; collapsed, he has passed through the period wherein the restlessness had been present; he feels that if he should move a finger he would die, so terribly exhausted is he. Ars. is not aggravated from touch like China. It seems in the most protracted state of China there are digging and tearing pains from touch, not found in Verat., Carbo veg., and Arsenicum. There is a peculiar cough in connection with China, dry cough in the night (here again you can see the aggravation at night), with granular expectoration during the day. Cough is made worse by exposure to a draft of air. The China patient wants to be covered up warmly, even around the neck. Any little draft aggravates the cough. Rumex has a dry cough at night when lying down, and worse from the cool atmosphere of the room; he even covers the head up; coughs worse on going into the open air (also Phos.). Many remedies appear to have a cough at night, while the aggravation is little different from the mere fact of being in the night. China will

have cough whether up or lying down. (Drosera has a cough as soon as the head touches the pillow.) Puls. has a cough on lying down; as soon as the head touches the pillow sometimes a cough comes on; also cough aggravated from warmth of bed. (Manganic acid has cough relieved by lying down.)

In dry, spasmodic, or suffocative night cough, as from vapor of sulphur, with bilious vomit, the patient coughs and coughs until it seems that he has worn out the mucous lining of the throat, and then comes the bloody mucous expectoration. Coughs worse with the head lying low (Arsenicum, Bry., Puls., and a host of remedies have this symptom); least draft of air; loss of fluids also after being awakened is sometimes characteristic; as soon as he rouses up from sleep he commences to cough. The chest is so sensitive that he cannot bear the least percussion. There are shooting, digging, and stitching pains in the chest. In a general way China is often restless, wanting to change the position. One hand is icy cold and the other warm (compare Ipec. and Digit.). (Lyc. has one foot cold and the other warm. This is not in organic disease, but simply a nervous state.) There are many pains, some of them attended with swelling in the limbs, but the marked feature is aggravation from handling or touch. The darting, tearing pains in the limbs are aggravated from touch, or worse from contact, as the text has it. Now and then pains in all the limbs, but especially in lower limbs, which depart in a warm room. Most generally with the pain in the limbs there is great restlessness, with some improvement on motion (not the marked improvement of Rhus); especially is this the case when the pains are not attended by swelling. Study the nervous symptoms closely. Under the nervous symptoms we have a recapitulation of the rest of the symptoms. There are a few peculiar things in relation to chill, fever, and sweat. The most marked feature before the chill is the thirst, the next is great restlessness the night before the chill. Unlike many remedies, there is no characteristic time of the chill. The most marked time of periodicity is every other day—it is marked in this periodicity. The next most characteristic feature is thirst during the profuse sweat. Few remedies have this. It is more common for the China chill to occur in the afternoon or in the evening or night. Another marked feature is heat of the face while there is yet coldness of the body, with dilated veins (remember that Cham. and Arnica have hot face and cold body). China, in a characteristic way, seldom has thirst during the chill, seldom thirst during the heat, but marked thirst during the sweat. It has thirst for little water and often, like Arsen.,

but also for large quantities often. A peculiar feature is that in the fever he wants to throw the covers off, but as soon as he does he becomes chilly. (Nux cannot bear to be uncovered in any stage; the least lifting of the covers makes him chilly.) The special feature is exhausting sweat with thirst. In relation to chill, he wants to be near a stove, but it increases the chill.

---

## BEENINGHAUSEN'S APHORISMS OF HIPPOCRATES.

TRANSLATED BY A. MCNEIL, M. D., SAN FRANCISCO, CAL.

### APHORISM 65, BOOK VII.

He who gives to a fever patient the nourishment suitable for the healthy should remember that that which strengthens the convalescent will make the sick still worse.

This aphorism belongs, without doubt, to the truest and most important maxims of the entire collection, and corresponds as well to the laws of nature as to those of every rational, medical science.

In the glossary to *Aphorism 59*, Book VII, we have had occasion to touch this subject, but only on one side, while this is on the other, then of fasting and hunger, and particularly where they were not indicated by nature. Here it relates to the blameworthy custom of not only relatives and nurses, but even occasionally of ignorant physicians, who press patients to take nourishment against their inclination, and to this end offer all kinds of dainties. We must not overlook this unnatural absurdity whenever the appetite fails, or aversion to food is present, or the digestive organs are affected by the disease, and are not in a condition to perform their functional assimilative process, or, as it is now called, metamorphosis of tissue. It is easy to comprehend that the nourishment imposed will not benefit the body, and that it is much more probable that the existing disease will receive an undesirable reinforcement, as the digestive organs in such a condition are made still worse than before. But it must be the most deleterious when the naturally depressed appetite is sought to be improved by palliative irritants. Food and drinks are administered which frequently contain articles having medicinal virtues, which are extremely seldom suitable for the case, and even if they should happen to be so in an exceptional instance the doses are so large and unsuitable

as to be not less hurtful. It is, therefore, always and unexceptionally true *that every nourishment not desired by the patient, let it be what it may, can only be given to his injury* if the disease is a fever or anything else. In all cases nature speaks so clearly and definitely that every mistake is impossible if one only gives to her language the necessary attention, and one does not commit the culpable usurpation of assuming to be her master instead of her minister.

I hope I may be pardoned the presumption of adding anything to what is said by this, the ablest disciple of Hahnemann, but it is only in the same line of thought Bœnninghausen here says what we must not do in feeding the patient. I will only attempt to show the obverse, and extend to other cases than nourishing the sick. What may we permit them to eat and drink? Hahnemann says, *Organon*, Section 262: In acute diseases, on the contrary (insanity excepted), the fine, unerring inner sense of the active instinct of self-preservation will decide the course to be pursued so clearly that the physician will only have to advise the friends and attendants to obey this voice of nature by gratifying the patient's ardent desires, without offering and urging to accept hurtful things.

Section 263. The food and drink most commonly craved by patients suffering from acute diseases is generally of a palliative and soothing kind, and not properly of a medicinal nature, but merely adapted to the gratification of a certain longing. Slight obstacles which moderate gratification might place in the way of recovery are more than counterbalanced by the power of a homœopathic medicine, by the vital force liberated by the medicine, and by the refreshing effect of a gratified desire. In acute diseases the temperature of the chamber and the quantity of covering should be regulated entirely according to the wishes of the patient; while every kind of mental exertion and emotional disturbance is to be carefully avoided.

Hahnemann's views on the diet in chronic diseases are contained in Section 261. The proper regimen to be enjoined during the use of medicines in chronic diseases consists in the removal of all obstacles in the way of recovery, and in the substitution of a wholesome mode of life, such as innocent recreation of the mind, active exercise in the open air in all kinds of weather (daily walks, light manual labor), proper, nutritious food, and drink unadulterated with medicinal substances.

Hahnemann and Bœnninghausen leave us in doubt as to what we are to do where patients have formed habits of using injurious agents, drinking liquors, using tobacco, etc. In acute

diseases nature usually relieves us of this embarrassment, as we seldom find the morbid appetite active. But in chronic diseases the drunkard wants his dram and the smoker his pipe. In these cases we must consult the unperverted taste. To the novice alcohol in all its forms, unless disguised skillfully, is repugnant; tobacco makes him deathly sick; vinegar, pepper, spices, condiments are disagreeable, and only by persistence become endurable, and finally almost indispensable. If these things thus acted at first they are hurtful always, and should be discarded. But the case becomes complicated when they have become almost a second nature—for instance, the man who has used tobacco a third or half a century. Is the benefit to be obtained worth the struggle? In many cases it is not. We must use our judgment, unbiased by fanaticism on the one hand, nor must we yield too indulgently on the other. And a habit that, in a hygienic sense, is worse than the tobacco habit, is coffee-drinking. Many a case of neurasthenia and the many ills of nervous women are caused by coffee. And two or three months' abstinence, without medicine or change of habits even, will restore the patient to health and usefulness.

---

#### CIMICIFUGA—CORRIGENDUM.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

In the August (1886) number of the *St. Louis Periscope*, p. 290, appeared an article by myself, entitled "Homœopathic Prophylactics," a little paper prepared for the "International Hahnemannian Association." At the bottom of page 292, in said article, will be found a reference to the use of *Cimicifuga* as a means of rendering labor short and easy. I am glad that I therein intimated that I had not experimented with it myself, and regret that I did not wait until I had thus proven its value (or cussedness, as I now believe) before rushing it into print. It is not a new suggestion, and doubtless every practitioner has heard it recommended for that purpose, but my California friend laid such stress upon its value that I did not hesitate to give it the prominence it seemed to demand. Since that date I have had some sad experiences with it, and it is with a sole desire of warning others *not* to use it that I now write.

I determined to prescribe it in ten cases and note the result. I administered it as advised, using the one thousandth potency (*Tafel*), which I knew to be good, until the thought occurred to

me that, as my friend was a low dilutionist, I would not follow in his successes unless I employed the potency he had doubtless used, and then gave to two cases the 3x Bœericke.

Case I was confined before I could reach the house, although found without delay. I was in great glee until I learned that this had been her *usual programme*, a fact I had neglected to ascertain. Case II said she thought she had "rather a better time of it," but if so I am thankful it did not fall to my lot to attend her, as she was on this occasion sick twelve hours after I arrived (having been in agony for hours before), and from which condition I finally relieved her by use of forceps, a procedure I much dislike. Case III said she was longer and suffered more than ever before. Case IV had an exceedingly long and difficult labor. Case V said she thought her labor was rather easier, but as I had attended her only eighteen months before I thought that she had appeared to suffer more than at the last labor, the suffering of which she may have partly forgotten "in joy that a man was born." Cases VII, VIII, and X deserve no special mention, save that they were not favorably affected by the remedy. It is with cases VI and IX that I have most to say, and it is an interesting fact that those two, the most difficult cases, should have received different potencies, one the 3x and the other the M. *Before labor*: Severe labor-like pains, preventing sleep and lasting at intervals for several weeks—both cases. (Some of the others had similar pains, though less severe.) *During labor*: When labor finally set in, which was much over the calculated time, the pains were terribly severe and ineffectual; she would cry out in perfect frenzy, because her child could not be born, and upon examination but little progress could be detected. *After labor*: Severe after-pains; sleeplessness; chilliness on motion; fever; cold sweat; cessation of lochia; copious, frequent, watery, frothy stools, accompanied by pain and followed by prostration; craving for beer; marked despondency (thinks she will die); headache; viscid mucus in mouth, as well as throat, which is very offensive to patient and exceedingly difficult to detach, causing nausea; urine dark, scant, and brownish; delirium one night (one case only); cough; sensitiveness to noise; one patient had a clock stopped that had hung inoffensively at the opposite end of her bed-room for years; complete anorexia; abdominal pain (indescribable), with soreness there. The above is a picture of both cases, though one was much more severe; the symptoms were grave and were difficult to remove—*Verat.* being of more service than any other drug in relieving the diarrhœa and cold sweat and



generally low condition and restoring the lochia. While attending the first case I wrote to Dr. C. Carleton Smith stating symptoms, having all the time in my mind the fear that I had caused the trouble, but neglecting to mention to him the fact of using the drug. His reply was, "Use Cimicif.; it has all the symptoms." Imagine my wrath. No antidote could be found in the books, so I concluded to try a different potency and gave the 2c in water with a relief of some symptoms.

Whether the Western climate has aught to do with my friend's successes in this matter is a question—at all events, it is not the drug for Philadelphians to trifle with.

The only prophylactic that I *know* to be of real value is the indicated homœopathic medicine. Few pregnant females are exempt from some aches and pains or abnormal mental conditions, and these symptoms furnish the sole indication for the remedy that will lighten labor. *This* others have proven. *This* I have again and again tested, and upon it hang my sole hopes of ameliorating that which can never be cured, O woman! for "in sorrow thou shalt bring forth children."

---

## CATARRHAL PNEUMONIA.

G. W. SHERBINO, M. D., ABILENE, TEXAS.

CASE I.—Cora G., æt. three. Was called at nine A. M. Found child with pulse 180, temperature 103.3°, respirations 60 per minute. Starting jumping when falling asleep; face flushed; throbbing of vessels in the neck. *Ry.* Bell.<sup>4m</sup>, one dose. S. L. every hour.

Third day.—Passed a very restless night; coughing, causing, or seeming to cause, pain in the chest; groaning with every breath; cries whenever being moved. *Ry.* Bry. A.<sup>1m</sup>, one dose.

Fourth day.—Pulse 165, temperature 103°, respiration 60. Cross when waking, kicks and acts naughty. Red sand in the urine. Four to eight, exacerbation. "*Fan-like motion of alae nasi* (Baptisia Phos.). *Ry.* Lycopod, (<sup>1400</sup>).

Fifth day.—Pulse 150, respiration 60. Somewhat better today, mentally.

Sixth day.—Convalescent.

On the seventh day she was exposed to cold draught. In the evening all the symptoms came back again. *Ry.* Lycop.<sup>30m</sup>, one dose, cured.

CASE II.—Flora P., æt. four. I was called at nine A. M. to see a sick little girl who had had a cough for a few days, but the night before she had a high fever, and I found her in the same condition. Pulse 180, temperature  $104^{\circ}$ , respiration 40. She was stupid, and yet she would start and jump. Mother was afraid of spasms. (R̄. (Bell.<sup>4m</sup>), one dose.

Second day.—Not quite so nervous. Did not start and jump so much. Temperature,  $104\frac{1}{2}$ , pulse 160, respiration 60 per minute. Hacking cough all the time.

I noticed *now fan-like motion of the alæ nasi*. We looked at the urine and found the red sand in the bottom, and she had to-day the four to eight exacerbation. R̄. Lycopod. (<sup>1400</sup>), one dose.

Third day.—The same.

Fourth day.—No change. R̄. One dose of Lycopd.<sup>3000</sup>. S. L. every half hour. At eleven A. M. the first dose was given of the (30 M). At four P. M. I was sent for; child worse. I saw an exacerbation. Father wants to call an allopath. I told them he might help me on diagnosis, but we could not agree on the treatment. I returned at nine P. M. Found the regular there. The temperature at four P. M. was  $104\frac{1}{2}^{\circ}$ , pulse 160, respiration 60. But now, at nine P. M., temperature 102, respiration 50, pulse 140. Child brighter every way. The allopath says she is getting better, and will be well in a few days.

She was convalescent on the sixth day.

Conclusion:

1st. The 1400 did not cause any exacerbation, but the 30,000 did.

2d. If I had repeated the remedy every two hours (secundum artem), I would have kept up the aggravation, and the family would have been unnecessarily alarmed, and the doctor called would have carried off the laurels.

3d. One dose saved my reputation in the family and in the neighborhood.

4th. Give the drug time to act, and exhaust its action before repeating.

5th. Give the simillimum in the minimum dose, and relief both prompt and sure will come.

---

In the above article Dr. Sherbino gives Baptisia, Lyc., Phos. as having fan-like motion of wings of nose. To these we add Bromine and Ant. tart. See Hering's *Guiding Symptoms*.—  
EDS.

## A BRIEF STUDY OF LACHESIS AND SABADILLA.

C. CARLETON SMITH, M. D., PHILADELPHIA.

It is within a comparatively short period of time that I became acquainted with the fact of the close similarity of the more special symptoms of the two drugs, Lachesis and Sabadilla.

Often have I been called upon to treat cases of chronic sore throat where the trouble recurred repeatedly, at short intervals, in all seasons; invariably locating itself in the left side, and spreading to the right; and yet which failed to be any more than temporarily benefited by Lachesis, though administered in all potencies. Having become acquainted with the close similarity existing between these remedies, I was at once struck by the fact that Sabadilla, as well as Lachesis, has as a leading symptom sore throat, beginning on the left side and spreading gradually to the right. Here, said I to myself, is, perhaps, the remedy for the Lachesis sore throat when it is met with in a chronic form, wherein Lachesis only acts palliatively in so many instances, or, in other words, improves, but does not hold the case. Following out this line of thought, and putting the drug to the test, I am thus far encouraged to believe that what, at this juncture, may perhaps be termed an inference, will very shortly be written down as an undeniable homœopathic fact—a fact which, in the hands of the members of the Lippe Club, I hope may receive, in due season, complete confirmation.

Let us now proceed to make a brief comparison of the more important symptoms of the throat and fauces of these two drugs.

*Lachesis*:—Uvula elongated, with feeling of lump in throat, which lump descends on swallowing, but returns at once.

*Sabadilla*:—Sensation of a skin hanging loosely in throat; obliged to swallow over it.

While swallowing, and when not swallowing, a feeling of a foreign body which he must swallow down, but can't.

*Lachesis*:—When swallowing fluids escape through the nose; worse, swallowing saliva—less from liquids, and even relieved by solids. Decided aggravation from hot drinks.

*Sabadilla*:—Stitches in throat only when swallowing, always going from left to right—as does also the suppuration. Continual desire to swallow, with deeply cutting pains, causing the whole body of the patient to *writhe*.

Aggravation, swallowing saliva, similar to Lach., but amelioration from swallowing warm food; the opposite of Lach.

Cannot swallow his saliva, must spit it out.

*Lachesis*:—Saliva abundant, tenacious, with bad odor from the mouth.

*Sabadilla*:—Saliva copious, and of a sweet taste.

*Lachesis*:—Tongue tastes sour, everything turns sour. Tongue catches behind the teeth when attempting to protrude it. Blisters on tip of tongue.

*Sabadilla*:—Taste, bitter or sweet, feels as if full of blisters. Cannot protrude tongue with sore throat.

*Lachesis*:—Breathing slow, difficult, whistling; chest feels constricted.

*Sabadilla*:—Sensation of narrowness of chest, with shortness of breath and wheezing.

*Lachesis*:—Cannot bear the least constriction of sore throat.

*Sabadilla*:—Sensation of constriction of throat and other parts of the body.

Under *Lachesis* complaints return regularly every fourteen days, but not at the same hour, while under *Sabadilla* they return every fourth day, precisely at the same hour.

The intolerable itching of the skin in *Lachesis* is relieved at once by plunging the parts in ice-cold water.

While the red spots and stripes of *Sabadilla* are more troublesome when exposed to the cold.

*Lachesis* has restless sleep.

*Sabadilla*, so drowsy he can scarcely overcome it.

## PROVING OF VACCININUM.

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

1886, October 19th, Mrs. G. A. took one dose of DM (Swan), and a second dose on October 22d. On October 29th, in morning, was taken with aching pains in back, worse in lumbar region, extending round waist. Tired all over, with stretching, gaping feeling; unnatural fatigue. Full feeling in head, with running at nose; severe headache in vertex.

On morning of 29th and afternoon of 31st slight coldness, followed by fever; ditto between five and six P. M., November 2d. Her rheumatic pains in wrists and hands have gone since taking the medicine.

*Vaccininum* in potency also removed a chronic catarrh.

## VERIFICATIONS.

EDWARD FORNIAS, M. D., PHILADELPHIA.

### SULPHUR.

In 1877, while living in Harrisburg, Pa., I was consulted by the late Dr. Freese for a case of *intermittent fever* of long duration and repeated attacks, which had before this been overpowered by large doses of *Quinine*, with much detriment to an already broken-down constitution.

The patient was a man of forty-five years of age, and received from Dr. Freese (who, I must say, was a good prescriber) *Ars.* and *Ipecac.*, the latter remedy giving the best results, but unable to eradicate the trouble. At a renewed attack of chills I was invited, by the above doctor, to see the patient. I found him very *weak and emaciated*, and complaining of *violent burning in the palms of the hands and the soles of the feet*, which induced me to place my hand on the top of his head, and there I met with a well-known symptom, which I have frequently verified, and which I think is a common concomitant in uterine disorders, namely, *burning heat on the vertex*. This, together with the marked *venosity* exhibited by his hands, was enough indication to suggest to me *Sulphur*, which in the thirtieth D. was given with the best results, only three doses being sufficient to cure the patient radically.

For over a year I followed this case, and during that time the chills never returned.

Now, who would, in view of such results, dare to wipe out these symptoms from our *materia medica*?

### SILICEA AND FLUORIC ACID.

A cigarmaker, thirty-seven years of age, tired of being probed and tormented by an old-school physician, who had treated him for some time, applied finally to me, stating that when convalescing from a severe attack of *typhoid fever*, a *tumor appeared in one of the right intercostal spaces*, which, after being frequently poulticed, broke open and commenced to discharge, first, a *thick, creamy pus, mixed with some blood but becoming every day thinner and more offensive*. When I first saw him he was *pale and weak*, and the discharge, which by its long duration was causing a decided harm to the organism, consisted of a *thin, dirty, fetid ichorous fluid*, and the surrounding parts were *hard, swollen*,

*and bluish.* He was suffering also from *pain in the ribs*, with the peculiarity that while he was working in a warm room he felt relieved, but as soon as he would go out into the cold air (being winter at the time in which I commenced to treat him) *his sufferings became unbearable.* Of course, *Silicea*<sup>30</sup> was prescribed, and its good and infallible effects were soon evinced, the abscess healing completely in six weeks, and the patient gaining much in flesh. So the improvement of the general health continued until the following summer, when, by excesses in drinking, late hours, etc., another abscess was formed, an inch below the old one, which took nearly the same course. *Silicea* in the third, thirtieth, and two hundredth was given again, with little improvement. Studying the case thoroughly, I then found that, contrary to the previous time, my patient felt *much better while working in a cool room, and great deal worse when going out in heat of the sun.* This time *Fluoric acid*<sup>30</sup> was given, and a complete cure effected, with no return of the trouble ever since. I am sorry to see that our *Materia Medicas* do not give the opposite aggravations of *Silicea* and *Fluoric acid*, upon which Dr. Farrington used to put so much reliance, and which was so clearly confirmed in this case.

#### ALUMINA.

Two interesting cases, which obviously prove that there are hidden treasures in our materia medica worth keeping and protecting, are the following: 1. A rachitic three-year-old child of a lady I had attended in labor was suffering from *atrophy.* According to the mother, the child had been *fed with the bottle* since four months old, suffered great deal from *colic*; *would not thrive at all, and dentition was very slow.* Up to the time I saw him he had not yet learned to walk or talk; his abdomen was *distended and hard, with swollen mesenteric glands*; his limbs *emaciated*, his knees *knobby*, his head *disproportionately large and heavy*, the *fontanelles not closed*, his appetite *voracious*, the *thirst constant*, and the stools *pasty, of a clay-like color, and attended by much straining.* He received *Calc. carb.*, which he continued to take for a few days in different dilutions, with little improvement, until one day the mother called my attention to an inclination the child had shown of late to pick up and *eat things* he would find on the floor, *such as pieces of paper, earth, etc.*, stating that on that very day he came near choking with a long *string of rag carpet* he was trying to swallow. This, of course, brought *Alumina* to my mind at once, and endeavoring to find "some

more legs for the table to stand upon," I learned that the *dry, lustreless hair*, the *absence of sweat*, and the *straining at stool*, so well exhibited in the case, together with the *abnormal cravings*, were strong indications to decide in favor of this drug. That the selection was good the results did exceedingly prove, as the child soon became another creature, and is to-day a strong, healthy boy.

2. The other case has brought more patients to my practice than I ever had. It had been given up by the old school and was very much like the above, but worse in every respect. *Fed by the bottle; slow in walking, speaking, and cutting teeth; enormously large head, with open fontanelles, and bathed in cold sweat; voracious appetite, distended abdomen, glandular involvement, progressive wasting, persistent, watery diarrhœa, etc.*, was the picture of the case. After *Calc.-carb.* and *Sulph.* had done much good and the child was in the way to recovery, a violent fever, with involvement of the brain, set in, which nearly took him to the grave. This alarming condition being mastered, the child went back to his former trouble, when *Alumina*<sup>3</sup> became the deciding factor in making of him the healthy and strong boy he is to-day.

The indications for *Alumina* were: *Abnormal cravings, liquid stools, with much straining; absence of sweat, dry, lustreless hair, and persistent strabismus*, which was left by the fever, and commenced to improve with the other symptoms as soon as this remedy was prescribed.

This little fellow lives in the neighborhood of Third and Spruce Streets, and is at present a complete picture of health.

---

## EXPERIENCE OF A YOUNG HOMŒOPATH.

F. E. STOAKS, M. D., ATTICA, OHIO.

For two years after graduating and assuming the responsibilities of a physician, and *pretending* to be a homœopath, the success which I enjoyed in curing disease was far short of what I anticipated. Cases presented themselves for treatment in due time after failure by allopathy to cure, and I, with that vain self-confidence which all young M. D.'s possess, more or less, promised them a sure cure. I did not completely fail, but it was so far from complete success that all the glory and hopes of victory and plenty of practice were converted into bitter disappointment. Some of my cases improved, others remained unaffected by my treatment, and none were cured, as I had so

prematurely pictured in my mind. What was the matter? Was I or Homœopathy at fault? Was the science I had espoused, for which I had worked so hard to equip myself to represent, not what I had hoped it was? Was it a case of misplaced confidence? No. For I read in the journals of great cures, and the truth of *Similia* advocated, besides, my weak idea of what Homœopathy really was still lingered in "my hopeful breast." But I had not yet verified the "great truth" as I read it and had been taught. I had not seen a single really convincing result, from the cases I had treated thus far, to give me faith in the truth of *Similia*. I had some knowledge of *materia medica* which I had attained at college and in student life. Up to this time, dear reader, I had not read a single page of the *Organon*. Now, after this confession, you may imagine where the trouble was. I thought I knew what Homœopathy was, but I did not know as much about pure Hahnemannian Homœopathy as a two-year-old "kid" does of astronomy (excuse comparisons). I had not been under the instruction of the master. I had been groveling in the filth of materialism, routinism, empiricism, mongrelism, and everything but Homœopathy as Hahnemann practiced it. I had hitherto been guided by false ideas, or rather imperfect ideas, of the real principles and necessary requirements to be a successful homœopath. From reading a sample copy of *THE HOMŒOPATHIC PHYSICIAN* I was informed of the importance of studying the *Organon* in an article by the venerable Dr. P. P. Wells. I at once procured a copy and studied it, with the result of discovering how far I came from being a true homœopath, and how little I knew about Homœopathy.

After hesitating and reasoning for some time as to the truth of the dynamic force contained in drugs and the dynamic nature of diseases and the means of curing them by dynamic action as Hahnemann teaches us in Section 16, I resolved to treat my future cases according to Hahnemann. I had no medicine in my office higher than the 3x, except Lachesis 18th. I ordered a few of the polychrests in the thirtieth centesimal, and determined to treat my next case, whatever it was, with them, but not without considerable doubt of their power to cure. My first chance offered itself in the following case: A daughter came to my office for some medicine for her mother, who was "suffering with neuralgia." I explained that I must see her mother, which the girl requested me to do. I armed myself with a few of the thirtieth centesimal dilutions and went to my patient, whom I found in bed with her hands in her hair, uttering loud exclama-



tions : " I shall die ! I can't stand it any longer ! " *Tossing* about on the bed. Her face was red and expressive of great *anguish* and suffering. " *It seems as if my brain would burst out of my eyes.*" She would sit up a minute in bed, at which time I noticed her face would *turn pale*, and when she laid down it was *flushed*. Her skin was *hot* and *dry*, with *great thirst* ; pulse rapid and *thread-like*. I knew enough about *materia medica* to see *Aconite* strongly indicated, and therefore I gave it in the thirtieth centesimal, five drops in ten tablespoonfuls of water, and gave her one tablespoonful and waited. I was determined to follow Hahnemann in Sections 246-7. In five minutes my patient was noticeably easier, and in ten minutes was lying quietly sleeping, with a warm perspiration on her face. I would have you imagine my feelings at this moment. I promised to call next morning, when I found that my patient had slept all night. The medicine had not been repeated, according to orders, unless the pain returned. I was then realizing the truth of Hahnemann's teaching, and obtained more solid satisfaction by the result of this one case than in all the previous two years. We all need just such experiences as this to convince us of the truth of the efficacy of pure Homœopathy. This case was the means of arousing my anxiety to investigate further into Hahnemann's writings. I studied my *Materia Medica* and searched my repositories for the totality of symptoms. I am daily verifying the power of dynamic medicine, the single remedy and minimum dose, with the result of curing my cases easily and beautifully. I am now prescribing Dr. Swan's CM and CMM potencies with astonishing results. I care nothing about empty theorizing concerning the power of high potencies, but allow myself to be influenced only by results.

---

## THE SURGICAL BUREAU OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

We are in receipt of a letter from Professor E. Carleton, M. D., of New York, in which he laments that the Surgical Bureau of the Association has not had the support it merits. Indeed, it has been very much neglected. Cases of surgical diseases cured homœopathically have been sent to the Bureau of Clinical Medicine and elsewhere. This should not be. The members of the International Hahnemannian Association should bear in mind that the surgical bureau is of especial importance, in view of the fact that surgery is popularly supposed to be beyond the

pale of our school. How much eclectic teaching is given in surgical matters to the students of our colleges! It is our duty to combat this teaching by exhibiting as many cases treated by the Hahnemannian method as possible. Many interesting and instructive cases might be reported. A generous support to this Bureau should be accorded by sending in such cases; free discussions of them should follow that the weak-kneed among us may be encouraged.

Dr. Carleton assures us that the programme of the next meeting will be so amended as to give surgery more prominence than it has had hitherto. Now, let the members come prepared with papers, read them themselves, and join in discussion of the contributions of others. All are interested in making the meeting a success.

---

### MANIA A POTU.

CLARENCE C. HOWARD, M. D., NEW YORK, N. Y.

CASE I.—Mr. F., admitted to the "New York Christian Home for Intemperate Men" March 25th, 1886, he having previously arranged that his physician, a homœopathist (?), should attend him. Eight days later, when I saw him, I obtained the following history: This was his eighth attack of delirium tremens, and his physician, after having prescribed thirty grains of Chloral Hydrate twice a day, also a dark-colored liquid in two glasses of water, concluded he had done all that medical science was capable of, and had abandoned the case as hopeless. The symptoms were so masked by this barbarous, inhuman treatment, that I was unable to prescribe until the next day, when the following condition presented itself: Delirious talking, thinks that members of his family have been murdered; sometimes thinks they have been burnt, and that their charred remains are in the room with him; sometimes that they were eaten by vermin; great fear that he will become insane, or that people will think him so.

There was a profuse perspiration about the head and face, and the legs and feet were cold and clammy. He was extremely nervous and easily frightened; sometimes would crouch in the corner of the room and pull the bed-clothing over him.

One powder of Calc. carb.<sup>10<sup>rm</sup></sup> (Fincke). There was no improvement until the evening of the 9th of April, when he fell into a deep sleep which lasted until about eleven o'clock the

next morning. He awakened perfectly rational and remained so until about eleven P. M., when he had a return of the delirium, which continued for twenty-four hours, when he again fell asleep, sleeping for about twelve hours. Upon awaking his delusions and hallucinations had entirely left. He had but the *one* dose.

CASE II.—Mr. A., age thirty-seven, admitted to the “New York Christian Home for Intemperate Men” April 14th, 1886. Having been on a protracted spree for three months, developed mania *a potu* two days later. Symptoms: Delirious talking; amorous talking, sees beautiful women in a nude state; very merry; beautiful visions, changing to horrible; picking at the bed-clothes. One powder Cannabis Indica<sup>5m</sup>. (Fincke). Slept all the night of the 18th; awakened perfectly rational the next morning. No return of symptoms.

CASE III.—Mr. H., age thirty, admitted to the “New York Christian Home for Intemperate Men” June 8th, 1886. Mania *a potu* developed June 10th. Symptoms: Delirious talking, pupils dilated, eyes congested, constantly smiling; desire to escape from the room; cannot realize where he is; ugly moods, tries to bite the nurse or the spoon with which he is fed. Bell.<sup>mm</sup> (Fincke), one powder. Fell asleep the night of June 11th; June 12th perfectly rational. No further trouble.

---

## LACHESIS NINE-MILLIONTH.

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

1886, December 2d, Miss B. wrote that she had had a very bad cold on her chest for eight or nine weeks, which had left behind it a very horrid feeling in her chest, an aching feeling, and a sensation as if she were breathing through a thick blanket; not as if the blanket were at her mouth, but as if it were at the bottom of her throat, just in the little hollow place above the breast-bone (*supra sternal fossa*). The symptoms are much aggravated if she puts her hand on her chest or on the little hollow place in the neck. For the last few days a little blood has come now and then from the nose on blowing it.

Next day I sent her one dose of the nine-millionth potency of *Lachesis*, which Dr. Fincke had kindly sent me.

1887, January 5th, she wrote that the symptoms went in a week and had not returned.

## DR. SWAN AND THE I. H. A.

“Personal interests or ambitions have no place, but only *what* is truth.”

The International Hahnemannian Association was organized for the study and perfection of Homœopathy by such physicians as believed in Hahnemann's teachings. In the performance of this work the Association has been compelled to fight error upon all sides. It has not shrunk in the past from boldly combating all false teachings which it has found. Shall it now avoid the performance of a duty to the science it loves, because such duties necessitate the repudiation of false teaching by one of its own members? The duty is unpleasant, but we hope the I. H. A. has the courage to perform it.

Dr. S. Swan has for many years held and openly advocated medical (if such they can be called?) opinions which are at variance with Hahnemannian Homœopathy. He has been tolerated until forbearance ceases to be a virtue. In his latest publication his absurdities have passed all bounds. We refer to the *Catalogue of Morbific Products, Nosodes, and other Remedies*, which he has published and dared, with unwarranted impudence, to stamp with the seal of the I. H. A. It would thereby seem as if the Association authorized the publication of this *Catalogue*.

It is scarcely necessary to quote any evidence of its quackery; but we may be excused for asking if his “quadruple mixture,” or his mixture of twelve tissue remedies, be homœopathic, upon what symptoms can they be prescribed? Or, can one imagine how he could use the “*Seriaca Barlowii*,” which Dr. Swan kindly informs the public is “from a silk handkerchief eaten by a cow, and taken from the stomach in a hard ball.”

Moreover, at page thirty-one, “a generalization” is given which is *untrue*. It says: “Morbific matter will cure the disease which produced it, if given in a high potency, even to the person from whom it was obtained.”

Neither Dr. Swan nor any one else has cured enough of such cases to prove anything. We have heard of many cases Dr. S. has treated which have not been benefited; rather the reverse. But it is useless to discuss the question.

Dr. Swan will continue to advocate this empiricism, for he believes himself to be a great discoverer, and to be persecuted as many really great men have been persecuted for their discoveries. Dr. Swan has not discovered *anything*, but has taken up

the ideas of others, and has gone wild over them, a veritable Don Quixote!

With the opinions and the acts of Dr. Swan as an individual we have naught to do, but when he or any one else publishes a catalogue of such nonsense under the seal of the I. H. A., then it behooves us to speak out plainly. We assert that Dr. Swan must leave the I. H. A., and his *opinions must be condemned*, or the I. H. A. will become a caricature. Dr. Hering wrote long ago: "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." Dr. Swan's methods are at variance in every way with "Hahnemann's strict inductive method." Which shall it be—Hahnemann or Swan, Homœopathy or empiricism? The I. H. A. cannot advocate both, they are as opposite as day and night, as truth and falsehood.

E. J. L.

---

#### THE HOSPITALS OF THE WOMEN'S HOMŒOPATHIC ASSOCIATION OF PENNSYLVANIA.

The above-named Institution, located at Twentieth Street and Susquehanna Avenue, Philadelphia, has had public attention turned upon it very particularly during the past month by reason of the bold action taken by eight of the lady physicians upon the visiting staff.

They have held a caucus, in which they have drawn up a written protest and appended to it their resignations from the staff.

The allegation is that the Board of Managers, not one of whom is a physician, has audaciously interfered with the plan of treatment of these doctors, interfered with their "potencies and remedies," and refused to permit the use of alcoholic liquors, and also of Carbolic Acid as a disinfectant, thus hampering their action in relieving patients and endangering their lives, whilst the responsibility is not removed from the physicians.

The discontent of these women doctors has been freely ventilated in the daily newspapers of this city. They have laid their complaints before the County Society, which organization has indorsed their action in resigning, and the indorsement is published in the daily papers. In his valedictory oration before the graduating class of Hahnemann Medical College, Dr. Betts has alluded to the affair thus: "In our hospitals, where the necessity of disinfection is recognized, you find that all the best means known to science are employed to prevent the spread and

propagation of diseases, and where a misguided sentiment would restrict our physicians from using these agents, they refuse to be held responsible for the results and withdraw from the institution."

In justice to the Managers, and by reason of the wide publicity given to the affair by these doctors, we are compelled to state their side of the case.

The Woman's Hospital is governed by a set of rules. These rules are published, and are therefore well known. Physicians who take service in this Hospital are understood to subscribe to these rules. When they can no longer feel themselves bound by them they are expected to resign.

The lady physicians in this case intended to depart from the letter as well as the spirit of these rules, and when reminded of their delinquency practically and sensibly acknowledged their error by resigning. This is the whole case in a nutshell.

If it be asked in what way they ignored these rules, we may state that crude drugs were brought into the Hospital for common use; it was desired to administer cathartics and Persulphate of Iron, when rule first distinctly says: "No medicines, except strictly homœopathic potentized remedies, shall be allowed for use in the dispensaries or in any department of the Hospital." In their protest these ladies justify this practice by quoting from a recent lecture delivered by the venerable Dr. Lippe within the walls of the Hospital, in which he says: "The whole scale, from the crude natural substances up to the higher and highest infinitesimals, should be open to the choice and the practice of every sensible and candid person."

This statement, sensible and innocent enough in itself, is deliberately perverted to justify the use of *massive* doses, which are contrary to the spirit and letter of the homœopathic teaching, and utterly opposed to its plain philosophy. Thus perverted, it constitutes the argument, old and threadbare, used in the past by men who were avowed mongrels, to justify all sorts of allopathic procedures, to the scandal of the true followers of Hahnemann, and the delight of the cynical regulars, who extract from it all the arguments they need against the new school.

It is the argument used a few years ago by a well-known physician and professor in New York, when he arrogantly declared, in the meeting of the County Society, that he gave purgatives, diuretics, etc., and "considered himself a very good homœopath," thereby provoking the *New York Medical Record* to the brilliant and pungent remark that "Homœopathy had committed suicide in the open streets."

It is the argument that one of these ladies had in mind when she contemplated the using of purgatives, and yet, no doubt, holding herself to be "a very good homœopath."

It is the argument used by them to justify their intention to use alcoholic liquors upon the patients in the Hospital in direct violation of rule sixth, which says: "The use of alcoholic liquors in any form will not be allowed in the dispensary, or any department of the Hospital."

It is an error to say that physicians are restricted from using disinfectants. In these Hospitals Copperas, Platt's Chlorides, Bichloride of Mercury (or Corrosive Sublimate), Sulphate of Zinc, and roll Sulphur are used for disinfection. In the new building elaborate arrangements have been perfected for using steam-heat to disinfect clothing. The only objection made is in the case of Carbolic Acid, and that is abandoned on old-school authority, the very authority for which the malcontent doctors entertain such profound respect. The text-book used in the Hospital is *The Hand-Book for Hospitals*, published by and for the use of "The State Charities Aid Association" of New York. This work is excellent allopathic authority, and condemns Carbolic Acid in the most pointed manner. It would be well for the seceding physicians to make themselves better acquainted with the "best means known to science" for disinfection before taking such pains to champion the cause.

We deny that there is any interference with the "potencies and remedies" prescribed by the visiting physicians. The writer of this article has practiced in this same Hospital, and he was never interfered with in any manner. He did not find it necessary to use Carbolic Acid for disinfection; for in a case of uterine cancer, in which the putrescent odor was so strong as to sicken the nurses and cause one of the lady Managers to partially faint, he gave the indicated remedy, *Silicea*<sup>20</sup>, with the result of reducing the odor to an extent that surprised the Managers, several of whom were witnesses of this excellent result of applying homœopathic methods.

The sum is this: These people secure foothold in an institution that has in plain view a set of rules to which they are opposed. Notwithstanding this, they serve under these rules, and thus tacitly consent to them. They then combine to nullify them, and when remonstrated with deny the right of the authority, whose consent gained them admission, to make rules at all—a practical usurpation.

WALTER M. JAMES.

## BOOK NOTICES.

### CATALOGUE AND PRICE CURRENT OF HOMŒOPATHIC GOODS of every description, for sale by Otis Clapp & Son, Boston.

This is a book of two hundred and fifty pages. It contains within its pages a list of absolutely everything a homœopathic physician needs in his practice, even if he be a surgeon. It is copiously illustrated with excellent woodcuts of all kinds of surgical instruments, gynecological chairs, splints, galvanic and Faradic batteries, medicine cases, especially buggy cases, and vials. There are price lists of remedies, vials, corks, and other things. Not content with including so much, the Messrs. Clapp have added a list of all homœopathic physicians practicing in New England and have not forgotten that indispensable requirement of a good book, a copious index. In issuing this catalogue the Messrs. Clapp announce their removal from No. 3 Beacon Street, to more commodious quarters, at No. 10 Park Square, Boston.

---

## NOTES AND NOTICES.

FIBROID TUMOR OF THE OVARY.—A case of this kind was reported in *THE HOMŒOPATHIC PHYSICIAN* for February, 1885, by Dr. R. B. Johnstone, cured with Aurum. In a recent conversation with Dr. Johnstone he assures us that the tumor remains cured to this day.

I. H. A.—Dr. E. A. Ballard, 97 Thirty-seventh Street, Chicago, Secretary of the I. H. A., desires us to announce that the next annual meeting will take place June 21st to 24th, at the Ocean House, Long Branch. At this house a good room for sessions and for Committees will be furnished, with first-class living.

DR. SCHÜSSLER'S BIOCHEMIC TREATMENT.—In reviewing this work in the April number of our journal, we forgot to mention that the book can be obtained of E. H. Holbrook, M. D., General Agent, No. 613 North Carey Street, Baltimore, Maryland, and the price is \$1.50 by mail.

NOTICE, MEMBERS I. H. A.—It is hoped that the members of the I. H. A. will come to the next meeting in June, with a stronger support for the *Surgical Bureau*. Professor Carleton has written me complaining of a paucity of papers and a lack of attention in this department. I hope to be able to arrange a four-day meeting at Long Branch, and also request that surgical cases treated homœopathically will be referred to this department, instead of the Bureau of Clinical Medicine. There is no danger of weakness in clinical medicine. Our able and industrious chairman of the Bureau of Surgery has represented his department almost single handed, and it is not necessary to be named on a bureau, and duly appointed by its chairman to qualify a member for an experience worthy of report.

All interesting facts should be volunteered to the chairman of that bureau to which they most naturally belong. It is supposed that every member of our Association will come to the front this year with something from the last year of labor, and permit neither spite nor thirst for glory to impede the onward march of our small army of workers. The I. H. A. has no place for small heads and ewe necks; these belong to the dark ages.

The change of location from Michigan to Long Branch was not made without the strongest urging of the majority of the members that voted for Michigan. Being in position to judge of the good of the Association, I reluctantly made the change, although it was against my own preference. This is true, although I have been accused of ulterior motives in this matter. In this matter, as in all others, I must intrust to my fellows the acts of my life while I am their servant. I do not expect to serve without criticism, but I had expected an impartial judgment of my acts.

J. T. KENT, *President*.



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. VII.

JUNE, 1887.

No. 6.

---

---

## OSTRACISM.

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

"We have been ostracized because we would teach the truth, the whole truth, and nothing but the truth."—*Dean of the Faculty, in his Commencement Speech.*

Ostracized! Where? when? and by whom? If this be true of this College faculty (for it could only be of them he spoke), it is not a little singular we never heard of it before. But this is not so surprising as the cause given for this grievous treatment. We have never heard that this faculty has been accused, or even suspected of teaching "the whole truth"! We have heard them accused of omitting to teach the very truth for which their College had been created, that therein it might be taught, and this because this truth could not be elsewhere taught. [So said this Dean in a previous commencement speech.] The chairs occupied by this faculty were created, and their present incumbents appointed to them, that from these this truth might assuredly be taught, and yet they have been publicly accused of neglecting to teach it! They have been urged by "our great representative body" and by an ex-member of the faculty to cease this neglect, and begin, now, after these many years of sin, to "teach pure Homœopathy"—the only *raison d'être* of this College and of its professors as such. They have been thus accused before the public, *not* for teaching "the whole truth," but for omission in their teaching of the only truth in the interests of which they were supposed to have existence. We have but recently so accused them ourselves, and given our reasons for so doing, and up to this time this College has not replied to

the urgency of our "great representative body," nor to that of its ex-member (approved by this Dean, who now pretends ostracism of his College because they have taught it). Till this last utterance of this too-much-talking Dean there has been no pretense from this faculty that when so accused they were suffering any injustice. They have not denied the truth of the accusation, because truthfully they could not. If they could do this, why not, when subjected to the ostracism complained of, present the fact in bar of the unjust judgment? If they were to attempt any denial of the truth of this charged neglect, the great crowd of their untaught and ignorant graduates would stand, living witness, to the falsehood and impudence of this denial, which for enormity would stand without a parallel!

And, then, the Dean says they "have been ostracized"—this College of his—because they would teach "nothing but the truth"! Surely a greater departure from "truth" than this, this careless-talking Dean could hardly have been capable of! It admits, so far as we can see, of only one explanation—he did not know what was taught in his College. We would kindly refer him, for examples of teaching wholly subversive of the "truth" he and his co-professors were appointed to teach, to *THE HOMŒOPATHIC PHYSICIAN* for May, 1887, where he will find the false of old physic substituted for this truth he claims to have been taught, and that nothing else has been taught with it. And the only excuse we can see for this utterance of the Dean, and this is a poor one, is his desire, in the excitement of talking, to give to others, who did not know, a well-sounding sentence which should cover much ground. And for this purpose what could be better than this—"The truth, the whole truth, and nothing but the truth"? What though, in this one little sentence of eighteen words, there be no less than four absolute falsehoods, this audience don't know this, and then, given with a bold face, it sounds well, you know. We say there are no less than *four* falsehoods, and here they are:

First. It is not true that this Dean or his College have been ostracized at all.

Second. It is not true that they have taught the "truth" in the interests of which this College was created.

Third. It is not true they have taught the "whole truth," this most important of all, that of specific therapeutics having been confessedly omitted, as is proved by the exhortation of their ex-Professor, indorsed by this Dean, that they should now begin to teach this.

Fourth. It is not true that the faculty of this College have

taught "nothing but the truth." They have taught that the clumsy and destructive results of old physic for the cure of gonorrhœa are superior to the true specific remedy for this disease, and also a similar superiority of similar resorts to the specific remedy for uterine hemorrhage; and these teachings are not truths, but *lies!*

We can imagine only one origin of this idea of ostracism of this College, as it has been banished to or from nowhere, and that is, in an imagination sorely pressed by a consciousness of ill-desert for so protracted a course of abuse of public confidence, by so long-continued official neglect. Conscience may have so long asserted the desert of ostracism, that its voice has come at last to have the force of so impressing the imagination of this Dean that he has become incapable of distinguishing it from the fact he complains of. He knows his College *ought* to be ostracized from the confidence of all good men, by reason of neglect to teach law, and the goadings of conscience therefore have been so hard on him that he has come at last to believe (if he did believe) that his College had received its just deserts.

Now, what resort for relief of this supposed ostracism could be more promising than an appeal to the sympathies of his audience by posing before it as a suffering martyr? And then a martyr for the "*truth*," which this College had only neglected or abused! Is the pretense so gross as to leave the resort only a bald absurdity? But then this audience knew nothing of the sin of this College, and its Dean knew they knew nothing of it, and he ventured the experiment which has placed him in danger of banishment from the confidence of truth-loving men.

---

### KALI BICHROMICUM.\*

AD. LIPPE, M. D., PHILADELPHIA.

Kali bichromicum is often the only remedy in *morbilli*, especially if the cough, expectoration, and the other catarrhal symptoms correspond with the characteristic symptoms of this medicine. The eruption found under Kali bichromicum is a "solid eruption like measles." The catarrhal symptoms, itching of the canthi: after smarting, itching, and watering frequently during the day and morning, agglutination during the previous

---

\*The above is a summary of an article written by Dr. Lippe, and published in *The Hahnemannian Monthly* of August, 1865. We think it will bear republishing.

days. (Pulsatilla has a similar symptom, but the itching of the eyes compels the patient to rub the eyes incessantly; and if this symptom prevails, Puls. will quickly relieve it.) 1. Dr. Drysdale gives as corresponding remedies, Bell., Cop., Guaj., Merc.—Guaj. is new—he has omitted *Aconit.*, *Pulsat.*, *Ant.* or *Bry.*, *Rhus*, *Sulph.*, etc.

The catarrhal symptoms of the nose are, considerable flow of water from the nose, subsequently becoming acrid, burning the upper lip and excoriating the nostrils; a small quantity of acrid mucus is discharged from the nose; which causes burning in the septum; nose full of thick mucus, profuse discharge of thick, clear mucus from the nose; when this ceases it is followed by pain from the occiput to the sinciput. These symptoms show the general applicability of Kali bichr. in morbilli. We will now give some of the special characteristic indications for its use in the various forms and individual cases of this disease. We find stiff, green-colored masses of an offensive smell are discharged from the nose. Kali bichr. differs in this respect from Pulsatilla, which has long-continued coryza, with blowing from the nose of yellowish-green mucus, smelling bad. The discharge of Kali bichr. is more stiff, more compact, more green and offensive than that of Pulsatilla. We find that the soreness of the nostrils under Kali bichr. consists in an ulceration, a formation of small burning ulcers, first on the right side, later on the left side, within the nostrils. Pulsatilla has sore, ulcerated nostrils, *i. e.*, the edges of the nostrils are ulcerated. The most important indication for Kali bichr. in measles is the croupy cough accompanying this disease. We find roughness in the larynx, with hoarseness. Suddenly in the evening great hoarseness and roughness of the voice—rough, hoarse voice. He is deprived of his voice; loud, rattling cough for five minutes at a time, with retching and *expectoration of tough mucus, sō viscid that it can be drawn to the feet in strings.* During sleep wheezing and rattling in the chest, which can be heard at a distance—expectoration of thick, yellow mucus. Pulsatilla has a similar hoarseness, but the expectoration consists of yellow, thick, or greenish mucus, and the expectoration is only present during the morning or during the day. Another great difference exists between Kali bichr. and Pulsat., not only in modifying their curative power in this disease, but in general, for Kali bichr. has an aggravation of almost all its symptoms from cold—open cold air—while Pulsatilla has an amelioration from the same causes.

During the prevalence of epidemic measles I have seen fre-

quent occurrence of cases that, as soon as the eruption developed itself, a hoarse, croupy cough set in, which much distressed the patient, the nose became sore, small ulcers formed in the nostrils, and the discharge became at once tough, thick, viscid, stiff. The expectoration soon became stringy and tough, and detached with great difficulty; the patient was then generally much worse than in the ordinary measles. Aconite, which corresponds with the slight, intolerable, hacking cough, preventing sleep and causing great restlessness, gave no relief, nor did Bry. or Phosph. control this cough, but Kali bichr., which I always give in the two hundredth or a higher potency, promptly cured these cases, and the patients generally recovered fully without any other medicine. Kali bichr. is not unfrequently the true homœopathic remedy in croup—when the expectoration is tough, stringy, and ropy.

Whenever this ropy, stringy condition of the mucus prevails, Kali bichr. will be often the only curative remedy.\* While the presence of these symptoms may often lead us to give Kali bichr. in croup, as well as in diphtheria, or in bronchitis, there are other symptoms often present which will call our attention to this medicine. In February last a very violent case of diphtheria, made worse by a relapse from overheating and then running out in the cold air, in a child five years old, which had been convalescent under the action of Lachesis, was finally cured by Kali bichr. The symptoms indicating it were "violent stitches in the left ear, extending into the roof of the mouth, into the corresponding side of the head, and into the same side of the neck, which was painful to the touch, and the glands swollen." This symptom prevailed, *and had appeared last*; the swelling on the neck was larger than a goose-egg; it finally suppurated and discharged under the influence of Kali bichr., while all diphtheritic symptoms gradually improved, and the child fully recovered without any further medication.

In ozaena, we find Kali bichr. at times the curative remedy. We find the following symptoms: Nose full of thick mucus; profuse discharge of thick, clear mucus; if that ceases, he has pain going from the occiput to the forehead; considerable discharge of mucus without having coryza; *discharge from the nose of hard plugs, called by the workmen clinkers, elastic, like India-rubber*; the pain in the nose at the junction of the cartilage; discharge from the nose of hard, greenish-colored masses, some-

---

\* In whooping-cough, when the mucus is abundant, threatening suffocation, white and stringy, *Coccus cacti* is indicated.

times of a disagreeable smell. All of these symptoms are often present in ozæna; the cessation of the discharge, especially when it is sudden, often causes violent headache, which has often been relieved at once by one dose of Kali bichr.<sup>200</sup>, and the habitual discharge restored. A case of chronic ozæna was much improved, where the following symptom indicated Kali bichr.; this symptom promptly disappeared, and the chronic disease was also much lessened. "Violent shooting pains from the root of the nose along the left orbital arch to the external angle of the eye exactly, with dimness of sight, like a scale before the eye; *beginning in the morning, it increases till noon, and gives way toward the evening.*"

In this case I had my attention called to Kali bichr. first by the periodicity of the daily recurring paroxysms of pain always increasing from morning till twelve m. All the other symptoms also corresponding with Kali bichr. The patient, a lady of forty-six years of age, received one dose of Kali bichr.<sup>200</sup>, and was soon relieved of the paroxysms; the discharge from the nose was also much diminished.

In the so-called dyspepsia, we find Kali bichr. often to be the proper medicine. After a meal, which had been enjoyed, a sensation as if digestion was impeded, and the food rested on the stomach like a heavy weight. Kali bichr. will relieve this symptom often. Nux vom. has something very similar; but the difference between the two remedies is, that the heavy weight and pressure on the stomach is felt under Kali bichr. at once after a meal, while under Nux vom. sometimes one to three hours elapse before it is felt.

I was first induced to give Kali bichr. for the bad effects of over-indulgence in beer and other malt liquors, as well for the acute results as also for the chronic ailments of the habitual beer-drinkers, by the following symptoms. In the morning nausea and sensation of heaviness in the head and eyes. Nausea when walking about. Nausea and *vomiting of mucus*. Occasional attacks of indigestion; loss of appetite, the food presses like a heavy weight; bad humor; suffering much from flatulency; *in the morning he feels confused, has nausea, and sometimes vomits a clear fluid*. A very frequent complaint of those who indulge habitually and freely in malt liquors, is a great weight in the pit of the stomach; flatulency, loss of appetite; and when they eat, the food oppresses them at once; nausea; confused feeling, especially in the morning, *and vomiting of mucus*. When these symptoms presented themselves, Kali bichr.<sup>200</sup> has always cured promptly. Other results of the over-

indulgence in malt liquors, especially ale, are diseases of the liver; they also often find their remedy in Kali bichr.

In many cases where the round ulcer of the stomach could readily be diagnosticated, Kali bichr. was an important remedy, provided its symptoms otherwise corresponded with those of the patient.

Kali bichr. is applicable in secondary syphilis. Long-continued erythematous blush of the fauces and soft palate, varying in hue from a dark to a bright red, occasionally of a copper color. On the right side of the root of the uvula, an excavated sore, half the size of a split pea, with a reddish areola, and containing a yellow, tenacious matter; fauces and palate presenting an erythematous blush. Uvula and tonsils become red, swollen, and painful, and finally ulcerate; this caused a surgeon to believe it to be syphilitic. Guided by these symptoms, I have administered Kali bichr. in the not unfrequent syphilitic ulceration of the throat, and also for that less frequent, but very dangerous ulcer which appears on the root of the uvula, and which sometimes destroys the uvula in less than three days, finally extending to the soft palate, where the destruction is rapid. It has also cured syphilitic ulcers of the tongue; the indication for its use has been painful ulcer on the tongue, which lasted for weeks.

Clinical observations have shown that the stringy, tough condition of the mucus is not confined to the secretions and discharges from the respiratory organs; but by analogy it has been administered in and permanently cured fluor albus when the discharge was stringy and tough.

Kali bichr. is also beneficial in some forms of dysentery. Dysenteric attacks, with pains about the navel and bloody evacuations. Shortly after dinner, sudden nausea, sensation of pressure in the region of the stomach; pricking, pinching pain about the liver; urging to vomit; rumbling in the lower abdomen; discharge of very offensive flatulence; violent pinching in the whole abdomen, cutting as if the abdomen was lacerated with knives in all directions; after a discharge of feces of the usual consistency, seven to eight dysenteric discharges of brown, frothy water, with violent, painful pressing, urging, and tenesmus in the anus; nausea; desire to vomit and pain in the abdomen. For many years, toward the beginning of summer, was subject to an attack of dysentery, lasting three weeks. Frequent bloody alvine evacuations with gnawing pain in the naval region, followed by unsuccessful urgings; tongue smooth, red, becomes cracked; urging to stool; collection of water in the mouth

and nausea; burning pain in the anus and erections continuing over half an hour. Pressing in the anus, and tenesmus in the sphincter ani.

Clinical experiences have verified these symptoms; some permanent cures have been made in cases of dysentery returning periodically every year in the early part of the summer, which attacks not only yielded at once to Kali bichr., but did not return the following years. The red, smooth, and cracked tongue in dysentery is characteristic of Kali bichr.

The ulcers for which Kali bichr. is most curative are large, with a dark centre and overhanging edges.

---

### BEENNINGHAUSEN'S APHORISMS OF HIPPOCRATES.

EXTRACTS TRANSLATED BY DR. A. McNEIL, OF SAN FRANCISCO, CAL.

#### ILEUS.

We hope the kind reader will pardon us if we speak on this one occasion of ourself, and our never-to-be-forgotten teacher and friend, Hahnemann. It was toward the end of March, 1833, when we were attacked by this disease (ileus). The *right ileum* was the seat of the uncommonly painful suffering, which continued fourteen days. Four physicians, of whom our honored friend, Medical Counselor Dr. Aegidi, at that time Physician-in-ordinary to the Princess Friedrich, of Düsseldorf, only lives and can testify to this truth, hastened to our rescue and to counsel with each other, but in vain. We first, in the middle of the last fourteenth night, full of inexpressible torment, had the good fortune ourself to discover the remedy which had *hitherto never* been administered for this disease. This was Thuja, to which we were directed by the circumstance that only the *uncovered parts sweat*, and that profusely, *while the covered parts remained dry and hot*—a symptom which belongs only to Thuja, and is overlooked even by C. W. Wolf. A pellet of Thuja<sup>33</sup> brought relief of the pains in five minutes, and in ten a profuse movement of the bowels, followed immediately by a refreshing sleep, from which we awoke next morning as if newly born. We were taking a hearty breakfast, which was relished very much, when our four friends came into the room, full of joy and surprise, and still more astonished when they heard the remedy that had done it. We soon communicated the history of the



case to our honored Hahnemann, but did not receive a reply till April 28th, 1833, because he had been suffering from a dangerous suffocative catarrh from April 3d to 24th, and was near to death. In this letter of reply, which is now before us, of six pages are the following, written as if by divination: "In giving you supplementary advice as to restoring the activity of your intestines, let me call your attention to Conium and Lycopodium, and to daily walks in the open air. It is delightful that you have done justice to the so beneficent remedy, Thuja, by your example." And how wonderful this advice agreed with that which had been literally followed before it had been received by us! We had, *two days* after sending our letter to Hahnemann, owing to the change of symptoms which had occurred, taken Conium, and the evening before the receiving of this letter taken Lycopodium. No other medicine was taken afterward, because every trace of the ileus had disappeared, and till this hour has not returned. This fact, it appears to us, proves even more than the most accurate knowledge of the course of a not frequent disease, and of the individual virtues of remedies; but it appears to justify the presumption of a peculiar inspiration, and truly such a one as enabled the acute founder of Homœopathy to perceive that such things as Gold, Table-salt, Sepia, Silicea, and Lycopodium were not only real medicines, but by his unequalled provings of them demonstrated that they were most efficacious and indispensable. We do not believe that the long history of medicine has a single fact to parallel this one, or to excel it in wonderfulness.

---

## A PROPOSAL FOR A WORK ON THE THERAPEUTICS OF THE THROAT.

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

I have received urgent invitations to contribute something to the pages of our homœopathic medical journals. I have sometimes been able to respond, but oftener not. No one knows better than the *reader* of the journals (barring the editors, perhaps) how difficult it must be to suit the individual tastes that go to make up the sum of the homœopathic brotherhood. And now that we have so many degrees of Homœopathy represented in our school, from the coarsest eclecticism to the most exact and conscientious Hahnemannianism, the task becomes even more difficult.

I would not feel competent, or be ambitious to assume the role of dictator to our editors and thus make myself responsible (or at least be called to account) for the foolishness and disloyalty to principle that sometimes creeps into their pages; as Josiah Allen's wife says, "I find it a mighty tuckering job to take care of one poor sinner," let alone being responsible for my neighbors.

Now that I have begged off from the above-mentioned, may I be pardoned if I suggest something that I think may add to the interest and usefulness of our journals, something *practical*. When I say practical, I mean something that may be utilized in everyday work. Do not understand me to say or think that we have not already some such articles. Such articles as Carlton's on *Xanthoxylum* and Lippe's on *Tellurium* are instances of the kind, and it is in this line of materia medica and therapeutics, which distinguishes our school permanently from all others, that the *practical* part of the business lies.

Of course, we have continual and increasing need, in these times of mongrelism and false teaching, of those writers who can thunder like Demosthenes, or persuade like Cicero for the great and pure principles which underlie our divine art of healing. But, after all, as the Irishman said, the proof of the pudding is in the eating of it. So the proof of the *excellence* of our system is in the *application* of it, and we need the most ample and exact means of making that application.

Who that has used Bell on Diarrhoea, Lee on Cough, Eggert or Minton on Uterine Therapeutics, but is ready to "rise up and call their authors blessed"?

But it takes a long time for one man to produce such a work, and few out of or in a busy practice are able or willing to undertake it. Then how can we get such works? Now, *my proposition*:

Let us have a work on Therapeutics of the Throat. "A good many hands make light work." I contribute my part to it in working up *Phytol. dec.* in a way that looks to me to be a practical one, and invite the kindly criticism or suggestions in the way of additions, comparisons, etc., from my brethren. Now let the editors of *THE PHYSICIAN* call upon, for instance Lippe for *Lachesis*, P. P. Wells for *Lycop.*, Carlton for *Bell.*, Berridge for *Lac. can.*, and so on for a long list of remedies having prominent action and curative power on the throat. Who would not be willing to contribute so much, if called upon, to such a good work?

To avoid confusion, let the editors of the journal call upon the men and assign to each his remedy.

Let the names of those who consent to work out a remedy be announced in the journal, so that no two will be working out the same one at a time.

Now let it be published in the journal and paged separately, and in one year or less we will be able to do more for throat affections than ever before.

Finally, let some good and competent man (say Wm. J. Guernsey), as the remedies appear in print, arrange them into the form of a repertory, to be bound all together like Bell on Diarrhœa, and the thing is done, and, except the repertory part, a good many hands (and heads) have contributed to make *light work* in the production of a *practical* one.

Here is, for a beginning, my contribution on

#### PHYTOLACCA DECANDRA—OBJECTIVE.

Fauces and tonsils swollen; dark red, sometimes bluish-red. Tonsils, soft palate, and fauces highly congested or inflamed, very much swollen, sore and sensitive, of a dark-purple color. Ulcerated tonsils; uvula large, transparent. Isthmus congested and of a dark color. Little white or yellow spots appear upon the tonsils, which soon coalesce and form patches of grayish white or yellow membrane. Exudation mostly of a grayish color, or a livid exudation upon fauces and tonsils. Dirty wash-leather, pseudo-membrane. Mucus hawked with difficulty from posterior nares or hangs down in strings.

#### SUBJECTIVE.

Soreness of the throat and a feeling when swallowing saliva as if a lump had formed there. The same sensation is felt on turning the head to the left side.

Sensation of rawness and scraping in the throat and tonsils, as if something had lodged at the root of the tongue. A sensation of the throat being so full that it felt choked; hawking to rid the throat and posterior nares of mucus; pressing pain in the right side of the throat.

The throat feels very dry and sore, especially on swallowing in the morning, with feeling of lump there; like a plug in the throat—worse left side. Sensation as if a hot substance were continually there, or as though a red-hot ball was lodged in the fauces. Granular pharyngitis (chronic), with this same hot sensation. General soreness of posterior fauces and apparent extension of the irritation into the eustachian tubes. Smarting in the fauces. Sensation in the throat like that after eating choke-

pears. Difficulty of swallowing, which becomes so severe that he is unable to swallow even water.

*Every attempt to swallow is attended with excruciating pains through both ears.* Could not swallow because the throat felt so dry and rough.

#### CAUSES AND AGGRAVATIONS.

In the beginning of the disease in cold weather, *cannot take hot fluids.* Cannot stand. When swallowing (pains up into ears and at root of tongue). *When rising up in bed* (faintness, dizziness.)

#### CONCOMITANTS.

Much frontal headache, or pains in occiput. Shooting pains through *both ears*, worse when swallowing. Eustachian tubes feel obstructed.

Nose either obstructed and dry, or a watery discharge, or one nostril dry while mucus flows from the other. Acrid excoriating discharge (scarlatina), carotids or submaxillary glands swollen. Offensive smell from the mouth. Vomiting; albuminous urine. Stiffness of the neck. *Aching pain in lumbar region and extremities.*

*Feels sore all over from head to foot, especially muscular soreness. Groans when he moves, he is so sore (like Arnica).*

*Extreme prostration* from the beginning; cannot sit or stand, is so weak. *Restlessness and moaning from the general pains;* chilliness, especially at evening or night, followed by intense fever, the heat mostly in head, face, or upper part of body, while the extremities are cold.

It hastens suppuration (Janney) or aborts the whole trouble. Develops the eruption if there is one to be developed, other symptoms corresponding.

#### REMARKS.

This valuable remedy is one of the most frequently indicated in the beginning of diphtheria.

It has at this stage of the disease the severe pains and soreness of the head, back, and limbs more than any other remedy.

After the chilly stage the following heat is so much more prominent in the head, face, and upper part of the body, that when coupled with the sore, bruised feeling all over, it might be mistaken for an Arnica case if it were not for the *throat* symptoms which soon make their appearance; then the Arnica patient complains of the hard bed and wants to be moved to an easier place;

while the *Phytolacca* patient is restless also, but moans every time he moves, he is so sore.

It is sometimes a little difficult to distinguish between this remedy and *Bellad.* on account of the intense fever of both, and the tendency of blood to the head; but the *Bell.* patient is more drowsy or inclined to stupor, with characteristic *starting from or when falling into sleep*, and the quick motions and delirium bordering on spasm, especially in children. The prostration also is not marked under *Bell.*

*Apis* has prostration at the beginning as marked as *Phytol.* Both have pains from throat up into ears, burning in throat, and albuminous urine; but the throat of *Apis* is more œdematous, and this œdema is all through the throat and into the *face*, especially around the eyes, and the burning in throat is coupled with the sharp, stinging pains so characteristic of *Apis*. Further comparison will show still further diagnostic differences between these three remedies, one of which is often indicated in the beginning of diphtheria.

The same symptoms must distinguish between these remedies in tonsillitis.

There is one affection in which I have found *Phytol.* exceedingly efficacious; of which I desire to make particular mention, viz.: chronic granular pharyngitis, and it is particularly in this trouble that the burning sensation, as of a hot substance in the throat, proves a genuine characteristic. In a public speaker the voice gives out, and the burning and soreness are greatly aggravated by making a plea (lawyer).

There are only two other remedies from which I have witnessed such markedly beneficial results in this kind of throat trouble. They are *Arum. tri.* and *Merc. cyan.* The indications for the former are too well known to need repeating here. In regard to the *Merc. cyan.* I have often found it promptly curative when the granulations seem inclined to break down into an ulcerated condition, or the posterior nares and back part of throat seem deprived in spots of mucous membrane. It is a peculiar appearance, more easily recognized than described. The sensation attending is *rawness or soreness*, like *Causticum*.

In regard to the doses of the remedies mentioned in this comparison in acute conditions, the *Apis.*, *Bell.*, and *Phyt.* will work well from the sixth to two hundredth or higher, according to susceptibility of patient.

In the chronic conditions I have used *Phyt.* in the *CM.* (*Fincke*) *Merc. cyan.*<sup>30</sup> or *Arum. tri.*<sup>200</sup> to *cm.*

## A CASE OF ANAL FISSURE.

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

Dr. Clarence Butler's "happy coincidence" reminds me of my own similar good fortune in curing anal fissure by the *simillimum* without resorting to "forcible dilatation," as advocated by a writer in the *Homœopathic (?) Journal of Obstetrics*, April 30th, 1880. Miss A. two years ago had an anal fissure cauterized under Chloroform; since then the stools have been difficult, sometimes large, occurring daily, but with much straining; the stool seems as if it had to force its way through, and sometimes the integument cracks and hemorrhage follows; after stool she is exhausted, and has a feeling of a swelling as large as her fist internally in rectum. She is subject to chilblains. Menses regular; before menses feels depressed, as if she would like to hide herself, tired of life, and would like to commit suicide; this mental state has lasted for four or five years. Fullness after a meal. Used to have a feeling after a stool as if some remained behind, but not lately, as she has been taking Manna. Once *Graphites*<sup>3</sup> temporarily relieved her. She also consulted the late Dr. Bayes (pseudo-homœopath), but he did her no good. Ordered her to leave off Manna, but made no other change in regimen.

### *Diagnosis of remedy:*

Sadness before menses, *Am-carb.*, *Bell.*, *Berb.*, *Calc.*, *Caut.*, *Con.*, *Cyc.*, *Ignat.*, *Lac-c.*, *Lac-d.*, *Lycop.*, *Natr.-m.*, *Nitr-ac.*, *Phosph.*, *Puls.*, *Sep.*, *Stann.*, *Xanth.*

Fullness in rectum after stool, *Gymnocl.*, *Lycop.*

This reduces the number to *Lycop.*, which also has weakness after stool, urging to evacuate after stool, desire for solitude, fullness after eating, and chilblains. *Lycop.*<sup>cm</sup> (F. C.), one dose.

May 7th.—Feels much better in herself, much less constipation, no bleeding or fissure, only a bruised feeling in rectum; no feeling of swelling in rectum and less exhaustion after stool. Menses appeared on May 2d, lasting four days, more profuse; less previous depression. Fullness after eating much better.

May 14th.—Very much better. No fullness after meals. No swollen feeling in rectum, and less pain there. A little fissure and bleeding.

August 8th.—Has been quite well for two months, in spite of hard work.

August 25th.—Has visited Ventnor (by the sea), and has been rather constipated; the fissure has returned and has not yet healed, though it is not nearly so bad as formerly. No depression now before menses. *Lycop.*<sup>mm</sup> (Boericke), one dose.

September 28th.—Had a return of the depression from September 5th to 11th, but the menses then returned exact to time, lasting four days, natural in color, and without any pain. Fissure has not returned lately.

November 3d.—Last menses natural, only a little melancholy the first morning.

November 19th.—Slight fissure in anus; constipated. Feet and hands cold, also nose, which sometimes looks blue-red like a chilblain. *Lycop.*<sup>mm</sup> (Boericke) daily for seven days.

March 15th, 1881.—Says she has never been so free from chilblains and fissures before. Menses returned last week, but without any of the former concomitants.

March 24th.—For some deafness and other catarrhal symptoms, with return of chilblains on hands, I gave her *Sulphur*<sup>dm</sup> (F. C.) daily for seven days.

April 11th.—Says she has been more free from chilblains and cracks in hands than for the last ten years.

May 9th.—A slight return of anal fissure last week before menses; has had no return of menstrual pain, as she used to have, since she has been under my treatment. Has now a bruised feeling in chest on stooping. The *Encyclopædia* gives under *Phosph.* (symptom 2545), "Bruised pain in upper part of chest, on motion, stooping, and touch." This is Hahnemann's own symptom, nevertheless, in the *Index*, page 248, it is only registered as "Upper chest, bruised on motion." *Phosph.*<sup>cm</sup> (F. C.) daily for a week.

February 27th, 1882.—Reports no return of fissure; and the same good report on September 4th. On this latter day she complained of a sty in left lower lid, close to inner canthus, with shooting pain. *Baryta.-carb.*<sup>cm</sup> (Swan) cured it at once.

January 9th, 1884.—Reports that last July left side of face swelled from a decayed wisdom-tooth, which was then removed by a dentist. Now for three days left side of face has been swelled, a red shining swelling, with throbbing and burning pain. Gave *Bellad.*<sup>20m</sup> (F. C.) every three hours till better.

January 12th.—Reports that she improved after the first dose; the redness and shining ceased the same day; the swelling did not break and has gone, and the pain also.

There has been no return of the fissure to this day.

## HOMŒOPATHY IN OUR COLLEGES.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

In the *Medical Advance* for April is a criticism on my article in the March number of THE HOMŒOPATHIC PHYSICIAN.

He says : "Possibly your article has two points to it—first, to decry our College, and the second, to boom another. Had you been present at the I. H. A. meeting at Saratoga last June, you would have been witness to a similar attempt—*i. e.*, booming one college at the expense of all the rest ; but it was so palpable a mistake that it was quickly laid on the table, and the participants erased it from the proceedings."

At the I. H. A. meeting of 1886, a motion was made by Dr. E. A. Ballard, and seconded by Dr. P. P. Wells, to indorse the teachings of the Missouri College. Professor Kent, through unselfishness, moved to have the whole matter laid on the table, which was carried. Now this is what the editor means about booming one college at the expense of "all the rest." The matter was investigated and brought before the noble body of the I. H. A. by two gentlemen unconnected with the Missouri College ; not for any special interest in the same, nor for the good of any *one man*, but for *any* and *every* one who will come and partake of the water of life. They are true to their principles—a condition which we believed was applicable to the editor of the *Advance*.

What's the matter with the *Advance*, anyhow? If there is one college that has an unusual amount of the teachings of the principles of Hahnemann, let's boom her up, boys.

The facts are, the *Advance* wants to boom one college with a bomb-shell—they could not get at it in any other way.

"How important it is that every one of our colleges should have at least one professor who has the manliness to give our students the teaching of Hahnemann and instruct them in the knowledge of our law and build their young minds up in the most holy faith of *Similia similibus curantur*."

This is what the *Advance* calls booming one college. N. B. "Every one"—not one, but "every one." If I had been booming one college, why did I not say so?

Once upon a time there was a man traveling. He fell among thieves. He was robbed, wounded, left on the ground to die. One passed him on the right and another on the left. Neither paid any attention to him. But you will remember one man



came along and took compassion on him, took him to an inn, had his wounds dressed, and when he was able to leave paid the bill. And after years this same man, who was so mercifully treated, treasured up (for some cause or other) malice in his heart against the Good Samaritan.

A dark horse comes to the front as usual, and says: "I have a chance now to avenge myself. I can fetch 'em! I will give that fellow in Abilene a death-blow, but in an instant Sherb—steps aside, and the dagger goes past him into the walls of the St. Louis College. Any one doubting the truth, if they are diligent, they can find the knife, with the end battered, at the Recorder's office, where they keep such things as a memento.

You will hear from Texas again in August.

G. W. SHERBINO.

ABILENE, TEXAS, April 15th, 1887.

---

## HOMŒOPATHY IN OUR COLLEGES.

There is a way of conveying a *false* impression to one's hearers or readers by telling the truth, but not the whole truth. Such an attempt was made in the April issue of the *Medical Advance*\* in referring to a resolution, introduced at the last meeting of the I. H. A., to indorse the Homœopathic College of Missouri. Such a resolution was introduced and was laid on the table on the motion of Dr. Kent. A little admission the *Advance* overlooked. During the discussion of this resolution the sentiment of the members was clearly shown to be that while the St. Louis College, under Dr. Kent and his pupils, was doing more for pure Homœopathy than any other college, yet there were others in the different colleges who were also doing all in their power for pure Homœopathy. It was thought it would be unjust to these teachers, striving as they were against immense difficulties to do their duty, to indorse one college. Dr. Kent understood this sentiment, as did others present, and was man

---

\* "Had you been present at the I. H. A. meeting at Saratoga last June you would have been witness to a similar attempt, *i. e.*, booming one college at the expense of all the rest; but it was so palpable a mistake that it was quickly laid on the table, and the participants erased it from the proceedings."—*Medical Advance*, p. 401, April, 1887.

We ask the *Advance* to kindly furnish the profession with the names of those who "erased it from the proceedings." As is implied by the language used, this erasure was done unlawfully and without the consent of the Association. Why did the editors of the *Advance*, then acting as president and secretary of the I. H. A., allow such unlawful erasure?

enough to move to table the resolution. Although this resolution was not passed, every member of the I. H. A. knows of the work Dr. Kent is doing, and *how* he is doing it, and is thankful for it. We all know there is no homœopathic college in this country where Homœopathy is taught as it is at St. Louis. We all also know that there are in several colleges able men who are doing their best to teach, by precept and by example, the Homœopathy of Hahnemann, but, owing to the conditions under which they labor, these physicians cannot do the work Dr. Kent is doing. We desire to detract naught from any man's praise, nor to decry one to bolster up another.

Moreover, the members of the I. H. A. know full well there is scarcely a college in this broad land in which Homœopathy, as Hahnemann taught it, is not ridiculed, misrepresented, and falsely taught by most of those who pretend to teach it! In the college in this city the homœopathic teaching is a farce; one could as well learn Homœopathy at one of the old school colleges as there. Farrington, alas! is dead, and the College is empty of teachers of Homœopathy. A pupil at the Missouri Collège *can* learn Homœopathy; at most of the other colleges he *can't* learn, for none is taught. In the one instance, eclecticism may be taught by some of the professors; in most of the other colleges eclecticism is taught by all. In the one case, Homœopathy is ably taught by some; in the other instance, Homœopathy is derided and abused by all!

We maintain, as we have written before, it is the duty of every pure Hahnemannian to see that his friends and pupils go to a college where Homœopathy is taught and respected. And we would earnestly recommend all Hahnemannians to support Dr. Kent in every way in his work. Perhaps some day those who are now working in the other colleges may be able to overcome the overwhelming eclectic influences which now surround them and place their institutions upon pure homœopathic principles. We shall be only too glad to do all in our power to help them.

The *Advance* wants to know where there is to be found a college of any kind which is perfect. This, it would seem, appears to be considered an argument against the St. Louis College! If so it is a remarkable argument. No one ever claimed any person or college was perfect. How could such claim be made, seeing *even the Advance* is far from being perfect!

E. J. L.

## THE MONGREL COLLEGE OF THE FUTURE.

In the "*Hahnemannian*" *Monthly* for April, 1887, page 239, we find this announcement as to what a mongrel medical college should be! It is neat: "Briefly, then, the homœopathic physician should be taught at college what Homœopathy cannot do as carefully as he is instructed in what it can do. He should also be taught what allopathy can do, and just as thoroughly instructed as to what it cannot do. But especially should he be instructed with the utmost pains in those facts and principles which alone can be his guide and his justification when he is called upon to lay down his homœopathic medicine case and call in the aid of other measures, so that he may do it fearlessly in the sight of men and angels."

In contradiction to the assertion here made that allopathy can do something which Homœopathy cannot do, we find on the previous page (238) of this same journal this declaration: "The homœopathist knows that the so-called allopathic cures are not cures at all in the sense in which he understands that term."

---

### ARGENTUM NITRICUM.

A LECTURE BY J. T. KENT, M. D., ST. LOUIS.

Nitrate of silver is a wonder, like all other medicines after careful study and use. It is an antisycotic, and cures its own kind of bleeding warts and excrescences. It often acts wonderfully in small-pox and in the complaints that follow vaccination. The complaints are all made better in the open air, even in the cold winds. He craves the cold wind blowing in his face and lungs. This has been a strong symptom in the last stages of consumption, catarrhal chest affections, and asthma. The mucous membranes all suffer with inflammation and ulceration, especially the throat and os-uteri. The skin takes on a bluish colored erysipelas, and may ulcerate. Pressure causes quick ulceration—as in bed-sores—and all inflamed and ulcerated surfaces have the sensation of being full of sticks (Nitr. ac., Hep.): Inflamed surfaces feeling like sticks, as in Natr. mur., Alumina. It competes with Puls., Iodine, Sabin., in craving the cool open air.

Mucous surfaces bleed easily, and the hemorrhage is dark, even black. Coition is followed by a discharge of blood from

the spongy, sycotic excrescences growing from the os and sides of the vagina. This wonderful medicine produces the "skimmed milk" countenance, and the cachectic aspect of sycosis, even the greasy skin of Thuj., is reproduced with its shining horror.

Suppressed gonorrhœa in women, when the right ovary becomes painful and enlarged, the symptoms often fully correspond to Arg. n. The greasy, shining face is now characteristic of Arg. n., Natr. m., and Thuj. It is not astonishing to observe that Natr. m. is its antidote, as well as its complement. This medicine causes emaciation from below upward, unlike its complement, Natr. m., which causes emaciation from above downward, commencing about the neck and arms (Lycop.).

It has a violent craving for sugar, which often brings on a diarrhœa of grass-green stools. Cholera infantum with green stools in a baby, that has been nursed by a mother that eats candy, commences to emaciate about the legs, and finally takes on the look of a little old person. Can any student of materia medica fail to see the analogue of Natr. m. in this medicine? The marasmus of the Natr. m. cases is much like this; the face is old, the infant is violently thirsty, and while it eats all it can get ravenously, it continues to lose flesh. Throbbing all over the body, the carotids thump, and the headaches beat like hammers.

Fulgurating pains, paralytic weakness, and great trembling. Marked chilliness, especially in a warm bed. Perspiration and chilliness. He must go into the open air. Restless, must keep in continual motion. Extreme nervousness, and prostration, fainting, excitement, and frenzy; hysteria and epilepsy; convulsions; paralysis of lower extremities; staggering, jerking in the limbs during sleep; numbness in the legs; formication in the skin; legs feel as if made of wood (Ars.). He staggers on closing the eyes; hands numb and tingle; loss of sensation in the fingers. With all these evidences of spinal symptoms, we find great palpitation in high degree on the slightest mental emotion.

Next among the generalities and characteristics is the marked flatulence that attends the stomach and bowel symptoms.

Vomiting and purging in the same common effort is a symptom of great importance.

In this, and in the peculiar cough, we have an aggravation in relation to time. Just before midnight. When called to a dry cough that comes every night before midnight, and is violent and convulsive, coughing and gagging, belching, spitting up blood mixed with mucus, and caused by a fit of anger, laugh-

ing, or sudden exertion—a suffocating cough—Arg. n. should not be forgotten.

Irritating dry cough.

Chronic hoarseness of singers; loss of voice.

It is common for the rawness of the larynx to alternate with uterine troubles. When the one is better the other is worse. I once had a patient come to me for her throat. She had taken her uterus to a gynæcologist. I soon ascertained that she had withheld some of the symptoms, and a confession soon followed. Of course, the gynæcologist was deprived of occupation in the case.

Arg. n. has removed pterygium, so has Zinc, but he who prescribes either of these to remove pterygium knows not the spirit of Homœopathy, and he who thinks he has proved that Carroll Dunham has made a mistake because Zinc will not cure this growth again, demonstrates his own lack of knowledge of the homœopathic healing art. Arg. n. causes the very worst form of conjunctivitis, with granular lids, burning, sticking, splinter sensation; chemosis with purulent discharge.

The mental symptoms are no less wonderful and peculiar. The controversy between will and reason is as strongly represented in this medicine as in Anac. It belongs to Arg. n., Anac., Op., Cannab. ind., Thuj.

He was utterly bereft of all power of will.

Against whatever was proposed he had the queerest objection. Fears that passing a certain corner he will drop down and create a sensation.

He frequently settles upon the day of his death, like Acon. The sense of his weakness comes upon him, and although he looks perfectly well, he feels that he will give out if he undertakes to work. Feels really incompetent to undertake either mental or physical exertion. Both, or either, aggravate his complaints.

This marked feeling of inability often comes on in sycotic affections of the mind. I have seen it many times, after suppressed gonorrhœa, and it disappears on the reappearance of the discharge. I have seen the discharge reappear in a milky flow, or thin and watery, as late as twelve years after its suppression. I am perfectly conversant with the usual doctrines held, and how skeptically this remark will be considered, but it does not change me back to the skepticism of my old belief, when I thought I was acquainted with pathology and disease. I hope my folly will cease with my youth.

This drug produces and cures the most marked hypochondri-

asis, and is full of illusions and imaginations, which he makes a great effort to reason down ; but these fancies are fixed, and the struggle is useless.

Fears, loss of memory, sadness and suicidal. When he sees a deep pit or stands on a high place he feels that he must jump in. Inclined to take his life, but lacks the courage. He is full of deception and cowardice, and he knows it, and makes a great effort to keep others from finding it out. He has the most extreme anxiety and fear when alone (like Phos.). He always fears something is going to happen. He will not take a high room in a hotel at night, fearing he might get up in his sleep and jump out of the window. He fears he may be seized with an impulse he cannot control. There is a strong resemblance to Anac., but the cursing is not in Arg. n., nor the marked lack of religious feeling in religious people. It strangely resembles Thuj. in the symptoms of fixed ideas, although Anac. also has it.

The mental agitation is peculiar, and shows wonderful weakness. When preparing for church, or theatre, or to meet an engagement, he becomes fidgety, trembles, and gets diarrhœa. Fear or excitement brings on diarrhœa. (Gels.)

There are many headaches, congestions, constrictions, boring, digging, cutting pains. Most pains are ameliorated by a close-fitting bandage.

---

## SILICEA.

A LECTURE BY PROFESSOR A. McNEIL, M. D., SAN FRANCISCO, CAL.

This remedy is a pure antipsoric. There are such remedies as Arsen., Lycop., and even Sulph., which are adapted to acute as well as chronic diseases. But with Silicea this is not the case. While it has some febrile symptoms, they are those of hectic as distinguished from other fevers.

In this way it is adapted to scrofulous diseases, and it is diseases of this character in their many protean forms that Sil. cures.

In all the cases cured by Silicea, psora is discoverable. The child in whom the osseous development is imperfect, as revealed by the large, sweating head, open fontanelles, slow dentition, crooked legs, and enlarged ulcerated glands and unclean nose of the children of large growth.

We find important mental indications. Solicitude concerning

his spiritual welfare, in this resembling Sulph. and Verat. alb. He labors under the delusion that he is in two places at once. He lacks confidence in his own ability, yet when he begins he does well, and is of a yielding disposition, faint-hearted and anxious. There may be a suicidal tendency, wishing to drown himself, and is fearful of pursuing enemies, like the Bell. patient, but it is almost the only thing which the two have in common.

The patient may be haunted with hallucinations of corpses. Another mental condition is where she occupies herself with pins, counts them and hunts for them, such as we see in certain mental conditions resembling imbecility.

The Silicea patient is much troubled with vertigo ; he is dizzy even while asleep, and when sleepy ; sometimes it appears to rise up from the nape of the neck, and with an inclination to fall forward, and while looking up, like the Pulsatilla patient, and, the strangest of all, is dizzy only when lying on the left side.

In scrofulous women particularly we will find this an indispensable remedy in headaches when distinguished by the following characteristics :

It rises from the nape of the neck to the vertex, and thence over the eyes (with Sanguinaria it is the same, but settles over the right eye ; with Gelsimium it is much the same, but in a different class of patients).

There is another Silicea headache with nausea, and is aggravated by noise and motion, and even by the jar of the bed, all reminding us of the Bell. headache, but it lacks the red face and heat of the latter. It is relieved by enveloping the head in woolen cloths or in hot compresses, like Magnesia mur., but the latter is relieved in the open air, while Silicea is aggravated thereby ; you must remember that it is the heat not the pressure that relieves the Silicea headache.

There is also a Silicea headache which is a sharp, darting pain from the occiput to the eyeballs, especially to the right one, with a steady ache of the eyeballs, which are sore and tender to touch.

There are also cases with painful jerks in the forehead, and are renewed and aggravated by turning quickly, stooping, and talking ; some time after the headache the patient sees spectres ; with Psorin he sees them before. The Silicea headache is also relieved by a profuse discharge of urine, like those of Gelsem. and Verat. alb.

There may be tenderness of the scalp in the region of the coronal suture ; brushing or combing cause violent attacks of

sneezing. The scalp in general is very sensitive to the touch, even of the hat. Carbo veg., China, and Merc. have the same.

In the disease of the eyes Silicea is often useful; in fistula lachrymalis Calc. carb., but when the bone is affected this remedy is the one. Cataract of the right eye has been cured by it in scrofulous subjects. The patient may have frequent attacks of momentary blindness. Ulcers of the cornea with fungus hæmatodes.

Hardness of hearing when the ears sometimes open with a loud report, and worse during the full moon, is curable by Silicea.

There is also hardness of hearing especially of the human voice, which is similar to the deafness of Phosphorus. There is also a deafness cured by Silicea which is partially relieved by blowing the nose (similar to Manganum). Hardness of hearing when yawning is accompanied by reports in the ears which improves the hearing.

There are ulcers on the vermillion border of the lips. The gums are painfully sensitive on taking cold water into the mouth.

The patient is annoyed by a sensation of a hair lying on the forepart of the tongue. Kali bi. has this sensation on the root of the tongue, and Arsen. in the throat. Silicea, like Pulsatilla, has toothache worse when eating warm food.

Water tastes badly (Aconite everything tastes badly except water) and vomits after drinking (Arsen. also).

The patients longs for red sandstone. Alumina has a similar depraved appetite for clay, dirt, etc. She has a repugnance to hot cooked food (Calc.). Aversion to meat; Ferrum has this also. These depraved tastes we will find frequently in chlorosis, abnormal conditions of pregnancy, and other complaints of women. She may be hungry, but cannot get down the food it is so nauseous.

We find certain forms of dyspepsia amenable to Silicea. After a meal a load as from a stone in the stomach, particularly after eating raw vegetables, and acidity in the mouth always after eating. Silicea cures some kinds of nausea. Nausea with violent palpitation of the heart; nausea after every exercise that raises the temperature of the body. Hungry, she cannot get down food, it is so nauseous. The patient may have frequent attacks of colic, which is relieved by the discharge of offensive flatus.

In the class of patients in which Silicea is indicated, we frequently find constipation, which is cured only by this remedy. Constipation; stools very hard and offensive. Constipation



with constant ineffectual urging, and insufficient, very hard stools of small lumps (very much like that of *Nux v.*). The most characteristic constipation of this drug is that in which the stools are with difficulty forced to the verge of the anus, and then slip back again.

The piles cured by *Silicea* are disposed to suppurate easily.

Next to scrofulous children, the class most benefited by *Silicea* are scrofulous women, and the generative organs are disordered in many cases which require this remedy.

Leucorrhœa is nearly always present in psoric women. The forms indicating *Sil.* are the following : milky, watery, or brown leucorrhœal discharge, instead of the menses; leucorrhœa which passes while urinating; smarting, acrid, and corrosive leucorrhœa (*Kali carb.*, *Phos.*, and *Sulph.* resemble it); milky leucorrhœa in paroxysms preceded by cutting pain round the umbilicus. (*Ammon mur.* has colic in the same region before the leucorrhœal discharge.)

The symptoms of menstruation are characteristic and should be remembered. Before and during the menses the patient is costive; she has repeated paroxysms of icy coldness over the whole body at the appearance of the menses, and icy, cold feet during the menses.

During menses objects look blue. Menses are always accompanied by palpitation of the heart. The menstrual discharge smells strong. Patient has a discharge of a quantity of white water from the uterus instead of the menses. Menses occur during lactation. Instead of the menses she has an acrid leucorrhœa. She has discharges of blood between her regular periods. She may have an ulcer of the cervix which feels cold. She is troubled by a violent burning and soreness in the vulva with an eruption on the inner sides of the thighs. (*Kali carb.*, *Sulph.*) After taking acids she has a smarting pain in the vulva. After coition there is a bruised feeling of the whole body, and during coition she is nauseated.

In the complaints of pregnancy we should always remember this medicine. If the patient cannot walk from a lameness or soreness in one or both feet from the instep, and all in front of and below it, and in the gastric complaints remember the nausea that I have already mentioned.

Nor would the armenitarium of the physician in the diseases following parturition be complete without *Silicea*.

In those diseases of the mammary glands, that to the scrofulous woman are sometimes more to be dreaded than childbirth itself, she has darting and burning pains in the left nipple.

The nipple ulcerates very easily and is very sore and tender. There are hard-edged fistulæ, ulcers remaining after mammary abscess, the discharge being thin and watery or thick and offensive.

The substance of the mamma seems to be discharged in the pus; one lobe after another seems to discharge into one common ulcer, often with pain, or there may be several orifices for each lobe.

When after-pains occur in the hips this is the remedy. If in the tibia, Carbo veg. is. If the lochia is such that every time the infant nurses pure blood flows from the vulva, give Silicea.

In diseases of scrofulous children Sil. plays an important part. The best time for curing the psoric taint is in antenatal life by meeting all the abnormalities of pregnancy. As I have shown; this remedy plays a great part in this.

But if this has been neglected, and the child, with all the effects of original sin (not syphilitic) is born into the world, again Silicea is one of the most useful remedies, standing with Sulph. and Calc. carb., and having a striking resemblance to the latter, and many times your success will depend on choosing *the right* one.

The child refuses the breast or vomits as soon as it nurses. In this *Æthusa* resembles it, but with the latter the milk comes up in clots. The child cries when kindly spoken to (Natrum mur., Calc., Phos. also), and will not tolerate friendly persuasion.

When teething it pulls at its gown.

In scrofulous children having worms with profuse salivation (here discriminate between Mercur. and Silic). The protruding gums seem blistered (Arsenic), and are very sensitive (Borax, Hepar, and Staph.), but in the case of children the appearance of the child must be our great reliance, and here Silicea has clear-cut indications, although with a striking resemblance to Calc. carb. Children with large bellies, weak ankles, much sweat about the head (just like Calc. carb.), and aggravation from uncovering it. But the sweat extends further down than with Calc. c., and is apt to smell offensive, with Calc. c. sour. But from personal experience I have found one distinguishing difference of these grand antipsoric remedies. Calc. carb. is indicated only in the fair, while Silicea in the dark, and according to Hering and Gross in the fair also. The fontanelles are large, and the head is larger in proportion than the rest of the body. (Calc. carb. also.)

In vermiculous subjects in whom Cina fails ; but there is a difference in these children. When the child is sick at the change of the moon, although tolerably well at other times, Silicea is the remedy. In the scrofulous enlargement and suppuration of the glands, Silicea and Calc. carb. closely resemble each other. With Silicea there may be itching of the affected parts ; with both there is usually no pain.

This is a remedy that is important in the treatment of tuberculosis, and is to be thought of at the same time as those other antipsorics, Calc. carb., Kali carb., Lycop., Phos., and Sulphur.

The cases which indicate Silicea have some of the following symptoms : Cough provoked by cold drinks (Calc. carb. and Lycop.), and relieved by warm drinks. Hasty eating and drinking brings on a cough. Patient hawks up very offensive balls of mucus. He expectorates pus, which when thrown into water falls to the bottom, and spreads like a heavy sediment. There is profuse mucus in the chest, which threatens to suffocate, and if raised is tough, stringy, and hard to detach (resembling Kali bichro.). Expectoration thick, yellow, and lumpy.

Silicea is specific in chest complaints of stone cutters.

It is in this and kindred diseases that the few febrile symptoms of this remedy have their field of action. He has great heat all night, with catching respiration. Coldness with ravenous hunger. Icy coldness of feet and legs. Profuse sweat every morning ; with Arsenicum it begins as soon as he falls asleep, and soon ceases ; with Phos. it begins as soon as he falls asleep, and continues as long as he sleeps. We also have a peculiar form of asthma, curable by this potent remedy, that which occurs only during thunder storms.

In the heart we have palpitation while sitting quietly so that the hand holding something trembles. Also palpitation during menses and during nausea.

Silicea is an important remedy in spinal diseases either of the cord or of the bones. These symptoms indicate Silicea : Tenderness in the region of the spine, so that riding or walking can only be performed with intolerable pain. The coccyx is painful as after a long ride.

In the hands we find burning in the tips of the fingers. The hands fall asleep at night. The tips of the fingers feel as if suppurating. In felons we must not forget this remedy. The indications are mostly constitutional.

This antipsoric is an important remedy in diseases of the joints, as hip-disease, and white swelling of the knee, but, like in the felon, we must look beyond the affected part.

The patient is troubled by profuse offensive sweat of the feet, and between the toes, the latter place being tender and sore, and if this sweat be suppressed, bad effects will sooner or later arise, for which Silicea still remains the remedy, together with Baryta carb. This offensiveness of the feet may exist even if there is no moisture present. Sometimes there are painful cramps in the sole of the right foot, and particularly in the great toe while walking.

Ingrowing toe-nails attended by this offensive sweat are cured by Silicea without the knife or forceps.

The Silicea patient is restless in the whole body after sitting a long time. Remember Rhus here. The whole side of his body on which he lies is sore as if ulcerated (with Arnica it is as if bruised), with constant chilliness on the slightest uncovering, with intolerable thirst, and frequent flashes of heat in the head. The whole body is painful as if beaten (like Arnica).

In epilepsy occurring at night (when falling asleep Lach.), or which returns at the change of the moon, Silicea is the remedy.

At night the Silicea patient is sleepless on account of unpleasant salivation, and he starts up during sleep as if in a fright. He starts up when falling asleep. Point to Arsen., Bell., and Bry. also.

When Silicea is required, the parts affected, particularly ulcers, are aggravated by washing. Symptoms are aggravated by cold and relieved by warmth (like Arsen.). The increase of the moon is always attended by aggravation.

In diseases of the glands, of the bones, and of the skin, this remedy does good work. In enlargement or suppuration of the glands, itching indicates Silic. These swellings are usually painless, like those of Calc. carb.

The differences between these remedies I have already mentioned.

Ulcerations which constantly increase in depth, becoming fistulous, and are usually surrounded by a hard border.

Silicea also may be indicated in chancres, which are sensitive, itch, and look like lard (Merc.). Small wounds in the skin heal with difficulty and easily suppurate (Hep.). Frequently ulcerations about the nails.

We have cachectic conditions, as from long lasting suppurations or cancer. Waxlike color of the skin, with coldness of the arms and legs objective and subjective.

The patient has a want of vital warmth even when taking exercise. Slow ossifications as manifested by crooked legs.

Some of the bones swollen, the angular shaft of the long bones become rounded, and the joints and abdomen too large.

In these conditions we must remember the points of agreement and difference between this remedy and Calc. carb.

It is a good antipsoric for those of negro blood, who are so often scrofulous.

The relation which this remedy holds to others must be remembered. It is often indicated after Calc. carb.; is complimentary to Thuja, and like that remedy is indicated in ailments following vaccination.

Graph., Fluor. ac., Hepar, and Lycop. follow it well. Silicea must not be given before or after Merc.

---

## WORDS TO YOUNG HOMŒOPATHS.

D. C. McLAREN, B. A., M. D., BRANTFORD, ONTARIO.

(Concluded from April Number).

Though I had several times read the *Organon*, it was not till recently that I made a searching study of that intricate work; the more I read and study it, the more I am amazed at the wealth of observation, the profound discrimination, and logical deduction displayed by Hahnemann. A history of his life would furnish the clue to his remarkable success. For many years—at least twelve, probably twenty—the days were not sufficient for the engrossing work he was engaged in, so he crowded time by laboring and sleeping alternate nights. Such indefatigable perseverance always brings its reward, and will do so for young homœopaths to-day, as it did for Hahnemann. To him was reserved the supreme dignity of having first and alone discovered the cause and cure of chronic diseases. Hear what he says (note, § 80.)

“Until I had examined the depths of this important matter, it was impossible for me to teach the mode of subduing all chronic diseases except as isolated and individual affections by the medicinal substances that were till then known according to their effects upon healthy persons, so that the followers of my method treated each case of chronic disease separately as a distinct group of symptoms, which, however, did not prevent their cure to such an extent that suffering humanity had good cause to rejoice at the newly discovered system of medicine.”

But before entering on the subject of *Chronic Diseases*, Hahnemann gives the definition of chronic diseases proper and of

those improperly so called—the latter first, as follows: “§ 77. The name chronic is very improperly applied to those diseases which attack persons who are constantly exposed to baleful influences from which they might have screened themselves—persons who constantly make use of aliments or drink that are hurtful to the system; who commit excesses that are injurious to health; who are every moment in want of the articles necessary to support life, and who inhabit unwholesome countries, and, above all, marshy places; who live in cellars and other confined dwellings, who are deprived of air and exercise, who are exhausted by immoderate labor of the mind or body; who are consumed by perpetual ennui, etc. These diseases, or, rather, these privations of health, brought on by individuals, disappear of themselves by a mere change of regimen, provided there is no chronic miasm in the body, but they cannot be called chronic diseases.”

Hahnemann says, in the next section, that “the true natural chronic diseases are those which are produced by a chronic miasm, making continual progress in the body when no specific curative remedy is opposed to them, and which, notwithstanding all imaginable care, both with regard to the regimen of the body and mind, never cease tormenting the patient with an accumulation of miseries that endure till the latest period of his existence.”

These chronic miasms are three in number—syphilis, sycosis, and psora, the last-named being Hahnemann's much derided, but, for all that, great and sublime discovery. To those who deem it absurd, and to those who have never given it a thought, I would say, prove it for yourselves. But how? Well, you have not been long in practice before you encounter chronic ailments, which you undertake to cure hopefully and expectantly. The first prescription, and possibly the second, gives good results if symptoms have been well covered, but after that no amount of individualizing and symptom covering do more than apparently aggravate the case. The writer had a very instructive case, the treatment of which extended over five years. The lady came first from allopathic hands; she had been failing rapidly, and my diagnosis was incipient phthisis, though I could not locate any tuberculous lesion; in addition, she had retroversion of the uterus, ulceration of the os, obstinate constipation, protruding piles, and excessive weakness and pain of the back in consequence. *Æsculus* was the first remedy; it gave some relief to the back and hemorrhoids, but alarming oppression of the chest soon required *Phosphorus*, and before long the uterus

demanded attention and got *Pulsatilla*. For some months then there was an alternation of *Hepar* and *Pulsatilla*, as either chest or uterus troubled her most, the doses being generally some weeks apart. Finally I consulted Dr. Ad. Lippe, who recommended *Sulphur*, though, as far as I could discover, it had but few of her symptoms. For two or three years she got a dose of *Sulphur* about once a month, bore a healthy child in the interval, and during the last year of treatment got a dose or two of *Calcarea*. She has not required a prescription of any kind for upward of a year. What I learned from that case might and should have been taught me in college, but failing that, our journals must take up the *role* of teachers.

In all chronic cases and in most of those described by Hahnemann as privations of health, wherein the detrimental habit of life has had sufficient scope to work upon and generate from the latent psora definite disease types, the elimination of this psoric factor must be the first object of the earnest homœopath. For instance, if the symptoms seem to demand *Belladonna* in a case of long standing, the proper antipsoric required to effect a cure will probably be *Calcarea*, and in some cases *Lycopodium*, according as the symptoms direct. Again, the acute manifestations of a chronic ailment demand *Nux*. *Sulphur* must subsequently be given to effect a cure. So, too, may be paired, Aconite and *Sulphur*, *Allium cepa* and *Calcarea*, *Æthusa* and *Calcarea*, etc. Of course, these are not hard-and-fast rules. Often several antipsorics may be needed, and sometimes unusual ones, but a clear understanding of the principle will lead to a proper and successful application of the remedies, and without it—well, their works are known!

But, says one, all this does not prove the truth of the psora theory. Possibly not; but it does prove, emphatically, the existence of a single chronic miasm, else how can so many diverse forms of disease be cured by the same remedies? As to naming that chronic miasm, I am perfectly willing to follow Hahnemann, and call it psora, the many important cures made by the nosode *Psorinum* being to me sufficient evidence on that point.

It is highly important in both acute and chronic ailments to discover as part of the diagnosis, prognosis, and treatment whether the case in point be what Hahnemann calls a "privation of health" or a distinct malady arising from a chronic miasm, and if the latter, to what extent it is influenced, obscured, and rendered obstinate by faulty habits of living.

A case or two will illustrate conclusively. A near relative, whose chronic headaches I have had an opportunity of treating

for some years, but always unsuccessfully, was induced a few months since to part with his only stimulant, *tea*, which for many years he drank three times a day. As a result, his general health has greatly improved, and not a single headache has he had since. He has taken quite a dislike to the tea, and considers himself cured of the old trouble. Many apparently incurable disorders can be traced indubitably to the use of tea, coffee, tobacco, and stimulants.

But on this point just one word—it is seldom wise to tell a man that tobacco is hurting him. He will simply call in another physician. Use antidotes, and patch up the case the best way you can, and let him pay for his indulgence by consulting you from time to time.

Dr. H. C. Allen relates a case of strangury and retention formerly treated by the allopaths mechanically, but promptly relieved by the Doctor with *Opium*. The man being a smoker, the allied narcotic was both antidotal and symptomatic. Several attacks were cured, when finally the patient insisted on knowing the cause of the disorder and got the desired information, but the Doctor lost a patient! Most men (and women, too) will go pretty close to death's door before giving up their favorite habit!

---

#### IN MEMORIAM—HENRY DETWILER, M. D.

In the death of Dr. Detwiler Homœopathy loses its oldest practitioner, and one who has ably upheld Homœopathy for over half a century. The places of such men can hardly be filled. One by one the old veterans drop off and, alas! none seem to arise to continue their work.

Dr. Henry Detwiler died at his home, in Easton, Pa., April 21st. He was the oldest citizen of Easton, the man who dispensed the first homœopathic remedy in America, and believed to be the oldest homœopathic physician in the world. He was born in Switzerland December 18th, 1795, and consequently was in his ninety-second year. He landed in Philadelphia in July, 1817, practiced there a short time, moved to Allentown, and then to Hellertown. Dr. Detwiler gained great prominence all through the section in 1818 by checking an epidemic which was carrying off hundreds of people. The cause was learned by him to be poison in the lining of earthen jars then in common use. It made him popular from that time on, and his medical practice has been enormous. He was a personal



friend of Hahnemann and has been repeatedly honored in homœopathic circles. His progeny is great, six children, twenty-seven grandchildren, twenty-one great-grandchildren, and two great-great-grandchildren surviving him. His sons are Dr. J. J. Detwiler, Easton, and Dr. W. F. Detwiler, Heltown, both prominent men.

Dr. Detwiler was an able man; was remarkable for his fund of knowledge on natural sciences. He had lost none of his old-time interest in public affairs because of his many years, and during the past few years attended nearly every performance at the Able Opera House. His mind to the last was as unclouded as that of a boy, due in a great measure to the excellent care he had taken of himself.

### HIDE-BOUND.

It is remarkable that so few homœopaths seem to understand the true nature of the law of similars. Thus we find this law often spoken of as if it were one of man's dicta, to be changed at pleasure. The law of similars *must* be a law of nature or it is worthless. Nature's laws are as eternal as nature itself; they cannot change. Our knowledge of them, and our ability to use them, should continually change and improve; and it must be confessed that our knowledge of and our ability to apply this therapeutic law is almost in its infancy at present. Therefore let us develop this law, rather than desert it for each fanciful theory which man's imagination cojures up.

These thoughts have been suggested by the following sentence from a note sent the writer by Dr. S. Swan: "You *must* remember that all the members [of the I. H. A.] are not as hide-bound as you are. They *must* grow out of old ideas as the new ones are proved true. I expect to shock your sensibilities more."

We presume the "old ideas" here referred to are the law of similars, and by the "new ones" Dr. S. refers to his "generalization."

As this generalization is at present, being unproven, simply the dictum of Dr. Swan (which, indeed, he has materially changed in the last few years) we will be pardoned for being "hide-bound."

Some years ago one of Dr. Swan's ardent admirers sent the writer an indignant letter for opposing Dr. Swan's theories; saying: "You are wrong; I make some wonderful cures with

Dr. Swan's high and highest potencies ; we make cures first and provings afterward"!! As this method of studying therapeutics is a reversal of "Hahnemann's strict inductive method," we may again be pardoned for being so hide-bound as to discredit it. Dr. Swan's therapeutics being in every way at variance with "Hahnemann's strict inductive method," we ask once more, Which shall it be—Hahnemann or Swan, Homœopathy or empiricism? The I. H. A. cannot advocate both.

E. J. L.

---

### TYPHOID FEVER.

BRY., ALB.<sup>cm</sup>. (FINCKE).

G. W. SHERBINO, M. D., ABILENE, TEXAS.

Boy, æt. fifteen ; had been going to school ; was taken with fever. I saw him on twelfth day. He had not taken any drugs.

Delirious. Talking and muttering. Eyes wide open. Had not slept any for forty-eight hours. Wants to get out of bed and go home (Bell. Opium.) *He is driving oxen or repeating lessons. Mind runs on what he had been doing for past few weeks.* Tongue coated brown ; crack at the tip running back for half-inch. Tongue, teeth, lips, covered with sordes ; slight subsultus tendinum ; two allopaths saw the case and gave an unfavorable prognosis. He received one dose at 8 A. M. ; soon went to sleep, and delirium soon passed away. In three or four days he grew worse ; one more dose was all that was needed.

---

### CORRESPONDENCE.

DR. E. J. LEE, PHILADELPHIA.

DEAR SIR :—I have been looking for a good homœopathic monthly, and the other day came across a copy of THE HOMŒOPATHIC PHYSICIAN, which seemed to meet my desires excellently, and I have decided to become a subscriber to it. The copy was three years old, and fearing that there might have been a removal or change of some kind, I thought it best to write your old address before sending money, and ascertain whether the PHYSICIAN is holding forth at the old stand.

I am not a physician, but a lay brother strong in the faith, and a high potency man. I have made a study of medicine, commencing six years ago to cure myself of a nervous disorder.

After having passed through the hands of the Dean and others of the faculty of the Cleveland Homœopathic College, and two local homœopaths, I found myself getting *no better* very fast. Instead of blaming the practice, I charged the matter to the physicians and set about looking up my own complaint. Well, to make a long story short, I succeeded in curing myself radically, and there is no heartier man than I am to-day, I believe. My researches led to the discovery that not one of fifty so-called homœopathic physicians practices Homœopathy, and very few are fitted to practice it. Another thing, none of the so-called homœopathic periodicals that I have examined (except the *PHYSICIAN*), are homœopathic. Probably this is neither news nor interesting to you, but I like to relieve my mind once in a while. I have a good homœopathic library and doctor my own family. Took three of my children through good cases of diphtheria this winter, one of whom, a four-year-old, had the membrane in nostrils. Will send money for subscription when I hear from you.

Respectfully,

E. S. W.

---

## THE HOSPITALS OF THE WOMEN'S HOMŒOPATHIC ASSOCIATION OF PENNSYLVANIA,

TWENTIETH STREET AND SUSQUEHANNA AVENUE.

AD. LIPPE, M. D., PHILADELPHIA.

On page 177 of the May number of *THE HOMŒOPATHIC PHYSICIAN* will be found a complete explanation of the resignation of eight lady physicians upon the visiting staff of the Hospitals of the Women's Homœopathic Association of Pennsylvania. The Managers of this Association have been compelled to respond to charges and accusations preferred against them in the public press by the resigning eight lady physicians and their sympathizers. As both the County Society and the misnamed Hahnemann Medical College have openly approved of the action of the eight resigning lady physicians, it is high time that the *motives* of these bodies be scrutinized and the implied insults offered the noble Managers of the Association be resented. The County Society and the eight lady physicians on a strike have resorted to the press to lay their grievances before the public; the managers of the Women's Homœopathic Association have, therefore, been forced to answer through the press also. We

hold to the good old French proverb: "*Mieux vaut laver le linge sale en famille*."

If the aiders and abettors of these eight complaining lady physicians had heeded this proverb they would not have published their case so extensively and thus have damaged themselves by it. For an investigation was thus stirred up that shows how wrong-doing requires singular modes to make it appear right. Their own confessions are of sufficient weight to expose their proceedings to the disgust and indignation of the community.

For ourselves, in conformity with the advice of the foregoing French proverb, we prefer to address ourselves to the profession through the pages of *THE HOMŒOPATHIC PHYSICIAN*. These lady physicians at the Women's Homœopathic Hospital introduced medical treatment, not homœopathic, into the Hospital: crude drugs in massive doses; disinfectants rejected by the allopathic school, stimulants rejected by Homœopathy, and, finally, "Castor oil" for purgative purposes. The Lady Managers, whose duty it was and is to see to it that in a professedly homœopathic hospital only homœopathic treatment should be administered to the sick, first kindly remonstrated with the erring lady physicians, but were met by some of them with the assertion that they, the physicians, were the only responsible persons, and, *therefore*, the Managers, as non-medical persons, should not interfere with their treatment. The Managers of the Association and of the Hospital are persons fully competent to determine what is homœopathic treatment and what is *not* homœopathic treatment, and under their charter it is their bounden duty, it is a trust conferred upon them by the people who give them a charter as homœopaths, to see to it that none but homœopathic means should be employed in the hospitals under their care; and let it be said here, once for all, that the Managers of the Women's Homœopathic Association know what Homœopathy means; that by their own individual experience they became convinced that the methods of Hahnemann, if honestly followed, produced better healing results than any other means in vogue, including the methods of those clamoring for the perversion of Homœopathy into Eclecticism. These philanthropic ladies desired to bestow on the public in general in the Women's Hospital the blessings of a truly homœopathic treatment, which was not to be obtained in any other hospital in this city. When they finally accepted the resignation of the striking doctors they did their full duty. If there were no longer homœopathic physicians to be found (as the strikers conjectured), the Hospital under

its present management was still not likely to be turned over to the eclectics. These eclectics found themselves sadly disappointed when the strikers were locked out and a staff of faithful homœopaths were found to be ready to take their places. These eight physicians, grieving over the acceptance of their resignations (strike), now laid their case before the County Society, and this Society appointed at once a Committee of Inquiry. Now comes the farcical part of the case. Upon this Committee was put one of the disappointed women doctors: a perfectly novel proceeding which will no doubt amuse our brethren of the old school, who will make capital out of such a departure from ordinary rules of proceeding. The Committee did not, could not, make any inquiry, for in less than five minutes after their appointment they had *reported*, finding the eight strikers fully justified in their course of action. Without even attempting to hear the other side, they sustained the complainants. Next morning the papers contained the proceedings of the County Society, with the four names of the Committee of Inquiry, and their findings.

People are accustomed to the spectacle of whitewashing reports made by packed committees in political circles; but even in such cases the Committee always holds out at least a pretense of making proper inquiry and hearing of both sides. In the case before us the Committee appointment was a perfect farce. What then was the motive of these resigning doctors? Their apparent motive was to introduce into the Hospital a mode of practice not in harmony with the teachings of Homœopathy, but in harmony with the teachings and practice of the Hahnemann Medical College and its dispensary and hospital. These lady physicians attempted to justify their departure from Hahnemann's methods by quoting from a lecture I delivered at the Hospital in which I did say: "The whole scale, from the crude natural substances up to the higher and highest infinitesimals, should be open to the choice and the practice of every sensible and candid person." Does this declaration even impliedly justify the application of unhomœopathic remedies in crude large doses? Does it justify the pernicious local treatment with crude drugs? Does it justify the least departure from Hahnemann's methods? What I did say was necessary, as the eclectics parade themselves before the people as low potency men, and designate such physicians as are following Hahnemann's methods as high potency men, and assert that the only difference existing between the eclectics and the Hahnemannians turns on the potency question. It is apparent that this is a false issue altogether. The

error has been very much augmented by certain persons who argue that any substance, even a nosode, becomes very homœopathic if highly potentized, and that all other necessary conditions for the choice of a curative remedy may be safely set aside if the nosode is only *highly potentized*. A physician who follows Hahnemann's methods implicitly will surely learn to prefer highly potentized drugs, while another physician who more and more departs from the teachings of the master will be as unsuccessful with highly potentized remedies as with low potencies, and must surely become an out and out eclectic. The County Society meeting at the Hahnemann Medical College was the Society selected by the eight lady physicians who had failed to introduce eclecticism into the Hospital of the Women's Homœopathic Association. The very fact that the County Society met at the building of the Hahnemann College was evidence enough that the Society indorsed the Hahnemann College as a homœopathic college.

The Hahnemann Medical College is by its own showing to all intents and purposes an eclectic college. Under the original charter the trustees (none of whom are medical men and certainly not members of the Faculty) were enjoined to have taught in that College all collateral sciences appertaining to medicine but "*especially*" Homœopathy. When eclectics gained positions in this *then* truly and *especially* homœopathic college, under false professions, of course, they caused the charter to be changed, and had that one word *especially* stricken out, and in its stead was inserted "*also.*" From that time forward we had the spectacle of the Hahnemann Medical College under eclectic teachings. The majority of the trustees of this now burlesque College are to this day the Faculty of the College and their tools—all medical men.

Appended to this burlesque College the leading eclectics propose a hospital to be given them under false pretenses, a *homœopathic hospital under eclectic treatment*—if the past is to be taken as a criterion for the future. *The Women's Hospital Association*, believing, no doubt, to do a charitable work, are sadly deceived by these men moving to have a homœopathic hospital attached to an eclectic college. The motive of opposition to the hospitals of the *Women's Homœopathic Association*, where it becomes evidently impossible to pervert Homœopathy into eclecticism, is now fully apparent.

Some very good persons have been deceived by the frequent advertisements of the Women's Hospital Association. Supposing that they were furthering the interests of Homœopathy and

aiding the Women's Homœopathic Hospital, they have contributed to the support of the Association. But they were deceived by the close similarity of names, and they soon discovered that their contributions are going to the support of another association that is identified with eclecticism. This reminds us of an old eclectic trick years ago, when an eclectic college sought to use the reputation of a time-honored College, the University of Pennsylvania, by a close imitation under the name of the Pennsylvania University. It took ten years of litigation before this vile institution was wiped out. Its pupils survive! Behold their work in the above confounding of the names of two associations for hospital work.

But I hear the hissings of the galleries and perceive the smell of *eggs*, therefore, let the curtain fall on the *first* act.

We call attention to the publication of the first part of an exposition of the horrid teachings in a so-called homœopathic college (in Gotham?), by our old veteran, Dr. P. P. Wells, in the May number of THE HOMŒOPATHIC PHYSICIAN. We hope that Dr. Wells will exhibit more of the pernicious and wicked teaching at misnamed homœopathic colleges. We promise to follow suit, as we have a good deal to say yet about the abominable and treasonable teachings of a set of brazenfaced perverters of Hahnemann's Healing Art, by him called Homœopathy. There is a demand for homœopathic physicians and for homœopathic treatment, and the eclectics may remember that there is a universal law which governs demand and supply, and that a spurious or shoddy article furnished will invariably be rejected by those who know what the genuine article is and demand it. The Women's Homœopathic Association do furnish the genuine article, and no attempt to palm off a spurious article and condemn the action of a noble association *without* even listening to them will succeed, and, as we have shown that the motive of the County Society in sustaining the disgraceful conduct of these eight—now even nine—women was a mere blind to also sustain the *eclectic* Hahnemann Medical College, aided by the Women's Hospital Association, in their intention to palm off the spurious article, that article, spurious and adulterated, will surely meet the fate of all such articles while the genuine true Hahnemann Healing Art is offered to the community. The spurious article will be rejected by all well-informed persons; the spurious article may, for a time, deceive and be accepted by the ignorant, but it will not wear.

## BOOK NOTICES.

### PROCEEDINGS OF THE SEVENTH ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

"Better late than never" is an old saying, and one we presume may be applied to the tardy appearance of this volume! The report here given of the last meeting of the I. H. A. is fairly complete, and is well arranged.

In variety and value the papers are unusually good, and the volume will amply repay careful study. Where all the papers are so well written and of such practical value, it would be impossible for us to notice any one in particular. All are good, each in its department.

We have received several complaints from members who took part in the Saratoga meeting that the reports have been "doctored" by some one. This is a serious matter, for the papers and the discussions should be honestly reported and printed. We would suggest that the Association should see that this is done in future, and that the Secretary have charge of the printing.

E. J. L.

### THE MEDICAL CURRENT.

Dr. W. E. Reed assumed control of the *Medical Current* last January. THE HOMŒOPATHIC PHYSICIAN extends cordial greetings to the Doctor in his new field and wishes him the greatest success.

We can emphatically indorse the following platform:

"As a matter of belief and in the interest of which the *Current* will labor, the following principles explain our position:

"I. We believe in the law of *Similia similibus curantur* as the only true and scientific method of treating disease or diseased conditions.

"II. As our remedies are proven singly on the healthy, it follows that the administration of only one medicinal substance at a time is the true and logical deduction from the homœopathic law; and

"III. That if these two principles are carried out the question of the size of the dose becomes a matter easily settled by the individual practitioner."

THE MINNESOTA MEDICAL MONTHLY comes to us regularly, and is a bright, interesting journal; among other good matter in its May issue we noted especially two articles by Drs. W. E. Leonard and H. C. Leonard.

TECHNICS sends bi-weekly a newsy sheet to our sanctum. It contains interesting matter, of course entirely from the old school side, except when it occasionally gives notice of a wonderful discovery of some new medicine—long ago used by the homœopathic school.

---

## NOTES AND NOTICES.

DR. FREDERICK BRUNS has removed to Hotel Pelham, corner Tremont and Boylston Streets, Boston, Mass.

DR. J. MARTINE KERSHAW held an "at home" to the members of the Missouri Institute of Homœopathy, Tuesday evening, April 26th, at his residence, 3500 Laclede Avenue, St. Louis.



**EVILS OF QUININE.**—Hahnemann declares that the evil effects of dosing with Quinine are most difficult to cure; even more so than that following syphilis and mercury. Remember this, before you venture upon using any Quinine.

**LOGIC OF FAILURE.**—In "*The Hahnemannian*" Monthly for April, the editor states "there are logical and scientific reasons" for the employment "in certain cases of other means and measures non-homœopathic." We only know of one reason—failure!

**ALUMNI ASSOCIATION OF HAHNEMANN MEDICAL COLLEGE.**—The annual meeting of this Society was held at new college building on Thursday evening, April 7th. One hundred new members were elected. The present membership is four hundred and forty.

**DR. S. LILIENTHAL** writes to us, under date of April 19th, that the San Francisco College opens in a week "with a good class." The Doctor promises that "the teaching of the *Organon* shall not be neglected, as it is delegated to your humble servant, S. Lilienthal." We wish him success in combating mongrelism.

**TO PREVENT COLDS.**—In a recent journal some advice as to how to prevent taking cold in traveling was given. After advising as to clothing, etc., this remarkable rule was given: "Every adult should take five or ten grains of Quinine on going to bed (in sleepers)!" How the innocent laity are stuffed with this vile drug!

**POOR HERING!** The "Dean of the Hahnemann Medical College," of this city, recently told one of his pupils that Hering's *Guiding Symptoms* were of no use! Why then did the worthy Dean act as President of the Society formed solely for the purpose of publishing the very volumes he now declares to be worthless? Rats!

**NOT ISOPATHY.**—The homœopathic doctrine has never taught to cure a disease by the very same agent which had produced it. This has been repeated to the foolish opponents of Homœopathy over and over again, although to all appearances in vain. Homœopathy professes to cure diseases by means of drugs which produce exactly similar, but not identical, symptoms.—*Hahnemann*.

**ONLY SOMETHING IN IT.**—A short while ago our esteemed brethren of the old school proclaimed, amid much rejoicing, that *at last* a real specific for phthisis had been found in the gas bag of Dr. Bergeon. Now "the conclusion so far reached seems to be that while there may be 'something in it,' the treatment is very far from a specific for consumption."—*Medical Record*. Only gas, after all!

**ANOTHER CURE FOR TUBERCULOSIS.**—Some "celebrated French physicians" have discovered another cure for tuberculosis! This time it is tannin, a while ago it was carbonic acid gas, to-morrow it will be something else. It is "a cold day" when some "celebrated French physician" does not discover a certain cure for consumption, and yet the dread destroyer marches on unchecked!

**SOUND HOMŒOPATHY.**—A true physician will beware of forming a predilection for any particular remedies which chance may sometimes have led him to administer with success. This preference might cause him to reject others which would be still more homœopathic, and consequently of greater efficacy.

He must, likewise, be careful not to entertain a prejudice against those

remedies from which he may have experienced some check, because he had made a bad selection, and he should never lose sight of this great truth, that of all known remedies there is but one that merits a preference before all others, viz.: that whose symptoms bear the closest resemblance to the totality of those which characterize the malady. No petty feeling should have any influence in so serious a matter.—*Hahnemann*.

**THE DIPLOMA DISPUTE.**—Drs. Pease, McNeil, and others have charged the Hahnemann Medical College, of San Francisco, with issuing diplomas to certain persons, who were not proper recipients, nor properly qualified. The charge is a grave one, and now is fully detailed in a pamphlet recently issued. The testimony seems to be against the College. We can only deprecate such doings. Too much of this kind of "graduating" has been done in our colleges. It is simply a disgrace to the profession.

**SUPPOSITORIES OF ICE.**—According to the *Mass. Med. Journal*, Dr. Chenee in an article in *Jour. de Med. et Chir.* recommends ice suppositories in retention of urine. He introduces a piece of ice the size of a chestnut every two hours. Urethral spasms cease and in the course of two hours urine flows. The ice acts also as a sedative, rendering the introduction of bougies and sounds into the bladder comparatively painless.

**A JUDGE WHO KNOWS.**—A Mrs. Sarah Patterson was recently prosecuted in this city before Judge Arnold for unlawfully practicing medicine. Her defense was that she was not a doctor but a spiritualistic medium, and that she did not prescribe herself, but merely conveyed prescriptions from the dead to her patients.

She was accused of giving one patient "blood-root and juniper berries dissolved in gin." Judge Arnold asked who was responsible for that prescription? (We quote now from the report:)

Mr. Kilgore.—"I'll tell you. His name is Constantine Hering. He was a prominent homœopathic physician, and has been dead for many years."

"Well," said the Court, "he certainly was not a homœopath if he prescribed blood-root, juniper berries, and Holland gin. You'll have to get another one." This created another laugh.

**THE LIBRARY OF THE SURGEON GENERAL'S OFFICE** is the most complete Medical Library, with the best subject index in the world. Hitherto physicians have not always been able to obtain reports of cases or other references from this source of information, because they have not known of any one upon whom they could rely to go to the Library, examine the subject catalogues and supplementary indices, find the required references, and make the necessary transcripts. This Bureau has performed these services for physicians and medical authors, and is prepared to attend promptly to any such work that may be ordered. Terms, one dollar an hour per research; ten cents a folio for type-writer transcripts, and thirty cents a folio for translations.

JOSEPH B. MARVIN, *Manager*.

*The Bureau of General Information, office in the Corcoran Building (opposite the Treasury), P. O. Lock Box 379, Washington, D. C.*

**SECEDERS REWARDED!**—In connection with Dr. Lippe's paper upon the Women's Homœopathic Association of Pennsylvania, it will be of interest to note the report that the seven seceding physicians have been promised positions in the hospital that is to be built in connection with the (so-called) "Hahnemann Medical College of this city. They can use there all the crude drugs, opiates, etc." their best judgment may fancy.

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. VII.

JULY, 1887.

No. 7.

---

---

## EDITORIAL NOTES.

HOW EXPERIENCES DIFFER.—In a recent article upon a question of diet, we find this comment upon the differences of opinion and hence (among the allopaths) of practice. "Here, as in other articles and discussions one hears in societies and conversations, it is strikingly remarkable how few observers see alike, how few thinkers think alike, and how few experiments yield alike in the hands of different experimenters."

It is hardly necessary to state that the above quotation is from the pen of an allopath; one versed in homœopathic philosophy would easily and surely recognize the ring of doubt which sounds through the remark. With them all is in doubt, nothing is certain—all is to be settled by experience, nothing by law.

How different are the discussions of homœopathic bodies, how general is the agreement, and how unanimous is the experience of those who practice by certain law. And this agreement in theory and in practice is not obtained solely from physicians living in the same country; it is fully evidenced by the experience of homœopaths throughout the world. The homœopathic law has been found universally active in America or in Europe, in cold or in hot climates. It never fails, though its practitioners do fail.

SHALL THE PATIENT EAT WHAT HE CRAVES?—Homœopathic experience answers, Yes; or, qualifying this answer, we might say the cravings of the patient are a valuable indication both for the choice of the dietary and in selecting the remedy. In most cases, we would advise one to allow the patient such articles as he really craves; if these be of such a

nature as we think are absolutely injurious then great caution must be observed. Such cases are ones for which no rule can be made; they are cases in which the physician's judgment must decide. But there is another side to this question of diet; these cravings often aid greatly in selecting the remedy. Some cravings of the sick are so peculiar as to be very characteristic, and are often strongly indicative of a remedy. These desires for or aversions to articles of diet not only help us to decide questions of diet, not only help us to select the remedy, they do more, for when a remedy has been given, we know whether or no such and such things will help or will injure the patient. Some remedies are benefited and some aggravated by use of certain articles of diet.

Homœopathy, being scientific medicine, is helped and can use such questions as this, which are only a puzzle and a worry to the allopath. Our practice, being regulated by law, has a place for all these subsidiary questions; they are all useful under the law, but entirely useless outside of law.

Experience of man is exceedingly fallacious when not guided by definite law.

THE I. H. A.—We feel sure the members of the I. H. A. must feel very much encouraged in their work by two such successful meetings as its two last. These were eminently practical, useful, and successful; they show the I. H. A. to be a working association. Such work continued from year to year must be productive of the best results for the future of Homœopathy.

We publish in this issue the able address of Dr. Kent, the president, also a brief account of the work of the session. We hope later to publish some of the practical, useful papers presented at the meeting. We have promise of many of them.

---

### NOTES UPON A CHARACTERISTIC.

The symptom of *Lycopodium*, "fan-like motion of alæ nasi," has justly been considered a valuable characteristic. Other remedies have this symptom but none so characteristically as *Lyc.* In our May issue, Dr. Sherbino mentions *Bapt.*, *Lyc.*, and *Phos.* *Ant-tart.* and *Bromine* also have it. Dr. E. A. Ballard wrote, mentioning *Ammoniacum* and *Chelidonium*, and gave Hering's *Guiding Symptoms* as his authority.

Later, Dr. A. F. Randall writes he has also noted *Chel.* as having this symptom. Hering gives this symptom under *Ant-tart.* as a concomitant of whooping-cough, and also in pneumonia, in which the nostrils "inflated and moved rapidly, like wings."

ADDRESS BEFORE THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION AT ITS EIGHTH ANNUAL MEETING,

BY PROFESSOR J. T. KENT, M. D., PRESIDENT.

FELLOW-MEMBERS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION: It is with pleasure that I welcome you to your eighth annual meeting; to one which promises to exceed in interest and profit even our last session.

In the past, this Association has accomplished some very useful work for the cause it espouses. Let us hope it will do even more in the future! And what *is* the cause we espouse; or, in other terms, why this Association?

It was certainly for no idle purpose, nor for any senseless caprice, that our oldest and most respected members left the American Institute and formed this separate Association; it is equally true that we of the junior profession did not join this Association for any selfish or useless purpose. Was not this Association formed solely for the purpose, as expressed, of perpetuating and developing true Homœopathy? Was it not felt at the time of its organization that the hour had come for true men to arouse themselves and work for the science they loved? Had they not heard all the principles which Hahnemann had taught, and which the experience of many had proven to be true, villified and abused; had not, in short, all true Homœopathy been driven from the Institute? The homœopathic school, then as now, was divided into two parties—the one representing eclectic methods and practice, the other the principles and practice of Hahnemann, of Gross, of Bœnninghausen, of Hering. The time had come when all practitioners had to decide which of the parties they should assist. And let it be to the eternal glory of these men that they chose rather to be right than to be with the majority!

In the history of the American Institute, we may read a warning for us. In its first years the Institute was composed of able and true men, and its purpose was for truth and usefulness. But little by little eclectics were allowed to creep into its membership, and soon, behold! the whole body is eclectic. Let us then beware whom we elect members, let our censors be even over-scrupulous lest a wolf creep in in sheep's clothing. Let no member sign any application for membership unless he knows the physician personally and is *very* sure he is qualified to serve

with us. Too great caution cannot be observed in this matter. It is not great numbers that we want, but men of truth and purpose.

While much caution may be judiciously exercised in this matter of electing new members, let us not repel those who, though not yet with us, are in sympathy with our purpose, and whose presence would be welcome. Let us not therefore erect any Chinese wall of exclusion, but merely exercise all proper precaution to prevent evil. Let no good man be excluded by personal malice; nor any useless man elected to serve personal ambition. As well stated in the preface to our last volume of transactions:

“Personal interests or ambitions have no place here, but only *what is truth.*”

Without doubt all will assent to this assertion, but many will inquire, and most rightly, too, *What is truth?* This question has been asked many, many times, and of all subjects. In this case, limiting our statement to what is true in therapeutics, we unhesitatingly assert the law of similars to be true; to be a proven *fact*. Has it not been found operative in all diseases and in all countries? can fuller demonstration be needed?

“*It is true; let it stand,*” we all exclaim.

It may be well to remark that while our law is a fixed fact, we must never forget that our school is not to be stationary. The law is complete and perfect; our knowledge of the extent of its usefulness is very incomplete and imperfect. The law is fixed, the school is progressive.

Eclectics, building upon the uncertain sands of *theory*, need to be continually rebuilding, as each new theory causes a shifting of their foundation. Homœopathists, building upon the unchangeable rock of *law*, need never rebuild.

Our foundation then being firm, we need only develop and improve the superstructure. Our knowledge of the extent and usefulness of the law of similars has increased since Hahnemann's day; let us see to it that we continue to improve, and always in the right way.

The law, being of divine origin, is complete, perfect, and fixed; the school, being composed of erring humanity, is incomplete, imperfect, and changeable.

While many willingly concede this much to the homœopathic law, they yet desire something more; they would like to have *liberty*, license, “to use their best judgment;” to be free to treat anomalous cases by non-homœopathic measures if, in their judgment, such may at any time be needed.

There is growing up such a tendency to the so-called scientific that our young men stand in danger of being drawn into this vortex of confusion. This scientific vortex looks wonderful; it is so strong! What can there be in the science of medicine but a knowledge of how to cure the sick? The scientific physician, when asked what he knows, must say: *I know how to cure the sick.* If he really knows this he has knowledge and is scientific. If he has not this knowledge, which he pretends to possess, he is a pretender and a fraud.

What is there of value in this word "scientific," when all the pretenders in medicine make use of it? These, most of all, cry "We are the scientific." "We teach science." The amount of science depends entirely on how much the instructor possesses, for "a stream cannot rise higher than its source."

The "eclectics" claim to teach the most scientific (?) of all, because they select the good from all schools of medicine. Who has guided them to this great wisdom? Do they pretend to have a law or a philosophy to enable them to select the wheat and leave the chaff? No. Such a thing does not belong to their pretensions. They even claim the greatest empiricism to be the highest order of science. The greater the chaos and confusion the greater the science.

The cry of the unbelieving does not strengthen their scientific position when their only appeal is to the microscope and to common sense. *Common sense is opposed at all times to cultivated intelligence.* The man of lowest intelligence can prove that he must have a dose that can be seen and handled to cure him of his aches, by appealing to common sense. The mongrel makes use of the same reason and argument to condemn us that the allopathist resorts to to convict the mongrel—appeal to common sense and belief.

Ten men may stand and affirm each, "I did not see," and one man states "I did see," and who of the eleven would the meanest court in the land accept as competent to give evidence? The one knows what the ten do not know.

The ten declare they have tried the high potencies and have failed to secure curative results. What have they demonstrated? *Nothing but their own ignorance* of the manner of using these potencies. But they say they cure with the low. I do not believe they cure with the low, because of the best reasoning. It is logical to suppose or presume that a physician who can cure with the high, can cure with the low, but the demonstration is entirely wanting to show that the physician can cure *with the low* and cannot cure with the high. Men who know how to select a remedy have

confidence in that remedy and go on gaining yearly in this knowledge; men who are ignorant of the powers of the selected remedy of course have not gained the confidence necessary to cure with it, and they mix other means and other medicines.

It has been recently stated in a medical journal that there are logical reasons for deserting Homœopathy for allopathy; that is, for abandoning law for empiricism. The idea is fallacious, and no sensible reason has ever been adduced in its support. There can be only one excuse for this change—and that is *failure!* And this failure has never yet been shown to be due to any insufficiency of the homœopathic law, but is always easily traced to the incapacity of him who uses it. All are liable to err. Let him who thinks he cannot sin cast the first stone at our law.

Concerning the oft-made plea for liberty of medical opinion and action, we would remark that no one is free from the obligations of law; the greater your work, the higher you advance, just by so much do you rivet the chains of responsibility. Only the beggar in the gutter is free to do as he will. No one can grant a physician success in practice whose practice does not of itself secure success.

If one practice Homœopathy he will secure homœopathic success; if he practice allopathy, he will gain only the meagre results of allopathy. No resolutions of learned bodies can change this rule. We are freemen; free to do and to practice as we please; but our success will be measured by our practice, and our title as homœopaths or eclectics be given accordingly as we practice the one or the other, and we all know the greatest measure of success is attained by a strict adherence to the law of similars, the minimum dose, and the single remedy. The Homœopathy of Hahnemann gives the greatest success, the greatest freedom, and the greatest honor. No man can practice empiricism and honestly claim to be a homœopath; such are "living a lie," as an allopath has asserted. The eclectic is a slave, bound by error; the homœopath is free, emancipated by truth. A great poet declares, "He is a freeman whom truth makes free, and all are slaves beside."

Let not this Association harbor or indorse in any way, even by absence of rebuke, any form of false teaching. Let it be distinctly understood that we do fully and honestly believe, collectively and individually, the resolutions of this Association, as adopted. We have declared that these resolutions "completely and fully represent the therapeutic opinion and practice" of this Association. Let it be shown to the outside world that we mean



what we have said. We do most assuredly believe Hahnemann's *Organon of the Healing Art* to be the only true guide in therapeutics. Let us not, then, tolerate any teaching which seeks to pervert or abridge this master work in any way. We have asserted, as our belief, that the only true guide for a prescription is the totality of the symptoms and the proven drug. Let us not, then, prescribe upon any other basis; it cannot be homœopathic nor wise to do so. We cannot allow to be true any teaching which seeks to controvert this fundamental principle of homœopathic practice. He who recommends the building of therapeutics upon any new theory or upon any other basis than that prescribed by this law, is no homœopath and has no fellowship in this Association. Successful practice cannot be based upon pathological theories. Whether these theories teach one to prescribe for a pathological condition or for a presumed dyscrasia, it matters not; both are un-homœopathic and both are unsuccessful.

The adoption of drug proving by Hahnemann, first introduced two great features into medicine, and these are *certainty* and *prevision*. We are sure a drug will cure in the sick such symptoms as it has produced upon the healthy; we are enabled by this certainty to *predict*, before the trial of a drug, what it will cure. For these grand features of its art, medicine is indebted to Samuel Hahnemann—see to it that no fault of ours destroys his noble work. In short, it is to be remembered that the basis of a homœopathic prescription is the symptom of the patient, the question of the dose is secondary. The size of the dose can never make the remedy homœopathic to the case.

In this matter of dose, some err upon one side and some upon the other. So we see that while some believe an imperfectly selected drug may be made to do the work of the perfect *simillimum* if it be "pushed" or exhibited in crude doses; on the other hand, we find some who are disposed to assent to almost any prescription so it be given high enough. Both these parties are in error. While we cannot dogmatize upon this question of dose, all here will agree that the better the selection, *i. e.*, the nearer we come to the perfect *simillimum*, the less medicine we need give. This proposition may be stated again in other words. It is the experience of our best prescribers that the *simillimum* will cure most cases best if given high and in one dose, or at least a few doses. Indeed, experience tells us that the high potencies are always the best; this is experience, however, and not law. But the converse of this proposition is *not true*, that a badly selected drug may be made to do good work

by giving much of it. This idea is the cause of most of the mongrelism of the day.

In published reports of clinical cases, we find evidence of the necessity for careful examination of the patient. Hahnemann laid the greatest stress upon this examination, telling us how to do it, and saying, in effect, that a patient well examined was half cured. Unless this careful examination be made, one cannot get all those peculiar, characteristic symptoms which Hahnemann has declared must be the deciding symptoms. All cases have many symptoms, which are to be found under many drugs, and are hence of little value in deciding our choice of a remedy. Each case should have, and probably does have, some peculiar symptoms; these we are to get. These we *must* get; and our examination of a patient is incomplete so long as we possess only a list of common and general symptoms. It should be our task to question and examine the patient until such peculiar symptoms are found. We hear much complaint of the insufficiency of our *Materia Medica*, of the uselessness of our repertoires, but most generally the failure to prescribe correctly and even easily is not due to the want of good books, but to this lack of careful and thoughtful examination of the patient. Forget not this, that the greatest cures the world has ever witnessed have been made by the earlier homœopaths with a much less complete library than we now possess. After selecting the proper remedy, we must not forget that it is of prime importance to give it in proper dose, and not to change too soon nor to repeat too frequently. Never change a remedy unless the changed symptoms call for another; never repeat the dose (or change remedy) when the patient is improving. For a fuller and a better understanding of the true healing art, you are to study and to re-study the *Organon*. Our purpose in these few remarks has not been to teach this art, but merely to call attention to a few salient points; to give admonition upon a few prominent features which cannot be too steadily kept in view.

This Association, it has been said, was organized for an especial purpose, and that purpose was to promulgate and develop Homeopathy. In pursuance of this work, the purifying and completing of the *Materia Medica* must be our chief concern. It is the foundation of our art. Our *Materia Medica* once corrupted and perverted, clinical success becomes impossible. We may again take warning by the fate of the American Institute, for it, too, started forty odd years ago, to do this same work; and for some years the Institute did good service in this study. But as it grew eclectic, the Institute became enamored of the false

siren named *progressive science*, and all truth was abandoned. Let us beware lest a like fate overtake this Association.

The *Materia Medica* is to be developed by careful and thorough provings of new drugs; we repeat, careful and thorough provings, for most of the modern provings are worthless, having been carelessly and improperly made. One is afraid to prescribe upon them; afraid to trust valuable lives to such careless work. How differently do we feel when we prescribe one of the old, reliable remedies. Then security begets quiet reliance and success crowns our efforts.

At our last meeting, a good beginning was made in this study of the *Materia Medica*, and your Bureau gives promise of great usefulness and interest for this meeting. In all of our work we must strive to emulate the energy and zeal of Hahnemann and of his early disciples; they were indeed masters. Nowhere does one's knowledge of therapeutics and medical ability show forth to better advantage than in this of proving drugs and revising the *Materia Medica*. To do it well the best talent and the greatest zeal are required; but this need not deter us from the work, for ability and zeal are easily to be found in our ranks.

The *Materia Medica* is to be enriched by clinical observations, and here also we may again take pattern by Hahnemann's careful work. The admission of clinical symptoms into our *Materia Medica* must be done with the greatest caution. They can only be incorporated after the most searching inquiry, and then should always be so marked that we can tell the clinical from the pathogenetic. The hasty and inconsiderate adoption of clinical symptoms is certainly an evil; and if pursued to any great extent will render the *Materia Medica* unreliable. Every practitioner is not a reliable judge of the value of a clinical confirmation. Even reliable clinical confirmations need only be noted when peculiar or characteristic; of common, general symptoms we have an abundance.

The clinical symptom is only admissible to fill up the gaps left by imperfect provings, or in cases where provings cannot be obtained. Though some of the best symptoms now in use are of clinical origin, as a general rule they cannot be considered as certain and reliable as the pathogenetic.

Besides the proving of drugs and the careful, conscientious noting of clinical symptoms, we can also do a useful work in marking clinical verifications of pathogenetic symptoms. A symptom produced upon a healthy person and cured in a sick person becomes doubly reliable. There can be no doubt about the value of such symptoms.

The most dangerous manner of perpetuating homœopathic truth is to mix it with uncertainty or mystery. There are some things about the art of healing that pertain to the scientific, of which not one is more important than the *proven drug*. A member may state that he has cured somebody with an unproved drug, and he may fail to demonstrate the homœopathicity of the so-called cure, because of the lack of evidence that can only be obtained from the provings. There are many good things so involved in mystery that the time is not ripe to discuss them. The relations of Homœopathy to them must be first demonstrated or this organization cannot recognize them. The allopathist reports cures on unsupported opinion, and we reject these because he has no demonstration. If this same allopathist reports a cure of vomiting by *Ipecac*, the homœopathist can accept it as a real cure, because it is what can be expected. Experiment as you may on the healthy with new medicines, the sick man demands a remedy for his sickness the likeness of which has been found in a pathogenesis.

In no way can we perpetuate pure philosophy but by adhering to the proven drug in all our discussions. Better rule out all the fragmentary guesswork and make every report show its relation between drug and disease in the manner designated in our philosophy. The Publication Committee should reject, without fear or favor, all papers with reports of cures where we have not had access to the record of provings. Of what value is the cure without the proving? Save the cures until you have given us the proving.

By thorough and careful work we will some day complete a *Materia Medica* whose every symptom will have been repeatedly verified. Then, indeed, will our art become the exact science predicted for it. Such is the end for which we labor. A great stride toward such an end will be made when we have in completed form the *Guiding Symptoms*, by the late Dr. Hering. These are now promised, and if given us as that master mind left them (not as some lesser minds may think they should be given), our school will secure a treasure. A very opposite of this great work of Hering's is the so-called *Encyclopædia of Drug Pathogenesis*, which seems to be a confused mass of mangled provings. We have more than once attempted to gather assistance from its garbled and condensed pages, but have always been baffled. That it has any value we are unable to see. It is to be hoped it has a purpose, as much labor seems to have been spent upon it, and much expected of it.

There is another point to which your attention may be profit-

ably directed, and that is to secure greater care in selecting our medicines and more care in manufacturing our potencies. It seems as though carelessness were also creeping into our pharmaceuticals. The greatest discretion must be exercised in selecting proper material for our pharmacopœia and in their preparation. The same preparation, especially in the use of our vegetable remedies, should be used in the prescribing as was used in the proving. We do not mean the same potency, but the same pharmaceutical preparation. Impure or uncertain drugs will, of course, not correspond in their effects upon the sick to the action of a purer drug used in the proving. The physician and the prover should use the same preparation. Without doubt, many of our failures may be justly laid to some imperfection in our drug preparations.

During the past year little worthy of note has occurred in the medical world. In the old school new theories have arisen and old ones have died. This is the old, old story with these scientists! Among ourselves the work seems to be steadily progressing for the better. The successful meeting held a year ago at Saratoga has been productive of much good, has shown the outside world that this is a *working* association of genuine homœopaths. Such successful meetings cannot fail to have a beneficial effect upon the homœopathic school.

And now we meet for the eighth time to greet each other, and to work for the perpetuation of the art of healing known as Homœopathy. We have come together from the remote quarters of the land to sharpen a common faith by another year of busy experience. This organization has been separated from the masses of all grades in medicine, a mere handful, that has been called a respectable minority, and it can even now see the gulf that yawns behind it. With independence we are to go on climbing the mountain of homœopathic *truth*. Some say we are at the top. Be not so sure; we have but climbed a foothill; soon will we see a mountain beyond, with but the faintest trace of human footprints. We follow on, though the mountain side be steep and thorny, led by the light of truth. Soon the toilers grow weary and their number becomes smaller. In the distant past there is a multitude, while the valleys below still throng with conflicting millions. The few toil on up the steep and rocky mountain side, steeper, more rocky as they press onward. The distance brings to view the heavens, dotted with nebulous sky and space beyond. There is to be seen another mountain far away, and much higher, which is yet to be climbed, upon which, through the clear sky, above the clouds, behold the immortal Hahnemann.

## HOMŒOPATHIC THERAPEUTICS IN DENTISTRY.

Under this heading the editors of this journal have before had occasion (H. P., February, 1886, p. 74) to speak of a remarkable article by Dr. J. Morgan Howe, of New York, in *The Archives of Dentistry*, advocating homœopathic treatment in diseases of the teeth. In the February number (1887) of the same journal Dr. Howe contributes another article under the same heading, detailing his personal experience in such treatment. He says: "It might well be expected that cases in which functional disorders or systemic debility predominate, as exciting causes, would probably show most clearly favorable results from constitutional treatment, but such results are by no means confined to these cases. I have been in the habit of treating in this manner all cases in which it was considered advisable, without regard to the etiological diagnosis, and have not discovered that the benefits of systemic treatment are at all limited by my own ability to recognize a systemic cause for the disturbance. In my efforts to develop the benefits of systemic treatment, I have not resorted to such methods, when removal or change of local factors, mechanically or surgically, was indicated or afforded relief; but only when such means as venting by drilling, correction of malocclusion, opening abscesses, etc., were not indicated or did not afford relief."

Again, p. 53: "Tonics, anodynes, and saline cathartics I have found valuable in former years in cases requiring constitutional treatment, but I have found means adopted later much more reliable than the best results ever obtained by the former methods; remedies selected on the homœopathic basis have for several years served in my practice to control or modify pericementitis more quickly and more certainly than any other means with which I am acquainted."

The writer then proceeds to give his experience with three remedies—Mercurius Vivus, Hepar Sulphur, and Silicea. He says of Mercurius "that the period of suffering was curtailed, and suppuration—when the effort to prevent it was not successful—was less extensive and the systemic depression less marked." He has "discarded the local use of medicaments" altogether, except as *placebos*, his reliance being placed upon the mercurial preparation. So successful has he been with it that he almost regards it as a specific. The preparations used are the third and sixth decimal. Three clinical cases are given to show the value of Mercurius in pericementitis.

The indications for Hepar are given in general terms, its exact nature commented upon, and reference made to the works of Ringer, Phillips, and Wood, as being indorsements of it.

In speaking of Silicea, the worthy author seems to our mind to rather give the impression that the "common flint" is merely ground and triturated with milk sugar. For the benefit of our readers who do not know it, we may say that Silicea really passes through a stage of preparation before this is done. The quartz is first melted in a powerful furnace, with potash or soda whereby silicate of potash or soda is formed, commonly known as "water-glass," because soluble in water. This water-glass in solution is next treated with Sulphuric acid, which robs it of its alkali, and the Silicea (Silicic acid) falls in a jelly, being largely combined chemically with water, and is then triturated with sugar of milk. We are assured of the truth of this statement, as we have in our possession a letter kindly written to us by Dr. F. E. Bœricke several years since in answer to an inquiry upon this point.

To return to our author, we may say he gives us a clinical case illustrating the use of Silicea. The whole article as well as its predecessor shows such an enlightened mind that we are happy to call the attention of our readers to it, to the end that they may join us in cordial recognition and acknowledgment of his advanced position on therapeutics.

W. M. J.

---

### A NOTE ON GELSEMIUM.

In the April number of the *Southern Journal of Homœopathy*, Dr. Clarence Willard Butler writes of Gelsemium:

"Stimulants afforded prompt relief to persons poisoned with *Gelsem.*, as recorded in Hale's *Materia Medica*, second edition, but this modality seems to have been overlooked in the subsequent arrangement of the symptoms. That many conditions to which *Gelsem.* is curative are relieved by stimulants, notably the lassitude, malaise, all pains except its actively congestive headache, and even its diarrhœas accompanied by colic I have frequently proven clinically."

We are glad to report this important clinical confirmation (of a dubious authority, as we have always regarded Hale's *Materia Medica*) of an useful symptom. We shall be glad to hear further upon the subject from Dr. Butler and others.

## KALI CARBONICUM.

(Carbonate of Potash.)

A LECTURE BY PROFESSOR A. McNEIL, M. D., SAN FRANCISCO, CAL.

This antipsoric has been undeservedly neglected. The pivotal symptom around which all others revolve is the *stitching pains*. The patient will perhaps describe them as cutting, shooting, or stitching. Nearly all the pains which this drug cures, wherever they may be located, are of this kind. The patient may complain of headache, toothache, colic, angina pectoris, pains in the joints or viscera or elsewhere, but they are stitching. The drug whose pains have a striking resemblance in this regard is Bryonia. In fact, the pains are so much alike that many times we may be aided by remembering that Kali carb. is an antipsoric and consequently is more adapted to chronic diseases, while Bryonia, being a non-antipsoric, is for acute ones; and bearing this in mind, many times when Bryonia appears to be indicated and fails a closer examination of your patient will reveal psora in some of its many forms, and Kali carb. will be the remedy.

Kali carb. is adapted to fleshy and aged people, to complaints following parturition and abortion; in this Podophyllum resembles it, but the difference in cases to which each belongs is so striking that you can have no excuse for making a mistake except gross ignorance; in the bad effects of getting wet and standing in wet clothes, in this Dulcamara and Rhus tox. compete with it, Dulcamara especially in getting wet when cool and Rhus tox. when sweating.

After loss of fluids or vitality, particularly in the ænemic, in these patients you will of course always bear China in mind; a comparison of the symptoms will soon determine the choice. Then we have a class of patients who are œdematous and have a tendency to cachexy, as revealed by the bloating between the eyes and the brows.

There is a class of diseases in which this drug should always be in your mind, viz.: pulmonary consumption in its different stages; and here let me ask you not to make a fatal prognosis because you have diagnosed consumption. We have a few remedies that do in consumption what to our old school brother looks like the miraculous. In these cases you may safely drop from your mind all of the non-antipsorics, and among those



that are left our remedy will often be the one. The stitching pains, particularly if in the lower part of the right lung is the seat of the disease, the time of aggravation of the cough from two to six o'clock A. M., will decide, and the flying from the mouth of hard, round, white masses when coughing and hawking. Here Kali carb., in the minimum dose and no repetition as long as improvement continues, will restore many an otherwise hopeless patient. We may also have with the cough a sensation of a lump rolling over and over and rising from the right abdomen up to the throat and then back again. There is also sputa of albuminous character mixed with small lumps of pus.

In diseases of women we will often have occasion to do good with this remedy. She feels very badly a week before menstruation. Her menses are too early, too profuse, and last too long, reminding us of Calcarea carb. She has some eructations every time she should menstruate; before her menses she has swelling of the pudendum; has violent itching of the whole body during the menses; with Carbo veg. there is itching between the shoulder blades; with Sarsaparilla itching on the forehead; she has swelling of the cheeks during the menses. Her menstrual discharge is pale, acrid, of a pungent, fetid odor, excoriates the parts with which it comes in contact (like Phosph. and Sulphur) and covers them with an eruption.

The characteristic stitching pains are in and about the uterus and its appendages. She has a tearing in the left labium extending through the abdomen to the chest. Murex purpurea has a pain extending from the right side of the uterus upward to the left side of the chest. She has soreness, gnawing, burning, and itching in the vulva and sore and pinching pains in the vagina during an embrace. Sepia also has painfulness during an embrace. During pregnancy this remedy is frequently indicated; in threatened abortion during the second month with stitching pains; when patient's back aches so badly while she is walking that she wishes to lie down at once and says she "feels as if she could lie in the street" at such times, to obtain rest and relief, cannot walk farther, and must sit down.

When patient is in labor the pain begins in the back, and instead of coming around in front like a regular pain it passes off down the buttocks or glutei muscles, or pains are sharp and cutting across lumbar region, arresting the contractions. This is the remedy in the sequellæ of abortion and confinement (also Podoph.), backache, night-sweats, dry cough, emaciation, or metrorrhagia.

Children need Kali carb. when they are restless and anxious

at night, cry much, and reach for things without taking anything; one may need to compare with Chamomilla and Staphisagria. The children are irritable when waking, scream, strike about them, and do not wish to be spoken to; just as the child who requires Lycopodium.

We will also find that other diseases of the thoracic organs than consumption will require Kali carb. In pleurisy, when Bryonia appears to be indicated, but, owing to a complication with psora, it fails to cure, this is the remedy.

When pleuritic effusion is not absorbed and is becoming purulent, as manifested by night-sweats, emaciation, and the stitching pains are frequent, Kali carb. is your last resort. Sulph., Lycop., and Phosph. may be indicated by the totality of the symptoms.

With all of these diseases there will be changes of mind and disposition. The Kali carb. patient is of a sad and weeping mood (reminding us of Caust. and Ignat.). She weeps from sad thoughts in the evening like the Sepia patient, while the Phosph. one weeps in the twilight. She is fearful when alone (Lycopodium and Stramonium), most in the evening in bed. She is fearful and anxious on account of her disease (like Agaricus and Lilium patients). She is irritable when awakening, so that she screams, strikes, and will not be spoken to (Lycopod.). She is absent-minded, so that she is at a loss what to do or what to say; makes attempts to speak, but is finally obliged to give it up. These mental symptoms make the morbid picture complete and reliable.

Patient has a feeling as if the bed were sinking under her (similar to Bryonia and Rhus tox.). Her hair is dry and brittle, while with Psorinum it is much like it, being lustreless and rough.

*He* has weakness of sight after an embrace (with Carbo veg. he has roaring in the ears). He has stitches in the middle of the eyes, and swelling like a bag between the eyebrows and lids, while the Apis patient has the swelling below the eyes.

His right ear is hot, and his left pale and cold. No other remedy has this singular symptom. His nose bleeds when washing his face (Arnica) and at nine A. M. He may have a dry coryza with total hoarseness and aphonia. He has a stitching pain in the pharynx, as if there was a fish-bone in it. Argent. nit., Hepar, Nitric acid have a similar symptom. The Kali carb. patient has many dyspeptic symptoms, he is annoyed by excessive flatulency, everything he eats or drinks appears to turn into gas (Argent. nit. and Iodine have the same). He belches

putrid gas, like rotten eggs (Arnica and Psorin. the same). Has a sensation of emptiness, like Ign., Sepia, and others, but it is accompanied by eructations, and, similarly to Carbo veg., he belches much with relief.

The patient has nausea in every emotion and feels like fainting, and like the nausea of Bryonia and Coccul. it is relieved by lying down. She vomits, with a great faintness, and particularly when pregnant. She is worried by nausea coming on during a walk, while you remember the Pulsatilla patient is relieved when she is out-of-doors. Her stomach feels as if it were full of water. She is troubled with a sensation, as if a stick were extending from the throat to the left side of the abdomen, with a ball on each end of the stick.

The Kali carb. patient has bowel trouble, has constipation, with sensation when straining at stool as if the contents of the abdomen would be forced out of the vagina or rectum, and an unsuccessful desire for stool, with a sensation as if the rectum were too weak to expel it (Alumina and Hepar have the same). She feels very strangely and badly an hour before stool, and, on the other hand, she may have a diarrhœa only in the daytime (like Cocculus and Petrol.). She must be careful while passing flatus or an involuntary stool will pass. Aloes passes a hard stool while passing flatus, and Oleander and Verat. alb. diarrhœic ones. A diarrhœa at three or four o'clock A. M., and also one with the stitching pains so characteristic of this remedy.

Patient has hemorrhoids relieved by riding on horseback; this means relief by heavy pressure, such as sitting on something hard, which presses on the anus; of course, his piles are attended by stitching pains. Urine blackish (Lach.).

Our patient is frequently afflicted with heart trouble. He has a constriction in the region of the heart (like Cactus), when lying on right side, heart feels as if suspended to left ribs, and seems dragging them over to the right side. In angina pectoris always think of Kali carb.; the stitching pains in the region of the heart, aggravated by moving, breathing, and even talking, appear to require Bryonia, but the chronic nature of the disease excludes it, and Kali carb., with the same heart pains, is an antipsoric, and is very frequently the indicated remedy, and does good work not only during the paroxysm but to cure the case.

The Kali carb. patient has back pains, uterine, rheumatic, and neuralgic. He has pains in the back and legs after eating. Back aches as if broken and as if bruised (like Arnica) during rest, not during movement (Rhus tox.). Has weakness in the back

and legs (like *Cocculus*). Is awakened from sleep, with stitching pains in the back, at three A. M. has to walk about to get relief.

Kali carb. has proven itself an important remedy in hip disease and white swelling of the knee. The stitching pains serve to indicate it. Patient has stinging pains in joints and inner parts (resembling *Apis*), foetid sweat of the feet (like *Silic.* and *Cuprum*). She feels the pulsation of all the arteries (*Iodine*) even down to the tips of the toes; feeling of emptiness in the whole body, as if the body were hollow. Whole body feels heavy and broken down, so that it is only with the greatest effort that one can make any exertion.

These stitches, coming during perfect rest, are not dependent upon motion of any kind, and I have seen them cured with the aggravation from motion so characteristic of *Bryonia*.

Our patient has many nervous troubles. Her spasms seem to be relieved or pass off by frequent eructations, and the pains compel her to start and jerk; the least touch does the same. Her sleep is morbid, gets sleepy while eating, is troubled with nightmare as soon as she falls asleep (*Cyclamen*). She talks in her sleep and gets frightened; her complaints, like those of *Lachesis*, come after every sleep. She wakes in the morning about one or two o'clock, and cannot sleep from wakefulness, the *Calc. carb.* patient wakens after three, although the *Kali* patient may also waken at that hour. She wakes at this hour from cardiac anxiety and cannot go to sleep; when she lies on her right side she is anxious and has to sit up and belch.

She may have ulcers which, like those cured by *Hepar*, smell like old cheese, and she also has ulcers with hard edges which bleed at night.

*Kali carb.* is well followed by *Phosph.* and *Nitric acid* and is complementary to *Carbo veg.* Its resemblance to *Bryonia* I have already shown.

---

#### NOTES UPON NEW REMEDIES.—WIESBADEN.

Wiesbaden medicinal springs have been famous for centuries as a resort for the afflicted, they being considered most efficacious in gout, rheumatism, and skin diseases. The water contains numerous salts, the chief being the chloride of sodium; next in amount are the chloride of calcium, and the carbonate of lime. To those who believe in the efficacy of "tissue remedies" this water offers a compound of many of them with carbonates of copper, barium, strontium, and iron thrown in.

Imperfect provings of this water have been arranged for us in the *Encyclopædia*. From this account we gather that this remedy has no very distinctive symptoms. New remedies are of little value unless they present something which the old and better proven ones do not afford.

Under the mental symptoms we find nothing worthy of note ; a marked vertigo was cured by the baths. The water has a strong effect upon the scalp and the skin ; it seems to promote desquamation and to aid in forming a healthy skin. We find the hair of the scalp falls out rapidly and the new growth is rapid and thick (resembling *Cepa*, *Lyc.*, *Mezer.*). Eyebrows and eyelashes are similarly affected. The skin desquamates rapidly and becomes soft and healthy. Corns become soft and fall off ! an effect, we believe, not credited to any other water. This effect followed most cases from continuous bathing ; provings should be made with potencies to ascertain the true sphere of the remedy. The ears and nose both itch and both have increased secretions. The tongue is coated, chiefly a brown color, which, in one case, disappeared after drinking coffee ; we find that coffee also increased the secretion of urine.

Under stomach, appetite, nausea, etc., we find nothing of special value. Stool and flatus are apt to be offensive. The stool is generally thin, slimy, of dark color and offensive ; is worse after drinking (resembling in this *Aloe*, *Arg-n.*, *Ars.*, *Crot-tig.*, *Thromb.*, etc.). It also resembles *Aloe* in being involuntary when urinating or emitting flatus, also by occurring early in morning. The *Aloe* patient is troubled by the fear that the stool will escape at any time ; it seems to be *very* insecurely retained.

The urine, as before noted, is more copious after coffee ; another peculiarity is that it "makes the linen stiff like starch." The menses are increased and become earlier ; a woman liable to miscarriage seems to have been benefited ; another hitherto sterile became pregnant for first time after its use.

Under respiratory organs we notice : expectoration always occurs after drinking the water, very seldom at other times ; oppression of chest and of breathing whenever chest was covered in the bath, obliged bather to raise chest out of water. Constriction of chest from the (loose) clothes. (*Apis*, *Bell.*, *Lach.*, etc., have this oppressed feeling from seemingly tight neck-wear.)

The nails grow rapidly (also *Fluor-ac.* and *Kali iod.*). Corns become softer, fall off, or are readily removed.

The strength is increased ; is able to walk for hours without fatigue (here again resembling *Fluor-ac.* and *Kali iod.*, both of

these remedies having great desire to walk in open air, and ability to do so without fatigue).

Besides the free desquamation and subsequent improved condition of the skin, we find great itching followed bathing. The baths produce eruptions of the simpler forms, perspiration which seems to relieve the itching.

---

## BOENNINGHAUSEN'S APHORISMS OF HIPPOCRATES.

EXTRACTS TRANSLATED BY DR. A. MCNEIL, SAN FRANCISCO.

### APOPLEXY.

We briefly mention a case of the cure of this disease, which hastened the conversion of an aged allopathic physician. During the year 1831 Drs. Feristing and Lutterbeck, the latter of whom was formerly physician-in-ordinary to the celebrated Prince Blücher, spent every Saturday evening with us in conversation on Homœopathy. It was on one of these evenings that our cook, who is still living and well and very old, was stricken with apoplexy. All three of us hastened to her, when the aged allopaths were hastily drawing their lancets to open a vein, which we prevented, and instead gave a small dose of Aconite, which was perfectly indicated in her case. In a few minutes the unconscious patient had regained her senses, but there was now revealed a *paralysis* of the entire *left side of the body*. The half-convinced Dr. L. could not believe our assurance that by refraining from the lancet the paralysis would soon be removed. In the meantime the paralytic was carried to bed, and received an hour afterward a small dose of Cocculus. At seven o'clock the next morning Dr. L. returned to learn the result, and in answer to the doorbell, the door was opened, to his great astonishment, by the same person who had been struck by *apoplexy with paralysis of one side* in her own person, and she assured him that during the night the paralysis had entirely disappeared, and that she felt as well as ever. In consequence Dr. L. was thoroughly converted, and remained a zealous and true homœopath till his death.

## STRAMONIUM IN PNEUMONIA.

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

The remedy is a rare one in this disease, and Hering in his *Materia Medica* only mentions it thus: "Pain in breast, cough, and other pure pneumonic symptoms during recovery from meningitis." Having had, however, two cases of pneumonia crouposa, where Stramonium proved curative, I thought them of sufficient interest to read their history to you, the more so, as these cases again confirm the law of *Similia similibus curantur*.

On March 20th, 1885, at four P. M., I saw Miss M. S., a young girl of nineteen years of age, of a delicate figure, with blonde hair and blue eyes. She hardly answers any questions, wants to be quiet. Left cheek is red and hot. Complains of pain in left side of chest and left hypochondrium, the latter painful to touch. No perceptible dullness in percussion over left lung, but auscultation reveals crepitant rales in lower left lung in axillary line, and there is enlargement of and dullness over spleen. She prefers to lie on her back. There is cough with pain in occiput and abdomen, with white mucous expectoration mixed with a little bright red blood. Occiput is so painful that she can hardly lie on it. Great thirst, pulse one hundred and forty-four, temperature one hundred and three and a half. She felt very bad at noon and almost fainted away. R<sub>y</sub> Sulphur<sup>cm</sup>, one dose, dry on the tongue.

There was a little improvement the next day, but the day following she was worse again. Sulphur<sup>cm</sup> repeated did no good, neither did the following remedies: Belladonna<sup>cm</sup>, Arsenic<sup>cm</sup>, Verat. alb.<sup>cm</sup>, Tartarus emeticus<sup>6</sup>, Arnica<sup>cm</sup>, Pulsatilla<sup>cm</sup>, all of which were given according to the best of my ability. So the 26th of March had come, when I saw her at nine P. M., and the following symptoms were taken down:

Pulse, one hundred and thirty-two; temperature, 103.3. She had a pretty fair afternoon, but worse since seven P. M. Breathing very short and labored, with a continuous rattling on the chest, which was relieved by a profuse, slimy, watery expectoration, mixed with reddish purulent matter.

Auscultation showed large bubbling rales all over both lungs, and the percussion sound was flat over the entire back. Urine had not been voided since this morning, but there had been a loose alvine evacuation at one P. M. As soon as she falls into a doze, a profuse perspiration will break out all over her body. *Cough*

*increased by cold drinks*, fits of suffocation following the cough, with desire to have doors and windows open. *Craving for beer*, for no other nourishment. A new symptom was elicited that evening, which proved to be the keynote for the case, namely: *Great desire for light*, and if the room is dark, she thinks she will be smothered. Stramonium flashed at once through my brain, and looking up this remedy for further confirmation of its similitude, I found the craving for beer given a prominent place amongst desires and aversions in the little pamphlet of Guernsey, and in Lee's Repertory for Cough, the aggravation from cold drinks. Resting now on the famous three legs, I prescribed:  $\mathcal{R}$  Stramonium<sup>cm</sup>, one dose dry on the tongue.

March 27th.—I must confess that I could hardly wait until I got to my patient that morning, and when I finally saw her at ten A. M., the first glance assured me that Homœopathy, applied according to Hahnemann, was going to register another of the many triumphs over disease. The pulse was one hundred and fourteen; temperature one hundred and one. Urine had been voided in large quantities. Rattling in chest had gone, breathing was much easier, expectoration had become tough and thick, so that it was hard to detach from the lips, there was very little reddish purulent matter with it. Rales on chest were finer, which indicated a mitigation of the œdematous condition of the previous evening (this is, by the by, the benefits I derive from pathology, no others). An hour after she received the dose, the mother told me she was greatly excited, thought she was going to die, talked out of her head, and wanted her mother constantly with her. These symptoms, however, subsided after a while, and she continued to feel easier all over. Continued Sac. lac.

Seven P. M., pulse, one hundred and four; temperature, 100.3. Cough harder, but not frequent. Expectoration very difficult. Breathing a little shorter again. This afternoon she saw faces (Stramonium). At four and a half P. M. she perspired profusely, and wanted to be covered. Third day. Sac. lac.

March 28th.—Ten and a-half A. M. She slept last night from eleven P. M. to five A. M. without hardly any cough. Expectoration now perfectly white, but still very tough. No movement from the bowels, no thirst. Pulse, ninety-four; temperature, ninety-nine. Sac. lac.

March 29th.—Eleven A. M. Temperature, one hundred; pulse, ninety. Talking of other people affects her very much, oppresses her chest. Her mother gave her a dose of Rochelle Salts because she had an unsuccessful desire to move her bowels.



"Mother got frightened at me," and daughter received  $\mathcal{R}$  Nux vomica<sup>cm</sup>, one dose.

March 30th.—She feels much better, sits upright in bed, and enjoys her lunch. She slept all night. Bowels moved natural at four A. M. Expectoration is grayish; auscultation shows slight bronchial breathing in the middle of right lung; no respiratory murmur at all in both inferior lungs, where there is complete dullness on percussion. Pulse, one hundred and four; temperature, 99.3.  $\mathcal{R}$  Sac. lac.

March 31st.—Pulse, one hundred and twenty; temperature, one hundred and one. New symptoms were: Chill from seven to eight P. M. last night, and she wants to be covered now. Pains all over the chest. She cannot stir on account of them. Soles of feet hurt her, as if the skin had been pulled off. The least noise will disturb her sleep. She awakens frightened, sees her late sister, who died under "scientific" regular treatment four weeks ago. There is still the desire for beer and light.  $\mathcal{R}$  Stramonium<sup>cm</sup>, one dose.

April 6th.—The action of the remedy, being not disturbed this time, went on in a steady improvement of the patient until to-day, when other symptoms came up calling for a dose of Sulphur<sup>cm</sup>, which ended the sickness, so that she could be discharged on the 11th of April.

CASE II.—November 20th, 1885, ten A. M.—Mr. Geo. W. H., thirty years old, blonde, robust, lives in the same part of the city where Case I was treated, has had right-sided pneumonia since the 16th, and had received Rhus tox. and then Belladonna without benefit. *Status presens*: Pulse, one hundred and two; temperature, one hundred and three. Very thirsty for cold water. Moaning and great loquacity, with high delirium; wants to jump out of bed; can hardly be kept there; talks about horses in a barn that he has to feed, etc.; *thinks one of his legs is cut off from his body; wants his wife to stay with him all the time and light in the room*; imagines he is going to die; countenance besotted; coughs considerably, and raises yellow and bloody mucus; complains of severe frontal headache, which had been a prominent symptom all along; high fever from four P. M. until five A. M.; no movement from bowels since the commencement of his sickness; urine clear, but dark red. There is now also bronchial breathing and dullness on percussion on lower left lung.  $\mathcal{R}$  Stramonium<sup>cm</sup>, one dose dry on tongue.

Half-past five P. M.—Since three P. M. he is in a profuse perspiration, his delirium is less, he is brighter, and does not moan

so much. Expectoration light yellow, not bloody any more. Pulse, one hundred and two; temperature, 102.2. Headache less; does not talk any more about his cut-off leg. ℞ Sac. lac.

November 21st, twelve M.—Found him sleeping; he has, however, been delirious through the night, but not so violent as the nights before. Pulse, ninety-four; temperature, 101.1. Breathing, thirty-six in a minute. Bronchial breathing in upper right lung; left lung only vesicular breathing. Expectoration yellowish green, tough, difficult to raise. Some headache yet. Thirst the same, but he is more inclined to take nourishment now. Bowels moved twice, thin, yellow. Urine clear, and of lighter color. There is still some delirium. ℞ Sac. lac.

November 22d.—He slept almost all of last night. There was some slight delirium, none this morning. Profuse warm perspiration since last night. Pulse, sixty-six; temperature, 99.2; breathing, twenty-six in a minute. Bowels have not moved again. Urine dark brown, but clear; expectoration greenish, thick, and again mixed with a little blood. No examination of the chest was made on account of the warm, profuse perspiration. ℞ Sac. lac.

November 23d.—Better. Pulse, sixty-six; temperature, 98.2; breathing, twenty. Bowels moved four times, thin and watery; no expectoration. Some fine rales on right lung. No bronchial breathing any more. ℞ Sac. lac.

November 25th.—No chest symptoms remain. Tongue is coated thick yellowish; there is an empty, gone feeling in stomach and bowels, and two to three thin stools early in the morning. ℞ Sulphur<sup>30</sup>, one dose.

November 27th.—Discharged as cured.

## A CASE OF DYSENTERY.

CLARENCE WILLARD BUTLER, M. D.

“The shot of accident; the dart of chance.”—*Othello*.

At about seven A. M. one warm September morning in 1885 I was called to see Mrs. B., a tall, dark-complexioned woman of middle age and of an exceedingly nervous temperament. Unable to go to her at once I sent one dose of Nux vom. high. At half-past eight A. M. I was called again and hastened to her bedside. The Nux had not relieved her in the least, and she now presented the following symptoms: Sudden severe urging to stool and as often as every ten minutes. Painful tenesmus with stool, which was relieved at once and entirely by the evacuation of the

rectum. The stool itself consisted of about a tablespoonful of transparent mucus, in appearance exactly like the white of egg, but perhaps a little more jelly-like in consistency.

Patient apprehensive of severe illness, exceedingly nervous, even to tremulousness, with sadness.

Not knowing what to give, I took the coachman to my office to get medicine, thinking that I would study up the case there. Arriving at the office, I found it filled with waiting patients, all of whom were provoked to find me away during office hours, and all of whom were in a hurry. So I hastily consulted Allen's *Symptom Register* and found "Stool like white of egg," Carb., Crot.-tig., Dios., K. Iod.

Of these *K. Iod.* alone had the apprehensiveness "of misfortune" (the nearest I could come to her mental condition), and being forced by circumstances into making what sportsmen call a "pop shot," sent her one dose of this remedy in the 200th potency, B. & T., which she got about nine o'clock. Two hours later I hastened to see her again and found her much better. After taking the Kali iod. she had a stool almost immediately unchanged in character. At ten A. M. another stool, consisting of the same transparent mucus and some fecal matter, with a decided modification of all the accompanying symptoms. She had one more stool toward evening, fecal and pasty, and with no mucus at all in it.

The next day she had no stool and the third day a natural fecal evacuation at her usual time in the morning. As all her nervousness had disappeared with the subsidence of the dysenteric symptoms, she needed no further medicine and received none.

Since Mrs. B. had already received one dose of medicine similar in appearance to the dose of Kali iod., without relief, since she was sure that she would be seriously ill, and since I made the prescription without faith, based, as it was, upon a hasty and insufficient diagnosis for the remedy, this prompt relief cannot be claimed for the faith, mind, or prayer cure. (Indeed, such prayers as I was moved to offer, were, I fear, somewhat mixed.) Again, while symptoms 5, 8, 17, 422, and 427 in Allen's *Encyclopædia* do not present such a clear picture of the case as is always desirable (though often impossible) in prescribing, still they do show such a decided relation to the case as to convince any but the chronically skeptical that Kali was the curative agent, and since the symptoms were clearly cut, the condition peculiar and severe, and the relief prompt, this has seemed a case worth reporting and—remembering.

## CLINICAL CASE.

A. B. EADIE, M. D., TORONTO, CANADA.

December 13th, 1886., Mr. M. complains as follows :

I.—Pain in left side and small of back, aggravated by breathing; cannot lie on either side on account of it; must lie on the back with hips elevated by pillow.

II.—Nausea worse after meals.

III.—Dull headache across forehead.

IV.—Very thirsty.

V.—Urine clear, frequent; urgent, can't hold it.

VI.—Bowels at present open; has been much troubled with constipation.

VII.—Sleep restless; wakes by starts.

VIII.—Sweating to-day; feels hot and feverish; last night was chilly and thirsty; felt relieved after drinking.

IX.—*Feet sweat a great deal.*

X.—White, thick, painless discharge from urethra (thinks he has contracted gonorrhœa, as he has been exposed).

XI.—Feels some abdominal pain.

XII.—Had an attack of faintness this morning at half-past nine which lasted one-half hour.

XIII.—Has four ulcers on left leg between knee and ankle— one on anterior and inner aspect and three on posterior and outer, one of these being about the size of a twenty-five-cent piece and the others about that of a ten-cent piece, irregularly circular in form, very irritable, and having a thin, offensive discharge tinged with blood. They have persisted in spite of a variety of treatment since October 4th and are the special reason of this application for relief.

XIV.—He had to-day profuse epistaxis very difficult to stop. Ferrum<sup>2c</sup>, three powders.

December 14th.—Immediate improvement, ulcers feel better; he says they are healing.

December 17th.—Slept better last night than for months; ulcers evidently smaller and covered with laudable pus; the case progressed to complete recovery, all symptoms disappearing. Three of the ulcers healed in two weeks, the larger continuing a little longer. The remedy was repeated three times in the course of the treatment. The sweating of the feet, which I have not seen under Ferrum, was also removed.

## HOSPITALS OF THE WOMEN'S HOMŒOPATHIC ASSOCIATION OF PENNSYLVANIA.

(Twentieth Street and Susquehanna Avenue, Philadelphia.)

In the May number of this journal a plain and simple statement was made in behalf of the lady Managers of the above named hospitals concerning the extraordinary action of eight lady physicians in resigning from the staff of medical attendants. *The Hahnemannian Monthly* in its May number attempts a reply. We have neither the time nor the inclination to make a rejoinder to all the assertions therein given. We will notice only one, which concerns us personally. Quoting from page 320 :

“ One of the ladies alluded in rather forcible terms to a statement published in the May number of THE HOMŒOPATHIC PHYSICIAN, page 179. The writer is one of the signers of the non-interference letter and describes a case of ‘ uterine cancer in which the putrescent odor was so strong as to sicken the nurse and cause one of the lady Managers to partially faint. He gave the indicated remedy, Silicea<sup>a</sup> with the result of reducing the odor to an extent that surprised the Managers, several of whom were witnesses of this excellent result of applying homœopathic methods ’! ‘ Why,’ said the lady, after reading the account, ‘ the doctor suspended sheets, wet with Platt’s Chlorides, in the patient’s room, and fairly saturated the apartment with its vapors. That’s how he reduced the odor and surprised the Managers with Silicea.’ ”

The lady who thus “ alludes in rather forcible terms ” to our editorial, in making the above statement is simply guilty of a deliberate perversion of an actual fact, thus identifying herself with the eight seceders who resorted to the same subterfuge when they quoted Dr. Lippe’s remark concerning the use of crude drugs. If she wished to effectually fasten upon us the odium of a falsehood, why did she not also mention the lamp generating chlorine gas by burning a mixture of alcohol and chloroform which was brought into the room to “ kill ” the odor?

Now we did NOT order Platt’s Chlorides to be used in that room nor did we recommend the lamp. Both were introduced without our knowledge and consent. We expressed our disapproval, but finding on our next visit our advice unheeded, we notified the President, Miss A. E. Ramborger, who at once had the lamp nuisance abated. As for Platt’s Chlorides, no farther notice of them was taken, as we were well aware that they could not affect the case. Indeed, they were used excessively for probably forty-eight hours before we took charge of the patient without the slightest effect in reducing the smell.

We are astonished to find that there is any person claiming to be a regularly educated physician who is so ignorant of physics as to suppose that a few square feet of surface wet with

any so-called "disinfectant" is competent to allay an odor when the factory—so to speak—for the production of that odor is turning out a fresh supply of it every instant. The author of the "forcible terms" still further betrays her ignorance by talking about the "vapors" from Platt's Chlorides. The inventor of this disinfectant claims that it is absolutely "odorless" and therefore cannot have any "vapor." He publishes its formula, showing it to be a solution of well-known crystallizable salts. Any one having the slightest knowledge of chemistry must know that these salts give off no "vapors" at ordinary temperatures. Yet this woman who thus shows herself incapable of understanding this simple proposition of the legitimate use and limitation of disinfectants, assumes to judge so difficult a subject as the work of the immortal Hahnemann, and to reject portions of it or even the whole of it at her pleasure. A combination of arrogance and ignorance that must invite only laughter and scorn! It is a fair sample of the mode of thought of all these ladies who have resigned.

Since the departure of the malcontents an investigation of the closets and out-of-the-way corners of the Hospital has brought to light vials of Castor Oil, Carbolic Acid, Quinine pills, Ergotine pills, Morphia in 1-16 grain pills, and a bottle of pills compounded of Belladonna, Strychnia, Quinine, and Hyoscyamus. *Perhaps* these doctors call these things homœopathic remedies!

Heaven only knows what harm has been done in this institution with Ergotine, for all eclectic practitioners have just enough knowledge of Homœopathy to repose in crude drugs a blind faith from which any educated allopathist is exempt by reason of his skepticism. Hence these eclectics unwittingly do incalculable damage by pushing such drugs to a degree that the allopathist would not risk.

Plead, defend, extenuate, and misrepresent as they may, these women doctors will not remove the three-fold stigma which they have by their own acts fixed upon themselves. *Firstly*, by pretending to be homœopaths and then practicing what is *not* Homœopathy. *Secondly*, proving so recreant to the trust reposed in them at the Hospital, that they slyly introduce their corrupt medical methods into its wards in defiance of the rules, and continue in such practice until they are discovered and checked by the laity for this departure from their own professions. *Thirdly*, when remonstrated with, they seek revenge and display their want of self-respect by resorting to the infamous "boycott," and that, too, against an institution for *charity!*

WALTER M. JAMES.

## EUPHRASIA AND CEPA.

Running coryza, increasing in the evening, with flow of tears and a cough, indicates *Euphrasia*. Especially if the discharge from the nose is mild, the tears sharp, and the cough worse during the day.

If the discharge from the nose is acrid, the tears mild, and the cough increases in the evening, sometimes with a pain as if the larynx would be torn, *Cepa* is indicated. Colds after damp northeastern winds mostly correspond to *Cepa*. *Euphrasia* has complaints from very windy weather.

*Euphrasia* predominantly affects the provers first on the right side and afterward on the left, but generally more on the right side. In most all the cures reported, the disease extended from left to right. In *Cepa* it seems to be the rule that the symptoms, with the prover, go in the upper half of the body, from right to left, and in the lower half from left to right. In most of the colds where *Cepa* had a decided curative influence, the disease began on the left side and extended afterward to the right. If also the opposite with diseases of the lower half of the body, is yet to be ascertained.

HERING.

---

## CORRESPONDENCE.

PORT HURON, MICHIGAN, May 30th, 1887.

DEAR EDITOR:—*In re Ice Suppositories*, the *Massachusetts Medical Journal* is not putting forth any new thing, as the inclosed, copied from the *Canada Lancet*, of November, 1871, shows :

“*Ice in the Rectum in Retention of Urine*.—Dr. Casenave has for the last twenty years used ice in retention of urine, and has never failed in giving relief. He introduces into the rectum a piece of ice of the form of an elongated oval and about the size of a chestnut, which he pushes up beyond the sphincters, and renews every two hours.

“Almost always in an hour and a half urethral spasm ceases, a certain quantity of urine is passed, and the bladder is emptied without effort by the patient.

“If, in rare and exceptional cases, this does not take place, he, besides this, places ice from the anus to the end of the penis until the urine flows, which it infallibly does. Where prostatic hypertrophy causes the difficulty, the good effects of the ice are longer coming on.”

A. F. RANDELL.

## THE EIGHTH ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The International Hahnemannian Association met at Long Branch, N. J., June 21st, 22d, and 23d. Among those participating in the discussions, which were most interesting, were Drs. H. C. Allen (of the *Advance*), J. V. Allen, E. A. Ballard (our most useful Secretary), B. L. B. Baylies, J. B. Bell, J. A. Biegler (our indispensable chairman of Board of Censors), T. L. Brown, C. W. Butler, Alice B. Campbell, G. H. Clark, Stuart Close, J. B. G. Custis, W. S. Gee, W. J. Guernsey, A. Harvey, W. A. Hawley, Harlyn Hitchcock, E. P. Hussey, J. T. Kent, S. A. Kimball, C. H. Lawton, Ad. Lippe, Samuel Long, J. F. Miller, E. B. Nash, W. A. D. Pierce, Mahlon Preston, Franklin Powel, E. Rushmore, E. W. Sawyer, Julius Schmitt, S. Seward, J. W. Thomson, P. P. Wells, Wm. P. Wesselhœft.

Besides these physicians, members of the Association, there were present delegates from several societies and some lady visitors, who were most welcome and who contributed not a little to the success and the interest of the session. May they come again next session and in greater numbers. The meeting was called to order promptly at eleven A. M. by the President, Dr. J. T. Kent, who delivered a forcible and suggestive address, which was listened to with marked attention and interest. This address will be found in another part of this issue of our journal; heed its suggestions. Next in order came the report of the Secretary, who had several important suggestions to make.

Drs. E. Rushmore and E. W. Sawyer reported as delegates for the New Jersey and Indiana State Societies; both reported that pure Homœopathy was on the increase in their States. Dr. Paul C. Grant represented the Rochester Hahnemann Society. A letter was read from Dr. John Hall, referring to the need of a new and better translation of the *Organon*. Referred to a committee, consisting of Drs. Wells, Lippe, and Wesselhœft, to report at next meeting. The Committee on Revision of the By-Laws reported through its chairman, Dr. Wesselhœft. The By-Laws as adopted are as follows:

SEC. 1. This Association shall meet annually at such time and place as may be determined by a majority of the members voting.

SEC. 2. Its officers shall be elected annually by ballot.

SEC. 3. Applications for membership may be received at any regular meeting; they shall be indorsed by three members of



the Association who are in good standing. Said indorsement shall be made, not upon the general reputation of the applicant, but upon the positive knowledge of the integrity of the applicant's practice on the part of at least one of the indorsers. It shall be the duty of the chairman of the Board of Censors to send the names of all applicants to the Association at least a month before the next annual meeting.

SEC. 4. The application shall be in the possession of the chairman of the Board of Censors for the period of six months and the applicant shall place in the hands of the chairman, at least three months before the end of the year, an original thesis consisting either of an original proving or a clinical report of three cases treated by him or her. If the applicant be elected, his or her thesis shall be referred to the Committee of Publication; if rejected, the thesis shall be returned to him or her.

SEC. 5. At the next annual meeting after applications have been received, and upon the recommendation of the chairman of the Board of Censors, an election by ballot shall be held, and a two-thirds majority of the members present shall be necessary to elect. If an applicant be not elected he or she may, upon a majority vote, if he or she desires, receive a second ballot at the next regular meeting.

SEC. 6. The name of any applicant for membership in this Association which has been rejected by an unanimous vote of the Board of Censors shall not be presented to the Association for action in any case; but in case of the rejection of any applicant by a majority of the votes of the Board of Censors the minority of that Board may report the name of such applicant to the Association for final action.

SEC. 7. The annual dues of this Association shall be five dollars, payable in advance.

SEC. 8. Any member who shall fail to pay his annual dues, shall, for the time during which they remain unpaid, forfeit all privilege of membership, except by unanimous consent of members present.

SEC. 9. The Constitution and By-Laws may be amended at any annual meeting of the Association by a two-third vote of the members present, notice having been given in writing at a previous meeting.

SEC. 10. At each annual meeting of this Association the President shall appoint a chairman of each of the following bureaux: Materia Medica, Clinical Medicine, Therapeutic Surgery, Obstetrics, and Diseases of Women and Children.

SEC. 11. Inasmuch as this Association is international in its

character, that for all officers foreign members be permitted to vote by proxy.

The Board of Censors then reported, and the following were elected members: Dr. W. W. Butler, Brooklyn; Dr. George H. Carr, Galesburg, Ill.; Dr. R. L. Thurston, Brooklyn; Dr. B. L. B. Baylies, Brooklyn; Dr. E. T. Adams, Toronto; Dr. Harriet H. Cobb, Cambridgeport, Mass.; Dr. H. P. Holmes, Sycamore, Ill.; Dr. Charles E. Chase, Utica, N. Y.; Dr. T. S. Keith, Newton, Mass.; Dr. Flora A. Waddell, Wauseon, Ohio; Dr. J. D. Tyrrell, Toronto; Dr. S. L. Eaton, E. Orange, N. J.; Dr. W. J. H. Emory, Toronto; Dr. M. P. Wheeler, Boston; Dr. J. W. Thomson, N. Y.; Dr. J. V. Allen, Philadelphia; Dr. D. H. Riggs, Washington; Dr. J. U. Woods, Holyoke, Mass.; Dr. Frank Powel, Chester, Pa.; Dr. F. C. Hood, Marysville, Cal.; Dr. Nathan Cash, Uhrichsville, Ohio; Dr. W. H. Baker, Rochester.

The next business in order was the report of the Bureau of *Materia Medica*.

Dr. Wesselhœft, the chairman, said: "I will open this Bureau with a thoughtful and very important paper by Dr. Lippe, upon 'A Progressive *Materia Medica*: How it is to be Developed.'" After Dr. Lippe had read his paper, there followed one by Dr. P. P. Wells, on "Errors in Drug Proving" (which paper we will soon publish in full). Dr. Wells' paper was listened to with marked attention, and was discussed by Drs. Lippe, Hitchcock, Nash, Ballard, Gee, Hawley, and others.

A paper on *Lac caninum* was submitted by Dr. E. W. Ber-ridge, London.

Dr. H. Hitchcock read a paper upon "Homœopathy and its Relations to the Germ Theory"—a most interesting paper. The next paper was read by Dr. E. B. Nash on the "Tissue Remedies." Much discussion ensued, chiefly upon the use of these remedies. Concerning *Magnesia phos.*, Dr. Wesselhœft said: "I made a cure with *Mag-phos.* very similar to the one Dr. Nash has just reported. It is one, I think, could never have been made without *Mag-phos.*<sup>cm</sup>. It was an astonishing cure. The case was of a neuralgic character; the patient was an old lady of sixty-six years. I saw her for the first time about six years ago. I wondered that any cure could be made upon any one who was so attenuated, thin, and so lacking in vitality. I have observed that *Mag-phos.* had three peculiarities. It is an entirely right-sided remedy, pains shifting, supra-orbital, and relieved by warmth."

Dr. Nash's paper was further discussed by Drs. Lippe, Baylies, Wells, Ballard, Allen, Nash, and others.

A long and profitless discussion was held upon the question of publishing the transactions. After much debate they were referred to a committee for publication, consisting of Drs. Wesselhœft, Butler, and Ballard. A motion was made that the Society publish their proceedings in journal form, the journal to be published by the Association, but this was considered inexpedient at present.

Dr. S. Swan's resignation was received and promptly accepted.

The consideration of report of the Bureau of *Materia Medica* was resumed; papers presented by Dr. S. A. Kimball, a repertory on gonorrhœa and balanorrhœa (one of the most useful contributions yet made to our literature by the Association); Dr. George H. Clark, "A Few Points on Dulcamara;" some "Verifications," by Dr. J. A. Biegler; a partial proving of Salicylic acid, and also one of *Mellilotus* off., by Dr. H. C. Allen; a proving of *Sanicula* spring water, by Dr. Sherbino; a proving of Dulcamara, by Dr. Wesselhœft. It will be seen, even from our meagre report, how numerous and valuable were the papers presented by the *Bureau of Materia Medica and Provings*. It is the most important bureau of the Association, and its work is well done. Such work from year to year cannot fail to accomplish much good.

The next bureau to report was that of surgery, Dr. Edmund Carleton, chairman. Unfortunately Dr. Carleton was detained at home by sickness, but his place as chairman was ably filled by Dr. J. B. Bell. The first paper read was the history of a mammoth ovarian tumor removed by Dr. Carleton, and now reported by him. The report showed how homœopathic prescribing helps the surgeon in securing recoveries after severe operations. After some discussion of Dr. Carleton's paper, one by Dr. Julia Morton Plummer was read by the lady herself. The subject of the paper was "Antisepticism;" the thesis was exceedingly well written and unusually well delivered. Dr. Plummer's paper was received with much gratification. Dr. J. N. Lowe read a paper upon "Incised Wound of Knee-Joint," which was discussed by Drs. Rushmore, Gee, Sawyer, and Brown. Dr. Sawyer spoke of his use of dog-wood locally to prevent gangrene, and which he claimed it did.

A paper was read showing the great evils which follow the suppression of gonorrhœa and syphilis. The exceedingly interesting discussion which followed we hope to publish in full later.

After the Bureau of Surgery had reported, the Association received a delegation from the Women's Homœopathic Hospital

Association, of Pennsylvania. A report of their work was read by Miss Ramborger, showing the great difficulties they had to encounter and the useful work accomplished. Their hospital is now built and will be formally opened in the fall. The Association listened to the report with interest and formally expressed its commendation of the work these ladies are doing.

The Bureau of Clinical Medicine reported through its chairman, Dr. E. W. Sawyer. First papers read were two by Dr. G. H. Clark; Dr. J. A. Biegler read a number of short and interesting papers. One of Dr. Biegler's papers gave the history of a case of "Hay Fever," which elicited a long and very interesting discussion, that we will give in full later. Dr. W. S. Gee next read a paper on "Clinical Verifications," which was full of good points and was thoroughly discussed by Drs. Nash, Baylies, Gee, Rushmore, Brown, and others. Dr. C. W. Butler read a very instructive paper, giving a clinical study of Sulphuric acid. The value of Sulphuric acid in mechanical injuries was described; Dr. Sawyer cautioned against its use "low" in lung troubles, saying he had seen hemorrhage follow such exhibition. Dr. Schmitt alluded to a case of scrofulous ophthalmia he had cured with Sulphuric acid, his attention being drawn to the remedy by the blue spots on the patient's hands. Dr. Lee called attention to the use of Aconite and Sulphuric acid in mechanical injuries of the eye, as from sparks, etc. Dr. Lippe remarked that *Symphytum* was the remedy for injuries to the eye from blows, etc.

Dr. E. Rushmore also read some instructive "Clinical Notes." One gave the history of a case of intermittent fever, which drew some interesting talk upon that troublesome disease. Dr. Hitchcock asked why Dr. Rushmore gave in one case three powders twelve hours apart, and in another case three powders an hour apart? Why not let one dose act?

Dr. Rushmore—With reference to the prescription made in the case of intermittent fever, three powders twelve hours apart, it was nearly in accordance with the suggestion for proceeding in such prescriptions made to me some years ago by our venerated friend, Dr. Lippe, that the way to administer in such cases was to give one dose shortly after the decline of the paroxysm, and another about three hours before the expected recurrence, and knowing the time of beginning, and the time at which the third dose would terminate would be a few hours before the expected recurrence, it was ordered to be given in that way. One hardly knows sometimes why he repeated, and why he happened to give two or three doses in one day. The patient was suffering acutely where the three doses were three hours apart. The suf-

ferings were of that intense kind where the pressure is to give medicine until relief is seen.

Dr. Lippe—Hahnemann tells you to give the remedy in intermittent fever either two hours after the paroxysm is over or two hours before the next paroxysm is expected, and you may use two doses without doing any harm—two hours after the paroxysm is finished and two hours before he expects the next paroxysm. That is according to Hahnemann's advice.

Dr. Ballard—If I may I would like to say a word, without being out of order, on that repetition.

The President—Yes, sir ; that is in order.

Dr. Ballard—I would say in regard to the repetition of the remedy in intermittent fever that I have not found that advice very good with me. I will just cite a case to show where the repetition of a remedy in intermittent fever may do a great deal of harm. The case was evidently one of Arsenicum. I came in the evening just as she was through with the last stage. There was no sweating, and I was told she was coming out of the fever. I gave a dose of the two-hundredths. She was having the attacks every alternate day. I left the dose for the following morning and for the next evening. That was some years ago, before I handled them quite as carefully as I do now. The next forenoon she had a slight chill, a very unexpected one, and they came to me and asked my advice about that ; and I advised not to take the third powder. So two powders only were taken. On the next morning I was to be sent for if she had a chill. She had one about eleven o'clock, and when I entered the room I found her rattling pretty lively. She said to me: "Dr. Ballard, I will give you one more trial and then I will take my Quinine. I will not stand this any longer." I told her that was the last chill she would have. I could see that was the hardest one and that I had produced an effect with the remedy. On the next day when the chill was due she had just the slightest appearance of a chilly sensation, and that was all she had. That taught me a lesson in regard to giving Arsenic in chills, and in regard to the repetition of a dose in chills. So that now I take my case, being very careful to know what I prescribe. I do not prescribe at all until I know pretty thoroughly what I am to give, and then I give one dose, and that is all I do give, and I do not repeat it until I am certain that another remedy is required.

Dr. Lippe—That is exactly my practice now ; Hahnemann did advise giving the remedy during the apyrexia, and never during the attack ; he then advised them at that time to give it right after the paroxysm was over, and probably give another dose before the next paroxysm was expected.

Dr. Gee—I would like to ask what potency Hahnemann used at that time.

Dr. Lippe—There is no doubt that there has been a change in the use of potencies. We have progressed, and we give a higher potency, and this higher potency will not stand a repetition. That is the difference. The dose you give now after a paroxysm is over, in a high potency will act powerfully. It does not require a repetition. At Hahnemann's time it did. So Hahnemann advised correctly at that time. But our experience now teaches us that we are going forward all the time and not backward.

Dr. Ballard—Mr. President, there is one little point I would like to ask the experience of others about, and some advice. I do not know who it is, but some one advises giving a dose immediately after a chill, before the fever has come on; if there is any intermission whatever to give the indicated remedy at the end of the chill and let it alone. I have tried that in a few instances, but I don't like it, as I prescribed it for a little boy at one time, thinking Apis was the indicated remedy. I gave a dose, a 52M, to be taken immediately after the next chill, and it was given, and that poor little fellow rolled around the floor, and he could not have anything on him, and his mother said he was broken out with bee stings from the crown of his head to the soles of his feet, and that he suffered most horribly all night, and I have not given another dose of Apis at the termination of the chill.

The President—If you will pardon me for speaking from the chair, I would like to say in regard to these intermittent attacks in the West—and I think that we know about intermittent fever, and they are of the highest type of the periodical paroxysmal troubles, and we have had a good deal of experience with them—that my practice is to give one dose of medicine when the paroxysm has entirely finished, but never to administer a dose of medicine preceding a paroxysm. If I am called to a case of intermittent fever, and the paroxysm is soon to come on, I give Sac. lac., and when the entire paroxysm has finished the dose of medicine is administered. If you do not observe this practice you will fail in a very large number of cases. I am speaking now of the intermittent fever of the West. You will be puzzled, and you do not know why. If you give the medicine from one to three hours before the paroxysm you will have the most severe paroxysm as a result of your medicine. It seems to add fuel to the fire. This has been my experience. Dr. Allen has seen a good many of these Western fevers, and I

would not be at all surprised if he could bear me out in this experience. Dr. Allen, what have you to say?

Dr. H. C. Allen—Since I have begun to use potencies above the thirtieth my experience emphatically is that the remedy should not be given until after a complete cessation of the paroxysm. I have had the best results when I have followed this mode of prescribing. I remember distinctly a case that came down to our hospital from the Saginaw Valley—a case of chills that had lasted for nine years. One of my colleagues whom he came to consult for a surgical affection heard of the case and learned that it was one of intermittent fever. He went to the boys and said, “I will show you how to cure this. I can cure him,” and he made a prescription of ten grains of Quinine three times a day. After treating the patient for a number of days, and the patient assuring him that he had taken a half bushel or more of Quinine in nine years, he told me one morning as he went into the hospital that there was a case of chills over there that I had better go and look after. So I took a number of our Senior Class and two of my assistants and went. I found a very peculiar case, and one you rarely meet with. The chills began promptly at half-past five every afternoon, and lasted for an hour. They were very severe, always beginning in the thigh from the knee to the hip, and from there extending over the body. He would sit with his legs on each side of the register and remain until the chill had passed away. Then the fever came on, lasting for several hours, and it was followed by a profuse, drenching perspiration, which ended about two or three o'clock in the morning, even wetting the bed. I suggested that a few doses of Thuja would finish that case without any difficulty, and he received two doses of Thuja<sup>200</sup> and never had another chill.

Dr. Sawyer—Why two doses?

Dr. Allen—I was in the hospital and I could not do exactly as I should in private practice, but I may say that hospital practice is a nuisance in the practice of Homœopathy as far as I am concerned. That is my experience. There are too many cooks, and a great many cooks often spoil the broth. The one pursued generally is to give one dose and leave another dose, to be given if certain circumstances occur. Whether they arose or not I could not say, but through the mistake of the boys or the assistants he had two doses. That is the way it happened, I think.

Dr. Biegler then related some very interesting experiences which he had while in charge of the Quartermaster's Hospital while in the Department of the Gulf.

An instructive paper by Dr. John Hall, Sr., on acute diseases in horses was presented, which will soon be published in full in these columns. Papers were presented by Dr. William Jefferson Guernsey, on variola; by Dr. J. N. Lowe, upon clinical experiences; by Dr. W. H. Baker, on warts; by Dr. E. W. Sawyer, on Lachesis in a case of diphtheria, and one on "ague," cured by one dose of Pulsatilla.

The last bureau to report was that on diseases of women and children, Dr. H. P. Hussey, chairman. The first paper read was by Dr. Lawton, entitled "Dynamic Disturbances of the Puerperal State;" the paper was very instructive and interesting, as are all of Dr. Lawton's.

Dr. Ballard read a paper giving clinical hints for prescribing in parturition.

Dr. Schmitt remarked that he gave Pulsatilla when the woman cries "Oh! my back! Oh! my back," like Causticum, but there is no exhaustion. There is no debility in the case. She has not been sick before, the pains do not press down, and the pains are in the buttocks, like Kali carb., and she wants to have her back pressed. I have given her, in this condition, Pulsatilla, and have always found a response. At the same time I want to mention two cases that happened to me lately. Sepia<sup>200</sup> was given in one case, before the uterus had fully opened. It was about half opened, but the pains were not sufficient to open it entirely, and there was tenderness of the anterior lip of the mouth of the uterus and the pain above the pubes, as if everything would come out. In both cases these same conditions prevailed. In one case I had to give a dose of Sepia<sup>200</sup> to produce an effect, but in the other case after one dose of Sepia<sup>mm</sup> the mouth opened readily and the membranes ruptured. From that time there was no pain, but the woman described the feeling as if she were at stool, and persistently asked me if she had not had a passage. She stated that it was a bearing down. There was no single pain after that, but the child was born without pain almost in the natural condition which we ought to expect. Sepia was the remedy given.

Dr. Biegler—I would like to say one word. I, like Dr. Schmitt and others, have had grand results from the administration of remedies in labor, but I must confess that my last case was rather a damper upon all the rest, while I have had other illustrations in the same way. I do not mean to discredit the efficacy of remedies, because I know they do change the labor and change the character and direction of the pain. I know that. I think as an illustration of my last case. It was a case where



I found the os turned and apparently of the size of a quarter, but the edge of it was spread out then as thin as a piece of tissue paper from the head. It was a vertex presentation. It was a case which I usually expected time to remedy, and I simply said to the lady, "You are all right. I will go down-stairs and pass away the time. You take a little time." I put on my cuffs, and I thought before going down whether to pick out anything. As I stood talking to her, looking at my case, she at once exclaimed: "O Doctor! come!" and there was the head in the bed at once. Now, if I had given that woman only a moment before a certain medicine it would have been a grand result for me, and I could have given the remedy the credit.

Dr. Hawley—Mr. President, I had just about that thought in the Doctor's first case. The woman was crying and she wanted relief, and the thought had occurred to me to allow time, when the pains came on again. I did not give Aconite or anything else.

Dr. Hussey—That is a thing I have occasionally seen happen. I have explained it to myself and conceded that the cause might be possibly that the pains which cause so much mental disturbance and are so aggravating are merely contracting the circular fibres of the uterus, which do not forward matters any. They simply produce pain in the back, a very painful sensation, and then expulsion will come on and progress is made, and then the crying is over, the child is progressing, and labor will soon terminate. That is liable to occur at any time.

Dr. Ballard—Mr. President, these cases were presented simply because these symptoms were well marked symptoms which belong to the remedy. I have seen them spoken of repeatedly. I did not notice it until this case, however. That lady had been thrashing around the bed for a long time, and the restlessness was very great, more than what usually occurs, and you could not keep her covered up. You could not keep her in any part of the bed, and the agony that was expressed clearly indicated the mental disturbance which calls for Aconite. She said she felt as if a large cannon ball had entered and crowded everything down and was pushing everything out and giving relief to all her sufferings.

Dr. Hawley—Mr. President, I think I often spoil a mighty good case by my not letting it alone. In these cases there is no sickness but simply a natural, orderly fulfilling of the functions of nature. I had a case a few weeks ago that will illustrate this. My daughter-in-law in her first labor had an exceedingly difficult labor, so that she was in constant agony and distress

for thirty-six hours. I did not attend her. She was not with me. She is a delicate and rather feeble woman and decidedly scrofulous in habit, and a year ago last April her husband brought her to his father's house because she was so feeble. My first remark to my wife was, after I saw her, that I would not give two cents for her, that she would go right down with consumption. She had a terrible cough and a hectic appearance of her face. However, she soon got over that and got much better. The remedies under which she improved were Phosphorus 80M potency (Finke), single dose, and being constantly out-of-doors. She had been necessarily confined in the house pretty much since the birth of the child, which was then two years and a half old, and I took her in my carriage every day. She was out with me every day, rain or shine, snow or blow. Soon, very much to her surprise and regret, she found herself pregnant again. I continued to keep her out-of-doors every day when I was in town during the winter. On the first day of April last she called me at five o'clock in the morning saying she had a new experience. She was having a little discharge of water. I told her I would send her mother up to her, and she would probably fix her better for that than the doctor could, and I went down-stairs and went to bed again. My wife went up and administered to her comfort and returned to her bed herself. All day long she had a little trouble of water but no pain. She busied herself about the house, as she did not care to go out to ride with me that day. When I came home that night she had gone to bed and I went up to see her. I found her comfortable without any pains, and so went to bed about as usual. The nurse was with her, and I told her she might call me if she needed me. The call came for me, so that I went up to her room at exactly twenty minutes past eleven o'clock that night, and just twenty minutes before twelve o'clock I had the baby in my hands. Well, now, if I had only given that woman something during all those nine months to insure an easy labor what a pretty story I could have told, but I did not give her anything.

Dr. Schmitt—You gave her Phosphorus ?

Dr. Hawley—I gave her Phosphorus, but that was months before she was pregnant. I did not give her any medicine, and it was nothing but the natural process.

Dr. Allen—Do I understand Dr. Hawley to say that Phosphorus is not a medicine ?

Dr. Hawley—I do not think that Phosphorus had anything to do with it.

Dr. Allen—But still you gave her Phosphorus?

Dr. Hawley—That was months before she was pregnant, but I have no doubt her restoration to health had something to do with her labor—I have no question about that—but how much I could not say. She got plenty of exercise out-of-doors in the air and I have no doubt that did her a great deal of good.

Dr. Biegler—Mr. President, Dr. Hawley's case of the administration of Phosphorus several months before pregnancy reminds me of an occurrence which has given me a reputation in certain part of the country. A lady came to me who was racked with the aphthous state throughout the whole system, lips, mouth, and the vagina—the external part. She was a wreck from dosing and from being worn out by want of nutrition and all that. I prescribed for her, and was getting her well. In the period of a few months I had made her two or three prescriptions, when all at once after she had got pretty nearly well, but not quite, to my surprise and astonishment she announced that she was pregnant. I was satisfied that she had been cured, for she never could have become so otherwise. But the joke of it is she went home and told the ladies to keep away from me, that I was a dangerous fellow. (Laughter.)

Dr. Schmitt read a paper narrating a case of anemia cured with Ferrum; Dr. Hussey read a paper on "Whooping Cough," showing clearly the power of homœopathic prescriptions to cure and to shorten the attacks of that disease.

Dr. Rushmore suggested that the chairmen of the several bureaux arrange their bureaux so as to include as many as possible of the younger members of the Association and also the new members. Dr. Hawley remarked that an attempt should be made to secure papers from the foreign members of the Association. The bureaux should be announced promptly and so that the work for the next meeting be commenced at once. Hard work will be needed to make the session of 1888 more profitable and more interesting than the one just closed.

The President—Before we adjourn I would like to ask Dr. Lippe for his blessing. We will not meet again for a year. We ask you for any such remarks or kind advice that you would like to offer to the Association.

Dr. Lippe—I can only say this much; I have attended a great many Homœopathic Conventions, but I seldom stayed them out; that this meeting has been a most satisfactory one—the most satisfactory one that I have ever attended in all my life. [Applause.] This Association has done more in the last two years than the American Institute has done in the last quarter

of a century, a great deal more in advancing Homœopathy than they could do in a quarter of a century to destroy it. I think that we have got ahead of them now. We are organized. We never were organized until we organized seven years ago in Milwaukee. We are now increasing in numbers, increasing in earnestness, increasing in importance of labor, and there is no doubt that in course of time this Association will be the only homœopathic institution in America, and the Institute will sink down into nothing. I expect nothing else; they will lose their numeric strength and they must adopt the name of Eclectics. They will be compelled to do that by public opinion and by the opinion of medical men in America, and the moment they drop the name then the organization falls. They have been false to Homœopathy. The American Institute is not homœopathic; we have the only Hahnemannian Institution. And the Hahnemannian colleges and the Hahnemannian journals and Hahnemannian societies are all sailing under false colors. They will have to strike those colors, and this Society will compel them by moral influence, and by nothing else, by the moral influence which we exercise over them, to strike those colors, and then I say we shall be left with our colors flying over the Society as the only Homœopathic Society in the United States. [Applause.]

Dr. Ballard—In my capacity as Secretary during the last year it has been my pleasure to observe, perhaps more than most of the other members, the indications which have been no doubt growing brighter, year by year, of the progress and the strength of our school, and I mean by our school that portion of it which we represent. I have received inquiries from young men, very young practitioners, from various parts, inquiring about the Association, the terms of membership; they can see necessities which exist for such an association for the good of the cause. They are casting about them, and many practitioners are writing to me to inquire about how they shall get into the broad and clear highway leading on to the truth. In my own city I am sorry to say that the good which this Association is doing is really and truly needed. Only a few months ago a graduate of one of their colleges there came in and introduced himself and inquired if I was a member of the I. H. A. He said he understood that I was, and that would indicate that I was a homœopath. He had been graduated by a homœopathic college a year before, and dropped over into the mud clear up to his ears. He said, "I am wallowing and wallowing, and I don't know hardly how I can get out of it. I don't know one word about Homœopathy now, though I have been graduated from their school. I do not

know any more than I would if I was a graduate of the old school." I told him he was just the kind of material we wanted, because he was conscientious. But I urged him to go on. So it is seen on every hand, the good that this Association is doing, and if we can have a few more such meetings as the last one and this one, I do not think that any great length of time will pass before we shall be in a position where the American Institute may well take the back seat. Numbers do not always count. Now, Mr. President, I want to thank the members, each and all, for the courtesy which they have shown me in my endeavors to perform the duties of my office, and they have by that courtesy made those duties duties of pleasure. I certainly have enjoyed myself at this Convention most unusually, and I can thank each and every member for his good heart, courtesy, and kindness.

Dr. Lee—Mr. President, may I add one word? In his address in 1881, at Coney Island, Dr. Wells, I think, told us upon what lines we would achieve success, and that we have done. I would like to read a few lines, if in order. After outlining the principles of this Association and describing some work which he thought we should do, Dr. Wells says: "Work of this sort, persisted in, will by and by mature a power greater than any argument, however masterly, or than any controversy, no matter with what earnestness it may be waged. Work of this sort will in time, by its results, so demonstrate to the public mind the superiority of the pure practice of Homœopathy we advocate over that which is partial or mixed, as well as over that of the old school, that these gentlemen, recognizing the education the public has thus received, and at the same time the confidence of the public they themselves have lost, are not in the least danger of neglecting to make haste to claim their share of the honor a numbering with those thus diligent is sure to confer. Thus, and only thus, can the interests of true Homœopathy be advanced and the objects for which this Association was organized be secured." I think Dr. Wells' advice was sound; we have followed it and *have* secured a great influence for good. Simply by doing good work we have secured our present position, and our influence *is* doing good work.

Dr. Hawley—I want to coincide in that expression. It is only by just such work that Homœopathy has ever made any progress, and the hitch which has been made in the progress of Homœopathy has come of the fact that many so-called homœopathic physicians have been chasing that will-o'-the-wisp called Pathology, instead of giving their attention to the light of the

law of *Similia similibus curantur*. It is certainly true, in my neighborhood, at least, that there is a great reaction in favor of fidelity to the law. My own neighbors, who have been so imbued with the spirit of mongrelism that they never would speak of me, for instance, in any family where they went but as a high potency man, are beginning to come around and ask how it is that these things are done, and to express a wish that they could do it. Perhaps by and by that wish will become strong enough in them, so that they will begin to study; no one of them does study that I know of now.

Dr. Ballard—I move that we adjourn *sine die*.

Dr. Lee—I move that we have an address by the President and have his blessing.

Dr. Ballard—I withdraw my motion in favor of the President's blessing.

The President—Gentlemen, I simply thank you away down to the bottom of my chest—and it is a big one, you know—for the manner in which you have assisted me in presiding over these meetings. I certainly have had no serious tasks, but a very pleasant duty. I have listened to the discussions with great reluctance, because I wanted to take a part myself. I have regretted very much that I have been tied down to this chair by custom. It was said when I was elected to the position of president that they had put me where I would have to keep still, so I have tried very hard to keep still, and we have listened to the wise counsel of Dr. Wells and Dr. Lippe, who have watched the growth and development, not simply of the I. H. A., but of Homœopathy in the United States and in the world. Homœopathy has passed through many vicissitudes, wonderful discouragements, ups and downs, and until finally this Association was organized. You have seen its growth and its development, until now it seems that we are upon a permanent footing. It was not without a great struggle, and not without evil possibilities. One thing I believe to be most certain, that should any calamity come over us that should destroy this I. H. A. it will be fifty years before we have another Homœopathic Association. This leads me to say to you that we should watch every corner, that we should watch all our weaknesses, that we may work together unanimously and harmoniously for the development and growth of this Association. It is the only general society where homœopathists can labor. We have local associations; they are small, and not very useful because of their limited number, but this Association is growing. Its possibilities are wonderful, if it make no mistakes. There is one neglect that I

think we have to look after in this Association. We should have a Bureau of Philosophy. [Applause.] We ought to have a bureau devoted to the *Organon* of Samuel Hahnemann. We have a Bureau of Materia Medica and of Clinical Medicine, which really are the practical outcome of our philosophy; they are the means by which we administer our philosophy; but we ought to have a bureau in which shall be studied at least one paragraph of Hahnemann's *Organon* in the early portion of every session. It should never be omitted. It should be followed out regularly and be a part of the work. This bureau is in relation to the development, the enlargement, and the sentiment of Homœopathy. I hope that at some future time you will have a Bureau of the *Organon*. Let it simply be a Bureau of Homœopathic Philosophy based upon the *Organon* of Samuel Hahnemann. I cannot begin to express my real thanks for what I have seen and heard and felt at this meeting. It certainly is the greatest meeting, I believe, in the history of this Association, and there is no reason why the next meeting should not be even greater than this; but remember that it is not so much the increase of members, but the more we come together the more we become acquainted with each other, and the more we work with each other, so do we become more useful to each other. I thank you from the bottom of my heart for the kind feelings which I have always received in this Association.

Dr. Ballard—I will offer the standing resolution, which I will write out, that we add to the number of our bureaux one of Homœopathic Philosophy based on the *Organon*, which shall take precedence of all other bureaux. You can confine it to any number you choose. I think it would be just as well to make up, say, three or four sections—have three or four members on that bureau—three, I think, would be enough.

Dr. Biegler—Some sections are of very great length. In our local Association we have the *Organon* read at every meeting.

Dr. Allen—I think we ought to shorten the title. I was going to make a motion, but Dr. Ballard has made one, and I think we should never put to the next session what we ought to do this year and what we can do this year, hence I second the motion of Dr. Ballard, and I think that the title would be tautological—Philosophy of Homœopathy could not be based on anything. The title Philosophy of Homœopathy is good enough. While I am on the floor I would like to suggest also that Dr. Lippe be made the chairman of the bureau for this year.

The President—It has been moved and seconded that a Bureau of Philosophy of Homœopathy be instituted in our regular curriculum.

Dr. Hawley—I want to say that I most heartily approve of the creation of such a bureau, and I want to tell you one reason why I approve it. In our little Association in Central New York we found a very curious result from the practical institution of such a bureau. We got rid of all the mongrels. Now if we do this thing in this Association, and one of those fellows ever gets in here, he won't stand it two sessions.

The question being on the resolution of Dr. Ballard, it was agreed to, and the Bureau of Homœopathic Philosophy was created, with Dr. Lippe as first chairman.

Dr. Gee—I do not feel it just on my part to leave without an expression of thankfulness and gratefulness as a younger member of the Association, one who is in a modest way trying to help others as well in this work, which is uphill in the extreme, but I have universally had from the older members of this Association and profession the kindest help in the way of letters, and I feel grateful for this, and I hope that this brotherly feeling, this helping hand, will be continued and be extended to us who feel the need of it—who feel the need of that sympathy—for we are alone at times, acting upon our own responsibility, and I am sure a helping hand will be of great satisfaction to our younger members of the profession in their coming in. It is not an easy task to step out alone, and the help from our fathers is appreciated more than can possibly be told.

The following are the officers and chairmen of bureaux for 1886 :

President, Wm. P. Wesselhœft, M. D., Boston.

Vice-President, C. W. Butler, M. D., Montclair, N. J.

Secretary, E. A. Ballard, M. D., Chicago.

Treasurer, W. A. Hawley, M. D., Rochester, N. Y.

Censors, Dr. J. A. Biegler, *Chairman*; Drs. W. S. Gee, E. Rushmore, C. W. Butler, and J. B. Bell.

Committee on Publications, Drs. Wesselhœft, Butler, and Ballard.

Necrologist, Dr. T. Dwight Stowe.

Bureau of Homœopathic Philosophy, Ad. Lippe, M. D., *Chairman*.

Bureau of Materia Medica, Dr. W. S. Gee, *Chairman*.

Bureau of Surgery, Dr. J. B. Bell, *Chairman*.

Bureau of Clinical Medicine, Dr. H. Hitchcock, *Chairman*.

Bureau of Obstetrics, Diseases of Women and Children, E. P. Hussey, *Chairman*.

Next meeting to be held at Niagara Falls; time to be announced later by Executive Committee.



We would suggest that the Association adopt Cushing's or some other manual of parliamentary rules to guide them in their discussions. Much valuable time might be saved by a little strict ruling on the part of the Chair.

So closes our brief report of the eighth session of the I. H. A. The meeting was a grand one. May each succeeding meeting be better and larger till nothing be left to be desired!

---

## NOTES AND NOTICES.

DR. C. E. CHASE has removed to 225 Genesee Street, Rochester.

CORRECTION.—June number, page 183, second line from the top, for "results" read *resorts*.

A BAD HABIT.—An exchange calls attention to the filthy and injurious habit many have of putting coins in their mouths. It is risky, as serious disease might be contracted.

DR. PHILIP PORTER, Editor of *The Homœopathic Journal of Obstetrics*, has been appointed Professor of Gynæcology in the Pulte Medical College, of Cincinnati, vice Eaton, resigned.

DR. CORRESTA T. CANFIELD has opened an office in Chicago at 163 State Street, northeast corner Monroe, Rooms, 72 and 73, where she will devote a limited amount of time in receiving those desiring her professional services.

TO REMOVE PLASTER OF PARIS bandages, paint a strip across at the desired point of division with a camel's hair pencil dipped into nitric acid or vinegar. The acid will soften the plaster so that it may readily be cut with a knife.

WANTED.—The Dean of one of our "purely homœopathic" institutions wants a cart-load of second-hand hypodermic syringes, for the purpose of drilling his pupils in their use. Weekly lectures are to be given showing *there are* logical reasons for the use of these syringes.

THE REGISTRY FOR NURSES, opened in connection with the Homœopathic Eye and Surgical Institution of Dr. Bushrod W. James, southeast corner Eighteenth and Mount Vernon Streets, Philadelphia, is now fully established. A carefully selected list of trained and other first-class nurses is registered, and their services can be commanded at short notice.

THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.—The annual meeting was held at Newark on Tuesday, May 3d. The following officers were elected for the ensuing year: Dr. Clarence Willard Butler, of Montclair, President; Dr. J. G. Street, of Bridgeton; Dr. Samuel Long, of New Brunswick, and Dr. E. Rushmore, of Plainfield, Vice-Presidents; Dr. B. H. B. Sleght, of Newark, Recording Secretary; Dr. Wallace McGeorge, of Woodbury, Corresponding Secretary; Dr. F. A. Gile, of Orange, Treasurer; Dr. M. D. Youngman, of Atlantic City, Necrologist; Dr. H. J. Anderson, of Newark; Dr. S. L. Eaton, of Orange; Dr. J. N. Lowe, of Milford; Dr. C. M. Conant, of Orange, and Dr. J. E. Winans, of Lyons Farms, a Board of Census.

**THE TRUTH WELL STATED.**—Dr. E. M. Harrison gives this confession of faith in the *American Homœopathist*. It is very true and is well stated: "When I was converted to Homœopathy it was an honest conversion. The law to me is infallible. There has been no reason to doubt it, though I made many failures at first with malarial and kindred troubles. I acknowledge the failures to be mine and not those of the law. It was the ignorance of the prescriber, and I allowed no blame to be laid at the door of Homœopathy." Seldom has so much truth been put in so few words; take heed to it, ye who never doubt self, but always decry the law for your every failure.

**LECTURES TO NURSES.**—Dr. George H. Clark, of Germantown, delivered, May 31st, the seventh of the series of free lectures before the nurses of the Medical, Surgical, and Maternity Hospitals of the Women's Homœopathic Association, of Philadelphia. The lecture was upon Hygiene.

Dr. Franklin Powel, of Chester, Pa., delivered the eighth lecture, June 2d, upon Fever Nursing. What the sick room lacks more than anything else, he said, was a reliable nurse. Such an one was a great relief to the physician, as well as reassuring to the family. Dr. Powel said that the three essentials for a good nurse were: Common sense, tact, and patience.

**FROM EMPIRICISM TO HOMŒOPATHY** is the suggestive title of *Homœopathic League Tract*, number thirteen. It is well written and tells of the author's gradual progression from empiricism to Homœopathy. It also suggests a point which it may be well to remember: that the progressive allopaths, under the lead of such teachers as Phillips and Ringer, are practicing a sort of mongrel Homœopathy. By the use of these small doses of medicine, given upon the homœopathic principle, these men are much more successful than formerly. So it is that homœopathists of to-day have to contend against a more successful allopath than did Hahnemann and his early followers.

**WHO IS THE QUACK?**—Dr. Lauder Brunton, whose reputation, such as it is, has been chiefly gained by thousands of experiments on wretched dogs, cats, rabbits, and frogs, which *have not added a single remedy to therapeutics*, yet whose book derives any little value it possesses from his unacknowledged borrowings from the valuable remedies Hahnemann introduced into medicine, now stigmatizes Hahnemann's therapeutics, to which he is so much indebted, as "quackery." It would be more correct to designate his wholesale filchings from Hahnemann as "flat burglary as ever was committed." Has Dr. Brunton so little of a scientific mind that he thinks calling names will do instead of arguments?—*Hom. World*.

**CHLORAL ERUPTION.**—Dr. Barbillion has described a variety of erythema appearing in patients under the influence of Chloral, upon the administration of Alcohol. The Chloral eruption was first recognized by Jastrowitz, in 1869, and has since been met with by numerous observers. The point to which Dr. Barbillion calls attention is the almost mathematical regularity with which the exanthem appears under certain circumstances. Given a child of from four to eight years of age, who is taking from one-half to one drachm of Chloral daily in repeated small doses, the administration of Alcohol in the form of wine or spirit mixture will cause the appearance of the rash in from fifteen to thirty minutes.—*The Lancet*.

**THE JULY NUMBER.**—The readers of **THE HOMŒOPATHIC PHYSICIAN** are respectfully requested to pardon the delay in the publication of this month's issue. It is unavoidable, owing to the time required to prepare the report of the meeting of the I. H. A., at Long Branch. The verbatim report was very voluminous, and it required much time to transcribe it into long hand and then to condense for our pages.

T H H

# 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. VII.

AUGUST, 1887.

No. 8.

---

---

## EDITORIAL NOTES.

HOW TO STUDY DRUGS.—In a recent issue of a journal we read that some physicians, wishing to ascertain the probable value of *Cimicifuga* in parturition, gave it in frequent doses to every patient that came to the Maternity Hospital. The results as given were of course unsatisfactory; they could only be compared with usual unassisted labors. The object in this trial was to ascertain if *Cimicifuga* gave beneficial assistance to the parturient female. The attempt was made to ascertain this by the above-mentioned method of giving the drug. In some of the patients the labor was easier, in others about the average, and in some, maybe, more difficult than usual. Hence the net results were about the same as if no medicine had been used.

Our purpose in mentioning this testing of *Cimicifuga* is to call attention to the method followed. It is an old one, and one which has never yielded any beneficial results. It is a faulty method, for it presumes that all women are alike in their constitutions and in their symptoms. It has been by following some such method as this that the allopaths have built their system of fallacious therapeutics. It has been followed by continued changing of theories and of drugs. To-day we hear of a medicine having been used in such and such a disease with wonderful results. It is said that at last a cure for some dangerous disease has been found, and great boasting is made over this discovery. Very soon we are told that this medicine has disappointed its advocates. The story is an old one; it need not be enlarged upon.

In contrast to this method of studying drugs we have the system adopted by Hahnemann—a system which has produced such beneficial results that it has been slyly adopted by the allopaths. Hahnemann contended that a drug would cure in the sick such symptoms as it produced upon the healthy. Here was the radical change, testing drugs upon the healthy, not upon the sick. By this plan of studying drug action we are enabled to ascertain with certainty the sphere of usefulness of each drug. By its teaching we know that no one drug can aid all cases of any disease. By this method of studying drugs we know that neither Ergot nor Cimicifuga will aid every case of parturition. We know that each of these drugs has its sphere, in which it will always do good work; we know, also, that we are not limited to these two drugs, but that any drug may be needed in a case of parturition, and that one drug will be as effective as another when properly prescribed.

Hahnemann's method has not only given us certain knowledge of drugs, it has also given us many drugs for each disease.

**EXAMINATION OF PATIENTS.**—We are all aware that some cases which we are to treat are easy to prescribe for, while others, again, seem to call for no remedy—seem, in fact, to present a chaos of symptoms. Again, in reading our journals some of the cases reported present such a clear picture that we involuntarily name the remedy; while yet others appear to be so mixed that one cannot decide upon a remedy. Why is this? Does not Hahnemann tell us in his *Organon*? The secret seems to be that the patient in the one case has been thoroughly examined, while in the other the examination has been imperfect.

Hahnemann tells us (§ 104, p. 150): “The totality of the symptoms which characterize a given case, or, in other terms, the image of the disease, being once committed to writing, the most difficult part is accomplished.”

Hahnemann here tells us not only to gather the totality of the patient's symptoms, but advises their being put into writing, for he says the physician “can then study it in all its parts, and draw from it all the characteristic marks.”

Hahnemann advises us to let the patient and his attendants tell their story in their own way, without interruption or asking leading questions. When the case has thus been narrated the physician asks such questions as may be necessary to render the statement clear or to gain further information. The physician “reads over all that has been communicated to him, and asks of

each particular symptom, for example, at what epoch did this or that circumstance occur? Was it previous to the use of the medicines which the patient has taken \* \* \* or while he was taking them, or only a few days after he had discontinued their use? What kind of pain, what particular sensation, was it that was felt in such or such a part of the body? Which precise spot did it occupy? Did the pain come on in separate attacks at intervals, or was it lasting and interrupted? How long did it continue? At what hour of the day or night did it occur?" "Thus the physician causes all the indications which were given in the first instance to be described to him more closely." Never ask a question which indicates the answer, nor one which can be answered by a single yes or no.

If we thus carefully examine our patients there will be found little or no trouble in finding the simillimum. The necessity for close and careful examination of patients is well known to all homœopathic physicians, yet numbers of cases are reported in which the examination has been poorly made. We read numerous cases reported in journals in which no clear indications are given for the remedy selected. Indeed, in many such cases, any one of a dozen remedies is equally called for. When we remember that in some cases the choice between two remedies is decided by one symptom, the necessity for this careful examination which Hahnemann advises becomes apparent.

Thus a case is recalled in which a very careful prescriber had given Arsenic in a case of gangrene when the sufferer would not allow himself to be covered. The doctor overlooked the fact that the Arsenic patient wants to be covered. The Arsenic did no good; a physician was called in consultation, and Secale given with benefit.

Another case occurred which the lamented Hering was treating without success. Finally, after many prescriptions and many failures, the patient said to Hering, "Doctor, I have such a bad spell of coughing every morning about four A. M." Hering exclaimed, "Now I cure you!" And he did.

**A PURELY HOMŒOPATHIC INSTITUTION.**—It is not often that a dean of a homœopathic college will openly acknowledge that his institution is not homœopathic in its teaching.

Most of these deans have the good sense to keep silent; but of such is not the dean of the "Hahnemann" Medical School, of this city. This worthy dean is reported by the *Record* (Phila., May 30, '87) to "assert positively that the 'Hahnemann' is and always was a purely homœopathic institution."

To show *his* idea of pure Homœopathy the dean added he had "administered Morphia as a palliative, and if he did not continue to do so he would be open to severe criticism."

"Open to severe criticism" from whom? Certainly not from homœopaths, who never need the aid of palliatives. "Open to severe criticism" from his colleagues in the "Hahnemann" College faculty? Hardly, for this same dean also declared that his faculty were unanimous, that "there is no division among them." Hence they could not severely criticise this dean; it is not at all likely they would be allowed to differ from their dean in theory or in practice. He is an autocrat who allows no disobedience among his followers.

The legislators who appropriate public money, and citizens who donate private funds, will know what kind of an institution they assist. Moreover, physicians will also know for a certainty where to send their pupils, that they may learn the homœopathic uses of the hypodermic syringe.

The "*Hahnemannian*" *Monthly* has asserted that there *are* logical reasons for deserting Homœopathy for eclecticism. Perhaps to escape "severe criticism" is one of those reasons.

---

### DULCAMARA.

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

(Bureau Materia Medica, I. H. A.)

I first saw the Dulcamara in fruit in 1846. It was growing near and spreading over a stone wall which surrounded land now covered by city residences, having since become a part of Brooklyn. I broke and carried away some branches bearing the berries, and while walking toward my home, some three-fourths of a mile distant, I chewed one of the berries till its peculiar bitter-sweet taste became a little unpleasant, when it was thrown out, and besides this taste nothing more was looked for. But in about five minutes I became aware of another impression, a slight nausea and general uneasiness, which was almost immediately followed by violent, spasmodic, suffocative coughing. It almost took my breath away. These paroxysms were repeated every three or four hours for two weeks, when they were arrested by other medicine. They were accompanied by the peculiar resonant inspiration or whooping characteristic of the cough called by this name. The paroxysms were excited by any attempt at loud speaking or even the slightest movement toward laughing.

They followed almost immediately after eating, with retching, and too often this resulted in the loss of what had been just taken with good appetite. The paroxysms sometimes attacked me while eating and spoiled the disposition to continue this useful employment for that time. These paroxysms were only experienced in the daytime. There was no coughing at night. They were always accompanied with violent strangulation, and respiration was only regained by the characteristic whooping inspiration we all know so well. They were always accompanied by violent retching and frequently by vomiting, and, if near the time of eating, by loss of food.

Was this experience a proving of *Dulcamara*? Before an answer to this question it is right to consider some circumstances which were present when this experience was passed through.

First—There was an epidemic of whooping cough prevailing in Brooklyn when the berry was chewed. Second—There were two examples of it in my family, of three weeks' standing at the time, so I had been in the atmosphere for this time. Third—Some people repeat the paroxysms of the cough on exposure to its infection, even though they have previously gone through the usual course of the disease. Some are so susceptible to the action of this specific noxia as to take on the peculiar habits and phenomena of the disease whenever they are exposed to its presence. I have had patients who have so suffered many times. Fourth—I had whooping cough in early life. I had been many times exposed to its course in my own family, as in this case, and in many others, both before and after this singular occurrence, with no apparent effect resulting from this.

Then the suddenness of the first attack after eating the berry. It was in less than five minutes, and in force in full power. No subsequent one was more violent than was the first, and this is not the mode of attack of whooping cough caused by its specific noxia. Its initiatory paroxysms are comparatively light, but as the disease progresses these increase in violence, as was not the case with those which followed so soon after chewing the berry.

But the question may be asked, Was there not in my organism a susceptibility to the action of the *Dulcamara* induced by my protracted exposure to the epidemic atmosphere and the concentration of the poison in my own home, so that by reason of these facts I was, when I ate the berry, on the verge of the attack, which was only set in motion by the presence of the *Dulcamara*? If the affirmative of this suggestion be accepted, then the train of phenomena which followed constitutes an actual proving of the drug and establishes its therapeutic re-

lationship to whooping cough. If this view be accepted it proves a similarity of the action of the drug to the specific action of the dynamis which causes the phenomena of the disease, and therefore commends it to our notice as one of the remedies for this sometimes troublesome plague.

The recital of this case is not given to the Association as a perfected proving of the drug, but as a suggestion of its relationship to a painful malady as its possible curative, of sufficient import to call for a more complete proving of the drug with a view to ascertaining whether this hitherto unsuspected relationship be a truth which may be added to our materia medica record for its enrichment and greater power as healers over an important and sometimes fatal malady.

There are some other considerations which strengthen the suggestion of this experience being a true proving of *Dulcamara*. It did not take the form of the epidemic then prevailing, but differed from this in material points. There was in this case *no cough at night*. The cases of the epidemic were worse at night. This case was strongly marked by the cough excited by *loud speech* and the *least movement toward laughter*. The remedy for that epidemic was *Ipecacuanha*, which has no such symptoms; neither had the epidemic. If this series of paroxysms of spasmodic suffocating cough were the result of the epidemic noxia then active in the community, they could hardly have differed from those of the epidemic in so important characteristic symptoms as were the case in this wholly unlooked-for and troublesome experience.

And, further, if this excellent imitation of whooping cough was the effect of the *Dulcamara* it is of peculiar value by reason of the fact that its paroxysms were only experienced *in the daytime*, while the remedies most frequently called for in the treatment of epidemics of this cough are characterized by *worse at night and when lying down*. In this case there was no cough when lying down.

---

## A FEW DISEASES OF HORSES, WITH SOME REMARKS ON THE PLEURO-PNEUMONIA OF CATTLE.

J. HALL, SR., M. D., TORONTO.

(Bureau Clinical Medicine, I. H. A.)

My first horse was a black Canadian pony, seeming completely sound, and answering my purpose well. But after



awhile had a severe attack of pain in the bowels—so severe that he laid down on his belly or side, kicking about so desperately that it was no easy matter to approach and examine him—the bowels seemed confined and urine high colored, and being afraid of inflammation, which I could not make out, consented to send for a veterinary surgeon to give me his diagnosis of the case. He soon came, and almost as quickly said the disease was colic, on which I proposed to take the treatment into my own hands, to which, however, he strongly dissented, saying I would soon kill the horse, etc. I therefore reluctantly consented that he should manage the treatment, the first thing done being an injection per anum to bring away the offending matter, and that not sufficing, another and another, followed by cathartic medicines to empty the bowels and so give relief from pain ; but, notwithstanding all this, the poor horse remained on his side or belly some two days, groaning and moaning most piteously with his sufferings. At this stage I dismissed the veterinary surgeon, determining to assume the responsibility myself, for to all appearances the animal was doomed, notwithstanding this most heroic treatment.

To antidote these abuses, and as a means of overcoming his malady, I put him on *Nux vom.*<sup>2c</sup>—some thirty pills—every hour until relief could be obtained, which occurred about the fourth dose, when the horse was so relieved that he got up and began shortly afterward to eat, and two days after this was at his work. Of course, the veterinary surgeon never forgave me, but alluded to our treatment so severely in his lectures that one morning, a long time afterward, two men called on me, and, with a smile on their faces, said they had come to learn if there was really any truth in Homœopathy. I at once replied that they must think me an impostor to spend all my time in the study and practice of this art when I had no confidence in it. They then frankly told me that their professor took such pains in almost all his lectures to malign and kill Homœopathy, that they thought there must be something in it, and had come to me to ascertain the facts. I was at once interested and took occasion to show what true Homœopathy was, and I gave them every information in my power on this subject, and I had the satisfaction of making two homœopaths of these students, who are now in active practice as homœopathic veterinary surgeons, and can only hope that they are genuine, knowing what our true science is.

My second case was also a black horse of a very fine breed, but sold to me at a low price after his head and neck had been

sadly disfigured and permanently injured by blisters for the epizootic, which were thought by some to be the treatment for that disease. This animal so bought and disfigured seemed always in trouble, as if something annoyed him—holding back his ears when traveling, or biting his groom or any person who came near, and it was some time before his real malady manifested itself, being overlooked by his disposition. But at length, noticing that the hair of his mane and tail was very thin and daily becoming more so, I found on examination that he suffered severely from a pruritus, being constantly rubbing both tail and mane to get ease; but having no very definite symptoms to go upon gave him Sulph.<sup>2c</sup>, three or four doses, and after ten days 20M and then 40M, waiting their action, which was only partial. Being nonplussed, I had thought the case difficult and, perhaps, incurable; but observing that the horse was always very chilly, not bearing the cold at all, I gave him Silicea<sup>2c</sup>, several doses, and with the best effects; and after two weeks Silicea<sup>30m</sup>, two or three doses, and still after that some weeks, Sil.<sup>40m</sup>, one dose, and, perhaps once, Silicea<sup>cm</sup>, taking about six or eight weeks in all, after which the animal was cured, both tail and mane growing nicely and very full, while the horse's skin, which was always rough, had become smooth, and chilliness had disappeared, holding both head and ears when driving as if perfectly satisfied and happy. My stable-boy thinks that good grooming had much to do with it, but he had that before and behind too, and was, moreover, subject to relapses, when another dose of medicine was given him. I must confess that, although the brute had no faith in me or my little pills, I had it in unbounded measure, and gave them all the credit.

Third case was the horse of my partner, Dr. J. W. Hunter Emory, a brown gelding of excellent constitution. One day when Dr. E. had left the horse in my yard tied to a weight, the animal, liking always to have his own way, and perhaps thinking the groom rather tardy in giving him his dinner, took it into his head to walk into the street, drawing the weight and sleigh after him, which, being somewhat cumbersome, he reared up highly, breaking a shaft thereby, and running some eight or ten inches of the broken part into his rectum, the pain of which being very acute, the animal fairly screamed, and was quietly led into the stable. Here was a difficulty indeed, and the diagnosis not easy, and a veterinary surgeon was suggested, which I strongly opposed, as these men would spend all their time and knowledge in finding out what was the matter and the extent of the injury. The first day Arnica<sup>2c</sup> was given every

two hours, then, *Calendula*<sup>2c</sup> every four hours, after which what should come next was a question. The horse had not dunged since the accident, and could not, but stood trembling in his stall, making unsuccessful efforts, but dare not push much, when Dr. E., who, being a good surgeon, used a fountain syringe to the part and succeeded in removing a large amount of fæcal matter, while the pus flowed most abundantly, and so very fetid that one could hardly remain in the stable. On the whole, on account of the very fetid pus, *Silicea*<sup>2c</sup> was given for two days every four hours, with very great mitigation of the odor, and the horse began to eat and to pass his dung, and after five or six days *Silicea*<sup>20m</sup> was next given, in three doses, and after this, say in three weeks, the horse was at his work, the groom reporting him well. There is, however, a very little pus still excreted at times, and the part affected looks like a fistula, which Dr. E. thought was the sole trouble at first; a few doses of Sulphur or Thuja will now be tried and their effects recorded, as a cure is certain.

Fourth case was a horse of my partner's father, which had been for some twelve months very much troubled with lumbrici, for which he had received, according to the old-school treatment, repeated doses of physic, or cathartic medicine, to take the vermin away, which, indeed, it did, but they as certainly came again, when the dose had to be repeated, until the horse was reduced to a mere skeleton by this twelve months' treatment, looking much as if he would die. It was at this stage that the animal was seen by Dr. Emory, who induced his parent to try true Homœopathy on the animal, to which consent being given, he was put upon *Nux vom.*<sup>2c</sup> morning and night for a week, and after this *Cina*<sup>2c</sup> in the same way; since which the animal has perfectly recovered his normal condition, being no more troubled with lumbrici, nor asking any questions as to his cure.

At the risk of a slight digression, I may here remark that it is a sad pity some true and good men of our school do not take hold of that terrible plague of cattle called pleuro-pneumonia, whose victims are so numerous and their loss equally heavy on holders, for I firmly believe that should such tackle it, the deaths would be very rare indeed. There is great talk of stamping it out, which the old school will never do, but such a procedure on our part would effectually do it. The epizootic or malignant influenza is also perfectly and quickly manageable, as my own experience abundantly proves.

## DULCAMARA IN THE OVARIO-UTERINE SPHERE.

GEO. H. CLARK, M. D., GERMANTOWN, PHILA.

(Bureau of Materia Medica, I. H. A.)

Dulcamara is a remedy that has not received the attention it deserves, particularly in the affections of women.

Its application to troubles arising from damp and cold should give it prominence in these affections, and in order that what it is capable of doing may be better known, the following is offered :

In menstrual troubles it may be useful in these conditions: Menses too copious, too long, premature, retarded, scanty, too short, suppressed, pale and watery.

Into all of these the damp and cold factor enters, and where there is reason for believing that any of them have had their origin in these causes, Dulcamara should be given a prominent place in looking for a remedy.

Preceding the menses there are an erythematous eruption on the chin and nettle-rash on various parts of the body, with much itching; after scratching it burns, and is aggravated by warmth and ameliorated by cold.

During menstruation, which may be suddenly suppressed from damp and cold, there are engorgement of the breasts and eruptions on the labiæ majores.

These eruptions are of an herpetic character, and also of an eczematous nature.

Other remedies having an eruption about the pudenda, in connection with the menses, are Aurum, Causticum, Graphites, Mercurius, Petroleum, and Staphysagria.

The Aurum eruption is of large red pimples. Graphites and Mercurius also have pimples.

The Caust. and Petrol. eruptions are herpetic. Staphysagria has blotches on the labiæ majores, with itching and soreness when touched.

With the retarded menstruation of Dulcamara are the eruptions, and paleness and watery condition of the flow.

Pulsatilla has pale and watery blood, but it alternates with black blood mixed with mucus.

Kali carbonicum has soreness and redness around the parts and between the thighs, with retarded menstruation, and the blood is acrid and fetid.

Closely allied to Dulc. in scanty menses are Amm. carb., Con., Graph., Kali carb., Lach., Puls., Sep., Sulph.; and in too short menses Amm. carb., Bar. carb., Con., Graph., Lach., Puls., Sulph.

With pale and watery blood and short and scanty menses, besides Dulc., are Amm. carb., Graph., and Puls.

Suppressed menses from dampness belong particularly to Dulc. and Rhus tox.; from getting wet, Acon., Dulc., and Rhus tox.; and from getting feet wet, to Nux mosch. and Puls.

With the following indications in amenorrhœa we may expect much from Dulc.: Suppression in consequence of a cold, or in those who are affected with the various eruptions peculiar to this remedy; glandular engorgements, particularly of the mammæ; warts on the hands, and soreness of the throat. In the throat affections there are much mucus in the fauces and pressure, as if the uvula were too long, and the tonsils are apt to be inflamed. Conium has hardness of the breasts; while Phytolacca has painful and engorged mammæ, with throat symptoms prominent.

Under Kali carb., in amenorrhœa, there are frequent erysipelatous eruptions; Puls. has freckles on the face. In malignant disease of the breast, during absence of menses, Dulc. has a part; and closely allied in such affections are Ars., Bell., Carbo an., China, Cocc., Con., Graph., Kreos., Merc., Nit. ac., Sep., Sil., Staph., Thuja.

Dulc. also occupies a place in the treatment of many other affections incidental to anemia, such as bronchitis, cephalalgia, chorea, congestion of brain, diarrhœa, dysuria, epistaxis, gout, nausea, ophthalmia, paralysis, and vomiting, and these following exposure to damp and cold will be the prominent indications for Dulc.

The peculiar dysuria of Dulc. deserves notice, and is characterized by the nature of the urine, which, on standing, becomes oily, and contains a tough, jelly-like white or red mucus, mixed with blood.

The urine is milky under Cina, while with Colocynth it deposits a copious, jelly-like sediment, and there are small, hard, reddish crystals, which adhere to the vessel and are not readily removed by water.

Dulcamara also has place in the treatment of ulceration of the womb, ovaritis, vesicular vaginitis, herpetic and lichenous eruptions of pudenda, ecchymosis of breasts, and ptyriasis of, and scabs and crusts on, the nipples.

During the period of gestation it will come in for diarrhœa and for cough, accompanied by obstinate tickling in the throat and chest, which latter symptom belongs also to Conium. The Conium cough is made worse by lying down, particularly immediately on going to bed.

In suppression of milk by cold, Dulc., with Acon., Bell., Cham., Merc., Puls., and Sulph., should receive attention. And for affections arising from this cause, at this period, we have Agnus, Bell., Bry., Calc., Cina, Dulc., Lach., Lycop., Merc., Sep., Sulph., Zinc.

Where skin symptoms follow suppression of milk, Calc., Caust., Dulc., Rhus tox., and Sulph. are to be studied.

From this we can readily see that Dulc. deserves some notice, and if this paper succeeds in directing your attention to this valuable remedy, my aim will be attained.

---

### SUPPRESSION OF GONORRHŒA.

During last meeting of the I. H. A., a paper was read showing the evil results which follow the suppression of gonorrhœa by injections, etc. A most interesting discussion ensued, which we give here :

Dr. Lippe—There is no doubt about the correctness of the position taken in the paper, "Gonorrhœa can Kill." There have been some cases in Philadelphia. The patient I would like to allude to was a young gentleman, highly educated—a fine man. He has been a patient of mine since his birth. I have waited upon him in all sorts of diseases, small-pox, typhoid fever, and colds, and he has always recovered. He was a strong homœopathist, but he fell into the hands of some of his "lady friends" and became ill, and he was ashamed to go to his old doctor. So he called in the Philistines and they made injections. His gonorrhœa stopped promptly, but he became afterward hoarse, and his hoarseness increased. I was not consulted, and I don't know who advised it, but his father went over with him to London to consult Mackenzie. Both this young man and his friend, the Crown Prince, fell into the hands of Mackenzie the same way. Mackenzie took off something from his larynx and then sent him home. He got better, but whatever that was, whether it was a wart or something else, which I think it was, it came back again. It was taken out again. It never grew again on that spot, but the gentleman became sick and has been sick for the last six or seven years under my care. I have

never been able to cure him. I have from time to time put the brakes on and got him better, as the disease is probably of a cancerous formation. Now he has moved out of town in the neighborhood of my friend, Dr. Clark, who is treating him and keeping him comfortable, and will see him off easily. But the treatment applied by the so-called homœopathic school, by the quasi-homœopathic pretenders, brings forth more evil than any other line of treatment of any kind in any disease. Whether we can ever cure these unfortunate patients who have fallen into the hands of the injection party I do not know. I have had a case that I have apparently cured, but wait awhile, wait at least seventeen years, and at the end of that time—I have known it at the end of that time, like the locust, to come back again.

Dr. Bell—Gonorrhœa and syphilis?

Dr. Lippe—Gonorrhœa and syphilis. It makes no difference. It has a manifest time of seventeen years. In seventeen years it will come back again and you get the same symptoms. When he gets ill again he will never get well. I have not cured such a case yet. With the greatest care you take I think the disease comes out again after being latent that long time.

Dr. Bell—After bad treatment?

Dr. Lippe—After bad treatment—unhomœopathic treatment. With good homœopathic treatment I have never seen a particle of stricture, and never seen any swelling of the testicles, and I have never seen any evil results. They get well, but they do not always get well in two or three days. The common catarrh, which you have the credit of curing, gets well in a week's time easily; but if you get a sycotic case of gonorrhœa you will thank your stars if you cure it in six months. The people will have to wait, and if you have any patients you will have to tell them so. After they have been treated by the old school they never get well. That has been my experience for many years.

Dr. Brown—Mr. President and members of the Association, I wish to put in an idea here which may help you in curing such cases, having had experience in two cases, which I did not lay so much to gonorrhœa as to the previous disease the patient had. My experience has been that whenever a man is taken with that disease, if he has any other disease about the system, it will take from thirty-six to sixty days without any local application—nothing except cleanliness, no internal treatment of any kind. Avoid exercise, and keep the system in

proper condition, and it will all disappear. Then select the best homœopathic remedy according to the symptoms of the patient. That has been my success, and will be your success if you follow that plan. I could not cure a case that is complicated with some other disease of a serious character, and I think others have found they cannot cure under such circumstances. I do not want to lay so much to the gonorrhœa as to the complication of diseases which we will find many cases have already in that way.

Dr. Wesselhœft—In answer to what Dr. Brown has just said, we all, I suppose, use cleanliness and care and pay attention to the diet. My experience with this disease has not been very large, but it has been large enough to draw some conclusions, but I can only second what Dr. Lippe has said in the course of the treatment of acute gonorrhœa, sycotic and non-sycotic. All these acute symptoms, however carefully the case may be treated, may arise, and I mean by that that the sycosis may come out and sycosis will recede, and there will never be or should never be any chronic enlargement of the testicles. As regards the preceding diseases, of course my personal experience has not extended over the time that Dr. Lippe's has, but I know from the experience of my father, and from my experience with people who I know have been treated by my father for that disease, and I know also a few instances of where men have arrived at the age when prostatic diseases come on, and from those instances I can infer that with perfectly true, honest administration of homœopathic medicines a prostatic disease, consequent upon an early gonorrhœa or orchitis can be cured. Chronic cystitis is one of the very great exceptions in our school—I mean in the Hahnemannian school. I have had instances that have interested me very much, as of the repression of old suppressed gonorrhœa. I now recollect three of those instances where I am perfectly sure that there were no infections. One of them occurred seven years after the suppression, and it is so interesting a case that I will here outline it. Of course, it can only be outlined, as I am not prepared, and was not prepared, not thinking that I should be called upon. A very long, lank New Englander, who was about six feet three inches high, came into my office, sprawled himself down on a chair, and said, "Can you cure dizziness?" I replied that I did not know whether I could cure dizziness, but asked, "What is your dizziness?" He said, "I have been dizzy at times for six years. I have been taken up several times for drunkenness in the street, and it came on after a fall from a wagon. I was driving an



express wagon, and my horse or something jerked, and I fell between the horse and the wagon, receiving a blow on the head." That was about the history of the case. The characteristic was vertigo. I can recollect that without notes. I treated the man, but the treatment was without the slightest benefit. Finally, it was long afterward, he was in my office one afternoon, and I was having a confidential talk with him, and I re-examined the case with him as well as I could. He denied that he had ever had any disease of any kind—skin disease—and I asked him in my usual way of examination: "Have you ever had any syphilitic infection?" and he said, "No." On this occasion he told me, "You never asked me if I had had the clap, but I have, and I wonder whether that could have had anything to do with it." I said, "No doubt of it." "Well," he said, "I had it when I was thrown from the wagon, but the day before I was thrown from the wagon I had an operation performed that was the most painful thing that I ever knew of in my life, and I went to bed in the afternoon and howled." He said, "You remember that old homœopath in Salem by the name of Flotar"—you will remember him, Dr. Wells.

Dr. Wells—Yes, sir.

Dr. Wesselhœft—"He said, 'I will stop that for you,' and he took a stick of Lunar caustic, and he put it in and he pulled it out. Well," he said, "I was so sick that I could hardly walk or do anything, but I had to go on to my wagon and drive." Mind you, this was about four or five months after I had begun treating the man. Of course, my first idea was, after I had heard this story, that the man got dizzy and fell from his wagon, and that there was no jerk about it at all. I gave him Thuja, and in ten days he came back to me, and I shall never forget his entrance. He says, "Doctor, now I am going to be truthful with you. There has been no new infection, but I have got my gonorrhœa back again." Well, there was a cold shudder went down my back. I could not tell what it was caused by in so short a time, and I asked him. He said, "That is all I know." I told him I must know the reason why, and he said, "I am telling you the truth, Doctor, and there is no reason why I should not be perfectly open with you, and I assure you that there has been no infection, but," he said, "I have not been dizzy once this week." "Well," I said, "let us go on." He got Sugar of milk, and he did go on and he had, to all intents and purposes, the most acute, and actively acute, gonorrhœa for six weeks that I ever saw. I treated that man for eight months and I did not stop the gonorrhœa,

but in those eight months that man became so convinced of the fact that gonorrhœa was the base of the trouble that he left me and went out West and went to running a locomotive.

Dr. Brown—I wish to say one word with reference to cleanliness. Now, I did not mean that all physicians do not use or think as much of cleanliness as I do or that all physicians do not try to correct the habits of their patients in regard to the use of liquor, tobacco, and coffee, and those things which prevent the cure of gonorrhœa, but I want this to be understood, that I found this to be an easy thing when I could get my patients to leave off their liquor, tobacco, and coffee, and stimulants, and live plainly on bread and milk, that I could cure them in so many days, and I can keep my word with them. If a man is otherwise healthy I can do it. In regard to the rest of the matter, as Dr. Wesselhœft has said, I think as physicians we are all level-headed. We pay attention to diet and all the other circumstances as we would do in acute diseases.

Dr. Gee—Dr. Ballard has an interesting case which would confirm Dr. Wesselhœft. I would be glad to hear his report of that case if he will present it.

Dr. Ballard—I am hardly ready to report on that case, but I can say a word or two that will show that the matter is progressing favorably. It was the case of a young man, who, a number of years ago, was living in Germany as a student. It was five or six years ago. Previous to that, I believe, it is said that he used to be troubled with skin affection, a little eruption appearing here and there, and then he contracted gonorrhœa. Now I am not certain, because I have not my notes here, whether this affection appeared subsequently to gonorrhœa or not, but then came the time when this was stopped, suppressed mostly by injections, and he supposed that he was cured. Then came on an attack of rheumatism. I will speak of this. It began in the feet and extended up to the joints, and soon he had iritis. I will give you the terms as I got them. A physician treated the patient for rheumatism. Then came the ophthalmia. Now the iritis. He said, "I cannot manage this case alone; I must have some help. I must have an eye specialist." So one of our prominent men was called to prescribe for the iritis, and the other doctor prescribed for the rheumatism. The patient was a very intelligent man, and he said, "The eye man came to see me yesterday and he gave me Mercurius for my eye, and to-day my physician came to see me and he gave me Pulsatilla for my rheumatism." And he swung along in that way when I called to see him. To make a long story short, I will simply say the

eye trouble disappeared first, and it got down to his knees and got down so that he could go around "clump-footed" in this way, and I kept on. Then his physician returned; he had been away. I told him, "Your physician has returned now," and I notified the physician of the fact that I had been treating his patient and I said, "I resign the case," and then he passed away into the hands of the other physician and he went along. After a time he got to clumping again in this way, and the first thing I heard he was confined to his house with ophthalmia. Then I was called to take charge of the case on the second day of last January. I found him pretty well lamed up and one eye in a very bad state, granulations appearing; unable to bear the slightest ray of light, a great deal of pain darting around through the head, etc. The other eye was very sensitive indeed to the light. I took a very careful note of the case and gave him a dose of Psorin. 42M on the second day of last January, he having the gleet, as I said, and he has had no medicine since then, not a whiff of anything, and he is tramping around just as free as ever. He don't mind the storms, and he has not a vestige of the rheumatism about him, and he has not a vestige of his gleet, and no trouble at all. He considers himself perfectly well in every respect, and only that one dose was given to him. The gleet, I will say, being the first thing, has only recently ceased to show itself and he is not having any of it. Now, I was hardly ready to report the case because I wanted to wait until another session, but as I have been called upon I will give it that far.

Another case was that of a young man who came into the office, and he had dizziness, headache, and a sort of eruption about his eyes occasionally, and a great deal of thirst. I cannot recollect the symptoms fully, but I asked him questions and found that he had had the clap. It was cured seven years before. I prescribed for him, the remedy being, I think, *Argentum nitricum*<sup>35m</sup>. He returned to me in about ten days and said that he was having a discharge from the penis, and he was a truthful negro, though he was black. I have known him pretty well since, and I am perfectly satisfied that he told me the truth. There was no inflammation, no indication of acute trouble in any shape, and he went along in that way; the gleet gradually ceased, becoming very much better. One of the peculiarities of his case, I remember, was the pain in the head, and he complained of it a great deal. I got his symptoms as best I could and prescribed for him; and he would have attacks of great thirst, usually in the latter part of the day. He would drink enor-

mous quantities of water. I asked him if the water made him feel any better or any worse, and he said that he thought it made him feel a little better. After he drank, if the water was very cold, he would feel badly about the head. I could not get that symptom fully, but after prescribing for him for a number of weeks he went along and I could not control that pain in his head. But one time he told me that after drinking cold water this pain would seat itself in the forward part of the head and extend down into the nose. This was a symptom under Digitalis. I gave him one dose of the 2M, and that wouled the trouble up. [Applause.]

Dr. Nash—I have learned this in the treatment of this disease, and I think a good many physicians have also learned the same thing, and that is, in cases of gonorrhœa not to suppress the gonorrhœa, that bad effects follow from its suppression. This fact has been lost sight of. There is a certain class of remedies that are commonly used in gonorrhœa, and they apply them for that reason. I have cured these cases of chronic gleet that have been running for months with remedies that I never had used for it, and that I never have found any one else to have used for it, simply on the indications that were presented at the time when the patient came to me. I remember curing one of the worst cases of gleet that I ever had or ever saw with Kali hydriodicum. There are other remedies which were also used. There was a patient who came into my office two months ago—and, by the by, I want to say this—that young man came into the office and wanted to know how long it would take to cure him. I always explain to patients when they want to know how long it will take to cure them, and I always tell them frankly, that I do not know. I do not know whether it would take me six days, one month, or six months to cure, but you pay me your money, so much money now, and I will cure you if it takes me a year to do it. There will be no more charges. I take the responsibility of this case from now thenceforth. But if we can only make our patients see the fact, and there are plenty of instances that we can bring to prove these facts that the allopathists would in many instances even suppress. The first thing they do is to suppress the discharge, and that is the worst treatment that could be practiced. Where they were not even able to suppress the discharge that was running into chronic gleet, they used injections to suppress the discharge. This is bad treatment. Two months ago I had a case of this kind come into my office. He said to me that a certain physician was treating him. The physician was a fashionable gonorrhœa doctor

of the place, because he cured them quickly, and he always did it with injections. With what result? They have something that has lasted for years. This patient to whom I have referred has a discharge of slimy mucus, from ten to fifteen drops, or a tablespoonful. It looks like milk. This is undoubtedly a discharge from the prostate gland—prostatic gleet. His symptoms were covered with Selenium. I gave him one dose of Selenium<sup>40m</sup>, Fincke, and Sac. lac. and to follow directions and return at the end of the week. At the end of the week he returned and said, "Doctor, I have had only one discharge of that kind since I took that dose of medicine!" Two weeks after he returned and that was the end of the whole business. [Applause.]

Dr. Wells—In one respect, in reference to gonorrhœa, I stand very much as my friend who spoke first, as I have not had an extensive practice, but I have had more than I want of it. I have treated a good many cases from first to last, but never with anything but the specific remedy, and in no case, in now nearly fifty years, have there been any sequelæ. They have been cured. I did not rise so much to mention that as I did to call attention to the consideration which we all ought to take of the cases related by our coming President. We are all supposed to be familiar with the *Organon*. That *Organon* gives the instructions of the grand old man in relation to suppressing local manifestations of the disease, and a grander confirmation of the instructions of the *Organon* than that I have not heard for many a day. I have met more than has been pleasant from the consequences of suppressed local manifestations of disease; in general destructive processes result; and now my object in getting upon my feet is to impress upon this company, and on all my associates, that a suppressed gonorrhœa is a suppressed inferno, and to me the characteristics which our old-school enemies annually recommend are simply the result and not the disease at all, no more than what you gather in the handkerchief in influenza, is the influenza. You have simply shut up their exit to the ventilation of the organism of the disease. You have stopped it up and shut up the outlet—shut up the disease in the organism itself. There it will work a work of destruction to the end unless it finds the specific remedy. I have had more experience of this sort, and more patients on my hands than has been pleasant, for there is no more difficult thing to master and to cure than the results of suppressed local diseases of this kind. I hope it will go to my neighbor and not come to me. I have seen in consultation, within the last four months, a man who

had been ill for eleven years. He did not know what was the matter with him, and when he was explaining what was the matter with him, he said that eleven years ago he was in trouble, but there has been nothing of the kind since—nothing at all. He was cured by the old-school treatment, but he had not seen a well day. He had been sick all those eleven years. That man got one dose of Thuja<sup>10m</sup>. He was another man in a little while. The particular localization was manifest. When he came under my attention he had a peculiarity of the urinary secretions which had been for years, not exactly a sediment, but a material opaque body that floated in the urine. It was not deposited, it looked almost like milk thrown into the urine, only the particles of white matter were larger than milk globules. This all ceased in a few days after that. He was only under my care for consultation, and this was the result of my consultation. He was suffering from stricture, and he was cut for stricture, and that is the last I know of the case.

But this suppressing by local application is all wrong. Just listen to the old man and be the wiser for it as long as you live, and it is true, whatever else is or is not.

Dr. Schmitt—At the same time I will say that there is no necessity for suppressing the gonorrhœal discharge, because anybody knows we have two different gonorrhœas. One is situated in the canal, which is a common urethritis, just like a common coryza, and it will get well by itself often if a person does right and gets the right homœopathic remedy; the other is sycotic. I maintain, and I suppose that a good many of you share my views, that we have two gonorrhœal affections, just as we have two chancroid affections; that is, urethritis cases, and also those properly called chancroid and sycotic cases. This urethritis comes, perhaps, parallel with chancroid, and sycotic cases come parallel with chancroid, just the same as you may cure chancroid with Mercurius, while the real sycotic gonorrhœa, which manifests itself in an entirely different way from urethritis, you will always get an anti-sycotic remedy, even so far we have a parallel between chancroid and urethritis. Chancroid comes on perhaps three, four, or five days after infection, and urethritis comes on after the ninth day and generally even earlier, but it will never have the constitutional symptoms with it then. Chancroid comes on after three weeks.

Sycotic gonorrhœa comes on after three weeks, and the patient is sick before the discharge appears. He feels sick, and then comes the discharge that has to be treated; so the whole organism is affected, just as in chancroid the whole constitution is

affected before the chancroid manifests itself. If, for instance, our urethritis is suppressed or maltreated, of course psora will come up if there is no other chronic trouble in the case; then you have to treat the results—the gleet—by antipsoric remedy. In sycosis you have the sycotic symptoms, and you have to treat the sycosis.

Dr. Biegler—A suggestion that has come to me in listening to the discussion on this subject is that we might look a little further for the mischievous influence of this suppressed disease. I mean it comes in concealing language in our professional lives. It is well, like good navigators, to mark in advance the rocks upon which we may strike. We have considered the subject of suppression in an individual. Now I have come to think and believe that whether a disease is cured or suppressed in an individual that the mischievous influences, the results, are not likely to end there. In the case of married life I have reason to believe that the wife, especially if she has borne children from the husband who has been poisoned, who carries with him that poison, that the wife also suffers in an unknown way. I say unknown because it has never been appreciated. Many of the ills of the wife and the children are the consequence of that disease. We may have general ill health, especially and probably in the way of uterine difficulties, catarrh, and so on, that if we can only bear in mind the probabilities in those cases, we may yet do a good deal of good by prescribing in accordance with that view. I have reason to believe that many families, wives and children, are ruined, and are given very impaired constitutions from this cause.

Dr. Sawyer—I have had quite a number of cases of suppressed gonorrhœa to treat, but what I wish to speak of, more especially since sycosis has been mentioned in relation to these cases, is that I think it is exceedingly important to remember this fact, and the fact that there are so many more soft cancers, and so many more cancers—more especially of the soft variety—*lupus exedens*—than there used to be. There is a great deal more soft cancer; and I believe soft cancer—*lupus*—is always the effect of sycosis, and nothing else.

Dr. Hawley—I don't know whether this is a suitable occasion or not, but I would say that I have listened to this discussion with a great deal of interest, and I am inclined to speak of my own experience somewhat. I never have had a very great experience of gonorrhœal cases or syphilitic cases, but in my treatment of either I have sought only for the specific remedy. I have never had a case of gonorrhœa that I have treated in its

incipiency that was followed by any sequelæ of importance. I never had, with one exception, a case of fig-warts, for instance, as a result of gonorrhœa that I had treated. I have been greatly annoyed sometimes with the persistence of my cases, and I always tell the patient, as some one else said—Dr. Nash, I think it was—that I do not know how long he will be sick, but yet, if he don't lose his patience, he will get well; but I have had one notable exception. I may say that I never had but one case of syphilis or chancroid that was followed by any secondary symptoms, in all my experience as a homœopathic physician, but I had one very notable case, and I want to speak of it, because it bothers me. The patient came to me with what I supposed to be a chancroid. It had been neglected eight weeks. He had done nothing for it. It was about two weeks after he came to me when the chancroid disappeared, and with it appeared a syphilitic sore throat that soon disappeared, as I supposed, under the action of my remedy; but it was scarcely out of sight before he was troubled with syphilitic maculæ from the crown of his head to the soles of his feet. In a style that was still more prominent and marked, he took the syphilitic iritis, and I thought for about two weeks that he would certainly lose the right eye, and I was afraid of his losing both, but he came out of it with both eyes. That was followed about three or four weeks later with the most terrific neuralgic pains in the head that I ever saw in my experience. This lasted nearly three weeks. Still the maculæ were just as marked and prominent as they had been.

Dr. Bell—What about the chancre?

Dr. Hawley—The chancre disappeared about the time the sore throat did, and without any local application. Very soon after this neuralgic pain in the head commenced his hair and beard began to fall out, but as this progressed he apparently recovered a pretty comfortable degree of health and the maculæ disappeared gradually. I felt greatly impressed, and thought I was doing pretty well, considering the length of time he had been without any treatment. He got so that he resumed his business, and about the only symptom he complained of was a sense of "don't care." He did not care whether his business went on or not. He started in the morning, thinking he was going to do a day's work, and sat down and did nothing. He remained that way for more than a year. He came to me with three ulcers behind the glans, which I was disposed to regard as chancroids. They were attended with the most profuse gonorrhœal discharge that I ever saw in my life. I accused him of



a second exposure; he denied it. At this time I asked the question, which I had never asked before, how long after the first exposure was it when the chancre appeared. He was very definite and positive in his statement that it was just exactly eight days. Now, there are some who teach that secondary symptoms never follow a chancroid, but a chancroid always had the period of six or eight days' incubation.

Dr. Bell—Had he not had any infection before that?

Dr. Hawley—He said not. He was a personal friend, and I took his word where I would that of any man. He said he never had had but one connection. I learned afterward before the symptoms appeared that he had probably made a mistake.

Dr. Bell—He had probably had two.

Dr. Hawley—Yes, sir, he probably had had two at least. I meant to use that word as a noun of multitude. I went at him again, with my best endeavors, and in a very short time I had the satisfaction of seeing this profuse gonorrhœal discharge disappear. The chancroids, if they were chancroids, healed and he became fairly well again. Still he kept under my treatment, but I seldom saw him; he lived two hundred miles away from me. But for about two years and a half he was in New York—it is about seven months ago—and fell in the street with partial paralysis of the left side; he was taken up and recovered enough to be taken to the train and sent to Syracuse. His face was drawn quite a little to one side, his speech was considerably affected, and his ability to walk so much impaired that he was disposed to walk around the left leg, and he would walk in a circle; he would walk against the side affected in the space of six feet, and would come around to the place from which he started. I prescribed for him that night when he got there, arriving in the evening. The next morning I thought his paralysis very much better, so that he walked fairly well. I tried to have him stay in town, but he did not, he went away. He did not go home, but went to his mother's. Three days later he was prostrated with paraplegia, complete loss of motion and sensation in the extremities, and there he lies yet. There is one thing very remarkable about this to me, and that is, that it was neither chancre nor chancroid, according to the definition.

Dr. Ballard—I will speak of just one case which shows most decidedly the evil effect of suppression. I think the most important is to ask the question as to whether a person may show syphilis without the new secondary form.

Dr. Bell—The subject is gonorrhœa and not syphilis.

Dr. Ballard—I was going to speak of the suppression of the

discharge in which there came on melancholia and a disposition to end his life. He fought against that for a long time. For a long time he was melancholy all the time, and yet after his great fits of melancholy there came a brightness, and everything looked bright; after he passed out of one of these spells everything looked bright. His appearances all looked quite good to me. He liked to see his friends, and he seemed to be so happy; as he passed from that condition there was a settled melancholy and a disposition to end his life by shooting. I gave him a dose of Sulphur to begin with. That was before I learned the trouble and the disposition to kill himself. I did not treat that man but a little while before he came to me again with another attack, and he said he had not been exposed, and every indication was of an acute trouble, and that readily yielded to treatment. I don't know what it was. The man passed out of my hands, but would not pay his bill.

The President—That is the interesting part.

Dr. Bell—This paper is so important and valuable that I don't want to leave it, but I suppose we must. I wish very much that all of our young men could have heard the discussion this morning, and the young men outside of the Society. It is more than true that gonorrhœa can kill. Of course, as Dr. Hawley says, it is the treatment that kills. It is the treatment that we may say kills in the gonorrhœa practice, but they get the treatment, and, therefore, the gonorrhœa kills. I wish all the young men to know that the allopathic authorities say that gonorrhœa kills, not only that, but that it is more fatal than syphilis, although it seems to be so slight a disease, according to their own statement, a local disease to be suppressed, and yet they also declare, and this is by their best authorities, that gonorrhœa is more fatal in its results than syphilis. It is dangerous when stricture exists and secondary symptoms which they all recognize, and that is what I wish all young men to know and to understand. I wish they could all read and understand the best authorities. Otis, of New York, decries the use of injections. Ingram also expressly denounces the use of horrible mixtures used by the old school. He expressly lays down the doctrine which Dr. Schmitt has stated and Dr. Lippe has also mentioned. He says "your injections will cure your urethritis, but will not cure your gonorrhœa." He says so. That is the very thing we want to know. There is no doubt about it. As Dr. Nash has said, we must take plenty of time to cure them. They must be cured and not killed. We may add that it will pay to take time. Most people are capable of

receiving such instruction and profiting by it. It is worth while to take time, and you may say that it pays to know what is being done by others. They tell you, and the young man's friends tell you, that they can get cured in three days, and all this kind of thing. So they do. They will tell you all that kind of thing, and your answer must be all that you propose to do is to cure them thoroughly and radically of the results of the terrible disease.

---

## TETANUS.

DR. LORBUCHER, EISLEBEN.

(From *Die Allg. Hom. Zeitung.*)

TRANSLATED BY PROFESSOR A. MCNEIL, M. D., SAN FRANCISCO, CAL.

L. St——, twenty-seven years old, a combmaker. Thin and pale, but yet strong, so that he has borne the occasional hard work and the many kinds of hardships connected with his business, which his trade involves, until now without any bad effects. After working several hours before the fire, he stood in a draft.

After this for several days he felt a light drawing and stiffness in his arms and legs, and on the 10th of February tetanus and trismus set in. The efforts of the allopathic physician who was called in, continued for several days, were unavailing. Of course, Opium played the chief role.

I was called on the 14th of February and found the following picture of the disease: Looking paler than usual even, and dripping from sweat, he stood supported by two men between two chairs, the backs of which he held. Arms and legs were completely stiff, the head drawn backward, the jaws immovable, and standing a finger's breadth apart. After the painful undressing was accomplished I found the muscles on the shoulders and the glutei were drawn into knots as large as one's fist. The abdominal muscles were contracted to the hardness of boards, and the lumbar portion of the spinal column was deeply drawn in, the muscles of the neck stiff, hard, and somewhat painful to contact. The slightest attempt to move immediately caused violent, extremely painful, jerks through the entire body; loud talking by others and loud noises had the same effect. These jerks occurred more frequently while lying than when standing or sitting on the edge of a chair. They were so painful that he

must cry out, and he complained particularly of an extremely violent pain flying from the lumbar vertebræ into the legs and down into the toes. There could be no sleep under these conditions. Pulse, respiration, and temperature were normal. Some appetite, and as the jaws were not approximated it could be gratified by fluids. However, he must swallow only small quantities at a time, otherwise the above-mentioned jerks occurred readily. Stool retarded, urine normal. The senses were unclouded, head only slightly dull.

The combination of clonic and tonic spasms caused me to pronounce the diagnosis of this unfavorable disease still more serious. The only favorable indication was the open jaws, by which we could avert starvation.

After careful consideration of all the points of the case and comparison of the symptoms, I selected *Nux vom.* and *Stramon.* to conquer the disease, the former corresponding more to the tonic spasms, the latter to the clonic ones and the concomitants. I first administered *Nux vom.*<sup>5</sup> every two hours, three or four drops. As after two days of this not the least improvement was visible, and, on the contrary, an increase of the clonic spasms was unmistakable, I gave *Stramon.*<sup>5</sup> every two hours, two drops. When two days of this treatment also availed not, and after a recomparison of the symptoms with the *Materia Medica* always confirmed my selection of the remedies, I concluded that I had not given the right potency. I resolved to test the high potency, and gave *Nux vom.*<sup>∞</sup> (*Jenichen*), a dose every four hours. I did not need to wait long for the result. On the third day there was a considerable decrease of the rigidity, first in the neck and then in the lower part of the spinal column, and at last in the jaw. After I had thus used *Nux vom.*<sup>∞</sup> six or eight days, a decided improvement of the tonic symptoms was unmistakable, but the clonic remained in the same intensity and disturbed the patient, particularly during sleep. So I tried *Stramonium*, but, made wiser by experience, I gave the thirtieth, not having at my command then any higher. And again I experienced a favorable effect. After thirty-six hours the violent jerks were less painful, and he could lie down, and had, after three weeks' deprivation, enjoyed for the first time the beneficial effects of several hours' sleep. By giving alternately (as indicated, first one, then the other) *Nux v.*<sup>∞</sup> and *Stramon.*<sup>30</sup> at longer intervals all the spasmodic phenomena gradually disappeared, except a violent starting, which always occurred when any one gave the patient his hand or touched him unexpectedly, or if an unusual sound affected his

auditory nerves. On studying the *Materia Medica* I found, besides many other symptoms relating decidedly to tetanus and trismus, these also under *Angusturia spuria*, and immediately gave it in the twelfth, three drops, three times a day. The result was not long in coming. After using it six or eight days the last remnant of the disease had gone.

The entire cure took from February 14th to March 20th. In April he began to work, and still rejoices in good health, so that he can bear all the exertions and hardships of his occupation without any bad effects. The allopathic colleague, notwithstanding my repeated invitations, did not come to see the patient, although it offered the best opportunity for him to observe the efficacy of the infinitesimal doses.

---

## A CYCLOPÆDIA OF DRUG PATHOGENESY.\*

“*Heu prisca fides.*”

GEORGE A. TABER, M. D., RICHMOND, VA.

In the fifth American edition of the *Organon*, page 120, § 106, we read: “The entire range of disease-producing power of each drug must be known, that is, all morbid symptoms and changes of the state of health which each drug is capable of producing by itself in healthy persons should have been observed in its fullest extent, before we may hope to find and to select from among the medicines thus investigated the truly homœopathic remedies for most natural diseases.”

The compilation of this *Cyclopædia of Drug Pathogenesis* is taking place under instructions adopted jointly by the American Institute of Homœopathy and the British Homœopathic Society. The second ruling of these instructions provides that the compilers “give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows.” I can see no conflict in the requirements of the Master and the demands of his representatives, for the paragraph from the *Organon* above cited and the second ruling of the Societies named are in strict accord. Does this *Cyclopædia of Drug Pathogenesis* meet these requirements? The reader, with the foregoing demands constantly in mind as a guide, may be an impartial judge by noting the following comparison, from the original day-book of G. A. Taber, in his third

---

\* Edited by Richard Hughes, M. D., and J. P. Dake, M. D.

proving of Picric acid, and the purported record of the same in the *Cyclopædia of Drug Pathogenesis*.

## PICRIC ACID.

Third proving by G. A. Taber, from his original *day-book*.\*

For two days he took ten grain doses of the 3x and 2x trits. On the third day took two ten grain doses of the 2x, and four doses, same size, of the 1x trits., from the fourth day to the end increasing doses of the 1x trit.

## SECOND DAY.

A shooting pain from right eyeball to right side of occiput, lasting but a few seconds (ten minutes after taking fourth dose for the day).

## THIRD DAY.

Dull pain in right lower occipital region, beginning at quarter after eleven A. M. and lasting till half-past twelve P. M. The pain came on gradually and as gradually subsided.

## FOURTH DAY.

A dull pain in cardiac region of stomach while eating breakfast at seven A. M.

Pain in right lower occipital region at eight A. M., lasting about an hour, and at the same time a sensation as of a band pressing † along the right parietal eminence.

## FIFTH DAY.

At quarter after nine A. M. dull pain in right lower occipital region, which comes and goes at short intervals.

Four or five times during the afternoon a dull pain would come in calf of right leg, occupying a space about the size of a silver half dollar. It would last but a few seconds, then an interval of relief followed by a return of the pain.

## PICRIC ACID.

Third proving by G. A. Taber as recorded in *Cyclopædia of Drug Pathogenesis*.

For third day took 3x and 2x trits. From fourth to tenth day increasing doses of 1x.

## SECOND DAY.

## THIRD DAY.

On third day occipital pain recurred (for one and three-fourth hours), and again on fourth day (for one hour).

## FOURTH DAY.

On this day dull pain at cardiac orifice of stomach while breakfasting.

## FIFTH DAY.

On fifth occipital pain came and went all day; in morning more frequent micturition than usual. At one P. M. prostrate feeling after short walk.

\* The wording of symptoms will be as in Allen unless otherwise stated.

† In Allen this is wrongly printed passing.

## FIFTH DAY—CONTINUED.

At one P. M. a prostrate feeling came over me while walking a short distance, which was quite unnatural to me.

Frequent micturition this afternoon.\*

## SIXTH DAY.

At quarter of eight A. M. pain in calf of right leg at short intervals; the spot feels a little sore on hard pressure. During the morning more frequent micturition than usual.

Prostration on slight exertion.

## SEVENTH DAY.

Eyes to-day markedly yellow, being stained by the acid.

## EIGHTH DAY.

Slight nausea for an hour or two after taking the drug.

Prostration of mind after writing for a time.

At one P. M. pain in lower right occipital region, coming on at intervals since eleven A. M.

## NINTH DAY.

A dull pain began in right lower occipital region at eight A. M. and continued two hours.

## TENTH DAY.

No symptoms recorded on this day, and not again until the eighteenth day.

## EIGHTEENTH DAY.

† Dull pressing pain in right suboccipital region, beginning about four P. M. and lasting until ten P. M.

In commenting upon the foregoing comparison let us begin at the record of doses, an unimportant item perhaps. However, the *Cyclopædia* is in error even in this matter.

\* Allen wrongly gives this as occurring in the morning, corresponding with a similar symptom on the sixth day.

† This is given in Allen as a part of symptom 94.

## FIFTH DAY—CONTINUED.

## SIXTH DAY.

On sixth day same symptoms without headache; also (and on fifth day as well) frequent dull pain on small spot in right calf, which at length became tender.

## SEVENTH DAY.

On seventh day yellowness of eyes.

## EIGHTH DAY.

On the eighth day prostration of mind after writing a while; occipital pain; slight nausea for one or two hours after taking drug.

## NINTH AND TENTH DAYS.

On ninth and tenth days occipital pains.

## EIGHTEENTH DAY.

On the second day may be noted on the part of the *Cyclopædia* "condensation" very much at the expense of "completeness." On the third day in the *Cyclopædia* record we have in the first place an error of thirty minutes, and, second, a symptom recorded that occurred on the fourth day; this much at the expense of "stating the symptoms in the order of their occurrence."

As the record of the *Cyclopædia* runs, on the fourth day please note how much more definite and precise the cardiac pain is located than the prover dared to express; and also on this day no mention is made of the peculiar occipital pain the prover records; "condensing" again at the expense of "completeness."

As we enter upon the *Cyclopædic* record for the fifth day, the reader, as the writer, will soon find "confusion worse confounded." Shades of Tom Paine, of Voltaire, and of Bob Ingersoll when he dies, what transcribing! a symptom that the prover records at fifteen minutes past nine in the morning, the *Cyclopædia* makes occur all day, and the frequent afternoon micturition of the prover's record is a *Cyclopædic* morning symptom. The prover's further record of this day says—a prostrate feeling came over me *while*\* walking: "stating the symptoms in the order of their occurrence," and "condensation as completeness allows," in their violation offer no comparison on this *Cyclopædic* day to its record of "prostrate feeling *after*\* short walk."

On the sixth and eighth days the *Cyclopædia* again violates the record in the order of the occurrence of symptoms; and on the tenth day gives occipital pains, while the original day-book records no symptoms whatever on this day. Please notice, we omitted to speak of the seventh and ninth days; they are so nearly correct we wished to give the *Cyclopædia* credit for giving two days' record from a total of ten almost right.

Fellow class-mates of '77, from the University of Michigan, Homœopathic Department, is this the *Cyclopædia of Drug Pathogenesis* our teacher in materia medica longed for? Do we realize in this his description of what we, as students of materia medica, needed? Do we find in it "a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows"?

Garmon, they have changed your J. to S.,  
And Adams' E. to G.,  
And all our symptoms are in a mess  
From A way down to Z.

---

\* The italics ours.



## CLINICAL CASES.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

*Ulcerated Throat.*—Lady, thirty-four years old, mother of two children. Face marks much sickness, though flushed. Letter states: "I have always been troubled most with left side of my throat, but at present it is the right. A small lump will come and then enlarge until it reaches the tonsil. Then ulcers will come and fill both sides. The roof becomes very red, and there is dryness and choking. Dry choking compels coughing; difficult swallowing." I further learned that this sore throat with ulceration has been coming just before menstruating for several years. It commences on one side and goes to the other. There has always been great swelling of the outside, sometimes the whole neck. The ulcers do not disappear until after the flow ceases; then a gradual subsiding; scarcely more than ten days of freedom from suffering. Leucorrhœal discharge, white mucus before menses. She got Mag. carb.<sup>45m</sup> (Fincke), one dose, at the close of menstrual *nisus*. She has never had a recurrence of the trouble nor any sickness in its place. She has remained free now over two years.

*Pulsatilla.*—Mrs. P., aged forty-two, has been a most miserable sufferer for several years, trying to have comfort through allopathy. Symptoms: Pain in the heels like the pricking of tacks or nails; hot flushes, followed by chilliness; menstrual flow black and clotted; puts feet out of bed to cool them, they burn so; she must put her shoes on before she can walk, "heels ache so;" vertigo mostly before menses; she has been deaf since childhood, from scarlet-fever; constipation, character not ascertained; open air is grateful, craves open air; warm room is oppressive, she suffocates and must go out into the air; church is oppressive; watery discharge from eyes and nose; purplish appearance of the skin of the heel; sprained feeling in the ankles, weak ankles.

May 23d.—Puls.<sup>51m</sup> (F.), one dose, and plenty of Sac. lac.

June 30th.—Puls.<sup>em</sup> (F.) and Sac. lac. She needed no medicine until April 13th, the next year, when she consulted me with the following symptoms: Rattling cough; loses her urine when coughing; feels stopped up in a warm room; menses every two weeks, profuse, dark, offensive; urine offensive, strong;

sharp pains in rectum; toe joints very sore; hot flushes; limbs tire easily when walking. Puls.<sup>cm</sup> one dose.

April 26th.—Felt so much heat in vulva that she was compelled to apply a cold cloth; no appetite; sleepless; burning heat all over body; throws covers all off the bed; "I feel no two days alike," "I am so fidgety." She got more Sac. lac.

May 3d.—Says she is well; plenty of Sac. lac. June 20th.—Loses her urine when coughing. July 10th.—The same symptom continues to bother her. Puls.<sup>cm</sup> (F.) finished the cure and she remains well.

### G. W. SHERBINO, M. D., ABILENE, TEXAS.

*Neuralgia.*—Old lady who has had neuralgia for several years, and my success with her case was anything but flattering. I have not given her any medicine for a year. The symptoms were pain now in the left side, and then in the left shoulder; then leaves and goes to her head; from thence down her spine, and she was never easy. Came into office. (While she was relating to me her symptoms, *she was blowing her breath on her hands all the time.*)

I asked her what she was doing that for, and she said, "Because they burn so, and my feet are as hot as fire at night;" Lac. can., one dose, S. L. to follow. Came back in a few days saying that the last medicine had done her more good than all I had ever given her. When the symptoms came back another dose was given with the same happy results, and I think it will make a permanent cure in this almost hopeless case.

*Ovarian Neuralgia.*—CASE I.—Miss — has had hæmorrhoids for past year, and pain in the right ovarian region. The pain changes from the piles to this sore place in the side, then from the ovary back to the hæmorrhoids again. Restless at night, slept but very little. Burning in the right ovary. (Hands and feet abnormally hot and burn so at night.) "Doctor, I want to lie with my knees to my chin. I cannot get any relief in any other position." Lac. can. cured her and another friend who had the same peculiar position with the knees drawn up to the chin.

CASE II.—Mrs. —, visiting friends, was taken in the afternoon with bearing down in the uterus and left ovary. *Could not stand on her feet without holding up the abdomen.* Very distressing pain shooting at times down into the thigh. Pain came in paroxysms. She took to bed, lying on left side, with left limb somewhat flexed.

Two months after confinement she was taken with this same neuralgia, for which she received a hypodermic of Morphine. On the dorsal surface of the wrist an abscess formed, which did not heal for two months, leaving a scar that will last a lifetime.

"She got one dose dry," after which there was an aggravation. They came to tell me I would have to give Morphine. I sent more "S. L.," and she soon was relieved.

CASE III.—Mrs. —, aged twenty-seven, mother of six children, has had poor health since her last confinement two years ago.

She is subject to spells of pain in the left ovary, and always got a "hypnotic" from a regular.

I was sent for late in the afternoon, but was away from home. I saw the case at nine P.M. She had bearing, forcing down pain, like the early stage of labor. *Pain starts in the left ovarian region. Shoots\* down into the upper part of thigh. At the same time the pain shoots up the left side near the chest, strikes across the stomach, and makes her sick. Aggravation from motion (Bry. alb., Baptis.) and many others. Pain came quick, and when leaving went quick. When pain came she would throw her head back and bend her body backward (Diosc.). Sensitive to jar. (Lili. tig., Lac. can.)*

She was relieved by pressing down upon the abdomen with her hands during a pain.

Gave one dose, followed by S. L., every ten minutes. In half an hour "no better, no worse." I believe it was right. Gave one more dose. In half an hour more pain left as sudden as it came, to return no more. Next morning she was able to do her housework. But after a hypnotic she generally kept her bed for a week.

---

## OLEUM ANIMALE.

### OLEUM CORNU CERVI (DIPPEL'S OIL).

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

*Mind.*—Sad thoughts force themselves on him and make him very ill-humored.

Morose, fretful.

Dreamy state, thoughts vanish.

---

\* This pain is clinical.

† Read before the Hahnemannian Society of Rochester.

Sudden loss of consciousness ; this lasted only a moment at one P. M.

*Sensorium*.—Vertigo and dizziness in stooping *in the open air*.

*Head*.—*Sticking*, tearing, burning, PRESSING headaches, RELIEVED BY RUBBING.

Worse from slight mental exertion (forehead), AFTER and during dinner, in open air ; and at seven P. M., during menstruation.

Fine itch like an electric spark in the left frontal eminence at seven P. M.

Fine drawing with a cold sensation in the left temporal region.

Left side of the head seems numb and paralyzed.

On going into the house it seemed as if the blood suddenly rushed into the occiput.

Pressure in left side of the occiput obliges him to hold the head forward, lasting from an hour after dinner till six P. M.

*Outer head*.—Tension of the occipital muscles.

Tearing in three different places on the scalp at the same time ; afterward a tension with a feeling of soreness, as if the skin had been cut and reunited.

Itching here and there on the scalp ; relieved by scratching.

*Eyes*.—Twitching in left eyebrow, lasting half an hour, followed by a sensation as if the skin were hanging down and preventing vision, at six P. M.

Twitching of left upper lid.

Eye symptoms are relieved by RUBBING.

Worse while eating and after dinner ; in open air ; in the afternoon and evening (writing).

Fine biting, with stitches like electric sparks in both eyes.

Agglutination of eyelids.

(Lachrymation during eating [dinner].—Berridge.)

Shortsightedness.

A fog before the eyes, and a sensation as if many small, glistening bodies were moving back and forth before the vision at two P. M., while writing.

*Ears*.—Burning in left ear, extending from within outward, lasting a quarter of an hour, at half-past five P. M.

Tearing in front of the ears.

Heat coming out of right ear.

Itching in ears ; relieved by rubbing.

Tones reach the ear as though a great noise.

Loud noises increase the roaring in the ears.

Cracking, singing, and ringing in left ear.

Relief of symptoms from rubbing appear at two, half-past two, half-past five, a quarter of six, and five P. M., and eight P. M.

*Nose.*—Nasal mucus rapidly becomes thick and profuse, and causes tension and pain in the nose.

Stoppage of nose.

Sneezing, with sore or violent bursting pain in the chest.

Tickling in nose, mostly left side; relieved by rubbing.

Great irritation to sneeze in right nostril.

Sensation of prickling as from acrid vapor in the upper part of the nose.

It seems as though he had an offensive breath.

Symptom at two or half-past two P. M., an hour after dinner (?) and at seven P. M.

*Face.*—Color of the face pale, almost earthy, all the afternoon.

Tensive spasmodic drawing in the face.

Paralytic sensation in either half of the face.

Redness of cheeks, without internal or external sensation of heat, even with a cold skin.

Crawling.

Burning, especially about the chin, every morning, followed by desquamation.

A sensation in both malar bones as if one pulled them forcibly upward.

Lips cracked.

Twitching in both lips, so that he woke during morning nap.

Swelling beneath the right lower jaw, so great that the skin was tense; a drawing with pain extending to the ear.

Violent cracking in left articulation of jaw; always on opening the mouth.

Cramp in the lower jaw at half-past six A. M.

Symptoms relieved from rubbing.

*Mouth and Teeth.*—Drawing, tearing stitches in teeth; removed by pressure after dinner.

Jerking and tearing in the root of a right lower hollow tooth, frequently throbbing like an ulcer from afternoon till evening, though frequently intermitting with a sensation of icy coldness coming out of the tips of the teeth.

*Tongue.*—Biting on the tongue posteriorly, as from tobacco.

Sour, fatty taste.

Profuse accumulation of saliva, as white as snow.

Pricking on the palate posteriorly, lasting a long time, at two P. M.

*Throat.*—Rawsness, burning, dryness of throat.

Burning on right side of throat.

Rawsness in a long streak in the throat that provokes a short cough (cough causes crawling on left side).

Almost constant dryness of the throat, especially noticed on empty swallowing; this is relieved for a long time by eating.

Dryness in the morning with a sensation as if cold air penetrated, which she was constantly obliged to swallow; swallowing was very difficult, though food and drink passed very easily.

Sensation of an acrid vapor in the throat.

Burning in pharynx as from alcoholic drinks or as from pepper, extending gradually to the stomach.

When lying on the back with the head inclined forward upon the chest there is a sensation as if something compressed the larynx, almost stopping the breath, and only disappearing on changing the position.

Sensation in the throat on empty swallowing as if a foreign substance were hanging down; it seems as if it could be raised by hawking, with ineffectual attempts for a long time till it provoked vomiting, when two pieces of a thick brown glutinous substance, as large as hazelnuts, were forcibly ejected, after which the dryness on swallowing disappeared for a short time at eight A. M.

*Appetite and thirst.*—Wants only bread.

Desire for soft eggs, potatoes, and soup.

*Aversion to meat.*—Thirst in the evening.

*Hiccough, nausea, and vomiting.*—Violent hiccough, nine P. M.

Eruclatations tasting of the drug or urine.

Empty eruclatations during dinner.

Nausea during or after dinner; better after coffee.

Nausea and pressure upon the chest; sensation as if one had swallowed too big a morsel, and rising of gases toward the throat, almost as in heartburn.

Nausea, with constrictive pains in intestines extending to the stomach, with dry cough and stitches beneath the sternum.

Sudden inclinations to vomit, the stomach seems to turn over; after eruclatations twice it disappears.

*Stomach.*—Burning, distention, coldness, emptiness, twisting, pressure in stomach, distention in stomach and abdomen, with frequent eruclatations and emissions of flatus.

Sensitiveness to pressure.

Rumbling followed by eruclatations.

Pressure in stomach and œsophagus relieved by eruclatations,

followed by offensive exhalations, at times with, at times without, eructations—relieved by pressure—after drinking fresh water; *worse in open air*.

*Painful stitches* in epigastrium three or four times with rising of warmth and disappearance of the coldness.

*Some dull stitches* in succession in *left side* of epigastrium, and immediately afterward under the *left mamma*.

Bruised sensation in left side of stomach, with pain on pressure, *disappearing on rubbing*, a quarter of an hour *after eating*.

Sensation as if the stomach were filled full of water up to the throat.

Heat as if fire were in the stomach, extending into the pectoral region.

Feeling of coldness in the stomach, as if ice were lying in it.

Acute fasting sensation in stomach.

Stomach and abdomen seem eviscerated in the morning.

*Hypochondria*.—Pain as if ulcerated in *right* hypochon.; on ceasing there, is extended *to the left side*.

*Sticking*, pressive pain in region of liver and spleen.

*Dull stitches* in hepatic region, *on walking in the open air*.

*Abdomen*.—Flatulency with cutting and griping, relieved by passage of flatus.

Offensive flatus. Rumbling and movements in the abdomen. Symptoms *worse after supper*—after warm food and drink.

Movements in the abdomen extending below left breast, almost like a bubbling, as if diarrhœa would occur, half an hour after dinner.

Awakened by cutting pains in the whole abdomen at four A. M., followed by a liquid stool without relief; she had two stools within ten minutes, after which the pains were relieved.

A sudden *fine* cutting pain around abdomen about the umbilicus, as if a sabre were drawn from the left to the right side.

Painful stitch (piercing) deep in the left side of abdomen opposite to the navel, extending like lightning to the right side and making her start at two P. M.

Hot risings from the abdomen into the chest.

Bowels are painful, as if beaten, after stool, at seven A. M.

Painfulness of intestines, as after long constipation, on every motion of the trunk, with great distention of abdomen.

Burrowing and cutting in hypogastrium (by eating and drinking, walking, standing), by sitting.

Acute drawing from the inguinal region into the testicle of the same side, in the left and right side alternately (*Raue's Record*, 1870, page 241).

*Rectum and Anus.*—Burning and stitches in rectum.

Stitches in Anus.—pressing in anus after stool.

Itching in anus from scratching.

*Stool.*—Diarrhœa in the evening, preceded and followed by cutting in abdomen; after the stool burning like fire in the anus.

Constipation, stool evacuated with great efforts, sometimes ineffectual desire to stool.

*Urinary Organs.*—Pressure upon the bladder; burning of urethra during micturition; itching in the urethra; frequent micturition in afternoon, though but little at a time; urine pale, urine greenish, urine becomes turbid over night, like muddy water, and deposits a clay sediment, urine deposits a thin cloud.

*Sexual Organs; male.*

Acute drawing in upper portion of penis in the evening.

Sticking cutting pain in the penis.

Burning stitches in root of penis at three P. M.

Itching on the penis, close to the scrotum, at two P. M.

Testicles are swollen and painful to touch alternately.

Swelling and painfulness of right testicle.

Drawing pain in left testicle.

Testicles retracted, painful.

As soon as he falls asleep again, in the morning, he has erections and emissions in the morning.

*Female.*

Thin, white leucorrhœa.

Before menses, cutting in abdomen and small of the back.

Menses too early, with diarrhœa and weakness of hands and feet, followed by headache like a sticking in left side of head and vertex from seven P. M. until morning, ceasing after rising.

*Respiratory Organs.*—Spasmodic constriction in the trachea, after disturbing sleep, at night. (*See Raue's Record*, 1870, page 157.)

Dry, hacking cough, expectoration after breakfast and dinner, at two P. M.

A frequent sensation as if caused by acrid smoke.

*Chest.*—Violent pressure in the upper part of the chest, extending to between the shoulder-blades, at two P. M.

Oppression of the chest, on ascending a height, on account of great distention of the abdomen; greatly relieved by the emission of flatus, three P. M.



Anxiety in the chest, with frequent shivering, all the forenoon.

Bubbling as from a liquid or as from a spasm, extending from the middle of the chest to the stomach.

Sticking pains beneath the left ribs, aggravated by stretching up the body.

A violent stitch in the upper part of the right side, near the sternum, as from a glowing hot needle; the breast continued to burn for a long time, at two P. M.

A stitch in the right clavicle.

A fine stitch in the middle of the left clavicle, followed by a swinging sensation.

Some dull stitches beneath left mamma that disappear on rubbing, but return; at the same time fine tearing in the right ring and middle fingers.

A pain, almost like a sticking, beneath and behind left mamma; rubbing, followed by warmth over the whole body.

*Heart and Pulse.*—Pressure and bruised feeling.

Pulse small or full and slow, fifty-five to sixty-five beats.

*Neck and Back.*—Hard pressure with stiffness of the neck; must bend head forward; in afternoon.

Cracking in the joints of the nape on raising the head (Natr. c., Nitr. ac., Stan., Sulph., Thuj., Aloes at eight A. M., Nux vomica).

Tearing in right side of neck, extending to right malar bone, and in two right upper molars.

Sensation as if a warm breath extended up the nape, with an agreeable feeling.

Drawing and stiffness in right cervical muscles, not aggravated by motion but by touch.

Sudden sticking in the region of the right lower false ribs by the spine; the place is also sensitive to pressure (Sep.).

A sharp stitch between the shoulders, more to the left and repeated in bending the arm backward to point out the spot, *worse after dinner*.

Burning on the upper margin of the left scapula from rubbing; stitches in left scapula; pain in small of back; as if sprained, when stooping; while sitting.

*Extremities.*—Paralyzed sensation in left arm and left leg.

Tearing, drawing pain in the knees, left shoulder, upper arm, and left side of chest.

*Upper Extremities.*—Powerlessness of both arms as far as the fingers, with tearing, drawing pains.

Rheumatic pains alternately in the scapulæ, shoulders,

cervical and pectoral muscles, but worse in the right cervical muscles and right scapula ; several days.

Rheumatic pains in the shoulders, muscles of the shoulders, and nape of the neck, in the morning in bed, disappearing after motion.

Tearing in the anterior surface of the right upper arm, with yawning.

Tearing in the outer or inner condyle.

Violent, painful tearing extending from the bend of the elbow to the wrist, along the outer side toward the little finger, in which the pain is most severe ; *on rubbing the pain is relieved* everywhere, except in the joints.

Slight tearing extending from the inner surface of the middle of the forearm to the middle of the wrist, *disappearing on rubbing*.

Burning on the outer surface of the right forearm, disappearing on rubbing, at one P. M.

A pinching transversely across the back of the left hand, on allowing the hand to hang down in the evening while walking.

Tearing in all the fingers toward the back of the hand ; *on washing the hand in cold water* it disappears after drying them ; numbness in different fingers.

Ulcerative pain in the right little finger under both sides of nail, both by itself and especially when pressed upon, in the morning waking, lasting all day, with pressive headache that disappears on rising and walking about.

Tearing, fine tearing, burning, bruised pains in upper extremities, worse after dinner and in open air ; better from rubbing, jerking. Jerking, tearing, and fine and sharp stitches in the fingers ; pains going downward.

*Inferior Extremities.*—Drawing pain in the right leg, by talking or motion ; tearing in the hips.

Acute drawing in the left trochanter.

Dull stitches in the left natis at half-past three P. M.

Soreness as if denuded in the bend of the knee.

Tension in the hollow of left knee as if the tendons were too short.

Tearing in the right knee, with ulcerative pain ; *on rubbing* the tearing at first disappears and afterward the pain.

Spasmodic drawing from the hollow of the knee to the back of the foot.

Pain, like a growing-pain, below both knees, frequently repeated during the day, especially in the morning.

Tearing in the whole left leg, from the knee, where the pain is most severe, downward, so that the whole left leg trembles.

Sensation as if the blood pressed forcibly into the lower portion of the left foot, especially into the great toe, at half-past six P. M.

Pains, like an ulcer, in the left great toe, especially by the nail, on pressure, with itching of the nail.

Tearing, drawing, heaviness, stiffness, and weariness in lower extremities.

Trembling of lower extremities, or only of his feet, while standing, better when sitting.

Left side seems to be more affected.

Symptoms appear after dinner and P. M.

Pains going downward. Relief from rubbing not so pronounced.

*Generalities.*—Exhaustion, weakness, and indolence, and discomfort especially after dinner.

Perspiration, saliva, urine, and fæces smell of the drug.

*Skin.*—A pimple here and there in the face and in the bend of right elbow.

Two blisters beneath the skin of the occiput, with a sore pain, aggravated by touch.

Itching almost in every part of the skin of the whole body, relieved by scratching.

Formication, extending from the knee over the whole leg, even to the toes, as if the leg would fall asleep, relieved by rubbing.

Violent formication on the left leg, on sitting down after standing, with a sensation of great weakness.

Itching noticed in the afternoon and evening like all the other symptoms.

*Sleep.*—Yawning and stretching, with sleepiness, disappearing in the open air.

Great sleepiness after dinner, disappearing in the open air.

Could fall asleep at his work, and very sleepy at four P. M.

Restless sleep; falls asleep late and wakes early.

Slightest noise disturbs sleep.

Extremely pleasant dreams of a beautiful region.

Dream of dead persons; dream of murders.

*Fever, Chilliness.*—Shaking chill with goose flesh from half-past seven to nine P. M. before lying down, not in bed, preceded by thirst.

Chilliness, with cold hands, head, and redness of face.

Chilliness in the whole left lower extremity.

Shivering on entering a warm room, even near the hot stove.

Shivering over the scalp, extending from vertex to the chest.

Coldness of the hands, followed by warmth and crawling in the palms.

Coldness of whole left lower extremity.

Coldness of feet, especially of the right one.

Icy-cold sensation in different toes.

*Heat.*—Sensation of heat over the whole body, without external heat, at six P. M.

Sudden heat in the head, with perspiration on the top of head, on the forehead and hands, at half-past six P. M.

Heat in head, with a sensation as if warm vapor rose into it, without external heat.

Prickling heat in face.

Transient sensation of heat frequently in various parts of the body, the ear, arm, leg, with chilliness of the body.

Warmth of the whole body, that commences in the abdomen, with anxiety and perspiration in the region of the stomach and chest, after eating soup, lasting ten minutes.

Flashes of heat, with perspiration on the head, chin, hands, soon followed by a sensation as if cold air were blowing on the head, at half-past one P. M.

Perspiration in the morning in bed, with a good condition of body and mind ; perspires easily while eating.

Sweat, without heat on the hands, from time to time, at four P. M.

*Character of Pains Predominant.*—Fine stitches, fine drawings we find under : Head, eyes, stomach, liver, abdomen, rectum and anus, chest (inner and outer), upper extremities.

*Fine stitches like electric sparks.*—Left frontal eminence and in eyes.

*Left side more affected under :* Head, eyes, ears, stomach, extremities, chilliness (whole left leg).

*Pains going from left to right :* Abdomen.

*Pains going from right to left :* Hypochondr., head.

*Pains going downward :* Upper and lower extremities.

*Cold sensations :* Left temporal region, in tips of teeth, in different toes, in throat, in stomach.

*Prickling as from acrid vapor :* Nose, throat, respiratory organs.

*Numb, paralyzed :* Left side of forehead, left arm, left leg.

*Aggravations.*—Almost all the symptoms appear in the afternoon, at two P. M. and up to nine P. M.

*After dinner*: Headache, eyes, ears, teeth, nausea, stomach, abdomen, cough, back, upper and lower extremities, exhaustion, sleepiness.

*During dinner*: Head, eyes, eructations, nausea, perspiration.

*Open air*: Vertigo, head, eyes, stomach, liver, upper extremities.

*Breakfast*.—Cough.

*Entering house*.—Rush of blood to occiput.

*Stooping*.—Vertigo. Back.

*After supper*.—Abdomen.

*Talking*.—Pain in right leg.

*Washing hands in cold water*.—Tearing of fingers.

*Writing*.—Eyes.

*Yawning*.—Right upper arm.

*Amelioration*.—*Rubbing*.—Headache, scalp, eyes, ear, face, stomach, anus, chest, back, upper extremities; less lower extremities; skin. *Coffee*.—Nausea. *Open air*.—Yawning, stretching, and sleepiness.

## I. H. A. AND WORK.

EDITORS H. P.:—I have just received the July number of your journal, and find in it a hint which I wish to emphasize, viz.: that the chairmen of the bureaus of the I. H. A. organize their working forces now, and that they all begin at once on their work for the Niagara meeting.\* They can never do this work so well as while under the inspiration carried away from Long Branch. It is work, and work only, by which the I. H. A. is to live and grow into the power which is prophesied of it by the experiences of its sessions of '86 and '87. It must not only be work, but it must each year bring to its gatherings better work than was found in them the year before. There is no alternative. It must do this or the Association must dwindle into incurable marasmus.

Now the year is none too long for this indispensable work; nor can it be entered on too soon, nor prosecuted with too great enthusiasm. Let those who thus early enter on this duty go over their work again and again during the year until they are models of lucidity, terseness, and logic. A year is not too much time in which to elaborate and perfect such work as the members of our bureaus should bring to the enlightenment and en-

\* We will gladly publish the bureaux lists at once, and any further notices that the officers may desire to publish.—Eds. H. P.

largement of the knowledge of those who will gather at Niagara to receive their contributions.

Chairmen and members should feel assured now that that meeting is to be no place for the reception of commonplaces, therefore they should begin *now*, and not cease to work till the pabulum is elaborated which can alone assure life, health, and strength to the I. H. A.

P. P. WELLS.

---

## NOTES AND NOTICES.

**A GOLDEN RULE.**—"Study, learn, prescribe. If the low dilutions fail you, *don't be afraid to go up.*"—*Eggert.*

**FREQUENT REPETITION NOT ADVANTAGEOUS.**—The careful homœopathic physician will not venture to repeat a dose of the same remedy, at short intervals, because no advantage is derived from this practice, but more frequently, as is attested by accurate observation, it is a source of certain injury.—*Hahnemann.*

**STILL WAITING.**—Two human skeletons, in sitting posture, have been found imbedded in solid rock in Arizona. It is supposed that they were a couple of prehistoric Internationalists who sat down to relate their wonderful cures to each other, and became so much interested that they didn't notice that it was growing late.—*Med. Era.* Not so; they were two Institute men sitting out in the cold waiting for "recognition."

**THE FLY: THE GREAT DISINFECTANT!**—The particular office of flies appears to be the consumption of those dead minute animals whose decaying myriads would otherwise poison the air. It was a remark of Linnæus that three flies would consume a dead horse sooner than a lion could. He, of course, included the families of the three flies. A single fly, the *Naturalist* tells us, will sometimes produce twenty thousand larvæ, each of which, in a few days, may be the parent of another twenty thousand, and thus the descendants of these flies would soon devour an animal much larger than a horse.—*Scientific American.*

**BRIEF BUT ATTRACTIVE.**—In the announcement of one of the "truly homœopathic" colleges our land is blessed with, we read: "During the opening week of the session attractive evening lectures on the Institutes of Homœopathy will be delivered by distinguished members of the profession."—One week given to Homœopathy, twenty-one to eclecticism!!

**OVER-DOSING.**—The smallest homœopathic dose, when properly selected and applied, effects wonders. It not unfrequently occurs that patients are overwhelmed, by incompetent homœopaths, with rapid succession of remedies, which, though well selected, and of the high potency, yet produce a state of such excessive irritability that the life of the patient is placed in jeopardy, and another dose, however mild, may prove fatal.—*Hahnemann.*

**THE Southern Journal of Homœopathy**, under the editorship of brother Fisher, continues to be one of our most interesting exchanges. We hope it may meet with the greatest success in its endeavor of introducing Homœopathy into the Southern States. In a recent issue we read two interesting papers by Drs. J. G. Gundlach and J. R. Mackenzie.

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. VII.

SEPTEMBER, 1887.

No. 9.

---

## EDITORIAL NOTES.

**DISINFECTANTS IN HOMŒOPATHIC PRACTICE.**—In its broadest sense the term disinfectant is used to designate measures or chemicals used to deodorize bad smells and to *prevent* spread of disease. In their antiseptic features disinfectants are valuable; as deodorizers they are useless and interfere with homœopathic prescribing. Used to prevent the spread of cholera, typhoid fever, etc.; used to promote cleanliness and thereby to remove the causes of disease, disinfectants are invaluable, though it must be frankly stated that as antiseptics disinfectants are often found unreliable.

As deodorizers these measures have little or no place in homœopathic practice. This may seem a very bold and startling statement, but it is true. The color, the odor and appearance, etc., of a patient's discharges are to be taken into consideration in selecting the remedy. They are as much symptoms of the patient as are his aches and pains; if these be masked or changed by use of deodorizers *before* the physician has noted these peculiarities, then he has lost an important guide for the choice of his remedy. We do not mean to assert that these discharges, etc., must be kept in the sick-room, or in any place where they can do harm; but we do mean to say that the patient's discharges are important in their color, odors, etc., and these should not be destroyed until the attending physician has examined them. It is also a fashion among some to cleanse ulcers, etc., with "mild disinfectants," which, of course, must change their appearance and do harm.

In the pathogeneses of our drugs we have given the odor of

the stools, of the perspiration, etc. These are useful symptoms, and, moreover, these medicines will not only cure the patient, but they will remove the offensive odors, and do it promptly. Many of our remedies are first-class deodorizers.

A GRAND OPPORTUNITY.—Homœopathy claims to be *the* science of therapeutics. So wrote Carroll Dunham, and in proof of this claim he clearly demonstrated that Homœopathy, and Homœopathy only of all medical theories, fulfilled the two great conditions of a science. These two conditions or tests of a science Dunham declared were—(1) “A capability of infinite progress in each of its elements without detriment to its integrity;” (2) that “it must furnish means of *prevision*.” Homœopathy only fulfilled these tests, said Dr. Dunham. Another witness, Dr. Constantine Hering, was certainly the peer of any physician of the century—a man of the greatest ability combined with fullest medical knowledge, ripened by the practical experience of a half century, and Dr. Hering believed Homœopathy was *the* science of therapeutics. Samuel Hahnemann declared Homœopathy to be the *one* method of cure; Hering and Dunham have borne witness to the truth of Hahnemann’s declaration. We do not call upon the thousands of successful practitioners of this law to prove its value; their testimony would be unanimous in its favor.

We merely assert that any statement made by such a man as Hahnemann, and corroborated by such men as Hering and Dunham, is entitled to the greatest respect; that such testimony can only be disproven by the weightiest evidence, and that this evidence should be given by able men and corroborated by ample proof. The allopaths have for years sillily ignored or abusively calumniated the evidence for a great therapeutic truth given by able and honest men. This was to be expected. But that those of the same medical school as were Hering and Dunham should so slight their testimony was *not* to be expected. For a long time these doubters in the homœopathic school have declared that Homœopathy was not able to cope with all diseases; that it was merely *one* of many methods of treating disease. It has been said there “*are* logical and scientific reasons” for deserting homœopathic practice for “other measures.” These declarations have been made from time to time by irresponsible nobodies who could not prove their asseverations.

But lately the New York *Med. Times* quotes Dr. T. F. Allen as



saying: "We do not hold Homœopathy is the exclusive and the only law of healing. It is the most widely and generally useful, but not the only guide in the treatment of the sick." This is a definite, clear statement, made by a physician who is a prominent teacher, an author, and a man of great ability. Dr. Allen is not the man to make idle or ill-considered assertions. If he has made this declaration he is ready and doubtless able to give proof for the "faith that is in him." We can only hope that he will give the profession his reasons and his proof for this statement. As stated before, Hahnemann believed Homœopathy to be the *one* curative method; he believed it to be able to cure all curable diseases, and in incurable diseases, even, to afford more comfort and better aid than any of the so-called palliatives. Now what we ask Dr. Allen to tell us, is, where Homœopathy fails, and what is the other "guide in the treatment of the sick"? If Homœopathy be only "the most widely and generally useful" guide, let us have the other.

Then our knowledge of medicine will be complete. We will have guides for all possible cases, and the man who can so complete the system of medicine will be a second Hahnemann, whom all will delight to honor. It is a grand opportunity.

---

### HAY FEVER.\*

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

CASE.—Professor N. W. B., for many years a sufferer from this disease in its severe form. As is usual with that class of sufferers, he could obtain partial relief by a sojourn in favorable regions, but his duties of teacher brought him home yearly in the midst of his sickness, when he was conspicuous in the streets on account of his lachrymose trouble.

September 24th, 1886, at the time when his suffering was at its highest, at eight P. M. I gave him one dose of *Lycopod.*<sup>cm</sup>, which gave him permanent relief within twenty-four hours.

The most prominent and troublesome symptom, of which he had for several days complained, and which mostly determined the choice of the remedy, was a very troublesome *ITCHING IN THE CANTHI*, and which he begged relief for more than for the rest of his sufferings. The remedy was not selected on this one indication, but because it also covered, more than any other, the

---

\* This paper was read by Dr. Biegler at the last meeting of the I. H. A. Both paper and the discussion which followed are so instructive that we give them in full.—Eps. H. P.

symptoms of the nose and eyes, and which are to be found in the proving as given in the *Chronic Diseases* and Allen's *Encyclopædia*, to which I refer for the leading symptoms here given.

DISCUSSION BY MEMBERS OF THE I. H. A.

Dr. Nash—I want to say of this paper on hay fever that I was particularly interested in it, as I have been frequently afflicted with hay fever for thirty years of my life. It has been said that some cases of hay fever were curable with *Lycopodium*. The cases cured in that way would not stay cured the next year. I have been a victim of this disease, and have been several times relieved, and never had it return until the next year at the same time, which was between the twentieth and twenty-third of August. When I was relieved, and when I had found the homœopathic remedy that completely covered my case in any particular year and took it, then I was relieved for the season, completely relieved, quickly relieved.

*Lachesis* cured me one year, and cured me right in the midst of a ride in the country, which is the worst exercise I can engage in when I am afflicted. The indications were simply that when I laid down and took a nap, day or night, my complaint was fearfully aggravated every time when I woke up. That year *Lachesis* cured me, and cured me within three hours, so that I was completely cured with all the symptoms connected with it that I was subjected to. A year later on I was cured again. I was cured and have remained comparatively free of the June attacks which used to afflict me in those days by *Gelsimum*. The attack always came on in the morning with a tingling and watery discharge, which is a characteristic for the remedy. Now I have not had that condition since that time, except in a very slight degree, and then *Gelsimum* relieved me. The following year I was relieved by *Carbo veg.*, and made use of it. The symptom was pain and extreme tingling in the nose. I did suffer from it fearfully. And I am so afraid that I will not get my remedy that I go to the mountains every year to get rid of it, where I am perfectly free from it. I was thinking, when hearing the case which was relieved on the 27th day of September, "Now if during the course of this disease a heavy frost comes on, enough to kill all the corn in the country round about, I am relieved in twenty-four hours." I think sometimes that that had something to do with it.

Dr. Biegler—I would state that that is an important point, and that I took particular pains to watch for that very occurrence, and also the gentleman, who is a very intelligent man, a

professor and teacher in the Institute ; he also keeps a record of the weather, and there was no frost at the time. He is well aware of that. He knows that, and he knows that he gets immediate relief as soon as a severe frost occurs, therefore he always kept watch of it ; and he has been very much interested in the new homœopathic treatment of this disease, as he has never had it before ; therefore he has kept watch of all these circumstances, and the relief came within twenty-four hours—the next day he was relieved, not only of this intolerable itching but altogether, and he has been marveling ever since at the relief that he obtained.

Dr. Nash—In one year I was completely relieved by *Sticta pul.* The pain then was immediately in this region—the frontal region. I generally have no stoppage whatever, but the discharge is profuse. In this case it stopped when I was relieved by this medicine. When I find an attack coming on I study it carefully and give the right remedy.

Dr. Wesselhœft—I want to have a word to say about the nature of this disease. I do not want to be personal, but Dr. Nash has got a chronically red nose.

Dr. Nash—I always have had it.

Dr. Wesselhœft—I also have a patient who has a chronically red nose, and he also has the hay fever. As soon as the hay fever comes on the red nose recedes until the hay fever has passed away.

Dr. Nash—Mine don't. My nose grows redder.

Dr. Wesselhœft—I believed this, and I believe it yet. I know that this "hay cold" is nothing but a suppression of psora at a certain time of the year, brought on, as we know is the case, with certain forms of salt rheum, which are brought on at certain times of the year. I think that this is a salt rheum form or psoric form of a disease in the nasal passages, and for this reason I will explain my position—we have treated a good many cases with more or less good results. The cases have been relieved and one cured, but in each case eczema appeared on the skin—in one case on the forehead, and in the other on the scrotum. Now we have a right to suppose that at certain times of the year, under certain circumstances, this psoric tendency in certain individuals is brought on in the Schneiderian membrane and the membrane of the throat and lungs by certain conditions which we do not know about, and that instead of its coming out to the surface of the dermis it comes only as far as the internal skin and the mucous membrane. To make my position still more clear I wish to remark this, that I had one patient who

always had eczema come out on the wrist with the first snow flurry of the autumn. So sure was she of this that she dreaded the first snow storm, for the salt rheum would start back of the wrist and extend to the hand with the most intense itching. I never have had any occasion to observe that personally when the first snow storm was the cause of it; but on one occasion I was called to see this eczema, and she said to me, "Doctor, this is the first time in my life that I have had this eczema without a snow storm." Said I, "That breaks up the whole theory, and it does not make much matter whether it does or not." After I went home, almost immediately I met my milkman at the door, and he said to me, "Good-morning, Doctor, we had a nice little snow flurry this morning. Did you know it?" [Laughter.] Well, I could not help getting into my carriage again and driving back to the house to tell the lady that the snow flurry was the thing, after all, and that it had occurred at three o'clock.

Now these are conditions that we cannot explain, because we do not know, but I never personally have ever taken any stock in this idea of the pollen and the material influence producing this condition. I think that they are periodical attacks excited by perhaps certain conditions of the atmosphere, but they are in the person, and they do not go flying outside and poison us. [Applause.]

Dr. Nash—That is what I believe myself; but in spite of the Doctor's theory about psoric nature of the disease, I would state, in addition, that when I have this disease my mouth and throat, and even down into my lungs, if you could see there, they have the same sensation as if broken out with a rash as thick as you will find in the measles. As far as any disease on the skin is concerned I have never had anything like eczema that I know of.

Dr. Bell—Did you have the itch?

Dr. Nash—I suppose I did, but I did not know about it. My mother never told me.

Dr. Bell—I guess you did. I had it.

Dr. Nash—I will never deny it, anyway. Now, there is one more thing in regard to corn being the cause of it. I don't believe that it is the cause of it, the primary cause—I mean it is the *exciting* cause. The reason for that is, that when I am on the mountains thirty miles from any corn—when I am up in the Blue Mountains—I have no more manifestations of it.

Dr. Bell—It is very troublesome and difficult, that is all.

Dr. Allen—I would like to add to what Dr. Wesselhœft has said that I think he has the key to it largely. This is a psoric difficulty. The trouble is in the patient. In order to remove

the disease you must treat the patient before the time of the attack, and so render the system impervious to the external influences which predispose him to the attack. I have treated a large number of cases of hay fever. The annual hegira from my town a few years ago was wonderfully large. A large number of the people now stay at home and attend to their duties, domestic or otherwise, and they are not bothered at all at the time of their annual attack of hay fever. I insist on their coming to see me two or three months before the time of the attack coming on. I prepare them—I prepare the system—to resist this on-coming attack, and they go through it without the usual occurrence of the disease. But what has disturbed me in the last few years is a few cases which are aggravated by the hot weather. For instance, when the hot days, particularly of May, come along, on comes an attack of hay fever if they are out and exposed; it is necessary for them to stay in the house, and then they are not subject to it at all. I have two now under treatment. For weeks they never think of going down town, except after sundown or on a cloudy day. They cannot bear exposure to the sun at all; it will bring on a most violent attack of coryza, a sensation of itching in their nasal and lachrymal passages. I have found *Natrum-muriaticum* the best remedy for this affection, or the remedy most frequently indicated; but I do not like that phrase, as there is no such thing as the best remedy. It is the remedy where the exposure to the heat of the sun will bring it on, or exposure to the heat of a cooking-stove, especially with ladies who are compelled to do their own cooking. Dr. Nash needs a dose or two of *Psorinum*. He will be cured if he will take that.

Dr. Nash—At this time of the year?

Dr. Allen—Not only at this time of the year, but at other times of the year when this begins to come on these people cannot go out in hot weather. It is the exciting cause, just, for instance, when a lady is in the right condition of system she may be attacked with any other disease.

Dr. Brown—What potency will you give of the *Psorinum*?

Dr. Allen—My favorite potency for years, and the potency I first gave when I obtained it, is the 42M. It has stood by me and I have by it. Lately I have used one of the CM potencies. That sometimes relieves. Whenever that apparently loses its hold I give a few doses of *Psorinum*, and then of something else I think will be of service, possibly a dose or two of Sulphur. I may give *Psorinum* or something antipsoric. I am bound to give the indicated remedy. I give the indicated remedy as near

as I can find it from the totality of the symptoms. I thus prepare my patient so that the system is not affected by the attack of this morbid matter. This is not only true in respect to hay fever, but it is true of almost all other difficulties—scarlet fever, measles, etc.—and a comparatively healthy person is impervious to the attacks of these influences—is capable of throwing them off. And Hahnemann has given us antipsorics in his *Chronic Diseases*, and by that means, if we properly understand it and thoroughly know what to do, we can eradicate the majority of these difficulties. I have been told in reference to this work on chronic diseases that it was a fact that a great many physicians did not have a copy of the *Chronic Diseases* at all, and they know nothing about Hahnemann's treatment of chronic diseases. Hence, the annual hegira of our hay fever patients. Some hay fever patients wake up in the morning and have an attack. For instance, one lady has an attack as soon as the mountain ash blooms—it is one of our flowering shrubs—and she will wake up and have an attack. When the mountain ash is in bloom one comes the attack of hay fever. She is sure to have it. In another case another patient would have it from the Western rag weed, which is the producing cause. Another from the clover, the melilotus; another from the cornfield, and another from new-cut hay, and another from something else, and so forth and so on, but the difficulty is with the attack of hay fever and not the patient. Consequently we lose somewhat of what might be our most brilliant triumph.

Dr. Biegler—When this article is published it will be noticed that the prescription is decidedly based upon the indicated remedy, and this was understood, so it cannot appear as a remedy for hay fever, which was not the intention. The intention was to mark that agent or symptom which is given in this proving.

Dr. Allen—I did not intend to reflect upon that.

Dr. Biegler—I understand that, and I will add that this year I have taken that advice and suggested to a gentleman who came to me some two or three weeks ago for treatment, not having the disease, and this time I made out Colchicum. What the result may be I do not know. In regard to fashionable traveling and people going to certain places, it reminds me of a season that I spent in this beautiful region here along the Jersey coast at Beach Haven. When I arrived there I found a lot of people sneezing. They were sneezing on the piazza, they sneezed in the dining-room, and they sneezed everywhere, al-

though that was said to be the haven for hay fever cases. I was there a week, and those who were there would say good-morning to me sneezing, and good-night to me sneezing, and I remained there three weeks and it was a good-night sneezing and a good-morning sneezing, and yet they were happy, sneezing all the time. [Laughter.]

Dr. Hitchcock—I would like to corroborate what Dr. Wesselhœft has said in regard to hay fever being a psoric condition. I have been a sufferer considerably from hay fever for a good many years. When I was a schoolboy I had an eruption on my thumb, regular salt rheum, which lasted for years, and finally that disappeared. When I went to college I there contracted a very severe cold in the head, coryza, and from that time I have suffered from hay fever every year. But there is this peculiar alternation of symptoms; during the time when I am not affected by the hay fever over the lower end of the sacrum there is a scaly eruption, but when the hay fever comes on that disappears and the skin is perfectly smooth. Last summer at Saratoga at the meeting of the Association I had a severe attack of pain in the maxillary joint on the right side. I asked Dr. Ballard and two or three others about it, and also told them about the condition of hay fever which I had been subject to for years. The result of this was that they gave me a dose of Psorinum, which gave me relief from the pain in the jaw and a most intense and acute attack of hay fever which had lasted for three days, and I got back home at the close of the session and it gradually wore off.

Dr. Bell—You took enough.

Dr. Hitchcock—I took enough—I took one dose of Psorinum. Then my usual attack, which occurs about the 17th of August, did not occur until about five or six days later. When the hay fever came on I took a dose of Psorinum and it did not relieve me and I waited, prescribing for the symptoms as best I could, and finally, for an asthmatic attack at night I took a dose of Chamomile, which relieved me within a very few minutes. From that time during the rest of the season I was not affected by it. About four or five days ago I had a slight attack of hay fever, coming on with a very hot spell we had. I took nothing for it. It disappeared as the weather got colder. Whether I will have my usual attack of hay fever I do not know. I am not expecting it. I will look and see what effect it produced. What I wanted to call attention to was the alternation between the coryza and hay fever. I have a scaly eruption over the lower end of the sacrum.

Dr. Ballard—One day while riding down town I was introduced to a doctor by a druggist, and that druggist said, "I now want to see you doctors fight." There was no fight. This was in the spring. I did not meet the gentleman again until about August, and I found then he was in his blooming attack of hay fever and he challenged me to undertake it, and I said to him if he would come to the office I would do the best I could. He came in and I did the best I could, very much to his comfort, and the following season when his attacks reappeared I could not do anything with it. The symptoms were not pointed, and I prescribed for him at various times, but could not touch it at all. I asked him what he had been doing. Nothing. I put him under a good deal of cross-questioning. I learned that he had had that summer a reappearance of a foot-sweat which had not been noticed for a number of years, and he applied Iodoform and cured his foot-sweat and on came his hay fever. Then to go back into the history of this case, I learned that the hay fever was preceded by an asthma, and that asthma followed the suppression of this foot-sweat.

Dr. Bell—Was he an allopath?

Dr. Ballard—This is the gentleman who has just been talking to you (Dr. Hitchcock). He was an allopathic physician. Then we had a little talk and I told him all about it—how he had gone through with it. He disappeared from my view, went East, studied Homœopathy, and here he is.

Dr. Hitchcock—I want to say, Mr. President, that this salt rheum or eruption that I had on my hand was first suppressed with Iodoform. When I was a student in the college I applied the Iodoform ointment and suppressed it, but at that time with these symptoms I had also some slight attacks of hay fever, but nothing that was marked or strong did anything to improve my hay fever symptoms that occurred after the suppression of that eruption.

Dr. Ballard—I want to say, Mr. President, that I learned of the suppression. I want to say also that I gave him one dose of Silicea, and he had his asthma inside of forty-eight hours—a beautiful case of it.

The President—In consideration of the fact that Dr. Wells is about to leave us for the train, I want him to give us a few words of advice to keep us faithful for the next twelve months.

Dr. Wells—This is putting me in a good condition.

Dr. Brown—You always get through. I have never known you not to get through.

Dr. Wells—I wish I had been there all this time. I have



been a good many years in this work, more than most of you who are now in it, I think. I have been all my life a learner, and only for a short period of my life I took up the office of a teacher. I am ready to receive advice from any one who is capable of giving it. I feel no call and no commission to advise my neighbors, but if I were to leave any word with this Association, it would be—so far as you have attained to the truth, abide by it. Stick to the truth, no matter what comes. Now I was quite refreshed but a moment ago when our brother Wes-selhoeft said psora. I do not know that there is a word that we are accustomed to use that has been so much laughed at as that word, but the idea that the word covers is a solid truth, whether we recognize it or not, and I would advise—it is hardly necessary because they will do it if I do not—that the great principles of the greatest master of healing that ever lived should be just those that we would take into our hearts, stick to them, defend them, and practice upon them, and live them, and we are sure in the end to live by and by a life which will be a life full of usefulness.

---

## SULPHUR (BRIMSTONE, FLOWERS OF SULPH.).

A LECTURE BY PROFESSOR J. T. KENT, M. D.

Sometimes a patient will come to your office and say, "Doctor, I want the best medicine you have in the shop, no matter what it costs." Give him Sulph. Nine cases out of ten it will be indicated. Nearly one-half your prescriptions for chronic cases will be Sulph. Yet it is frequently indicated in acute diseases.

From a non-pathological standpoint people seem to be born with certain diatheses which modify any disease which attacks them. In this western country we seem to have one not mentioned in the books—the malarial diathesis. Women suffering from this diathesis while enduring the normal pangs of pregnancy seem to impart to their children this tendency to certain conditions. We also have the scrofulous diathesis, having its origin in part in psora; the hysterical diathesis, also originating in psora, and profoundly reflected upon the entire nervous system, and so on interminably.

Sulph. goes deep into the life, searching for all the weak organs. One never recovers from the effects of a thorough poisoning by Sulph. People who take this remedy every spring, or the same with molasses every night for months, dispose their lives pre-eminently to the chronic effects of Sulph.

Sulph. corresponds to long, lasting chronic diseases, hence its value in homœopathically preventing and curing them. At the close of an acute disease we often have a lingering condition to which Sulph. corresponds—a pneumonia in which resorption has not been fully established, a scarlet fever after which will often be found a diseased condition of ears and eyes. Sulph. will come in and clear up the case. Acute diseases are self-limited, but, because of this predisposition to run into chronic conditions, we have eruptions, catarrhal and kidney complaints, etc. Sulph. is deep-acting enough to reach and cure these conditions, which shows its great depth and field of action. Acon. produces rapid inflammatory changes, but Sulph. goes deeper, producing changes in the tissues themselves.

What are these conditions, and how do they look to the would-be prescriber? Let Sulph. be taken for some time, and we have a broken-down mental condition, as from protracted study or overwork. A philosopher, an old inventor, if you will, who has ruined himself mentally and physically in his continual struggle to materialize an idea with no result, becomes poor, tired, careworn, haggard, and dirty in his habits. Here we have a Sulph. patient. Day after day, night after night, week after week, year after year, he has pursued the *ignis-fatuus* of his brain, always just at the point of discovery, and always as surely eluded. Life to him is a failure, which he cannot see. He grows snappish, irritable, and at fifty years is broken down, careworn, stoop-shouldered, lean, and misanthropic. He wishes to be left alone with the wonderful accumulation of wisdom he has gathered in his search for facts concerning that law which *must exist*. In his researches he imagines he has left all his friends behind, and so has none with whom he may communicate or who can sympathize. Hering calls him “a ragged philosopher,” and it is a pretty good name for him at this stage of his existence. Content to be left alone, he is dissatisfied with himself and all the world. Deceived as to the relative value of things, old rags are to him as silk, and silk as rags. He knows not of destruction. If religiously inclined, he is philosophizing about religion and has religious melancholy. He philosophizes about every imaginable thing—even of a pin his query is, Who made it? Who made the man who made the pin? Who made God? and so on, ever hunting for first causes. When at the excess of his fantasies he will dream all night of the events of the day, perpetual motion inventors, being unable to recognize that there is a strong opposing law to the one they *suppose* exists. Every shade or degree of mental derangement that may lead to such

condition of a patient is covered by Sulph. An old fellow, ragged and dirty, came to me for a prescription. After a dose of Sulph. he came again to the office, this time with a *clean shirt*.

Children, in a measure, begin in this state. They are lean and hungry, look tired, old, and dirty. The dirty little imps one sees running about the streets nearly all need Sulph. Children who go about the streets with dirty noses, who have no need of handkerchiefs, their coat-sleeve answering every purpose, they speedily converting it into a looking-glass, never realizing their nastiness.

The skin reflects a large number of Sulph. symptoms and has all sorts of unhealthy appearances—painful boils, scaly eruptions, pustules, and impetigo. In the scalp are yellowish green patches, covered with yellow crusts, filled with vermin. *All* are *agg.* by water, by washing, by being wet. The Sulph. patient dreads to be washed. Child will cry if washed. *All* complaints made worse by water. Purulent ophthalmia and ulceration of the eyelids *agg.* by bathing, by wet applications. Wetting produces burning in the integument, burning even in the healthy-looking skin. The Puls. baby likes to be washed. The Sulph. baby will yell and scream.

The mucous surfaces of mouth and throat are engorged with blood and are red and angry looking. The lips are red, the throat sometimes studded with varicose veins. The meatus urinarius looks pouting and red. The anus is sore. *All* mucous membranes are *agg.* by washing.

The discharges are acrid and burning; there are none but burning and acrid discharges from Sulph. Burning muco-purulent discharges from eyes, nose, urethra (both male and female), and from the vagina. Liquid fæces (may be constipated) burn violently. Urine burns the meatus. "Excretions burn the parts they pass"—a key-note of Hering. The excretions to most remedies are bland, in Sulph. all are acrid. The mucus of the discharge is either thick or thin, white or milky, but *all* are burning.

We have hot flashes alternating with chilliness in relation to the climacteric period. In this condition it is associated with quite a list of remedies, but notably with Sep. and Iach.

It begins with burning; burning of the soles of the feet, compelling her to put them out of bed at night. Heat is unbearable, and the heat of the bed is very annoying. The next prominent symptom is burning on the top of the head, almost like fire. She feels like carrying something *cold* on the

top of the head. These, with the hot flashes, are the most prominent symptoms (and the earliest). Burning may be in the cavities and in the mucous membranes. Burning caused by excretions and secretions. Next to Ars., Sulph. as a general rule produces burning, running through all its symptoms.

A grand and striking feature of Sulph. is the "all-gone, hungry feeling" at eleven A. M.; must have his dinner.

As to the distinctive characteristic of Sulph. in relation to the appetite—violent thirst and no appetite—the key-note reads, "drinks much and eats little."

Another characteristic running through this remedy is the predisposition to hemorrhages of an oozing character; chronic oozing, oozing from the nose in the morning, associated with nausea. Sulph. has cured many cases of predisposition to uterine hemorrhages, preventing their recurrence after having been checked by Bell., Sabin., Ipec.; also when the indicated remedy seems no longer able to prevent the bleeding—when it is no longer able to hold.

Sulph. has emaciation of the entire body, also of single parts. The child looks old and withered; it competes with Puls. in the withering of a part or single limb. It is an old saying that the "diseased limb withers."

Deep-seated rheumatic symptoms of all sorts, with rending, tearing pains. These drawing and tearing pains are all made worse by warmth. Most other pains are made better by warmth. Sulph. is of great value in suppuration of the tissues, which it produces. Before pus is formed it will many times abort suppuration, and will hasten matters after its formation. Avoid Sulph. in suppuration of the *lungs* or in the *cavities*, as it will hasten the suppuration process to the endangering or death of your patient. In the same way it will abort felons, but after suppuration has begun it will hasten the process and relieve the pain.

Most symptoms are *agg.* in the morning, after sleep always finding a bad taste in the mouth. One patient came to me saying, "Doctor, my mouth tastes like a high-hole's nest." I believe there are birds that build their nests in holes made high in the tree. Maybe he had tasted one! He feels ugly, and all mental symptoms are *agg.* after sleep. The tongue is heavily coated. The mouth tastes bad in the morning; he feels stiff and sore and aches all over; his stomach symptoms are *agg.* after eating.

Sulph. produces a state like unto septicemia, attended with quick pulse, fever, sweat, and prostration; hence it is of wonderful value in septic conditions, either traumatic or otherwise.

In big-bellied little children always think of Sulph.

In Sulph. there is a vicious longing for beer, brandy, and something to stimulate and make them feel better.

Another peculiar feature of Sulph. is its power to disperse deposits in the tissues, and shows its profound depth of action. In a neglected or badly treated pneumonia, where there is hepatisation, Sulph. goes deeply enough into the life to break down the exudation, clear the lung, and cure the case. It competes with Lye. and Phos. in that respect. It is to chronic diseases what Acon. is to acute; is thus the chronic of Acon. It is to the veins what Acon. is to the arteries.

In reading over the mental symptoms you will find many to be covered by the sluggish condition of the blood, producing softening of the brain. Therefore we have a weak memory, particularly for names. Sulph. is an important remedy in such conditions.

A peculiar symptom in Sulph. is vertigo on passing over the water in a skiff or over a bridge, and so is found a great remedy in sea-sickness. Compare Cocc.

The head symptoms of Sulph. are only characteristic in this particular—a weekly headache coming on every seven days. You may cover all kinds of headache with Sulph. Headache every two weeks—Ars. It will cure many such cases. “Sick headache, very weakening;” “drawing pains in the limbs, *agg.* by warmth of feathers;” “Severe itching on forehead, also on scalp.” This itching is covered by many remedies, and is called “voluptuous itching;” the more you scratch the more you want to scratch. Sulph. has relief after scratching the skin nearly off. Burning pain relieved by scratching; violent itching of the scalp, *agg.* in evening and by warmth of bed. Always *agg.* by warmth, even though he may be cold. All complaints *agg.* by damp, cold weather.

The Sulph. patient has a great amount of dandruff on the head, but it is quite unlike *Calc.* When few symptoms are to be found, a dose of Sulph. followed by *Calc.*

It has slow formation of bone tissue, like *Calc.*, but its own red string symptoms must be tied to all the others to help you to individualize from any other.

## ARSENICUM ALB.—WHITE ARSENIC, ARSENIOUS ACID.

A LECTURE BY PROFESSOR A. McNEIL, M. D., SAN FRANCISCO, CAL.

This drug has the widest range of application. It is one of the first antipsorics, and is antisycotic and antisymphilitic, thus corresponding to all of Hahnemann's chronic miasms as well as being a leader in the treatment of acute diseases. In them it is adapted to malarial and typhoid fevers, eruptive and inflammatory and pyæmic ones. It also meets the requirements of the diseased symptoms from the new-born babe to the centenarian. Among its attributes are violence and malignity: the pains it cures are violent, and the fevers it relieves are malignant. But do not think our remedy is a panacea. For its indications which limit its benefits are clear cut and sharply defined.

In mental disorders we need it in the delirium of fever and the mania of the lunatic. But one grand characteristic it has in all of these—AN ANGUISH CAUSING RESTLESSNESS. If your patient is apathetic, or not unhappy, you may drop Arsenicum from consideration.

Please remember one point when you find the characteristic of this or any other drug, do not limit its administration to the diseases I name. The totality of the symptoms, not the name of the disease, defines the usefulness of a remedy.

In the delirium of mania-a-potu he hears voices and sees animals, or he is haunted by visions of rats or mice somewhat similar to that of Calc-carb. In suicidal melancholy, with much emaciation and broken health, with Aurum the patient's physical health is good, and this point of difference in the desire to commit suicide of these drugs is that when Arsen. is indicated he is furious, with Aurum he is cunning. As a concomitant of fever, pain, and the like, he is tormented with anguish (Aconite, anxiety), which makes him restless, and he tosses about. (With Rhus he moves because his pains are relieved thereby; with Arnica, because the bed seems hard to the parts on which he lies, but with Arsenic it is because of this anguish of mind; he is not relieved at all, and, in fact, is much exhausted by his efforts.)

He is afraid of death. (Aconite also has this fear, but with it he usually names the day on which he will die.) This anguish and restlessness deprive him of sleep, particularly at three A. M. For the same reason he is afraid of being alone, thus re-

minding us of Stramon. It is this frame of mind that makes him move about from one bed to another and from one room to another. The patient is tormented by the hallucination that there is one by his side that does all that he is doing, eating, washing, etc.; with Gelsem. he may think that another, not himself, is sick. The headaches cured by Arsenic are, like all the pains of this drug, accompanied by anguish and restlessness, and are relieved by heat and by wrapping up the head warm. (Silic. and Mag. mur. also.)

On the external head we see circular patches denuded of hair; the bare spots are rough and dirty looking. His head is hot, hair sensitive, so that he cannot bear to have it touched.

Of eruptions on the scalp, Arsenic cures dry (seldom moist, and then they are bad smelling and purulent), white, bran-like; burning, itching in the fore part of the head, bleeds when scratched and burns more violently.

In diseases of the eyes this remedy is invaluable. The ophthalmia which indicates Arsen. has violent burning, the lachrymation profuse, corroding the cheeks and all parts with which it comes in contact, and is relieved by warmth. Also ophthalmia with ulcers on cornea before and during the catamenia. Objects appear green (Phosph.), appear as through a white gauze.

Patient has horizontal half sight, only objects in the lower half of the field of vision could be seen (with Aurum he may see either the lower or the upper half). Ophthalmia of children when the skin is rough, dry, and dirty looking, intense pain from the least ray of light, with profuse lachrymation.

The paroxysms of pain are accompanied by roaring in the ears. Patient has hardness of hearing so that he cannot hear the human voice, similar to that of Phosphorus.

Arsenic is indicated in cold in the head and hay fever when there is a watery discharge which burns and excoriates the mucous membrane and skin with which it comes in contact. (Merc.) In some of these cases there is stoppage of the nose alternating with fluent coryza, and in still others there is a distressed stoppage at the bridges of the nose. There is one symptom of the nose that is usually considered to belong exclusively to Colchicum, viz.: patient cannot bear the smell or sight of food, but which Arsenic has. In that difficult disease to cure, difficult only because close individualization is neglected—chronic catarrh—this remedy will cure cases which have scabs in the nostrils, which when torn away leave the nostrils raw and bloody until other scabs are formed, also where there is a feeling in the nose as if he smelt sulphur alternating with that of pitch.

In neuralgia of the face many cases are curable by this drug only. In addition to the same kind of pains as elsewhere, violent burning relieved by heat, and with the characteristic mental symptoms we have a form with burning, stinging pains, as from red-hot needles. (Agar-mus. has as from ice cold needles.)

In sore mouths of both adults and infants we will often have occasion to use our remedy. The aphthæ become livid or bluish, and are attended by the prostration so characteristic of this drug.

In diphtheria we find a disease that occasionally requires Arsen. The pseudo-membrane is dry looking and wrinkled, the breath putrid, but the prostration, anguish, and restlessness will be the decisive indication.

The thirst of Arsen. is one that will guide you in many diseases, febrile, gastric, and others. The thirst is very great but gratifying, it increases disturbance in the stomach and bowels so that it is either vomited immediately (Phos. after it has become warm) or is only drunk in small quantities, but very often. There may be nausea or vomiting of blood, etc., but it is always attended by this thirst. In the stomach and bowels, as elsewhere, the pains are burning, relieved by heat. In cancer of the stomach, round ulcer, gastritis, and the like, Arsen. will often be indicated by the symptoms I have given, and if the disorganization is not too far advanced it will cure. In choleraic conditions, Asiatic, morbus, and infantum, always give Arsen. if the characteristic thirst, vomiting, and restlessness are present. In diarrhœa and dysenteries also the discharges are bad smelling, corroding whenever they touch, and prostrate the patient. Sometimes stools and urine are involuntary. (Hyos. and Crotalus horrid. also.)

For hemorrhoids we must sometimes use Arsenic to cure. These are such as have the stitching pains when walking or sitting, but not when at stool with the characteristic pain also.

In diseases of the urinary organs, atony of the bladder, no desire to urinate and no power to do so, seems to have lost all control over the power to discharge it. This condition we find more particularly after parturition. I once cured a case of enlargement of the prostate of six months' standing with Arsenic. In Bright's disease do not forget this remedy, for if indicated it will do good work.

In phagedenic chancres we may limit our choice to Arsen. and Merc. corr. Those requiring this remedy are of livid hue, with intense burning, even sloughing. A sufficient guide to the choice is found in the mental symptoms. With Merc. corr., how-



ever much patient suffers he is perfectly quiet and composed, which is in striking contrast to the anguish and restlessness of Arsen. Also chancres with gangrenous degeneration require Arsenic.

In diseases of the female genital organs from leucorrhœa up to cancer we should remember the characteristic symptoms of Arsen. In diseases of the ovaries, including tumors, remember the burning, restlessness relieved from heat, etc., and also that wherein she cannot keep her foot still with pain in corresponding leg, with Zinc she cannot keep her feet still—both of them.

Uterine hemorrhages in feeble women, cachectic, with disorganization of the uterus or ovaries, in fevers and when aphthæ breaks out, in labor when the vagina and soft parts seem very rigid and small. She has burning, throbbing, lancinating pains in the uterine region.

In diseases of children Arsenic has but few rivals. I have already spoken of cholera infantum, but in the complaints of teething we could not get along without this remedy. The child has undigested, fetid stools, and is emaciated. Its skin is dry and shriveled; it is restless, particularly after midnight; it has paroxysms of anguish day and night, during which it often strikes its forehead with its hand as though that afforded relief. (With Rhus it strikes its head against the wall or floor; with Helleborus it gets on its hands and knees and plunges forward, striking its head violently on the floor.) The child has the same thirst and vomiting as its seniors. The gums over the advancing teeth sometimes appear to be blistered (Apis, Silic.) or to be filled with a dark, watery fluid (Kreosote). Sometimes the child has a pale, waxy look (Apis) and is very weak. It wants to be carried very quickly. (When the same condition exists in croup Bromine is the remedy.) It cries much during and after nursing, and as soon as it eats anything; its diarrhœa is also aggravated from the same causes. It may vomit and have a stool at the same time. It is much exhausted every time it moves. There is often cold perspiration, reminding us of Verat. alb. With Ars. it is warm under the clothing, or when it first comes out, with Verat. it comes out cold, and both also have cold breath. In the various convulsions of children this is the remedy if the child lies as if dead, pale but warm, is breathless for some time, finally it twists its mouth first to one side and then to the other. A violent jerk appears to pass through the whole body and its respiration and consciousness gradually return. The child coughs if spoken to (Nat. mur. cries).

Consumption is a disease many cases of which are curable by Arsenic. Such are characterized by acute, sharp, fixed, or darting pains in the apex and upper third of the right lung. The night-sweats come on when patient first falls asleep and soon cease (Kali carb. also). With Phosh. the sweats begin as soon as he falls asleep and continue as long as he sleeps. The cough is followed by an increased difficulty in breathing; it is worse from one to two o'clock A. M. When coughing the pain extends into the thigh. The cough is excited by a sensation as from the fumes of sulphur, as from a lucifer match (*Lycopodium*), and by drinking (Kali carb.). The expectoration is frothy saliva, mucus streaked with blood, frothy substance like the beaten white of an egg, smelling like garlic. The hemorrhages of incipient phthisis which require this remedy are such as follow great loss of blood; burning heat all over, especially with pain between the shoulder-blades in drunkards or when the menses are suppressed. (*Pulsatilla* and Phos.) Asthma frequently requires Arsenic when the attacks come in the morning (evening, *Pulsat.*), when worse in windy weather (in thundering weather *Silicea*). Patient has to sit up in bed with knees drawn up and rests his hands and arms on his knees; it comes on from twelve midnight till two; he loses breath on every movement with anxiety and prostration; dyspnoea if he lies on his back; he has roaring in the ears and headache. In gangrene of the lungs with green, ichorous sputa.

In the heart where there is palpitation with anguish; cannot lie on back; worse on going up stairs. He has palpitation and tremulous weakness, after stool must lie down.

In angina pectoris give Arsen. if there is its characteristic anguish; the least motion makes him lose his breath; he sits bent forward or with head thrown back; worse at night and particularly after midnight. In dropsy of the heart with anguish, restlessness, etc.

In the limbs we find burning ulcers on the tips of fingers and toes, filled with blood on the ends of fingers, and ulcers and scabs under the nails. There is a peculiar paralysis which Arsen. cures, that of the right upper and left lower extremity. *Terebinthina* has a like condition, and *Can. ind.* has paralysis of the right arm and both legs. The patient has an uneasiness in the legs; cannot lie still at night; has to change position constantly or walk about to get relief. In these cases you must remember *Rhus*; the mental symptoms will differentiate between them. In the indolent ulcers of the leg Arsen. stands along with the other antipsorics—*Calc. c.*, *Lyc.*, *Silic.*, and

Sulph. The pains are burning and lancinating, relieved by heat. I once cured an ulcer of twenty-five years' standing of a man in his sixties in eight weeks with two prescriptions of Arsen.<sup>cc</sup>. Another form cured by this remedy is when spreading blisters start on soles of feet and toes and become ulcers.

Arsen. has a profound action on the nervous system, as is shown by the great prostration, restlessness, and anguish which accompany nearly all cases.

Many cases of sleeplessness which are caused by anguish, restless tossing about, will disappear immediately if this remedy is given.

In fevers of almost every kind, eruptive, malarial, typhoid, pyæmic, and inflammatory, Arsen. is a potent remedy. The anguish, restlessness, and prostration, relief from heat, the characteristic thirst and vomiting, are always present. Other symptoms are coldness and chill, renewed after eating and drinking. The sweat comes on some time after the heat or not at all. Burning heat with unquenchable thirst. From these symptoms we see that this is an important intermittent fever remedy. The indications are clear cut, and to give another remedy when Arsen. is indicated reveals an ignorance that is little less than criminal. He who gives the indicated homœopathic remedy in every case of intermittent fever will never need to injure his patient with Quinine.

Of the different classes of disease:

In septic changes in the blood, exanthemata, ecchymoses, petechiæ, decubitus, tissue changes with burning pains, chronic inflammation of serous membrane, with copious serous effusions (Apis). One point of difference you must always remember is that this drug is relieved by cold and Arsen. by heat. In inflammatory swelling with burning, lancinating pains, we must often give Arsen. Face, abdomen, and all the limbs, especially the legs, are dropsical. In these cases you must notice the difference between Arsen. and Apis, Apocynum can., Digitalis, and others. We often find rapid emaciation with atrophy of the feet and finger tips. The ulceration of Arsen. constantly extends in breadth; with Silic. it is the reverse. The discharges from the mucous membranes, ulcers, and the like are acrid, burning, corroding, and often extremely offensive. In gangrene we must always remember Arsen.; here we must differentiate between this remedy and Carbo veg., Lach., and Secale cor. The difference between Arsen. and Carbo veg. is principally in the mental symptoms. Torpor of mind and body characterizes the latter, as excessive sensitiveness the former.

Lach. is distinguished by blueness of the affected parts and the aggravation from sleep, while Secale shows aggravation by heat and covering up warm, the direct reverse of Arsenic.

Arsenic is a specific for dissecting wounds. Also in poisoning from decayed or morbid animal matter, by inoculation, inhalation, or swallowing.

In diseases of the skin Arsen. plays a prominent part. It is required in the bran-like, dry, scaly eruptions, with itching and burning, the latter increased by scratching and followed by bleeding. Or there may be the parchment-like dryness of the skin, and black vesicles causing burning pain. In hemorrhagic measles and small-pox it is the remedy.

The complements of Arsen. are Allium sat., Carbo veg., and Phosph.

---

### SULPHUR CASE.

E. W. SAWYER, M. D., KOKOMO, IND.

(Read at the 21st Annual Session of the Indiana Institute of Homœopathy, Indianapolis, May 25th, 1887.)

Clyde B., aged two years and eight months; about a year ago he fell out of door and cut through his scalp, and a month later his nose was stopped with bloody scabs, which disappeared in a few days. Last August there was a scab above his right ear, and the water from under it caused blisters wherever it touched the skin; about the same time had sores on face and forehead, and washing with soapsuds healed all these sores. Following the healing of these sores, not being well, Dr. L. treated him for worms, and he got better for a while, then worse again, and Dr. L. gave him more medicine, and in an hour from the first dose he had spasms. They will put him to bed, and in an hour he will be suffering terribly, apparently with his bowels, throwing himself in all directions.

The last time Dr. L. gave him worm medicine he passed some pinworms. Sometimes he sleeps on his knees and face, at other times on his back with his eyes partly open and his hands above his head, when he has these "spells." The "spells" come about half an hour apart when he has them, and last about ten minutes. The last time he had them nearly all night. Pupils first large then small during the attack. He is thirsty and drinks often, and little at a time. He is inclined to be loose in his bowels. Last six months if he runs and plays he wheezes as if he had asthma—shortness of breath.

He has an immense head and fine features; is pale and delicate looking; gave him one dose of Sulphur<sup>mm</sup> (Boericke & Tafel).

March 10th.—No more “spells.” Gave placeb.

April 13th.—No more “spells.” Warm days he gets fretful. He sleeps some in afternoons, and rests and sleeps as quietly as children of his age do at night. Bowels are about right now *and head not nearly so large as it was in the winter; a cap that rested on top of his head then comes down over his ears now.* He began to look peaked soon after taking the S.<sup>mm</sup> and head grows smaller, while he is growing rapidly in height, being about two inches taller than at beginning. No more signs of worms since the first and only dose of Sulphur. He has had a spell or two of sleeping on his knees and face. Doing nicely now.

India M. A., aged three years; short, stout, dark hair and eyes. Began treating her a year ago the first of this month for sore eyes, and the forty-fifth potency (Fincke) did the work promptly. Then she had a Benzoic ac. diarrhœa which it relieved at once in 2C potency, the highest I had. Then she had chills calling for Bell., which one dose of 200th cured. Last October she was threatened with typhoid, the symptoms calling for Ars., and one dose of the 40M, Jenichen's, overcame it promptly. About this time found that she was in the habit of sleeping on knees and face, and being in a hurry gave dose of Stram.<sup>cm</sup>, which did no good. Then, discovering that she was passing too much urine that became white after standing a few minutes, and some other Phos. ac. symptoms, gave a dose of the 200th, which removed it promptly, and after that Conium mac.<sup>cm</sup> (Fincke) removed the disposition to sleep on knees and face.

January 15th, 1887.—Was called to see India again, and found that she had been getting along nicely until last three days, during which time she had been lying in a stupor, and had hardly been able to rouse her sufficiently to take any nourishment. She paid no attention to being handled in any way, and had the appearance of having taken an immense dose of Opium. The parents stoutly affirmed that she had taken *no* medicine, and the kind allopathic neighbors looked as though they fully expected to attend the funeral of the little girl very soon, but they knew nothing of the law of similars discovered by grand old Hahnemann. I dropped a few pellets of Opium<sup>45m</sup>, Fincke, on her tongue, and in ten seconds, probably, she began to try to spit them out; and in less than two minutes she got down from the lap of the lady who was holding her, walked

across the room to her mother and asked her for a drink of water, and has remained well since. It was funny to see the look of contempt on the neighbors' faces when the minute pellets were dropped on the child's tongue change into utter astonishment as she got up.

---

## TRADING UPON A NAME.

AD. LIPPE, M. D., PHILADELPHIA.

The American Institute of Homœopathy, at its session in 1886, indorsed fully the article on "Homœopathy," by H. H. Furness, Esq., as published in the *Encyclopædia Americana*. In that article a lucid exposition of the true philosophy of Homœopathy was given, and the intelligent portion of the profession and of the people took it for granted that all homœopaths practiced in accordance with the rules laid down by Samuel Hahnemann for applying the natural and universal law of the similars for the cure of the sick.

The President of the Institute, in his annual address, June 27th, 1887, has apparently utterly ignored the teachings of Hahnemann indorsed but a year ago, and he fully recommends the *trading upon a name*. There is large latitude left to the members of the Institute to avail themselves of the new discoveries made by the "Regulars" since Hahnemann's days; there is a long list of palliatives added much more pernicious than the former use of Opium, and certainly not to be thought of any more than was the once highly praised painkiller, Opium. It is our present object to enlighten these misguided *traders upon a name*, and show them, from a circumstance just come to our knowledge, where these "traders" will be left.

The author of the article on "Homœopathy," for which the Institute so politely thanked him in 1886, received a few days ago a letter from a leading gentleman in New York. He desires to learn the name and residence of a trustworthy homœopathic physician in New York. His experience with so-called medical men who *trade on a name* is a sad one. On a visit to England his son had an attack of typhus fever. By full conviction the parents were homœopaths, but in London they unfortunately fell into the hands of a "trader." More traders were called in. The treatment differed essentially from the treatment of former homœopaths. The traders talked of scientific progress since Hahnemann's day, but the son died. Their faith in Homœ-

opathy was shaken, and when, on their return to the United States, another son was attacked by the same disease, allopathists were consulted, and that son also died. Convinced that the first son was treated unhomœopathically by a "trader," it dawned on them that it was a terrible mistake to trust to a man who *trades on a name*. Being of a logical mind, their inquiry was: Where can we find a trustworthy physician who will practice Homœopathy as the master taught it and as it was practiced by the founders of the Institute?

Be it remembered, Homœopathy was made a success and gained a name because these founders followed the master's directions implicitly.

*Trading on that name* without following the master's injunctions is like the play of Hamlet with Hamlet left out, and no sophistry of even a President of the Institute can make it otherwise. Only one case of many has been here related merely to show to the "*traders on a name*" the handwriting on the wall.

---

## CLINICAL VERIFICATIONS.

G. W. SHERBINO, M. D., ABILENE, TEXAS.

*Lac. Can.*<sup>mm</sup> (Swan's).—*Headache* (pain changing from one supraorbital region to the other).

Dull pain that had lasted for several days—"To-day on one side, to-morrow on the other." (Erratic, Puls., Sulph.)

One dose at night; pain got better; came back next day. One more dose relieved permanently.

*Bryonia Alb.*<sup>5cm</sup>, *B. & T.*—Patient, recovering from dengue, was taken with a pain in the region of the heart, pain extending like a flash back to the right axilla. At the same time a pain in the right illiac, which she had to grasp with her hand and hold tight. Exacerbated by any motion, "laughing" or "talking."

One dose "cured."

*Tarantula*<sup>em</sup>.—Mrs. —, æt. forty, has been treated for heart disease by the old school, and when they fail, "which they usually do," the patient tries to find a disciple of Hahnemann. She is taken with extremely nervous spells, with a pain in the left ovary, and pain then seems to affect her heart and she becomes unconscious; seems to stop breathing. Use artificial

respiration, and in a short time she will draw a long breath, look around, and begin to breathe.

As the spell comes on again she begins to breathe short and call for more air; pulls her dress away from her heart; constantly pulling her dress; gasping for air; all of a sudden she becomes unconscious, and the breathing seems to stop. The pulse intermits, weak and slow. Many times she is reported dying. Called at the office one day, and I obtained the following symptoms :

Great oppression of the chest.

Panting respiration. Palpitation of the heart. Trembling and thumping of the heart as from fright.

Suffocation. Constant desire for air. Heart suddenly ceases to beat. Sensation as if the heart was squeezed or compressed. (Cact., Iod., Diosc., *Lilium tig.*)

She said she could not feel her heart at all, any more than as if she had none. *Tarantula* cured, and has never had another attack now for more than a year.

### SOME CHARACTERISTICS.

**IODIUM.**—Purulent stools, with cutting pains in the intestines, nausea and vomiting, and sour taste in the mouth. Have cured several such cases with single doses of the highest potencies.

Vertigo, throbbing in the head and all over the body, tremor at the heart and fainting, worse after just rising from a seat or bed, or on sitting or lying down after slight exercise; very sickly look of the patient.

*Subsultus tendinum* of both hands and feet, great drowsiness and continual dreaming of eating, with great prostration on rising from bed, and on lying down again, picking of bedclothes and short, dry cough.—*M. Preston.*

**RHODODENDRON AND RHUS.**—Both remedies have rheumatic pains, especially in all the aponeuroses; worse when at rest; worse at night.

1. *Rhodod.*—Pains do not admit of the limbs being at rest; desire to move, and moving relieves. (F. Husmann, C. Hg.)

2. *Rhus.*—Rest occasions uneasiness in the painful parts, but, on moving, the pain is worse. (C. Hg., Neidhard.) Continued motion only relieves.

3. It is known that *Rhod.* has general aggravation of pains



before a change in the weather—particularly before a thunder storm—even in dysentery indicated by this. (C. Hg.)

4. *Rhus*.—Has aggravation from the warmth of the bed, and as a general characteristic in consequence of stretching, over-lifting, over-exertion of joints, etc., or from getting wet while perspiring.

5. *Rhod*.—Acts more on the right side, and, according to Bœnninghausen, *Rhus* more to the left.

6. There is not much known about the direction of either; or which side is first affected, or which afterward. Cases cured would be worth recording, if the order of sides had been observed. Provers ought to do the same.

7. *Rhod*. has aggravation of pains in the night, but more toward morning; *Rhus*, more toward evening and night.

8. *Rhus* corresponds to rheumatism in the cold season; *Rhod*. in the hot season. *Rhod*. worse before, and *Rhus* worse after rain.—*Homœopathic News*.

STRAMONIUM.—Vertigo, when walking in the *dark*, day or night. When walking in the dark at night, he staggers and falls down every time he attempts to walk. The same occurrence transpires when he attempts to walk in a darkened room in the daytime:

Several years since, I cured with *Stram*. a case of this kind, of several months' standing, after all sorts of treatment in the old school had utterly failed. He was a wealthy man, a good liver, and very corpulent or plethoric. I was induced to administer as I did from the fact, "Moral symptoms aggravated in the dark." Why not the physical also?

Young men are cured, as well as young women, when they pray, sing, or talk in a very devout, earnest, and constant manner, so as to excite the sympathy of all in the house. This has been my experience.

In typhus, typhoid, or other fevers, when the patient frequently raises or jerks the head from the pillow. An old keynote, and sure; one of the most characteristic.

All sorts of strange and absurd ideas, such as the patient is double and is lying crosswise.

The only new idea in this paper or note is the fact of falling in the dark always, but can walk well in the light. I have had occasion to observe this condition but once. I presume, though, it will prove a reliable symptom. The mental aggravation in the dark I am familiar with; perhaps it remains to be confirmed in regard to the physical. He seemed unable to

tell me why he fell, but if he wanted to go out in the night, or after dark, a strong man had to walk on each side of him to keep him up.—*H. N. Guernsey.*

STANNUM.—Everything in the street, in advance of the patient, seems to be up in the air. The whole street appears to be in the air. The patient takes high steps in walking in order to get up to the level of the apparent height of the objects (as if the chair were rising ; Phosp.).—*Guernsey.*

---

## HYDATIC CYST OF THE LIVER.

S. L.

Dr. Tessier publishes in the *Bulletin de la Societe Medicale Hom. de France*, March, 1887, the following interesting case :

A German woman of twenty-seven years entered the Hospital St. Jaques June 11th, feeling for the last two weeks very tired, no appetite, and slow digestion. On the 5th of June she was taken with cramps in the stomach, violent vomiting of bile and food, which kept on during the 6th. On the 7th she had long, lasting chills, colic, vomiting, and black stools. No headache nor nosebleed. We found her with a temperature of 39.5 in the evening, lying on her back and considerably prostrated ; pulse small and compressible ; tongue with a thick yellow coating ; sclerotic yellow. No pain in the right iliac region, no spots on abdomen, severe pain on pressure a little to the right of the xyphoid process, about the edge of the liver. Light bending in of the epigastric hollow. Our anamnesis showed that she cannot digest butter or fats, and that at the age of twelve years she had a decided hollow in the region of the liver.

June 12th–15th.—Lachesis 3d trit., 0.10c. ; Sulphate of Quinine 0.75. The prostration and the pains are mitigated by the treatment, but on the 16th colic, and she passes about a dozen hydatid vesicles of the size of a small kernel of a grape. Two or three of these vesicles are intact and inclose other vesicles of the size of a hempseed. June 17th.—Expulsion of a piece of transparent membrane of the size of 0.04 ctm. ; epistaxis in the evening. June 18th.—Patient complains of pain on left side, and auscultation reveals light suberepitant rales at the base. Lachesis continued. June 21st.—Glairy stool, no pains, feels better, though pressure over liver hurts. June 24th.—The stools contain large pieces of transparent membrane and hydatid

vesicles of the size of a grape kernel. June 26th.—Sleeps better, wants to eat. Prescription changed to Iodum<sup>1</sup>, 5–10 drops, and as she steadily improves this is followed by China<sup>3</sup>. July 10th.—Severe pains in epigastric region, with anguish; prostration, small filiform pulse and cold extremities, and she passes again for two weeks large pieces of membranes and hydatid vesicles, which are opaque and of a brownish color. July 22d.—An explorative puncture, but only a few drops of blood and pus come out. The pains keep on; she refuses an operation; goes back to her own home, where the operation is successfully performed, and after a long and tedious convalescence she regains her health.

Our diagnosis was at first doubtful whether we had to deal with uterus gravis, a hepatitis, or an inflammation of hydatid cyst, but the latter was soon shown up by the discharges. The patient never complained of pain in the right shoulder, never had urticaria, symptoms often witnessed as precursors of hydatids, but she could not bear nor digest butter nor fats.

One of the best articles on hydatids of the liver is found in Harley's *Diseases of the Liver*, page 591, where he says that the parasite usually locates itself in the right lobe of the liver, where it may exist for years without becoming painful, till inflammation sets in. Too often the hydatid fremitus, a particularly tremulous vibratory thrill, cannot be detected, though present, and jaundice may be absent or only appears at the stage when suppuration had set in. Harley recommends a thorough operation for the removal of the entire cyst as preferable to tapping, and many cases of successful issues are on record. Frerichs in his work on *Diseases of the Liver*, III, 21, is of the same opinion, for hydatids, when they have attained a great size, are always a dangerous lesion, and when the hydatids burst into the serous cavities the case almost invariably terminates fatally, and a like result ensues when they burst into the hepatic veins or the vena cava.

In our homœopathic literature we find very little on the treatment of hydatids of the liver, and Tessier deserves great praise for the selection of the simillimum to the totality of the symptoms before a diagnosis could be made out. Lachesis covered the venous affection, the prostration and the suppurative process leading to gangrene of the parts affected, the epistaxes showed the threatening decomposition of the blood, and the cold extremities hinted of collapse. Being the simillimum, no wonder that it acted beneficially, even only as a palliative, but why it was changed to Iodium and China, and thus interfered with in its

healing power, is a stigma on the French school, which too often alternates and palliates. Let us have more faith in our homœopathic palliatives and we will have hardly ever a cause where mere lulling pains becomes necessary. It is curious that we find aversion to butter under Arsenicum, Carbo veg., China, and Mercur.; aversion to fat under any quantity of remedies, but not under Lachesis, and still it was the remedy which gave the only relief.

---

## THERAPEUTIC NOTES UPON CONVALESCENCE.

E. J. L.

- Appetite, does not return : Psor., Sulph.  
 — delayed, feverish, faint feeling : Cocc.  
 — cannot eat, everything tastes bitter : Puls.  
 — ravenous : Ars., Puls.  
 Chilliness, and sensitiveness to least draught : Selen.  
 Desire for eggs : Calc.  
 Despair of recovery : Psor.  
 Hemicrania : Ign.  
 Lower limbs feel as if paralyzed : Selen.  
 Marasmus : China.  
 Memory, loss of : Anac.  
 Periostitis of sacrum : Sil.  
 Prostration : Psor.  
 Recovery, slow : Chin.  
 — — with diarrhœa : Chin., Rheum.  
 — — protracted cases, with mild delirium, anxiety, and restlessness : Ars.  
 Relapse from overexertion : Rhus.  
 — from overexertion of body and mind : Cupr.  
 — from exertion of mind : Nux vom.  
 — from fright : Ign.  
 — from anger : Nux vom.  
 Rheumatic toothache : Rhod.  
 Rheumatism, obstinate : Colch.  
 Sexual desire, great : Aloe, Phos., Psor.  
 Unpleasant sensations, running downward : Guajac.  
 — — — upward : Fluor.-ac., Selen.  
 Vomiting, bilious : Chin.  
 — obstinate : Creos.  
 Weakening sweats, day and night : Psor.

## PERIOSTITIS—PULSATILLA.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

M. G., æt. thirty-eight years, married. On returning from a shopping expedition in the fall of 1883 she found her left heel quite sore, which she supposed to have been due to a nail in the shoe. In a short time it seemed to improve by rest, but it soon became very tender on walking, and as the trouble grew unbearable she called in her physician, a prominent allopath, who pronounced it periostitis. The soreness was so great as to compel her to use two crutches, the least pressure upon it being intensely painful. The doctor finally gave the case up as curable only by scarification of the bone. This she was unwilling to consent to without other advice, and a second physician was called who indorsed the diagnosis, and finding his efforts to relieve as fruitless agreed with his confrère that nothing but scarification would save the bone. A third and a fourth were summoned with a like result, each telling her that the operation was her only salvation. All this time (about two years) she could not move, even about the house, without both crutches, and seldom ventured more than a few doors from home with them. Finally, as a last resort before consenting to the butchery proposed, she yielded to the suggestion of a relative, whom I attended, and concluded to try Homœopathy, much against the wishes of her husband and friends, who were clamoring for a more heroic procedure. I had little doubt of curing the case and told her so, commencing treatment at once. She was a woman of good physique and without a complaint, save this, which made her a hermit indeed. I saw her first on the 13th of October, 1885, and treated her without effect for seven months. Why she continued so long under my unsuccessful treatment, against the combined protestations of all who knew her, I cannot imagine, unless she saw in my sanguine manner that I knew she *could* be cured and meant to do it. During this unfortunate period she was beset by constant inquiries from her old physicians, one of whom called and stated that he had come as a personal *friend* to urge upon her the extreme danger of delay, and another provoking incident occurred in her next-door neighbor asking a mongrel homœopathist what he thought of the treatment, and his replying that it was all nonsense, as there was "nothing in Homœopathy to reach such

cases." I had given her Hyperic., Ruta, Arnica, Sil., Cycla., and Caust. in the order named, the latter only doing any good.

On the 19th of May, 1886, I took a careful review of her case, eliciting the following history: She never had been ill until her eighteenth year, when she had had pneumonia, from which she rallied slowly. Six years after that her first child was born, labor being instrumental and the child still-born. From this she was ill a long time. Her second and only other child was born two years after, from which she was much debilitated and terribly despondent for a long time. I judged from many little hints and from a knowledge of the physicians who had treated her that she had received more Quinine than food, and upon inquiry learned that she had taken enormous quantities of the drug when her heel trouble was first under treatment, and that the doctors had kept her on a liquid diet for three weeks, which meagre fare had doubtless intensified the virulence of the medicine. She was of a gentle temperament, inclined to be lachrymose without much cause, and while the *Materia Medica* did not seem to call for Pulsatilla, I found many general symptoms in Bœnninghausen.

The following were in bold type:

*Remedies affecting the heel:* Caust., Graph., Ig., Led., Na.-cb., Puls., Sab., Sep.

*Sole of the foot:* Cup., Mur. ac., Phos. ac., Puls., Sul., Tar.

*Bones of lower limbs:* Merc., Phos., Puls., Ruta, Sil., Staph.

*Bones inflamed:* Merc., Puls., Sil., Staph.

In small-caps the following:

*Periosteum inflamed:* Puls., and others.

*Painfulness of bones:* Puls., and others.

*Painfulness of periosteum:* Puls., and others.

*Sensibility of bones:* Puls., and others.

Pain, as if ulcerated in bones: Puls., and others.

Besides this, Puls. is a left-sided remedy. I gave her the CM (Fincke) every three hours for three days. Since that date it has been smooth sailing. She has had at odd intervals, as she seemed a little worse, Puls.<sup>5c</sup> (Tafel), Puls.<sup>m</sup> (Tafel), Puls.<sup>52m</sup> (Fincke), Puls.<sup>cm</sup> (Fincke), Puls.<sup>cm</sup> (Johnstone), and Puls.<sup>mm</sup> (Fincke), but always Pulsatilla.

As improvement set in I requested her to use but one crutch, then two canes, then one cane, and now for six months she has not carried anything of the kind, walks miles, and has not, save after excessive use, the slightest tenderness, which will quickly disappear after a dose or two of Puls. No local treatment whatever was allowed nor even rubbing used.

Last fall, on being sent for, I found her crying, and she told me that she was pregnant. Her menses were now three weeks overdue, and she was feeling some nausea at times. Amid a flood of tears she stated that she had sent for me to produce an abortion, as she knew another confinement would kill her. If I would not do it *she* would. I talked medicine, theology, and every other point to no avail. So, rising to go, I said: "I cannot prevent you from doing this thing, but as your physician I have one right—will you, on your honor, promise that if you do do it you will tell me of it." She replied that she would. "Very well," said I, "I will call to-morrow, and if you inform me that you have not changed your mind I shall never enter your house again." The next day I found her crying again, but this time the tears were from righteous humiliation and repentance, and she gave me the solemn promise I wanted.

Examining her case, I found distress in the epigastrium and hypogastrium, flying neuralgic pains and dyspnoea from a warm room. Telling her she had no positive indications of pregnancy anyhow, I left *Pulsatilla*, which brought on a healthy colored menstruation in two days and relieved all her other symptoms. She has had slight attacks of indigestion at times—always indicating and always cured promptly by Puls. And I think that unless this medicine cheats grim death forever out of this piece of humanity, I shall see to it that there is planted upon her grave a little wind-flower.

---

## BOOK NOTICES AND REVIEWS.

DRUGS AND MEDICINES OF NORTH AMERICA. A quarterly.  
J. U. & C. G. Lloyd, editors and publishers. Cincinnati,  
1887.

No. 4 of volume II of this grand work has been issued. It contains the botany of *Lobelia syphilitica*, also gives the botany and pharmacy of Scrophularia or Figwort, Lindera, Benzoin, or Spicebush, etc.

As we have repeatedly stated in noticing previous issues of this wonderful work, it gives the botany, origin of name, chemistry, pharmacy, and medical uses of the various plants treated. Then comes the medical uses of the plant according to ALL schools of medicine, and finally is given the bibliography.

Thus the work done is thorough, the cuts and plates are excellent, though without coloring.

Considering the scope of the work, its thoroughness, and its freedom from bias in giving the testimony of men of all schools of medicine, it is invaluable to every practitioner. Its price, one dollar per year, puts it within the reach of all. We see no good reason why every one of the ten thousand homœopaths in the United States should not be a subscriber.

We hope to hear of every one of our own readers taking it.

HOME KNOWLEDGE. Edited by Robert A. Gunn. Published by Home Knowledge Association, of New York.

This is a monthly journal of valuable hints for the family upon all sorts of subjects, but especially health. It is a new publication, the copy now before us being the third number ever issued. Looking at its table of contents we notice, among other good articles, "Health Hints to Travelers in Mexico," "The New Education," "Bathing," "Kindergarten," "Circumstantial Evidence," "Ventilation," "Power of Music," "Aids to Beauty," etc. Its price is moderate—two dollars per year. The number before us contains sixty pages.

PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY. Volume IX. 1886.

This work is a volume of transactions including many valuable papers on Ozone, Hysteria, "Calc. phos. and Podophyl. in Entero-Colitis," "Atmospheric Humidity in Relation to Disease," etc.

#### BOOKS AND PAMPHLETS RECEIVED.

ON THE LAWS OF BLOCKADE. A Thesis for the degree of Civil Law presented to McGill University, Montreal. By Thomas Nichol, B. C. L., February 9th, 1887. The writer of the above thesis is a homœopathic physician. He received his degree April 9th, and thus adds the title D. C. L. to his other title M. D. We are not competent to criticise the above pamphlet.

RESEARCHES INTO THE ETIOLOGY OF DENGUE. By J. W. McLaughlin, M. D.

NOTES ON CONSUMPTION AND ITS TREATMENT. By Dr. Stammers Morrisson.

NOVEL METHODS OF TREATING DISEASES OF THE MIDDLE EAR. By Seth L. Bishop, M. D.

INTRODUCTION TO THE STUDY OF THE HOMŒOPATHIC MATERIA MEDICA. A lecture by C. L. Cleveland, A. M., M. D., Professor of Materia Medica.

ARCHIVES OF GYNÆCOLOGY for July.

HOMŒOPATHIC LEAGUE TRACT NO. 14. "The Royal College of Physicians of London and Homœopathy."

FIRST ANNUAL REPORT OF THE HOMŒOPATHIC LEAGUE for the year ending April 30th, 1887.

FORT WAYNE JOURNAL OF THE MEDICAL SCIENCES, July.



A TREATISE ON SOME DISEASES OF THE BONES AND LIGAMENTS OF THE SPINE. S. M. Cate, M. D.

PERSISTENT PAIN AFTER ABDOMINAL SECTION. By James B. Hunter, M. D.

ANNUAL ADDRESS READ BEFORE THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO. By Albert Claypool, M. D.

HOW TO SUCCEED AS PHYSICIANS. An address before the Rhode Island Homœopathic Medical Society. By James B. Bell, M. D.

MEDICAL CLASSICS, Vol. I, No. 1.

LITHÆMIA. By J. W. Dowling, M. D.

INAUGURAL ADDRESS UPON THE WORK OF THE NEW YORK SOCIETY FOR MEDICO-SCIENTIFIC INVESTIGATION. By Walter Y. Cowl, M. D.

OMIOPATIA HAHNEMANNIANA E OMIOPATIA METICCIA DEL DOTT, ATTILIO MATTOLI. FOLLICULAR AMYGDALITIS. A. Jacobi, M. D.

We also desire to acknowledge the receipt of announcements and catalogues of the following colleges: New York Homœopathic Medical College and Hospital, University of City of New York; College of Physicians and Surgeons, Baltimore, M. D.; Chicago Homœopathic Medical College; Bellevue Hospital and Medical College; College of Physicians and Surgeons in the City of New York, being the medical department of Columbia College; Homœopathic Medical College of Missouri; Long Island College Hospital, Brooklyn.

---

## NOTES AND NOTICES.

DR. EDWARD W. MERCER has removed to No. 157 North Fifteenth Street, Philadelphia.

COUNTRY VISITORS.—The editorial sanctum of this journal has recently been honored by visits from some of our friends. Amongst these we note Drs. Kent, Ballard, Gee, McLaren, etc. THE HOMŒOPATHIC PHYSICIAN is always glad to welcome its friends, especially those from the *country*.

WANTS THE EARTH.—There is a distinguished physician residing in New Jersey who was recently elected president of his State Society and vice-president (and hence in succession to the presidency) of the I. H. A. He now desires the earth!

CORRECTION.—June number, page 206, seventeenth line from bottom, for gown read *gums*.

THE STATE UNIVERSITY OF IOWA, Homœopathic Medical Department, has just issued a supplemental announcement from which we copy the following paragraph: "Since the announcements for the coming session were issued, the Board of Regents have appointed Dr. J. G. Gilchrist, professor of surgery, and Dr. C. H. Cogswell, professor of obstetrics and diseases of children, thus establishing what has been long desired, viz.: four full chairs, which include all therapeutic and clinical teaching. The course of instruction as heretofore published is, therefore, modified as follows: instruction in anatomy, physiology, chemistry, and medical jurisprudence will be given in the medical department, while all other instruction, both didactic and clinical, will be given by the faculty of the homœopathic medical department."

NICKEL-PLATED COOKING-VESSELS.—An order has been issued in Lower Austria forbidding manufacturers and tradesmen to sell nickel-plated vessels for cooking. It is stated that vinegar and other substances dissolve nickel, and that this, in doses of the seventh of a grain, produces vomiting, and is generally more poisonous than copper.—*Medical Record*.

THE AMERICAN INSTITUTE OF HOMŒOPATHY held its fortieth session at Saratoga June 27th, 1887. The following officers were elected: President, Dr. A. C. Cowperthwaite, Iowa City; vice-president, Dr. N. Schneider, Cleveland, Ohio; secretary, Dr. Pemberton Dudley, Philadelphia; treasurer, Dr. E. M. Kellogg, New York; provisional secretary, Dr. F. M. Strong, New York. Niagara Falls was selected as the place of meeting in 1888.

ROCHESTER HAHNEMANNIAN SOCIETY.—This is a society of pure Hahnemannians, few in numbers, but filled with enthusiasm, industry, and perseverance. Its officers are: President, James A. Biegler, M. D.; vice-president, R. A. Adams, M. D.; secretary and treasurer, R. C. Grant, M. D.; censors, A. B. Carr, M. D., Julius Schmitt, M. D., S. George Hermance, M. D.

BUREAU OF CLINICAL MEDICINE, I. H. A.—The chairman of this bureau was erroneously reported in our July number, page 268, to be Dr. H. Hitchcock. This is a mistake. Dr. Alice B. Campbell, of Brooklyn, holds this office.

SOWING TARES.—Dr. T. F. Allen (at one time one of the most enthusiastic apostles of so-called high dilution Homœopathy, which he now admits is unreliable and delusive), in a speech at the alumni dinner of the College of which he is the dean and professor of *materia medica*, said in substance, in speaking of the College, its hopes and prospects: "It is the aim of the College to make a university, not a medical college where only one branch or department of medicine is taught, but a university where all of medicine is taught. In such a university Homœopathy would be taught, but it would constitute only a part of the course of study. We do not hold that Homœopathy is the exclusive and only law of healing. It is the most widely and generally useful, but not the only guide in the treatment of the sick, and what we want is a medical university where all medicine can be fairly and impartially taught."—*N. Y. Med. Times*.

TAUGHT BY AN ALLOPATH.—The following is told by a homœopath of St. Louis: He had been treating unsuccessfully a case of *porrigo*, when, finally, he advised the patient to consult a well-known allopathic dermatologist. Several weeks after he met his former patient entirely cured. In conversation with the dermatological doctor on a subsequent occasion he was curious enough to ask what his treatment had been. "Hepar sulph., internally," was

the answer. "Why," said our homœopathic friend, "I gave him Hepar myself." "What trituration?" "Third decimal," was the reply. "Ah!" said the allopath, "you didn't give it high enough; I gave the sixth."—*The Periscope*.

**BOXING THE EARS.**—Dr. Samuel Sexton, of New York city, recently called attention to the injury which frequently follows a blow or box upon the ear. Parents and others should not forget this warning. Dr. Sexton found notes of fifty one cases where the ear had been injured by blows. The Doctor thinks many cases of ear troubles are so caused, which are never traced to blows, etc. If a child need be whipped, don't overlook the old-fashioned slipper and buttock operation!

**SALICYLIC ACID IN FOODS.**—There is a growing belief among sanitarians that salicylic acid is being used more and more extensively in the preservation of canned foods, milk, wine, beer, and other articles. To such an extent was this done in Paris that the French Government has already twice taken action upon the matter. Dr. E. H. Bartley, Chemist to the Brooklyn Health Department, has recently called attention to this matter. He states that in 1885 the chief adulterations which he found in beer were yeast and bicarbonate of soda. Lately he has examined several different kinds of bottled beer sold in Brooklyn, the list including some of the Western beers. He has found salicylic acid in them. The amount of this acid required to preserve beer is about twelve to fifteen grains per gallon. Salicylic acid, if taken continuously, tends to injure digestion and irritate the kidneys.—*Med. Record*.

**DIET IN HYPOCHONDRIASIS.**—An excessive meat diet will sometimes bring on hypochondriasis, and in this condition the ordinary rules for nervous invalids are to be changed. Hypochondriacs must be fed largely upon vegetable food, which distends the colon and causes it to empty itself. When hypochondriasis is brought on by a meat diet, it is cured by porridge and green vegetables.—*C. E. Dana*.

**EPIDEMIC REMEDIES WITH AN ANTIPSORIC.**—When a remedy is found to be the homœopathic specific for a reigning epidemic of intermittent fevers [probably the same applies to other diseases.—*Eds.*], and there is, notwithstanding, now and then, a patient whom it does not cure in a perfect manner, and no influence of marshy country opposes its operation, then the obstacle generally arises from the psoric miasm, and, consequently, antipsoric medicines ought to be employed until perfect health is restored.—*Hahnemann*.

**UNDEVELOPED SYMPTOMS.**—A case that is very rare in chronic diseases, but which is sometimes met with in acute, is one where, notwithstanding the indistinctness of the symptoms, the patient feels himself very ill; which may be ascribed to the depressed state of sensibility that does not permit him to have a clear conception of his symptoms. In a case of this nature Opium (in a high potency) will remove the torpor of the nervous system, and then the symptoms of the disease will develop themselves plainly in the reaction of the organism.—*Hahnemann*.

**BAD BREATH.**—Dr. Frank H. Gardiner believes that decaying particles in the mouth as far back as the pharynx vault taint the breath exhaled very little, if at all. Mouth-breathers have a bad breath when the tonsils are enlarged, or when cheesy masses exist in the tonsillary mucous folds. Certain gastric derangements taint the breath only when gases are eructated through the mouth. The principal cause of bad breath is decomposition in the intestinal canal, the retention of fecal matters in the transverse and descending colon, and the absorption of gases into the circulation, finally exhaled by the lungs. Catarrh (nasal, pharyngeal, laryngeal, or bronchial) causes bad breath. This bad breath is often a source of serious annoyance to patients,

and the fact that it has more than a local cause is too often ignored by the physician, who, therefore, fails to cure it.—*Dental Review*.

**THE PULSE.**—Speaking of lectures upon the pulse by a Dr. Broadbent, *The Lancet* wrote: "One has only to turn to the writings of Hippocrates to learn how closely and how accurately its (the pulse's) variations were observed, with much remarkable result in prognosis and treatment." Alas for the uncertainties of historical reminiscence! Hippocrates was a great physician, and it is generally thought safe to credit him with first knowing, in a crude way, of course, a little of every part of our great art. But Hippocrates, in fact, knew nothing of the pulse, wrote nothing about it, and quite neglected that time-honored source of professional information. Herophilus was one of the first to investigate it, while Galen erected its study into a separate science, and fixed irrevocably upon the profession the practice of fingering the wrist as part of every medical service.—*Med. Record*.

**TO ARREST NASAL HEMORRHAGE.**—In persistent hemorrhage from the nasal cavity, plugging the posterior nares should not be done until an attempt has been made to check the hemorrhage by firmly grasping the nose with the finger and thumb, so as completely to prevent any air from passing through the cavity in the act of breathing. This simple means, if persistently tried, will, in many cases, arrest the bleeding. The hemorrhage persists because the clot which forms at the rupture in the blood-vessel is displaced by the air being drawn forcibly through the cavity in the attempt of the patient to clear the nostrils. If this air is prevented from passing through the cavity, the clot consolidates in position and the hemorrhage is checked.—*Edinburgh Medical Journal*.

**DEATH FROM POISON EJECTED BY A TOAD.**—A child *æt.* six years, while throwing stones at a toad, suddenly felt the animal spurt some moisture into his eye. There suddenly set in slight pain and spasmodic twitching of the injected eye; two hours after coma, jumping sight, desire to bite, dread of food and drink, constipation, abundant urine, and great agitation manifested themselves, followed on the sixth day by sickness and apathy and a kind of stupor, but with a regular pulse. Some days later, having become comparatively quiet, he left his bed; his eyes were injected, the skin dry, the pulse free from fever.

He howled and behaved like a madman, sank into imbecility and speechlessness, from which he never rallied.—*Druggist and Chemist, Phila.*

**CANTHARIDES FOR HYDROPHOBIA.**—A Russian doctor says that he has successfully treated with Cantharides some patients who were bitten by a rabid wolf. Three men were badly bitten by the animal in various parts of the body, and Cantharides plasters were applied to the wounds. At the same time powdered Cantharides was administered to each in doses of one grain each day, until certain well-known symptoms were exhibited. These patients have now been in perfect health for eight months since the bites were given, and it is hoped that Cantharides has thus proved a successful remedy to the dire disease with which they were threatened.—*Chambers' Journal*.

"The world do move"—but very slowly! This use of the *Spanish Fly* has been laid down in the homœopathic works since the first provings in 1802 by Hahnemann and others, and what is more, has proven successful in many cases of hydrophobia. Pasteur's discoveries of the virtues of inoculation by the virus of the mad dog, reduced in action by passing through several of the lower animals, which discoveries have been heralded over the civilized world, were anticipated years ago by Dr. J. B. Cox's provings of the same virus in Philadelphia. All large homœopathic text-books detail the uses of this poison—*Hydrophobinum* or *Lyssin*. "The truth is mighty and will prevail."—*Minnesota Medical Monthly*.

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. VII.

OCTOBER, 1887.

No. 10.

---

---

## WHY WE FAIL.

Some time ago this question was asked, and the answer given was that homœopaths of to-day fail to do such cure-work as the grand masters formerly did because we are lacking in knowledge of pathology and kindred branches. This answer does not account for the poor success of the modern homœopaths. Homœopathic physicians were never better educated in general medicine than they are to-day. The cause of all our failures lies in the one neglect of carefully individualizing our cases. The tendency is rather toward routine work and generalizing. We prescribe (and are taught to prescribe) too much for diseases rather than for patients. As a proof of this assertion and as a demonstration of the cause of our failures—failures due entirely to lack of homœopathic prescribing—we quote the following specimens of homœopathic *teaching*. These items are notes published in a journal to show what the colleges are doing. One can easily see how little Homœopathy is taught by such lecturers:

Professor P. recommends the use externally of the fluid extract of *Sanguinaria* in lupus. The hardened masses should first be removed with warm water, and then apply the Sang. Internally may be given Kali jod., but the Professor thinks the Sang. is sufficient.

Professor H. speaks very highly of *Ipecac* in many nervous diseases, especially of its use in cerebro-spinal meningitis; says it is not used often enough by the profession.

For diphtheria at puberty, where digestive disorders have been preceded with anæmia, etc., Professor W. recommends the use of

Ferrum acet. The digestive disorders will be found at the root of the trouble. The cutaneous symptoms, respiratory, motor, and sexual symptoms in order of importance.

For fibroid tumors of uterus Professor A. G. B. speaks very highly of the internal use of *Iodide of Lime*. Not the Calc. iod., but a preparation of *iodized lime*. He has cured numerous cases of uterine fibroids with this preparation :

R<sub>y</sub> Iodide of Lime, grs. V.; Aquafortis, Qss. Dessertspoonful three times per day. Continue the use of the remedy for some length of time.

Professor F.'s favorite for the constipation of pregnancy is a tablespoonful of Flaxseed (whole seed), soaked over night in a half glass of cold water, this to be drunk by the patient on rising in the morning. Relieves over ninety-five per cent. of this class of cases. The amount of Flaxseed may be increased to two or three times the above measure.

Professor G. says that the use of the bandage and pinning-blanket as a part of the baby's dress is the prime cause of nine-tenths of all hernia, and furnishes a predisposing, if not an exciting, cause to gastritis and weakened heart action, weak lungs, and many other ills to which flesh, especially baby flesh, is heir. He advises the use of a light bandage, secured with two safety-pins, which is to be discontinued so soon as the cord has sloughed off. In twenty-two years he has a record of only one case of rupture resulting from this line of treatment, a case of hereditary syphilis which was "not made to hold together."

Professor F. also recommends in post-partum hemorrhage "a half ( $\frac{1}{2}$ ) teaspoonful of Squibb's fluid extract of Ergot in water, and repeat the dose in fifteen minutes if necessary."

Professor of Practice recommends Gelsemium for impotency. No symptoms!

"While lecturing on the subject of Arsenicum album, Professor M. effectively advocated its use in typhoid fever *before* the supervention of extreme prostration, which is often waited for as an indication for this drug. He believes it is better to anticipate a little, and give it early." (Before indicated!)

Professor S. gave the following as a good corn-remover :

R <sub>y</sub> .—Salicylic acid, . . . . .	grs.	xv.
Alcohol ext. Cannabis Indica, M., . . . . .		viss.
Alcohol (95 per ct.), . . . . .	"	xv.
Ether, . . . . .	"	xxxviiss.
Flexible collodion, . . . . .	"	xxxv.

Apply night and morning.

Another case as reported is most amusing. A professor accidentally cures an ulcer by *internal* medication. The account reads:

“The Professor prescribed Thuja <sup>6x</sup> and ordered the tincture as local application. Three weeks later, when the patient returned with scarcely a vestige of the ulcer remaining, the Doctor admitted that he was inclined to be skeptical, and would fain have attributed the result, in part, at least, to local treatment, but when he learned that the patient had been provided with *no* local application, there being no tincture on hand, and that *no local treatment* had been resorted to, not even picking off the scab, he graciously acknowledged ‘one more score for Thuja.’”

The Dean of one of these “truly homœopathic” colleges acknowledges he uses Morphine as a palliative and would be open to severe criticism if he did not continue to do so.

Why we fail: because we do not practice Homœopathy!

---

## ERRORS IN DRUG PROVING.

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

(Bureau of Materia Medica, I. H. A.)

Success in the practice of specific medicine (Homœopathy) depends so largely on the purity of our *Materia Medica* record that we may safely say, without this there can be no certainty in the results of the best endeavors of the best prescribers. This purity must be in the foundation, in the proving of those agencies upon the healthy life, the record of which contains our science of materia medica. This must be composed of *facts* only, with the conditions, circumstances, and concomitants which attended these when they were observed and recorded. Circumstance, condition, and concomitants are *parts of the facts* of the record which, being omitted, the record is useless for all clinical purposes. They are the indices which point to the *true character* of the facts of the record, and are the chief authority in the decision of the selection of the specific curative for a case of sickness; because in these are found similarity of condition, circumstance, and concomitants related to its elementary symptoms, as these appeared in the history of the case. It is in these that the relationship of law between sicknesses and their specific curatives exists. It is the omission to observe and record these which constitutes the one great and fundamental error of most

modern provings, by which they are made to stand as little better than so much dead matter before all clinical needs.

The second great error in our modern provings is in the wrong views provers have entertained of the true objective of the proving. They have regarded this as the results of violent revolutionary processes set up in the functions of the organism, and that the more violent these were in the experience of the prover, the more valuable the proving. Hence, to secure the desired violence of the symptoms, resort has been had to inordinate doses of the drug, which have been but too speedily expelled from the organism, and this before there had been time for the development of the true objective of the proving, viz.: to obtain a knowledge of the true specific character of the action of the drug on the life force of the prover. This gained, we have an exact knowledge of that in the drug which cures. When the drug is expelled by the violence of its own action this knowledge is never attained. It is the knowledge of the specific nature of this action which gives us the characteristics of the drug which are those elements exclusively of use in clinical duties. This knowledge, therefore, is the true objective of drug proving, and not a knowledge of those violent commotions of function which have deprived us of this.

The third error, which has too much characterized modern attempts at provings, is found in the views of the provers of the nature of the essential element in the drug which constitutes it a medicine, and which it is the business of the prover to investigate. These views were limited to the material substance of the drug—to this as matter—and their judgment, on which they proceeded in their task, has been—the more of this matter given, the more numerous and the more important the resulting symptoms will be. This judgment being the exact opposite of the truth, their labors have been, of course, almost wholly destitute of practical value. This view of the proper object of the proving ignores the all-important truth which Hahnemann first discovered and gave to the knowledge of the scientific world—that it is *not* the *matter* of the drug which cures or makes sick, but a dynamic element in it which it pleased the Creator to associate with the material element. That this dynamis, even in the matter of the most virulent poisons, may, by proper manipulation, be tamed and converted into gentle, harmless, and most beneficent healing agents, so that when ingested it no longer destroys life, or sets up in the organism violent commotions for the rapid expulsion of the destructive agent. So manipulated, it is tolerated by the organism, and its specific impression on the



vital dynamis reveals its own *specific* character to the prover and gives for the use of the true healer the knowledge which enables him to triumph over sickness, under the guidance of the law of similars. This knowledge, so obtained, makes a therapeutics founded on it, and administered according to law, triumphant over all curable sicknesses. While, on the other hand, when regarded only as a material agent, the prover gains no light on this specific nature of the action of the drug, because the process of the proving is ended by the violence of the crude and massive doses employed before these specific effects are reached.

In view of these truths, the ignorance and folly of those would-be reformers of our materia medica who reject from its record all symptoms not the product of low dynamizations or of crude doses of the drugs proven, is perfectly apparent. By this scarcely less than idiotic proceeding they exclude from the record elements of the greatest value, and leave only those which, in comparison, in therapeutic value are little better than dead husks. So great damage is wrought when audacious folly substitutes its own attempts at a philosophy of therapeutics for that pertaining to the therapeutics of the law of similars. It strips the record, from which those who have been our pioneers of healers have drawn the knowledge which has enabled them to achieve their great successes, of its chiefest wealth. And yet these wrong-doers would have the world regard them as authoritative representatives of that which in their labors they have been only active in endeavors to destroy. They affected a reform, and so far as their endeavors have had efficiency they have only wrought a destruction. It could not be otherwise when those who start to investigate nature begin by themselves resolving what shall and what shall not be found in her! Perhaps human silliness has gone no further in any associated combination than when our "great representative body" took upon itself to say where curative power, in medicinal preparations, should and should not be found. This so ridiculous folly was possible only as the outgrowth of the error in philosophy which substitutes the matter of the drug for its dynamis, which alone relates it to human sickness.

The fourth error in provings has been in the *dose* and its *management*, and is a legitimate outcome of errors two and three, which we have already considered. If that to be questioned be the matter of the drug, what can be more reasonable than this, there must be enough of it to make itself *felt*, and to make it felt so immediately as to give certainty that that which *is* felt is

*caused by the drug taken?* And then, the more of that which is felt, the more numerous and the more valuable its result in symptoms to be added to our materia medica record. This has been the course of thought of so many who would march over the heads of the great, wise, and successful masters who preceded them, and pose as reformers and "*re-provers*" of our materia medica. And in acting on this thought they have given and taken doses which have made sick sure, and they have made sick soon, and there was no chance even for skepticism to doubt the sickness was caused by the dose. But then, *cui bono*, who is the better for all this? There is in this violent and brief commotion little or nothing of value to therapeutics. The elements of the sicknesses thus produced are only representatives of the poisonings of drugs, and therefore belong to the *destructive* side of its nature, and but little or not at all to that of its healing power. So by all this false philosophy and wrong practice based upon it, we have only a record of sufferings which profit no man or interest. And then, under the impulse of this false philosophy, the evil is exaggerated by the management of the doses employed. "Give enough," is the order, and *repeat* often enough to keep up the storm raised, and long enough to exhaust all there is in the experience of the action of the drug, and then what have we but a proving? This process insures anything else, and its results have proved this so many times and so often, that the world, and especially those in it who will engage in the work of drug proving, should long ago have been cured of the foolishness of their false philosophy, and of their blindness, which has tortured self and friends with the best of motives, but with so little profit to any.

If there is to be a proving of any drug which is to add to any man's knowledge of the characteristics of the agents he is to employ in clinical duties, it must be introduced into the organism in manner and form that will insure the tolerance of its presence without violent commotion of functions which follow the ingestion of massive, crude, and frequent doses. It must be in the form which will permit the absorption of its dynamis into that of the force which executes and governs the bodily functions, that by its action on this force it may so modify these functions as to declare in these modifications, its own specific character. In the record of these modifications, and in these only, we have a *true proving* of the drug, a proving which is available for all time for the relief of the sick and suffering of mankind.

When the potentiality of the drug has been thus introduced to the life force, it is to be let alone that its true character may be fully revealed. It is not to be disturbed by any other dynamis, nor by any repetition of doses of itself, until there has been sufficient time for the original dose to exhaust its action. This, not infrequently, embraces days, weeks, and even months. Care in this is the more important because it has been learned by the ablest students of *materia medica* (Bœnninghausen, Hering) and the best observers of drug proving, that the symptoms of the greatest value in a proving are those *last* developed. By any too early interference with the progress of the action of the drug its most important symptoms are lost to the record. This time, as we have said, sometimes extends to months. Then, asks the prover with crude drugs and doses, who only sees or can see that which immediately follows ingested doses of his drugs, "How are we to know that those far-off facts *are* the effects of the claimed dynamis, given so long ago?" It is quite natural and reasonable that he should ask this, because he does not know. He has never seen such symptoms, *his methods* of proving have precluded this, and his material philosophy of drug nature and action has deprived him of the only light which could have shown him the connection of these long-deferred symptoms with the cause which has produced them.

In order to see this connection plainly it may be necessary to go back to the fundamental element of drug philosophy, the universality of the dynamic element which pervades all forms of matter; to bear in mind that each form of matter has a dynamic element all its own, which possesses specific characteristics of nature, which give it an individuality which distinguishes it from the dynamis of all other forms of matter; that in the proving of this drug it impresses this individuality on the modified actions of functions through its specific action on the life force which executes them, and this to the degree that experts see this specific quality running through the series of developed facts, which they have likened to the golden thread which has been twisted into the many-stranded cord. This specific quality found in the condition, circumstance, or concomitants of any experienced symptom, and probability is so stamped on that symptom as a legitimate child of that drug. If on repetition of the experiment there results a repetition of the symptom with its former characteristics, probability is converted into a confirmation, and then, if on this basis the drug be given to one sick who is showing similar phenomena in his symptoms and the sick one be cured by the dose, confirmation becomes

assurance, and the long-delayed and questioned symptom may be accepted into our materia medica without hesitation. Or, if the questioned symptom be but slightly marked by the specific character of the drug, or even if this be not recognized at all, and yet the symptom is repeated in the experience of different provers, and its genuineness be proven by the successful use of the drug in clinical cases characterized by similar symptoms, then the symptom may be safely accepted as a legitimate element of a pure materia medica. The factor of time between the ingestion of the drug and the advent of the symptom, however protracted, is not to exclude the fact nor diminish our confidence in it as an index to a needed curative.

Then there may be errors in making up the record of the experiences of provers. The value of their labors is wholly in this element of purity. It is to be made up of *all* the facts which have had their origin in the action of the drug on the life force of the prover, and of no others. No facts of this class are to be omitted because the prover, or his recorder, judges them to be of little importance. It is to be a law controlling this record that no *fact* is unimportant because it has been attended with little suffering or danger to the prover. It may be of little significance to the diagnosis, while it is of the greatest value to therapeutics. What can be apparently more trivial than the sensation "tickling on the face *as if from a hair*"? And yet this was recorded, and afterward became the deciding factor in the selection of this remedy by one of our greatest masters in one of his greatest cures. Or its near of kin, "sensation as of a hair on the tongue,"\* which was ridiculed as an example of the supremely silly in a session of the American Institute by a member who had been before, was then, and has been ever since ambitious of the functions of a materia medica *reformer!*

A less ambitious, but more intelligent, member (Dunham) saw in this ridiculed fact an exceedingly important warning of the approach of a very grave disease.

This would-be reformer, who could see no importance in this fact—indeed, he could not see that it was a fact—has since tried his hand at his coveted work, and the result has proven a greater silliness was possible than his failure to comprehend the significance and import of a single drug symptom. The weakness and silliness of his work is only surpassed by the sadness

---

\* Sensation of tickling on back part of tongue, not relieved by eating or drinking, *Kali-b.*; on fore part is *Silicea*. Tickling on face as from a hair, *Laur.*  
—EDS, H. P.

compelled by the damage wrought by ignorance and folly on the noblest labors of the noblest of men.

When we say purity of the record of a proving requires that *all* the experienced facts of that proving shall be carefully and truthfully written therein, we mean all symptoms of both body and *mind*.

We note this more particularly because it is one of the gravest errors of modern provers that these most important symptoms to the therapist are either omitted altogether, as a matter of no concern to the prover, or disposed of so slightly and carelessly as to add little of value to a record this omission or carelessness has so nearly made valueless. It is these mental symptoms, so slighted or neglected by the ignorant or unskillful prover, which often are the elements in a pure record which decide the differentiation of similar remedies in the process of prescribing. For example, who with even the least intelligence of applied materia medica, would think of giving Pulsatilla to a proud and haughty patient, or Aconite to a tranquil and submissive sufferer? The prover should never forget in his proving and in its record, if any class of symptoms is more important to the true objective of the proving than another, it is that of the mental and moral sphere. These omitted or marred, and the proving has no place in a *pure* materia medica record.

Purity of materia medica record means not only no omitted facts, which have been developed in the experience of the prover while under the action of the drug he is proving, which can legitimately be put to the account of the drug for any reason whatever, but also no fact is to be entered on the record which has had its origin in any other cause. Impurity then is found equally in the *absence of facts* as in the intrusion of the false. If facts arise in the progress of the proving of which there is doubt as to their cause, whether they be of the drug, they are not, therefore, to be rejected, and, of course, they are not to be accepted, till the doubt is solved by further experiment and observation. The doubt is dissipated most perfectly by the clinical test. Does the drug cure or fail to cure similar symptoms in the sick? If it cure, the symptoms are confirmed as of a right belonging to the record, beyond the possibility of a doubt. But till confirmed by the clinical test or by further experiment and observation, they can only have place with the facts recorded as still under observation.

We do not forget that the clinical test of the action of drugs has been rejected as authority in the affirmative of this question. Nor do we forget that unreasonable and unreasoning skepticism

has been driven by unquestionable facts to this near approach to idiocy by its persistent refusal to accept demonstrated facts which admitted of no other negation. The resort to this is perfectly *safe* to those who flee to it, as by this they refuse to come before the *only* tribunal where the questioned truth can be tried and decided.\* It leaves them to their *non credo*, and beyond this they will never go, so great is the folly of *skepticism of the will!* Incurably weak and blind!

A *pure* materia medica is the only objective of drug proving. By *pure* in this connection we mean a record of *all* the facts which the drug has been found to produce when brought into contact with the life force of man. The record, to be *PURE*, *i. e.*, perfect, is to be free of all facts not the effects of the drug, whatever the origin of these may be, and to secure this freedom there needs to be on the part of the prover and recorder especial care to avoid these oscillations of function which are constantly occurring by reason of disturbances of functional balance from other natural causes than the drug. These are met more or less in every individual who is not in *perfect* health, and those who are gifted with this chiefest of earthly blessings are not numerous. Where these spontaneous disturbances are frequent and many they disqualify altogether for the work of the prover.

There is necessary to this desired perfect record not only absence of all which is *false*, but also the presence of *all* which is *true*. If there be many symptoms in the record of any drug, this abundance is no warrant for the exclusion of any—though there have been those who have proposed, as a reform of our materia medica, that the record of “no drug should be allowed to exceed *five pages*.” Mangling, mutilating, and reform were evidently synonymns in the mind of this chairman of the bureau of the “great representative body”! We have already seen that circumstance, condition, and concomitants of each symptom were necessary to its perfect record. But this is not all. Quality of symptoms, as of pains, of which kind are they? where is the exact location of each? what is its character? is it fixed or moving? if moving, does it shoot from point to point? if so, in what direction are its dartings? are they from above downward, or the reverse? or are they transverse? if so, from which side do they start? or do they shift from one location to another? if so, was the transit from right to left, or the reverse? or was it from below upward, or the reverse? These and all else which has characterized the advent, presence, or disappearance of any symptom is to be made a part of the record which is *pure*, *i. e.*, perfect.

And, finally, purity of the record requires of the prover that he enter upon his work with no preconceived notions of what is or is not to be. He is only to concern himself with that which actually happens, with that which *is*. He has no authority to say of this or that that it could not have its origin in the dose because it was of this or that dynamization. He has neither knowledge nor power which can determine the limits of drug action on the life dynamis. This knowledge and power Omniscience and Omnipotence has reserved to itself, and, so far as we know, has shared it with no *materia medica* reformers. And, moreover, the prover is not to be frightened by any, no matter how great, "wilderness of symptoms" he may develop. He is only to be concerned with one and all, with few or many, from crude drugs or dynamizations, high or low, with the answer to this one question—is it true? Is it a representative, *quo ad hoc*, of the action of the drug under examination?

---

## DYSENTERY AND ITS TREATMENT.

AD. LIPPE, M. D., PHILADELPHIA.

There is not the slightest doubt that our scientific knowledge is largely increased by comparisons. The illustrations here offered show how these comparisons may be utilized.

Purely homœopathic treatment is much facilitated by the little work of Drs. James B. Bell and W. T. Laird, used by all who are firm believers in the never-failing correctness of the Law of the Similars. It is an indispensable assistance in finding the similar remedy for the various diseases of the bowels. The faithful homœopathist adhering to the Law of the Similars will always cure his cases.

There is a very large number of medical men who *trade on a name*, and we will first give a few illustrations of their doings. A lady called on one of these nice young doctors, a graduate of the New York Homœopathic College. She had dysentery. The learned *trader on a name* gave her two bottles, and when asked, Why two remedies for one disease? this scientific individual explained himself, saying, one remedy is for the pain, the other is for the dysentery; take them in alternation. Did she? No. The lady had read the *Organon*, the *Chronic Diseases* by Hahnemann, and the article on Homœopathy by H. H. Furness, Esq., published in the *Encyclopedia Americana*, approved of and indorsed by the American Institute of Homœopathy. She

evidently was better read than the New York graduate, and did *not* take the two remedies in alternation. She waited for a remedy from a homœopath and speedily recovered. Would it not have been more wise if this young Æsculapius had read the *Organon*? He would not then have been so silly as to give one remedy for the pain and the other for the dysentery.

A few weeks afterward this *trader on a name* was utterly outdone by a doctor who also *traded on a name*. At the most fashionable summer resort of this country an old homœopathic patient, a well-read lady, who for more than a quarter of a century had observed the results of strictly homœopathic treatment, was taken ill with dysentery, and called in a so-called homœopathic physician. He entered the sick-room with a "Saratoga trunk" filled with vials. First prescription, Arsenic<sup>3</sup>, in water solution, and because the patient had much pain he added to the Arsenic solution just a little Morphia. The patient, of course, grew worse, and he then resorted to Coloc., Merc., etc., but added just a little Morphia to every solution. The patient grew worse rapidly; restless, sleepless nights; and, already scared by the Saratoga trunk, a true homœopath was summoned, and found on his arrival all secretions stopped, the patient desperately ill with brain symptoms. One dose of Aloe high relieved the abdominal pains, and the dysentery returned in full force. A few doses of Mercurius (high) controlled the case promptly. The first medical man, with the Saratoga trunk, *professes* to be a homœopath, but we declare that he is a vile eclectic, ignorant of Homœopathy, and evidently *trading on a name*. These men must be exposed without mercy, as they inflict terrible harm under the guise of the homœopathic name. That man surely never read the *Organon*, and if he did he could not take it in, but he seeks *recognition*.

We have shown what the *traders on a name*, who are also seeking recognition, do, what Homœopathy does, and now let us see what "the regulars" do. We give now what Fordyce says:

TREATMENT OF ACUTE DYSENTERY.—The inflamed edematous condition of the mucous membrane, and subsequent obstruction to passages from the bowel, is well known. Remembering the relief often obtained from the application of hot water to inflamed surfaces, and the beneficial effects of solutions of Bichloride of Mercury upon ulcerated surfaces, particularly of mucous membrane, the thought occurred to me that if I could carry the hot water into the bowel, allowing it to flow back in sufficient quantity to remove for a distance from above all fecal and offending matter, I should accomplish two important objects—*i. e.*, relief of pain, and prevent the absorption of poisonous matter up into the blood, the antiseptic properties of the Bichloride aiding in this latter object. Upon this I acted, using a soft rubber tube attached to



a Davidson's syringe, passed carefully through this sensitive inflamed tissue, so as to carry the liquid above the rectum into the colon. The patient was placed on his side, with an oil-cloth beneath him, and four or five quarts of water as hot as could be borne were injected and allowed to flow back with whatever substance had accumulated or remained in the bowel above. When the water returned clear, then a quart or more of the solution of Bichloride, about 1 to 10,000, was injected and allowed to return in the same manner. The effect was immediate relief of pain and tenesmus. A suppository of Opium, one grain, was given and retained, and, for the first time after the attack, the patient slept seven hours, awakened refreshed, could take some food, and, if perfectly still, was free from pain. In about twelve hours slight return of pain was felt, and the same treatment repeated. This treatment was continued, with the Bichloride solution, four times, and the hot water alone was used for four or five days more, with suppositories of one grain of Opium, morning and night, with perfect recovery, no medicine being administered by the stomach, except one-grain doses of Quinine three times per day.—*Dr. Fordyce, Buff. Med. and Surg. Journal.*

Here we find an *accidental* cure, for no doubt the Bichloride of Mercury was homœopathic to the case. No medicine was given by the stomach except one-grain doses of Quinine three times per day. It is a pity, a great pity, that our scientific brethren of the allopathic school do not recognize such of our own brethren who, like the prevailing school of proclaimed healers, *trade on a name*—"healers" without a rudder or compass to show them the only true course for curing the sick.

---

#### ASCENDING PARALYSIS AFTER WHOOPING-COUGH.

(PROFESSOR MOEBIUS, *Centralblatt f. Nervenheilkunde*, 5, 1887.)

Moebius reports a case from his polyclinic wherein a boy of three years during the acme of whooping-cough developed a paresis, first of the lower extremities, then of the arms, the cervical muscles, and of the diaphragm. The tendon-reflexes were absent, but disturbances of sensibility of the superficial reflexes, of the functions of the cerebral nerves, and of the intestinal canal could not be demonstrated. The lesion, limited to the motory sphere, could not be a severe one, as atrophy and changes in the electrical irritability were absent, and because full restoration followed in a short time. The ascending paresis was not a steady one, and left abdominal and intercostal muscles, as well as those of the back, untouched; death, otherwise, would have been inevitable, as simultaneous palsy of the intercostal muscles and of the diaphragm, even if only existing for a little time, necessarily leads to a fatal result. Which parts of the motory

apparatus were affected is a question of secondary importance; it might have been a slight myelitis or a so-called multiple neuritis, and the latter supposition is the more probable one, as neither micturition nor defecation was ever interfered with, and the disease ran a rapid course.

The chief question remains, what relation exists between the paralysis and the preceding infectious disease, the whooping-cough? and we may consider it a nervous sequela, analogous to the diphtheritic paralysis. We may suppose that in every acute infectious disease a peculiar poison is developed, which, according to its affinity to certain nerve fibres, causes a peculiar nervous affection, as we know already from the diphtheritic poison, and it seems as if most morbid noxæ exert a more diffuse action, injuring one or another section or sections of the nervous system, and it needs yet many an observation to differentiate between the nervous sequelæ of the acute infectious diseases, as whether an ascending paralysis is characteristic for whooping-cough. Our literature is very poor yet on similar observations. Most cases rather show focal diseases in the brain. Two cases observed by Moebius, as sequelæ of whooping-cough, were rather the one a cerebral infantile paralysis, and the other a poliomyelitis acuta. Ferber observed an acute mental alienation after whooping-cough. Cazin reports a case of a child suffering from moderate whooping-cough, but remarkably delicate and apathetic, who was taken with severe convulsions of the right side, and died in half an hour. Considerable hemorrhage between cranium and dura was found in the posterior half of the left hemisphere, and Cidal and Danchez report similar hemorrhages in the brain after whooping-cough in the *Progrès Médical*. West reports in the *British Med. Journal* of January, 1887, a case of right-sided hemiplegia with aphasia and lithetosis appearing during whooping-cough.

It seems that the treatment instituted at the Berlin Polyclinic consisted in mild electrical treatment and massage, adjuvants which we ought not to neglect in similar cases, plus good, easily digestible food and rest. If I am not mistaken, a kind of Wier Mitchell treatment, individualized according to the nature of the case, would save many a patient who succumbed to a weakened heart after diphtheria, and the same may happen in whooping-cough. But we have many drugs which may aid us in restoring that disturbed nervous equilibrium, and none is here more neglected than that despised *Psorinum*, for we find among its symptoms: Paralytic debility without structural changes (hence in many cases the *vis medicatrix naturæ* suffices to brace up the

nerves again, if aided by nutrition and rest); trembling of feet and hands; and Lippe considers it *the* remedy for the sequelæ of debilitating acute diseases. We always considered Psora as a deficiency of vital power, hence no resisting power to inimical noxæ, whether they come from outside or arise in our body, and Psorinum or any one of Hahnemann's antipsorica indicated. We just think of *Conium*, with its upward progressing paralysis; of *Cicuta*, that great remedy in cerebro-spinal meningitis; of Schüssler's *Kali phosphoricum* in paralysis dependent on exhaustion of nerve-power after recent infectious diseases; of *Manganum*, with its ascending multiple neuritis and consequent paresis, and especially of *Latyrus*, in Moebius' case, for it gives us: Paresis of lower extremities, with tremulous, tottering gait, sensibility remaining intact or even hyperæsthetic; no pains; worse when standing or walking, and better by lying down; whereas, in *Phyostygma*, though it is more indicated as long as no structural lesions have taken place, we still think more of this drug in functional disturbances of the cord, purely spinal, with normal intellect. The very opposite of *Latyrus* we have in *Silicea*, where we also meet paralysis from defective nutrition of the nerves, but at the same time oversensitiveness to nervous stimuli and those wandering pains passing quickly from one part of the body to another. A weakened nervous system, momentarily relieved by alcoholic beverages or other stimulants (vin Mariani) hints to *Gelsemium*, and it has won many a blessing in post diphtheritic paralysis, with its tired, exhausted feeling of mind and body.

Kapka, in his classical work, on *Homœopathische Therapie*, mentions incidentally as a sequelæ of whooping-cough a partial or total paralysis of one or another extremity, and fears in all such cases a basilar meningitis on a tubercular foundation, and in other cases a tabes or marasmus sets in, based on an obstinate gastric catarrh. In all such developed cases the glandular system is suffering, nutrition suffers, and according to the suffering parts the symptoms and the treatment must vary. The cerebral hemorrhages are thus more easily explained, as a weakened vasomotor system relaxes the arterial walls and a break may follow, or there is a serous exudation, and in their debilitated state the prognosis becomes more than ominous.

Sulphur, Calcarea, Iod., Phosphor., and Arsenicum in their different combinations are the sheet-anchors in such threatening sequelæ, plus good nutrition, fresh air, and rest. According to Kapka, they are really our tonics, our roborantia, and it is just in such cases where Grauvogel's alternation of a high and

low potency of the same remedy finds its suitable application—the low potency as the nutritive drug, the high potency in order to stop the functional derangement, so that it may not become organic, and when we look at the pathogenesis of our antipsoric remedies we will find them more frequently indicated during the different stages of this convulsive cough than is done by most physicians. Hence, perhaps, our frequent failures in shortening the disease, and it is well if we learn something by our failures.

Generalizing the pathological state and individualizing the drug suitable to the daily symptoms must go hand in hand, and success will crown the efforts of the painstaking physician; let us adhere closely to the dietary rules as found in the *Organon*—they ought never to be neglected—that exhausted nerve-power needs rest and passive exercise for its restoration, and our well-indicated remedy will hasten to bring back the bloom of health to our darling little sufferers.

S. L.

---

! !\*

Lippe! Wells! Bayard! Ye members of the I. H. A.! Avaunt! Go hide your heads for shame! Go bury yourselves in the deepest depths of the underworld! Can ye read the “masterly effort which held the vast audience throughout,” and the words of wisdom, science, and truth which follow, and dare to show your heads again? Shame on ye, “who think we should follow the teachings of a ‘master’ of half a century ago,” and do not “keep abreast of the tenets and teachings of more modern times, using the measures of any and every school when available.” Ye are old enough to know better! Ye poor fools! Ye claim to teach and practice Homœopathy? How absurd! It has been said that he who would teach must first learn himself. Ye are half a century behind the times! Go learn of your MASTERS of to-day! You will find them in the INSTITUTE! Shame on ye, ye old fossils! Ye have shown no signs of “PROGRESS,” and your years are too many to begin now! Ye still adhere to a “FALLACY”! Ye still adhere to “EXCLUSIVISM”! “SECTARIANISM” is still one of your greatest follies!

---

\* Words fail to supply a title. Reference is made herein to the report of the proceedings of the American Institute of Homœopathy as given in the *Medical Advance* of July, 1887.

If ye cannot come out from your shells and shout and yell and cry and whine and plead for RECOGNITION, the sooner we are rid of you and your clan the better! Mark ye this: "The American Institute of Homœopathy adheres, as it has always done, to its *object*, as declared by its founders in the first article of its Constitution, namely: 'The improvement of homœopathic therapeutics, and *all other* departments of medical science,' and it is proud of its achievements up to this time."

Whoop la! Look at that for a "masterly effort"! Didn't you have something to do with the founding of the Institute? What did you silly creatures run away for, and start up a "mutual admiration society" of your own? Assuredly, THIS is proof enough that you are not "abreast of the tenets and teachings of modern times."

"'Tis true, 'tis pity; and pity 'tis, 'tis true."

Why don't you yell for HARMONY and RECOGNITION? Subscribe at once for the *Cyclopædia of Drug Pathogenesis*! Throw your Hahnemann, Jahr, Bœnninghausen, and Hering in the fire! Get Dake, Dudgeon, Burt, Hughes & Co. instead; be sensible and rational.

Use ten drops of tincture of Aconite, with a four-ounce solution of Gum Arabic for asthma! Throw aside your silly prejudices against pessaries—"personal experience will show their importance." Remember, that topical applications and "local action" of drugs are absolutely essential.

Suppression of eczema is a fad! External applications of astringents and other drugs do not produce subsequent ill results. Thus saith the sapient! The idea! "How can doses of Sulphur affect a parasite that grows underneath the skin, and that can only be killed by some topical application?" It's absurd! "Catch your rabbit before you skin him."

Last of all, know this: "CORRECT DIAGNOSIS" is "THE FIRST ESSENTIAL." Your ideas about symptomatology are simply—bosh!

H. HITCHCOCK.

NEWARK, N. J., July 19th, 1887.

#### IRREGULAR MENSES.

Catamenia appearing only during the night, *Borista*. Only during the day, *Causticum*. Increasing during the night, *Ammon. carb.*, and *Zincum*. Not at all in the night, *Causticum*.

Catamenia only in the morning, *Sepia*. During the evening, *Coffea*. Lessening in the afternoon, *Magnes. carb.* Increasing in the afternoon, *Sulphur*. *Pulsatilla*, like *Causticum*, has catamenia during the daytime, but mostly while walking.—*Hering*.

## PROCEEDINGS OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Central New York Homœopathic Medical Society was held in the office of Dr. Wm. A. Hawley, in the city of Syracuse, Thursday, June 16th, 1887. The meeting was organized by making Dr. A. J. Brewster Chairman *pro tem.*, and Dr. T. D. Stow, Secretary *pro tem.*, the President, Dr. Biegler, and the Secretary, Dr. Schmitt, being absent. Dr. Hawley showed a letter from Dr. Smith, stating that Dr. Biegler had an attack of hemiplegia, which would prevent his attendance.

In the absence of the records, the minutes of last meeting were not read.

MEMBERS PRESENT: Drs. Wm. A. Hawley, A. J. Brewster, Stephen Seward, R. S. True, H. Dada Emens, G. H. Greeley, of Syracuse; T. L. Brown, of Binghamton; Leslie Martin, of Baldwinsville; T. D. Stow, of Mexico.

Dr. Hawley presented the application of Dr. R. S. True, of Syracuse, for membership.

No communication from the President. No report of censors. No election of new members. Reading of *Organon* was dispensed with.

Unanimous sympathy was expressed for the President, Dr. J. A. Biegler, who is absent by reason of a sudden but partial stroke of paralysis. Regrets were also expressed for the sickness of Dr. L. B. Wells, of Utica.

Reports on medical subjects being in order, Dr. Stow read a paper on the ætiology and pathology of syphilis, the subject chosen for discussion at the March meeting. In addition to his paper, he cited facts taken from the publications of the "London Society for the Abolition of Compulsory Vaccination," kindly furnished by William Young, Secretary of that Society, showing that syphilis is inoculable not only by impure coition but by vaccination, whether of human or bovine lymph. He argued that if syphilis is to be avoided and dreaded, then its transmission through vaccination—which is a well-established fact—is equally reprehensible, and physicians in general, *but homœopathic physicians in particular*, ought to discountenance the practice. Dr. Stow also distributed documents relating to the question,

kindly furnished by Mr. William Young, 77 Atlantic Road, Brixton, England.

The meeting then adjourned till two P. M. Reassembled at two P. M., and called to order by Chairman Brewster.

Dr. Leslie Martin, of Baldwinsville, then read a paper on syphilitic poisoning by inoculation of his finger while attending a case of labor. He gave a pathological description of his case that was very interesting, and stated how and by what remedy he was cured. The principal remedies were Calc. carb., Silicea, Nit. acid, Staphisagria, and Thuja, according to their indications.

Considerable wordy sparring took place during the reading of the two papers.

Dr. Hawley, in the absence of any paper furnished by Dr. Kent, of St. Louis, opened the discussion by reporting the treatment of a case of syphilitic iritis, a very interesting report showing the metastatic nature of syphilitic germs, the beauty of action of the homœopathic remedy in a minimum quantity. His remarks called out questions and desultory statements, not in the recollection of the scribe to record.

Dr. Brown, of Binghamton, followed Dr. Hawley, commenting on Dr. Hawley's case, sharply criticising the opposition of Dr. Stow to vaccination, and making some very fine suggestions as to the diet, cleanliness, and hygiene of syphilitic patients.

Dr. True cited a case requiring Aurum.

Dr. Seward stated his belief in vaccination, and the successful uses of original cow-pox virus he had taken from a cow.

Dr. Stow thought Dr. Seward's experience with cow-pox lymph was decidedly negative :

First. Because Dr. Jenner and his disciples long ago abandoned that practice as unreliable and worthless.

Second. Because only *milch* cattle of the bovine species have that simple malady, and because the suspicion is that when it does occur it is conveyed to the bag or teats of the cow by milkers, who thus convey nobody knows what !

Third. Because there is no evidence that virus, taken from the calf or cow, is freer from constitutional or other disease germs than humanized virus, and, further, that official statistics show that vaccination neither mitigates nor prevents small-pox.

Miscellaneous business being next in order, Dr. Brown, of Binghamton, made a speech laudatory of hygiene. He declared that one-half or two-thirds of the maladies we are called upon to treat are self-induced, the result of ignorance of natural law or the willful violation of such law ; that the abandonment of a

pernicious habit should be the first move—Homœopathy stepping in to hasten and to establish recovery.

Dr. True followed Dr. Brown, citing cases of drugging and the causes that lead him to abandon allopathy.

Dr. Hawley told an interesting story apropos to the occasion, illustrating the old saw, that "all's well that *ends well*."

A desultory conversation ensued, during which the meeting adjourned, the time and place of the next to be Thursday, September 15th, at Dr. Hawley's office in the city of Syracuse.

Subject for discussion: What cures?

On the whole, the meeting was an interesting and profitable one, only lacking in point of numbers, but this was accounted for on the basis of the sickness of such as our worthy President, Dr. Wells, of Utica, etc., and the further fact of the proximity of the annual session of the International Hahnemannian Association at Long Branch, N. J., making it impossible for many to attend this meeting; lastly, but few can conveniently leave their business at such time.

T. DWIGHT STOW, *Secretary pro tem.*

---

## PUERPERAL CONVULSIONS.

(AUREL KRAIZELL, M. D., *Der Allg. Hom. Zeitung.*)

TRANSLATED BY A. MCNEIL, M. D., SAN FRANCISCO.

I was called on the forenoon of 21st of December of last year to see in great haste a woman who had been delivered the night before. She was forty years old and had been delivered at midnight. They told me the birth had been accomplished without any bad symptoms. The afterbirth had also passed and no great hemorrhage had occurred. In accordance with a bad custom which prevails in this neighborhood, she had taken soon after delivery some whisky. About one A. M. she became very restless, and soon after was attacked by a violent, general convulsion, with the cry, "Help me!" After this had continued several minutes she fell into an unconscious condition with much groaning and moaning, out of which she awoke in twenty-five or thirty minutes to be again attacked. The paroxysms had been constantly returning since ten o'clock, and appeared to be increasing in violence, and for several hours she had given no indication of consciousness. As I entered her room I *witnessed the sixteenth eclamptic attack of the highest grade of violence*, which



I was told by those present had already continued almost a half hour. All the muscles of the body were affected by the most violent clonic spasms, so that three men must hold her to prevent her from throwing herself out of the bed. Her face was unrecognizably distorted and of a bluish red color, the eyeballs extravasated with blood, pupils dilated, and out of her mouth poured a bloody, frothy saliva. Respiration was very difficult, in jerks, with rattling on the chest, the heart beat violently and irregularly. The abdomen was very much distended, and through its walls the spasmodic movements of the intestines were perceptible to the hand. The temperature of the skin of the entire body, but particularly of the head, was very much increased, the pulse imperceptible. The entirely unconscious patient kept up a dismal groaning.

I ordered her mouth to be cleansed as well as possible from blood and mucus with a linen rag, and placed two pellets of Belladonna<sup>3c</sup> on her tongue. In a few minutes the convulsions had abated and she had fallen into an unconscious condition, while she broke out into a profuse clammy sweat. I now dissolved some pellets of the same medicine in a glass of water, and with great difficulty administered a teaspoonful of this solution, as swallowing was nearly impossible. Of this she received a spoonful at first every half hour and afterward at longer intervals, with the result that she had no more eclamptic attacks, and the consciousness gradually returned that evening.

On the next day, to my great joy, I found the supposed dying woman fully conscious, and complaining only of violent pains in her head and groins. The skin of her entire body was in a uniform perspiration, the pulse regular and undulating, the abdomen soft and not sensitive on pressure, and the lochia had returned. The medicine was continued every two hours. On the following day the pains in the head and groins had abated, and under the administration of the Belladonna solution at longer intervals she passed safely through the dangers of the lying-in room.

---

### A NOTE UPON REPETITION.

Professor Kent says: "The most difficult as well as the most important thing for the homœopath to learn is, how to administer the remedy when selected. In acute cases, when the symptoms are very violent, the action of the remedy is soon overcome by the disease, and it may be necessary to repeat frequently. But as soon as improvement sets in, stop your medicine and

give no more till the improvement ceases or other symptoms occur calling for a remedy. Be sure that you have the right remedy the first time. You will save time in most cases, if you are uncertain as to the remedy indicated, to give no medicine till you have returned to your office and consulted your books; for if you administer the wrong remedy it will so mask the case that it will be almost impossible to select the remedy which would have proved curative at first. In chronic diseases, particularly those complicated by psora, in which antipsorics are indicated, it will seldom be necessary to repeat oftener than once in three or four weeks. I very rarely give Sulphur at shorter intervals than four weeks, and some of the most brilliant cures I have ever made were with a single dose of medicine, from which no improvement was manifest for six weeks. From that time improvement was rapid and permanent."—*Medical Era*.

---

## SULPHUR.

A LECTURE BY PROFESSOR J. T. KENT, A. M., M. D.

(Continued from September number, page 329.)

The condition of the eyes produced by Sulphur is similar to that produced by many other remedies. Inflammation of the lids, yellow or yellowish white, muco-purulent discharge, crusty formation on the margins, obscuration of sight—like a gauze before the eyes—halo round the gas; there is nothing individual about these. The grand characteristic is the acrid discharge and the *burning upon application of water*. All are curable by Sulphur when the red string is applied. Ulceration of the margins of the lid (Graph., Apis, Ars., Sulph.). All the inflammatory symptoms of purulent ophthalmia of the cornea and the lids will be cured by Sulphur when indicated.

The same acrid, burning, offensive discharge may be found in the ear, with excessive burning after syringing them; discharge from the ears after an acute disease, as scarlet fever, with the burning from application of water. You commonly find burning of the soles of the feet, which are puffed and red at night; cannot endure covering; hot head. Many times we find the symptoms nearly all suppressed, and we have a one-sided case. In children we look for the bright red lips and the redness of the mucous membrane wherever seen. It was Sulphur that had been needed in the beginning—it is Sulphur now. Should the child not be properly treated as it continues to grow, you will

find *burning in the top of the head, burning in the soles, the all-gone hungry feeling at eleven A. M., or it may be a loose stool in the morning driving her out of bed.* Men who suppress and maltreat these diseases know no better way.

We have the same grand characteristic in acute diseases of the nose—burning *agg.* by water, with catarrhal discharges of bloody mucus. Sulphur is a strong remedy for this symptom of bloody pus or mucus. It is quite safe to prescribe upon the one symptom when you find such a condition in a general epidemic among horses. It may be checked as quickly in a horse as in a man. In discharge of acrid, burning water from the nose compare *Ars., Merc., Al. cepa.* *Allium cepa* has an acrid discharge from the nose and a bland discharge from the eyes. It has a cough that is like the tearing of hooks in the larynx. *Euphrasia* has an acrid discharge from the eyes and a bland discharge from nose, outer surface of the nose becomes filled with black pores. You will find *Graphites* an important remedy.

All over this country we have hay-fever. During its season people flee to the White Mountains, to Northern Michigan, across the ocean, everywhere, seeking relief. For four years I have cured every case presented to me; you will do the same thing easily and nicely if you follow the *law of cure.*

On my trip East this year a case presented itself that had been in existence eleven years. The man was at Panama eleven years ago, and the hay-fever had followed an attack of Panama-fever. Coming on each year about the 20th of August he had an attack of hay-fever. He had consulted all sorts of pathists as well as some of the best homœopaths in this country. Recognizing the fact that it had followed Panama-fever, knowing the excellence of the prescribers that had gone before, believing without doubt he had taken *Carb. veg.* (the king remedy after a badly treated fever), I gave him the sister remedy, *Psorinum*, the symptoms perfectly agreeing. The disease left him in twenty-four hours and did not return.

Each remedy has its own symptoms. No other remedy will cure an *Al. cepa* case except *Al. cepa*, and you cannot make up for your ignorance by increasing the size of the dose. If you would find your remedy you must hunt for it.

As water is unbearable, the Sulphur face is scaly and apt to be dirty-looking, careworn, and old.

It is often indicated in hectic fevers with circumscribed redness of the cheeks. *Phos.* has striking symptoms in the same condition. It is even stronger than Sulph.

We have every conceivable eruption upon the face—boils,

impetigo, cracking and chapping of the lips, breaking of the skin under the alæ of the nose, under the lips, on the chin, rhagades, all associated with burning and cracking; skin burns upon application of *water*, foul taste in the mouth in the morning, after sleep, diarrhœa drives him out of bed as soon as he wakes, red tongue, red edges; red, dry, and burning in typhoid states. In this latter state it is very useful when you are called after an allopath has ptyalized his patient, and you will be glad to have known of Sulph.

Add to the characteristic symptoms already mentioned this: "A bad smell before the nose as of an old catarrh." Many remedies have fetid breath and bad smell from the mouth, but they differ in this way—this is entirely subjective—perceived by the patient himself, while others, like *Merc.*, are simply abominable to every one about.

Nursing sore mouth of babies, thrush (*Sulph. ac.* It cures at least many cases) and we find it necessary to so prescribe, as it is impossible to find characteristics in such young children. ("Child screams violently upon downward motion." *Borax.* It is fear.) (Sensation "as of a worm in the bladder." *Bell.*)

There was a time when to hear such symptoms discussed seriously would have caused me to laugh, but since curing cases by these very symptoms I have felt that the laugh was against me.

Treasure up peculiar symptoms.

Tongue coated and wears off during the forenoon is more characteristic of *Merc.* It is also worse after sleep, showing the deeper derangements of the mucous membranes.

*Sepia* has the "burning of the pharynx."

Sulphur is similar to *Lyc.* in its sour eructations, burning all the way up into the throat and pharynx. *Sulph.* and *Lyc.* are sister remedies, and as *Sulph.* is followed by *Calc.*, so is *Calc.* followed by *Lyc.*

The sore throat of *Sulph.* is like that of *Lyc.*, going from right to left. *Lach.* produces a sore throat that moves from left to right. *Sulph. ac.* has a very characteristic sore throat, and is indicated in the lemon-colored exudations. Lemon-colored discharges are characteristic of this remedy. It has a stool looking like chopped lemon peel.

A singer at the Cave this summer was greatly troubled with tickling in his throat. Going to all the physicians in his neighborhood, all told him he must have the palate amputated! As a last resort he tried a despised homœopath—myself. I found a bright redness of palate and uvula, the latter looking like a little bag of water. A single dose of *Kali-bich.* cured the case.

The thirst of Sulph. is depraved, and is for alcohol or beer. This is in keeping with the state or condition in old, broken-down people. As they become old and feel a loss of strength they have cravings for strong drink.

Nux vom. is another remedy producing this condition, and is complementary to it. Podoph. and Nux v. antidote each other. Nux v. and Sulph. will do the same. Is it fear of harm to their patients that causes professed homœopaths to give the two together for piles?

A young lady patient of mine, having formed a habit of taking Chloral, was stopped by her parents. Slyly, without their knowledge, she began to take whisky and coffee. They became too poor for her to afford the whisky, so she had recourse to alcohol and coffee. She shut herself up, using twenty-five cents worth of alcohol every day!—a larger quantity than I ever knew to be used daily. Nux v. enabled that woman to stop drink immediately, and her nervousness also disappeared. Nux v., one dose per day for three months, then Sac. lac., cured her entirely. In this it is related to Sulph.

Marasmus, with great craving for food; “drinks much and eats little” when this violent thirst is on; there is but little appetite, and a large quantity of almost colorless urine is voided.

We have but one other strong remedy having “a ravenous desire for sweets, which make him sick”—Arg. n. These have both the desire and the *agg.*, but there is this distinction: The Sulph. patient will get up in the night to get sugar, which causes him to have sour stomach, heart-burn, vomiting, and a great amount of distress; Arg. n. will steal the sugar, and it brings on diarrhœa, or the mother will eat candy and her nursing baby will have a diarrhœa of “grass-green stools.” You will think of Cham., of Acon., of Merc., but you must give Arg. n.

With a constipation, tenesmus, milk disagrees, causing sour taste and sour eructations, Colch. and Sep. are in good order. Puls. has sour eructations from milk and *fat* things. Each remedy has that about it which will enable you to individualize, has its own distinctive features and peculiarities, as each man is gifted with his own distinctive features and peculiarities.

---

**MARUM VERUM:** Little children, becoming emaciated, are helped by *Marum*, if they have a jerking hiccough after nursing, and belching without bringing anything up. The same is often beneficial in the crying or the diarrhœa of little children.—*Pehrson*.

## CLINICAL NOTES UPON PARTURITION.

E. A. BALLARD, M. D., CHICAGO.

(Bureau of Obstetrics, etc., I. H. A.)

**ACONITE:** In labor with her first child. Pains attended with great restlessness; throwing herself from side to side and crying, "Oh! let me die! Let me die!" One dose of Aconite quieted her in five minutes, and child was born a few minutes later.

**CALC. CARB.:** Last part of sixth month of her second pregnancy. Labor pains continued through the day. In the evening they were frequent, hard, downward pressing, mostly in front, with a free, bright show. Os dilated so as to readily admit the finger. During a pain she cried, "Hold me down! Hold me down!" Analyzing this symptom, I found that the stomach was greatly distended, standing out like half a bladder, with a sensation during pains as if that part of her body were rising. One dose controlled the case at once. At the termination of her seventh month she was again threatened with miscarriage. Pains indefinable, not near so hard as before. Anxiety, restlessness, changing from bed to chair or wobbling about, dislike to be alone, cold perspiration. One dose of Arsenic, and an easy labor at full term.

**NUX-VOMICA:** Besides the well-known indication, desire for stool or urination with every pain, which I have repeatedly verified, we may find the pains wholly or principally in the back, and during the pains the patient must stand or walk about, likes to have her back rubbed. One lady has in two different labors quickly felt the benign effects of this remedy after twelve hours of do-nothing pains.

**PULSATILLA:** Regular, hard, downward-pressing pains at beginning of fifth month of pregnancy. Sepia did no good. Found that every pain was accompanied by loss of breath. Remembering to have read in Lippe's *Repertory*, "Difficult respiration accompanies diseased conditions in parts not involved in the act of breathing, Puls.," I gave one dose, which quickly righted matters.

Another case, patient had between pains shivering and chattering of teeth without chilliness. This started each time from anterior middle portion of right thigh, where there was also a

sensation of shivering. No relief following the exhibition of *Actea r.*, I sat down to consult my repertory, when I noticed that there was a disposition to weep with every pain. A few minutes after taking a dose of *Puls.* all these symptoms ceased, and the pains became expulsive and terminated the labor in about twenty minutes. The patient described the effect of the remedy as that of a large ball which went straight down and pushed the child out without any effort on her part.

Unless another remedy is plainly indicated I always give a dose of *Arnica* at the end of labor. I have used it in the low, medium, and higher potencies. Since using the higher I have had less trouble with after-pains, but I am not certain that the change was not due to the exhibition of the indicated remedy during labor, for in many such cases I have marked the absence of these pains, while in other cases they were promptly controlled by the remedy that had proven homœopathic to the labor pains. In one case where the after-pains were excited by child-nursing, slamming a door, or any sudden noise, *Arsenic* cured.

---

### MEDICAL SOCIETIES: HOW TO MAKE THEM USEFUL.

Had I a spite at a man, I would persuade him to read a paper before an intelligent body during the month of August. I'd down him.

Upon this occasion these be my doctrines. Whether they be sound and well delivered or not is further on.

I want to speak of familiar things. I need not tell you that our County Society is, seemingly, starving to death. While the membership is good, the attendance is very bad as regards numbers. Now it behooves those of us who do attend with some degree of regularity to ask ourselves why it is that no more interest is taken in our meetings. When I first entered the ranks ALL the older and stancher members came regularly. It's not so now, and why? Nature's inevitable has made vacant the places of *Coté*, *Rousseau*, *Cowly*, and, last, but by no means least, *Caruthers*. The night of death has gathered around them, but the morning of their memory is fair to those who loved them.

How of the living? Have they been crowded out? Have the vaporings of later accessions made it stale and unprofitable to spend one evening a month at a gathering of homœopathic physicians? Have the papers and discussions been so insipid that to stay at home brought better returns? Something is

wrong. What is it? One thing is absolutely certain: Society attractions are not as great as they should be; they are not such as make it a pleasure, yea, a necessity, to attend; the feast spread must be inferior, else more would seek it. We are all hungry, because all of us flock to the annual dinner with royal precision.

Now it's the duty of every one of us to suggest a remedy for this lack of interest. Of course, no one will offer monthly *gastro-nomic* layouts as a solution to the problem, but I believe it opportune to submit that monthly layouts of mental pap prepared from experience resulting from the application of *Similia similibus curantur*, sweetened by the milk of human kindness and the honey of health restored, would attract each and every man who subscribes to the faith. The beast must be fed or he famishes; and he does not hunt husk either, he wants corn. Show him where it is and he'll root for it. Here, then, is the problem in a nutshell: make this Society the crib, fill it with golden ears, and crowd the house. I hope no one will grunt at this simile.

Too much of our time is wasted reading and listening to the reading of papers, and if every one of you were to utter a hearty "amen" at this very minute I should not be surprised. Upon the contrary, I hope you will get such a surfeit to-night that you will never listen to another.

I am also opposed to the wasting of time reading a minute of previous meetings. That, however, we cannot do away with, but for brevity's sake, cut it down three-quarters, anyhow.

In place of the essay I would institute an experience meeting. The President could ask the faithful if they had anything to communicate that was fresh and good. This would open the ball early, thus giving each a chance to contribute whatever they had to the common fund. Every one of us cracks a nut or two during the month that contains a rich, nutritious kernel, and when thirty or forty such are spread before us we have a feast. To this end let the individual members of this Society constitute themselves observers of "clinical confirmations," only recording such as are unquestionable and uncontaminated; that is, confirmations where the single remedy has been used. A year of such research would collect a *wealth* of knowledge for practical work. We need not seek to do original labor. My honest conviction is that we know too little of the material we already have. What is needed is good, palatable preparation, so that it can be assimilated. Most of us are starving with plenty around. We clutch at a new book as though half fam-



ished, and read that the one dec. to the third cent. only can be relied upon. Then comes another, and to our utter amazement, we have been hugging the corpse of a fatal error. *Nothing* but the infinitesimals are fit for the sick. Could *anything* sound more like a Chinese orchestra? From this confounding din must our practice be extricated, and, guided by the beacon that any man can see, *Similia similibus curantur*, it can be extricated; that is Homœopathy, and this Society should stick to its seal there and stand by it.

I think I hear you say, The ideas *are* familiar, indeed, quite threadbare. We know all that; tell us something new. Do you know it all? Is it familiar? If so, why do we have Arndt's *System*, Lilienthal's *Therapeutics*, and a host of other works? Do not such publications detract from the study of *materia medica*—do more to prevent the selection of drugs according to the totality of disease symptoms than we are willing to admit? Works on practice, so called, have no business to deal with *materia medica*; it's a separate and distinct branch of medical art. The time spent in preparing such literature should have been applied to our means of healing the sick. And *had* it been so applied we would to-day have a REPERTORY to our vast armamentarium that would serve other purposes than filling space upon our book shelves.

In the branches of medical literature common to all schools we do not excel the allopath, hence there is no field open to us but *materia medica*. In this field our methods are our distinguishing features, and we should confine our labors to that alone. *Materia medica* we have, *repertory* we have not, and right here lies the need of to-day. Solve the problem and confer a blessing where it is most needed.

The hour of our meeting that should be the most profitable is very often crowded out altogether—I mean “Diseases of the Mouth.” It should *never* be so. The reports and discussions should be concise, clear cut, and comprehensive; the sounds should never be uncertain. What benefit is it to you to hear that diarrhœa prevails during the month of August, and that Podo. is the remedy? Not a whit. If I come here and tell you, painless, profuse, watery stools, smelling like carrion, loud gurgling in the bowels before the stool, gagging and empty retching, worse morning, night, and hot weather, great thirst and cold limbs, were promptly relieved by Podo.<sup>3, 3<sup>1</sup>, 200, or 100</sup>, as the case may be, I have told you something, probably not new, but very important.

Where is the good of writing a paper after the manner in

vogue and followed by what is called indications for the remedies? None whatever. Can treatment by a homœopath be given in any case until the totality of the sick person's symptoms has been taken? I think not. Of course, I appreciate the great difficulty of always obtaining a totality of symptoms. A screaming child or a stupid person furnish very poor subjects for the illustration of similia, but screaming children and stupidity are not the majority of our victims; quite the contrary. And since we have been commissioned homœopathic physicians and Homœopathy means *Similia similibus curantur*, the laborious task of gathering the totality of signs and finding the drug similar is self-imposed, and we cannot be true to the trust if we practice anything short of it.

The cases reported from practice should meet the requirements of a strict rendering of the law. But, says my modern homœopath, it does not meet all the emergencies; it's a rule of practice, not the law. Who does not remember the early crudities of electrical appliances? Who dreamed of the potentiality of that subtle force? One wire with ponderous gin-mill appliances transmitted messages short distances. There were incredulous men then, as now, and they stood doubting. Yet to-day perfected instruments and further knowledge of the mysterious power has wrought the duplex, quadruplex, cable, motive force, electric light, and telephone. Were these wonderful achievements accomplished by the men who stood by content with what they had? Not at all. *Doubting* men drag down, *credulous* men build up. So with Homœopathy; it's as much a law of nature as electricity, and as capable of manipulation. The possibilities underlying it are as susceptible of development and appliance as the captive lightning. It will not do, gentlemen, to decry it because it is not yet perfected, but rather, instead, work it with the perseverance of an Edison, and where *he* has *lighted* the world *you* will *live* it.

Does Ipecac cause and cure certain well-known symptoms? Certainly; you all believe it. Then it's the *law* of cure and not a rule, for what is true of Ipecac *must* be true of all drugs. But I am told that there are disease symptoms that are as yet uncovered by drug symptoms. If so, is not the duty before us plain enough—a *work* to accomplish? The next thing is the means to accomplish it. Disease symptoms to cover?—the next thing is to find the means to cover them. Our obligation to the sick demands it of us, and our duty will never be discharged until every substance has been tested to that end. Right here comes a rub. Unless our case is perfectly clear, we are prone to cover by com-

plex prescribing or fall back upon some of the expedients of empiricism, a practice that has brought reproach upon us. We do this for shekels, not for Homœopathy, and soothe a guilty conscience by the assurance that it's what allopaths would do, anyhow. It's a' great pity we have such easy exit from a trying situation, else we would hunt for the single curative drug. What therapeutic benefit is derived from complex prescribing? Not a bit; besides, it's unhomœopathic. A lady told me recently that her doctor was in the habit of mixing two or three remedies in the same glass. Spirit of the departed! what kind of a "path" was he? It won't do, gentlemen; it's husk without a grain. There need be no quarrel upon questionable points or disputed grounds. When each and all of us become too conscientious to commit a willful error, the potency and alternating questions will settle themselves. I'm neither prophet nor son of a prophet, but I venture to record right here that when such time comes you will prescribe the single remedy and higher potencies. If we are to continue homœopathic physicians we must cease hankering after the flesh pots of false gods, and if virtue hath its own reward, then the man or woman who *knows* the law of similars to be true and adheres to it throughout the domain of medical practice will not go unrewarded. "Homœopathy repays its votaries," says Reichelm, and he spake the truth. To be sure, the acts of gathering the symptoms and selecting the remedy do not give forth the grandiloquent sounds of iridectomy in glaucoma, tracheotomy in croup, tracheloraphy in hypertrophied cervix, etc., but the results are quite as good if not better; *besides, there is a something in the heart of every man who studies his case well that pats him on the back and feathers his cap with success.*

I have said that we need not quarrel over the potency question; but we do. The best preparation of a remedy to be used is still an open one. Notwithstanding the fact that the thirtieth was considered the best, the majority of us stick to the lower and lowest dilutions, utterly ignoring the possible potentiality of high dilutions. Now there is room for solemn protest against the condemnations so often hurled at high potencies by those who never use them. While I use all potencies, I can say that the most gratifying exclamations have come from those who have received the higher potencies. I also observe that the men of greatest faith in the law, the strictest followers of the rule, are those who use the high and highest potencies. You do not hear *them* proclaiming the failure of Homœopathy. *They* do not prate about *vis medicatrix nature*, but, with an apparent zeal and enthusiasm born of success, *they defend the faith.*

The moment any man tries to balance the scale of his practice by the ponderous porportion of his dose, *just that moment will he find the health end of the beam jerked higher than a kite.*

Recently a lady was sick with abdominal pains, caused by incarcerated flatus that gathered in the left upper abdomen. The pains were accompanied by continuous uterine hemorrhage, complete anorexia, etc., which had lasted nine weeks. Ars. iod. in one glass and Dioscorea in another were being taken without relief. A review of the case seemed to clearly indicate Lycop., and eight powders of the 200th were prescribed. The first powder relieved her of pain. Sac. lac. followed for twenty-four hours. The hemorrhage continued. China<sup>87m</sup>, eight powders, followed by Sac. lac. In six hours after the first powder the hemorrhage ceased, appetite returned, and in five days the lady journeyed fifty miles by rail. Was the result due to *vis. med. nat.*, or did the woman only want a chance to get well after the discontinuance of complex prescribing in low dilutions? Choose whatever conclusion you will.

Another lady complained of a train of symptoms I will not here enumerate who had been prescribed for a number of times by a Hahnemannian homœopathist without relief. A comparison of her symptoms with those of Lil. tig. caused that remedy to be selected in the 200th potency. The symptoms were relieved by the remedy and no other. Now, what does it prove? *It proves that when we hit the remedy success follows.* It also proves that high dilutions have as good a right to be relied upon as the low.

One of the great troubles of the present is that many of us have become, or think we have become, greater than our master. The cry is that Homœopathy *must* be placed upon a *scientific* basis. Boston is to-day the proud possessor of one such man. According to this wise man of the East, the superstructure of homœopathic proving is incomplete, the *animal* world has not been sufficiently drawn upon, and this great microscope man would have molluscs, radiates, articulates, etc., lay tribute upon the altar of drug pathogenesis. In point of originality of thought and brilliancy of conception, the genius of the now almost forgotten sage of Cothen *pales* when compared with this nineteenth century Moses who would lead the floundering hosts of Homœopathy into the Promised Land of medical science. How edifying and how elevating to be able to confirm the tearfulness of Puls. or the restlessness of Ars. in that luscious lump of protoplasmic pulp—the oyster. Methinks that long before the flood-gates of grief were opened or the o'erwrought nervous

system began to writhe, that temptation would get the better of science, and, *presto*, the whole business be swallowed up sans salt, pepper, or vinegar. Suppose, too, that a modern homœopath should attempt to verify his experience with saturated solutions of Chlorate of Potash or ten grain solutions of Arg. nit. upon the pharyngeal erysipelatous œdema of the turtle. Wouldn't the turtle snap at the game if he was that kind of a T.? or the surgical homœopath who would cut out the turbinated nasal bones to increase the breathing capacity of some batrachian asthmatic. What conclusion would that frog jump at? That Homœopathy had indeed been placed upon a scientific basis, and that the bones of Hahnemann were rattling in their tomb.

Z. T. MILLER, M. D.

---

## TWO NUX VOMICA CASES.

H. E. POTTER, M. D., CLIFTON, KAN.

A German (farmer), aged about thirty, came to me February 25th, 1886. The history of the case is as follows: About the first of the previous August he became unable to work because of dyspnœa on the slightest exertion; slight cough and indigestion were also present at this time. He began treatment with a regular (?) and continued, as he said, to take bottleful after bottleful of stuff till it would not stay in his stomach.

The doctors had first told him that he had "consumption," but after a time they concluded that *this* was complicated with "heart disease."

February 25th, when he came under my care, I could find no indications of structural change either of heart or lungs, though he was unable even to walk two blocks, because he couldn't "get his breath." On physical examination I found the temperature normal, skin moist and clear, heart action regular, full, and very rapid (one hundred and fifty per minute). The thorax was full, well-rounded, and the apices of lungs both full. Auscultation revealed nothing startling (slight subcrepitant sound). Respiration was quite rapid—thirty per minute—but the movements of the thorax were free and full.

Inquiring into his mode of living, I found that he was eating and sleeping well—too well, in fact—drinking from six to nine cups of strong coffee every day, and using an enormous quantity of tobacco, smoking and chewing almost constantly.

Subjective symptoms were very meagre, because of patient's inability to speak good English and mine to speak good German. The objective symptoms were not numerous either. But

I decided to give him *Nux vomica*, which I did, low, in form of No. 30 pellets.

I did not really expect to cure the case with one prescription, but it was all the medicine he ever took after coming into my hands, and during the year 1886 and up to the present time he has enjoyed perfect health, doing all the work incident to farm life. Of course, I insisted on a more rational diet and mode of living.

Case No. 2.—Mrs. B., æt. thirty-five, has been troubled with hæmorrhoids for years. Just recently passed through her second confinement. I was consulted about the seventh month of pregnancy, when the husband informed me that he was too poor to employ a doctor, and should therefore engage a midwife. I did not prescribe at this time, but recommended some dietary measures.

The lady finally had quite a tedious labor, with subsequent flooding, which was stopped by the midwife, or nature, when the patient was exhausted. Then the woman was left in her filth, "because it wouldn't be safe to use any water."

On the third day the husband again consulted me, stating that his wife had not slept for two nights (notwithstanding the fact that she had taken over a grain and a half of *Morphia* during this time) because of the terrible pain in her rectum. The "piles had *come down* during labor," been replaced by the patient, and again come down, with excruciating pain *all the time*.

There was no pain or soreness of abdomen or genital apparatus; it had all centered at the rectum. Now, I was not asked to prescribe, but simply consulted as to the advisability of giving oil, as the midwife was about to perform this bit of barbarity and the husband had some misgivings in the matter, fearing it *might* make the "piles" worse.

Of course, I told him to avoid oil as he would the devil, gave him some *Nux*, and told him how to administer it. The remedy was given in this case because I knew of no other with the symptom "all pains concentrate at the rectum." The result was what a homœopath would expect, viz.: immediate relief, a good night's sleep, and improvement generally.

I wanted to give this second case *China*, but on considering the fact that the trouble was *not brought on* by "loss of blood or other vital fluid," but had existed long before this loss occurred, other symptoms being so meagre, and *the one* calling for *Nux* standing out so clearly, led me to *the remedy*.

In the first instance I gave *Nux* to clear up the case after the fellow had been drugged, and found it was a *Nux* case all the time.

## CLINICAL CASES.

G. W. SHERBINO, M. D., ABILENE, TEXAS.

*Otalgia Nervosa, Sanicula, Swan DMM.*—Mrs. S., æt. forty-two. Nervous temperament; dark hair and eyes; predominance of mind over body.

Overwork always brings on nervous prostration, this time affecting the teeth and head. The pain commenced in the first right upper incisor, which had been plugged with gold a year ago. Tooth feels too long and extremely sore; a dull aching, and at times pulsating; feels congested; feels as if picking it so it would bleed would relieve it (Bell.). Pain boring, extending to the bones of the nose, around the right eye into the temple and forehead. Gum-boil on the alveolar process. Aggravation from contact; from touching the tongue to the tooth; from compressing the upper lip; from chewing or eating (feels ulcerated at the root); motion.

Amelioration: From lying down, from sleeping; the pain commences again in the morning, as soon as waking, opening the eyes, and motion (Bry. alb.). As I was passing by where the patient was lying she asked me to put my hand on the back of her neck; *from the occiput down to the shoulders was a cold, clammy perspiration, as cold as if a cloth had been lain on the neck dipped in ice-water.*

I gave first Bell.<sup>cm</sup>, one dose. Next day, no better, R<sub>y</sub> Bry. alb.<sup>cm</sup>, one dose. No change. At three p. m. I obtained the cold, clammy neck, *which is one of the red strings* in this remedy.

Some will say give the DMM. I have found the 30 C, 10 M, 50 MMM, CMM, reliable, if they are indicated, and I wanted to test this remedy in this potency. She commenced to get better right away. Next morning she was well; could clinch her teeth together; soreness all gone; felt perfectly well every way, and did a large day's work for her. One dose was all she got or needed. It is foolish to give more.

*Hæmorrhoids, Nux vomica.*<sup>2000</sup>—A lawyer, dark hair and eyes; calls himself a bilious temperament; is troubled with indigestion; tongue coated on the base; yellowish coat; poor appetite; melancholy; does not want company; desires to be alone; constipated, stool not very large; urging to evacuate the bowels in the morning; sensation after stool as though more remained (Lycopod.).

Two or three hæmorrhoidal knobs were inflamed and sore, so he could hardly walk. This attack had commenced a week before the first time he ever tried our treatment, and the reason he came was he always thought the old school commence at the wrong end to cure hæmorrhoids. He said, if you cure me you will have another convert in town. One dose of 2000th. S. L. to last a week. No return of the trouble.

*Hæmorrhoids, Nux vomica*<sup>cm</sup> (F.).—Mr. R., æt. fifty-five. I was called to see patient, who was lying in bed, was not able to be up. I asked him what he was suffering with, and his answer was piles; that three doctors had been attending him for five or six weeks, and begged of me not to experiment on him any more. I told him my business was to experiment on the healthy, and not on the sick. I asked him how they had got him down, and he said it seemed as though they could not torture him enough. "They squeezed the hæmorrhoids and mashed them up with instruments, and, my God! I could not tell you what they did not do. I am ten times worse off than when they commenced with me." I made an ocular inspection and found that he had piles in an aggravated form; the anus was completely filled with the piles. He had no appetite; tongue very much coated; bowels constipated; stools large and difficult; bowels only moved every two or three days, but the most aggravating symptom was he was constantly inclined to go out, but with all the straining and effort his bowels would not move (this was worse in the morning); he was nervous, could not bear to have any one come about him; irritable in the morning; worse an hour or two after meals; nothing seemed to agree with his stomach. A dose or two of *Nux* and in a week or two he was able to be up and around again. He was operated on for the same thing seven years ago. It has been a year and over and no relapse has occurred.

*Erysipelas, Apis m.*<sup>cm</sup> (F.).—Master Otto, æt. seven, while playing with children fell upon the left elbow, bruising it considerably. The next day it was quite sore and inflamed, and it kept on spreading up the arm and down the arm. Small vesicles filled with water; the inflammation was red. Swelling extended to the shoulder; down the arm to the wrist large blisters commenced forming.

He was irritable and it was hard to do anything with him. Cried a great deal; nothing pleased him; everything made him angry, then he would have a good cry. He was very thirsty for large quantities of water; urine very profuse and pale; he had to get up every half hour during the night to urinate. It was a



difficult matter to get any symptoms from him ; he said it burned and stung, but that was doubtful. He wanted nothing but cold cloth, wet in cold water, put around the arm ; when it would get warm he would ask to have it put on cool again.

First day.—Gave one dose of *Apis m.*<sup>1000</sup>.

Second day.—No better ; temperature, 103°; pulse, 140 ; one dose.

Third day.—Arm badly swollen from shoulder to hand.

Fourth day.—Gave one dose of *CM.* In one hour afterward the nurse said he broke out in a very profuse perspiration.

Fifth day.—Arm very much better, swelling decreasing very fast. Discharged cured.

Hering's *Guiding Symptoms* gives thirst so violent that she would like to drink all the time in typhoid.

Thirst in some cases, in others none. *Apis*, like *Puls.*, is generally thirstless.

Urine sometimes too profuse. Great secretion of urine of a pale or straw color, depositing a reddish or brick-dust sediment ; frequent urging to urinate, with copious discharge of straw-colored urine.

Frequent and excessively profuse discharge of normal urine.

---

### BACKACHE WORSE FROM NOISE.

EDITORS H. P.:—The following symptom in a case now under my care I am not able to find in the proving of any drug. Pain in the sacrum of a dull, aching character, aggravated by noise. Not by all noises, however ; thunder or the firing of cannon does not affect her, while she suffers severely from a shrill noise though it is not loud. She mentions the crowing of cocks, the whistle of a distant locomotive, and the clash of switching freight trains as especially distressing. Sometimes when lying awake at night with no pain at all it is immediately induced by any of the last-mentioned sounds.

The case is improving quite rapidly, having had three doses of *Rhus* and three of *Bry.* in high potencies since April 25th. But the aggravation from noise still persists. This is the only peculiar or characteristic feature of the case which I have yet discovered, so it would be of no interest to report the case in full.

If any of the readers of *THE HOMOEOPATHIC PHYSICIAN* can throw light on this case it will greatly oblige both a young doctor and an old sufferer.

C. S. DURAND, M. D., Sedalia, Mo.

## DR. SHERBINO'S CLINICAL CASES IN THE AUGUST NUMBER.

By an astonishing oversight upon the part of the editor in reading proof, the remedies for Cases II and III were omitted. (Page 302.)

In Case II the remedy was *Lilium tig.*<sup>40m</sup>. In Case III the remedy was *Bell.*<sup>cm</sup>.

The absence of this important information makes nonsense of these instructive cases. W. M. J.

---

### CAPSICUM COUGH.

E. W. BERRIDGE, M. D.

1886, November 10th, Miss S. H. complained of cough, causing drawing pain from lower chest in middle line up to throat. *Capsicum*<sup>20m</sup> (F. C.) one dose.

She was quickly relieved; the drawing pain went first, then the cough.

---

### A CLINICAL NOTE.

GEO. H. HIGGINS, M. D., COLORADO, TEXAS.

A. B., lawyer, middle-aged, had neuralgia after any prolonged mental effort for ten years. Has tried everything but failed of cure. The pain is in the right side of the temple, in and around the eye, in the ear, and in the lower molar teeth.

*Chewing ice gives some relief.*

*Rx Coffea*<sup>3c</sup>, one dose, relieved in one hour, and the pains have not returned for the past six months.

---

### T. L. BROWN, M. D.—IN MEMORIAM.

Dr. Titus L. Brown died of apoplexy at his home in Binghamton, N. Y., August 17th.

Dr. Brown was a physician of considerable ability, of a warm, generous disposition, and will leave many friends to mourn his sudden death.

He was a member of various medical societies, among them of the Central New York Homœopathic Society and the I. H. A.

## BOOK NOTICES.

A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP. By Geo. Thomas Jackson, M. D. Pp. 356 ; price, \$2.75. New York : E. B. Treat. 1887.

Dr. Jackson's book is a timely one, as the subject treated in it has never been so well and so thoroughly covered.

The first part of the volume is devoted to the anatomy and physiology of the hair; subsequent chapters to the many diseases of the hair and scalp. So far as the clinical history and the pathology of these diseases are given the book will be of value to homeopaths, but the treatment recommended is chiefly local, and there we can do much better with our internal medication. We can commend the volume to all who would possess a complete medical library.

---

## NOTES AND NOTICES.

REMOVAL.—Dr. Samuel A. Kimball, of Boston, has removed his offices from Boylston Street to 124 Commonwealth Avenue.

MEDICINES vs. DOCTORS.—It is true that doctors disagree, but they do not disagree half so much as do their medicines!—*Free Press*.

USES OF THE TONGUE.—Doctors examine the tongue to find out the diseases of the body, philosphers to find out the diseases of the mind!

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION will hold its fourth annual meeting in New Orleans December 14th-16th, 1887.

C. G. FELLOWS, M. D., *Secretary*,  
New Orleans, La.

CORRECTION.—July number, page 260, line 15 from top, should read thus: Dr. Schmitt remarked that he gave Pulsatilla when the woman cries, "Oh! my back! Oh! my back!" like Causticum, but there is not the exhaustion from previous sickness as under Causticum. She wants her back pressed like Kali-carb., but the pains go from back to front, not down the buttocks, as under Kali-carb.

INFECTION FROM DAIRY PRODUCTS.—In the *Scientific American* of July 16th, 1887, is an article under the above heading, detailing the investigations of V. Gauthier, a French chemist. It was found that such articles of diet from cows affected with tubercular disease communicated phthisis or consumption to poultry and swine, and "could become thus directly or indirectly a serious menace to man."

"The result of some of the more recent observations is that cows may themselves become infected with a sickness resembling scarlet fever, and that such cows may, by their milk, cause the true scarlet fever to be developed in human beings.

"In one instance an outbreak of scarlet fever was associated with a certain dairy. \* \* \* The disease was attributed to certain cows. Examination of them showed the presence of disease, whose symptoms included sores upon the body, ulcerations, and a visceral complaint resembling that occurring in scarlet fever in the human being. \* \* \* Their disease, so similar to human scarlet fever, made it almost certain that they were the origin of the trouble."

THE HOMŒOPATHIC MEDICAL DEPARTMENT of the State University of Iowa has just issued a circular, from which we extract the following: "At a recent meeting of the Board of Regents a full Chair of Surgery was established in the Homœopathic Department of the State University, to sustain which it is imperatively necessary to provide a hospital for the care of the patients that may apply for clinical treatment. Accordingly, a State Hospital Association has been incorporated membership in which is to be secured by the payment of five dollars annually, giving the right to vote on all matters pertaining to the management of the hospital, and to hold office in the Association. Patrons, with the privilege of a free bed at their command, can be enrolled on the list of members by the payment of three hundred dollars a year, which sum, it is estimated, will cover the cost of board, nursing, and treatment for one patient one year. Life members can secure all of the above privileges for their lifetime by the payment of one thousand dollars in one payment."

DIFFICULT RESPIRATION.—On page 378 of this number Dr. Ballard mentions the symptom of Pulsatilla: "Difficult respiration accompanies diseased conditions in parts not involved in the act of breathing." We can confirm this symptom in two or three cases in our own practice. The most prominent one was that of a young girl with menstrual colic. The above indication, appearing amid a number of symptoms of doubtful value in selecting the remedy, cleared up the case at once. We gave Puls. and brought about immediate relief.  
W. M. J.

KENT'S LECTURES.—We are glad to note that Professor Kent's lectures are being translated and published by both the *Rivista Omiopatica*, of Rome, and *L'Union Medicale*, of Antwerp. As these lectures are much appreciated in this country, we hope they will be found as interesting and serviceable to our foreign brethren.

DR. HIGGINS' CLINICAL NOTE.—This instructive note, which will be found on page 390, was sent to us last January. By an oversight it has remained in our safe for the past seven months.

INTERNATIONAL MEDICAL CONGRESS.—For the first time in its history the International Medical Congress of the old school met in America. Its sessions were opened by the President and an address was given by the Secretary of State. Mr. Bayard, being an homœopathist, should have told these learned physicians how to *really* cure patients, but all the same he did not!

OPPROBRIUM MEDICORUM.—This title has usually been given to surgery, but the *Pacific Record* appropriately applies it to gonorrhœa, referring, of course, to the allopathic maltreatment of it. Correct for once!

THE HUMAN FAMILY.—The New York *Commercial News* says: "The human family living to-day on earth consists of about one billion four hundred and fifty million individuals; not less, probably more. These are distributed over the earth's surface, so that now there is no considerable part where man is not found." Only those of the lowest grades of civilization are not subscribing to THE HOMŒOPATHIC PHYSICIAN!

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. VII.

NOVEMBER, 1887.

No. 11.

---

## EDITORIAL NOTES.

ONE LAW ONLY.—We feel sure our readers will peruse with pleasure the letter of Professor T. F. Allen, published in this issue. It is gratifying to note that even a physician of Dr. Allen's abilities cannot defend eclectic practices. All departures from homœopathic law are, he admits, confessions of failure on the part of the physician. Dr. Allen says he "knows of no other *law of cure*" than the law of similars. Nor do we. The admission is made that "other methods of treating the sick are forced upon me." The argument made to defend these departures from the one *law of cure* is neither new nor strong. It is simply this: Other methods are forced upon the physician whenever he cannot find the proper homœopathic remedy! In some cases this inability to find the simillimum may be due to the insufficiency of the materia medica, but, as the earlier homœopaths, with a scantier materia medica, were able to do great cure-work, we cannot fail to lay the cause of these failures upon the physician rather than the materia medica. Euthanasia can be produced by the homœopathic remedy, and in such cases it gives more relief and greater aid to the dying patient than any mere palliative. Old-school records do not prove that palliation in cancers, etc., is productive of much comfort. In cases of intermittent fever rendered violent by "inherited psora," Quinia proves a poor reliance. There are many persons who have suffered for years and years with such fevers, and Quinia helped them not at all. A young lady who had "chills" for eight years used

Quinia and Arsenic *ad libitum*; no cure. These cases are legion. What would Dr. Allen do for them? Shall we try to "stop (*i. e.*, suppress) the overpowering activity of the zymosis and then cure the patient"? Can such a thing be done, Dr. Allen? Can you suppress the disease and *then* cure it, save by first re-producing the disease you have suppressed? In short, it may be said that the cases for which Dr. Allen recommends Quinia are the very ones for which it is not suited. Quinia never cures cases complicated by "inherited psora." We are also advised to cure "a fresh case of gonorrhœa \* \* \* in twenty-four to forty-eight hours" by injections of corrosive Mercury. And if a case or so gets orchitis or rheumatism, the water was too cold!! Does cold water cause such sequelæ as chronic rheumatism, cystic and prostatic disease?\* Of gonorrhœa Dr. Post writes: "A large proportion of cases require many weeks and months before the discharge ceases;" \* \* \* "prognosis in every case must be guarded. Complications are by no means always absent in cases that commence very mildly." Dr. Otis "uses no injections until the discharge begins to decline." These allopaths, apparently, do not cure their cases in twenty-four hours or so!

Under the head of local applications, cleansing and washing of sores are mentioned. These phrases are too indefinite to be considered. But we may notice that the color, odor, etc., of discharges are of value in prescribing, and should not be changed by local applications. We are careful to note the peculiarities of the expectoration, of the alvine discharges, of a leucorrhœa, etc. Why, then, neglect to do so in cases of sores, ulcers, and such like?

One potent cause of the use of local applications is that these sores, being external, *can* be so treated. "Tangible remedies," said Dr. Matthews Duncan, "are the favorites of the physician and the vulgar." If we prescribe for the patient rather than for "an ulcer," we would cure such cases without resort to local applications.

We most heartily agree with Dr. Allen in believing "that as years go by and good, honest work is done by us, we shall have less need of adjuvants and expedients." And we may add, the use of adjuvants and expedients is not "good, honest work." "What we have to do is to demonstrate the truth of God's law in therapeutics, not to cover it up with dust."

---

\* Not to mention gonorrhœal affections of heart, peritoneum, and pleura, of the dura mater and sheath of spinal cord, or gonorrhœal pyæmia, pyelitis, etc., which some observers, like Dr. J. L. Milton, of St. John's Hospital, London, claim may follow badly treated cases.

THE CYCLOPÆDIA OF DRUG PATHOGENESY.—In the August number of this journal Dr. Taber published a criticism of the manner in which Lactic acid was given in the *Cyclopædia of Drug Pathogenesis*. A reply from Dr. Hughes is given in this issue. A sentence from this reply reads: "It is for those who wish to carry out Hahnemann's method (of prescribing) in its entirety, fitting drug action to disease on the principle *similia similibus*, that the *Cyclopædia* is constructed; and I feel sure that they will appreciate its value." Hahnemann's method was to prescribe for symptoms and patients, not for *diseases*; it is just there that Hahnemann and Dr. Hughes differ. Dr. Hughes would *condense* the materia medica so as to include only pathological results. The finer shades of symptoms are omitted; it is these finer shades which enable us to individualize between remedies. The *Cyclopædia* omits them; it omits all provings with potencies; it is very badly arranged. Before the work was begun it was resolved and declared that no remedy should produce over five pages of "drug action," and that it should not be operative above a certain dilution! Is this science or common sense? The *Cyclopædia* was conceived and planned in this dogmatic, stupid matter, and the result is a *failure* which even Dr. Hughes' able pen cannot excuse.

OLD AND NEW SYMPTOMS.—There is perhaps no question which vexes the practitioner more than this one: Has the proper remedy been selected? Even after careful and thorough examination of the patient, and after painstaking study of the *Materia Medica*, one remains sometimes in doubt. The medicine being selected and a dose given, how shall we decide from its action whether or not it is doing service? *In acute cases* Hahnemann tells us if the medicine "excites almost no sufferings previously unfelt by the patient, produces no new symptoms, it is the appropriate medicine and will certainly cure the original malady." Which simply means if the patient be no worse in acute cases, whose tendency is, of course, to get worse, then the medicine is acting. Remember, then, in an acute case, where, after giving a medicine, the patient, though no better, is no worse, you must wait on the remedy. A failure to wait, in such cases, is also a failure to cure.

In chronic cases Hahnemann teaches us that where no new symptoms appear after the administration of the remedy, or where old symptoms return or are aggravated, then wait on the remedy.

The appearance of *new* symptoms in a patient after the proper

administration of a remedy *never* calls for a second dose of that remedy, for such *new* symptoms show the remedy was inappropriate, was wrongly selected.

Never forget this precept: after the administration of a remedy, the reappearance (or the aggravation) of *old* symptoms is a sign that the proper drug was given, while in same case the appearance of *new* symptoms indicates an improper selection. In the former case the proper course is to wait on the remedy, in the latter case to choose another drug.

---

### DR. ALLEN'S VIEWS UPON HOMŒOPATHIC PRACTICE.

#### TO THE HOMŒOPATHIC PHYSICIAN :

In your issue of September, 1887, just received, you ask of me information as to my beliefs, courteously : To such a request I am happy to reply.

The New York *Medical Times* has incorrectly quoted me in making me say that " I do not believe that Homœopathy is the only law of healing." *I never gave utterance to any such sentiment*, nor do I think it. What I may have said and what I am forced to believe is, that Homœopathy is not the only way to treat the sick. I know of no other *law of cure* than the law of similars ; it is a law I stand by in my public utterances and in my private practice. No one can more consistently follow its guidance day by day than I do ; no one is more intolerant of empiricism than I ; no one gives fewer doses, and, I may almost say, less medicine. But while I (the pronoun " I " is used with the intention to give expression simply to a personal opinion) practice Homœopathy pure and simple for the cure of the sick, avoiding even a highest potency of an *unproved* drug for the " cure " of neuralgia or anything else, other methods of treating the sick are forced upon me. These methods are :

*First. Palliation.* This I put first because by me it is most infrequently used—*once* only during the past two years have I been forced to resort to hypodermic injections of Morphia in the closing hours of a woman suffering from cancer of the stomach. It is indeed rare that a remedy homœopathic to the symptoms fails to relieve even in an incurable case, but it sometimes happens, and when it does happen, whether from the ignorance of the physician or the peculiarity of the case, one's duty is perfectly clear and must be followed. I heard a homœopathic physician once say that if the remedy failed to relieve even in



the highest potency, the patient must "howl;" he would not be guilty of administering Opium. I wish clearly to be understood—palliation is seldom necessary; the true homœopathist rarely uses it; but it is one way in which the sick must occasionally be treated.

*Second. The removal of the cause of disease.* Under this heading lies a mine of investigation, which has but just been opened. If we, as homœopathists, ignore the strides of medical progress in the direction of sanitary science and fail to keep abreast of that progress, we shall go under. What we have to do is to demonstrate the truth of God's law in Therapeutics, not to cover it up with dust. The truth is, people will not get sick if they are cured of all their chronic maladies and live properly; the truth is, Homœopathy alone is able to cure these chronic diseases; but it is not the truth that Homœopathy will remove the cause of disease. There are numerous instances in which urgent symptoms, the direct effect of an exciting and persistently acting cause, must be relieved by a forcible removal of the cause, and then the patient treated homœopathically to cure him and prevent a recurrence of the malady. These causes are not limited to gross substances, such as copper cents or green apples, but include substances which are microscopic in size but infernal in activity. Time would fail me now to enter into the whole discussion of contagion and zymosis, but there is no doubt in my mind that while, as a rule, patients are best treated by allowing the morbid process to work itself out, relieving the symptoms homœopathically as they arise day by day, and putting the system into the best possible condition to withstand the attack, there are cases in which, not being able to cure in a few days, the whole cachexia of the poor sufferer, not being able by a dose of Sulphur or any other antipsoric to remove his inherited psora that renders him susceptible to disease and feeble to resist it, we must suppress for a time the violence of the zymosis.

A most worthy but bigoted homœopathic physician allowed a young lady in this city to shake actually for over six months with tertian and double-tertian fever. The patient has never recovered from the absolute anæmia which resulted; more than ten years have not been sufficient to restore her health. The family let him see it through, and she never took any medicine but in the highest potency. Now, in such a case my duty is clear: Stop the overpowering activity of the zymosis, and then cure the patient. Once or twice only in many years have I been obliged to use Quinine in large doses. I cure almost every

case within a week or two by the clearly indicated remedy ; sometimes they recover in forty-eight hours ; but now and then one must do differently.

He who in these days will not wash out with distilled water and one five-thousandth of a grain of corrosive Mercury a fresh case of gonorrhœa and cure his erring brother in twenty-four to forty-eight hours, must give up the treatment of such diseases. The fact that one in a hundred gets an orchitis or rheumatism shows rather that the water was too cold than that the cleaning out of a poison which is unclean and purely local caused a suppression of sycosis or any other -osis. But we do not know much about these poisons which get into us and ferment in our blood and tissues when we are below par. What I think is that, unless we know definitely all about it the best plan is to treat our patients carefully and homœopathically, but when we do know something about it, expel the intruder first.

*Third. Local applications.* It is a pretty theory, and one which works well *as a rule*, that if a patient be placed in a favorable condition all sores will heal and all discharges will be natural. I practice on that plan, and I use local applications very seldom, but I am bound to recognize the fact that *some* patients will absolutely not get well without cleaning the sores and washing off morbid secretions. Doctors may theorize and fuss about this all they please, the fact remains : local applications are necessary in some cases. Always in conjunction with such cleansing applications I prescribe the indicated remedy.

*Fourth. Electricity.* But as I do not believe much in it nor in any of the other expedients I have mentioned, I will not prolong this letter.

If an unbiased observer will watch the practice of different physicians he will see that each gathers about him his own set. Each will say that his world is complete and his methods satisfactory. I witness an eminent physician giving only high potencies gather about him a coterie composed exclusively of those susceptible to such doses and flattering the doctor into the belief of his own infallibility. I witness also the hundreds of people who have failed to receive benefit at his hands quietly dropping away from him, and drifting into the circle of another who, in his turn, has his own following, and who conceives his methods to be nearest perfection.

I believe that as the years go by and good, honest work is done by us, we shall have less need of adjuvants and expedients. I know that within the compass of my own experience families have become less and less liable to sickness, and the

children have grown more healthy and beget healthier offspring. Till the medical millennium, however, we must take sickness as we find it, and do our best to cure, and to relieve if we cannot cure.

It will give me pleasure to defend my opinions against all comers who fight fair, but against those who use offensive epithets and impute unworthy motives I have no weapons.

T. F. ALLEN.

---

## DR. TABER AND THE CYCLOPÆDIA OF DRUG PATHOGENESY.

RICHARD HUGHES, M. D., BRIGHTON, ENGLAND.

As I am personally responsible for the presentation of Dr. Taber's symptoms of Picric acid in the *Cyclopædia*, I must ask space for a few words in reply to his criticisms thereon contained in the August number of *THE HOMŒOPATHIC PHYSICIAN*.

The work was accomplished under considerable difficulty. Learning from Dr. Allen that he had returned to Dr. S. A. Jones the MS. of his provings, we wrote to the latter for the loan of them, but received no reply. It was necessary, therefore, for our purpose to reconstruct the pathogeneses of his experimenters from the symptoms dispersed through Dr. Allen's schema. I am not conscious of any want of care in so doing, and, while thankful for any correction, am rather relieved to find that so little is needed.

Dr. Taber made three provings of the acid, and finds fault with our transcription of the third only. Of the errors he notes, one is a misapprehension of his own; our "3 d." does not mean "third day," but "three days." Another—the "morning micturition" of the fifth day—is confessedly to be laid at Dr. Allen's door. A third—tenth for eighteenth day—is a printer's mistake, naturally passed over in correction. Of those that remain I can only take blame for the omission of the concomitant of the occipital headache on the fourth day and the error of half an hour on the third day. The account of the dosage is, for all practical purposes, correct. The symptom of the second day was omitted as too trivial for record. "Cardiac orifice" seemed the best equivalent for the very vague "cardiac region of the stomach," mentioned by Dr. Taber. The "all day" of the fifth day was a misunderstanding, which I am glad to have set right, but I submit that a pain which comes on

“while walking a short distance” may fairly be described as occurring “after a short walk.”

If these corrections had simply been furnished as a friendly contribution to the perfecting of the *Cyclopædia*, I should have said nothing, save to express our thanks for them when incorporating them into the appendix to volume two. But when Dr. Taber puts them forward as grounds for impugning the faithfulness of our work, I am compelled, in its interests, to subject them to analysis, and I think it will be acknowledged that the result does not warrant his inference.

While we eagerly invite emendations from every source, we would suggest that authors of provings which have not yet been printed in detail should send us their MS. that we may have them at first hand, and so be spared such mistakes—however few—as arise during the difficult process of reconstructing them from a schema.\*

---

## ADDRESS BEFORE THE ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

WILLIAM A. HAWLEY, M. D.

FELLOW-MEMBERS:—It is simply impossible for me to say to you how earnestly I desire this Society to be a really active, energetic, living organization. To further this end, if it may be, allow me to say some things to you as brethren.

At our last meeting the question was, “Why is this Society not an efficient help to each of its members?” Now I raise another: How shall we make it such a help? Bear with me while I state what seems to me essential to that end. First of all, we need *oneness of motive*—a feeling that we have a cause to sustain which is peculiarly our own, and its support is the first end of all our seeking, inasmuch as it is our common purpose and common end. That cause is Homœopathy, as expressed in the law of cure, “*similia similibus curantur*,” and its corollaries, the *single remedy*, because it is the most like, and there can be but one most like, and the *minimum dose*, since the

---

\* I observe that Dr. Kent speaks of being “unable to see any value” in the *Cyclopædia* or to “gather assistance” from it. While I regret this, I can hardly be surprised; as, judging from his published lectures, Dr. Kent seems to practice mainly upon empirical indications, which, useful as they are, play no part in the method of Hahnemann, and, of course, need no pathogeneses. It is for those who wish to carry out that method in its integrity, fitting drug-action to disease on the principle *similia similibus*, that the *Cyclopædia* is constructed, and I feel sure that they will appreciate its value.

question always is, How little will cure? instead of, as in the old school, How much will the patient bear? In these days of the rapid multiplication of doctors in medicine, there is a constantly increasing tendency to break away from such a common cause and common motive, and fall into the entirely opposite state of selfish and personal ends, and a spirit not of helpfulness, but of rivalry and jealousy which ever seeks to pull down others for the sake of upbuilding oneself—in short, of falling into just such a spirit of competition as makes the world of trade. No association of physicians can be mutually helpful to its members into which there comes even the slightest trace of this spirit. I say we must have a cause, and it must be, if *real*, indeed, will be, nearer to each of us than any personal ends. That cause is Homœopathy, pure and simple, and cannot be anything else, for if we grant for the moment, which we do not, that the method of the old school has merit, that field is already better cultivated by those wholly devoted to it than it can possibly be by any who adopt two methods which are confessedly directly opposed to each other. By pursuing such a course we not only fail to help each other, but we can but lose our own self-respect and the respect of all intelligent thinking people, and so fail to help ourselves. If we will make this Society a means of growth, we must do it by our earnest study of Homœopathy, its philosophy, and its practical application in the treatment of the sick. Our school has won its position and power simply and only by such study and application of its *law*. This position and power is recognized and practically confessed by the old school. There is no longer active warfare on their part.

Skepticism in all medicine is the rule among them, and their fight against Homœopathy has practically ceased, the only weapon left them being ridicule of infinitesimal doses. Still, for all this, Homœopathy has yet its greatest enemy to overcome. Because of a prevalent materialism which is in the very atmosphere of our time, there is among our school the same skepticism which pervades the old school, and creates the same disbelief of infinitesimal doses and the same uncertainty and fear at the bedside. This naturally results in a tendency to material doses, and at once our self-deceived homœopathist has fallen into an eclecticism more confusing and uncertain than that of the old school. This condition of things is, of course, lamented and opposed by all who see the inside of things, so that, indeed, they *know* that everywhere and always it is the inside and not the outside that is the verity, and that it is the spirit-like (dynamic) force of the drug which is the active agent.

This doubt of the immaterial side of things causes a denial of the truth of the potentization of drugs at last beyond a fixed limit, and a consequent denunciation of those who accept it as extremists, and therefore unsafe and unworthy of public confidence. So, everywhere they decry the true follower of Hahnemann as a high dilutionist, who gives only water medicine. All this is, to say the best of it, wholly a mistaken view of the situation, since if they understood those men they would know that with them all, without exception, the question of dose is an open one, while they hold themselves at liberty to use the whole range of potencies, and do use any of them as they see occasion. Really, therefore, the split in homœopathic ranks is not on the question of potency, but on the question of *conformity to law*—the law of things which requires, if we will cure the sick with drugs, we shall give the one drug that produces in well people symptoms most like those existing in the case to be cured. This law is a positive prohibition of any and all eclecticism. More than that, it renders it *certain that conformity to it must and will prevail*. To talk of choosing the best from both methods sounds very wise and is very taking with the thoughtless public, but did any one ever detect the powers of the universe in doing the same thing in two different ways? To presume that we can do it is to arrogate to ourselves a wisdom that even the Almighty does not possess. I am happy to believe that the force of this truth is being more and more felt by those who have even a weak faith in Homœopathy. More and more they are beginning to see that success as healers can only come through *obedience to law*. Long ago it was discovered that the best is only attained by seeking it, and that in attaining the best we necessarily go through all the good between our present state and the best. Yet so small is our faith in this greatest of truths that we are often tempted to go contrary to our best judgment in the treatment of the sick that we may hold the patient and save our credit. If we yield, what have we gained? Only our own disrespect.

Almost two thousand years ago there lived a man who found out, and said it, that "he that would save his life shall lose it," and all the world finds it so true that we think God said it. Fellow-workers for humanity, let us ponder these things and be true to ourselves, and we cannot be false to law, nor can we fail.

To do this, study your weapons, *our almost omnipotent Materia Medica*. So shall we be helps to each other, while we add honor to our glorious cause, and the world shall be the better for our living in it.

## LECTURE UPON SULPHUR.

PROFESSOR J. T. KENT, A. M., M. D.

(Continued from page 377.)

Fullness in stomach after eating but little (Lyc., Chin., Carb. v.).

Lyc. leads in complaints causing flatulency. Sulph. has the same condition.

Many physicians prescribe Lyc. upon this one symptom: "Every little mouthful makes her feel as if she had eaten a full meal."

Sulph. is a great remedy in the nausea and vomiting during pregnancy, occurring either in the morning or evening. Many of these cases of vomiting are very persistent and troublesome; but when you find it accompanied by the all-gone feeling at eleven A. M., can't wait for her dinner, sour eructations from one to three hours after eating, burning in soles, on head, *agg.* by bathing, you have a pretty good Sulph. case.

You will need to know a great deal of Sep., Puls., Ars., Carb.-veg. in this vomiting of pregnancy. Sep. will be indicated in the vomiting of milky water, with the concomitant of bearing down or funneling, as if the whole viscera of the pelvis were coming into the world, and with a feeling of hunger and emptiness that is almost constant, stomach symptoms relieved by eating, constipation, etc. Carb.-veg. is indicated when there is a great amount of belching, belching which gives relief, and also the passing of a great amount of flatus, which gives relief.

Under Sulph. the book says: "Eructations, generally empty, and taste of food," "sour after eating." As soon as she presses upon the stomach there is regurgitation of sour food. Sour, watery vomiting, especially morning and evening; stomach sensitive to touch, *agg.* in the morning. Give the "rugged philosopher" these symptoms, with the all-gone hungry feeling at eleven A. M. It finishes the picture.

A characteristic feature of Sulph. is a *sharp* appetite for any kind of wholesome food, but *at the sight* of food the appetite gives place to disgust.

You must not confound this with Colch. Colch. has no appetite at all, together with disgust at the sight, smell, or even thought of food.

Bry. has a desire for different foods which, when brought to him, are rejected. Rejects the oysters which but a short time before he fancied he would like or had even called for. You will find nausea like that of Colch. in typhoid fevers, in most fevers the patients often going ten days without food.

Sulph. has also vomiting coming on every evening at six o'clock. Clinical.

Sulph. produces great changes of the tissues of the lungs, the liver, and the spleen. It is of wonderful service in enlargement and induration of the liver and spleen. It goes to the bottom of the malarial diathesis, which is the underlying feature of an enlarged spleen. Chin., Nux v., have symptoms relating to enlargement of the spleen, and often cure it. Polynnia urudalia (bear's foot) is a wonderful remedy in enlargement of the spleen, with paucity of symptoms. It has been a great remedy in the South and Southwest for that condition, with malarial cause, hypertrophy of the spleen, ague cake.

Sulph. is a great remedy in flatus. The abdomen is filled with flatus, causing a constant tympanitic condition, bloated abdomen, knotted, incarcerated flatus, spasmodic condition of the intestines, great rumbling in the bowels, painful sensation, as if internally raw and sore, painful swelling of inguinal glands, all in keeping with the general conditions of the remedy. You can see how, like Lyc. and Chin., it easily runs into stomach and bowel troubles. Chin. especially produces incarcerated flatus, with belching, belching, belching, which gives no relief.

Similar to Lyc., opposed to Carb.-v., which finds relief by belching.

Another marked characteristic is that, in spite of extreme care, the odor of the stool follows him for hours.

Cholera (driving out of bed in the morning), cholera Asiatic, cholera morbus, diarrhœa or dysentery—don't forget Sulph. You will find all varieties of stool, large or small, diarrhœa or dysentery. It has, like *Merc.*, a desire to remain at stool, a never-get-done sort of feeling, with burning in the anus almost like hot coals, caused by the excoriation of the mucous membrane. Passing of blood with stool in chronic bleeding hemorrhoids. Hemorrhoids blue and burning—Phos. ac. Lancinating pains from the anus upward, especially after stool. Pulsating pains in the anus all day. Lach. has throbbing in the anus all day like little hammers—in pile tumors and fissures. I cured a long-standing case of fissure of the anus that had resisted several operative measures and that had that prominent symptom present (throbbing as of little hammers) with one dose of Lach. Lach.



has also the same symptom in other parts of the body. Nat. mur. the same upon the inside of the skull.

Anus is sore and may be covered with little vesicles—vesicular eczema—with burning, itching in the anus at night, rawness and smarting between the nates and about the scrotum in the male.

Polyuria—colorless urine, especially at night and after hysterical spasms. Boys habitually wetting the bed as result of disease improperly treated, as measles, scarlatina, or an injury. Sulph. will be your first remedy. Urination may occur at any time during the night. Sep. urinates during *first* sleep, frequently indicated in little girls. Children who take cold easily and it settles in the head, giving them *hot* head, who also wet the bed. Bell. gives prompt relief.

A lady, who had been tormented for years, urinating in first sleep, first received Sep.—no result. When I found that she had to use constant care during her waking hours, Caust., one dose, cured. When sleeping, of course, she lost voluntary control of the sphincters, with most annoying results.

Remember the redness, panting, and excoriation of the orifices in complaints manifested in the urethra of both male and female, in gonorrhœa, and in affections of the labia. Great amount of irritation and soreness in old cases of gonorrhœal discharge. In the male, urine burns the foreskin, and may be the only symptom to be found. There is often such paucity of symptoms in these cases that the remedy is hard to find, and the patient's habits of drinking, smoking, etc., greatly hinder the search.

Desire to pass urine, coming suddenly and causing pain and great effort. Involuntary discharge of semen, with burning in the urethra, emissions brought on by self-abuse, and which have gone on to impotency. Relaxation and coldness of the penis. Sulph. produces these weaknesses, and, with few symptoms, there is no better remedy; or Sulph., Calc., Lye. in the order named. Sep. is another good remedy, and follows them all well.

Sulph. is invaluable in balanitis, balanoposthitis; offensive and profuse sweat about the genitals, long-standing inflammation of the prostate gland, and chronic enlargement of the prostate gland. The latter will usually yield to that remedy and competes with Puls. and Staph.

Menses too late, too short duration, or suppressed. Blood thick, dark, acrid, sour smelling, making the thighs sore. Here we have the characteristic. Should a case of amenorrhœa be presented with staring eyes, burning feet, burning head, unhealthy

skin, diarrhœa, driving out of bed in the morning, you can hardly help giving Sulph. In nosebleed, during menstruation, it stands next to Phos. and Lyc. Sterility with too early and too profuse menstruation. Corroding leucorrhœa of yellow mucus, preceded by pains in the abdomen. Burning in the vagina; *agg.* by hot water. Troublesome itching in the vagina, which is surrounded by pimples. Labor-like pains over the symphysis. Soreness in the vagina during coition. Vaginismus preventing coition soon after marriage—Ferr., Phos. Platina has a sense of soreness during coition. Sepia has great pain on intercourse, with soreness of vagina. Sulph. is also frequently indicated in pregnancy, and in cramping of the calves. In giving you my experience with the provings of this great remedy it is with the hope to teach you to study out new provings for yourselves. It takes practice, experience, patience, and great carefulness of detail to make use of these accumulated provings of drugs.

---

### THERAPEUTICS OF THE THROAT.

EDITORS HOMEOPATHIC PHYSICIAN: You remember my article in the June number of THE HOMEOPATHIC PHYSICIAN, entitled "A Proposal for a Work on Therapeutics of the Throat."

At the last meeting of the I. H. A. I interviewed several of the members about it, and these are the names of those who consented to contribute to the work according to my plan, and the remedies they would consent to work up: Adolph Lippe, Lachesis; P. P. Wells, Lycopodium; H. C. Allen, the Mercuries; J. T. Kent, Sulphur; J. B. Bell, Phytolacca; W. P. Wesselhœft, Apis; J. B. Gregg Custis, the Magnesias; W. S. Gee, Bellad.; Wm. A. Hawley, Psorinum.

I inclose you the article on Bellad. already worked by Dr. Gee, also his letter accompanying, as it contains valuable suggestions.

Every member with whom I conferred commended this plan, and, with one or two exceptions, consented to lend a helping hand, but did not decide what particular remedy each would take, except in the names already given. Most of them said it did not make any difference as to that. Now, to expedite this matter and at the same time avoid confusion, may I suggest a few names and the remedy opposite their name that they may work out, if agreeable: J. V. Allen, Ailanthus; Ed. Berridge, Lac. can.; J. A. Biegler, Pulsat.; C. W. Butler, Kali bichrom.; Ed. Carlton, Æsculus hip.; Geo. H. Clark, Ignatia;

Wm. J. Guernsey, Arum. tri.; E. P. Hussey, Nit. acid; Walter M. James, Am. carb.; E. J. Lee, Cistus can.; C. F. Nicols, Sabadilla; A. McNeil, Gelsem. nit.; W. Preston, Alumina; Ed. Rushmore, Argent.; Geo. Sawyer, Capsicum; C. C. Smith, Cantharis.

I only suggest these. There are many more capable men in our I. H. A. and many more remedies not yet mentioned. I may not have suggested the right remedy to the right man. If every one of our members who feel disposed to help on the good work will correspond with me and let me know what he will do, and do it as promptly as possible, like Dr. Gee, we hope to have the work ready for the next meeting of the I. H. A. Now for volunteers.

Who, in addition to remedies already named, will take Cauticum, Ars., Baptis., Baryta, Bryon., Hepar sul., Lachnantes, Nux vom., Phos., Rhus tox., Sang., or any other remedy not already taken. There ought to be at least fifty remedies worked up *for all they are worth*, both for acute and chronic diseases of throat. This number, *well done*, with a repertory attached, would make a work of which the I. H. A. might well be proud.

Let every one be sure to have his or her part ready by January 1st, 1888. That will give time for the repertory.

All I desire to do is to have the privilege (with the suggestions of my brethren) of doing the *preface*. Dr. Brown has consented to write a short article on the hygiene of throat. We know him to be capable.

Now, this is downright work; and every one should give his best and most careful effort to make his or her contribution reliable. No theorizing. Facts are what we want, so that when we turn to the work of our Society on therapeutics of the throat we may feel sure we are referring to the best work extant.

As these remedies come out in the journals there will be plenty of chance for kindly criticism and additional hints from all their readers.

If we can thus concentrate the thought and labor and collect the experience and observation of the membership of such a Society as ours, upon a single subject so important as this one, it seems as though great good must come out of it. Now, cannot this letter, with that of Dr. Gee's and his article on Belladonna, come out in the next number of the *PHYSICIAN*, so as to get the subject early before the Society? We hope so.

This is everybody's work, and each may have a part in the labor and a share in the honors and the rewards.

Yours, fraternally,

## BELLADONNA.

W. S. GEE, M. D., CHICAGO, ILL.

*Objective.* Dryness of the mouth and throat. Mucous membrane reddened. Bright red, later dark red. Looks very red and shining. Tonsils swollen on right side, with intense congestion. Rapidly forming ulcers of an aphthous character on the tonsils. Fauces bright red or bright and yellowish red.

“Inflammation of the throat, with sensation of a lump, which induces hawking, with dark redness and swelling of the velum palate and pudentum.”—*Lippe*. Catarrhal inflammation of the palate. Rawness and soreness of the palate. Tongue and palate dark-red.

The mucous membrane, from the posterior third of the palate as far down as could be seen, was of a deep crimson color, and the tonsils were much enlarged. The fauces, uvula, and tonsils are scarlet and shining. Throat swollen outside and sensitive to touch.

Cervical glands inflame suddenly. Right hand clutches at the throat. (Epilepsy.)

*Subjective.* 2. Dryness of roof of mouth, fauces, and throat. Difficulty of swallowing even liquids—they return through the nose.

Constant desire to swallow, with urging as if he would choke if he did not swallow.

During deglutition, feeling in the throat as if it were too narrow, or drawn together, as if nothing would pass properly. Desires drink but cannot swallow. Throat feels raw and sore.

Desires drink but is not satisfied with it. Desire to swallow saliva, which is painful.

About the fauces the sensation of dryness was most distressing; it induced a constant attempt at deglutition, and finally excited suffocative spasms of the fauces and glottis; renewed at every attempt to swallow.

The dryness causes alteration of voice, rawness and soreness of palate. Painful narrowing and contraction of the gullet.

Burning sensation in the fauces. Tonsillitis; worse right side; parts bright-red; worse swallowing liquids. Fine tearing on inner surface of angle of left lower jaw, in and behind left tonsil; unaffected by contact; the tearing is more violent during deglutition.

Violent burning in the throat (the mouth at the same time being moist) which is not relieved by drinking, but is by a little sugar, though only for a moment. Sensation as if a large tumor were growing in the throat and stopped it up. Speech thick. Shootings in pharynx; pain as from an internal swelling, only felt during deglutition and upon turning the head around; likewise when feeling side of neck, but not when at rest or in speaking.

Spasmodic constriction of the throat.

Only with difficulty and by constantly swallowing liquids is he able to swallow solid food.

On attempting to pour down liquid, tetanic closure of the mouth and regurgitation of liquid.

Constant desire for empty swallowing, which causes pain in larynx.

Swallowing saliva or empty is the most painful. Has to swallow, which is very painful; he has to bend head forward and lift up the knee. (Angina.) Throbbing of carotids.

Throat is painful to touch on right side, especially toward ear, where it stings.

Pressive pain externally when bending the head backward and when touching the parts.

Aggravation: from touch; from swallowing liquids or solids.

*Concomitants.* Flushed face, injected conjunctiva, throbbing headache.

Thirst for water, but especially lemonade, which agrees.

Dry cough, from dampness in larynx.

Swelling of glands in nape of neck, with cloudiness of head.

Pulse has a globular feel, and the skin feels very hot to touch.

Sudden startings, especially on falling asleep.

Pains come and go suddenly.

Suits plethoric, lymphatic constitutions, who are jovial and entertaining when well, but violent when sick. Women, children, blue eyes, light hair, fine complexion, delicate skin.

Young, full-blooded; with fevers and inflammations when pulse and heat run high, congestions, nervous, delirious, threatened convulsions.

#### REMARKS.

*Differentiation.* Bell. is perhaps the remedy most frequently indicated for the acute anginas brought on by changes of the weather. It is not "the best remedy for sore throat," and should be given only when the symptoms of the patient indicate it.

The pernicious habit of giving this remedy in a routine way is hazardous to the patient and compromising, not to say slovenly, careless in the prescriber.

A study of the poisonous effects will show us first, *dryness* of mucous membrane of mouth, throat, even to stomach. *Burning* follows, spasmodic closure of glottis and œsophagus, so that we have "constant inclination to swallow, with feeling as though he would choke if he did not." This is characteristic of the remedy. Desire to swallow is occasioned by the dryness, and no relief from swallowing.

Recall another remedy of great value when the *dryness* is a pronounced symptom, viz.: Cist.-can., but the swallowing relieves and the throat is even *better after eating*.

The contracted, narrow feeling is similar to that of Caust., but the *dryness* will distinguish between them.

The "rapidly forming ulcers on tonsils" might remind us of Nit.-ac., but the pricking, splinter-like pain will decide for the latter remedy. Signs of ulceration of gums or throat will also be present, usually when Nit.-ac. is the remedy.

"Painful dryness, roughness, rawness, and burning in the throat" occurs in Merc. sol., but "with a mouth full of saliva."

Merc. cyan. has the small ulcers on the tonsils, but the symptom confirmed has been tonsils studded with small ulcers with coating, like drops of mortar in appearance.

This has been a reliable guide in many cases of serious throat trouble where the prostration was present (CM potency).

Sul. has "sensation of lump in the throat, stitches in throat when swallowing, painful contraction when swallowing, great burning and dryness, first right then left side," but this antispasmodic is better suited to prolonged cases, for we have "whole back part posterior to palatine arches appears in a state of ulceration."

Lyc. includes "pharynx feels contracted; nothing can be swallowed; pain and soreness begin on right side of throat," but the changing to left side, and aggravated from cold drinks makes a distinction. The *course* of the disease is a more important indication for Lyc., Lach., Lac can., Sabad., and Sul. than for Belladonna.

---

HERING MEMORIAL HOSPITAL: a full account of the opening of this hospital is given in this issue; it is to be hoped that all admirers of Dr. Hering and all lovers of true Homœopathy will assist these ladies in the support and development of their noble work.

## THE HERING MEMORIAL HOSPITAL.

OPENING OF THE HANDSOME HOSPITAL OF THE WOMEN'S HOMŒOPATHIC ASSOCIATION AT TWENTIETH STREET AND SUSQUEHANNA AVENUE—A GREAT THRONG OF PEOPLE ATTEND THE CEREMONIES.

The magnificent edifice just erected at Twentieth Street and Susquehanna Avenue by the Women's Homœopathic Association of Pennsylvania, and forming one of a series of hospital buildings to be erected under the auspices of that organization, was formally opened October 13th, in the Board room of the new building, in the presence of a great throng of eminent men and women of the homœopathic school. Distinguished citizens in other professional walks and many others interested in the important movement crowded the audience room to overflowing.

What a grand epoch would the opening day of this hospital building have been to Constantine Hering had he lived to see it! That great master mind, who lived, labored (we may almost say loved) only for pure Homœopathy, would indeed have rejoiced to have seen this hospital, probably the only one in the world devoted solely to homœopathic practice.

This building is most appropriately called the Hering Building, for there medicine is practiced as Hering taught, practiced, and believed. While this hospital is a fitting memorial to Hering, it is also a monument to woman's energy, perseverance, and charity. Laboring under the greatest difficulties, opposed by the vast majority of Philadelphia physicians (for the allopath and the eclectic homœopath united in opposing a hospital erected for the practice of *pure* Homœopathy), the ladies of the Women's Homœopathic Association of Pennsylvania have achieved a great success, which should receive the warmest acknowledgment homœopaths can make. The ladies instrumental in bringing it about should receive the highest honor in our power to bestow. Their individual names should be familiar in our minds as those of any benefactors of mankind.

The ceremonies incident to the installation of the noble work were presided over by Mrs. Mary W. Coggins, President of the Institution, who introduced Rev. Dr. H. L. Wayland, who invoked the Divine blessing upon those who, under His guidance, had completed a work that would be a harbinger for good in the ages to come. He asked for spiritual aid for the physicians, the

matron, and the nurses in the discharge of their trying and oft-times repugnant work.

Dr. Lippe then delivered the opening address.

LADIES AND GENTLEMEN: We have met here to-day to celebrate the opening of the medical, surgical, and maternity hospitals established by the Women's Homœopathic Association of Pennsylvania. The Association has honored me with an invitation to deliver the opening address on this occasion, and permit me to ask your forbearance with my humble attempt to do full justice to the task before me. The hospital now opened is the result of unceasing efforts to extend the blessings of Homœopathy to the variously afflicted sick, and especially to *women* in need of medical care.

The Women's Homœopathic Association have taken one more step forward to extend the healing art promulgated by the immortal sage and philosopher, Samuel Hahnemann, and to demonstrate its blessings practically and publicly in this hospital. Philadelphia may feel a just pride this day at the achievement of this noble Association. This city was the cradle of Homœopathy; in this city that infant was nursed by the late Dr. Constantine Hering; and we see here before us a practical illustration of the successful nursing of it; we see here before us a new generation of benevolent women, who in a substantial manner will nurse again the child of Samuel Hahnemann, his method of applying the healing art under the operation of the only natural law governing the medical art—the law of similars. The early pioneers of the homœopathic healing art were able to demonstrate the great success in healing the sick in comparatively isolated cases, and this day we welcome the opening of a magnificent hospital in which it will be better possible to demonstrate the progressive success of homœopathic treatment—progressive under all aids which hygiene and perfect nursing can give otherwise appropriate and skillful medical treatment. Isolated cases of the success of homœopathic treatment have done much to bring credit to our healing art, but when we shall demonstrate how collectively the results will become convincingly greater than could appear by the examples of isolated cases, we must highly appreciate the good influence emanating from this hospital. Especially true is this when we contemplate what figures will and must show of the benign results of pure homœopathic treatment on the large scale; how suffering can be diminished to a minimum without the pernicious use of Chloroform, Ether, Ergot, and all the daily palliatives and local treat-



ments resorted to by the old school of medicine. The hospital will show in its reports the great superiority of the homœopathic healing art over other curative methods; and under the efficient nursing of this Association of charitable and earnest ladies, this hospital is sure to do good service in advancing the healing art.

Let us look for a moment into the past before we turn to look more into the future. Philadelphia is a fortunate city; Divine Providence has favored it in a remarkable manner. From this city emanated the Declaration of Independence, and we have just celebrated the centennial anniversary of the adoption of the Constitution of the United States. Living, as we do, under the protection of this glorious Constitution, we have witnessed our healing art progressing prosperously in a measure impossible for it under other forms of government, where oppressive laws favor the old school of medicine, and where our healing art meets with all kinds of hindrances to its advancement. In this cradle of true liberty, liberty in medical matters was also nursed along with political liberty, liberty of conscience and religion, liberty of the press, and liberty of speech. Medical tyranny is not to be thought of in this land where true liberty is appreciated and sustained by the will of the people. All opposition by misguided opponents to our healing art and to the fullest liberty in medicine will be as fruitless as would be the efforts of misguided opponents of our glorious Constitution. Philadelphia, the cradle of universal liberty, protected by the Constitution, is also become the cradle of Homœopathy. For, to me, there is a great analogy between them. Our Constitution is based on the assumption that human rights, including personal liberty, have their origin in natural and Divine laws existing since the creation of the world. Divine Providence guided the framers of the Constitution in applying these laws practically for the good of the people. Homœopathy is based also on a natural and Divine law existing since the creation of the world. The correctness of our law, the law of the similars, has never been doubted, but it was left to Divine Providence to inspire and direct Samuel Hahnemann to apply this law practically for the good of the sick.

What may we reasonably expect from the future? A hospital that, under the kind care of the Women's Homœopathic Association, shall be the means of restoring to health the sick and the suffering, and by its necessarily superior results further the more universal adoption of our healing art; that shall also offer an opportunity for practical instruction in the homœopathic healing art to the student of medicine who desires to become

acquainted with it. The successes of our methods will gain the praises and thanks of the persons benefited and their friends. Physicians of this hospital who do the work will prevent them from falling into the hands of anti-homœopathists. They will in future always seek to obtain such treatment as benefited them. Every person leaving this hospital practically convinced of the truth of the philosophy of Homœopathy will help to further our cause. We live in an age of progress. As in the last half of a century the sailing vessel has been superseded by the steamer, communication by letters has been superseded by the telegraph and the ocean cable, and so also will the antiquated school of medicine have to give way to progressive Homœopathy. Those who seek material causes of disease aided by the microscope will seek in vain, and be compelled at last to accept our knowledge of the dynamic causes of disease. Their material attempts to annihilate the germs of disease by the aid of crude drugs will have to pass into oblivion, and dynamized remedies will be used instead. The hospital this day opened will materially aid in the good progress in expectation. Thanks have to be offered to the noble women of this Association for the good work so assiduously performed in securing the benevolent material means given them, as well as the painstaking, self-sacrificing, charitable work of the medical staff and their corps of nurses; the community at large is beholden to them. And now permit me to add my thanks in the name of all the homœopathic physicians who, in this country as well as the whole world where the homœopathic healing art is practiced, must be gladdened by the celebration of this day.

Dr. J. T. Kent, of St. Louis, should have been the next speaker according to the programme, but he was prevented by urgent professional engagements from appearing, to the great disappointment of the audience, many of whom had come especially to hear him. In his absence it was anticipated that the draft of his address would be on hand to be read by proxy, but it failed to arrive in time.

Dr. Alice B. Campbell, of Brooklyn, was the next speaker.

#### ADDRESS OF DR. ALICE B. CAMPBELL.

LADIES AND GENTLEMEN: It gives me more pleasure than I can express to be present with you at this time, and to be identified with this occasion.

The ceremonies of to-day can excite only feelings of gladness in the hearts of all lovers of the sublime law of Homœopathy,

and of all admirers of its giant representative, Constantine Hering.

But these ceremonies have a deeper significance and excite a deeper interest than could be aroused by the mere dedicating of a building to hospital purposes. Though this be worthy of notice and praise, they mean more than the designating a hospital department by commemorating the name of one loved and great in the profession of medicine, and worthy of all honor. These acts are commendable and desirable, but they are not the outcome of a necessity. For your city, like most great cities, suffers no lack in hospital facilities. The name of Hering does not depend upon these walls to perpetuate its memory. For, indelible in literature, glorified as scientist and philosopher, emblazoned in the history of Homœopathy, and enshrined in the hearts of its practitioners, what more could any name require to render it immortal.

This occasion gives us joy because it occurs in the interests of truth and uprightness. Truth, as opposed to ignorance and falsehood; uprightness, as set against cowardice and dishonesty. Long enough has the spurious been passing for the genuine. Too long has public confidence been misled and the community deceived. And now, through the stand which the management of this hospital has taken, and which this event celebrates, you cause us to hope that the cloud is to be lifted from the hearis of those who have long deplored a state of things they were powerless to change, for Hahnemannian Homœopathy is to be the rule of practice in this institution. The unmixed and pure law is to have full sway. The weights of stupidity and duplicity, that have so often and so long hindered the soaring aloft of this wonderful truth, have been cut away. Order has supplanted confusion, and light has routed darkness.

Is not the prospect cheering, when we remember this hospital, committed to a system of therapeutics resting upon a sound basis, will produce results commensurate with the perfection of its underlying law? Is it not gratifying to feel assured that the unfortunate and suffering of our kind will here receive at the hands of its ministers such truly scientific and beneficent treatment as will give them the surest relief from pain and the most rapid return to health? For we recognize in Homœopathy a gospel of love to sick humanity, and—pardon a private belief—they will the best execute this mission whose nature and heart are surcharged with this element.

We know that, numerically, Homœopathy is in the minority, but you, by this demonstration, have strengthened our faith in

the soundness of that sentiment of Alexander Dumas, when he writes that "majorities prove only what is; minorities are the germ of what should be and what will be."

Else, what means this list of twenty-three names at the head of this Institution, and at the head of this right-about-face movement. None of them belong to the medical profession, and they all belong to—I am proud to say—women. It means that the laity are acquiring correct ideas of Homœopathy; that a knowledge of the effectiveness of a practice according with law is no longer limited to the few in the medical profession. It means that intelligence on this subject is making headway among the people, and that those who use Homœopathy as a business are not the only ones to perceive the beauty of its operations and to appreciate its grand results. It means that the brains of the community have discovered the gauze of the homœopathist, and will no longer tolerate the seeming for the real.

The history of this hospital sustains these assertions—they have had the false, now they will have only the true—and it is pleasant to be able to add, that throughout the land in many homes the echo to these notes is resounding louder every year. It is the quality of such steadily accumulating testimony which confirms the hope that Hahnemannian Homœopathy will eventually occupy an undisputed majority.

Ladies of the "Women's Homœopathic Association of Pennsylvania," you are to be congratulated on the progress you have made toward your ultimate design, as you give token of to-day. We rejoice with you on this added triumph to your labors, and shall continue our sympathy with you in your efforts to complete this hospital and to conduct its wards on the only known law of cure.

The stand which you have taken in demanding homœopathic treatment in a homœopathic hospital is the result of knowledge and of conviction. With such conviction you could do nothing less than make rigid exactions. For law admits of no compromise. You only required of others that which your consciences required of you. In this you have won the confidence of all sincere people, and shown yourselves eminently fitted to command the Institution which you represent, and to care for the interests confided to your keeping.

You have shown courage in doing now that which older institutions should have done before, and in thus doing have set an example worthy of emulation by many other like institutions throughout this broad land, and flying the same professed flag.

It is not your fault that the move you made partook of the radical element, but rather to your credit that you defined and accepted the situation.

Women do not crave leadership, but when duty urges, and there is no one for them to follow, they are not to cringe if in a forward step they are urged against the lever which moves the world.

Progress is not in the hand of either sex, but it is a noticeable fact that the moral element in a momentous question—without the moral element no question can be momentous—is to woman the *reveille* which rouses her from her native retiredness and forces her into the field of action.

Ladies, the road you have marked out for yourselves is not a smooth one, but remember, all progress is rated by the obstacles overthrown, and the main difficulty in any enterprise is removed after a start is effected. You have that start, and now there can no obstruction arise on your way to the topmost achievement that may not be leveled by your hand so long as you continue to act from the standpoint which you now occupy.

Such an institution as this is one of which only an advanced civilization can boast. Created and sustained by women for the sick of her kind, here she can care for her sex as only her sex can care for each other. With trained women nurses, women resident physicians, women doctors on the medical staff, sick woman will be spared many humiliations consequent upon the peculiarities of her ailments. But better than all this—though this is better than could be obtained anywhere a score of years ago—with a medical corps whose intelligence and experience raises them above the need of mechanical treatment of disease and enables them to rely solely on internal medication in all non-surgical cases, there opens up to the patients in this hospital a safe, pleasant, and uncommon road to health, one divested of barbarities and stupid interferences, so prevalent elsewhere, and which are a disgrace to the age.

In your platform of principles you have taken a wide departure from many popular theories and modern innovations, the result of which has been the ousting of crude drugs and the sending of Quinine and Morphine spinning out of doors. This savors largely of a reform in hospital practice, one long needed, and which you are not bringing about any too soon. That a reform may meet with adequate results, the spirit of the martyr must possess the reformer. Ladies, the eyes of the entire homœopathic profession will be henceforth upon this Hering building. Let not the name of this grand and noble genius be unworthily

associated. Therefore stand fast in the faith of that cause whereunto you were called. So shall you reap if you swerve not, and your labors shall not return unto you void.

A telegram of congratulation was then read from the veteran Dr. E. A. Ballard, of Chicago, the well-known and efficient Secretary of the International Hahnemannian Association, after which Dr. Wesselhœft delivered the following powerful address:

ADDRESS OF DR. WILLIAM P. WESSELHÆFT.

LADIES AND GENTLEMEN: Every disciple of Hahnemann in this country, aye, in this world, should to-day rejoice with us in the extraordinary event of the opening of a hospital consecrated to Homœopathy. But why is it so extraordinary an event? Many will say that there are already in this country scores of homœopathic hospitals and dispensaries, a number of which have been in active operation for nearly a score of years. Why then should this new institution merit such esteem and send a thrill of joy through the heart of every homœopathist in the land?

I answer, because it is the first and only hospital in this country, if not in the world, in which no other practice is tolerated but Homœopathy pure and simple. No experiments but those strictly in accord with the system of therapeutics founded by Hahnemann can be allowed in these halls now and forevermore. This, and this alone, should be the cause for rejoicing. We may admire the architectural beauty of the elevation, the admirable arrangements for light, air, ventilation, and comfort, but all these can be found elsewhere. Here alone we find a truly homœopathic institution, with the vital essence of the science (apart from matter!) infused, as it were, into the very bricks and mortar of the place. Here it breathes and has its being unsullied by weak-kneed compromise with any and every other kind of practice, custom, or habit in medicine.

The cause of our rejoicing should, therefore, lie in the spirit which actuated the enterprise, and the brave and stubborn maintenance of principle on the part of its founders.

At the laying of the corner-stone of this edifice, three years ago, Dr. Guernsey used these memorable words:

“I am well aware the word Homœopathy has become a cloak for a multitude of evils in the practice of medicine; that it is made to comprehend much that is spurious and entirely foreign to the real spirit and successful operation of the system. But I hope, in this instance, it will prove an exception; that the edi-

face about to rise from this corner-stone, in its grand proportions, will be used to exemplify and perpetuate that purity and simplicity in things medical which were intended by its projectors ; that neither eclecticism nor any other ism shall be allowed to tarnish its pure walls or impair the usefulness of the institution."

Dr. Guernsey's warnings have been regarded, and, thanks to the brave women of the Executive Board, his hopes for the institution have been realized. He recognized the dangers which might befall this undertaking, not from the antagonism of the allopathic physicians, but from the virulent enmity of that class of physicians who arrogate to themselves the name of homœopath, but practice what they please.

The founders of this hospital were thoroughly impressed with the truths and eminent results in the practice of a few physicians who adhered strictly to a law in therapeutics, who never deviated from its conscientious application in disease, who found no exigency too great for its beneficial use. This practice these women were determined to extend to those who appealed for assistance to them under this roof.

In their capacity of the Executive Board of a truly homœopathic hospital, they were naturally called upon to be judges also of what constituted Homœopathy and of that which was antagonistic with its tenets. They accordingly set about the task of acquainting themselves with the works of Hahnemann. The *Organon* was as thoroughly studied as their Bible, and the great discoveries incorporated in the *Chronic Diseases* were revealed to them.

This knowledge of the fundamental teachings of Hahnemann's system of medicine saved this hospital from the disgrace of becoming another of the many eclectic establishments which go current under the name of "homœopathic." When Carbolic acid, Quinine pills, compounds of Belladonna, Strychnia, and Hyoseyamus, crude Ergot, Monsell's solution, etc., were called for by the staff of physicians, *this Executive Board of women were honest*, and declined to furnish them, as the use of such agents and compounds is in direct violation of the principles which govern its medical declaration. The staff of physicians resigned, taking the ground that they were to be the judges of what constituted homœopathic practice, and demanded freedom from interference by the Executive Board in their *prerogatives*.

This demand for liberty (or, better, license) on the part of the staff sounds very well, but the argument will not hold water where principle, method, and law are to govern. Suppose, to

use a rather rough simile, a watchman is placed in charge of a clock factory, and one of the employes thinks it his *prerogative* to take a sledge-hammer and smash two or three clocks intrusted to the watchman's care, under the pretense that, being employed to make and repair clocks, he has, nevertheless, occasional fancies that the striking of certain clocks is distasteful to him, and when collared by the watchman argues that his *prerogatives* are infringed upon by being interfered with by an ignorant watchman, who knows nothing whatever about making and repairing clocks; I merely ask, who has the right of it, the clockmaker or the watchman who has collared him?

A medical journal, in commenting on the action taken by these ladies, said: "The Board, being *presumably* ignorant of what constitutes Homœopathy, may be excused." Here is just where the editor of this journal shows his ignorance of Homœopathy, as well as his ignorance of the competency of these ladies to judge in this matter. If this editor had taken the trouble to ask the Board their reasons for discharging the incompetent doctors, he would have "*presumably*" ascertained some very good homœopathic reasons. In their knowledge of the philosophy and institutes of Homœopathy these ladies were the peers of the departing doctors, and it was their solemn duty to interfere with practices which had nothing in common with Homœopathy.

It was our privilege to meet some of the ladies last summer, and we can assure the editor of this journal that we found nothing "*presumably*" ignorant in them of what constitutes Homœopathy, and, strange as it may seem, they were in other respects quite intelligent. I will venture to add that if the philosophy of our science was as well understood by the majority of professors of materia medica and practice in our so-called homœopathic colleges, fewer eclectics would issue as graduates from their halls.

Why, ladies and gentlemen, I have ocular evidences in my desk at home of the practice of graduates from homœopathic colleges which would make the best doser among the regulars shudder, and if the prescribing doctor had himself taken the doses he gave the poor patient, he would have been a subject for hypodermic injections by the professor who taught him such practice. "Carelessness on the part of the practitioner"—yes, indeed, criminal carelessness—but who is chiefly to blame? *the teacher*.

These ladies distinguished between the pure and spurious. They learned to recognize that which is *new* in the science of



medicine *discovered* and elaborated, and not *invented*, by Samuel Hahnemann.

By their researches in homœopathic literature they discovered that only medicines which had been proved upon the healthy were admissible weapons against disease under our law of cure, and that the *characteristics* so derived were to indicate their use in a case which presented similar peculiarities and marked features. They learned that Hahnemann was the first to insist upon the most minute and careful study of the symptoms of a case, discriminating especially between the peculiar and personal indications and those which were common to the disease under consideration.

They learned that *one*, and only one, remedy should be given, and that this remedy should be allowed to act without repetition till its curative action is exhausted.

They learned that substances which were inert in their crude state were changed into useful curative agents by Hahnemann's method of potentizing, and that the most virulent poisons were converted into mild, harmless, but potent curative factors.

They learned that all local treatment must be harmful, as no such thing exists as a local disease.

They, finally, learned that the system of medicine which they cherished, and were determined to put to practical use and test, had nothing whatever to do with nosology (the classification of diseases) as giving an indication for the use of a homœopathic remedy, but that its successful application consisted in strictly individualizing every case, without regard to the name which had been given it.

They were true to their trust, and their convictions were strong enough to keep their work free from defilement.

After courageously ridding the institution of a set of unworthy physicians, a system of persecution was inaugurated against the Executive Board which forced the members of this private Institution to vindicate their position in the public press of Philadelphia, in which they had been attacked by the County Medical Society, before which the departing staff had brought their grievances.

It seems that in Philadelphia Homœopathy has nothing more to fear from allopathic antagonists, but much from that class of physicians calling themselves by the honorable name of homœopathist, but practicing without those laws and methods which are the essence of the art.

Persecutions are perhaps the surest and shortest road to success, provided the persecuted know that they have right on their

side and courage enough to defend it. Not only in the science of medicine, but in almost every human undertaking upon which progressive thought and investigation has been brought to bear, have the originators and their adherents been remorselessly persecuted. As an instance, we need only to recall the history of our Hahnemann, who from 1799 to 1821 was obliged, by the malevolence of his colleagues, to change his abode a dozen times. The city of Leipsic, the scientific capital of his country, to which by youthful association he was drawn, and where he expected to find kindly recognition for his valuable labors, treated him so outrageously that he was obliged to flee. Eight years after his death, however, a beautiful bronze statue of the great physician, discoverer, and reformer was unveiled in that city before the same Council which had chased him from the town like a criminal.

The worst enemies of this Institution are, as Dr. Dunham very forcibly said on another occasion, "those who, for the sake of what they call *peace* and *union*, would join hands with what they know to be false! Aye, even though to do it they should have to 'cut off the fanatics' who adhere strictly to Hahnemann—to leave the 'brains' of their system 'out in the cold.'"

I have been told on good authority that Hahnemann gave this answer to a gentleman who visited him in Paris and congratulated the old hero upon having lived to see his system practiced in every country of the globe and upon being able to count his followers by thousands: "Those who call themselves my followers," said Hahnemann, "may perhaps be counted by thousands; those whom I acknowledge can be counted on the fingers of both hands. It has sometimes seemed to me that my discoveries were made half a century too early."

I think we may safely claim that a new era for Homœopathy is dawning, and it is not yet fifty years since Hahnemann made this statement. There are at least five hundred men and women now in the United States alone who are practicing Homœopathy strictly in accordance with the fundamental precept of its author, and who recognize his philosophy of disease and its cure. These men and women will be gradually united with a medical Society already in vigorous existence, not vigorous as yet by its numbers, but strong in its convictions and enthusiastic in the work of further developing the great art of Homœopathy.

While we have women at the head of this Institution such as constitute its present Executive Board we need have no fear that compromises will be made with any practice not strictly in accordance with Hahnemann's methods. The following words of

their report to the International Hahnemannian Association is pledge sufficient of their intent and purpose:

“Thus the initiative was taken with a deep sense of the significance of the position assumed, and the two prominent governing ideas were the wise, tender care and sheltering of the unfortunate, and the alleviation of human suffering by the application to diseased conditions of the beneficent principles of Homœopathy ‘*pure and simple.*’ This work was not undertaken lightly or blindly, though some among us did not in the beginning comprehend all that was involved in the step, and many of the obstacles and difficulties have been both a pain and a surprise, but with the labor has come a growing appreciation of the noble science in whose cause the best thought and strength is given, and this should carry its own instant compensation for every perplexity. We are fully aware that truth is all-powerful, yet before it is established its birth in human minds is through exceeding great travail, and only by contrast with its opposite, error, does it become manifest in clearness and perfect purity.”

Certainly, for such words and such works we have true cause for rejoicing.

Rev. Dr. Wayland then stepped forward, and after a brief introductory read the dedication hymn that was sung at the laying of the corner-stone of the Sister Dora Hospital, at Walsall, England. The beautiful lines, beginning, “Accept this building, gracious God,” were then sung by a choir of ladies.

The venerable Dr. P. P. Wells, of Brooklyn, being present, was called upon for an impromptu address.

The old gentleman arose, and demanded if this was the usual practice of Philadelphia people, to put an old man in such a tight place. He then declared that the mention of the name of the late Dr. Hering brought tears to his eyes. After eulogizing Dr. Hering, Dr. Wells gave an interesting account of his own conversion to Homœopathy. He declared that when he was a physician of the regular school, his object was to direct his medical methods to produce the least mischief. When he had learned Homœopathy, he changed his policy to attempt the greatest benefit. He confessed that there never was a man who said more foolish things against Homœopathy than he did before he understood it. But when he undertook experiments to disprove it, he became converted. These very experiments were such a revelation that he was confounded, and his hostility to the new system removed. After that he never gave but two

doses of old school physic, and the two patients who got these doses were nearly killed by them, and the Doctor was glad of it.

What is it that makes Homœopathy? It is neither the much or little. The quantity has nothing to do with it. It is a *law* of cure. It is the invention of Almighty God; it is a revolution which He made through the illustrious Samuel Hahnemann. Such a principle, coming from such an Author, should be profoundly respected.

But this is a pretty poor kind of world for truth to make progress. If the world is not disposed to examine a truth and accept it fully, it accepts so much as is convenient, and throws away the rest. The doctors who so suddenly resigned from this hospital were of this order of the world. Why was it that they resigned? It was because they *don't know* the principle they profess. They don't know. They have never been taught. There is no institution in this country save one where Homœopathy is actually taught. In New York is a so-called homœopathic institution which openly declares that it does not pretend to teach Homœopathy.

Confidence in this homœopathic principle of treatment will come if one has confidence in Almighty God that He will take care of His own.

Addresses followed by Judge W. N. Ashman, of the Orphans' Court, and Miss A. E. Ramborger, of the Executive Board. The latter was a thoroughly prepared statement of the financial condition of the hospital, its history, etc., and ended in an eloquent appeal for funds to clear away the debt of thirty-five thousand dollars that yet remains upon the buildings.

(Extracts from this statement will be published in subsequent numbers of this journal.)

The ceremonies closed with the doxology and benediction.

## HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.

A new Society, to be known as "*The Hahnemannian Association of Pennsylvania*," was organized on Tuesday evening, October 11th, at the Continental Hotel, Philadelphia. Like the Lippe Society and kindred organizations, it proposes to deal solely with Homœopathy in its *purity*. Its distinctive feature is a clause of its Constitution requiring that new members shall join the association by degrees—viz.; they are first elected to *associate membership*, in which they have full privilege to enter

into debate and receive appointments for work, but cannot hold office nor vote. Before applying for active membership they are required to attend ten stated meetings as associates and to present three original papers. Three negative votes are then necessary to reject their petition to active membership.

The Lippe Society is a more exclusive organization, and is a *social* as well as a medical club. The object of this Association (while friendly to the L. S.) is "strictly business."

The following officers were elected: President, Dr. Mahlon Preston, of Norristown, Pa.; Vice-President, Dr. C. Carleton Smith, Philadelphia; Secretary, Dr. William Jefferson Guernsey, Frankford, Philadelphia; Treasurer, Dr. George H. Clark, Germantown, Philadelphia.

Dr. John V. Allen, of Frankford, Philadelphia, was appointed to prepare an original paper for the next meeting, when Dr. Smith will offer an article on *Spongia*, and Dr. Clark will give a dissertation on one paragraph of the *Organon*.

Adjourned—to meet in November at the same place.

## WHY THESE ERRORS?

Will some one please explain why these discrepancies should occur in such works as:

HERING'S CONDENSED MATERIA MEDICA?

HERING'S GUIDING SYMPTOMS?

### AMMONIUM CARBONICUM.

Hypochondria—Pressure or sore feeling in right hypochondrium.  
Stitches in left hypochondrium.

Hypochondria—Pressure or sore feeling in hypochondrium.  
Stiches in hypochondrium.

Stool—Discharge of blood before and after stool.  
Discharge of prostatic fluid after stool.

Stool and Rectum.\*

Urine—Involuntary urination during sleep, toward morning.

Urinary Organs—1 Involuntary urination during sleep.

Sexual Organs, Female—Menses \*\*\*; —very slightly colored.

Female Sexual Organs—Menses \*\*\*.

\* Symptomen Codex gives: *After the evacuation: \*\*\*; discharge of a milky prostatic fluid; \*discharge of blood during and after evacuation.*

Cough—At night, about midnight.  
Violent about three or four A. M.

Cough—Dry cough at night with tick-  
ling, etc.

2 Cough at night; every morning at  
three o'clock, etc.

Outer Chest—Right mamma painful  
to touch.

Outer Chest.

Skin—Upper half of body as red as  
scarlet.

Skin.

H. HITCHCOCK, M. D.

[Notwithstanding these slight discrepancies, *The Guiding Symptoms of the Materia Medica* is incomparably the best work yet published, *The North American Journal of Homœopathy* to the contrary notwithstanding. This strictly (?) Hahnemannian organ thinks that *The Guiding Symptoms* "lead to empiricism and allopathy." No doubt! It is probably a great deal more conducive to the practice of pure Homœopathy to give Quinine in massive doses in intermittents, Morphia for pain, disinfectants for ulcers, etc., as is done by nine out of ten of the men calling themselves homœopathists. Nevertheless, we shall continue to recommend *The Guiding Symptoms* to our readers as worthy of their highest confidence.—EDS.]

---

## VERIFICATIONS.

(Read before the Ohio State Medical Society, Cleveland, Ohio, May 10th and 11th, 1887, by Flora A. Waddell, M. D.)

While attending a course of lectures at Hahnemann College, Chicago, a year ago last winter, I studied *Materia Medica* my spare hours in the office of Professor W. S. Gee. On going to the desk one morning I found the February number of THE HOMŒOPATHIC PHYSICIAN. Having never seen a copy of it before, I began to examine the book somewhat closely to see what it might contain that was good. On page 59 I came upon ten symptoms, all belonging to different remedies. The editor requested the readers to return an answer, allowing them to use any of the repertories, but not any *Materia Medica*. Any one answering correctly all of questions was to receive the journal free for one year. Not intending to enter the list, I set out to find them for my own benefit, never having noticed but one of them anywhere before. I succeeded in about a week in finding all but one in Hering's *Condensed*. So much was said in the following journals about the symptoms being silly, such as

you would never hear of, etc., that after I returned home I kept a record of what symptoms belonging to the list came under my care during the last year. The result is a verification of seven out of the ten symptoms; immediate relief followed by cure in every case.

Symptom No. 1. "Metrorrhagia of large black lumps, worse from any motion, with violent pains in groins and fear of death, despair, bright red face, and fever." Had treated the case before for the same trouble, getting relief, but it was not permanent. Now gave Coffee<sup>200x</sup>, one dose dry on the tongue, putting a small quantity in one-half a glass of water to be given as needed. Only one more dose was given in an hour after the first. Permanent relief followed.

No. 2, verified in two cases, "Drawing, tearing pain in periosteum, worse at night in wet, stormy weather and when at rest; better by motion, Rhododendron<sup>3x</sup> cured.

No. 4, applied to a case of colic. Had been suffering twenty-four hours; had the usual allopathic drugging, the most prominent symptoms being the one in question. "Sensation as if something sharp kept rubbing and cutting in the abdomen, worse on any movement of the body." Coccus<sup>200x</sup> (one dose) was given, repeated in half an hour. In one hour the patient was sleeping soundly, and awoke free from pain. No more medicine was needed.

No. 5 symptom occurred in a case of rheumatism of two years' duration. The man came limping into the office, saying: "Doctor, can you do anything for my limb? It distresses me so when I sit down that I cannot rest in that position at all." I said to him: "What is the feeling in your limb that prevents your resting in that position more than any other?"

To my surprise (for I never expected to hear of this symptom of all others mentioned) he said: "Whenever I sit down my limb feels as if broken off right here" (pointing to about the middle of his thigh). He went on to state that he often got up and straightened himself to see if such was not the case. He had some pain in his arm, quite bad in his back, which he described as a sore pain. Not having any Illicium (or Star Anise) I gave him Sac lac., and told him to call on Saturday and report. I was determined to give the remedy a fair trial, and sent to Chicago for some. Gave the 30x dilution on disks, two be taken every night at bedtime for a week, then report. At the end of the week reported much better. At the end of four weeks was entirely well, and has remained so for six months. He is able to work as well as he ever could.

No. 7, lady afflicted with a complication of rectal and uterine troubles. Looked the case over, but could get no marked symptoms to prescribe from. I sat studying what I should give, when she said: "I do wish you would give me something to warm my back, it is so cold, and I cannot get it warm, and it has spells of itching so, it almost sets me crazy." If I had not seen this symptom so marked in the journal I would have passed it by or not have known what to do with it. Now I gave Muriate of Ammonia<sup>200x</sup>, one dose a day for four days, then one a week for six weeks, when the patient reported well, and has remained so ever since.

No. 8 symptom, "Gurgling feeling in shoulder-joint or a feeling as of something alive, especially about midnight," belongs to Berberis, and has been verified in quite a number of cases, the feeling occurring in different parts of the body."

No. 9, the last symptom on the list, I have never met with but once, occurring in a young man sent to me by another physician for treatment. I will refer to nothing but this one symptom, as it was the leading, and I have already detained you too long. A constant, irresistible desire to walk in the open air; it does not fatigue. Fluoric acid<sup>12x</sup> cured the case. The remedies he had before coming to me I do not know.

---

## A GAMBOGE CASE.

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

Wm. M., age, fourteen years, March 27th, 1886, complained of, first, pinching pain between umbilicus and region of bladder; second, heavy pain in bladder after urinating; third, urinates very seldom. The first and third of these symptoms are to be found in the provings of this remedy; the pinching pain is given as anywhere or in entire abdomen. **THE SECOND SYMPTOM IS NOT TO BE FOUND IN THE PROVING.** On the above date I gave two doses of the CM potency, one at once, and the other in four days. April 28th, a month later, the prescription was repeated, with the result of a complete cure. The chief point in this case, and the object of its publication, is the fact that the second symptom disappeared under this remedy at the same time with the others. There were but the three symptoms in the case, but the previous history may throw a ray of light upon these symptoms.



The boy had been dosed without stint during three years with pumpkin-seed tea for tapeworm. After this, and about three months prior to this case, he was brought to me for a gastric difficulty, accompanied by a deep jaundiced state of the body, from which he recovered, and then followed the three symptoms cured with Gamboge, since which he has been perfectly well, and remains so now.—*Clinical Bureau, I. H. A.*

---

### A BADIAGA CASE.

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

Miss E. D.; had suffered, not continuously, for several months, from a severe pain in RIGHT EYEBALL, which EXTENDED TO FOREHEAD over this eye, AND THEN TO TEMPLE. Always worse in the afternoon.

March 9th, 1887, prescribed Badiaga<sup>2</sup>°, not having a higher potency, three powders to be taken every morning. On the 23d of the same month, after a severe cold, the pain returned and the prescription repeated, and has remained free from pain to this time. See *Allen's Encyclopædia*.—*Clinical Bureau, I. H. A.*

---

### A REMARKABLE CASE OF CONSTIPATION.

J. B. ELLIOTT, M. D., BROOKLYN.

PREFACE.—A daily record for over thirty years of the name and prescription at office, or by visit of every patient attended, enables me to refer back for interesting or useful facts.

I am thus able to recall with considerable distinctness an experience of many years ago with a patient, the publication of which, though often designed, has long been delayed. Hoping it may prove of service to the timid or younger members of our school, who sometimes distrust natural powers with mild treatment under seeming great difficulties, it is now given with some minuteness as an event standing probably alone in the past and not likely to occur again in the future.

On the 21st of August, 1864, Mr. J., a young man of thin, sallow habit, about twenty years of age, was confined to his bed with a form of fever characterized by torpor and general prostration. A weak intellect and partial imbecility from birth no doubt favored this type of fever, and made him still more,

even than in ordinary health, unsusceptible to impressions. I was called to the case soon after the attack, and learned from the stepmother, a very intelligent, kind-hearted lady of excellent family, the few particulars connected therewith.

The patient had drooped for some days, then became too ill to leave his bed, and gradually sank into a low, weak typhoid state, as the fever developed, in which he remained with very little change from day to day through (about) the usual period of this form of fever, in this instance a passive condition from beginning to end.

The man had no unusual tendency to inactive bowels in health. In this sickness they seemed merely to sympathize and join in the general torpor of the whole system while that continued. More than this, they were apparently the last part of the system to arouse when recovery had set in everywhere else.

This fact of improvement in general condition before the bowels naturally consent to move is a common observation in my experience when there has been brief interruption or unusual delay by sickness in other cases. Thus appetite and fresh supplies would seem important to discarding, yielding up, and throwing off the old.

In all cases of low vitality we fail to realize a ready response to remedies employed for restoration, however appropriate or wisely administered. But in this case, after more than a week had passed without an evacuation from the bowels, attention became directed particularly to this delay thereafter during the sickness. As time passed on without change in this respect more watchful attention was aroused and careful examinations made with reference to injury resulting to the patient from this cause. Daily watching found no tenderness, hardness, bloating, or tympanitis of the abdomen, kneading it gave no pain, pulse and temperature fair and unchanged, and general appearance of the patient satisfactory. Yet two and three weeks went by and no change. He grew no worse in any symptom, but became gaunt as a wolf. During the fourth week slight indications of improvement in pulse and tongue appeared, and by the end of it decided changes for the better in other respects occurred, particularly in a desire for food; still no movement of the bowels. In another week the patient was hungry for everything eatable. Instead of passively receiving the minimum quantity of liquid nourishment that had been ordered given with exactness every four hours from the beginning of the sickness he was eager for any kind of food, and solids as well as larger quantities were

permitted by gradual increase from day to day as he continued to bear them, and yet no "action of the bowels." As he grew stronger daily, further addition to his regular meals was allowed, so that by the end of the sixth week he was eating as much as any laboring man would ordinarily require and wanted more. Where did all this food go? There was apparently little filling up of the still awful gaunt abdomen so persistent all through the sickness. Digestion and absorption must have acted vigorously, but certainly the bowels did not move. But confidence in the natural powers of the man, aided or unaided, certainly not impaired, by the mild remedies given, grew apace. Carefully watching effects, a still farther increase in food allowance was ordered. During the seventh week he ate enormously, but not all he wanted to. Our motto was, "Save some appetite for the next meal." Yet forty-eight days had brought no evacuation of the bowels. The patient was still gaunt, but evidently in good health.

He was digesting the food taken. Otherwise a lively internal rebellion must have resulted, as if from emetic, physic, or other poisonous material taken, and a forcible rejection of it followed. Inert, refuse material from which digestion and absorption has abstracted all fermentive or life force may remain a long time in the lower digestive tract without pain, harm, or disturbance to the patient. But in the case before us, when the forty-ninth day arrived with a healthy digestive action restored and stimulated by sufficient food, the farther natural result was ready to follow.

Entering the house on that day in my regular visit to the patient, the mother-nurse said she had something to show, and took me to the vessel, carefully set aside, in which, on removing the cover, we could observe the long-wished-for arrival—a first evacuation of the bowels in seven weeks. With the exception of the first dark, shriveled, hard portion, a more natural stool in shape and color could not have been asked for. The quantity was liberal, and as its expulsion was unattended with pain or violent effort, no shock or other evil effect followed to the patient. In due time his bowels became regular, as of old. He fully recovered, has remained well since, and is still residing in this city.

The mother often mentions him when we meet, and, with me, will never forget the event here related.

As the object of this paper was to relate facts with but little comment it might close here. A few words, however, as to the medical treatment of the case will be appropriate and, perhaps,

expected. And yet there is little of importance to report on this score. In the law of similars many remedies are suited to constipation. But this condition is a natural one at the commencement of all fevers. The opposite state in them makes a bad complication. So the prescriptions in this case referred to general symptoms, of which constipation was only one element, although that became more conspicuous afterward by persistent continuance beyond all precedent as a fact, yet not as a disturbing cause to the patient. Later on such remedies as Plumbum, Opium, Alumina, and other similar agents for constipation alone were employed, but with no more prompt response thereto than to other specifics given. Torpor, without responsive reaction to anything, was the rule. Some may ask, "Why not have used a simple enema in the case?" Educated and experienced during early years in this and the old cathartic plans, if any better result was to be expected from that source I ought to have been aware of it. But my patient was doing well. Probably a fever of this form never went through its course more quietly, with less pain, in a shorter period of time, convalesced more rapidly, or made a more perfect recovery than did this one. A simple enema or mild cathartic could and probably would painfully bloat or gripe, and a more violent drastic poison act worse or fatally upon the patient. At best a forced evacuation of the bowels only could result from their use, which doubtless would have made him uncomfortable and retarded rather than promoted recovery.

From close observation as to effects of retarded or interrupted movements of the bowels so common and natural in sickness, I am satisfied no evil results follow from the same, either immediate or remote, unless violent means have been employed to force the evacuation. A mild remedy designed to simply excite natural action on the law of similars can safely be trusted in such cases. The kidneys are the grand-laboratory for eliminating and sending off poisonous material from the system. They must and therefore do act constantly in this duty. When they become diseased and cease to perform their natural functions, blood-poisoning, indicated by brain and other general disturbances, is an immediate result. Not so with the alimentary canal, which can remain so long inactive without injurious consequences. In such an event it is not unlikely the kidneys assume a double duty for the time, and so far as necessary remove deleterious elements that might otherwise pass off through the channel first named.

## A SURGICAL CASE.

WM. STEINRAUF, M. D., NOKOMIS, ILLINOIS.

I think we would all be the gainers if more interest were taken in surgical matters in our ranks.\* Report of surgical cases ought to appear more frequently in our journals than heretofore. There is a belief in some quarters that homœopaths do not practice surgery—in fact, slight it and leave no experience in this branch of the profession. I was in receipt of letters some time ago from prominent men in a city of some seven thousand inhabitants, asking if I knew of a good homœopathist wishing to change his location, with the distinct remark that he ought to be a good obstetrician, but particularly understand surgery. For two years physicians of our school had come and gone in the city referred to, but not staying very long, because, as my correspondent claimed, they could not cope with the allopaths in surgery. Now this should not be. As a matter of course, the homœopathic healing art very often needs no knife and maims and sacrifices no life, where allopaths cut and slash right and left, as with the properly indicated and selected remedy he often succeeds in banishing the threatened disaster and curing with his tinctures, pills, and powders where the “regular” only thinks of scraping, cutting, and sawing.

I have a case in view which has some interesting features, and will relate it.

C. H., æt. nineteen years, was taken, on the first day of February, 1887, with a terrible, painful spot on his left shoulder—deltoid muscle—and a temperature of one hundred and four. As the father is subject to rheumatism, and an older brother has had repeated attacks of acute inflammatory rheumatism, and in absence of any other lesion, we had no hesitancy in pronouncing the trouble rheumatism. For about three weeks we kept the lad on such remedies as Aconite, Rhus tox., Bryonia, Pulsatilla, etc., when the fever abated, temperature went down, and convalescence seemed established. All at once the trouble went to

---

[\* Reports of such surgical cases as this will do Homœopathy no good; the case was badly treated! Giving Aconite, Rhus, Bry., Puls., etc., in three weeks was very poor prescribing. Again, the trouble showed itself first in left shoulder, and under this heavy fire, went speedily to the weakest spot—the heel. Under another bombardment with Calc., Phos., Hepar, Sulph., and Silicea, the case went from bad to worse. The strong Sul. acid produced a temporary healing of a sore, which, if “tuberculous,” will soon break out again and worse than ever!—EDS.]

the hip and along the leg and finally settled in the heel. Heel began to have a doughy feeling, swell, and become extremely tender to the touch; not much fever. It became evident that the heel needed lancing, which was accordingly done. A thick, scrofulous looking matter escaped after the crucial incision was made. It was clear we had an abscess of tubercular origin to deal with, and that the boy might eventually lose his foot, if not his life. Our patient was all the while taking Calc., Phos., Hepar, Sulph., Silicea, as we saw the necessity for each, besides the very best of eatables, as he could digest them.

With the aid of a probe we could detect necrosed bone, pieces of which began to work out. Daily injections were used of Carbolic acid, *Listerine*, etc., to expedite matters, and cause a more rapid detachment of the decayed portions of the os calcis. But our progress seemed only feeble, weeks and months passing and matters remained in a *statu quo*. Having read in an old number of this journal of the virtue of Sulphuric acid in such cases, we proposed to try it. Five drops of the strong acid were added to four ounces of soft water and then openings injected with this once a day. In a week's time there was a perceptible change. The discharge was growing less, and the parts, heretofore puffy, began to shrink. In three weeks' time the wounds had healed and remained so up to date, now three months. Boy walks around, works, and seems well in every regard.

---

## OFFENSIVE FEET.

EDWIN DEBAUN, M. D., PASSAIC, N. J.

On January 2d, 1886, there came to me a young woman, twenty-two years of age, blonde and hysterical, complaining that her feet perspired profusely, and that the odor was so penetrating and offensive that she could not sit in the room with any one more than a few minutes at a time, when the odor would permeate the whole apartment. The odor was almost indescribable, resembling, if anything, carrion.

The foot-sweat was confined only to the heels, in such a manner that should one arm of a compass be placed on the middle posterior part of the heel and a circle of one inch in diameter be described it would exactly outline the diseased part.

The line of demarkation was so plain as to be easily perceptible, both by sight and touch.

The diseased part had a whitish appearance, changing at

times to a bluish and sometimes a reddish hue, and was shriveled as if the heels had been held in water for a long time, the remainder of each foot being perfectly healthy. The sensation experienced was simply that of numbness.

Her occupation compelled her to stand upon her feet, handling freshly manufactured rubber. She had been to several physicians and had tried all manner of washes and ointments for two years, but to no avail, her condition growing steadily worse. Together with the foot symptoms, her face would break out with little pustules regularly each month at the menstrual period, and her general health was poor. I gave her *Baryta carbonica*<sup>3x</sup> morning and evening, and instructed her to bathe her feet twice daily with warm water and Castile soap, to wear fresh, clean stockings each day, and to have two pair of shoes, wearing them upon alternate days. I saw her again in a week, when she reported marked improvement, and at the expiration of five weeks discharged her cured. Six months later she called at my office and said she had not had a return of the foot trouble, and that the pustular condition of the face had entirely disappeared and her health was improved in every respect.

---

### A SILICEA CASE.

Two cats had a fight. One of them was *our* cat. *Our* cat gained the victory, but he received a wound in his left cheek, inflicted by the dirty claws of the other cat. The wound, being thus poisoned by the inoculation of septic matter, speedily degenerated into an ulcer, from which flowed an *ichorous, offensive pus*. So offensive was the odor that we were obliged to exclude his catship from our highly desirable society—greatly to his surprise and displeasure. The ulcer also increased, it is probable, by reason of his constitutional tendency to mange. He had only just recovered from an attack of the latter under Bell.<sup>2c</sup> For the offensive ulcer we now prescribed *Silicea*<sup>2c</sup>, two doses. In three days the odor was entirely removed; in a week the ulcer was practically healed, and he was restored to his place in the “bosom of the family.”

Of course, the remedy given here was not (?) *scientific!* It was empirical, and possibly the ulcer would have gotten well in any event. We know that to be perfectly “scientific” we should have washed the ulcer with some disinfectant to “kill” the germs that were introduced and propagated from a dirty

claw ; or, to suit the views of the lady doctors who seceded from the Woman's Hospital, we should perhaps have shut the cat in a room and then have "saturated" the atmosphere of the room with the "vapors" (!) of Platt's Chlorides.

Dr. de Baun's case of "Offensive Feet," similarly, was not a "scientific" prescription. It was "empirical," and the Doctor should never have made the cure—still less have published it. Like ourselves, he does not know any better, so our eclectic friends will have to excuse us both for our ignorance of true "science."

W. M. J.

## BOOK NOTICES AND REVIEWS.

**OXYGEN IN THERAPEUTICS.** By C. E. Ehinger, M. D.  
Chicago: W. A. Chatterton & Co., 1887.

This monograph, as its name implies, is a review of the uses of oxygen in the treatment of disease. It is a most excellent essay, giving a summary of all that is known upon the subject. The methods of making oxygen and purifying it, the method of applying it, the diseases for which it is useful, and a report of cases actually treated and cured, are all given clearly and yet concisely. Whoever wishes to get a comprehensive idea of how oxygen is used in medicine, can find in this book all he requires to know.

Oxygen has been identified mostly with quackery. But this book, by its dignity, temperance, and truthfulness of statement, lifts the practice far above that platform to the plane of science.

Of course, to homœopaths it will be unsatisfactory, because it is a repetition of the never-ceasing round of empirical prescribing into which regular medicine has degenerated. Still, even the Hahnemannian homœopathist will wish to inform himself of the details of oxygen practice merely as a part of wide knowledge of what is going on in the world, or from curiosity. To such this book is cordially recommended.

W. M. J.

**AMERICAN MEDICINAL PLANTS.** An Illustrated and Descriptive Guide to the American Plants used as Homœopathic Remedies. By Charles F. Millsbaugh, M. D. Philadelphia and New York: Bœricke & Tafel.

The sixth and last fascicle of this beautiful work is just published. We have repeatedly called the attention of our readers to it, and strongly advocated its claims to their patronage. The part now before us only serves to increase our admiration, and stimulates us to renewed recommendation.

W. M. J.

**THE ELEMENTS OF MODERN DOMESTIC MEDICINE.** By Henry G. Hanchett, M. D., revised by A. H. Laidlaw, A. M., M. D.  
New York: Charles T. Hurlburt, 1887:

This is a most excellent family book, containing clear directions for simple treatment of the members of a family in emergencies, when a physician is not at hand. We have rarely met with any book devoted to this purpose in which



the style is so clear, concise, and convincing. The remedies, apart from the homœopathic medicines, are all of the common-sense order.

We regret to find this otherwise excellent book marred by recommending the administration of some remedies after the manner of the eclectics. However, this is not of so much consequence in a book of domestic practice, as the measures it advocates are for the most part only for use "till the doctor comes."

One of the most interesting and valuable portions of this book is that relating to "Sexual Health." We can heartily commend it. As the subjects of which it treats are necessarily of such a nature that but few persons among the laity, and they the heads of families, should read anything concerning them, the author has very wisely not incorporated them in the general text of the book, where they would be certain to meet the eyes of the young sons and daughters of the family. They are incorporated in a separate volume that can be secreted from the inquiring gaze of the young people. This in itself is no inconsiderable merit.

W. M. J.

### PLANT ANALYSIS AS AN APPLIED SCIENCE. By Helen C. deS. Abbott.

This little pamphlet is the text of a lecture delivered before the Franklin Institute in Philadelphia, January 17th, 1887, and reprinted from the *Journal of the Franklin Institute*.

The lecturer is a young lady well-known in the polite circles of Philadelphia, and celebrated for her scientific acquirements. She has devoted her attention to plant analysis and has made one or two interesting discoveries, especially in the Yucca plant of New Mexico and Arizona. Her object in these investigations is to discover a new generalization that will give a better view—a wider horizon—in the understanding of the relationship of the numerous products obtained from plants, and thus benefit agriculture, materia medica, and many industries that have grown out of the practical uses made of plant products.

The lecture before us is a consideration of the general methods of plant analysis, followed by a description of the great commercial products derived from plants, such as Alcohol, Sugar, Quinine, Alizarine, etc.

On page 4 we find a paragraph of so much value to homœopaths that we quote it:

"Plants which are to be used for medicinal purposes should grow under natural conditions. Cultivation of plants tends to diminish in quantity or to eradicate their noxious or medicinal principles. According to Professor Vogel, hemlock does not yield Coniine in Scotland, cinchona plants are nearly free from Quinine when grown in hothouses and Tannin is also found in the greatest quantity in trees which have a direct supply of sunlight. Wild Belladonna plants contain more alkaloids than the cultivated."

It is our hope that this lady will favor us with another lecture in which will be given an exposition of the new generalization that appears to be growing up out of her interesting and successful work.

W. M. J.

### THE PATHOLOGY AND PHYSIOLOGY OF DIABETES. By Prosper Bender, M. D., of Boston. 1887.

This pamphlet is the printed essay read before the Massachusetts Homœopathic Medical Society in April last.

It is an interesting, clear, and able review of all the researches and theories, down to the present time, of all the great authorities who are endeavoring to account for the presence of sugar in the urine in the well-known disease, diabetes.

It seems very probable that as the physiology and the pathology of the brain are more and more developed, we will see that many diseases are caused by neurotic lesions. Among the most important of these diseases will be found those of the liver and kidneys. So it seems to us that Dr. Bender is in the right in considering diabetes a neurosis. In this essay on diabetes many authorities are quoted and much interesting matter adduced.

**DYNAMIZATION OR DEMATERIALIZATION.** By J. B. Sunderland, M. D. Boston, 1887.

The author of this pamphlet is also the editor of the *New England Medical Gazette*. This essay was first published in that journal. The author and editor were both so much pleased with the essay that it was reprinted in pamphlet form for distribution.

The object of the essay is to prove that high potencies are unscientific, because neither the chemist nor the microscopist can detect crude medicine in these preparations. Neither can the chemist or the microscopist tell us why one medicine differs in its action from another medicine. Neither can they detect the causes of diseases, or tell us why one morbid poison produces one disease, another a different one. In short, there are very many things of which *science* cannot tell us, which we believe in firmly and use constantly. The morbid matter of disease and the pathogenetic powers of drugs act upon those things which the Almighty intended them to act upon. High potencies do cure the sick, and, so doing, serve the purpose for which they were made.

**INSANITY: A MANUAL FOR STUDENTS AND PRACTITIONERS.**

By E. C. Spitzka, M. D. Pp. 424. Price, \$2.75. New York; E. B. Treat & Co., 1887.

Dr. Spitzka's reputation as a specialist in nervous diseases is such as to guarantee the accuracy and value of any work he may offer the profession. In this manual a vast amount of information on the causes and varieties of insanity is given. Part first gives nine chapters on classification and general characters of insanity; part second, in twenty one chapters, treats of special forms of insanity; part third, seven chapters, considers the examination, management, etc., of the insane. While not an exhaustive treatise, this volume contains much information, and is very well worth its cost.

BOOKS AND PAMPHLETS RECEIVED.

**INTUBATION OF LARYNX.** By Drs. Jacobi, O'Dwyer, Huber, Brown, Northrup, Hance, and Caillé, of the New York Academy of Medicine. A very interesting pamphlet.

Also the following college catalogues: Boston University School of Medicine; New York Post-Graduate Medical School and Hospital; Hahnemann Medical College and Hospital, of Chicago; New York Medical College and Hospital for Women.

---

NOTES AND NOTICES.

DR. EMMA T. SCHREINER has established an office at 123 West Cheltenham Avenue, Germantown, Philadelphia.

FOR SALE.—A rare chance to purchase a fine portrait of Hahnemann, by Huntington, is now offered. For particulars, apply at this office.

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 IERING.

---

---

Vol. VII.

DECEMBER, 1887.

No. 12.

---

---

## THE YEAR'S WORK.

It is with more than usual gratification that we close our year's work, and this gratification is on account of the very excellent journal our contributors have given us.

During the past year an unusually instructive and complete journal has been published, and the credit is almost entirely due to the zeal and energy of our able contributors. Should any one think we speak too boastfully, let him carefully examine the twelve numbers issued. By so doing the skeptic will be more than convinced—he will be astonished—for papers will be found on all subjects of interest to practitioners, written by leading homœopaths of this country and Europe.

It has been the aim of the editors to make THE HOMŒOPATHIC PHYSICIAN a teacher of pure Homœopathy, and more especially of the materia medica. In this particular we have always excelled all other journals, and we expect to continue to do so. The homœopathic materia medica is the basis of homœopathic practice. Without a pure materia medica there can be no homœopathic practice. Therefore the purity of the materia medica is simply a question of life or death to all true homœopaths.

While the large majority of journals are engaged in deriding, corrupting, or destroying the materia medica, we are trying to save it, to purify it, and to strengthen it. In pursuance of this purpose, articles of all kinds on the materia medica have been published (Lectures, "Notes," etc.). We have now undertaken to publish a complete rendering of the "characteristics." The first part of these "Notes" is given in this issue. Much labor

has been spent on these "Notes," and it is hoped they will be of great use to physicians.

There is another very important point which calls for most careful consideration, and this is the purity of our drug preparations. Often do we hear it said that drugs do not act as well as they used to do. Carelessness seems to be creeping into our pharmacies. Let those interested in the manufacture of homœopathic medicines take warning. Pure medicines and a pure materia medica are absolutely and vitally essential to the success of the physician. To these subjects we shall continue to devote our attention.

---

### THE CURSE OF OPIATES: A LAY OPINION.

"The sad case of the beautiful actress, Sara Jewett, a victim to the deadly and insidious 'Chloral habit,' points a moral which he who runs may read. The true story seems to be that some years ago, in London, Miss Jewett, broken down from overwork and loss of sleep, consulted a prominent English physician, who prescribed a compound of orange-flower water and Chloral.

"The prescription brought immediate relief, and the first step taken, the rest was easy, until Miss Jewett, like so many other talented men and women, alas! became a slave to the dangerous and deadly drug. It is to such people that the Chloral and Morphia habits are most dangerous. Overwrought nerves are quieted, overtaxed brains are soothed, and not infrequently in total ignorance of what they are doing, *relying blindly on the physician* who has given them such swift relief, they turn to it again and always, until existence becomes a burden without it, and the well-nigh incurable habit is firmly fixed.

"'There is nothing which I can give you to relieve you absolutely except Chloral,' once said an eminent physician to a patient in the agonies of neuralgia, brought on by nervous prostration, 'and my advice to you is, suffer anything rather than take it; it is the most insidious devil in the world.'

"The physician is too often to blame for the formation of the habit, since a warning like that just repeated would save many.  
\* \* \* It were better for man or woman that 'a mill-stone were hanged about their necks and they were cast into the sea' than that they should fall under the power of this curse of the nineteenth century."—*The Phila. Daily News, Oct. 8th.*

("Relying blindly on the physician," says the *News*. Alas!

what is the result? Patients become victims to this "curse of the nineteenth century." Many a doctor will hereafter answer to his God for a father or a mother whom he has so carelessly enslaved, and whose helpless children cry aloud for vengeance. And yet Deans of *homœopathic* medical schools recommend the use of opiates!)

---

## THE LAW OF THE SIMILARS THE ONLY LAW OF CURE IN THE TREATMENT OF THE SICK.

AD. LIPPE, M. D., PHILADELPHIA.

As the homœopathic healing art is based upon the law of the similars, there can never be in existence exceptional cases which require in their treatment a deviation from this law of nature. If the law is the only law for the *cure* of the sick, there cannot be other laws also applicable for the *treatment* of the sick.

The very admission that exceptional cases not only permit but absolutely require the adoption of other ways of treating the sick opens wide the door for the practice of eclecticism, *vide The North American Journal of Homœopathy*, August, 1887, especially page 492. Adjuvant treatment indeed! Is not such a thing an absolute refutation of the claim to universal application of the law of the similars in the treatment of the sick? According to that authority (said journal is the organ of the New York Homœopathic College), Homœopathy does not possess means (under the law of the similars) to cure the violent colics caused by gallstones or kidney calculus. The means advocated in the aforesaid article are Morphia administered hypodermically for the relief of what, the disease? no, the mechanical pressure. The statement there made by the organ of a homœopathic college is erroneous from first to last. Homœopathy does *cure* gallstones and kidney calculus under the homœopathic law if the similar remedy is *properly* administered. Morphia hypodermically injected may relieve (palliate) the pain, but the relief is a deception, the sick is not cured, and before long becomes convinced of it by renewed attacks of increased severity and frequency. The old veterans who gave Homœopathy a status *cured* and continued to cure all such cases, and is it now to be declared "a lost art" to cure without adjuvant treatment!

Some *opinions* have lately been advanced that Homœopathy is not the only way to treat the sick, while it is acknowledged that the law of the similars is the only law of cure. The

opinion is expressed that it is rare that a remedy homœopathic to the symptoms fails to relieve even in an incurable case, and if it so happens, whether from the ignorance of the physician or the peculiarity of the case, one's *duty* is perfectly clear and must be followed—the duty is to give Opium or Morphia. According to this *opinion*, the more ignorant the physician the oftener it will be his duty to give Opium, and the less ignorant the physician the less often it will be his duty to give it, and if not ignorant the duty to give it will *never* arise. Hahnemann, the founder of our healing art, proved Opium, and it would benefit the advocates of Opium to read the exhaustive preface in the first volume of Hahnemann's *Reine Arzneimittel Lehre*. The most frequently indicated remedies under the unerring laws of the similars to relieve the agonies of the incurably sick are Arsenic, Rhus tox., Lachesis, and Tarantula. These may, in some peculiar cases, not be indicated, but the conscientious healer not ignorant of our materia medica will find in even peculiar cases the proper remedy. If the law of the similars has correctly guided him in other cases there can be no plausible exception to the applicability of it.

Another opinion is expressed that the cause of the disease must be forcibly removed and then the patient be homœopathically treated, thereby preventing a recurrence of the malady. These causes include substances visible under the microscope. If, so the opinion runs, the patient suffering from a contagious or zymotic disease is in a very feeble condition and not able to resist it, we must suppress for a time the violence of the zymosis. Quinine for intermittent fever, suppresses for a time the violence of the zymosis, and then the cure of the patient is made homœopathically. That sounds plausible but it does not work. The intermittent fever suppressed for a time by powerful doses of Quinine *must* return again as soon as homœopathic treatment begins, if it does not the Quinine and malarial cachexia will set in to the final detriment of the sick. Again, the *opinion* is given that every healer should step out and down who will not cure in twenty-four or forty-eight hours a fresh case of gonorrhœa by injecting a watery solution of the five thousandth of a grain of Corrosive Mercury! There are no specifics for specific diseases that any homœopath knows of, and it will not do to profess to be a homœopath and advocate such treatment; this is a local application for an erroneously supposed local disease. Local applications in nonsurgical cases are never salutary. Ulcers may be dried up by local treatment, but the patient does not recover.

If the law of the similars is the only law of cure, and if the homœopathic school accepts the teachings of Hahnemann as recorded in his *Organon of the Healing Art*, opinions in contravention of his advice for applying the law of the similars for the cure of the sick will not mislead any true healer. Modern medical men profess to have found by the aid of the microscope the *prima causa morbi*, and we are asked to remove the cause of the disease. What has been found by the microscope is the product of the disease. By removing these products we do not cure the disease, and what Hahnemann says on that point in paragraph six and foot-notes of the *Organon* is as true to-day as it was then—just as true as anything he ever said. In the seventh paragraph of the *Organon* he dwells on the *causa occasionalis*, and every sensible physician of any school will always first remove the evidently occasioning and sustaining cause of the sickness. Many of the causes are mentioned in the foot-note to that paragraph.

The frequently recurring expression of different opinions how best to practice Homœopathy can easily be settled by referring to the teachings of Hahnemann. *Opinions* not in harmony with his teachings or *opinions* not sustained by ordinary logic are harmless amusements to those who express them. One amused himself by attempting to show that it was in accordance with the teachings of Hahnemann that morbid products if highly potentized would cure the disease itself. What of it? A splutter, and now he is as silent as a clam. Before long a large majority of healers will come to the conclusion that there is and can be only one law of cure in the treatment of the sick—the law of the similars—and only one teacher who taught how to apply that law. That teacher, the founder of the homœopathic healing art, Hahnemann, will not be excelled by any modern prophet who tramples on the *Organon* and holds as an emblem of his adherence to Homœopathy in one hand the microscope, in the other the Quinine bottle, and in his buttonhole a hypodermic syringe. The recognition seekers will be *recognized*.

---

### CLINICAL NOTES ON CHARACTERISTICS.

The purpose of these "Notes" is to give in a condensed form the positive characteristics of each remedy as far as known. Each drug has its common, its peculiar, and its characteristic symptoms. It is these latter we are considering. The articles on each drug will be as brief and as condensed as possible,

giving only such symptoms as singly or collectively call for the one remedy. Comparisons are given wherever useful to differentiate between closely allied symptoms. The comparisons are few, and restricted to cases where symptoms are characteristic and resemble one another closely. Corrections and additions will be gladly received and published if sufficiently useful.

C. CARLETON SMITH, M. D., }  
EDMUND J. LEE, M. D., } PHILADELPHIA.

**ABIES CANADENSIS:** The action of this remedy, as far as known, seems to be chiefly upon the digestive organs, producing a gnawing, hungry sensation at epigastrium (Grat., Phos., Sep.), with cravings for meat, pickles, and coarse food (resembling Alumina).

There is also a chilliness as if the blood were turned into ice-water (Rhus); a coldness between the shoulders as from cold water. (As from a cold hand, Sepia; as from a lump of ice, Lachn.; all suffering parts feel cold, Sil.)

**ABIES NIGRA:** Patient is low-spirited, melancholy; has an habitual and severe pain in stomach after eating. A very distressing sensation as of a "hard-boiled egg in stomach." A continued feeling as of constriction just above the pit of the stomach, as if everything were knotted up, or as if a hard lump of undigested food remained there. (In œsophagus: Kali bich., Lactic-acid, Zinc.; above cardiac orifice: Ignatia; foreign body sticking in cardiac orifice: Nat-m.) Wakeful at night with hunger (hungry at night: Bry., Canth., Lye., Phos., Psor., Tellur.; hunger prevents falling sleep: *Marum*; dreams he is hungry, which awakens him: Arg-n.; immoderate hunger, especially at night, weak, faints if not satisfied: Phos.).

In chronic cases of intermittent fever, with stomach-ache, *Abies nigra* may be indicated. (Calc., chill commences in pit of stomach, with cold, agonizing weight.) The symptom, pressure or load in stomach after eating, which is prominent under this remedy, is found under many others. Kali bich. has it immediately after eating; Calc., after a moderate supper; Bry., Merc., Nux vom., Puls., pressure as from a stone; Sepia has pain after simplest kind of food and also pressure as from a stone.

**ABROTANUM** (*Artemisia abrotanum*): Cross, irritable children, with evident signs of chlorosis or emaciation; appetite is ravenous, yet child loses flesh (Iod., Nat-m.; Calc-ph., child wants to nurse all the time, loses flesh, can't stand; Cina, child is cross, weeps, has great hunger, pale, sickly face, but not so emaciated).



Food passes undigested; face looks wrinkled as if old. (Creos., Sulph.; Op. the suckling of a few weeks did not grow, but looked like an old man.) Weak, cannot hold head up. (Also Æth., Ant-t., Arn., Bapt., Lyc., Mang., Puls., Oleand., Sil., Tabac., Zinc.) Boys with nosebleeding, or hydrocele. Blood and moisture oozing from navel of new-born children.

Rheumatic pains, lame and sore, worse morning on waking (Bry.). Hemorrhoids, burning when touched or during stool. (From touch: Phos., Sulph.; during stool: Coc-c.; relieved by stool: *Caut.*; worse after stool: Berb., Nitr-ac.) Hemorrhoids become worse as rheumatism abates. (Lumbago alternating with headache, or with piles: Aloe.)

In children, after influenza, great weakness and prostration and a kind of hectic fever (compare Samb. and Senega). The pains in stomach are worse at night; rheumatic pains are worse on moving, and morning on waking.

ACALYPHA INDICA: Patient is despondent, gloomy; has tuberculosis, with a violent, dry cough, followed by expectoration, or hemorrhages, of pure blood (Cactus). Blood is pure in morning, dark and clotted in evening. Cough worse at night.

ACETIC ACID: Aconite has probably been frequently administered in cases where Acetic acid was the proper remedy. The Acetic acid patient is pale, emaciated; seldom or never fat, and of a waxen color; its mental state is apt to be one of anxiety—worry about sickness or affairs—and irritability. The Aconite symptoms appear suddenly and are violent (the reverse of Acetic acid); the patient is not pale or emaciated; rather red, florid, and plethoric; is anxious, that is, fearful, timid; afraid he will die, *afraid of everything*, is restless. Both Aconite and Acetic acid have thirst, the latter very markedly, and here it differs from Apis. Apis patient is also pale, waxen, but is more apt to be puffed in appearance than emaciated. In dropsies the emaciation and thirst of Acetic acid differ from the puffed, swollen face and the lack of thirst of Apis.

Acetic acid has a nervous headache from abuse of narcotics; from abuse of alcohol, coffee, opium, or tobacco (Asar., Calad.). Pain across root of tongue, impeding speech and motion of jaw. (Sulphur: dull pain in root of tongue, worse evening, obstructing speech.)

Thirst intense, insatiable; shrieks for water at night, notwithstanding has drunk copiously. In dropsies, diabetes insipidus, chronic diarrhoea, greatest thirst; in fevers there is no thirst.

In croup there is a hissing respiration, with rattling in throat,

worse at each inhalation (Aconite, at each exhalation). A white film low down in fauces.

If thirsty, water is swallowed with difficulty. Hydrophobia patient springs out of bed and crawls on the floor howling with pain. (Arsenic, rolls about on floor with despair of life from pain in abdomen.)

Patient cannot sleep lying on back, feels as if abdomen were sinking in, causing difficult breathing; rests easier lying on abdomen. Sleep is poor; is disturbed without known cause.

Hemorrhages from nose, lungs, bowels, hemorrhoids, uterus, etc., in *debilitated, pale, thin persons with a waxy appearance*. Is useful after stings, bites, etc.

**ACONITUM NAPELLUS:** The key-note of Aconite is *fear*; the patient is never cheerful and contented. Great fear and anxiety, with nervous excitability. Patient's life is rendered miserable by this all-pervading fear; he is afraid to go out doors, to cross a street, or be in a crowd. (These last will be found in chronic cases.) A great anxiety and fear about recovery (also Ars., Bry., Calc., Lach., Plat., etc.); changing mood; cheerful at one time; weeps at another (Ign.). Patient will say he cannot bear the pains any longer; *will die* if not soon relieved. (Allium cepa, patient fears the pains *will become* intolerable.) The patient, when in pain, or during labor, believes she will die and predicts the time. (Agnus patient believes she will die soon, after awhile.) A pregnant woman has been frightened, and the fear remains (also Opium). In labor there is anxiety, distress, and restlessness with every pain; hot and feverish. Children fear to go to bed. Patients fear loss of reason (Calc.).

(Complaints from fright, Hering says: "Soon Opium, later Aconite; fear remaining: Bell., Merc., Nat-m., Verat.; fear: Op., Samb.; fear and anger: Acon.; fear and anxiety: Lyc.")

(Many remedies have this fear of death, but none of them has the peculiar Aconite line of symptoms accompanying this fear. It would be impossible to differentiate between these remedies in these *Notes*; however, it will be found that each remedy having this fear of death has its own peculiar symptoms.

Fear of death during hot stage is Calc., Cocc., Ipec., Mosch., *Nit-ac.*, Ruta; during sweat is Nitr.; during menses: Acon., Plat., and Verat.; of sudden death: Ars.

There is another class of remedies, which have rather a desire for death than a fear of it. It may be well to note one or two of these remedies here in contrast with Aconite.

The Aconite patient *fears* death but believes will—that is *must*—die, as the sufferings are *so severe*. *Predicts* the day and bids friends good-bye.

The Aurum patient is melancholic, looks on the dark side of everything, with *constant* thoughts of suicide. Is weary of life and longs to be rid of its troubles. The labor pains make her desperate, would like to jump out of window, etc.

The Argentum nit. patient is also melancholic, or hypochondriac; is full of fanciful notions, such as thinking he cannot walk past a given point without falling, or houses will close upon and crush him, or believes he will suddenly fall down and die, etc. Like Aconite, he will settle upon the time of his death, but this is from melancholy, not on account of the pains.

The Psorinum patient is also anxious and oppressed; is hopeless of recovery. During convalescence he will be hopeless, considering himself too sick to recover. Returning to Aconite, we note:)

The headache is of the congestive type, red, hot face. Burning headache, as if brain were moved by boiling water. Headache is worse from motion, light, noise, and when rising; better lying down in dark, and from cold. Fainting on rising from a recumbent position (Op.); the red face becomes pale (Verat.).

EYES: Ophthalmia, very painful, especially when caused by foreign bodies. (Calc., Sulph.; Sil., and Symph., when from blows, splinters, etc.)

EARS: Aversion to noises; they are intolerable; they trouble and worry the patient. Music seems to go through every limb; makes her sad. (Sadness, Lyc., Nat.-s.; also causes great excitement: Tarent.)

NOSE: Sense of smell very acute, especially for disagreeable odors. Epistaxis, especially in young, plethoric persons, who bleed profusely (Elaps; profuse but soon ceasing: Cact.), and when patient is afraid of bleeding to death. Epistaxis with copious or suppressed menses in plethoric women (in amenorrhœa, Bry., Cact., Ham., Puls.). Dry coryza, with headache, fever, thirst, caused by exposure to dry, cold weather. Checked coryza, with headache; better in open air; worse from talking. Nose dry, stopped up so cannot breathe through it, must breathe through open mouth (also Arum-t., Lyc., Nat-ars., Samb.; stopped up, yet discharges fluids: Arum-tri., Nitr-ac.; stoppage alternating with fluent discharge: Ant-t., Mag-c., Sil.). Fluent coryza with dropping of clear water (Agar.), which is hot.

FACE: Red, hot, and puffed. (Bell. face is purplish; darker red than Aconite.) Red and pale alternately; one cheek red,

other pale (Arn., Cham., Ign., Ziz.; Cham. red and hot during pain).

When rising up from recumbent posture red face becomes pale (Verat.). Tingling in cheeks; so red it tingles.

Perspiration on side of face he lies on. (Sil., side does not lie on.)

**MOUTH:** Lips dry, black, peeling off; burning and numbness of lips and mouth.

Constantly moving lower jaw as if chewing. (Mosch., Phos.; Bry. in sleep; Ars., Bell. Stram., convulsive.)

Tongue coated white. (Ars., Bism; Ant-cr. white and thick coat.)

Toothache from cold, *throbbing* in one side of face; intense redness of cheek; congestion to head and great restlessness. Teeth sensitive to the air. (Berb., Nat-m., Oxal-ac.; to cold, Calc., Nat-m.)

**APPETITE, TASTE, ETC.:** Taste bitter; everything tastes bitter *except water* (Stann.).

Burning thirst; drinks little and often (Ars.). Desires wine, brandy, *beer*, and bitter drinks.

**THROAT:** Burning, dryness, redness of the parts; burning along dorsum of tongue through the œsophagus to stomach. (Ars., Iris-v., Kali bi., Nitr-ac., Sul-ac.)

Acute inflammation of throat, with high fever, dark redness of parts, burning and stinging (Apis, Bell.).

**VOMITING:** Vomiting with anxiety, heat, nausea, and thirst; with profuse sweat and increased micturition. Patient will drink, vomit, and declare he will die. The vomit pours out profusely as from a pump. Vomiting of what has been drunk, followed by thirst. The vomit may consist of mucus, bile, or blood, etc.; vomiting and purging of green water in cholera.

**STOMACH:** Sudden excruciating pain, with gagging, retching, vomiting of blood and retching; cold sweat on forehead. (Compare Verat. and Camph.).

When breathing pit of stomach is drawn back to spine (in croup); (when vomiting, Verat.)

**ABDOMEN:** Colic forces patient to bend double, yet not relieved in any position. Sharp, shooting pains through abdomen; it is *very* sensitive to touch (Bell., Lach., Puls.); hot, tense, tympanitic.

**ANUS AND STOOL:** Shooting pains and constant pressure in anus.

Stool white with dark urine; frequent small stools with ten-

esmus and sweat. Dysenteric stool during hot days and cold nights. Green, watery diarrhœa; stools like chopped spinach (Arg-n.). Diarrhœa from getting wet, with slimy, bloody stools, violent pain, restlessness, etc.

**URINARY:** Inflammatory symptoms of bladder and kidneys, with constant urging, water passing in drops, bloody, with burning. Urine red or dark. Dysuria during pregnancy. Retention in babies for first few days after birth; also in children from cold, with crying and restlessness; enuresis with thirst; diuresis with headache and profuse sweat. Children finger the genitals (Merc., Zinc.).

**SEXUAL ORGANS, MALE:** Testicles pain as if bruised; feel hard, as if surcharged with semen. Gonorrhœa, with the urinary and mental symptoms of Aconite.

**FEMALE:** Menses profuse with plethoric women; late, oftener scanty than profuse in other women. The marked action of Aconite upon menstruation is to restore menses suppressed (especially with plethoric women) by cold, by fright, or fear. The pains in uterine region are of sharp, shooting character. It cures sudden prolapsus uteri, with inflammation, vomit, cold sweat, or hot, dry skin.

In pregnancy, Aconite is often indicated for fever, restlessness, and anxiety. In labor, where the pains are very distressing to the patient, the vagina hot and dry. Abortion threatens after a fright (also Opium).

The labor pains are violent, rapid, and distressing; face red; patient shrieking; fœtus seems to be immovable. These symptoms cause great anxiety and fear of recovery on part of patient. (Cham. patient is cross, irritable, won't give a civil answer. Coffea, like Aconite, has fear of death; bright-red face in labor and other troubles. The Coffea patient is irritable, restless, cries and laments, and the pains are unbearable. Aconite has *foreboding*, prediction of death or non-recovery; Coffea has *fear* of death, no predicting of its occurrence or time.) Suppression of the lochia from cold or fright; patient has red face, heat, restlessness, anxiety, etc.

**LARYNX AND TRACHEA:** Laryngitis with the inflammatory and mental symptoms.

Larynx sensitive to touch, and inspired air, as if denuded. Complaints from straining the voice (Arg., Arn., Arum tri).

**CROUP:** Patient awakes in first sleep; dry, short cough, but not much wheezing or sawing respiration; cough and loud breathing during expiration (during inspiration: Acetic acid and Spongia, which has sawing, wheezing between coughs); every

expiration ends in a hoarse, hacking cough. Patient is in agony, is hot, restless, and feverish, caused by exposure to dry, cold air.

Aconite has dry and clear, or hoarse and hollow coughs; the cough is worse after eating or drinking at night, lying on side; better lying down (Euphr., Mang.) on back; generally caused by exposure to dry, cold air. Patient is nervous, feverish, restless, etc., wants to cough but cannot, in croup. Also coughs after midnight, the more he tries to suppress it the more severe it becomes. (Ign., the irritation to cough ceases if cough be suppressed; Marum verum, the irritation cannot be suppressed but becomes worse as coughing continues.) A continuous, short, hacking cough, with agonized *tossing* about, calls for Aconite. (When patient is *quiet* study Squilla.) Child grasps at throat with each cough. (Grasps at throat with each cough is Acon. or All-c.; in croup: Iod., Lach.; in delirium: Stram.)

RESPIRATION: Labored, anxious, short; asthma from congestion, after scarlatina, with heart troubles, fear, anxiety, restlessness accompanying.

Agony, patient suddenly sits straight up in bed can hardly breathe; pulse threadlike; sweat, anxiety, fear; constant, short, dry cough, with feeling of suffocation, which increases with every inspiration. (Must sit up to breathe: Ant-t., Ars., Bry., Ferr., Hep., Kali-b., Lach., Lact., Spong.) (The Lachesis patient awakes suffocating, fears is dying; grasps throat; especially indicated when aggravation seems to come on during sleep. The Spongia patient, with heart disease, is suddenly awakened after midnight with violent pain, gasping respiration, suffocating feeling, great alarm and anxiety. The Arg-n. patient is in such agony from dyspnoea that he thinks of killing himself to escape it.)

CHEST: Tightness, oppression; must breathe deeply, feels as if chest would not expand (Bry.). Pains are sharp, shooting stitches, transient, now here, now there; are felt most when breathing, coughing (Bry.).

In pleurisy patient cannot lie on right side, only on back. (Bell. lies on painless side; Bry. on painful.) Heart, palpitation, worse lying, with anxiety, restlessness.

Aconite is frequently called for in diseases of the heart, when its mental state is present and there is numbness in left arm and tingling in fingers. (Also Ailan.) Fainting with tingling; palpitation with tingling.

BACK, EXTREMITIES: Numbness in small of back, extending to limbs. Tingling in back.

Arms hang powerless, as if paralyzed by blows. Numbness of left arm, can hardly move fingers. (See Agar.)

Shooting, tearing, erratic pains.

Creeping or tingling in fingers, even while writing. Hands hot, feet cold.

Shooting, tearing pains in legs, knees, ankles, toes, etc. Legs feel almost powerless, numbness after sitting. Rheumatism of hip or knee joint, with heat, throbbing, shooting pains.

Sensation as if drops of cold water trickled down thighs.

Coldness of feet up to ankles, or only of toes, with perspiration of toes and soles of feet.

SLEEP: Nervous restlessness; tosses about; worse from the heat of bed.

Awakened by asthma, nightmare, dry cough, with starts.

FEVER, ETC.: Chill, anxious, ascends from feet to chest; on slightest movement, or being uncovered.

Heat, with agonized tossing about; heat with thirst, full and frequent pulse, impatient, anxious tossing about; thirst, profuse sweat; worse while sweating, better afterward. Cold sweat.

Bad effects from suppressed sweat.

(Aconite fever and thirst, etc., come on in evening and last all night; with Bell. they begin about three P. M. and last till three A. M.)

SKIN: Tingling over surface.

Red, shining, hot swellings. Fine prickings, as from needles here and there (Lobel-inf.). Scarlet rash with high fever.

PECULIARITIES: Pains are intolerable, worse at night (Aur., Merc.). Tingling and numbness in affected parts. Pains of a shooting, cutting character; erratic.

(The Aconite pains are intolerable; the patient says they are so bad he *will* die. The Arsenic patient suffers so from pain that he is determined to kill himself; is also anxious, depressed; has fear, restlessness, but generally weakness and prostration. The Arnica pains are intolerable, drive him crazy; worse from motion or noise; change quickly from part to part; patient scratches at bed or wall, apparently for relief.)

Painful sensitiveness to contact; does not want to be touched (Arn., Iod.).

Inflammatory and congestive symptoms with the mental and nervous concomitants.

When at rest patient is better, but during night in bed pains are intolerable.

Acts upon upper right, lower left side. Remission during day

and before midnight. Vegetable acids suspend the action of Aconite; abuse of Aconite calls for Sulphur. When Aconite seems no longer to act then study Bell., Bry., or Calc.

CONDITIONS, aggravation: evening, and after midnight; assuming erect position; when rising from bed; lying on left side; in warm room (of congestive and catarrhal troubles while rheumatic are ameliorated); bad effects from suppressed perspiration, from fright, fear or violent anger, and especially after exposure to dry, cold air.

AMELIORATION: During day; in open air (nervous symptoms); when sitting still (rheumatism); sitting erect; by closing eyes; lying on right side; on expiration; after perspiring; on letting diseased limb hang down; moistening the part; washing with cold water; in wet weather; children by being rocked or carried; anxiety somewhat relieved by cold drinks.

[TO BE CONTINUED.]

---

## LECTURE UPON SULPHUR.

PROFESSOR J. T. KENT, A. M., M. D.

(Continued from page 406.)

We often find grand indications for the use of Sulph. in the delay of the first menses. Glands slow of development; unhealthy skin; pimples upon the face; languid; tired; seventeen or eighteen years of age; menses not yet appeared, or scant in flow. Puls. and Sep. are also of great value in this condition. In the leuco-phlegmatic temperament, with damp, cold feet, damp and pallid skin, Calc. follows well after Sulph.

Dysmenorrhœa. A strong indication for its use in this trouble would be, the flow has appeared attended by great pain, which is *agg.* by bathing during the week of menstruation.

Related to this condition, we have another remedy of great value in Calc. phos. A woman having reached the age of twenty-five or thirty years, and having suffered from dysmenorrhœa since the first menstrual flow, caused by lack of development—Stenosis.

Mothers should teach their daughters the fatal consequences following undue exposures and over-exertion at these periods, and should be taught that with improper treatment those evils follow them a lifetime, to the utter ruin of their physical well being.

Sulph. promotes the expulsion of moles, the false or blighted



conceptions to which a broken-down physical condition gives rise.

An imperfect development of a fœtus, even though it occur but once, is an indication for the administration of this remedy.

We have spoken of Apis and its efficiency in threatened abortion. Followed by Sulph. it cures the predisposition to abort at future pregnancies.

Puls., Hell., Aletris., Cauloph., are used to prevent this tendency, but none are so frequently indicated as Sulph.

Give a new-born babe a dose of Sulph., it will prevent many troubles. It is well you should look into and study these things that you may provide for and prevent many conditions that may arise.

Should father or mother be syphilitic, give a few doses of Merc. Should either be sycotic, give a dose of Thuj.

In vaccination, one dose of Sulph. before or after the completion of the vesicle. Of course, this is when you do not see indications for another remedy.

Many expert homœopaths give one dose of Sulph. during or after completion of pustulation.

Many give one dose of Sulph. two weeks or a month before a dose of Thuj., because of the known sycotic action of Thuj. Vaccinum is also used.

In the general secondary conditions attending puerperal fever with sepsis, you will find Sulph. a leading remedy.

Many undertake to give Veratr., Arn., Acon., because of the impending inflammation, and because these remedies correspond to the first stage of fever. Dunham says, "Why not go to the root of the fever at once, and give Sulph.," as in ninety-nine cases out of a hundred Sulph. will have cured the fever within twenty-four hours, and the pulse will be again normal. If you treat it in this way, you will have few losses and find it as simple as measles.

Given violent chills, rigors, rapid pulse, fever, even delirium, and in twenty-four hours you can relieve the whole thing—not with the 2x or 3x, or with Quinine. Experience is a good teacher, and *I know*.

In threatened suppuration of the mammary gland, when the lump first appears, one dose of Sulph. may abort the whole trouble. Remedies commonly resorted to to assist suppuration are Merc., Hep., Sil.

A lump in the throat, hard, sticking pains in the ears, *agg.* at night, *agg.* by heat of the bed or application of heat, clammy sweat, inclination to chill and collapse, Merc.

In addition, foul breath, loaded tongue, disordered stomach ; still Merc.

Should this condition change, or in the beginning should the pain be relieved by heat, and suppuration be inevitable, Hep. will hasten suppuration. Hep. comes between Merc. and Sil., and both follow Hep.

Sil. materially hastens suppuration, easing the pain and mollifying the death of tissue. Felons forming, suppuration inevitable—Sil. will open in a night, and the pains will be eased in a few hours. Facts that now look so impossible, you will see many times in a well-indicated remedy.

We have many valuable points under breathing, cough, and lungs. Dry, hacking, teasing coughs ; great emaciation of the chest ; scant expectoration (Sulph. also has copious expectoration, a muco-purulent sputa) ; chronic hoarseness (a hoarseness from collection of mucus in the larynx), and competes with Caust., Phos., and Carb. veg. Caust. has aphonia, a paralytic condition of the vocal chords. A case in clinic, not spoken aloud for years, cured by Dr. B. Pind, with Caust.<sup>3m</sup>.

Difficult breathing ; suffocation ; wants doors and windows open ; wants cool air ; cannot endure the close, warm room. You will find almost any kind of expectoration, any kind of cough, with this emaciation of the chest. Chronic conditions which are the result of pneumonia, where the patient had before been troubled with a chest complaint, and in which we find slow resolution, lingering cough with expectoration, emaciation and night-sweats (not tuberculosis), yet threatened with this cachectic state, ultimately ending in phthisis. Sulph., Phos., Lyc., best correspond to these conditions. If you find the mental symptoms of Sulph., with burning of soles and palms, all gone feeling at eleven A. M., wants doors and windows open, great emaciation about chest, it will be speedily relieved by that remedy.

You will be astonished at its working in the last stage of hepatization in pneumonia ; prostration great ; not doing well ; sweats a great deal ; likes to be kept cool ; if allowed may go down, or may improve slowly. This remedy induces resorption.

Now, there is a condition—would I could picture it to you—when good prescribers frequently lose their patients by prescribing Ars. It is a state of collapse ; the patient is low, *very* low ; excessive exhaustion ; hardly able to raise the hand to the head ; there has been great thirst ; great restlessness ; but now he is too prostrate to move. One single dose of Ars. relieves ; but should you not follow it the next morning with Sulph., your patient *will*

*die.* Ars. brings about the tendency to reaction, Sulph. the tendency to resorption. The proper dose at the proper time cures the case. Repeat Ars., and it will overwork, and you might better have given nothing. In all grave cases the second prescription must antidote the first. Ars. and Phos. have a similar relation, and have been so used. Your reputation as prescriber is made on such cases as these. Any old woman may cure a cold.

Exudation after pneumonia, pain in chest. Compare with Puls. and Bry.

Surging of blood from left side of chest to head; feels like flashes of heat surging to the head; rising sensation of heat to the head; head feels hot and flushed; faint feeling from chest up into neck, face, and head. In checking an inflammatory process, Sulph. induces resorption.

In caries of the vertebræ, Calc. and Phos. compete.

Rheumatic, drawing, tearing, lancinating pains in the joints and the limbs, with cramps of the muscles; cold hands and feet, or they may be very hot, alternating; there is a red-string symptom, "soles cold and sweating," somewhat like Merc.; pains *agg.* by heat of bed or from sweating; lower extremities numb, prick and go to sleep; nervous irritation, even in children; child jumps up and cries out.

While chorea and chronic spasms are not as common to it as to some other remedies, nevertheless it goes to the cause and relieves the condition. Agar. and Mygale relieve temporarily, and sometimes cure permanently. Sulph. makes a beginning and sometimes cures wholly. After a suppression the remedy would be Sulph.

Fainting fits alternating with hot flashes; sinking feeling, most likely to come on by the evening or at night.

You will rarely cure a case of epilepsy with Sulph. You may postpone the fits for a few months—Sulph. indicates the cause. You will hardly cure epilepsy every time, you can modify it, and you won't cure the same disease in different individuals with same remedy.

Sulph. has a great amount of trembling and weakness. Sleep symptoms are important: always unrefreshing; wakes in the morning quite tired out; sleeps too soundly; goes to sleep early in the evening, sleeps until midnight; lies awake until daylight; sleeps and can hardly be wakened.

Here we have a resemblance to *Nux v.* *Nux v.* patient will go to sleep early in the evening and sleep until three A. M. The sleep of these two remedies is well worth the knowing, especially in their relations to hemorrhoids.

When the patient is sensitive to the actions of a remedy, Nux v. is well indicated.

Where the apparently indicated remedy refuses to act, a dose of Sulph. is needed.

In a last stage of fever not septic.

In a first stage of sepsis.

In convalescence from fevers, where there is general sluggishness, slow reaction, great emaciation.

Its skin symptoms are very important.

In the typical itch there is a slight itching, which demands relief from scratching; relief does not come; burning and numbness set in; little, hard lumps appear under the skin; finally cool, and the itching stops. Skin symptoms and rheumatic pains *agg.* by heat; drawing pains *agg.* by heat of bed; skin symptoms *agg.* by wet.

Sulph. will usually clear up the condition that produces boils.

Sulph. is the chronic of Acon.

Sulph. in a cold climate where ease does not follow the administration of Acon.

Sulph. and Aloes complementary and antidotes to each other.

Sulph., Nux v., and Aloes are complementary to each other and antidotes to each other.

## AILANTHUS.

A. McNEIL, M. D., SAN FRANCISCO.

Ailanthus is one of the new remedies, but, unlike many others, it has been well proven. It deserves more clinical use than is given to it; hitherto its field of usefulness has been confined almost exclusively to scarlatina. Its provings show it is also adapted to diphtheria, to typhoid conditions, to organic diseases of the heart, and the like, when properly indicated.

The type of scarlatina to which this drug is adapted is almost the opposite of that in which Bell. is useful. In the latter every function is morbidly active, for instance, the delirium, the circulation, etc. With Bell. the mucous membranes, the skin, and eruption are bright red from active arterial congestion. The skin when pressed upon by the finger is pale, but the redness returns immediately the pressure is removed. With Ailanthus this is reversed; the parts are purple from sluggish venous congestion, and the circulation returns very slowly when skin is pressed upon. (And yet some who claim to be scientific homœ-

opaths would give Bell. to all cases of scarlatina, and claim Hahnemann as their authority. A study of Bell. in his *Materia Medica Pura* will readily refute this assertion.) With Bell. the eruption is smooth and the skin bright red and *hot* to touch; with Ailanthus, the eruption is rough, of purple color, in patches, with purplish skin between and sudden prostration. With Bell., the delirium is active, patient wants to bite, strike, or tear; with Ailanthus the patient is semi-conscious, does not comprehend what is said; or there is stupor, delirium, and insensibility; muttering delirium with sleeplessness. The throat is livid, swollen; the tonsils are prominent and studded with deep ulcers, oozing a scanty fetid discharge. External neck swollen and sensitive. The tongue is livid on the tips and edges. The countenance indicates much distress and there is great prostration. Stools and urine pass involuntarily (like Arn. and Hyos.).

The eruption is miliary, dark, and sometimes interspersed with vesicles; it may be slow in appearing and scanty.

In diphtheria, Ailanthus is indicated when the throat is purple, tender, and sore (Lach.), on inhaling air; external throat swollen and sensitive (Lach.) and accompanied by great prostration.

Typhoid states call for Ailanthus when the skin, the tips and edges of the tongue are purple, combined with the mental states already noticed; also hot face, dizziness, cannot sit up, as it produces vertigo, nausea, and vomiting (like Bry.).

Ailanthus has no clinical history in the treatment of organic diseases of the heart; yet its characteristics show its adaptability to certain forms with purple skin, dull pain, and contracted feeling about base of heart and through centre of left lung; also weak, irregular pulse, numbness of left arm. (Aconite has this and Rhus aching in it.) Tingling of arms and fingers (Acon.) on waking.

Attention has been called to only a part of the Ailanth. symptoms; it covers many cases when its peculiar symptoms are found.

---

### IRREGULAR MENSES.

Menses in morning only : \* Sepia.

— — — more profuse : Bovista.

— ceasing in afternoon : Mag-carb.

---

\* Under Bovista, Hering gives: "Menses only at night or only in morning." Also, "Menses profuse in morning, scanty during day and night."

Under Carbo an., Jahr gives: "Menses not copious, but last longer than usual, and only flow in the morning," which is similar to Sepia.—Eds.

- Menses increasing in afternoon : Puls., Sulph.  
 — in evening only : Coff., Phell.  
 — during day only : Caust.  
 — only when walking, not during rest : Lil.-tig.  
 — only when lying, ceasing when walking : Mag.-carb.  
 — cease when lying : Cact., Caust., Lil.-tig.  
 — at night only : Bov., Brom.  
 — — — increased : Amm.-c., Mag.-c., Zinc.

AD. LIPPE.

---

 CLASS-ROOM TALKS.

PROFESSOR J. T. KENT, M. D.

Chronic tendency to congestion of the head, when Bell. has been the remedy that gave relief to the acute expression of the disease, Calc. Now, I don't mean you to understand that during the attack Calc. would be the better remedy. Bell. corresponds more fully to the acute manifestation. Calc. would *agg.* too strongly ; but after the attack a dose of Calc. will cure the tendency to repeated return of these congestive conditions.

So when each time the patient takes a cold, he has swollen tonsils, tonsilitis, and has chronic induration of the tonsils—Baryt. c.

Now, we do not mean that Bar. c. would be the best indicated remedy during the acute attack—many remedies may be better indicated—but that a dose of Bar. c., *after* the attack, *would* be indicated, and would cure the tendency to return.

*Don't commence the treatment of any chronic disease during the exacerbations.*

In epilepsy you will never cure unless you first find a remedy that covers and corresponds in every respect to the acute attack. Then follow with the complementary or chronic as the curative.

In chills and fever a prescription before or during the paroxysm will *certainly* increase the violence of the paroxysm, and hinder, if not complicate, matters.

---

Hahnemann has been accused of alternation, of saying that Bry. and Rhus alternated.

Now, Hahnemann did not mean you were to put one remedy in one glass and one in another, giving first of one and then the other : Bry. and Rhus are complements of one another, and Hahnemann meant just this : You have had the symptoms and given the similar, Bry., and you will often find that when Bry.

has ceased its action the symptoms of Rhus will begin to shadow forth. Now wait a little; you will have a clear picture of Rhus. You give it, and after a little Rhus will have done its work. Again the symptoms of Bry. may appear, and so on until you have finished your case.

Arn., Rhus, and Calc. often follow one another *this way*: A sprain in joint, bruised condition of muscles, would be well covered immediately by Arn. The injury does well for a time, but after a week or two there is still some weakness and pain. Now Rhus is also similar, but belongs to a later period. So Rhus takes up the case, carries him comfortably on for some months, when he suddenly finds its power over the condition gone, and that he has a rheumatic stiffness in the strained joint coming on after *cold, damp* weather.

Now Calc. is indicated and will finish the case.

In such conditions the needed remedy seems to go deeper and deeper, and to eradicate the remaining vestiges of excited psora.

Hahnemann has said that we would often find that certain of the remedies rotated, *i. e.*, Sulph., Calc., Lyc., one might say of that, as of alternation, to place each in a tumbler by the bedside, giving from first, second, and third in succession, etc.; but that is not the point. The great master intended you to know that many times (not always) the symptoms of Sulph. would be followed by those of Calc., and those again by symptoms of Lyc., returning to Sulph. after Lyc., and so on until the case is completed. It is well for you to know these things, that you may be watchful and prepared to solve the problems as they arise.

The better prescribers use the most profound reasoning in the study of their cases and in their search for a remedy. To show you how you must think and study out your symptoms—by a comparatively simple case—and how to prescribe when you seemingly have but one symptom:

A lady comes to my office with extreme restlessness of lower extremities. Well, I think, that is Zinc., pre-eminently, and many others. Yet I do not stop there. I inquire further, and find that a few days before she has been out in the rain and got wet. "Where, your feet?" "Oh! no! My feet were protected, but my head got very wet." Why, think I, that sounds like Bell. I must see if Bell. has restlessness of the limbs. Sure enough, Bell. has it, and Bell. cures with no further return of symptoms.

## MATERIA MEDICA : WHAT IS NEEDED.

EDITORS HOMŒOPATHIC PHYSICIAN: Page 369 of your October issue, the symptom, "catamenia only in the morning, Sepia," is credited to Hering. We cannot find it in the *Condensed* nor in symptoms of the mind (Hering's *Analytical*). Allen gives Hahnemann as the authority, and as the symptom is not found in Hempel's translation of the *Chronic Diseases*, it proves that a retranslation of this great work is a necessity. We members of the I. H. A. could not do a greater service to our school than by undertaking this work. I, for one, would be willing to do my share toward it if a revisory board could be selected so we may be sure that the translation is correct. It is sometimes very difficult to get the true meaning of Hahnemann's German.

In fact, we doubt the correctness of the symptom, "catamenia only in the morning," which may mean at no other time, day or night, or it may mean any hour after midnight or in the morning before or after rising. I believe in reading between the lines, as Professor Jones, of Ann Arbor, used to say; this symptom may read "great weakness in morning during menses," which would well agree with the profuse menstruation and the relaxation of the pelvic organs.

We do not need a condensed *Materia Medica*, but we do need a *master mind* to explain to us the character of a remedy given, that then the other symptoms group around it as do the stars around the sun.

Fraternally,

S. L.

[Dr. Hempel was generally a very careless translator and editor, but as regards this Sepia symptom he is wrongly accused, as the symptom is given in *Chronic Diseases*, vol. V, p. 171, line 15. Yet so unreliable was Dr. Hempel, as a rule, that we can cordially indorse S. L.'s proposition for a careful revision of Hahnemann's works. It is (and has always been) a misfortune that the English student has access to so many of Hahnemann's works through such unreliable translations. At the last meeting of the I. H. A., Dr. John Hall, of Toronto, proposed a new translation of the *Organon*—another "long-felt want."

As to this Sepia symptom, Jahr, Hahnemann (*Chronic Diseases*), Lippe, and Guernsey give it as menses appearing only



in the morning. The symptom, as Jahr (*Symptomen Codex*, vol. II, p. 782), gives it, reads: "Menses too early by eight days, and too scanty, appearing only in morning." The Sepia menstruation is rather more apt to be scanty than profuse, hence, "reading between lines," we might say the menses are too early and so scanty as to show only part of the time, that is, only in the morning. Dr. Minton gives the symptom wrongly, for "generally too early and too profuse" read *too scanty*.]

---

### AGGRAVATION FROM NOISE.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN:—If Dr. Durand, who inquires in the October number (page 389) for a remedy for backache, will turn to Benninghausen's *Repertory* he will find the following:

Remedies having dull pain in sacrum: AGAR., Alum., ANT. C., Bar., Bov., Calc., Canth., Carb. v., Caust., Chin., Cic., Dros., Hep., IGNAT., LAUR., Led., Merc., Phos., Ph. ac., Plat., Plumb., Rhus, Sil., Spig., Thuj., Veratr., Vit., Zinc.

Turn to *agg.* from noise of the above remedies.

Alum, Bor., CALC., Caust., Chin., Ignat., Merc., PH. AC., PLAT., Sil., SPIG., Zinc.

In Lee's *Repertory of Characteristics* sound is divided into several heads, and one must take such heading as seems analogous to the "shrill" sound mentioned, as each sound is represented by a tone or its variation in the musical scale. CALC. should cover the case.

Lee's *Repertory* under *agg.* from noise: Calc., Ignat., Ph., ac., Plat., Spig.

Music—Calc., Ph. ac.

Violin—Calc.

Piano—Calc., Zinc.

S. L. G. LEGGETT.

---

### SOUND AND NOISE.

As a subscriber has inquired after remedies having aggravation from noise, it is hoped the following notes may be of use. The list given is by no means complete:

ACONITE.—Extremely sensitive to noise; music unbearable, goes through every limb; makes her sad. (Sabina, Theridion.)

---

[NOTE.—Arnica pains are worse from motion and noise; Theridion has, perhaps, the most characteristic aggravation from noise; study it.—EDS.]

AMM-C.—Painful sensitiveness of the dull ear to loud noise.

ANT-CRUD.—Sound of church bell is doleful.

ARNICA.—Great sensitiveness to loud sounds, spasms aggravated by noise, pains insufferable, drive him crazy; increased by every motion or noise.

ARSENIC.—Unusual sensitiveness to sound, talking of others aggravates the pains (also Mag-m. and Zinc).

ASARUM.—Scratching of linen or silk is insupportable.

BELLAD.—Extreme sensibility of hearing.

BORAX.—Very sensitive to slightest noise, as rumpling of paper, fall of door-latch, etc.

BRYONIA.—Intolerance of noise.

CALADIUM.—Sensitive to noise; the slightest noise startles from sleep.

COFFEA.—Hearing very acute, music has a shrill sound; aversion to noise, it hurts him.

CONIUM.—Painful sensitiveness of hearing, noise startles.

HYPERICUM.—Sensitiveness of hearing during menses.

IGNATIA.—Intolerance of noise; headache from noise, roaring in ears, relieved by music.

IPECAC.—Cannot stand least noise.

LACHESIS.—Crying and weeping from slightest noise.

LYCOPODIUM.—Every noise hurts her.

MURIAT-ACID.—Distant sounds cause headache; sound of voice unbearable.

NATR-CARB.—Music causes trembling.

OPIUM.—Acute hearing; clocks striking and cocks crowing at a great distance keep awake.

PHOSP-ACID.—Intolerance of noise, especially of music. (Aconite, Ambra, Cham., Nat-s., Nux-v., Sabina, Sepia.)

PTELEA.—Intolerance of loud talking.

SABINA.—So nervous, music is unbearable; it goes through bone and marrow. (Acon.)

SANGUINARIA.—Painful sensitiveness to sudden sounds, right ear worse, cannot bear to hear a person walking in the room, with extreme moroseness and nausea.

SECALE.—Undue sensitiveness of hearing, so that even the slightest sound re-echoed in her head and made her shudder.

SILICEA.—Painfully sensitive to noise.

SPIGELIA.—Hearing over sensitive in neuralgia and headache.

STRAMONIUM.—Very sensitive to noises, the least noise startles.

THERIDION.—Worse from least noise, every sound penetrates

her whole body, especially the teeth. Nausea, vomiting, and vertigo from noise.

HEADACHE, worse from noise: Acon., Agar., Bapt., Bar., Bell., Bufo, Cact., Cic., Citr., Colch., Con., Ign., Iod., Mur-ac., Ptelea, Phosp., Phos-ac., Nit-ac., Spig., Zizia.

SPASMS, worse from noise: Ang., Arn., Ign.

*Mental states:*

SADNESS from music: Acon., Digit., Nat-s.

WEeping from music: Creos., Graph., Nat-s., Thuja.

TALKING of people, can't bear: Amm-c., Ars., Con., Mag-m., Marum, Zinc.

FOOTSTEPS, noise of, is intolerable: Nit-ac., Nux-v.

## A SABADILLA CASE.

J. FIELD DECK, M. D., SYDNEY, NEW SOUTH WALES.

Mrs. R., a lady about twenty-eight years of age, consulted me on account of the following symptoms, from which she had been suffering more or less for about three months. She could only ascribe them to some extra strain, mental and physical, to which she had been exposed. There is a tendency to neurotic disease in her family; one brother has lately died in an asylum, and another has shown symptoms of mental weakness. She has been living up the country, away from any medical advice of which she cared to avail herself, but she has been making use of simple hydropathic measures occasionally.

She complains of attacks of giddiness, which affect her in two different ways. At times attacks of short duration affect her very suddenly, in which everything seems to be whirling round her; she has to lay hold of something, otherwise she would fall down; if she is in the house, the whole house seems to be coming down upon her; if she is in the street, the houses around seem to be falling upon her, and unless she can lay hold of any support at once she falls down; she sometimes wakes at night with the same whirling sensation, and feels impelled to cling to her husband. These attacks come on without any warning, but only last a few minutes, but are followed by a weak, tired feeling.

At other times she suffers from attacks of much longer duration, sometimes lasting the greater part of the forenoon, and accompanied by nausea and some visual disturbance. Her brain seems to go round and round, and her eyes to move to and fro,

as if they went round with the whirling sensation. If she shuts her eyes the whirling seems to go round in the opposite direction and she becomes sick. She likes to lie perfectly still, and to look very fixedly at one object; if she turns her eyes to look at anything else, or if she shuts her eyes, she becomes sick.

She feels worse in the mornings, very weak in the forenoon, and better in the afternoon; the sudden giddy attacks come on at any time, the attacks with nausea mostly in the mornings. She has a depressed, anxious look. Her appetite is very poor; likes milk, feels soon satisfied; has some nausea after meals, but no giddiness, flatulence, or distention.

She says her mouth is in a fearful state when she wakes, very dry and burning, the tongue dry and thickly coated; she wakes with a very bad taste, and drinks at that time, not because she is thirsty, but to cleanse her mouth. Her hands are affected in a strange way; the palms of the hands have become dry and horny, and inclined to scale; at night they are so burning that she has to keep them outside the bedclothes. The top of her head is hot; she feels best out-of-doors.

I gave her *Pulsatilla*<sup>6</sup> four times a day, and told her to stop the enemas she had been in the habit of using twice a day.

A week later her tongue was cleaner, her appetite better, but there was no change in the nervous symptoms. In one attack she had fallen down and hurt herself so much that she dreaded to go out. I could not find out that she was ever, even for a moment, unconscious during these attacks, nor had she ever passed water unconsciously at night; but I could not help telling her husband that I was apprehensive, considering the neurotic tendency in the family, that the attacks might eventuate in epilepsy.

In looking over her symptoms I was reminded of a key-note to Sabadilla amongst some collected by Carleton Smith in the first volume of *THE HOMOEOPATHIC PHYSICIAN*—headache better from looking fixedly at some object. My patient had laid so much stress upon the necessity she felt to look fixedly upon some object, that I felt this symptom might lead to a right selection of the remedy. With great interest I turned to the pathogenesis of Sabadilla, and there found such a full picture of her condition, including both subjective and objective symptoms, that I gave her *Sabadilla*<sup>6</sup> four times a day, and awaited her return in ten days' time with some degree of, I may say, excitement. Great was my pleasure when she returned to find that the distressing attacks of vertigo had nearly passed away. Under the same remedy, continued for another week, she returned

to the country in three weeks' time quite recovered, and when I last heard, two months afterward, there had been no relapse in her condition.

As Hughes remarks, the list of symptoms of nearly every medicine contained in Jahr's *Codex* begins with vertigo, and I confess this *embarras de richesses* has often distressed me, and that in treating cases of vertigo I have studied Kafka's exhaustive article in the thirty-first volume of the *British Journal of Homœopathy* and Lilienthal's list of medicines in his *Homœopathic Therapeutics*, and that the only result has been a sense of bewilderment. Thankful was I, therefore, to Carleton Smith that this peculiar key-note (which I found in the pathogenesis of Sabadilla, and which was not therefore merely the result of clinical observation) had guided me to a medicine which I felt sure, if there was anything in Homœopathy, must act beneficially.

The rapid relief under the action of Sabadilla shows it to be an important medicine in disturbances of the sensorium, associated with gastric irritation, when there are also present dryness and burning of the month and dryness and burning of the palms of the hands. Pulsatilla is often indicated in gastric vertigo, but the aggravation of Pulsatilla is in the afternoon and evening, that of Sabadilla in the forenoon and night. Both have want of thirst, but there is desire for milk under Sabadilla, aversion to it under Pulsatilla. We find under Pulsatilla many kinds of vertigo, but not vertigo as if everything were turning, which is marked in Sabadilla. Under this remedy, too, we find, as a marked objective symptom, dryness of the hands during the whole time of the proving, worse in the forenoon, and some roughness of the skin; there is no parallel to this under Pulsatilla. And, lastly, we do not find any symptom under Pulsatilla analogous to that which proved a key-note to the use of Sabadilla. Constant headache or a sort of tension, less violent when staring at a thing or reflecting upon a thing. My patient suffered from vertigo improved by staring at a thing, but vertigo and the headache, which is described as a sort of tension, must be very nearly related as disturbances of the sensorium.

Since attending this case I have prescribed for a lady suffering from attacks of giddiness coming on generally in the evening. In one attack she fainted right off, then became sick and threw up food and bile; during the attacks she felt suddenly as if she would fall if she did not lay hold of something; she felt glad to get into the open air. The attacks were recent, associated with some gastric disturbance, as she felt sick after meals. Sabadilla<sup>6</sup> cured her in a few days.

May 17th, 1887.

## THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

DR. HAWLEY'S OFFICE, SYRACUSE, September 15th, 1887.

The meeting was called to order by President Dr. J. A. Biegler at ten A. M. The following members answered to the roll-call: Drs. J. A. Biegler, W. F. Clapp, Wm. A. Hawley, Stephen Seward, T. Dwight Stow, A. J. Brewster, J. R. Young, Harriet Dada Emmens, Leslie Martin, Julius G. Schmitt.

The report of last meeting was read and approved.

Dr. J. A. Biegler said he wanted to say a few words as to the disappointment he had felt in not doing more than he had as President of this Society, for he had intended to put his entire strength to the purpose of propagating pure Homœopathy, but sickness in his own family and the work the I. H. A. had put on his shoulders had prevented him from doing so, and he wanted these circumstances to be understood as the causes of his failure.

Secretary read Sections 16, 17, and 21 from the *Organon*, as having reference to the subject of the discussion for to-day.

The Secretary also read from a letter of Dr. R. B. Johnstone, of Germantown, the following passages:

"I should like to take part in the discussion, 'What Does Cure?' In my mind the thing is settled. It is that force which binds the molecules together and gives individuality to the substance used as medicine, and the higher the drug is potentized the further the molecules are separated, and the greater is the effect of that force which once bound them together. This same power may be seen every day. Take a lump of sugar, place it upon the dry tongue and no taste of sweet results, but as soon as water is added the molecular construction of the sugar breaks up, the force which bound them together is liberated (first potency), and we recognize that which we call sweet; thus a thousand illustrations might be mentioned.

"Remember me to all my fellow-members and say that the good cause goes on. I know of four young men, who have been practicing miserable mongrelism, who have been led from the error of their ways through my preaching and have joined the noble ranks of loyal Hahnemannians. They have discarded their tinctures and now carry only thirtieths and above. One of them said to me: 'Why, this is truly glorious! I cure my cases in one-half the time and leave nothing behind.' I cured

lately a case of Psoas abscess with one dose of Hepar.<sup>cm</sup> and two doses of potentized 'glass,' which I am now proving is fully much more active than Silicea, and seems to cover many of the same symptoms. I am going to run it up to the 50m and the CM and will send you some."

*Dr. Hawley* said: The lately deceased Dr. T. L. Brown moved at our last meeting to discuss "What Does Cure?" and wanted to show that cures were almost entirely due to proper hygienic treatment and not so much due to remedies—a theory he favored so much. He maintained that homœopathic physicians did not pay attention enough to hygiene. I want here to relate a case of a man who was, and had always been, exemplary in his habits except his tendency for women, and in whom I failed to cure primary syphilis, which hardly ever happened to me before. The disease run into the secondary form and to paraplegia. I do not believe that syphilis ever can be cured by hygienic without medicinal treatment. Hahnemann describes what cures the best in Section 16. Air in a room cannot be driven out by fan, club, or any other crude instrument, but when you pour in that room gas from the gas-pipe the air in the room will be replaced by the gas, which is also an airy body. It is the similar alone that can fight the similar.

Dr. Biegler rejects Dr. Hawley's feeling humiliated in not curing his case of primary syphilis because he supposes every proper remedial means had been adopted; but, he continued, there are incurable cases, where nothing will have the desired effect. I want to relate a case, which shows plainly that medicines do cure. I saw, in council, a man sick with typhoid fever, with pronounced cerebral complication, whose sickness had withstood the best possible prescribing of the attending physician. There was a deep ulcer in right gluteal region, the color indicating Lachesis, besides a continuous desire to spit and persistent sleeplessness. After one dose of Lachesis, the patient became quiet and slept, after which consciousness returned. He needed no more medicine and fully recovered.

*Dr. Hawley*: I was called to see a portly, rather stout gentleman, fifty years of age, who complained of a terrific headache, especially in occiput; every bone of the body ached. Dark redness of face, jugular veins prominent. Calor mordax all over. No thirst. Dreams were worrying him, and his whole condition was aggravated by motion. He received *Bryonia* <sup>40m</sup> in four teaspoonfuls of water, one teaspoonful every half hour, followed by *placebo*. The next morning he was much better; continued *placebo*. He got along, improving for two days,

when he took cold, and the redness of the face returned ; *Belladonna*<sup>40m</sup> one dose dry was given. The next morning he complained that he had had a very bad night ; there was a jumping pain in left side of head ; he had not slept at all, and at ten A. M., when I saw him, was clamoring for relief. He received *Spigelia*<sup>3000</sup> in four teaspoonfuls of water, one to be taken every half hour until relieved. When I saw him at two P. M. the patient said that every dose he took aggravated the pains, so he did not take any more. I gave him *Sac. lac.*, and saw him at four P. M., when I found him freer from pain, but the slightest movement seemed to start it again. At nine P. M. he told me that he had had an hour of very good sleep, but clamored for an anæsthetic, which was refused, and *Sac. lac.* given. Next morning much better, and he got well without any more medicine. This man had had sunstroke twice, in 1885 and 1886, and this summer, while exposed to the sun, fell in the street, but had sense enough to crawl into the shade. The aggravation by *Spigelia* showed that the medicine cured. I am fully convinced that, when we repeat too often, we have to fight our own remedies and not the disease. A single dose of *Spigelia* would, perhaps, have caused a slight aggravation and been followed by a speedy cure.

*Dr. Biegler* : I have been impressed by the same fact, and now never repeat unless the indications for it are without a shadow of doubt ; and following this rule I have cured cases which before I could never have cured. A gentleman in South Carolina, whom I never had seen, complained by letter of severe headaches, which he had had for years. After, by frequent letters, he had been taught to describe his symptoms in a sensible way, I was able to prescribe for him intelligently, and he is now cured so that he can attend to his business, which imposes arduous duties on him. Yesterday I received a letter from him, in which he complains of bleeding piles that have been very bad since his headaches got better. Two and a half months ago I sent him a dose of Sulphur ; finding that the symptoms he described corresponded with this remedy, I sent him *Sac. lac.* We can never tell how long a remedy will act.

*Dr. Young* : I was called to see a lady complaining of diarrhoea with asthma, calling for *Phosphorus*, which I gave in the two hundredth potency in water every hour. In the evening the report came that diarrhoea was better, but dyspnoea worse ; sent her *Sac. lac.* Next morning she was all right. Was it the *Phosphorus* that aggravated the dyspnoea ?



*Dr. Biegler*: I never repeat this remedy immediately, but, if I do, then generally after another remedy has been given.

*Dr. Clapp*: I treated, once, a case of typhoid fever where *Arsenic* was indicated; gave it in repeated doses without any favorable result. Another physician was called in council, who favored *Gelseminum*, but advised to stop the *Arsenic*, and to wait a while before I should give the other remedy. So I gave *Sac. lac.* In twenty-four hours patient improved, and there was no need for the *Gelseminum*. *Arsenic*, not being repeated, had a chance to act.

*Dr. Schmitt*: I want to tell you of a case which seems to prove that our remedies do really cure. I was called to see a young man who had been suffering off and on from attacks of renal colic, and who had been through various "scientific" courses of treatment. At the time I saw him he had taken the last dose of Epsom salt in the morning, and complained of severe pain in left lumbar region, left hypochondrium, and sometimes going down to bladder. He received a dose of *Nux vomica*<sup>cm</sup>, and was soon relieved, improved steadily for six days, when, after returning from my office, he was taken with his old pain again. I was called at eleven P. M., and found him in perfect agony; he could not keep still, although lying on the painful side seemed to alleviate pain somewhat. There was frequent bilious vomiting. *Rhus tox.*<sup>cm</sup> was given, and in the morning there had been a slight relief, but by the time I saw him, at ten A. M., pains had grown worse again, going also to the right side. *Berberis*<sup>cm</sup>, one dose. At that time he was talking of getting the help of two prominent allopathic physicians. I told him he could do, of course, as he pleased, but they would not tell him anything but what I did, and they would never cure him, whereas I would. In the evening the report came: "No better!" What should I do? I had promised the man a cure, and cured he must be. There were two other symptoms, to which I had not paid sufficient attention so far, viz.: *very strong smelling urine* and a *trembling in left lumbar region*.

Now I sent him *Benzoic acid*<sup>cm</sup>, one dose.

When I saw him the next morning he had hardly any pain, and told me the following history: An hour after taking the first powder (*Benz. acid*<sup>cm</sup>) he felt relieved and went to sleep, from which he was awakened by a sudden queer sensation; something moved down from left hypochondrium into bladder; he was cramped up for a minute, and since then he feels like newly born. On further inquiry, three little stones, a little larger than a pin's head, were produced. What I want to emphasize espe-

cially is, that the pain stopped first and then the calculi passed, showing the power of Benzoic acid to relax spasm of the ureter. In the course of a week he had a slight recurrence of the pains, which subsided rapidly under another dose of Benzoic acid. Since then no more attacks so far.

*Dr. Seward* said: Repeating of the dose depends upon the individual judgment of the physician.

Meeting adjourned at twelve M. until one thirty P. M.

*Dr. Biegler* called the meeting to order at one thirty P. M.

*Dr. Leslie Martin* asked whether any one present had used Johnstone's H. S. potencies.

*Dr. Hawley*: I have used *Rhus tox.*<sup>cm</sup> H. S. Johnstone, with great benefit.

*Dr. Schmitt*: I consider them very strong potencies, and I am afraid of using them with highly sensitive patients, on account of the aggravations they produce. I have a patient where I always have had to repeat high potencies of Swan's to produce an effect; not long ago he complained of symptoms which called for *Rhus tox.* I gave him one dose of the H. S. in the CM potency, and it acted like a thunderbolt. In his case, however, without aggravation.

*Dr. Hawley*: Cured a case of cancer of the uterus, which was also examined by Dr. Stephen Seward, with one dose of Sulphur<sup>2c</sup>. He also spoke of Dr. Butler's paper on Sulphuric acid, and thought the black vomiting mentioned under this remedy ought to make it a valuable medicine for cancer of the stomach. Shortly after reading Dr. Butler's paper he saw a very sick man, who was vomiting a milky fluid; he had taken no nourishment but milk. The third night he saw him at nine P. M. and stayed with him until twelve P. M. There was a terrible distress in stomach, violent eructations, and examination revealed a thickening of the pylorus; finally the patient vomited more than a quart of a coffee-ground substance. He gave him at the time Placebos, and told his friends the next morning that, as the man had also rapidly lost in weight, the patient was suffering from cancer of the stomach. Dr. Hawley gave him *Arsenic*<sup>40m</sup> in water three times. Two other physicians, one an allopath, also examined the patient, and concurred in the Doctor's diagnosis. After the *Arsenic* he had once a spell of the same kind, but none since. For constipation he received a dose of *Nux vomica*<sup>50m</sup>, which relieved. A week ago pains returned, but soon subsided after a dose of *Arsenic*<sup>40m</sup>.

*Question*: "Is carcinoma curable?"

*Dr. Hawley* answers: Yes; the only trouble in not curing it

lies in our hurry, not giving time enough for the highly dynamized remedy to develop its full action.

*Dr. Biegler*, in reference to *Dr. Hawley's* opinion, related the following case: A lady about seventy years old had been suffering for the last twenty years from what was called gastric difficulty, with obstinate constipation, so that her prevalent habit was to go three weeks without any movement, which was fixed. When I saw her, I found a hard oval mass between epigastrium and umbilicus, which I took for indurated mass of mesenteric glands, might have been the pyloric opening of stomach. Upon administration of indicated remedies, bowels commenced to move at first every week or ten days down to a regular daily, natural movement. This change occurred within six months. After this time tumor flattened out, as it were, and in course of a year disappeared. During existence of tumor a marked pulsation in epigastrium apparent to eye of bystander. After a year she suffered from frequent attacks of severe wind colic, resembling globus hystericus; these attacks at irregular times required several days' attendance. She also had frequent attacks of retching and vomiting—the latter clear mucous fluid; finally, perhaps after some imprudence in eating, she was one day taken with severe vomiting, resulting in throwing up of coffee-ground fluid, and finally, on my visit, she vomited a large washbowl full of thick, black fluid, attended with great prostration, amounting to collapse, such as one finds in severe cases of cholera. There was coldness of the surface, skin could be raised in folds, which remained standing, sunken eyes and features, marked thirst for cold water often. One dose of Arsenic<sup>em</sup> was given, which resulted in immediate recovery, improvement setting in one hour after the dose, and the whole difficulty relieved in twenty-four hours. From that time to this, which is more than a year, she has remained a perfectly well woman.

*Dr. T. D. Stow* spoke of Hahnemann's theory of sickness and cure, as given in Section 16 of his *Organon*. While I lived in Geneva, he continued, intermittent fever abounded. One man having it for three years finally came to me to try Homœopathy. There were three prominent symptoms: Chill, seven to nine A. M., with desire for external warmth and coverings; intense thirst during chill, at no other stage. Vomiting, piercing headache, as if a spike were driven into the head. Paroxysms on alternate days. Ignatia<sup>30</sup> was given. The next chill was slight, and came at half past ten A. M., and the patient felt better altogether. He received one more dose of Ignatia<sup>30</sup> and never had an attack of ague again. There seemed no doubt that Ignatia cured.

A sailor, who had always suffered from malaria when coming into southern ports, came to me, complaining of chills commencing in the back, running up to head, nausea, bone pains, and other *Eupatorium perfoliatum* symptoms. This remedy cured him to such an extent that, when afterward exposing himself again to the above-mentioned noxious influences, he was not attacked with malaria any more. I have a case of osteosarcoma of the head of the tibia, where either resection of the head of tibia or amputation below the knee is indicated. He complains for a number of months of tasteless eructations, fullness of stomach after eating, tongue coated thin, white—worse in morning. He is anxious about himself and fearful. What is the remedy? I have opened the tumor at two points and inserted a silver drainage tube, which diminished its size. There is soreness of the tumor.

*Dr. Hawley:* Keep the knife away and you may have a chance to cure your patient. Select the remedy according to the symptoms. No remedy has been pushed so far in the provings as to cause osteo-sarcoma.

*Dr. Biegler:* You may find some symptoms, very valuable for a prescription, which have no reference to the tumor at all.

*Dr. Hawley:* There must be a constitutional taint in the man, otherwise he would not have developed such sickness.

*Dr. Biegler:* A young man was suffering from caries of the ulna. Part of the dead bone had been removed by an allopathic surgeon. At the time he came to me there was an abscess forming on the ulnar side of forearm near ulna; this I opened, and by probing found dead bone. I gave *Silicea*<sup>6</sup> (that time not using high potencies) every week or ten days, and cured him within three months. The patient, whom Dr. Schmitt also knows, is now a healthy, robust, middle-aged man.

*Dr. Schmitt:* While visiting a sick child in a family, I saw a boy of four years lying on a couch, groaning and moaning. Asking the father what the matter was with the boy, he told me that he had a swelling of the knee with abscesses, and that Dr. ———, an eminent allopathic surgeon, was going to reset the knee joint next week. I asked permission to look at the little sufferer, and found scrofulous inflammation of the right lower femur, four or five sinus openings discharging a stinking pus, the lower limb flexed as far as possible under upper limb. The boy in a continuous agony with pains night and day. Asked to prescribe for him. I gave him four doses of *Silicea*<sup>mm</sup>, to be given once in two weeks. I never heard of the boy again until I saw him next summer playing with other boys. I examined

his knee and found the leg semi-flexed, but so that he could step somewhat on his toes, the knee very little enlarged, and the openings all healed up. The proposed operation had not taken place.

*Dr. Biegler:* I want to relate the following case of intermittent fever: Chill, seven to nine A. M.; thirst during and before the chill; terrible bone pains, tertiary type. I gave a dose of *Eupatorium perfoliatum*<sup>mm</sup>. The patient had no more chills, but came after ten days to my office complaining of constipation, etc., all symptoms pointing to *Nux vomica*. She received one dose of it in the CM potency; the next day she had the chills as bad as ever; then again a dose of *Eupat. perf.*<sup>mm</sup> cured. The *Nux vomica* defeated the action of *Eupat. perf.*

*Dr. Seward:* A lady suffering from swollen knee and great soreness in it to touch was greatly relieved by *Calc. carb.* and *Calc. phosph.*

*Dr. Hawley:* Is *Nux vomica* an antidote to *Eupatorium perfoliatum*? So far we know of no concordance to the latter remedy, and yet knowing the concurring remedies to every one of our remedies, as given by Bœnninghausen in his *Pocket-Book*, is of the greatest use to us as prescribers.

*Dr. Schmitt:* I am glad that Dr. Hawley mentions this great work of Bœnninghausen, which ought to be studied more.

*Dr. Hawley:* I know of no better work in our homœopathic literature, and the International Hahnemannian Association ought to republish it.

*Dr. Biegler:* Much anxiety would be saved if in every case the first prescription were made with the utmost care. This first work, if ever so arduous, will do away with subsequent work, or will make it comparatively easy.

*Dr. Martin:* By following the example of Dr. R. C. Markham, of Jackson, Michigan, in using Bœnninghausen's *Pocket-Book* (see *Medical Advance* of July) I have been able to select my remedies with much greater certainty than before.

*Dr. Schmitt:* I have had the same experience, and have found that not alone the right remedy is found with more certainty, but that I have also enriched my knowledge of *materia medica*, as far as comparisons of different remedies are concerned.

*Dr. Stowe* moved that a committee of three be appointed to draft suitable resolutions on the death of Dr. T. L. Brown, of Binghamton, and they be published in the Binghamton daily papers, *THE HOMŒOPATHIC PHYSICIAN*, and the *Medical Advance* as soon as practicable.

Carried.

The President appointed as such committee Drs. Nash, Hawley, and Seward.

The Society then proceeded to the election of officers for the coming year, which resulted as follows :

President, Dr. T. D. Stow, Mexico, N. Y.

Vice-President, Dr. A. J. Brewster, Syracuse, N. Y.

Secretary and Treasurer, Dr. Julius G. Schmitt, Rochester, N. Y.

Censors : Dr. W. A. Hawley, Syracuse ; Dr. Jos. A. Biegler, Rochester, N. Y. ; Dr. E. B. Nash, Cortland, N. Y.

Dr. Hawley, who had suffered at the beginning of the meeting from a severe toothache, gave the history and cure, the latter resulting during the meeting. A tooth on right side, which had been filled with amalgam, feels too long, pains shoot up into face, worse from swallowing (Staph.), from touch and lying on affected side. Dr. Biegler prescribed Chinium sulph.<sup>2c</sup> with the happy result of seeing our good, old, sturdy friend in the afternoon as bright as a dollar.

Dr. Brewster related the case of a lady suffering from intermittent fever where Quinine in the first trituration had been given in vain. Chill, nine to ten A. M. Anguish, cramping pains in body and limbs, groaning, followed by profuse perspiration on chest and neck ; thirst, but dysphagia. Paroxysms lasting three to four hours. During apyrexia great exhaustion. She received one dose of *Cinea*<sup>50</sup> ; next day chills slighter ; the following day slighter still, and cure within five days.

As subject for discussion at the next meeting, "Contagious Diseases Caused by Acute Miasmata, according to Section 73 of the *Organon*," was selected.

The Society then adjourned to meet at ten A. M. on the third Thursday of December in Rochester, N. Y.

JULIUS G. SCHMITT,  
Secretary.

---

## CHRONIC DISEASES.

MR. EDITOR : THE HOMŒOPATHIC PHYSICIAN for August just to hand. I was much interested in reading your report of the discussion on the suppression of gonorrhœa at the I. H. A. meeting. It is mighty good reading, as Horace Greeley would say, and it was quite a treat, I can assure you ; and the publication of these discussions is a very good idea, as it gives the less fortunate ones an opportunity of being benefited by them,

which otherwise they could not unless able to attend the meetings in person. In reading this discussion, I was reminded of the case I herewith send you, which may be of interest to your many readers, and which will further illustrate the truth or fact that in prescribing the homœopathic simillimum in chronic diseases we often bring back the original trouble, whether it be gonorrhœa, measles, or any other disease.

Some three years ago, while in Dr. J. T. Kent's office, Dr. Knot, of Monticello, Ill., related a case of a little girl who had been sick some two years before with an attack of measles, from which she never fully recovered. Just what the condition was at that time I do not remember, but Dr. Knot gave her Carbo-veg. in order to develop his case. (See "The Undeveloped Case," by J. T. K., H. P., January, 1885, p. 25.) In a few days the child broke out with a measley eruption, which ran its course, and the child was again restored to its usual health. My own case is very much like the above, and is as follows:

February 10th, 1887.—Y. A., bright, aged seventeen, was brought to me by his father to get something for his cough. The father gave the following account of the boy's case: About a year and a half ago the boy had an attack of measles, leaving him in delicate health and with a bad cough, which has been going from bad to worse ever since. He is aggravated from the slightest cold he takes, which he seems to take very easily at this time, and for the last month or two, it being winter, he was coughing more or less all the time, worse from changing from warm to cold, or going out-doors, or from a warm room to a cold one. The cough caused a pain in both sides of the chest. Expectoration was greenish-yellow and of a sweet taste. His breath was short, and any extra exertion would bring on a coughing spell. He was weak and much emaciated; face flushed, and had some fever with sweats at night, mostly toward morning. Had no appetite, and did not digest his food. This was about all I could find out. Family history was good. Dr. Knot's case came to my mind, and with the symptoms I had I decided to give him Carbo-veg., feeling sure I should accomplish some result. He got Carbo-veg.<sup>sc</sup>, a powder night and morning for four days, and plenty of Sac. lac., as he lived in the country, with the instructions not to take any other medicine of any kind. Three weeks after the above the father came in town to see me, as he was out of medicine. He told me the boy, after taking the medicine a few days, began to complain more and went to bed with high fever, soon breaking out with first-rate measley eruptions. The boy was sick in bed a

week, during which time he got only the Sac. lac. powders. As the eruption was out all right, the father thought it was all he needed, when he began to improve, and was getting better fast, just as fast as he could all the time. A week or two after this the young man came himself, looking well. I hardly knew him. He said he was getting better all the time. Appetite was good, no more fever or sweat, no pain on coughing, of which he only has a slight spell in the morning and in the evening, caused by a tickling under the sternum. I gave him another lot of Sac. lac. and told him should he get worse again at any time to come and I would give him the medicine, as his father, like many more in this country at this time, has not the money to pay, and so had neglected his boy so long. He must be all right, as he never came back. And thus has the truth again been verified.

J. G. GUNDLACH, M. D.

TERRELL, TEX.

---

IN MEMORIAM—WILLIAM M. ZERNS, M. D.

PREAMBLE AND RESOLUTIONS OF THE BÖENNINGHAUSEN  
MEDICAL CLUB, OF PHILADELPHIA, ON THE DEATH OF  
DR. ZERNS.

William M. Zerns, M. D., of Philadelphia, having been removed from our social and medical circle by death, we hereby resolve :

1st. That we recognize in his decease the loss of a valued friend and counselor to ourselves, and to the medical profession of an honest, conscientious, and skillful physician.

2d. That we extend to his family and companions in their sad bereavement our heartfelt sympathy for the loss of a loving husband, a kind father, and a beneficent friend.

3d. That a copy of these resolutions be sent to his wife; that they be printed in the *Hahnemannian Monthly* and THE HOMŒOPATHIC PHYSICIAN, of Philadelphia, and that they be entered in the journal of this Society.

H. NOAH MARTIN, M. D.,

GEO. W. SMITH, M. D.,

Committee.

---

JOHN K. LEE, M. D.

Dr. John K. Lee died very suddenly at his home, in this city, early Thursday morning, November 10th. Dr. Lee was a prominent and successful homœopathic physician. He had filled many important offices in State and county medical societies, was a member of the State Board of Charities, etc.



## SOFT CORNS CURED BY WIESBADEN.

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

1886, December 19th, Miss B., aged about twenty-one, had been suffering for four years from a soft corn between fourth and fifth toes of right foot; the corn shoots and burns; there is also dull aching in outer side of right ankle extending up to hip. She has consulted five allopathic doctors but can get no relief. A year ago an abscess formed between the toes, which removed the corn, but in two months it was as bad as ever. The allopaths tell us to imitate nature in her methods of healing, but they forget that the efforts of nature in such cases are the efforts of a diseased organism, and therefore imperfect.

*Diagnosis of the remedy.* The only remedy I could find under "soft corns" was *Wiesbaden*, which has also "burning like fire in feet." I gave *Wiesbaden*<sup>200</sup> (Jenichen), a dose every other day for fourteen days.

1887, January 1st.—Pain in corn was better in two days; has had it occasionally since, but never so bad as before. Aching in leg quite gone.

January 13th.—No pain for a week; corn began to come away two days ago.

January 25th.—No more pain; corn coming away, leaving a hole.

April 8th.—No more pain; corn has departed, and the hole filled up.

June 10th.—Has remained quite well.

---

## CLINICAL CASES.

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

SANGUINARIA IN FOLLICULAR ANGINA, TONSILLITIS, DIPHThERITIS: Geo. H., age, seventeen years, serofulous diathesis. From infancy breathed with his mouth open, especially during sleep. In later years he was more or less subject for the above-named affections, frequently the latter. Two sisters died in infancy of diphtheria. On the last occasion of my attendance, six or seven years ago, for diphtheria, he had the following symptoms: Intense heat and dryness of the throat,

amounting to a burning sensation ; choking feeling when swallowing ; *pearly* coating on fauces and tonsils, worse on right side ; tonsil on that side most inflamed. The general symptoms were not recorded, but the sickness was of the grade of diphtheria, not of catarrh.

One dose of *Sanguinaria*<sup>em</sup> was given, and then I said, "If this is the remedy for this attack, he will not have another," and I simply state the fact that this result has been realized, as he has not had one since that time, notwithstanding that I have been called more than twenty times in that period to attend the sisters and mother for similar attacks.

**PRURITUS:** Case —. A lady, seventy-two years old, had been tormented to the end of endurance, and had now become desperate by suffering from this disease. Itching was so intense **WHEN LYING DOWN** that she was forced to sit night and day. **PARTS SWOLLEN AND BULGING.** September 21st, 1886, she received four powders of *Collinsonia*<sup>em</sup>, to take every four days. She was much relieved in a few days, and cured before the remedy was all taken. (See Eggert, page 390.)

This patient returned October 22d, complaining of soreness of the external meatus and a burning sensation when urinating, which was relieved by **BATHING IN COLD WATER.** For this she received two doses of *Pulsatilla*<sup>em</sup>, one dose at once, the other in five days, if necessary, but which was not taken, as the trouble was cured before that time. This is another case for which one of the gentry of the class I have heretofore described had for weeks treated this sufferer by mimicking his superiors of the old school by dabbling her with all kinds of washes—one of that class who, for their nefarious purpose, **PUBLICLY** profess and defend Homœopathy, and, with the hope of prolonging their deceitful career, explain that the materia medica is still so limited in its resources that they are compelled to give several remedies at the same time, or in alternation, to obtain the result that the right remedy, which **THEY** have not yet discovered, would accomplish ; also to supply the deficiency by a resort to adjuvants, etc., "you know," stolen from the antiquated books of old physic, which they parade as the outcome of their scientific noddles. This is the class that will enjoy millennial happiness when Arndt & Co. have succeeded in reconstructing the work of Hahnemann and his followers to the plane of their understanding.

**SCIATIC RHEUMATISM:** Case —. A man over seventy years old suffered from this disease several years, during which time

he obtained no relief, although under the care of a homœopathist in the last two years.

April 26th, 1887, complained of pain in the left hip and thigh. *Worse in stormy, wet weather, from sitting long, and when lying on the opposite side. Relief from walking or motion and from warmth.* Weak, gone feeling in the stomach before meals. Milk disagrees. Gave one dose of *Rhus tox.*<sup>mm</sup>.

May 6th, pain in hip and thigh better, notwithstanding a severe cold, from which he now suffered. The present symptoms are chilliness in the back, chill runs upward; pain in left thigh is a burning pain (see Hering's *Condensed Materia Medica*). Gave *Lachesis*<sup>cm</sup>, one dose.

May 13th, comes in happy; says he has not been so well in years; continues so at this date. Simple as this case is, the result ought to be an every-day experience, but it is not so, and it is, therefore, selected as contrast to the treatment and results obtained by the gentlemen who prate like parrots about the law of cure, and, with a like dignified composure and capacity to make indistinct their meaning (if they have any), declare to the world their ability to supersede that law, and, whenever it fails them in the cure of disease, that they with their wisdom are ready to fill the void with hypodermic injections, Chloroform, and Aconite liniments, and with the "usual homœopathic remedies."—*Clinical Bureau International Hahnemannian Association.*

---

## HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.

### REPORT OF THE PROCEEDINGS.

The second stated meeting was held in the Continental Hotel Tuesday evening, November 8th, 1887, Dr. Mahlon Preston, of Norristown, presiding. Present, all the active members, one honorary member, and eight visitors.

Dr. C. Carleton Smith read a paper on *Spongia tosta*.

Discussion:

*Dr. Smith:* "Oranges should never be allowed to children suffering from croup. In my experience they usually aggravate the disease, so much so that I have made it an invariable rule to forbid them. When this aggravation is marked it is a characteristic of *Spong*."

*Dr. Mahlon Preston:* "Your paper referred to the *Spongia* amelioration from food or drink; *Anacardium* has an amelioration of stomach symptoms by eating."

*Dr. Robert Farley*: "I have verified that symptom personally."

*Dr. William Jefferson Guernsey*: "*Iod.* and *Puls.* also have that indication, and *Cupr.* has relief of cough from drinking."

*Dr. John V. Allen*: "*Anac.* has nausea and vomiting from cold drinks."

*Dr. Preston*: "At one time I was subject to attacks of pain in the right side of the abdomen which would last for days. It was always better by eating, and on this I took *Anac.* It helped me greatly for several attacks, but finally ceased to do any good, when I discovered that it was the flatulence which was relieved by eating (being constantly annoyed by passing it except after meals). On this indication I took *Teucrium* (which has that symptom), and found immediate relief."

*Dr. Farley*: "*Anac.* has desire to swear with his ailment."

The next business was the reading of paragraph 245 of the *Organon* by Dr. George H. Clark, who presented a brief paper on "The Repetition of the Dose." The Doctor said Hahnemann's views were not to be improved upon, so that there was no necessity for discussing the question. Failures were due to neglect to adhere strictly to his advice.

Discussion :

*Dr. Clark*: "Administer *first* the medicine that is strongly homœopathic, then wait, even though it does not show an immediate improvement."

*Dr. Edmund J. Lee*: "The question whether to repeat the old medicine or give another amounts in either case to a new prescription."

Dr. Clark was granted time to read an extract from Gregg's "Diphtheria" relative to the point under debate.

Discussion :

*Dr. Lee*: "Dr. Pomeroy once told me that he had made his best cures through mail, as he would then send the needed prescription and be compelled to await report without chance to change the remedy. I know of a lady who had her eyes examined by a celebrated oculist for cataract, and who, on being told by him that an operation was necessary, consulted Dr. Lippe, who cured her with one dose of *Calcareæ*. The allopath, on hearing that she had been cured, said that he had made a false diagnosis."

*Dr. Clark*: "Dr. Fellger cured a case of congenital cataract with *Nat. mur.*"

*Dr. Lee*: "A child had convulsions and was better by being carried about quickly in each attack. One dose of *Cham.* caused it

to urinate freely twice (which it had not done at all for some time), and I think, from other indications, would have cured the case had not the family been persuaded to change to allopathy, and the child died."

*Dr. Guernsey*: "Arsen. has relief of symptoms from being carried rapidly."

*Dr. C. Carleton Smith*: "A difficult thing to contend with is the repetition of the dose. I have no fear to leave a patient on the single dose any time. If the physician has any such doubt whether to give medicine continuously or wait, he should always do the latter. Since doing this myself I have lost fewer cases. If the patient seems to need a repetition, have a powder dissolved in water and give a few doses in quick succession and then wait on Sac. lac."

*Dr. Clark*: "That amounts to a single dose."

*Dr. Smith*: "I saw a case once where *Bella*. was clearly indicated, and learning that the previous doctor had used that remedy continuously, gave a few doses of the CM potency. After taking the third dose it showed marked improvement and needed nothing more. The cases I do not have access to I cure the best. I once cured a case of long standing catarrh with one dose of *Kali bichrom.*<sup>mm</sup>. The patient was a clergyman who had written me that he had been compelled to leave town every year on account of it. Had I seen him I might have prescribed a medicine to be taken repeatedly, but as it was I sent the one dose, and not hearing from him before it had had full chance to act it worked a perfect cure. A case of gonorrhœa, which had been under allopathic treatment for some time, came to me and I gave one dose of *Puls.*<sup>mm</sup>, which caused a resumption of the discharge and subsequent cure in ten days. In regard to Hahnemann's idea of olfaction, I would say that I saw Hering cure a case of convulsions with a single inhalation of *Opium.*"

*Dr. John V. Allen*, as per appointment, read an excellent paper on typhoid fever, having, as an appendix, a repertory.

Discussion:

*Dr. Allen*: "I have used milk diet mainly."

*Dr. Guernsey*: "I frequently use unfermented wine. There are three preparations on the market—Dr. Welch's, of Vineland; Spears', of Passaic, and Dr. Tuller's, of Vineland. The latter is not sweet enough to suit most patients."

*Dr. Clark*: "If it contains sugar it will cause fermentation in the stomach and trouble will follow."

*Dr. Guernsey*: "I have not had the least trouble in that way and use it a great deal."

The next business was election of new members—nine associates being elected and two names added to the honorary list.

The following appointments were made for the next meeting:

*Materia Medica*, Dr. George H. Clark; *Organon*, Dr. R. B. Johnstone; *Original Paper*, Dr. Robert Farley.

THE HOMŒOPATHIC PHYSICIAN was made the organ of the Association, and all papers ordered to be sent to its editors for their acceptance or rejection at option.

Dr. Guernsey presented a number of papers published by the "London Anti-Vaccination League" (which had been furnished him by Dr. Stow, of Mexico, N. Y.), and offered a resolution condemning vaccination, which was tabled for further discussion.

WM. JEFFERSON GUERNSEY, M. D., *Secretary*.

## "SPONGIA TOSTA."

C. CARLETON SMITH, M. D.

The simple toasting of a piece of sponge seems to have been an inspiration when we consider how many lives have been saved by this remedial agent of patients suffering with acute laryngitis and croup, both alarming diseases. This drug, as we well know, contains Bromine, Iodine, and perhaps some calcareous matter.

Dr. Hering taught us that it is particularly well adapted to light-complexioned patients, while Iodine has a greater affinity for persons who have dark complexions and black eyes. From what we glean from the various provings of this drug, it acts with great intensity upon the glandular system and mucous surfaces. Hence its great use in goitre. In cases that come to us of this character we will find, as one of the leading conditions indicative of this drug, suffocating spells at night, while the gland is very hard to the feel, and enlarges rapidly.

This sense of suffocation is a subjective symptom belonging to the diseased condition, and is not necessarily caused by the enlargement of the involved gland, for with comparatively small goitres we find the same symptom quite prominent, and is always an indication that our patient requires Spongia.

We find this drug acts specifically upon the testicles, causing great enlargement and intense hardness of these glands.

Hence we think of Spongia in badly treated cases of orchitis, and also in inflammation of an acute form arising from the suppression of gonorrhœal discharges by injections. The patient

complains of a jamming, crowding pain also, and, what is remarkable, a *choking* feeling is often present, especially in orchitis. Allied to Spongia in this latter condition, we have Pulsatilla and Merc. solub., and as both these last-named drugs have greenish-yellow discharge of what little secretion may be left, we distinguish them in this way: Puls. has drawing, tensive pains through cords into abdomen, enlarged prostate, and stools flattened out and small in size. Under Merc. the testicles are so hard they shine, and are also sweaty, and the yellowish-green discharge is especially troublesome during the night. We are all well acquainted with the wonderful curative action of Spongia in acute laryngitis, a diseased condition which is at times most formidable. We have here a harsh, barking cough, with the larynx exceedingly sensitive to the touch or contact of clothing. This latter condition is exactly similar to Lachesis, a drug that is often given in mistake, on account of this similarity, in place of Spongia. In such cases when Spongia is indicated the patient cannot even turn the head without the effort brings on a suffocative attack. Sambucus may be considered here in this connection as being especially indicated when these spasms of the larynx occur frequently without regard to any effort for motion being made by the patient. Spongia has won its chief laurels in croup, the indications being as follows: Breathing anxious, worse during inhalation, which distinguishes it from Acon., which is worse during exhalation. Wheezing is the great characteristic for Spongia, and patient cannot lie down on account of increase of dyspnoea, but must sit up and lean forward. Should he sleep in this position he invariably wakes up with suffocative spells. (Lachesis.)

Spongia croup generally comes on in the evening or night. Hepar croup, in or toward morning, and aggravation of symptoms from juice of orange.

Spongia has, according to its proving, a decided action upon the lung tissue. Hence we find it invaluable in cases of phthisis pulmonalis. It has, like Ant. tart., solidification of these organs, and hard, *ringing, metallic* cough, which latter is peculiar to itself. Deep breathing, talking, and inhaling dry, cold air causes decided aggravation of this cough. The act of eating or drinking ameliorates the cough, a condition we find also under Anacardium. Patients who need Spongia in tuberculous disease complain a great deal of sudden weakness overtaking them when walking abroad.

This seems to be due to a congestive condition which this drug has the faculty of causing. The books teach us that He-

par must follow Spongia when we find the Spongia cough continues, but with more rattling of mucus. But this I consider bad advice, for if a patient is improving under Spongia, that improvement is signaled by a change to a moist rattling, and then Spongia ought to be stopped, if it had been given in repeated doses, and a cure will follow—the Spongia patient *wheezes*, and when this wheezing is changed to loose mucous cough the patient is getting well. In cases of phthisis Spongia must be thought of when the sufferers have sudden and oft-repeated flushes of heat, similar to Xanthoxylum, only the former has aggravation when thinking of them.

Spongia patients complain a great deal of chills which run across the back, and even shake while hugging a hot stove: these flushes never seem to affect the thighs—they being chilly and even numb.

In organic affections of the heart, we could not well get along without this valuable remedy. We have here great dyspnoea, the patient wholly unable to lie flat on the back without bringing on at once terrible suffocation.

Hence, you will usually find these cases sitting up in bed leaning a little forward, and their faces wearing a most anxious expression, cheeks flushed, and breathing rapid. Aconite in these cases follows Spongia well, and the former has also waking up from sleep with great distress, the face quite red.

Young ladies who from over-indulgence in dancing suddenly become faint and sink down helplessly, with short, difficult breathing, are quickly relieved by Spongia—a single dose.

Spongia has hoarseness, with difficulty of breathing, as if a *cork* were sticking in the larynx, while Bromine has feeling as though the patient had to breathe through a *sponge*. In its action on the general functions in women, we find a symptom exactly similar to Calcarea, viz.: too early and too profuse menstruation. But under the former remedy, the patient has severe backache just before the menstrual flow, which is soon followed by palpitation of the heart, after which phenomena the flow begins.

Spongia is a most powerful antipsoric, and therefore should not be frequently repeated, even in acute diseases.

Dr. Lippe remarked once in my presence that it is unsafe to rapidly repeat this drug in membranous croup when indicated, and that many cases are spoiled by so doing, and, worse than this, the patients' lives were placed in jeopardy. Dr. Lippe follows the excellent plan of giving one dose *high* and awaiting its action.



The mental symptoms are worthy of note, they being somewhat similar to Puls., in so far that the patient is constantly weeping and quite inconsolable. She would rather die on the spot than suffer as she does. But, unlike Puls., she becomes extremely vehement at times, scolding fearfully. Another and very important symptom of the mind is, she is constantly expressing a fear that she will certainly die of suffocation. Also is possessed with the idea that her head is being blown up like an elastic balloon. And one of the most peculiar symptoms elicited in a number of proverbs was "a constant desire to sing."

Smoking tobacco and also inhaling the smoke always brings on the Spongia cough. Spongia follows Veratrum-alb. and Arsenicum well in cases of angina pectoris. It also supports Stannum nicely where this drug is indicated in a given case.

Hepar always follows Spongia, does not precede it, and is very similar to this drug in severe colds. Calcarea carb. frequently follows Spongia. And after Spongia in acute attacks of hoarseness Carbo veg. is often invaluable.

The most perfect antidote is Camphor.

---

## REPERTORY TO HÆMORRHAGE FROM THE BOWELS.

JOHN V. ALLEN, M. D., PHILA.

HÆMORRHAGE FROM BOWELS.—Ac. ac., Acon., Aga. ph., Aloe, Alco., All. c., Alumn., Alum., Am. carb., Am. caust., Ambra., Ant. cr., Ant. tart., Aphis., Apis., Apoc. c., Arn., Arg. n., Ars. h., Art. ab., Arun., Bals., Bart., Bar. c., Bell., Benz. ac., Bol. s., Bry., Calc. c., Calc. p., Canth., Caps., Carb. a., Carb. veg., Carbn. h., Carbn. s., Carg., Case., Castor., Chil., China, Chlof., Cinnm., Cit. l., Cle., Coff., Coll., Colocy., Colch., Con., Cop., Croc., Crot. p., Cup., Cup. ac., Cup. ar., Cup. s., Cyc., Der., Dor., Dros., Elaps., Euc., Euph., Eupi., Euo., Fer. mur., Fer. jod., Gas., Geni., Graph., Hep., Hydrs., Ind., Iod., Ip., Ir. v., Jug. c., K. bi., K. ba., K. blr., K. chr., K. iod., K. n., Kis., Lau., Led., Lil. tig., Lip., Lob., Lon., Lye., Manc., Mag. m., Merc., Merc. l., Merc. cyn., Merc. dul., Merc. n., Merc. p. a., Merc. p. v., Merc. sol., Merc. sulcy., Mez., Mur. ac., Nat. carb., Nat. mur., Nat. alfe., Nit. ac., Nx. m., Nux vom., Oln., Orm., Ox. a., Petrol., Phos., Phyt., Plan., Plat., Pb., Polyp. o., Puls., Pyrth., Rat., Rei., Rhus tox., Ric., Rut., Saba., Sabi., Sac., Sarr., Sec. c., Senec., Sep., Sil., Sin. a., Squ., Stan., Stram.,

Sul., Sul. ac., Tab., Tann., Tarent., Tel., Tep., Tet., Thal., Thuja, Tril., Val., Verat., Vip., Wies., Zn., Zn. s.

HÆMORRHAGE FROM BOWELS.—*With distended abdomen*, Baryta carb.; *bleeding from anus*, Crotilus, Secale, Tereb.; *bleeding from anus*, of pure blood, with urinary symptoms, Canth.; *bleeding from anus*, constant dropping of blood from, Kobalt; *bleeding from anus*, coagulated blood passes from, Stram.; *with anxiety*, Acon., Ars.; *bloody stool, with small white particles, like frog's spawn*, Phos.; *black stool, with small hard lumps*, Sulph. ac.; *black stool*, Verat. vir., Caps.; clots of blood pass from the anus, Alum.; *dark small clots*, Hamm., Carl.; *in clots*, Castor, Kis., Lip., Merc. cor., Merc. sol., Nat. mur., Nux vom., Phos., Vip., Stram.; *clots at first*, Calc. phos.; *clots pass in masses, painless, with sinking feeling*, Ver. alb.; *clots in, looking like liver*—*Vipera acuatia carnita*; *cadaverous smelling, involuntary at night*, Rhus tox.; *in children*, Arun.; *dark*, Ars., Crocus, Crotilus; *dark fluid, involuntary, great debility and fainting*, Crotilus; *dark, stringy*, Crocus sat.; *decomposed, looking like charred straw*, Lachesis; *daily*, Colocy.; *after exertion*, Millef. and Cinnam.; *with much flatus, seemingly only flatus*, Ruta; *with solid copious feces*, Ant. c.; *with feces covered with blood and mucus*, Mag. mur.; *of tenacious mucus, mixed with black blood*, Caps.; *bloody mucus, with frequent painful stool*, Ailanth; *dark bloody mucus, and sore feeling in abdomen*, Arn.; *of dark, bloody mucus, and brown, dry tongue*, Bapt.; *of bloody masses, and anus feels drawn upward*, Plumb.; *during menses*, Amm. mur., Hydrphb.; *after menses*, Graph.; *after checked metrorrhagia*, Acetic acid.; *during micturition*, Merc. sol.; *morning, after getting up*, Plantago; *offensive*, Ars., Benz. ac., Colch., Ipec., Rhus tox; *painless*, Verat. Alb.; *painless and frequent*, Apis; *painless, blood streaked, like flesh-colored water*, Phos.; *painful, discharge bloody*, Merc. cor.; *red, bright, not clotted, faint from least motion*, Nit. ac.; *streaked with blood*, Erigeron, Colch., Sulph., Thromb.; *spots and streaks of blood*, Podoph.; *slimy, bloody mucus, offensive*, Ipec.; *slimy mucus, with streaks of blood*, Canth., Colocy.; *slimy discharge of bloody matter, with intense pain in rectum*, Doryphora; *spotted with blood*, Nat. carb.; *threads and bloody mucus, very fetid*, Colch.; *in a jerking stream*, Carlsbad; *smell, like fresh blood, that had stood some minutes in a water bath*, Colehic.; *tar-like blood, in large quantities*, Hamm.; *tongue red, smooth, and cracked*, Kali b.; *when walking*, Carb.

HÆMORRHAGE BEFORE STOOL.—Amm. carb., Lobelia; *of black blood*, Merc.

DURING STOOL.—Alum., Amb., Am. carb., Am. mur., Anac., Calc., Carb. veg., Carb. an., Cast., Caust., Coloc., Ferrum, Gambog., Hep., Kali carb., Lach., Lam., Lyc., Merc., Mur. ac., Nat. mur., Nit. ac., Phos., Plat., Puls., Ruta, Selen., Sabina., Sarsap., Sep., Sil., Sulph. ac., Thuja, Zinc., Valer.; *black, thick*, Asar.; *of pure black*, Merc. cyan.; *with constipated stool*, Ledum, Trifolium prat., Psor., Nat. mur.; *in evening*, Calc. carb.; *with large flow*, Amb.; *frequent and profuse*, Anacard; *first part bloody*, Asar.; *gurgling, like water from a bunghole*, Thuja; *with great want of animal heat*, Ledum.; *light colored*, Casc.; *only a little*, Graph., Plantago.

HÆMORRHAGE DURING STOOL.—*With discharge of bloody mucus*, Drosera; *with discharge of blood and mucus, and sensation as if the anus was on fire*, Iris v.; *of pale blood*, Zinc; *pure blood*, Trillium pend.; *with soft stool*, Hep., Lycopod.; *with inclination to stool, only blood passes*, Abrot.; *stool hard* (see constipated).

HÆMORRHAGE AFTER STOOL.—Agar., Aloe, Alum., Am. c., Apis, Cala., Casc., Caps., Canth., Calc. phos., Carb. veg., Chelad., Cycl., Grat., Hydras., Kin., Kali b., Kali n., Lach., Lyc., Merc. sol., Mez., Phos., Rhus v., Sel., Sep., Sulph.; Sum., Sabina, Scilla, Trif. p.; *with violent burning in rectum and anus*, Tereb.; *with contraction of anus*, Elaps; *of black blood*, Lobelia; *of dark blood*, Viburnum; *hard stool*, Prunus spin.; *with last portion of stool*, Selen.; *red, thin*, Calad.

TYPHOID FEVER\* was the subject of an interesting paper, read by Dr. John V. Allen. After reviewing the clinical history, pathology, causation, prophylaxis, etc., of this disease, Dr. Allen gave the foregoing repertory of the therapeutics of anal hæmorrhages, and these hints upon dietetic treatment of typhoid fever:

The homœopathic treatment of this disease consists, as you know, in giving the indicated remedy, and prescribing to the totality of symptoms. Such symptoms as are peculiar to the disease should not be our guide as characteristic of a certain remedy, viz.: nosebleed, subsultus tendinum, dryness of tongue, etc., without each becomes excessive or presents some peculiar feature which is not pathognomonic of the disease.

Another point is the administration of the remedy: after the

---

\* The editors are sorry that their crowded space prevents this essay from being given in full.

simillimum has been found, great care should be used in the repetition of the dose; if after being given improvement commences, do not repeat until improvement ceases, or some unforeseen complications arise, and then with the greatest care, as no other disease is more susceptible to drug action and aggravation than this. \* \* \*

The diet should be selected with great care, all solid food rigidly withheld; nothing should be given as an article of diet which has not its digestion in the stomach, or leaves very little duty for the bowels to perform. Eggs, milk, and arrowroot in various combinations should form the staple articles of food; beef extracts and broths should be given at stated intervals, as they act both as a nutritive and stimulant, and also help to make up for the waste which is constantly going on.

Before closing, I would like to suggest one cow's milk as the special article of diet. When we use milk which has been collected from several cows, we expose our patient, who in this condition is very susceptible to any influence, whether it be in diet or imprudence otherwise. It is as impossible to find several cows which are free from a diseased condition as two or more of the human family are at the same time, and if one of the many cows is sick, so will the milk of the many be contaminated, and our patient rendered liable to be more or less severely affected thereby.

I think it important that one healthy cow should be selected, and the milk of morning and evening served to the patient. Care must be taken to see that she is fed exclusively upon bran-meal and hay, and not upon garbage or decayed vegetable matter, like most of our dairy cows are fed. I think it very essential that this matter should be carefully looked into, as it is a duty which the physician owes his patient, and one of no trivial matter.

---

## BOOK NOTICES.

RIMEDII INDIVIDUALIZZATI per Sintomi e Malattie Ovvero, Grande Repertorio Clinico Omiopatico Del Dottor Tommaso Cigliano. Prezzo Lire 20; pp. 962. Napoli: 1887.

Our first regret, after looking over this grand clinical repertory, was that it is not published in English, that it might be accessible to English and American physicians. For it is a large and admirably arranged repertory that Dottor Cigliano has edited. All the leading works on therapeutics and practice have been consulted in its composition.

The repertory is alphabetically arranged; the symptom in general is first given, then the conditions, concomitants, sequelæ, etc. Altogether, the

arrangement is very good and the matter thoroughly well edited. As an example, let us take the first part considered, the *Acromion*. Under it we have given six symptoms; thus: burning, heat, pain (subdivided into paralytic, rheumatic, etc.), lancinating, sensibility (also subdivided), etc. The next part is the abdomen, under which about one hundred different headings are given. By the use of heavy-faced type and running headings at top of each page, the use of the repertory is greatly facilitated. We can only compliment Dottor Cigliano on his great work, and again express a desire for an edition accessible to the English readers, who form such a great majority in the ranks of Hahnemann's followers.

PRINCIPIO OBBIETTO E LEGGE DELLA MATERIA MEDICA OMIOPATICO. Seguita Da un Saggio Di Patogenesia. Del Dottor Tommaso Cigliano. Prezzo Lire 1. Napoli: 1887.

This pamphlet contains an admirable essay upon the "principal objects and laws of the homœopathic materia medica." First, pharmacy, including such topics as triturating, dilutions, etc., is considered; then pharmacodynamics; next pharmacology is thoroughly discussed. Lastly is given a repertory of the symptoms of *Kali bichromicum*. This unique essay was presented by the author to the International Homœopathic Congress held at London in 1881.

LECTURES UPON CLINICAL MATERIA MEDICA. By Prof. E. A. Farrington, M. D. Edited by Dr. Clarence Bartlett. Price, cloth, \$6.00; pp. 750. Bœricke & Tafel, 1887.

The death of Dr. Farrington must have been the cause of a common regret to all students of the homœopathic materia medica, for he was one of the best lecturers upon the materia medica our school has known for years. There were faults in Dr. Farrington's teaching, and these are seen in this volume. They were chiefly a decided leaning toward pathological prescribing, and a tendency to a habit of too hasty changing of remedies. Remedies must be carefully chosen, and then allowed to act, if one would gain the best results. These errors being guarded against, one cannot fail to gain valuable help from these lectures. The practitioner, in reading these lectures, must remember that they were prepared for students—beginners in the study of the materia medica—and hence cannot have that completeness and thoroughness of detail which the advanced practitioner needs. Considered as lectures to students, this volume is reliable and complete. Lectures upon drugs are at best but a narrative of the lecturer's experience and a detailing of his views on materia medica. Only in the provings do we get undeniable and reliable facts, and in all cases of doubt one should turn to the pathogenesis of a drug. Yet, as one must study drug action from all sides, these clinical lectures are very helpful.

This volume contains lectures upon all the prominent remedies; they are considered by kingdoms. As related drugs are taken up, many valuable comparisons are given.

As Dr. Farrington's lectures are sure to be extensively appreciated, we only add a word of advice: study them thoroughly and carefully; a hasty reading will be useless.

DRUGS AND MEDICINES OF NORTH AMERICA. A Quarterly. By J. U. & C. G. Lloyd. Cincinnati: J. U. & C. G. Lloyd, Publishers. 1887.

The fifth number of Volume II, dated June, 1887, is before us. We have repeatedly called the attention of our readers to this excellent journal. The

number under review contains a fine description of *Caulophyllum*, illustrated with an unusually large plate, and a map showing its geographical distribution. As we have before shown in the description of other plants in this same journal, we have first its botany and natural history, then a description of the drug, next its commercial history, its pharmacopial history, with complete description of method of preparing it for use in medicine; its chemistry, its uses in the Eclectic School of Medicine, its uses in the Homœopathic School, and, finally, clinical illustrations.

To this number is appended a card from the editors, from which we quote the following:

"When this publication was commenced in 1884, the plan of issuing in parts was adopted as an experiment, partly to find out if such work was desired. It has been shown that the need of the work exists, and we are convinced beyond a doubt that our labors have been appreciated. It has been a financial success from the start, and we herein desire to again thank our numerous subscribers for the financial aid and encouragement in making the work a success. The main difficulty in our present plan is that of completing the subjects that must appear at stated times, and when we state that work commenced two years ago, without which the connected subjects would be incomplete, is not yet finished, we need add nothing farther. \* \* \* \* We have therefore decided to change the form of the work and to issue it hereafter in book form as a bound volume."

We wish the enterprise continued success in this new form, for the work is simply invaluable to all educated physicians. W. M. J.

**HOW TO STUDY MATERIA MEDICA.** Three Lectures. By Conrad Wesselhæft, M. D. Boston: Otis Clapp & Son, 1887.

The study of the materia medica is a *very* difficult one, and any assistance in it will always be welcome. The late Dr. Carroll Dunham left us a useful essay upon this subject. Dr. Wesselhæft's lectures give some useful hints to help students. But his fault is that he considers pathology the basis of the materia medica; symptoms which have no pathological basis he would ignore; yet many, perhaps most, of our most wonderful cures have been made by the use of these "visionary" symptoms.

**OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD.** Boston and Providence: Otis Clapp & Son.

As the new year approaches, physicians are beginning to look around for suitable visiting lists in which to record the work of the coming year. To most of them who practice Homœopathy, the list issued by Otis Clapp & Son is well known, and needs no recommendation from us. There may be some, however, who are not familiar with it. For the benefit of such, we may say that the one here noticed possesses three special advantages: First, it is perpetual, not being confined to any one year; secondly, the columns are so arranged that the remedy may be noted; thirdly, in the front of the book is a list of the principal remedies, each one numbered, so that to note the remedy given it is only necessary to set down its number, and thus the difficulty of crowding a long name into a small space, and yet making it legible, is obviated. Like other lists, it has the usual tables of antidotes to poisons, etc. W. M. J.

**LINDSAY & BLAKISTON'S PHYSICIAN'S VISITING LIST FOR 1888.** Philadelphia: P. Blakiston, Son & Co.

The present issue is the thirty-seventh year of publication. It is divided in the usual way for the use of physicians of the regular school. Nevertheless, homœopaths can use it also.

It contains the usual valuable memoranda as heretofore.

## BOOKS AND PAMPHLETS RECEIVED.

FACTS AND FALLACIES IN CLIMATOLOGY. By H. E. Beebe, M. D.

ANNUAL REPORT OF THE HOMŒOPATHIC HOSPITAL OF MELBOURNE, AUSTRALIA, FOR 1887.

HOMŒOPATHIC LEAGUE TRACT No. 15. Remarks on the Explanation given by Dr. Lauder Brunton.

CALENDAR OF THE MEDICAL FACULTY, University of Toronto.

## NOTES AND NOTICES.

MARRIED.—Wilson—Wallace: Dr. Chas. G. Wilson, of Clarksville, Tenn., to Miss Carrie K. Wallace, by Rev. J. T. Hargrave, September 29th, 1887.

ANTIPATHIES.—Cassell's magazine, *The Quiver*, contains a curious article on the subject of antipathies. Peter the Great could not bear the sight of running water, and Henry III of France fainted at the sight of a cat. The unhappy Princess de Lamballe had a horror of violets, and Vincent, the painter, swooned from the smell of roses.

ERRATA.—In our report of the discussion upon Hay Fever, at last meeting of I. H. A., *Colchicum* was given for *Causticum*. See page 322, seventh line from bottom.

In the lecture on Sulphur, in October number, page 375, line sixteen from the top, by reason of error in punctuating the Graphite symptom, "Outer surface of nose becomes filled with black pores" is made to read as if it were a symptom of Euphrasia. A period should precede "Outer," which should begin with a capital letter. Page 376, line seventh, a period should be placed after "useful." When begins a new sentence.

November number, page 403, line 9 from the bottom, for rugged read ragged. Page 405, line 19 from top, for panting read pouting.

EARLY USE OF THE MAGNET IN SURGERY.—In the *Philological Magazine* for August, 1808, there is an interesting account of a successful operation performed by the aid of a magnet, in which a small piece of iron, which had embedded itself in the eye of a blacksmith, was extracted after resisting the efforts of the surgeons for no less than five months. So far as we are aware, this is the earliest record of the use of the magnet in surgery.—*Electrician*.

OLD STYLE.—"Well, Sambo, are you over your rheumatism?" "Tank you kindly, sah, I's convalescing fast, but I don't get no better."

A RARA AVIS.—We do not know at present of a single absolute follower of Hahnemann! A small minority, who profess much, go far beyond him in their dilution of drugs, and vary from his precepts in many other respects, while the great majority of those who style themselves homœopaths do not even pretend to follow his methods! If there was any one mode of treatment which Hahneman condemned more than another, it was the use of local applications in affections of the skin, and still we hear of professed homœopaths recommending this anti-Hahnemannian treatment in high places—yes, even in the very sanctuary of homœopathic pretension!

There are some methods of Hahnemann which will stand the test of all time, and suffering humanity cannot be too thankful for their having been promulgated!—*N. Y. Medical Times*.

**WORMS IN EGGS.**—Professor Liebe adduces reliable data in answer to the question whether living worms are to be found in hen's eggs. A short time previously his sister had found a round, thread-like worm, the length of a little finger, in the white of an egg. It moved itself in a very lively manner. She at once took the white of the egg to a druggist, who put the worm in alcohol. Professor Mobius, of Kiel, decided that the specimen was an example of the thread-worm of fowls—*Heteratis inflexa*—often found in the small intestines of the domestic hen. Only a few instances of the existence of the same in the white of the egg have been recorded.—*Allgemeine Medicinische Central-Zeitung*.

**THE LADIES' AID ASSOCIATION** of the National Homœopathic Hospital of Washington, D. C., have issued an urgent appeal to every homœopathic physician in the land in aid of this institution. In their pamphlet they present four ways in which doctors at a distance may assist them: First, by the doctor's suggesting a suitable person in his own neighborhood to act as Vice-President, and the names of two energetic women who will aid the Society in the capacity of a State Committee. Secondly, by each doctor becoming an annual member of the Association on payment of one dollar. Thirdly, by persuading friends and patients to become members and make endowments. Fourthly, by presenting the subject at meetings of State Medical Conventions and enlisting sympathy. Copies of the circular may be had of Mrs. Lida Nordhoff, 1731 K Street, N. W., Washington, D. C.

**THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION** will hold its fourth annual meeting in New Orleans December 14th, 15th, and 16th, 1887.

**NEW HOMŒOPATHIC DISPENSARY.**—The homœopathic physicians of Sedalia, Mo., have established a free dispensary. Dr. C. S. Derant will be in charge, assisted by his brethren when help is needed. May the dispensary soon have all it can attend to; there is no better way of showing what Homœopathy can do than by dispensary work.

**GIVE NATURE A CHANCE.**—Secretary of State Bayard, in welcoming the members of the recent International Medical Congress, said, among other things: "Forgive me if, as one of the great army of patients, I humbly petition the profession that in your deliberations Nature may be allowed a hearing when remedies are proposed; that her *vis medicatrix* may not be omitted in computing the forces of cure, and that science may be restricted as often as possible to sounding the alarm for Nature to hasten, as she surely will, if permitted, to the defense of the point assailed."

**THE INDEX TO VOLUME SEVENTH.**—We call the attention of our readers to the very thorough index accompanying this number. We believe it to be the most complete of any medical journal. It will be seen that not only is it possible to find every article under its most important word, but there is also a complete set of references to every remedy wherever mentioned. One of the most important characters of every book must be a copious index. Nothing more quickly attracts the criticism of the literary man. In the present issue we believe we have that highly desirable addition.

**A SUBSCRIBER'S OPINION.**—No true homœopath should fail to subscribe to **THE HOMŒOPATHIC PHYSICIAN**. For to sustain it is to hold up the homœopathic flag in its true colors. Long may it wave: and may its every flutter in the mongrel and "regular" breeze signify victory for the true healing art. *FH*

J. C. HOLLOWAY, M. D.













