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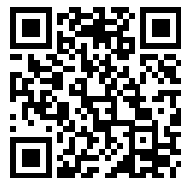
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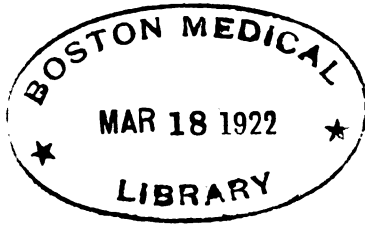
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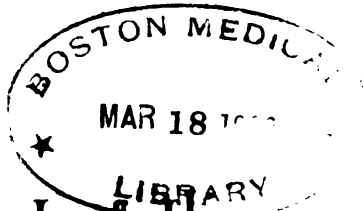
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No. 1.

DEPARTMENT OF MATERIA MEDICA.

DULCAMARA—BITTER SWEET.

A Lecture delivered by Prof. J. T. KENT at the P. G. School.

This medicine seems more especially to affect the mucous membranes of the body than other parts. It appears to have a tendency to establish or ultimate discharges, both acute and chronic.

The Dulcamara patient is disturbed by every change in the weather, from warm to cold, from dry to moist. He is ameliorated in dry, even weather; cold and damp aggravate all the conditions of Dulcamara.

Dulcamara produces intestinal catarrh, catarrh of the stomach, of the nose, of the eyes, of the ears, and inflammatory conditions of the skin with eruptions. Now, if you go through any of these in detail, you will be astonished to find how disturbed is the constitutional state of this patient by weather changes.

It is a medicine wonderfully useful in diarrhœa, at the close of the summer, hot days and cold nights, with changeable stool; diarrhœa of infants. There seems to be no digestion; yellow slimy stool, yellow-green stool, intermingled with undigested food; frequent stool, blood in the stool and quite a mass of slime, showing a marked catarrhal state. This gets better and worse, and better and worse; this gets better under ordinary remedies, remedies that correspond to this state; it will often get better from *Pulsatilla*, because *Pulsatilla* symptoms seem to predominate, and sometimes it is relieved by *Arnica*; but every time the child takes cold, it comes back again, and pretty

soon the physician will begin to realize that he has not struck the remedy belonging to all the symptoms. It is very often an annoying condition, because the symptoms are not recognized until two or three attacks have come.

Now, every year women bring their babies back from the mountains, at the end of the season, and then we get some Dulcamara cases; there seems to be at that time quite a crop of Dulcamara patients. One needs to be in the mountains at the close of the summer season to know what the condition is. If you go into the mountains at such a time, either in the North or West, you will notice that the sun's rays beat down during the day with tremendous force, but along towards sunset if you walk out, a draft of cold air comes down that will chill you to the bone. This will make the baby sick; it is too warm to take the child out in the middle of the day, and so he is taken out in his carriage in the evening; he has been overheated in the house during the day, and then catches this draft in the evening. That is just the way a Dulcamara case is produced. Dulcamara is suitable for conditions that would arise from just such a state. So with an adult who has been out in the heat of the sun and catches the cold draft by night, which means hot days and cold nights, such as occur in the fall of the year, at the close of the summer and coming in of the winter; this intermingling of hot air and cold drafts. You go up towards the foot of the hills after a hot day, you will walk through a stratum of air that will make you perspire and the next minute a cold air that will make you want your overcoat on, and then again a stratum of hot air and so on. Such a state will bring out a sweat and then again suppress it. The symptoms that come from Dulcamara seem to be like symptoms that arise from just such causes. And we are free, then, to infer from such an experience that Dulcamara cures these cases. I have been puzzled in times past over these babies that have been brought home from the mountains, and have prescribed upon the visible symptoms, until I thought about the matter carefully and figured it out that they had come from these hot and cold regions. Babies have to be hurried home at times, because of the diarrhoeas that cannot be cured in the mountains, but a dose of Dulcamara will enable them to stay there and live right in that same climate. If they have a dose of Dulcamara it fortifies them against the continual taking of cold.

Now, regard it in another of its spheres. There are people in a certain kind of business that really constitutes a Dulcamara state. Suppose we look at our ice-cream men ; in a cold room they are handling ice ; the summer weather is hot, they must go out and take some of the heat, and then they go back into their cold rooms and handle the ice. I have seen these things and have had occasion to follow them out. These men are subject at times to bowel troubles, and other catarrhal affections, but generally to diarrhœic affections. Their business cannot stop because it is their means of living. Dulcamara cures such chronic diarrhœas when the symptoms agree. *Arsenicum* is a medicine that would be suitable for such patients if the symptoms agreed, but the symptoms at times agree with Dulcamara, for that is the nature of the remedy, to take cold from cold, damp places, from suppressing a sweat, from going out of a hot atmosphere into an ice house, into icy rooms, into cold rooms ; in this climate such complaints as come on from over-exertion, over-heating, and then throwing off the clothing and becoming chilled, suppressing the sweat ; fevers may come on, aching in the bones, trembling with the aching, trembling in the muscles, and as the fever goes on, he is in a distressed state, cannot remember, forgets what he was about to speak of, forgets the word that would naturally express his idea, and he enters into a dazed state, a state of confusion. It suits these colds that have this sluggish circulation of the brain, with trembling and chilliness, coldness as if in the bones.

Dulcamara is full of rheumatism, full of rheumatic pains and aches, sore and bruised all over ; the joints are inflamed, become red, sensitive to touch and are swollen. It is suitable in cases of inflammatory rheumatism, due to suppressed perspiration, induced by changing from a high to low temperature, or from cold, wet weather.

Now, it has many old chronic complaints. A catarrhal condition of the eyes, purulent discharges, thick, yellow discharges, granular lids ; eyes become red every time he takes cold ; "every time he takes cold it settles in the eyes," is a common expression of the patient. The patient will often ask the question, "Why is it, Doctor, that every time I take cold it settles in my eyes?" "What kind of weather brings on your cold?" "Well, if I get into a cold atmosphere, or take off my coat after being heated, I have to look out." If it becomes cold in the night and he has thrown the clothes off, he takes

cold, or, if a cold rain comes on, he takes cold and then has these sore eyes. Such eyes are very often effectually cured by Dulcamara. As to the eye itself, it is only an ordinary catarrhal state, but the manner in which it comes on is the important thing. That is the nature of the patient to have sore eyes whenever he takes cold ; it belongs to some other remedies as well, but this one particularly.

Now, Dulcamara has also catarrhal discharges from the nose, with bloody crusts ; blowing out thick, yellow mucus all the time. In infants and children who have snuffles, they are always worse in cold, damp weather. When the patient says: "Doctor, in cold, damp weather I cannot breathe through my nose ; my nose stuffs up ;" or, "I must sleep with my mouth open." Dulcamara is a very useful remedy to know in catarrhal cases that always stuff up when there is a cold rain.

Especially in the fall is Dulcamara useful. It is markedly an autumnal remedy. The Dulcamara patients go through the summer very comfortably ; their catarrhal conditions to a great extent pass away ; the warm days and warm nights, because of the even temperature, seem to agree with them, but as soon as the cold nights come on and the cold fall rains come, all their difficulties return ; there is an increase of the rheumatism and an increase of the catarrhal discharges.

This medicine has been used a long time by our mothers. They used to make ointments out of Dulcamara. You will find that the old ladies, in almost any rural district in which Dulcamara grows, gather it and make it into a salve for ulcers. Well, it is astonishing how soothing it is when applied externally to smarting wounds, whether in solution or salve, or any other way. But it is a better medicine, of course, when indicated by symptoms of the constitutional state ; it is a better medicine if used internally. It produces ulcers and tendency to ulceration of the mucous membranes and a condition of the skin that will become phagedenic and spread. Sometimes it starts as nothing more than an herpetic eruption, but it spreads and finally yellow pus forms and then the granulations that should come, do not come ; an eating condition which we call phagedenic appears and the surface does not heal. Especially along the shin bone, where the skin is thin, there will be raw places, which even extend to the periosteum, to the bone, producing necrosis and caries ; so we have

affections of the mucous membranes or skin, first becoming vesiculated and then breaking open and eating. It is especially related to very sensitive, bleeding ulcers with false granulations, phagedenic ulcers. This is not generally known; it is a matter of experience with those that have watched this medicine; and again, strange to say, *Arsenicum*, which I have already mentioned once or twice, has this state. *Arsenicum* leads all other medicines in the books for ulcers that eat, phagedenic ulcers. *Arsenicum* is a typical remedy for spreading sores, for spreading ulcers and especially those that come from a bubo, that has been opened and will not heal. *Arsenicum* is especially useful, but Dulcamara might be also if that strange state occurred.

Another feature of this medicine is its tendency to throw out eruptions over the body. It is a wonderfully eruptive medicine, producing vesicles, crusts, dry, brown crusts, humid crusts, herpes. Dulcamara produces eruptions so nearly like impetigo that it has been found a useful remedy in that condition, *i. e.*, multiple little boil-like eruptions; it produces little boils, and the boils spread. Enlargement and hardness of the glands. Eruptions upon the scalp that look so much like crusta lactea that Dulcamara has been found a very useful medicine for this. Extreme soreness, itching, and the itching is not relieved by scratching, and the scratching goes on until bleeding and rawness take place. Eruptions that come out upon the face, upon the forehead, all over the nose, but especially on the cheeks, which become completely covered with these crusts; crusta lactea or eczema of infants. Children only a few weeks old break out with these scalp eruptions, and Dulcamara is one of the medicines that you will need to know in order to cure crusta lactea. It is about as frequently indicated as any of the medicines. *Sepia*, *Arsenicum*, *Graphites*, *Dulcamara*, *Petroleum*, *Sulphur* and *Calcareo* are about equally indicated, but of these, in this climate at least, I think *Sepia* is probably more frequently indicated.

Now, all of these catarrhal symptoms, the rheumatic symptoms, the eruptions upon the skin, are subject to the peculiar aggravations of the constitutional state. No matter what the symptoms are, the constitutional state is worse in cold, damp weather; worse where the weather is going into the fall; the cold, damp nights.

“Catarrhal and rheumatic headaches in cold, damp weather.” Now, something might be said about that. When the headache is the main trouble, the catarrh takes a different course from what it does when the

catarrh is the principal ailment. There are two ways in which that conducts itself. In some Dulcamara patients, whenever he takes cold from the cold, damp weather, he commences to sneeze, and to get a coryza, and soon comes a copious, thick, yellow flow from the nose. This is one Dulcamara state. On the other hand, Dulcamara has a dry catarrh in its first stage, and a fluid catarrh only in the second stage. It has both these conditions in man. One who is subject to headaches, to Dulcamara headaches, has the dry catarrh; whenever he takes cold instead of the usual catarrhal flow with it, he at first sneezes and then feels a dryness in the air passages, a slackening up of the usual discharge, which would give him relief, and then he knows that he must look out, for along will come the neuralgic pains, pains in the occiput, and finally over the whole head. Congestive headaches, with neuralgic pains and dry nose. Every spell of cold, damp weather will bring on that headache. The catarrh is not always acute enough for him to pay any attention to it. He does not say very much about it to his doctor. The Dulcamara headache is very severe, is accompanied by tremendous pains, and he may go to the doctor with the idea only of getting rid of the headache, but it is a catarrhal state that is suppressed, that has slackened up, and the nose becomes dry. As soon as the flow starts up, his headache is relieved. Then headache of this catarrhal kind that comes on from every cold, damp spell, or from getting overheated, from getting in a cold draft after being overheated, or getting overheated with too much clothing, and then throwing the coat off, will also belong to the Dulcamara state.

A form of eruption that is very likely to be a Dulcamara eruption is the ringworm, herpes circinatus. It comes sometimes upon the face and scalp. Children sometimes have ringworm in the hair. Dulcamara will nearly always cure these ringworms in the hair. Circular herpes, annular, ring-like.

The eye symptoms I have described.

The Dulcamara child is very susceptible to earache.

“Coryza dry, relieved by motion, worse during rest, and renewed by the slightest exposure, and worse in cold air.” Some coryzas you will learn cannot tolerate the warm room, and others want a warm room. The Dulcamara coryza is worse going out in the open air. The *Nux Vomica* coryza is better in the open, cold air. The patient feels much aching distress in the nose. The *Nux Vomica* patient

ordinarily wants warmth and warm air and a warm room, but with the coryza he is the very opposite; he wants motion in the open air, he looks for cool air, for it relieves the distressing sensation. In the warm room there is a tickling sensation in the nose, and the nose will drip, night and day. The *Nux Vomica* coryza is worse in the house, and worse in the night, and worse in the warm bed, so that the discharge will run all over the pillow. In Dulcamara it is more fluent in the house, in the warmth, and less fluent in the cold air and in a cold room. With the Dulcamara coryza, if the patient should go into a cold room where there is no fire, pain will commence in the nasal bones and he will begin to sneeze, and water will be discharged from the nose. That very state would relieve a *Nux Vomica* patient. *Allium cepa* is made worse in a warm room; like *Nux Vomica*, is better in the cold, open air. Commences to sneeze as soon as he gets into a warm room. So that we see the meaning of such things, the necessity to go into particulars and examine every case.

Here is a state that you will often find in the fall of the year, somewhere about August 20th. They sometimes call it hay fever. Every year as the nights become cold, and there is cold, damp weather and fall rains, he has a stuffing up of the nose with constant sneezing and wants the nose kept warm. I have known these cases at times to sit in a warm room with cloths, wrung out of hot water, clapped over the face and nose to relieve the distress, the catarrhal state of the eyes and the stuffing up of the nose. Heat relieves the stuffing up of the nose. These patients can sometimes breathe with these hot cloths over the nose, but if they go out into the night air, or a cold place, and especially if there is a damp, fall rain, they suffer tremendously. Now, other cases of hay fever suffer during the day, and they go to as cold a place as they can find, and are even driven to the mountains for the sake of finding a cool place. These things are indicative of a state of the constitution; the state gives out signs and symptoms to lead the intelligent physician to cure that state. If that state had no means of making itself known by signs and symptoms, there could be no curing it by our remedies.

“Profuse discharge of water from the nose and eyes, worse in the open air” (if it is cold air) “better in a closed room, on awakening in the morning,” etc. The Dulcamara patient is so sensitive to newly mown grass and drying weeds, that he is obliged to absent himself from the

country where these things are found. For hay fever we have especially to look up such remedies as have complaints worse in the fall of the year. There are other conditions that are just as much hay fever, for instance, "rose cold" that comes on in June. There are other conditions that come on in the spring, sometimes cured by *Naja* and *Lachesis*. So that we have to observe the time of the year, the time of the day, night or day aggravations; the wet and the dry remedies, the hot and the cold remedies. We have to study the remedy by circumstances.

The Dulcamara patient often becomes a sickly patient, with threatening of the catarrhal discharges to centre in the bronchial tubes, *i. e.*, in the mucous membrane of the breathing apparatus. Many adults die of acute phthisis that might have been cured by Dulcamara, and you will find very commonly among this class of patients those that are worse from every cold, damp spell of weather. Such enter right into the Dulcamara sphere. They are better by going South where there is a continuously warm climate. The Dulcamara patient is a sickly patient, threatened with acute phthisis; pallid face, sickly, yellow and sallow. This shows that it goes deeply into the life, creating such disorders as are found in very sick patients, *i. e.*, those chronically sick, in persons whose vital economy is so much disordered that it cannot keep the body in good repair.

The throat comes in for its share of trouble. Persons who in every cold damp spell have a sore throat, from getting overheated, throwing off the wraps, getting into a cold place. The Dulcamara patient says: "Well now, I know I am fixed; I am now chilled; I begin to feel hoarseness in my throat." On comes the sore throat; it fills with mucus, with yellow slime; the tonsils become inflamed; even quinsy comes on. Or it may not be the tonsils; it may affect the throat uniformly; it may become red and inflamed and dry at times, and at other times filled with mucus, and at night the throat fills with thick, yellow, tough mucus, which is hawked up in great quantities. Now, these colds that settle first in the nose and throat, post-nasal catarrh, of the very worst sort, gradually creep on until the whole respiratory apparatus is in a state of catarrhal inflammation. Every cold that he takes aggravates his catarrh wherever that may happen to be. If it be in the nose, then the nose is aggravated; if in the chest, then those parts are aggravated. A continual rousing up. Every experienced

physician must have met with many cases where for a time he has felt unable to cope with the case because of his inability to reach the constitutional state that underlies this continual taking cold. So he puzzles away for a long time, and prescribes on the immediate attack and palliates it. For instance, the immediate attack might look like *Belladonna* or *Bryonia*, *Ferrum phos.* or *Arsenicum*, etc.; now, he treats that attack without taking into consideration the underlying constitutional state of the patient. He keeps that patient and it makes him a good deal of business. It is quite a business-like procedure to tinker with these colds, and not give the chronic remedy. It is quite a profitable business for one who has not much conscience and not much intelligence—such a man is a rascal. But a conscientious physician feels worried and knows he is not doing what he ought to do by his patient, unless he reaches out for the remedy which touches the constitution.

There is a form of acute Bright's disease that Dulcamara cures, and I presume you can guess what it is. You can probably now surmise from what we have said of the nature of the remedy, that in cases of Bright's disease following scarlet fever, or from malaria (we do not know what that is, but it is a general term) or in any acute disease that has ended badly, *i. e.*, the patient has been exposed to the cold too soon, and has taken "cold," or from sudden change of weather, damp and cold, the feet commence to swell, there is albumin in the urine, the limbs are waxy, the face becomes waxy and sallow, and there is constant urging to urinate. Dulcamara, with other constitutional symptoms, will fit in and be suitable; it may cure that condition of the kidneys.

In bladder catarrh, where there is a copious discharge of mucus, or muco-pus in the urine; when the urine stands, a thick, purulent sediment, yellowish-white, and a constant urging to urinate; every time he takes a little cold, the urine becomes bloody, the frequency of urination is increased, the urine becomes irritating, the catarrh of the bladder rouses up like a flame; all the symptoms are worse in cold, damp weather, and from getting chilled; better from becoming warm and keeping still. So you see whether it is a catarrh of the kidney or a catarrhal state of the bladder, or an attack of dysentery, or an attack of sudden diarrhœa, every cold spell of the weather brings on an increase of the trouble.

There is another Dulcamara symptom which will often be expressed suddenly in the midst of a lot of other symptoms. After you have been hunting for a long time, the patient will say: "Doctor, if I get chilled, I must hurry to urinate; if I get into a cold place, I have to go to stool, or to urinate." So we see that the symptoms come on when the patient is cold, and are better when he is warm. Any catarrhal trouble of the bladder that is better in the summer and worse in the winter.

In dry, teasing coughs that are winter "colds," that go away in the summer and return in the winter. *Psorinum* has a dry, teasing, winter cough, not a sign of it in the summer. *Arsenicum* has a winter cough, not a sign of it in the summer.

Well, it is a wonderful remedy! I think by this time you begin to get some idea of it.

"Rash comes out upon the face before the menses." "As a fore-runner of catamenia, with extraordinary sexual excitement, herpetic eruptions." Its "cold" sores are very troublesome. The patients are subject to these "cold" sores upon the lips and upon the genitals. Every time he takes "cold," herpes labialis, herpes preputialis, "Catarrhal ailments in cold, damp weather." "Mammæ engorged, hard, sore and painful." "Mammary glands swollen, inactive, painless, itching, in consequence of a 'cold' which seems to have settled in them."

"Cough, from damp, cold atmosphere, or from getting wet." "Cough, dry, hoarse and rough, or loose, with copious expectoration of mucus and dull hearing; catarrhal fever."

DEPARTMENT OF HOMŒOPATHICS.

THE TREND OF THOUGHT NECESSARY TO THE APPLICATION OF THE HOMŒOPATHIC MATERIA MEDICA,

OR A RATIONAL USE OF CURATIVE AGENTS.

By Prof. J. T. KENT.

It is not of the material stone, earth, ore quartz and mineral salts; nor is it of the colors of plants, leaves, buds and flowers; nor of stems and stalks; nor of the chemical and physical properties of

animal substances used, and that the natural eye beholds, *that one should think*.

It is not to the density of platinum, or the whiteness of aluminum, or the yellowness of gold, or the toxic nature of arsenic that one must turn his thoughts.

Think of the nutritive wheat, corn and barley used for foods, and then of the deadly aconite, belladonna and fox-glove; and while thinking of one group as nutritive, and of the other as poisonous, we make no progress. But when we observe that they all grow and thrive in the same atmosphere and in the same soil, and by reflection remember that one builds up and the other destroys man, *i. e.*, one builds up the physical body and the other disorders and destroys the vital force of man, can we but conclude that there is some primitive substance, too subtle to see with the external eye, that becomes the medium of power? This is the field of action and causes.

These substances of the three kingdoms must be examined, *i. e.*, they must be looked into by the internal eye, and the quality of each must be ascertained.

This does not mean that the internal surfaces of crystal forms must be examined with lenses. Neither the interior of living man, nor living plants, nor the so-called dead, earth elements have ever approximated the visual realm of external man. But the vital test brings a response from the lowest and most inanimate elements as speedily as from the most poisonous plant or most venomous serpent virus, when *circumstances* have turned disordered life into the delicate degrees of *susceptibility* necessary to the homœopathic conjunction and affinity. To behold the interior of nature with the interior eye, the understanding must have long training and the purpose must be for the use of man; when an apparent *sacrifice* is a work of love one may see, when men and women devote life and property to science simply to benefit the human race. This may be disputed, but only by the unenlightened, who know not the dreadful sacrifices made by the provers of septic poisons, serpent viruses, specific substances and poisonous drugs.

The abstract vital force is, to the untrained understanding, unthinkable, and as all internal examinations are upon this plane, then it must follow that a preparatory training *must* precede the actual examination of the internal qualities of the three kingdoms.

It is not generally known that the three kingdoms exist, as to their interior, in the image of man. Neither is it generally understood what it is to exist in the image of man. It is not even known what man is, nor what the plant kingdom is, and much less what the mineral kingdom is. If all of these statements related to geology, botany and anatomy, they would be presumptuous, as these three sciences are highly cultivated, but they treat of the kingdoms only as to their exterior or material relation. The internal qualities have been left for the homœopathist, and such an exploration is within the province of homœopathics.

To discover that man, as to his will and understanding, is capable of extremes, requires only that one shall examine our statesmen, our professional men, our scientists, and then the lowest types in civilized countries and cities. To examine original tribes would not reveal the growth possible to the human race, nor the degradation reached by fallen man. The human race at its highest plane of development is only man. No matter what attainments, what expansion, we see but the possibilities, the capabilities and nobility of man. He is but man and as such is but the image of his Creator. Rise as he may, he does so only within himself, and at his highest he is but himself, and even that is borrowed. So much as he has fallen below this highest point of the human race, and of any man, has he failed to reach his own individual possibilities, or fallen into degradation, so much is he but an image of himself, of man. When he is but the image of himself he profanes himself, and likewise man, and how much more so must he profane God. Look at the animal faces in the degraded streets of our great cities. We see but the degraded form of man. Disobedience, sin and sorrow have brought depravity, and the souls within revel in hatred and crime as much as they will in the land beyond. *This* is not the *real* man whom we see. It is but an image of what each one might be, but *it is* the real of such beings. A misspent life can here be contrasted with the life of usefulness, and the life of hatred with the life of orderly love.

In one *all* to hate, and in the other *all* to love.

In the one despised, in the other beloved.

The one, then, is man with his love for the degrees of uses; the other but an image with his hatred of uses.

In man is heaven; in his image is hell.

The fullness of man is but his capacity for growth as a receptacle for love, wisdom and use.

The image of man is hatred, ignorance, and to be cared for by local protectors and penitentiaries.

Independence contrasted with dependence.

Freedom contrasted with bondage.

Inconceivable gradations exist between these extremes. These varying shades of changes in man come by inheritance, vocation, opportunity, disease and drugs.

There are no changes possible in man that cannot be produced, caused and aggravated by drugs. Man's diseases have their likenesses in the substances that make up the three kingdoms. Man himself is a microcosm of the elements of the earth. The earthy elements strive to rise, and do rise through the vegetable kingdom into man, and they strive to equal man; but, as they are not permitted to do so, they appear to degrade man that they may approximate him. Every element and creature below man in the created universe seeks to degrade man, which, however, is only an appearance, by exercising such an influence as will elevate itself at man's expense, as if through jealousy.

We see this emerald quality on all sides. Man's every inferior seeks to belittle him, and in every gradation down through to the lump of aluminous clay we see the tendency to lift up itself by depressing the interior of man in order to make him a brute. So we see that man, with his depressing load, may rise within and become a glory or sink and become a brute. Even his external form in time resembles the face of an animal, but not until long after his internals have assumed the disposition of that brute which he in face most resembles. He grows Godlike in proportion to his struggle against his inherent evils, *i. e.*, his loves mould his face and figure into the image of his real life.

The study of man as to his nature, as to his life, as to his affections, underlies the true study of Homœopathics. Whether we study him in the cradle of innocence, in the hieroglyphics of Egyptian sandstone, in the cuneiforms of Assyrian clay, in the sculptor's marble, on ancient and modern canvas, in Grecian architecture, in the vocations and trades of modern and recent progress, in the electrical telegraph, in the ships at sea, or the mighty system of railroads that span the

landed universe, we are but viewing the growth, action and qualities of this one, sole object of our attention, viz., man. When we have reached the highest that is of man, and know him in all that he is and can be, then may we begin to study all the gradations down to the lowest image.

Man may be a physician to his equals and inferiors, but he cannot know his superiors in a manner to fully grasp the expanse of that great and glowing vital furnace that melts the metal to fill the moulds of human exigencies. Then the physician must rise to the pinnacle of man's growth; perceive his changes, even to his lowest degradation. The physician must rise above bigotry, prejudice and intolerance that he may see that in man which will furnish the basis of comparison.

A rational doctrine of therapeutics begins with the study of the changes wrought in man. We may never ascertain causes, but we may observe changes. A physician highly trained in the art of observation becomes classical in arranging what he observes. It will hardly be disputed that the changes in man's nature, without an ideal natural man, would not be thinkable. Whether we observe the changes wrought in man through his own will, through disease, or through drug provings upon the registration page, we have but one record to translate, viz., that of changes wherein man has in all cases been the figure operated upon. The record of changes in the abstract is nothing. But when we see in that record the speech of nature, we then see the image or effigy of a human being.

Hahnemann emphasized the symptoms of the mind, hence we see how clearly the master comprehended the importance of the direction of symptoms; the more interior first, the mind; the exterior last, the physical or bodily symptoms.

SUMMARIZE.

- Man.
- Disease in general.
- Disease in particular.
- Remedies in general.
- Remedies in particular.

The only possible way to conform to the above trend of thought and thereby establish a system of therapeutics, is by proving drugs as

Hahnemann taught. We may now see clearly what is to be understood by proving drugs, and we may define it as that conjunction of the given drug force with the vital force of man, whereby a given drug has wrought its impression upon man in a manner to make changes in his vital order, so that his sensations, mental operations and functions of organs are disturbed. When a large enough number of provers has registered sensations, mental changes and disturbed functions so that it may be said of a drug that it has effected changes *in every organ and part of man and his mental faculties*, then may it be said that it has been proved ; not that all of its symptoms must be brought out, but it has been proved sufficiently for use. In other words, its image has been established. It is then known what there is in man that through its conjunction has been brought out. When this particular perfect image of man has been observed fully by a rational physician, the nature of the sickness that this drug is capable of curing may be fully perceived. The danger of using drugs whose properties are known only as related to a single organ must now appear, as a drug is curative, or is a remedy, only because it is capable of producing symptoms on the entire man similar to such symptoms as the man is capable of having. The remedy finds its place in man and develops its own nature ; but if it has not in it that which can rise up and so impress man, it could not be capable of developing these symptoms. Man's image is therefore in all elements of plant and earth, and when that susceptibility exists in man then the proving may be wrought ; but if that corresponding image is not in man at the time, then man is proof against the drug, except in increasing and larger doses. Such provings exclusively are not desired, as they only impress a single organ with gross symptoms which are so unlike natural disease that a rational physician sees not therein the image of man, and stumbles into the grosser observation of artificial sickness, and is led to the ultimates, viz., pathological anatomy, rather than a rational study of the *Materia Medica*. Many of our provings are wonderfully defective for the above reason. Hahnemann's remedies will stand forever, as they are well-rounded provings from many degrees of strength in drugs and susceptibility.

The examination of an epidemic is in all nothing but the consideration of a similar number of provers. The steps from the whole group to individuals are in all cases the same. The case is as follows :

When a given epidemic, or endemic, comes upon the land, as many cases, most carefully written out, as can be gathered, are to be arranged in the Hahnemannian schema, all symptoms under regional headings, so that the prevailing disease *may be viewed collectively, as a unit, or, as the image of a man*, or as though one man had suffered from all the symptoms observed. The same course of thought applied to a large group of provers will bring the totality of the symptoms before the view as though one man had felt and recorded all the symptoms obtained, and the image of man may then be seen in the totality of the symptoms of the schema. Incidentally this may show the value of Hahnemann's schema. The particular or individual study in the epidemic cannot be properly made until the symptoms are studied collectively, and in this the kind of study is the same as after a proving has been arranged in schematic form in order to ascertain what other remedies and diseases are like it—diseases as to their symptom image, and not morbid anatomy—the same as to remedies as to their symptom image. In this there can be no theory nor theorizing. The record of symptoms is to be considered either in natural disease or in the proving of a drug to ascertain so far as possible all the remedies that are, in general, similar throughout, in their fullness, to this one now under study. Books have been so arranged. *Bell on Diarrhœa* is but an anamnesis of nearly all there is in the *Materia Medica* on diarrhœas. So must a given epidemic of diarrhœa be formulated by a complete anamnesis of all there is of that prevailing disease, and so must every single case, either in mind or on paper, be presented. Here we see the series to work out our cases by. Every epidemic and every man sick must be so wrought out; first the general and then the particular; remember that the particulars are always within the generals. Great mistakes may come *from going too deeply into particulars before the generals are settled*. An army of soldiers without the line of officers could not be but a mob; such a mob of confusion is our *Materia Medica* to the man who has not the command.

Hahnemann was not able to manage psora until he had completed his long and arduous labors which ended in the anamnesis of psora. After he had gathered from a large number of psoric patients all the symptoms in order to bring before his mind the image of psoric man, he was able to perceive that its likeness was in sulphur, *et al.* Bœnninghausen arranged the anamnesis of sycosis which has been

perfected by recent observers. The anamnesis of syphilis must be arranged in this same way by every physician before he can treat it successfully. By this means we may settle in a measure the miasmatic groups. The vast labor that Hahnemann put upon psora, before he discovered that this was the only way, shows how difficult it is to bring before the mind the full image of a prevailing disease. It is many times more difficult to solve the problem and find the similar remedy in isolated diseases and uncommon acute diseases. Bünninghausen's *Repertory of Chronic Diseases* (never translated), is arranged on this plan with symptoms and remedies graded. An experienced eye glances over the repertory and arranges in his mind the anamnesis by singling out the remedies that are suitable to the general image of the disease that he has fully mastered. The expert prescriber has fixed in his mind the image of the sick man before he takes up a book or thinks of a remedy. He masters the sickness before he asks himself what is its likeness.

We must avoid the confusion of mind that often comes from thinking in the old way, not knowing what to call disease, and what to consider as only results of disease. When advocating the above principle, I was once asked how to go about an anamnesis for epilepsy, for Bright's disease, diabetes and other so-called diseases that have been arranged by old nosology. It must be first understood that these so-called diseases are not disease as the homœopathist thinks, but the results of diseases known as miasms. Psora, syphilis and sycosis are the chronic miasms to be arranged in schematic form, and the arrangement in such form includes all the symptoms of each of the three. Thus we have a foundation to build upon, and all curable cases, if properly studied, will be cured before they become structural. An attempt to arrange a schema for disease results could only fail, as the group worked at is but fragmentary.

A practical illustration comes to us at once when we think of Hahnemann's prevision, inasmuch as he was able to say that Cholera resembled *Cuprum*, *Camphora* and *Veratrum*. This he saw in a general view. When La Grippe comes the natural course to pursue by him who follows Hahnemann will be to write out carefully, as in one schema, the symptoms of twenty cases, more or less, the more the better, and then, after careful consideration *by the aid of repertories*, make a full anamnesis of all remedies, and the ones showing a strong relation

throughout will be the group that will be found to draw from in curing the epidemic. Only occasionally will the physician need to step outside of this group. But no man can predict which one of this group will be required for any single case. But, in time of such hurry, when a large number of sick people must be visited in a day, the physician knowing the constitution of his patrons, much time may be gained in selecting for each sick person, from this group, the remedy he needs. In a large proportion of the cases, the remedy will be found in this group. One will suffer with strange symptoms corresponding to the characteristics of one of the remedies in this group, and another will show forth the demand in like manner for another. As there are no two sick people alike, thus no two persons will give forth an identical display of peculiar symptoms. Though several persons may need the same remedy, each one of the several persons must call for the remedy by virtue of the symptoms peculiar to himself. When all of these features are properly understood, it will be clear to the mind how it is that every prover contributes his portion to the grand image that makes the disease likeness into the image of man.

Now, as like causes produce like effects, and as the causes of natural sicknesses have never been discovered, we can only reason from the effects of natural causes as we reason from artificial causes.

The teaching of Hahnemann, in the Sixteenth Section of the *Organon*, is to the effect that the vital principle cannot be assailed by other than dynamic agencies, or spirit-like agencies. This we must accept as true. To prove that it is not true would require us to prove that scarlet fever, measles, small-pox, and in fact all acute infectious and contagious diseases do assail the economy by other than spirit-like means. With all the instruments of the *scientific* school of medicine, with every effort and ambition, no progress has been made by them to establish their material hypothesis. Therefore Hahnemann's statement must stand as true.

The more dynamic, the greater resemblance to the life force, and *vice versa*. The septic virus is dynamic because it has been vitalized or dynamized in nature's laboratory. It is a product of life operating upon matter, and the most dynamical toxics are animal ferments and ptomaines; no matter how concentrated they exist in a highly dynamic form.

The fluids and substances, ferments, ptomaines, etc., are the viruses, are the dynamic causes of fixed diseases; they are the causes of bacteria in all forms. It is not argued that the microscopical bacterium may not convey the fluid dynamic substance upon its body as perfectly to the detriment and hardship of men as a fly, a dog, or an elephant may. Fluids containing bacteria of well-known disease-producing character may be diluted until the bacteria are no longer found, and that fluid is just as active in its power to reproduce its own kind of sickness as when it was surcharged with microscopical animalculæ. Of course there is a difference—the susceptibility must be present in order for the experimenter to contract the disease from the highly diluted virus, while any person may become ill from the concentrated ferment applied to an abrasion or injected hypodermically.

This condition once understood, the *Materia Medica* prover is prepared to consider the difference between the proving of drugs in full strength and in potentized form. But as there are no bacteria in drugs, and as they are as potent sick-makers as ferments, when properly selected, it will be seen at once that it is not due to the bacteria in the concentrated virus, but to the virus itself. It is the life force of aconite, of silica, of virus of septic fluid, and not bacteria that makes man sick.

The susceptible prover catches the disease that flows into him when he proves Cuprum the same as the person who catches cholera when he becomes infected by the dynamis of cholera. He cannot protect himself—or the vital force cannot resist the deranging influence of cholera any better than it can resist Cuprum—if he is susceptible. If he is not susceptible to cholera, he cannot take cholera; if he is not susceptible to Cuprum, he cannot prove Cuprum. But, by increasing the quantity or by changing the quality into quantity, of either, he may, without susceptibility, become sick, but it is not then in the same manner or course as that of natural contagion. Natural contagion and infection are only possible through the susceptibility of man to the noxious cause.

This doctrine seems to be essential to the perfect understanding of the image of man in drugs and diseases. When man has lost his equilibrium, so that he is not protected against deleterious influences, he is but an image of man, as man, in the order of his existence, cannot be assailed by any of the spirit substances that pervade the atmosphere in

which he lives. Even if influenced by concentrated artificial sick-making causes, he does not suffer from the fully-developed image of the disease, as when susceptible, unless he is kept under the influence a long time, as is the case in alcoholic, opium, arsenic and hasheesh subjects. When momentarily affected he soon reacts and becomes himself.

Reflect upon the mental state of the man who has used alcoholic stimulants in great excess for many years. His manhood is gone, he is a constitutional liar, and will deceive in any manner in order to obtain whiskey. It may truly be said he is but an image of his former self, and much more an image of what he might have been. This is no exception. Indeed, every drug is capable of rising in its own peculiar way and making such changes in man as will identify itself in the image of man. There is no disease that has not its correspondence in the three kingdoms.

It is the physician's duty to know that every proved drug contains the image of man, and the likeness of the disease and diseases it can cure. To be able to see a drug in its totality, to see its symptoms collectively as it assumes the human form—not the body, but the character of the man, or his image—must be the end in view in order to use the *Materia Medica* for the healing of the nations.

DEPARTMENT OF CLINICAL MEDICINE.

This department will be devoted to the reporting and *study* of clinical cases. This last feature should not be overlooked, as every case should be supplemented by remarks bringing forward and emphasizing those things which make it of interest.

A careful study of clinical cases under the sure guidance of doctrine and principle will lead to the discovery of clinical symptoms, which are reliable and therefore worthy of a place in our *Materia Medica*.

Observations which have been made and cures which have resulted from *homoöpathic* prescribing should be available to the profession at large.

We, therefore, solicit any material which may aid us in this work.

MEASLES.

GEO. M. COOPER, M. D.

During the months of January and February, 1896, there came under my observation some fifty cases of measles. By making a comparative study of the records of all these cases it may be seen that a fair image of the epidemic that was prevalent at the time may be obtained.

Measles is one of the acute miasms whose course is less liable to variation than any of the other contagious diseases; yet there is something characteristic of each epidemic that distinguishes it from all others. In proportion as the epidemics differ, so do the epidemic remedies differ, and they have to be selected and studied for each epidemic that comes under consideration for treatment.

Certain rules are laid down for the study of these cycles of disease. When an epidemic is upon us we begin our observations; the first few cases that spring up do not fully represent the disease; only a fragment of it is there. We carefully convey what there is to paper and wait for more. After twenty or thirty cases have developed the true nature of the epidemic becomes manifest. Now, the symptoms noted in the individual cases should be combined into one, placing them in order under the various regions of the body; mind under mind, head under head, etc. This gives a condition as if one individual had felt all the symptoms and represents the totality of the disease. The next step is to note those symptoms common to each patient, and these form an essential part of the epidemic; they are the pathognomonic symptoms which show us the way this one epidemic is affecting the human race.

Following this plan in the cases of measles under consideration, the picture would be as follows:—

Mind.—A mental condition of irritability; patient is cross, peevish, fretful; asks for things but when they are produced refuses them; does not want anybody near him; pushes people away if they approach.

Head.—Most of the patients were too young to give any subjective symptoms of the head; many of them would express pain in the head by placing their hand in that region, and this would be especially marked during the cough. Those cases that could express their

symptoms told of a frontal headache four to seven days before they applied for treatment ; pain aggravated by the cough.

Eyes.—Balls injected ; lachrymation ; yellowish discharge ; agglutination of the lids in the morning ; lids swollen ; photophobia ; dull, stupid, heavy look from the eyes.

Nose.—Epistaxis ; thin, watery discharge, bland or excoriating.

Throat.—Sore throat.

Appetite.—None ; refusing things when offered after crying for them.

Thirst.—Marked thirst for ice-cold water.

Vomiting.—Gagging, and vomiting of thick white mucus with the cough.

Cough.—Short, dry, continuous hacking ; strangling, gagging and vomiting at night ; crying during the cough and indicating pain by placing hand to abdomen or head.

Bowels.—Diarrhœa in most instances ; stool thin, yellow, or green and yellow mixed ; slimy.

Sleep.—Sleepiness during the day ; sleepless at night, especially before midnight ; talking in sleep, cries, moans, tossing about, throwing covers off.

Fever.—Dry heat at night with aversion to covering.

Motion.—Dull, drowsy and averse to any motion during day ; tossing about at night.

Eruption.—On the third or fourth day, profuse, rough and dark red.

The above symptoms represent those common to all patients under treatment.

The next step will be a study of the *Materia Medica* to suit this condition. From the repertory carefully note after each symptom all the remedies belonging to it, and the remedies found to be common to all the cases are the epidemic remedies. They are the remedies that will be found useful in the cure of the greater number of cases in the epidemic, because the very nature of the disease will be found within them.

Working out the above symptoms it is found that the remedies stand as follows : BRY., PULS., *Sul.*, Bell. ; less prominent may be mentioned Lyc., Rhus., Phos., Merc. and Cham.

Now the question arises, how are we to individualize? how are we to fit one remedy for one particular case? Here is where we make use of the particular symptoms which each case must present in order to make it different from some other case. Those things *strange, rare* and *peculiar*, point out one remedy from the epidemic remedies, which will cover the case from all sides and thus the particulars fall in order under the generals in such a harmonious manner that the case appears as something complete and perfect.

After the proper remedy has been found and administered, the process of cure is immediately begun. The eruption, if not already developed, comes out within twenty-four hours, runs a short course and disappears. In the meantime the child is continuously improving; the fever has already subsided and sleep becomes normal; the appetite returns, while the thirst is reduced; the vomiting ceases and the bowel movements become regular and within a short time the cough passes away and the child returns to a normal state, with no sequelæ.

As an illustration of this the following cases are subjoined:—

E — O'D — ; AET. 8.

January 30th.—Frontal headache for a week. Dry, hacking cough, with vomiting. Pains in arms and chest, catching on deep inspiration. Thirst. Chilly. Wants to lie down all the time. Fretful, peevish; always wanting something. Flushes of heat to face, which becomes red. *Bryonia*, 10 m., one dose. The mother reported the child in four days as having slept well the night after taking the medicine; the eruption developed fully and the improvement progressed to a cure.

A — P — ; AET. 6.

January 26th.—Cough; croupy at night; accompanied by pains in abdomen. Fever; wants to be uncovered. Sore throat on swallowing. Thirst. Wants to lie quietly all the time. Talking in his sleep. *Bryonia*, 71 m., one dose. The next day reported the eruption developed during the night; the fever was less and improvement followed.

J — B — ; AET. 7.

January 9th.—Soreness of throat a few days ago, which left the throat and settled in left ear, which has become very painful. Dry cough. Eyes; upper and lower lids puffed, conjunctiva injected. Left cheek flushed,

right one pale. Thirst, marked for small quantities of cold water. Irritable, asks for various things and wants them at once. Every noise troubles; aggravated from light. Appetite, none. Eruption but scantily developed. *Chamomilla*, 50 m., one dose. The eruption developed profusely the next day over the whole body, and entirely disappeared within two days. Pains were all gone, with general improvement all over. After one week the child began to complain of great pain in his left ear again; also some pain in left chest. Face very pale. As *Sulphur* had been his chronic remedy some months before, he was given a dose of *Sulphur*, 55 m., which relieved the pain in his ear at once. He developed a sty on his left lower lid, and the whole case was cleared up at once.

The above examples show with what simplicity a case is handled under proper treatment, but quite a different picture is presented after the child has been under Old School drugging for a few days. Such a case was the following:—

J— G—, AET. 10.

February 7th.—The child has been under Old School treatment since the development of the eruption a week ago; at the same time the mother was adding to the difficulty by a liberal dosing with home remedies. Cough; a continuous, dry, hacking cough, roused up into severe spells at times, when the child would strangle and become red as blood in the face. Sleep, scarcely any for several days or nights; what sleep it did get was filled with moaning, groaning and restlessness. Bowels loose, stool yellow; dark, black mucus; five to six stools daily; stool with the cough. Passes much flatus which relieves. Vomiting, phlegm. High fever. Will not lie in bed, must be carried, better when moved about. Extremely irritable. General aggravation in the afternoon about 4.30 o'clock. *Lycopodium*, 43 m. one dose. Three days later the mother reported the child as improved all over; cough less; stool, green mucus; less irritable; does not have to be carried; less fever and thirst. The next day the child was brighter than any day since taken sick and a permanent cure quickly followed.

The value of *Lycopodium* is repeatedly displayed in those cases where a favorable termination does not quickly take place, and the trouble seems to creep into the finer bronchioles and a severe catarrhal

process is set up in the chest. It shows its anti-psoric properties by going deeply into the case and making a radical change in the economy, whereby resolution takes place. As an example I add the following case :—

C— S—, AET. 3.

January 18th.—The child had been brought for treatment for a chronic condition, about three weeks before contracting the measles, and had been put on a chronic remedy. Vomiting, nose-bleed, fever, thirst. *Sac. Lac.* 19th. Vomiting, green ; vomits all food as soon as eaten. Eruption all over the body. *Sac. Lac.* 21st. Vomiting continues. Eyes : thick, sticky discharge. Tongue, dirty. *Sac. Lac.* 23d. Sleep, poor, flighty. Thirst, every five minutes for a swallow of water. Eruption, profuse. Bowels, no stool for two days. Urine, scanty. Appetite, asks for food, but refuses it. *Sac. Lac.*

The child was kept on *Sac. Lac.* because it so recently had had a chronic remedy, it was thought the acute trouble would terminate of its own accord.

Nothing more was heard of the child until the 27th, when a visit to the house found it had gradually been growing worse. Its symptoms at this time were : Respiration, jerky, rapid, labored, short ; aggravated at night ; waving of the alæ nasi. Cough, short and loose, continuous. Sleep, poor, restless ; rolls head from side to side ; better before midnight. Cross, can't bear to be looked at ; pushes people away if they approach him. Frowns. Eyes nearly closed. Lies quietly on the bed during the day, but is restless towards evening and during the night. Eruption has disappeared from the body, but the face remains dry, scaly and rough. General aggravation about 3 to 4 P. M. *Lycopodium*, 43 m., one dose. The next day the child ate half a cup of soup for dinner with relish. The following day, general improvement ; breathing easier, sleep good, thirst less, cough decreased, appetite returning. Three days later reported improved in every way ; appetite ravenous ; cries for food at night. This case progressed nicely to a cure in a few days.

A CASE OF DIPHTHERIA.

HARVEY FARRINGTON, M. D.

Ethel D—, age, five years ; auburn hair, blue eyes, fair skin. She had been ailing for three or four days. Her symptoms, first

apparently those of an ordinary "cold" in the head, later showed signs of sore throat, at which the mother was alarmed and sent for the physician. In the meantime someone in the house who "had once studied medicine," gave tincture of aconite because there was fever, and obtaining no result followed this with tincture of belladonna, because the fever continued, the face was red, and the tongue was covered with a white coating, through which red papillæ could be seen. On January 18th the little girl presented the following symptoms: Nose stopped up and discharging yellowish, albuminous mucus. Fever, especially at night, with flushed cheeks. Tongue heavily coated, dirty, brownish. Foul breath. Both tonsils swollen, bright red and overlaid with yellowish-white patches of exudate. No history could be obtained as to which side had been first attacked, for she complained of only slight inconvenience in swallowing, and had it not been for the foul breath, the mother would probably not have examined the throat at all, and would have postponed sending for the doctor. One or two of the cervical glands on the right side were swollen. As there seemed to be no immediate necessity for prescribing, *Sac. Lac.* was given in water every hour, and the case allowed to develop. A culture examined in the Laboratory at the City Hall, showed bacilli, proving that the case was one of true diphtheria.

Next day the little patient seemed brighter, though the aspect of the throat remained about the same, except that the patch of exudate on the left tonsil was somewhat larger than at the previous visit. A slight cough had developed. There was still but little pain on swallowing, but she preferred warm drinks to cold. A thin yellow coating was noticed on the posterior wall of the pharynx. A long series of cross-questioning failed to elicit further information. *Sac. Lac.* was continued. On the following day there was a change for the worse. The belladonna had simply palliated for the time being and now the little girl was sinking. The fever had returned. There was considerable prostration. The slight cough during the night had developed a metallic, croupy sound, and with the accompanying aphonia, showed advanced laryngeal involvement. Yellow hydroæ had formed and coalesced on the tip of the nose and edge of the upper lip, looking almost as if the membrane itself were growing there. This was at noon. The child evidently could not survive another night, and something had to be done. Yet in view of so few symptoms it was

thought best to wait a few hours more. The amelioration from warm drinks, the formation of the exudate from above downward, from the nasal cavities to the pharynx, and the slightly more marked involvement of the right side pointed toward *Lycopodium*, but the mental state of the little patient seemed to contraindicate. She had been throughout mild and docile, allowing her throat to be examined without any resentment on her part, and her mother averred that this was her usual mood. However, she awoke from a nap in the afternoon cross and irritable, and in addition to this the urine was darker, more turbid and offensive. This completed the picture for a remedy. *Lycopodium*, 43 m., was given in water, five doses of a teaspoonful each, and at intervals of fifteen minutes, to obtain rapid action. The result was almost immediate. She soon dropped off into a sound sleep, waking and coughing a little at 1 A. M., and again sleeping till 5, when she roused up with a nose-bleed, profuse but of short duration. She was brighter and even wanted to get up. The urine was clearer and lighter in color. The tongue less markedly coated. The cough looser and not so metallic, continued all day, growing worse at 5 P. M., and more subdued after 9 P. M., showing the afternoon aggravation which had not been brought out before. The following morning showed still greater improvement, especially in the throat and mouth, but the aphonia persisted, and speaking above a whisper was impossible. The vesicles in the face had dried up into black crusts, evidently preparing to drop off. In the afternoon the cough again grew worse and several pieces of disorganized membrane were expectorated. From this period on the record shows steady convalescence, and on January 27th, the ninth day after the first visit, her throat was entirely healed, and only a small speck of white remained on the right tonsil. The voice was still a husky whisper, but grew clearer day by day. February 8th she was discharged cured.

General conditions are, of course, the surest guides in the selection of a remedy, for they indicate the very nature of the case, and modify all the particulars collated under them. But in a case of diphtheria, like the one here presented, with insidious onset and few general symptoms of use to the prescriber, we are obliged to place almost sole dependence upon the local conditions. In such nondescript cases *Lachesis*, *Lycopodium* and *Mercurius*, are probably the chief remedies

that commend themselves for consideration. *Lachesis* with its left-sided involvement with tendency toward the right, *Lycopodium* with the opposite direction of progression, and *Mercurius* when there is much *fetor oris* and the well-known aspect of mouth and throat. But *Lachesis* holds an antipodal relation to *Lycopodium* in other respects than that of direction. The dark, purplish throat is greatly swollen, but the extreme hypersensitiveness of the parts, internally and externally, seems greater than the amount of inflammation would warrant. The *Lachesis* patient is greatly distressed by "empty swallowing," though less so by swallowing fluids, unless it be warm fluids and still less by the deglutition of solids which often temporarily ameliorate. Warm drinks greatly aggravate the pain and nearly choke the patient. *Sabadilla* and *Rhus* are sometimes indicated in diphtheria, where the left side is involved, but both are better from warm drinks, and we would never think of *Rhus* if its characteristic restlessness were wanting. *Lycopodium*, too, is intolerant of cold drinks, craves everything warm, and again the reverse of *Lachesis*, the pains are surprisingly mild in comparison to the amount of inflammation present, as was demonstrated in the case just considered. But these two remedies, so opposite in many respects, have much in common, and often complement one another.

The practitioner who endeavors to find the simillimum in this class of cases, laying aside the easier routine of prescribing Belladonna and Permanganate of Potash, or the injection of that fad, antitoxin, will be amazed at the small percentage of death certificates he has to sign.

EDITORIAL.

The Faculty of the P. G. School had no desire to publish a medical journal, but the hundreds of urgent appeals that came in have caused it to accept the duty, and it has placed upon the shoulders of the Editor the responsibility of the work. However, in undertaking the task he fully realizes its impossibility but for the able workers in the Faculty of the school who stand ready to do all in human power. Now that the work has begun, it shall continue regardless of expense or profit. The JOURNAL will continue so long as wanted.

All who are interested in the progress of the P. G. School and in efforts to teach *pure homoeopathy* will be delighted in the prosperity of

this journal. All who think more of selfish ends, or who are willing to have homœopathy thrive so long as its thrift redounds to their own purposes, will not rejoice in our prosperity, but will hold up their voices, pen and influence to impede our progress. They will be known by their actions. To the many friends who have spoken and written words of encouragement we are truly grateful. With the few enemies who have for so many years attempted to block the progress of the school work, of which this is but a continuation, we desire to effect no compromise. We shall not meet the opponent of truth half way. The JOURNAL will teach pure homœopathy only. The P. G. School was established to demonstrate that *pure homœopathy* is all that is desirable in the management of the sick, and to cultivate new methods to attain that end, and such are the purposes of the JOURNAL. To inculcate the homœopathic principles, and the homœopathic *Materia Medica* as applied to all branches of healing, this journal will ever be on the alert. With a large number of able assistants and with the great volumes of clinical reports, which will be published with extensive comments, the *Clinical Department* will prove a mine of great wealth.

SCHOOL NEWS.

WOMAN'S AUXILIARY.

As a result of the constantly increasing work of the Dispensary of the Philadelphia Post Graduate School of Homœopathics and the financial stringency, compelling the few who had heretofore supported the work to curtail their contributions, it was found necessary to create some new and reliable source to supply the funds to continue the dispensary.

For this purpose the women connected with the dispensary work, together with a few of their friends, have organized a Woman's Auxiliary of the P. P. G. S. of H., with the avowed object "to raise funds for the support of the dispensary and disseminate a knowledge of its use."

The organization is as yet small in numbers, but hopes to attain a large membership. It solicits contributions from all interested in establishing Homœopathy in the land, and invites all women interested in the work to send their names with application for membership.

DISPENSARY REPORT.

The Dispensary of the Post Graduate School has completed its sixth year of work, and shows the following record for the year 1896. In addition to the regular clinicians, this work has kept two, and in the latter half of the year three resident physicians almost constantly busy. The records of the patients treated since the work was begun are kept carefully filed in alphabetical order, and all such when they return, even after one, two, or more years, are considered old patients; hence the enormous number, *two thousand* new patients, includes only those who had never received treatment at the Dispensary before, at any time.

Report of the Dispensary of the Philadelphia Post Graduate School of Homœopathics for the year 1896:—

	Old Patients.	New Patients.	Total.
Clinics.			
Dr. Kent, January to July.....	175	42	217
Pierce, January to July.....	213	83	296
Saylor, July to December.....	518	134	652
Thacher.....	1,397	325	1,722
Stankowitch, January to September.....	597	124	721
Ives (7-8 P. M.).....	2,651	193	2,844
Ives (4-5 P. M.).....	2,107	299	2,406
Gladwin.....	3,071	283	3,354
Loos.....	908	197	1,105
Reger.....	137	82	219
Cooper, June to December.....	521	83	604
Total	12,295	1,845	14,140
Visits.			
Dr. Ives.....	210	4	214
Cooper.....	1,088	138	1,226
Loos.....	154	8	162
Stokes, January.....	22	1	23
Farrington, May to December.....	1,112	40	1,152
Jackson, January to March.....	52	3	55
Hanlin, January.....	56	5	61
Cameron, May to December.....	735	51	786
Houghton, January to May.....	60	20	80
Fleagle, May to July.....	40	2	42
Lewis.....	308	30	338
Howland.....	196	13	209
Stankowitch, January to July.....	91	8	99
Miscellaneous.....	249	1	250
Total	4,373	324	4,697
Grand Total	16,668	2,169	18,837
Confinement Cases.....			44

BENNINGHAUSEN SOCIETY.

Since the opening of the Post Graduate School, the school building has been the place of meeting of the *Philadelphia Organon and Materia Medica Society*. This society has had a varying membership from year to year, and recently, for various reasons, the meetings have been failing in interest. At the February meeting, the Organon and Materia Medica Society was adjourned *sine die*, and a reorganization effected, under the name of the *Benninghausen Society*. This newly-organized society adopted the constitution, customs, etc., of the former *Organon and Materia Medica Society*, and will continue to meet on the first Monday of each month. The present membership includes those who are interested in the study and perpetuation of pure Homœopathy, and it is expected the meetings will be full of interest and enthusiasm.

BUSINESS DEPARTMENT.

We take this occasion to thank our many friends for the hearty support and untiring efforts in the cause of Homœopathy.

It has often been said to us, in substance, "Why not give all support to the journals now before the profession?" We take this occasion to answer these friends of pure Homœopathy:—

First.—There were many desiring just such a journal as we purpose to give you: one devoted exclusively to higher homœopathy.

Second.—Dr. Kent's grand work in the Post-Graduate School was not properly presented to the profession, and could not be in a journal not exclusively under the management of those associated with him.

We are aware that many worthy journals have preceded this one—and now are no more. Let us hope that our friends will use every effort to increase our circulation and we will do our part towards permanency. There will be no clerk hire, office rent nor salaries to pay, thereby reducing the expense.

A contract has been made for printing a year's numbers. We have started out to succeed, and rest assured that it will take more than one, two or three years of reverses to cause us to abandon an enterprise that is to place before Homœopathy for all time material that it cannot afford to do without.

We have enthusiastic supporters on every continent and cannot afford to disappoint them. Let each do his or her part, and Homœopathy will be the better for your efforts.

Many who are not subscribers will receive this number, and should such desire to have it sent to them each month, they will find inclosed an order to be returned with \$2 for twelve numbers. You will not receive the next number unless you request us to send it.

W. D. GORTON,
Western Business Manager.

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DEPARTMENT OF MATERIA MEDICA.

SULPHUR.

Lectures delivered by Prof. J. T. Kent at the P. G. School.

I. GENERALS.

Sulphur is such a full remedy that it is somewhat difficult to tell where to begin. It seems to contain a likeness of all the sicknesses of man, and a beginner on reading over the proving of Sulphur might naturally think that he would need no other remedy, as the image of all sickness seems to be contained in it. Yet you will find it will not cure all the sicknesses of man, and it is not well to use it indiscriminately any more than you would any other remedy. It seems that the less a physician knows of the *Materia Medica* the oftener he gives Sulphur, and yet it is very frequently given, even by good prescribers; so that the line between physicians' ignorance and knowledge cannot be drawn from the frequency with which Sulphur is prescribed by them.

The Sulphur *patient* is a lean, lank, hungry, dyspeptic fellow with stoop-shoulders, yet many times it must be given to fat, rotund, well-fed people. The angular, lean, stoop-shouldered patient, however, is the typical one, and especially when he has become so from long periods of indigestion, bad assimilation and feeble nutrition. The Sulphur state is sometimes brought about by being long housed up and adapting the diet to the stomach. Persons who lead sedentary lives, confined to their rooms in study, in meditation, in philosophical inquiry, and who take no exercise, soon find out that they must eat

only the simplest foods, foods not sufficient to nourish the body, and they end up by going into a philosophical mania.

There is another class of patients in whom we see a Sulphur appearance in the face: dirty, shriveled, red-faced people. The skin seems to be easily affected by the atmosphere. He becomes red in the face from riding in the air, both in very cold and in damp weather. He has a delicate, thin skin, blushing on the slightest occasion, *always red and dirty looking*, no matter how much he washes it. If it be a child, the mother may wash the face often, but it always looks as if it had been perfunctorily washed.

Hering, I think it was, who called the Sulphur patient "*the ragged philosopher*." The Sulphur scholar, the inventor, works day and night in threadbare clothes and ragged hat; he has long, uncut hair and a dirty face; his study is uncleanly, it is untidy; books and leaves of books are piled up indiscriminately; there is no order. It seems that Sulphur produces this state of disorder, a state of untidiness, a state of uncleanness, a state of "don't care how things go," and a state of selfishness. He becomes a *false philosopher*, and the more he goes on in this state the more he is disappointed because the world does not consider him the greatest man on earth. Old inventors work and work and fail. The complaints that arise in this kind of case, even the acute complaints, will run to Sulphur. You take such a patient and you will notice he has on a shirt that he has worn many weeks; if he has not a wife to attend to him, he would wear his shirt until it fell off from him.

Cleanliness is not a great idea with the Sulphur patient; he thinks it is not necessary. *He is dirty*: he does not see the necessity of putting on a clean collar and cuffs and a clean shirt; it does not worry him. Sulphur is seldom indicated in cleanly people, though sometimes you will need to give it in these cases; but it is commonly indicated in those who are not disturbed by uncleanness. When attending the public clinic I have many times noticed that after Sulphur an individual begins to take notice of himself and puts on a clean shirt, whereas his earlier appearances were in the one same old shirt. And it is astonishing how the Sulphur patients, especially the little ones, can get their clothing dirty so fast. Children have the most astonishing tendency to be filthy. Mothers will tell you of the filthy things that little ones will do if they be Sulphur patients. The

child is subject to catarrhal discharges from the nose, the eyes, and from other parts, and he often eats the discharges from the nose. Now, that is peculiar, because offensive odors are the things that the Sulphur patient loathes. He is *oversensitive to filthy odors*, but filthy substances themselves he will eat and swallow. He becomes nauseated even from the odor of his own body and of his own breath. The odor of the stool is so offensive that it will follow him around all day. He thinks he can smell it. Because of his sensitiveness to odors he is more cleanly about his bowels than anything else. It is an exaggerated sense of smell. He is always imagining and hunting for offensive odors. He has commonly such a strong imagination that he smells the things of which he has only a remembrance.

The Sulphur patient has *filthiness* throughout. He is the victim of *filthy odors*. He has a filthy breath, he has an intensely fœtid stool; he has filthy-smelling genitals, which can be smelled in the room in spite of his clothing, and he himself smells them. The discharges are always more or less fœtid, having strong, offensive odors. In spite of constant washing the axillæ give out a horrible pungent odor, not unlike that found in the colored race, which is proverbially strong and offensive, and at times the whole body gives off an odor like that coming from the axillæ.

The *discharges* of Sulphur from every part of the body, besides being offensive, are *excoriating*. The Sulphur patient is afflicted with *catarrhs of all mucous membranes*, and the catarrhal discharges everywhere excoriate him. Often with the coryza the discharge excoriates the lips and the nose. At times the fluid that remains in the nose smarting like fire, and when it comes in contact with the child's lip it burns it raw, so acrid is it; almost like the condition under *Sulphuric acid*, so red will be the parts that are touched by it. There is copious leucorrhœa that excoriates the genitals. The thin liquid fœces cause smarting and burning and rawness around the anus. In women if a drop of urine remains about the genitals it will set up burning until it is removed; very often it is not sufficient to wipe it away, it must be washed away to relieve the smarting. In children we find excoriation about the anus and between the buttocks; the whole length of the fissure is red, raw and inflamed from the stool. From this tendency a keynote has been constructed, and not a bad one either, "all the fluids burn the parts over which they pass," which is the same as

saying that the fluids are acrid and cause smarting. This is true everywhere in Sulphur.

The Sulphur patient has all sorts of *eruptions*. There are vesicular eruptions, pustular eruptions, furuncular eruptions, scaly eruptions, all attended *with much itching*, and some of them with discharge and suppuration. The skin, even without any eruption, itches much, itches from the warmth of the bed and from wearing woollen clothing. Many times the Sulphur patient cannot wear anything except silk or cotton or some such clothing. The warmth of the room will drive him to despair if he cannot get at the itching part to scratch it. After scratching there is burning and smarting with relief of the itching. After scratching or after getting into the warmth of the bed great white welts come out all over the body, with much itching, and these he keeps on scratching until the skin becomes a little raw, or until it burns and smarts, and then comes a little relief of the itching. This process goes on continuously; dreadful itching at night in bed, and, in the morning when he wakes up, he starts in again and the eruptions itch and ooze. There are pustules, pimples and boils. Crops of boils and little boil-like eruptions come out and this makes it useful in impetigo.

This remedy is useful in *suppurations*. It establishes all sorts of suppurating cavities, little abscesses and big abscesses: abscesses beneath the skin, in the cellular tissues and in internal organs. The suppurative tendency is very marked in Sulphur. The glands become inflamed and the inflammation goes on to suppuration.

Wherever there is a Sulphur complaint you will find *burning*. Burning runs all through Sulphur. Every part burns; burning where there is congestion; burning of the skin or a sensation of heat in the skin; burning here and there in spots; burning in glands, in the stomach, in the lungs; burning in the bowels, in the rectum; burning and smarting in the hæmorrhoids; burning when passing urine, or a sensation of heat in the bladder. There is heat here and there, but when the patient describes something especially typical of Sulphur she says: "Burning of the soles of the feet, in the palms of the hands, and on the top of the head." Burning of the soles of the feet will very often be noticed after the patient becomes warm in bed. The Sulphur patient has so much heat and burning of the soles at night in bed that he puts the feet out from beneath the clothes, sleeps with the feet

outside the covering. The soles and palms of the Sulphur patient when examined present a thick skin which burns on becoming warm in bed.

Many *complaints* come on *from becoming warm in bed*. The Sulphur patient cannot stand heat and cannot stand cold. He wants an even temperature; he is disturbed if the temperature changes much. So far as his breathing is concerned, when he has much distress he wants the doors and windows open. The body, however, he is frequently forced to have covered, but if he is warmly clad he is bothered with the itching and burning of the skin.

As to *time aggravations*, *nightly complaints* are a feature. Headaches begin after the evening meal and increase into the night, bother his sleep very much; he cannot get to sleep because of the pain. There is nightly aching and nightly thirst; nightly distress and symptoms of the skin coming on after becoming warm in bed. "Intermittent periodic neuralgia, worse every 24 hours, generally at 12 M. or 12 P. M." *Midday* is another time of aggravation of the Sulphur complaints. It has chills at noon, fevers increased at noon, increase of the mental symptoms at noon, headache worse at noon, and many other features that I do not think now to mention. *Complaints* that come *once a week*, a seven-day aggravation, is another peculiar condition in Sulphur.

It is a common feature for a Sulphur patient to have a peculiar kind of diarrhoea which has been long known as "a Sulphur diarrhoea," though many other remedies have a similar condition, viz: *diarrhoea coming on early in the morning*. The Sulphur diarrhoea belongs to the time between midnight and the time of getting up in the morning, but more commonly the time that he begins to think about rising. The *diarrhoea drives him out of bed*. It is generally thin, watery; there is not much gushing, and it is not very copious, sometimes quite scanty, sometimes yellow faecal. After this morning stool he has, in many cases, no further trouble till next morning. There are many people who go on year after year with this urging to stool driving them out of bed in the morning. The patient I describe suffers a great deal from pain, griping, uneasiness, and burning soreness through the bowels. The stool smarts and burns while it is passing, and all parts that it comes in contact with are made sore and raw, and there is much chafing.

Again the Sulphur patient is a very *thirsty patient*. He is always drinking water. He wants much water.

He also speaks of a *hungry feeling*, a desire for food, but when he comes to the table he loathes the food, turns away from it, does not want it. He eats almost nothing, takes only the simplest and lightest things. There is a craving for stimulants, for alcohol, and an aversion to milk and meat; these latter make him sick and he loathes them. One of the old men invented out of these things the keynote "drinks much and eats little." This is true under Sulphur, but many other remedies have the same thing. As to the use of keynotes I would impress on you that it is well to gather together all the symptoms with their associations. It will not do to place much dependence on one little symptom, or even on two or three little symptoms. The symptoms of the whole case must be considered and then, if the keynotes and characteristics and everything else cause the remedy to be well rounded out and full, and to look like the whole patient, only then is it suitable.

There is *hungriness occurring at 11 o'clock in the morning*. If there is any time in the whole twenty-four hours that he feels hungry it is at 11 o'clock. It seems as if he cannot wait for his dinner. There is this also about the Sulphur patient: he is very hungry about his customary mealtimes and, if the meal is delayed, he becomes weak and nauseated. Those that are accustomed to eat about 12 o'clock will have that all-gone, hungry feeling at 11 A. M. Those accustomed to eat about 1 or 1.30 will have it about 12 o'clock. The all-gone sensation is about one hour before the accustomed time of eating.

In a sort of condensed way a strong Sulphur group is this: an all-gone hungry feeling in the stomach at 11 A. M., burning of the soles and heat in the top of the head. These three things have been looked upon as a *sine qua non* of Sulphur, but they are scarcely the beginning of Sulphur.

There is an *unhealthy condition of the skin* in Sulphur aside from the eruptions. The skin will not heal. Small wounds continue to suppurate; abscesses formed under the skin become little discharging cavities with fistulous openings, and these leak and discharge for a long time.

Sulphur produces an *infiltration*, a semi-fibrinous infiltration, in inflamed parts, so that they become indurated and these indurations

last for years. When the inflammation is in a vital organ, like the lungs, this infiltration cannot always be endured ; it leaves infiltrations after pneumonia called hepatization. Sulphur produces this same tendency in inflamed parts throughout the body and hence its great use in hepatization.

Sulphur is a very useful remedy *when the patient does not react* after a prolonged disease, because of a condition in the economy, a psoric condition. When a patient is drawing near the end of an acute disease he becomes weak and prostrated. The inflammatory state ends in suppuration and infiltrations ; the patient is in a state of weakness, much fatigued and prostrated, and has night sweats. He does not convalesce after a typhoid or other acute disease. There is slow repair and a slow, tired economy, and order is not restored after the acute disease. Sulphur often becomes very useful in such conditions. Old drunkards become debilitated and go into a state in which there is a violent craving for alcohol ; they cannot let liquor alone. They crave strong and pungent things, want nothing to eat, but want cold water and alcoholic drinks. They go on drinking till greatly exhausted and then their complaints come on. Sulphur will for a while take away this craving for drink and build him up.

The *tissues seem to take on weakness*, so that very little pressure causes soreness, sometimes inflammation and suppuration. Bed sores come on easily in a Sulphur patient as there is feeble circulation. *Induration from pressure* is also a strong feature. Sulphur has corns from pressure, callosities from pressure. These affections come easily. If a shoe presses anywhere on the skin a great corn or bunion develops. Where the teeth come in contact with the tongue and other parts of the buccal cavity nodules form and these little nodules in course of time commence to ulcerate. It is a slow process with burning and stinging. They may go into cancerous affections. They may be postponed for a long time and afterwards take on a state of malignancy. Cancer is an outgrowth of a state in the body, and that state may come on from a succession of states. It is not one continuous condition but the malignant state may follow the benign. Sulphur removes these states.

We notice a marked evidence of disturbance of the veins under Sulphur. It is *a venous remedy*, has much vein trouble. The veins seem to be relaxed and there is sluggish circulation. There is a flushed

appearance of the face here and there from slight irritation, from the weather, from irritation of the clothing. Tumefaction of the face. Sulphur has varicose veins; most marked of these are the hæmorrhoidal veins which are enlarged and smart, burn and sting. Varices of the extremities. The veins even ulcerate, rupture and bleed. When going out of a cold into a warm atmosphere the patient suffers dreadfully from enlarged veins, from puffiness of the hands and feet, from a sense of fullness throughout the body.

The Sulphur patient emaciates, and a peculiar feature is the *emaciation of the limbs with distended abdomen*. The abdomen is tumid, with rumbling, burning and soreness, and with the distended abdomen there is emaciation of all other parts. The muscles of the neck, back, thorax and limbs wither away, and the muscles of the abdomen are also wasted, but there is much distension of the abdomen itself. This condition of affairs is found in marasmus. You will find a similar state under *Calcarea*; and, in women needing *Calcarea*, you will notice great enlargement, distension and hardness of the abdomen with shriveling of all other parts of the body.

Under Sulphur there are *flashes of heat* to the face and head, like those which women have at the climacteric period. The flash of heat in Sulphur begins somewhere in the heart region, generally said to be in the chest, and it feels as if, inside the body, a constant glow of heat almost to consuming rose up involving the face. The face is red, hot and flushed, and finally the heat ends in sweat. Flashes of heat with sweat and red face; the head is in a glow. Sometimes the patient will describe clinically a feeling as if very hot steam were inside the body and gradually rising up, and then she breaks out in a sweat. At times you will see a woman having little shiverings followed by flashes of heat and red splotches in the face, and then she fans vigorously; cannot fan fast enough, and she wants the doors and windows open. Such is Sulphur as well as *Lachesis* and many others. When the flashes begin in the chest, about the heart, it is more like Sulphur, but when in the back or in the stomach it is more like *Phosphorus*.

Among other general aggravations we have an *aggravation from standing* in Sulphur. All complaints are made worse by standing for a length of time. Standing is the most difficult position for a Sulphur patient, and there is an aggravation of the confusion of mind, dizziness, the stomach and abdominal symptoms, and a sense of enlargement

and fullness of the veins and a dragging down in the pelvis in women, from standing. The patient must sit down or keep moving, if on her feet. She can walk fairly well but is worse when standing quiet.

An *aggravation after sleep* fits into many of the complaints of Sulphur but especially those of the mind and sensorium. Most of the complaints of Sulphur are also *worse after eating*.

The Sulphur patient is *aggravated from bathing*. He dreads a bath. He does not bathe himself and from his state in general he belongs to "the great unwashed." He cannot take a bath without catching "cold."

Children's complaints. Dirty-faced, dirty-skinned little urchins, who are subject to nightly attacks of delirium, who suffer much from pains in the head, who have had brain troubles, who are threatened with hydrocephalus, who have had meningitis, need Sulphur. Sulphur will clear up the constitutional state when remedies have failed to reach the whole case because they were not deep enough. If the infant does not develop properly, if the bones do not grow, and there is slow closing of the fontanelles, *Calcareo carbonica* may be the remedy and Sulphur is next in importance for such slow growth.

You would not suppose that the Sulphur patient is so *nervous* as he is, but he is full of excitement, is easily startled by noise, awakens from sleep in a start as if he had heard a cannon report or seen a "spook." The Sulphur patient is the victim of much trouble in his sleep. He is very sleepy in the fore part of the night, at times sleeping till 3 A. M., but from that time on he has restless sleep, or does not sleep at all. He dreads daylight, wants to go to sleep again, and when he does sleep he can hardly be aroused, and wants to sleep late in the morning. That is the time he gets his best rest and his soundest sleep. He is much disturbed by dreadful dreams and nightmare.

When the symptoms agree, Sulphur will be found a curative medicine in erysipelas. For erysipelas as a name we have no remedy, but when the patient has erysipelas and his symptoms conform to those of Sulphur, you can cure him with Sulphur. If you bear that distinction in mind you will be able to see what homœopathy means; it treats the patient and not the name that the sickness goes by.

The Sulphur patient is annoyed from head to foot throughout his whole economy, with *surgings of blood* here and there—surging, with fullness of the head, which we have heretofore described as flashes of

heat. It has marked febrile conditions and can be used in acute diseases. It is one of the natural complements of *Aconite*, and when *Aconite* is suitable to the acute exacerbations and removes them, very often Sulphur corresponds to the whole constitutional state of that patient.

Sulphur is suitable in the most troublesome old "*scrofulous*" *complaints* in broken-down constitutions and defective assimilation. It has deep-seated, ragged ulcers on the lower extremities, do-nothing ulcers, indolent ulcers, ulcers that will not granulate. They burn and smart, and the little moisture that oozes out burns the parts round about. It is indicated often in varicose ulcers that bleed easily and burn much.

In old cases of *gout*, Sulphur is a wonderful medicine. It is a deep-acting medicine, and in most instances it will keep the gout upon the extremities, as its tendency is outward from centre to circumference. Like *Lycopodium* and *Calcarea*, when suitably administered in old gouty conditions, when there is not much organic change present, it will keep the rheumatic state in the joints and extremities.

(To be continued.)

WYETHIA.

When in the autumn our hay-fever patients report to us with violent symptoms of coryza, great depression of spirits, symptoms worse in the afternoon, easy sweat, weakness and languor, extreme dryness of the mucous membranes of nose, mouth and throat, with burning acrid copious flow of mucus, constant swallowing, itching of the soft palate, and compelled to scratch it with the tongue, *Wyethia* will cure for the season, and it has cured permanently in some cases.

OLD cases of heart trouble that have had *digitalis* are tough cases for Homœopathy. You will have more trouble with cases that have had lots of *digitalis* than those that have had any other remedy. In these cases that have had *digitalis* and *strophanthus* the indications for a remedy are unreliable. In clear indications you will always find the Homœopathic remedy the best remedy.

DEPARTMENT OF HOMŒOPATHICS.

EPIDEMIC STUDY—ORGANON, Secs. 101-102.

By PROF. J. C. LOOS, M. D.

In this section is again enforced the importance and necessity of obtaining the *totality* of the expressions of a disease to understand fully its nature and thereby find a suitable, because similarly acting, remedy. As any disease is not represented clearly, in its totality of expression, in one person (that is, because in each individual some part of the disease expression will be more emphasized, and, as it were, will overshadow the other expression), it is necessary to include a number of cases which will be likely to bring out in force different phases of the same thing in their study.

To one not accustomed to relying on the *full image* in each case, one who is satisfied to get the key-notes only, or the most prominent symptoms without consideration of their detailed modifications—for instance, one who feels that Bell goes too much into particulars and picks out too closely shades of difference in his repertory of diarrhœa—to such practitioners this idea will appear an absurdity. “Ridiculous,” such a one would think, “to suppose that a physician cannot tell enough of a patient’s condition to prescribe until he has seen half a dozen others of the same kind. Certainly, we do not treat one patient according to the way another and three or four others are sick.” While this latter statement is unanswerably true, yet the treatment of one does depend on *what is seen* in another, for it gives a better knowledge and comprehension of one similar.

Suppose an epidemic, in a community, of an infection shown by coryza, cough, fever, etc., this being a common form of disorder in some localities. The first patient coming to the physician may detail his affection, including these symptoms, and say, “Doctor, if you can only give me something to make me rest at night. I cough more night than day and disturb the whole family.” The doctor finds further that he is cold and likes to keep near the fire. He gives him Rhus for his “nightly aggravation.” Another comes complaining

likewise of "such an ugly cough and running discharge from the nose," and says, "I've used my handkerchief so much—I've just made my nose sore," an almost unnecessary piece of information, as the wings of the nose and the upper lip are fiery red and show that the nasal discharge is acrid. It is evident that the tears are not acrid, so the patient is given *Allium Cepa* for the "excoriating discharge from the nose, with bland eyes."

The next one coming in says: "The cough is so painful on the chest and always worse from moving about." "*Bryonia*," it is thought, "will settle that cold in a few hours." Still another comes with these epidemic symptoms and may suggest, "An emetic would be good for the cough, because it is so hard to expectorate; the phlegm just seems to get so far after a spell of coughing and then goes back." The doctor thinks, "cannot be expectorated, must be swallowed," and gives *Phosphorus*.

In a day or two these same people must have more attention for their "colds" have not improved. The first one returning, says: "This is such a troublesome cough, I never had one like it, nothing relieves me but a drink of water, and that only for awhile, and it's so strange, every time I have a hard spell the urine comes; I can't prevent it." The doctor now questions very closely and finds that by the *totality* of the symptoms, *Causticum* is called for. As the others return no better from the remedies prescribed for each on the most prominent symptoms, it is found by carefully going over the symptoms that the majority of these patients have cough worse at night, and all night, relieved temporarily by a drink of cold water; phlegm difficult to expectorate, so it must be swallowed; great sensitiveness to cold and craving for heat; discharges acrid, nasal discharge burns, urine burns as it passes, and it comes with the cough involuntarily; chest burns; patient aches through the fleshy parts; wants to keep still. In some these were present at the first visit, in others they have been more developed since; in some cases the patient may have come at an earlier stage of the infectious disease, when it was less clearly manifested. With these symptoms *Causticum* is found to clear up the "colds" so quickly that the patients are surprised.

Hahnemann says: "The carefully observing physician can, however, from the examination of even the first and second patients, often

arrive so nearly at a knowledge of the true state as to have in his mind a characteristic portrait of it, and even to succeed in finding a suitable homœopathically adapted remedy for it." If the physician had taken time and pains to examine in full any of these cases he would soon have discovered, probably, that the remedy that first came to mind did not cover the case. The one receiving Rhus was not only worse at night, but coughed in spells *all* night, and had relief only from a drink of cold water. The Bryonia victim was too cold for that remedy, wanting to be near the fire. The Cepa one had all discharges acrid as well as the nasal discharge, and the patient was worse in open, cool air. So with care it would have been manifest that each of these remedies was not suitable enough to be the one to prescribe, and it might have been possible to find the Causticum similia in the image of even the first case.

Notwithstanding this, a full comprehension of the nature of the epidemic is undoubtedly gained by a combination of several of these pictures and will be so clearly impressed by such attention that a glance at later-coming patients, or at least a few minutes' observation of their actions, will reveal that they are trying to avoid the aggravations and gain the relief of these ameliorating circumstances with an attempt at comfort. In short, the image becomes more clearly stamped in the mind and any *shadow* of it in the patient soon assumes the definite completion of the image to the observant and careful physician and the administration of the remedy is followed by satisfactory results.

The same may be true of one season's scarlet fever, diphtheria or typhoid, dysentery or simple cases of diarrhœa or intestinal colic, gastralgia and the like. In each epidemic there will be a few remedies applicable, and no matter with what degree of intention of helpfulness any other remedies in any potency or form are given, they will not cure, though they may palliate by relieving for awhile or relieving a small group of the symptoms. *The* remedy will *cure*, and the physician, who relies on this form of study of epidemics and individuals, will cure a greater proportion of such cases than any others who treat victims of the epidemic by any means whatsoever.

As the physician goes from one to another of these cases, seeing in each the same nature, each addition in detail of this symptom image of the acute miasm seems to fill it out more completely, and at the

same time impresses more and more clearly the relations of the various groups of symptoms, the manner in which the affection manifests itself, and impresses itself upon the human economy, also the manner in which the different constitutions receive it, one set bringing out in one way what is expressed in another through a different channel.

How much better after such a studied epidemic will the physician possess and keep the knowledge of the epidemic remedies in their full nature, and how the symptoms will be verified to him! How much better able is he to use these remedies in future! Again, with what interest and satisfaction will such a study be pursued by one who finds pleasure and growth in the comprehension and ability to perceive and apply the principles and laws of the universe and the nature of mankind in their influence.

(Read before the Philadelphia Organon and Materia Medica Society.)

NOTES FROM DR. KENT'S LECTURES ON THE HOMŒOPATHIC PHILOSOPHY OF THE *ORGANON*.

By HELEN B. CARPENTER, M. D., H. M.

‡ I. "The physician's highest and only calling is to restore health to the sick, which is called healing."

In order to understand the meaning of this, in its fullest extent, we must get Hahnemann's idea of what disease is. An inflamed organ is not a disease. The organ is not the cause of itself. It is under the control of the vital force, and is what the vital force makes it. As long as the vital force is acting harmoniously, each organ (being governed by it) can act only in a harmonious manner. As soon as the vital force is sick, or deranged, it acts on this or that organ in a different manner from what it does in health, and in consequence the organ (whose action is governed by the vital force), must function in a sick or deranged manner. The idea that the liver, for example, which is under the control of the vital force, and whose action the vital force governs, is able to set up a disease itself, and thereby make the man

sick, is preposterous. What then is man? If we understand this, then we can see what a sick man is.

Man is not the body that we see, but that within which rules and governs it. The affections in a very large degree make the man. The desires and aversions, the likes and dislikes, are the man.

You can tell the difference between men's characters by their external appearance. In other words, the external man is but an outward expression of the internal man. The person who loves crime lives in it and it becomes a part of his nature and shows itself in the external man. The one who loves truth and humanity lives in that idea, it becomes a part of his nature and shows itself in the external man. In like manner are the results of disease (symptoms) but the outward expression of the internal derangement.

Man originally never was sick. The will of the Supreme Being was written in his heart, but through the violation of law he has become so changed that he has ultimated a sick body and nature; hence disease. Man makes himself sick, he does not live in the order of his existence. His first departure from health was made by the denial of a Supreme Being. His mind became closed to first causes. That avenue through which he communed with his Maker was closed up and he became incapable of reasoning on spiritual matters, of reasoning in a series. This first and highest is spiritual insanity.

When a man becomes intellectually insane he becomes incapable of reasoning upon external matters, is incapable of taking care of himself, or caring for his children, and we place him in an insane asylum. This is man physical.

The third state is that of moral insanity. Insanity of the will. He is insane according to his desires. He loves crime and evil, and hates all that is good. External man is what his affections make him. In proportion as he loves his use he has increased wisdom, and this is man as a spirit who is led up to his highest uses.

Hahnemann's idea of a sick man in this first section is not that the external man only is sick, but that the vital force within is deranged. The physician should heal this deranged vital force from within, that is dynamically, instead of simply suppressing from without (palliating) the external manifestations (symptoms) of the internal disease. For man exists all the way down from his innermost spiritual to his outermost natural. Consider the man, heal the sick.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom, lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

SUMMER COMPLAINTS OF CHILDREN.

GEO. M. COOPER, M. D.

If Homœopathy can be said to be more productive of brilliant results in one class of sickness than in another, the gastro-intestinal complaints of children in the summer months should certainly be given a high rating. By careful individualization of the remedy, and its proper application as regards potency and dose, these acute complaints should be mastered in a few hours and the infant will pass through the hot months free from anything serious in its nature.

Without doubt the high mortality reported in these cases is due to the irrational measures used to suppress the condition, having no relation whatever to the disordered economy, or to the first cause of things. Without a full realization of *what is sick*, no one can expect to have any degree of success in the treatment of *sick people*. The moment measures are used which are not calculated to attack the disease in its beginnings, to set in order the disturbed vital force, then it is that an element of danger is introduced, and this is measured by the degree to which the system is forced to yield to these unsuited agents.

Two classes of cases may be recognized: those previously drugged and those escaping. For the purpose of treatment, both classes should be considered together as they both respond to the same law, *the law of similars*. In each and every case, whether the manifestation is one of drug effects, or whether it is the pure speech of nature, the totality of the symptoms is the only guide in the selection of the curative remedy. The fact that the child has undergone much dosing does not alter the method of procedure in the case one particle. There is not

one law for the drugged cases and another for the undrugged. All should be investigated according to the well-known plans for the purpose of securing an image of the sickness, and this should be opposed by a drug whose pathogenetic effects are known to be the exact similar.

Do not think too much of the word *antidote*, as it may lead to confusion and a wrong prescription. It binds the mind down and limits it; whereas, if it had been allowed to investigate beyond the mere giving of one of the established antidotes, the image would have appeared which would have led at once to the curative remedy. Therefore, be careful how you go to a case, and because it has been drugged conclude that an antidote is necessary and spend all your time in a search for such a drug. Such practice leads away from a hunt for the totality, and many a failure to cure will be the result. Nearly all remedies have assigned to them many antidotes, and when the drugging has consisted of a mixture containing many unknown substances how irrational it would be to single out any one substance and say that this is the cause of all the trouble and try to antidote it. Stick to the law and rely on the totality of the symptoms, which is the sole indication for the selection of a remedy. The following case is added to illustrate:—

WILLIE G—, AET. 13 WEEKS.

1897.

July 6th, 5 P. M. Twin.

Diarrhœa.—Began 6 A. M.; stool every half hour since.

Stool: yellow, watery, profuse; can't wash the stain out.

During stool: pain; drawing up of the legs; passage of much flatus.

Fever.—Began 6 A. M., for which nitre was given.

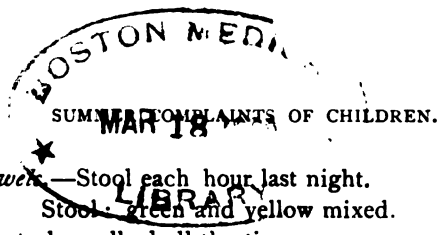
Paregoric was given at 2 P. M.; since then the child has been drowsy; its eyes look heavy and the balls

Sac. Lac. roll up.

July 7th, 5 A. M.

Sleep.—None all night; only "naps on the knee;" sleeps with eyes open.

Vomiting.—Sour milk; thin, not thickly curdled.



Bowel.—Stool each hour last night.
 Stool: green and yellow mixed.
 Has to be walked all the time.
 Cries when you look at him.
 Jerks body when spoken to ; seems frightened.

Chamomilla, 50 m.

11 A. M.

Vomiting.—None.
Bowels.—Three stools since 5 A. M. ; green with small yellow lumps.
Pulse.—180.
Eyes.—Staring.
Respiration.—Short of breath ; mouth open when breathes.

Sac. Lac.

6 P. M.

Bowels.—No stool since last reported.
Vomiting.—Once ; curdled milk.
Sleep.—Has slept all the afternoon in short naps ; starting up in sleep as if frightened ; throwing hands about.
Pulse.—142.

Sac. Lac. Child thin and pale.

July 8th, 9 A. M.

Bowels.—No stool from time last reported until midnight ; another at 8 A. M.
 Stool : yellow, pasty, no pain.
Vomiting.—None.
Fever.—Left at 9 P. M.
Pulse.—120.

General improvement followed and normal health was restored by July 13th.

Chamomilla suits a large number of the cases that have been given some form of opium. It corresponds to the very nature of that state of excitability which soon follows the administration of this drug, and therefore is capable of restoring immediate order. In its pathogenesis

is found the great sensitiveness of both mind and body; irritability, intolerance of pain, a hyperæsthesia of all the senses, sleepless; when trying to sleep the least impression causes them to rouse up with a start. Thus through the whole proving is represented a perfect picture of what is recognized as the secondary effects of opium. When a prescription is made on such a basis does it not impress one with greater confidence in its curative powers than a drug selected from a list of arbitrary antidotes?

Another case illustrates the same thing:—

GEO. S—, AET. 20 MONTHS.

1896.

August 18th.

Dysentery.—Since 4 P. M. yesterday.

Four or five stools last night.

Stool: green as grass; mixed with blood.

During stool: cries.

Paregoric was given, since which time the child has become very cross and crabbed.

Thirst.—Takes sips of cold water often.

Chamomilla, 50 m.

Improvement was noticed at once.

ELIZ. G—, AET. 14 WEEKS.

Twin sister to Willie G—.

1896.

July 16th, 9.30 A. M.

Vomited.—Last night ten minutes after taking milk; watery, slightly curdled.

Seemed exhausted after vomiting and fell asleep.

Bowels.—Five stools 10 P. M. to 4 A. M.

First: yellow, thicker.

Later: thin, watery, profuse, yellow-white; "came with a sound like a stream."

Excoriating.

Stool, $\frac{1}{4}$ hour after eating.

After stool: sleeps.

Thirst.—For small quantities of water.

Cried all night and had to be walked.

>Motion.—<After midnight.

Sac Lac. Body hot to touch.

7 P. M. Weak, can't hold head up.

Eyes.—Roll up when asleep.

Urine.—Strong.

Arsen., C. M.

July 17th, 9 A. M.

Bowels.—Two stools last night; yellow, watery.

Sac Lac. Improved.

July 18th, 9 A. M.

Bowels.—Five stools: watery, painless, yellow, offensive.

Improvement followed.

Arsenicum is an extremely useful remedy in the summer complaints of children by reason of its action on the whole gastro-intestinal canal. It is often confused with *Chamomilla* on account of the similarity of a few of their symptoms. Both remedies are restless and want to be moved about, but the basis of this restlessness is entirely different in the two remedies. *Arsenicum* has a *mental* restlessness which is depicted on the face, in the expression of a most horrible fear. The patient wants to be in motion; to be walked fast; to go from room to room and chair to chair, but there is no relief to this restlessness.

Chamomilla is restless from *pain*; the child seems contented and forgets its pain as long as it is being walked about and its attention attracted to one thing or another.

This symptom of amelioration from motion will be found expressed in many of these summer complaints, and it is often a guiding feature in the selection of the similitum. With such remedies as *Arsenicum*, *Chamomilla*, *Antimonium tart*, *Kreosote*, *Sulphuric Acid*, *Pulsatilla*, etc., this condition can generally be covered completely and it will be but a short time before the little one will be permanently soothed in a much more satisfactory manner than with the paregoric bottle.

This last case represents a use of *Sulphur* which is very frequently met during the summer.

1896. MARION S—, AET. 13 MONTHS.

August 17th, 7 P. M.

Diarrhœa.—For one week.

Stool: at first green and watery; later, undigested, containing milk which is curdled and sour.

Has a stool at midnight and another at 7 A. M., and others follow during the morning.

Vomited.—Milk almost immediately this evening.

Tongue.—White coating.

Thirsty.—For “much warm milk.”

Eyes.—Sunken; half closed; balls roll up during sleep.

Emaciating rapidly.

Extremities.—Cold and pale.

Prostration.—Lies as if dead.

Hoarseness.

Sulph. 55 m.

Reaction was immediate and the next day the child was sitting up in its high chair and the bowels gave no more trouble.

The general appearance of the child indicates the remedy to a more marked degree than the character of the stool in these cases. A child with a diarrhœa will suddenly show excessive prostration and lie as if in a stupor, with the eyes half closed and the balls rolled up. The whole body looks bloodless and is cold and pale. The feet and hands are as if made of ice. The child has emaciated rapidly and there may be a cold sweat on the forehead and suppression of the urine. *Sulphur* rouses up such cases and turns the rapidly-sinking forces on a backward track, so that a marked change can be noted in a few hours.

REPORT OF CLINICAL CASES.

H. BECKER, M. D., Toronto, Canada.

CASE I.

Baby D—, aet. 7½ months; red hair, fair skin, blue eyes, flabby, no teeth. Has been fretful during the last week, so that the parents got very little rest at night, at which time the child was at its worst.

She has had diarrhœa for the last six weeks and has had no treatment; her parents thinking it useless, as an older child was sick in the same way and after much drugging died, so that faith in the old style of medicine was lost. Various foods were tried, and lately barley water was given, which seemed to have the best effect on the diarrhœa; but the baby was restless and fretful for a time and then would become stupid and sleepy. She was restless and crying and squirmed about when I first saw her, and after a little became stupid and the eyes were turned up showing the whites; the mouth was open and the hands were pushed into the mouth. The voice was weak and hoarse and the cry very weak. The child objected to being put down in the cradle, wanting to be held in the mother's lap. Draws the knees up to the body; has slight cough. Stools described as greenish, offensive and sour. Gave *Chamomilla* C. M., and in half an hour the restlessness was gone and the child slept for ten hours and woke up at 6 A. M. looking bright and well. At 9 A. M. she had two very offensive stools, and again at 2 P. M. The father telephoned about the diarrhœa in the afternoon, but seemed quite satisfied when it was brought to his attention that if the *baby* was better he need not worry about the diarrhœa—it was the baby we were concerned for and not the diarrhœa. Saw it the second day after; looking bright and cheerful and well.

CASE II.

MRS. C—, AET. 38.

September 2, 1896.—Thin, slender figure; hazel eyes, black hair, dark complexion.

Cough for a month and during the last week has not had two hours' sleep at night; getting some sleep in the day but practically none at night. It was a tight, hard cough, with wheezing. It began in the evening and continued all night, being much worse while lying, so that she was forced to sit up in bed. The cough was aggravated from moving in bed; was somewhat easier sitting up or lying on the face. Had some sneezing at night and discharge from the nose. The expectoration was slight, frothy, or like sago—clear. Had headache, frontal, and said the pain went up behind her ears when coughing. I saw her at 9 A. M., and she had a very severe attack lasting for some time, and she held her hand tightly to her forehead, and when the spasm of coughing was over she said a sharp cutting pain had gone

into the forehead from the severity of the cough; she said it was an excruciating, knife-like pain.

Easily worried and gets irritable. She needs plenty of clothing at night, otherwise gets cold between shoulders and in the arms. Had a rash on calves since hot weather. Gave a dose of *Belladonna*, 41 m., and she had two or three slight coughing spells during the night, but scarcely noticed them; in fact, said at first she had not coughed at all. Slept well, so that the cough did not quite rouse her. Next night coughed slightly three times and slept well. Saw her for two weeks and there was no return of the trouble.

CASE III.

MR. B——, AET. 34.

Stout, plethoric, fair hair, blue eyes, rough face, pimply looking. Very healthy always, but some months ago began to notice some trouble in the back of the head (putting hand to the occiput), and had several medical men try their hands at him, and he took their nostrums faithfully but with no relief of trouble. The last man consulted could not see his way to prescribe anything but bleeding, and he was bled accordingly until he got faint and nearly fell off the lounge on which he was sitting; but the head was no better. He described it as a weight in the back of the head, constant, causing pain when moving about and absorbing almost all his attention so that he could not attend to business. No other symptoms. Gave him a dose of *Petroleum*, 50 m., in July, '96, and in a few days the trouble was gone. He felt nothing more of it until the second week of September, when, after an exciting day at the Toronto Industrial Fair, he felt it in the evening. A second dose of *Petroleum*, same potency, relieved it in half an hour, with no return since.

CASE IV.

MR. MCK——, AET. 30.

Tall, fair, blue eyes, lean, scar on right forehead from injury in childhood. Has had "indigestion" for the last eight years; is a heavy eater, and after a hearty meal has a heavy sensation in the stomach.

His head began to trouble him three years ago. In the right parietal region there is numbness, gnawing sensation and neuralgic

pains at times. Tenderness in the right suboccipital region, and in the right temple there is a feeling as if the blood did not circulate properly; there is numbness and slight itching, and he rubs the temple and side of the head vigorously to get relief. The neuralgic pains are noticeable after overeating. He gets muddled from reading, and being in law and a thorough worker, he is a hard reader, and lately has had to avoid everything but his own work, as he would be quite incapable after a few days reading. His concentration is remarkable and evidently exhaustive. He says mental exertion pulls him right down and he gets irritable, so that he does not want to talk to anyone; says he is physically and mentally exhausted.

Has a slight pain passing from forehead over top of head to right occiput. Feels as if the right side of brain were lacking or soft and jelly-like.

He always feels better from physical exertion, especially walking in sunlight, and is very fond of the open air. Likes the warm weather of summer, Likes cold weather also. Has a peculiar sore sensation about the heart at times, as if it were being pulled out.

The right side of the hard palate feels as if being eaten away; gnawing feeling for more than a year. The right malar bone and the right side of the nose feel numb and itchy. The scar on the right side of the forehead was from being kicked by a horse at the age of twelve. Has never had the same feeling in the head since, and feels that if the right side of the head were well he would be all right.

Has some numbness in the right hand and foot and slighter in the corresponding arm and leg, and this is relieved by exercise. Drinking liquids at meals causes pain at the base of the brain. Has a craving occasionally for sugar and feels better after eating some. Has a clear watery discharge from right nostril and right eye at times; may come twice a week or three or four days in succession, with an interval of a week or ten days.

On June 25, 1896, I gave him *Aurum met.*, 75 m., and he began to improve in a few weeks, and in his last report, on January 17th, he says he has as good a stomach as there is in the country, his indigestion being all gone.

He does much hard reading; besides his regular law work he has read Herbert Spencer's "First Principles" within the last two months, and it is not what is considered as light reading, and his head does

not get muddled; says it is "first rate" and not made worse by mental exertion as formerly.

His weight in June and previously was 135 pounds and now it is 155 pounds. The "dyspepsia" of eight years' standing and the head trouble of three years' duration are gone, and he says he does not know when he enjoyed such good health. Work seems to be a pleasure to him and he is not moping as he generally did. In my *more* benighted days I would not give him any treatment as I knew of no drugs which would help him, and the summer of 1895 found him reading works on diet and hygiene and gaining a dislike to drug indication. His distrust of medicine extended to Homœopathy, but now he is a sound convert and a most enthusiastic and intelligent advocate of the system. The single remedy commended itself to his judgment at first, and when he became acquainted with the principles he was delighted.

EDITORIAL.

THE JOURNAL proposes to give its readers a lecture on *Materia Medica* each month. It will be observed at once that by this plan in a few years each subscriber will have a treatise on *Materia Medica*. The lectures do not constitute a *Materia Medica*, but they will furnish a help to the study of the *Materia Medica*. Back numbers of the JOURNAL are held in order to furnish complete sets of lectures on receipt of subscription price. When the whole course has been finished, a reprint will be made of the entire series, which will form an excellent text-book for college work as well as a hand-book of reference. Physicians will do well to recommend pupils to subscribe for the JOURNAL and its back numbers in order that complete sets of lectures may be secured.

WHAT THE PEOPLE SHOULD KNOW.

All who know and desire the benefits of the homœopathic system of medicine, or art of healing, should acquaint themselves with the

customs of the strict practitioners in order to avoid the deception of pretenders who are willing to imitate for diminutive fees, having no consideration for the patient nor the art of healing.

There are physicians who call themselves homœopaths, but are so only in name, as they do not follow the methods worked out by Hahnemann. They give two medicines in one glass or alternate in two glasses, or in some cases give medicines in three or four glasses. They do not conform to Hahnemann's rules in taking the case and writing and preserving full records of the cases. The people who are unacquainted with these facts cannot protect themselves against such impositions. The false and the true pervade all experiences and conditions of life, and the unenlightened and simple suffer by the deceptions of the false. The time has come when the followers of Hahnemann should furnish information to the people in order that they may recognize the genuine if they desire the benefits of the homœopathic art of healing.

It should be known, first of all, that true homœopaths write out the symptoms of each and every patient, and preserve records for the benefit of such patient and the art of healing. A moment's thought must convince any person that human memory is too uncertain to be trusted with the long record of symptoms, even in a small practice; then how much more does the busy practitioner owe it to his patients to keep accurate records of their sicknesses? No physician is competent to make a second prescription if the symptoms upon which the first prescription was made have not been recorded with fullness and accuracy. Often in such a case the neglectful physician has forgotten the remedy given, even the one that has caused great improvement, but as there is no record of the case as to remedy or symptoms, and many of the latter have passed away, there is nothing to do but guess at a remedy, which generally spoils the case or so confuses it that the case seldom ends in a cure, and the sufferer always wonders why the doctor, who helped her so much at first lost control of the case. Many cases that should end in perfect cure result in failure from the above negligence. Under such circumstances, when the physician has made a bad guess, he goes on spoiling his case by guessing and changing remedies to the disgust of the patient and injury to the art of healing. Such failure leads to the experimentation and temporizing which lead to disgrace. The people should be able to know whether a physician

is what he calls himself, or is of another sect. The temptation is very strong to be "all things to all men."

The people should not expect to obtain homœopathic results from a physician whose methods are not in accordance with the homœopathic art of healing.

If a person wants mongrelism, regularism, polypharmacy, etc., by knowing the methods of the homœopathist, he will be able to discriminate and select the kind of his preference, and it is reasonable to suppose that if he does not want a homœopathist he will be glad to know how to shun him. Nothing is more humiliating to a Hahnemannian than to be called to the bedside and find that the people do not want him, but actually want one who gives medicine in two glasses because some old family doctor did so. Therefore, this information is as useful to him who would avoid a homœopathist as to him who desires one.

Homœopathic patrons going abroad and those far removed from their own physician, often ask for the address of a good Hahnemannian. Such address cannot always be given, yet there are many reserved, quiet Hahnemannian physicians scattered over the world, but they are sometimes hard to find. As far as possible, traveling homœopathic patients should carry the address of Hahnemannians. In the absence of this, a test may serve the purpose. Go to the most likely man who professes to practice after the manner of Hahnemann and tell him you want to consult him; but unless he writes out all the symptoms of the case as directed by Hahnemann, and continues to keep a record for future use, you cannot trust your case with him, as you have learned to have no confidence in the memory of the man. If he refuses to do this because of lack of time or ignorance, he should not be trusted, and it is best to bid him "good day" at once. If he be what he professes to be, he will be delighted to find a patient that knows so much of his system of practice, and the patient and physician will become fast friends.

There is another matter that the people should know about: that the homœopathic physician cannot prescribe on the name of a disease; also, that names are often the cover of human ignorance; also, that two sicknesses of the same name are seldom given the same remedy. If a physician could prescribe on a name there would be no necessity to write out the many pages of symptoms that some long cases present.

The name of the disease does not reveal the symptoms in any case of sickness; the symptoms are the sole basis of the prescription; therefore it will appear that the name is not necessarily known, but the symptoms must be known to the physician in order that he may make a successful prescription. It will now appear that if a physician has not the time to devote to the patient in order to secure the symptoms, he is likely to be just as useless to the patient as though he were ignorant, as he will, in either case, fail to procure the symptoms which are the only basis of a homœopathic prescription. A little thought will enable a patient to ascertain whether this work is being done with care and intelligence or with ignorance, inexperience and laziness. It matters not from what excuse, if the physician fails to ascertain all the general and particular information in a case, he should not be trusted, as this labor, well performed, renders the rest of the work easy and a cure possible.

The people should also know that when such a record is on paper it is in such form that the patient may become the object of great study. In no other form can a likeness of his sickness be presented to the understanding of the true physician. Any physician who sneers at this plan shows how little he values human life and how much he falls short of a Hahnemannian.

The people should also know that the true physician may now compare such a record of facts with the symptoms of the *Materia Medica* until he has discovered that remedy most similar of all remedies to the written record. And when the patient has become intelligent, he will say to his physician: "*Take your time, Doctor. I can wait until you find what you think is the most similar of all remedies, as I do not want to take any medicine you are in doubt about.*" This statement makes a grateful doctor, as he now knows that he is trusted and known, and has a patient intelligent and considerate. Under such circumstances the doctor can do his best and such patients obtain the best and uniform results.

People who are not thus instructed become troublesome to the physician, and even suspicious, when they need to inspire him with full confidence, and sometimes they even change physicians and do the one wrong thing that is against the best interest of the patient. It is possible and desirable for the people to be so instructed that they may select the safest physician and know when he is working intelligently.

People who are instructed do not intrude upon the physician's sacred moments, but, on the contrary, aid him with trust and gratitude.

Only the ignorant suggest this and that in addition to what is being done, and the more ignorant the doctor the greater is the number of things resorted to to make himself and others think he is doing something. The intelligent physician does what law and principles demand and nothing more ; but the ignorant one knows no law and serves only his wavering experience, and appears to be doing *so much* for the patient, in spite of which the patient dies.

The physician must often long for a patient so well instructed as to say: "*Doctor, if you are in doubt about what to give me, don't give me anything.*" Such words could only come from one who knows that there is a law governing all our vital activities, and that law must be invoked or disorder must increase to the destruction of all order in the human economy.

If it were not true that the human race is ignorant of the highest principles of science, mongrelistic medication could not find support upon the earth. It is true that if the people would study Hahnemann's Organon and thereby secure the safest medication for themselves and their families when sick, crude compounds and uncertain medication would not be the rule as it is at the present day. In all trades a man must be somewhat skillful in order to gain entrance to an intelligent patronage ; but in the profession of medicine, personal tact excuses such lack of training and ignorance of all science of healing.

People who know what homœopathy really is, should seek to introduce the principles among the most intelligent people by reading, and not by urging upon them a favorite physician.

THE greatest harm done by the apostate is to himself, as he grows worse or goes from bad to worse with increasing ease until he passes beyond the ability to recognize bad practice. It is generally supposed that an apostate is bad as a public example. This is true, but the evil done by the example is small in comparison to the complete destruction of the one who has prostituted his principles. The sacred principles of homœopathy must not be adulterated or mingled with fallacies of modern sciences. To do this ignorantly is bad, but to do it knowingly is destructive to the conscience of the practitioner.

SCHOOL NEWS.

Auxiliary.—Under the auspices of the Woman's Auxiliary, an afternoon tea was tendered April 13th to the members and friends of the Association to meet Dr. and Mrs. J. T. Kent. After a few words from Dr. Kent, explaining the benefit of the dispensary to the community by means of relief and education to the poor, Mr. T. P. Matthews, a member of the Board, addressed the assemblage. He spoke at length of the conditions leading to the foundation of the school and its growth in the past six years. Emphasis was laid upon the increasing demands for a hospital and a fall college curriculum, whereby physicians might be educated throughout the medical course on the lines of *pure homœopathy*, whereas the application of such is at present limited to *post-graduate* work.

Commencement.—The fifth annual commencement of the Philadelphia Post-Graduate School of Homœopathics was held at the school building, April 21, 1897. Four graduates in medicine received the degree of Master of Homœopathics: Hugh A. Cameron, M. D., Glasgow, Scotland; George M. Cooper, M. D., Middleport, Ohio; Josephine Howland, M. D., Union Springs, N. Y.; Margaret C. Lewis, M. D., Honey Brook, Pa. John R. Nicholson, Chancellor of Delaware, delivered an oration, calling attention to the common meeting ground of law and medicine in preservation of truth, dwelling upon the necessity for full surrender of the individual to the light of truth vouchsafed to each for maintaining a position of honor in the practice of either profession. The valedictory delivered in rhyme by Dr. Cameron gave a bright contrast to the more serious mien of the exercises. When Bishop Pendleton closed with a benediction, the assembled friends expressed much pleasure in the programme. The decorations with the Stars and Stripes and potted plants added much to the cheer of the surroundings.

AN *unfortunate prescription* has been made when rheumatic affections leave the extremities and go to the heart; the *proper* remedy for such rheumatic symptoms will also protect the heart.

SCATTERED LINKS.

THE DOCTORS SURPRISED.—St. Louis, Mo., April 8th: James M. Williamson, fifteen years old, died at the Christian Orphans' Home under circumstances most remarkable from a medical standpoint. At 3 o'clock in the afternoon Williamson was given an immunizing injection of anti-toxine for the purpose of preventing diphtheria. Forty minutes later the boy was a corpse. The news struck like a thunderbolt in the College of Physicians and Surgeons. An autopsy was ordered, in which half a dozen learned medicos took part. After it was over they held a lengthy consultation, and came out with the verdict "death from heart failure."—*Evening Telegraph*.

[Such reports appear frequently in our daily papers. No comments would be made in this JOURNAL but for the fact that professed homœopaths are making use of this deadly and most unhomœopathic method.—ED.]

MEETING OF THE SOCIETY OF HOMŒOPATHICIANS.—The next annual meeting of the Society of Homœopaths will be held at "The New Mathewson," Narragansett Pier, R. I., June 22d, 23d, 24th and 25th. Rates, \$3 per day for room for one; \$2.50 each, per day, for two in a room. S. A. Kimball, Secretary, 124 Commonwealth avenue, Boston, Mass.

WE notice in nature that similar diseases will cure similar diseases, that dissimilar diseases will not cure dissimilar diseases. We observe that drugs producing symptoms similar to a sickness will cure that sickness. All the observations of Hahnemann and all previous literature prove that no cure has been observed by other than Homœopathic means. In Sections 47 and 48 of "The Organon," Hahnemann held forth the challenge to prove the contrary, and it still stands. We, in our day, must continue to hold it out. Hahnemann says so, all our masters say so. What keeps the old school practitioners from seeing that they do not cure is the fact that they suppress the symptoms. They think they have performed a cure, and when they are called again to the patient they think they have a new disease to contend with; they do not see that it is another manifestation of the sickness.

BUSINESS DEPARTMENT.

Now that the JOURNAL is an established fact, those who see in its success Homœopathy's gain should unite in placing it upon a paying basis. We can contribute our mite and at the same time make it a profit to ourselves. We all have patients traveling or permanently locating in distant cities, and it is our duty to advise them in their choice of a physician. Those whose names are found in our Directory will always be at hand from whom to make selection. Your name in the Directory should repay you many times each year for the cost of putting it there. The price of a business card for twelve numbers is three dollars (\$3.00), and we trust our friends will send in their cards at once.

It is our desire to increase the size of the JOURNAL as soon as its receipts will admit; advertisements and collections from subscriptions will not enable us to do this as soon as we desire. There are many valuable articles that are crowded out of the present sized issue, articles that you would profit by.

Already our efforts are bearing fruit; many who never read the Organon are beginning its study. Dr. Kent's instructive lectures on Materia Medica should be supplemented by an Organon lecture, as well as a special article on Homœopathics in each number, and as this is illustrated by clinical matter practically demonstrating the truth of the teachings of Hahnemann, many of the young physicians will be helped over the rough places that caused us years of struggle to surmount.

With a card in the Directory from each subscriber, we can extend the usefulness of the JOURNAL, and you will profit as well as others with each added feature.

W. D. GORTON,
Western Business Manager.

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DEPARTMENT OF MATERIA MEDICA.

SULPHUR.

Lectures delivered by Prof. J. T. Kent at the P. G. School.

I. GENERALS—*Continued.*

Sulphur, like Silicea, is a *dangerous medicine* to give *when there is structural disease* in organs that are vital, especially in the lungs. Sulphur will often heal old fistulous pipes and turn cold abscesses into a normal state so that healthy pus will follow, when it is indicated by the symptoms. It will open abscesses that are very slow, doing nothing; it will reduce inflamed glands that are indurated and about to suppurate, when the symptoms agree. But it is a dangerous medicine to administer in advanced cases of phthisis, and, if given, it should not be prescribed in the highest potencies. If there are symptoms that are very painful, and you think that Sulphur must be administered, go to the 30th or 200th potency, and do not go very much above the latter. Do not undertake to stop with Sulphur the morning diarrhœa that commonly comes with phthisis. Do not undertake to stop the night sweats that come in the advanced stages, even if Sulphur seems to be indicated by the symptoms; the fact is, it is not indicated. A remedy that is dangerous in any case ought not to be considered as indicated, even though the symptoms are similar.

In old cases of *syphilis*, when the psoric state is uppermost, Sulphur may be needed. Sulphur is rarely indicated when the syphilitic symptoms are uppermost, but when these have been suppressed by *Mercury* and the disease is merely held in abeyance, Sulphur will antidote the *Mercury* and allow the symptoms to develop and the original condition to come back in order to be seen. The great mischief done by allopaths is due to the fact that they want to cover up everything that is in the economy; they act as if ashamed of everything in the human race; whereas homœopathy endeavors to reveal everything in the human race and to antidote those drugs that cover up, and to free those diseases that are held down. It is true that many patients will not have homœopathy because they do not want their syphilitic eruptions brought to view; they do not want the evidences of their indiscretion brought to light, but homœopathy endeavors to do that. Conditions that are in the economy will come out under proper homœopathic treatment. Sulphur brings complaints to the surface, so that they can be seen. It is a *general broad antidote*. It is a medicine often called for in the *suppression of eruptions* from cold and from drugs, and even from Sulphur. It is a great medicine to develop these things which have been covered up, hence you will see Sulphur in all the lists of remedies useful for suppressed eruptions or for anything suppressed by drugs. Even when acute eruptions have been suppressed Sulphur becomes a valuable remedy. In suppressed gonorrhœa Sulphur is often the remedy to start up the discharge and re-establish the conditions that have been caused to disappear. Symptoms that have been suppressed must return or a cure is not possible.

Sulphur has been the remedy from the beginning of its history, from the time of Hahnemann, and on his recommendation, to be thought of *when there is a paucity of symptoms to prescribe on*, a latent condition of the symptoms due to psora. In this state it has been administered with so much benefit that the routine prescriber has learned the fact. When apparently (superficially) well-indicated remedies fail to hold a patient, and symptoms cannot be found for a better remedy, it is true that Sulphur takes a deep hold of the economy and remedies act better after it. This is well established from experience. You will find at times when you have given a remedy, which seems well indicated, that it does not hold the case, and then you

give the next best indicated remedy, and then the next, with the same result. You will begin to wonder why this is, but you will see that, although the case does not call clearly for Sulphur, yet on its administration it so closely conforms to the underlying condition (and psora is so often the underlying condition) that it makes the remedies act better. This is an observation that has been confirmed since the time of Hahnemann by all the old men. Such things are only necessary when there is a paucity of symptoms, where after much study it is necessary to resort to what seem the best measures, measures justifiable to a certain extent, based upon observation and upon a knowledge of the conditions underlying the constitution of the whole race. We know that underlying these cases with few symptoms there is a latent condition, and that it is either psora, syphilis or sycosis. If it were known to be syphilis we would select the head of the class of remedies looking like syphilis. If known to be sycosis, we would select the head of the class of remedies looking like sycosis. Sulphur stands at the head of the list of remedies looking like the underlying psora; and so, if the underlying constitution is known to be psoric, and it is a masked case, Sulphur will open up the latent cause, and, even if it does not act on a positively curative basis, it is true that a better representation of the symptoms comes up. And, as Sulphur is to psora, so is *Mercurius* to syphilis, and *Thuja* to sycosis.

In the coal regions of Pennsylvania, those who work in the mines and those living in the vicinity of the mines often need Sulphur. We know that the coal is not made up of Sulphur; there is a good deal in it besides; but those who handle the coal often need Sulphur. Persons who are always grinding kaolin and the various products that are used in the manufacture of china, and the workers among stone, especially require *Calcareæ* and *Siliceæ*, but those who work in the coal mines commonly need Sulphur. The patients look like Sulphur patients; they have the very aspect, and even when their symptoms are localized and call for other remedies, you will get no good action from these remedies until you give them a dose of Sulphur, after which they go on improving wonderfully. Some believe this is due to the fact that there is so much Sulphur in the coal. We may theorize about these things as much as we have a mind to, but we do not want to fall into the habit of antidoting the lower potencies with the high. Only use that method as a *dernier ressort*. When *there are no symptoms* to

indicate the remedy, then it is time for us to experiment, and then it is justifiable only when it is carried on by a man of the right sort, because such a man keeps within the limit. He knows how to give his remedy. Such a man is guided by the symptoms in each case so far as symptoms speak out.

In inflammatory conditions a *purplish* appearance of the inflamed parts, a venous engorgement, is seen under Sulphur. *Measles* when they come out with that purplish color very often require Sulphur. Sulphur is a great medicine in measles. The routinist can do pretty well in this disease with *Pulsatilla* and Sulphur, occasionally requiring *Aconite* and *Euphrasia*. Especially will Sulphur modify the case when the skin is dusky and the measles do not come out. This *purplish color* may be seen anywhere, in the erysipelas, in the sore throat, often on the forearms, legs and face.

The dreadful *effects of vaccination* are often cured by Sulphur. In this it competes with *Thuja*.

In the *mental state*, which gives out the real man, shows forth the real interior nature, we see that Sulphur vitiates his affections, driving him to a most marked state of *selfishness*. He has no thought of anybody's wishes or desires but his own. Everything that he contemplates is for the benefit of himself. This selfishness runs through the Sulphur patient. There is absence of gratitude.

Philosophical mania is also a prominent feature. Monomania over the study of strange and abstract things, occult things; things that are beyond knowledge; studying different things without any basis to figure upon; dwelling upon strange and peculiar things. Sulphur has cured this consecutive tracing of one thing to another as to first cause. It has cured a patient who did nothing but meditate as to what caused this and that and the other thing, finally tracing things back to Divine Providence, and then asking "Who made God?" She would sit in a corner counting pins and wonder, pondering over the insolvable question of "Who made God?" One woman could never see any handiwork of man without asking who made it. She could never be contented until she found out the man who made it, and then she wanted to know who his father was; she would sit down and wonder who he was, whether he was an Irishman, and so on. That is a feature of Sulphur. It is that kind of reasoning without any hope of discovery, without any possible answer. It is not that kind of

philosophy which has a basis and which can be followed up, reasoning in a series, reasoning on things that are true, but a fanatical kind of philosophy that has no basis, wearing oneself out. Sulphur has an aversion to following up things in an orderly fashion, an aversion to real work, an aversion to systematic work. The Sulphur patient is a sort of *inventive genius*. When he gets an idea in his mind he is unable to get rid of it. He follows it and follows it until finally accidentally he drops into something, and many times that is how things are invented. Such is a Sulphur patient. He is often ignorant but imagines himself to be a great man; he despises education and despises literary men and their accomplishments, and he wonders why it is that every one cannot see that he is above education.

Again, this patient takes on *religious melancholy*, not meditating upon rational religion but on foolish ideas about himself. He prays constantly and uninterruptedly, is always in his room, moaning with despair. He thinks he has sinned away his day of grace.

A patient needing Sulphur is often in a state of *dullness and confusion of mind*, with inability to collect the thoughts and ideas; lack of concentration. He will sit and meditate on no one thing continuously, making no effort to concentrate his mind upon anything. He wakes up in the morning with dullness of mind and fullness in the head and vertigo. Vertigo in the open air. In the open air comes on coryza with this fullness in the head and dullness, so that there is a confusion of the mind.

In the books there is an expression that has been extensively used: "Foolish happiness and pride; thinks himself in possession of beautiful things; even rags seem beautiful." Such a state has been present in lunatics, and in persons who were not lunatics in any other way except on that one idea.

The Sulphur patient has an *aversion to business*. He will sit around and do nothing, and let his wife take in washing and "work her finger nails off" taking care of him; he thinks that is all she is good for. A state of refinement seems to have gone out of the Sulphur patient. Sulphur is the very opposite of all things fastidious. *Arsenicum* is the typical fastidious patient, and these two remedies are the extreme of each other. *Arsenicum* wants his clothing neat and clean, wants everything hung up well upon the pegs, wants all the pictures hung up properly upon the wall, wants everything neat and nice; and hence

the *Arsenicum* patient has been called "the gold-headed-cane patient," because of his neatness, fastidiousness and cleanliness. The very opposite of all that is the Sulphur patient.

"Indisposed to everything, work, pleasure, talking or motion ; indolence of mind and body." "Satiety of life ; longing for death." "Too lazy to rouse himself up, and too unhappy to live." "Dread of being washed (in children)." Yes, they will cry lustily if they have to be washed. The Sulphur patient dreads water and takes cold from bathing.

As to its *relationship*, Sulphur should not be given immediately before *Lycopodium*. It belongs to a rotating group, *Sulphur*, *Calcarea*, *Lycopodium*. First *Sulphur*, then *Calcarea* and then *Lycopodium*, and then *Sulphur* again, as it follows *Lycopodium* well. Sulphur and *Arsenicum* are also related. You will very often treat a case with Sulphur for a while and then need to give *Arsenicum* for some time, and then back to Sulphur. Sulphur follows most of the acute remedies well.

Now you have a *general* idea of Sulphur.

II. PARTICULARS.

The Sulphur patient is troubled much with *dizziness*. When he goes into the open air or when he stands any length of time, he becomes dizzy. On rising in the morning his head feels stupid, and on getting on his feet he is dizzy. He feels stupid and tired, and not rested by his sleep, and "things go round." It takes some time to establish an equilibrium. He is slow in gathering himself together after sleep. Here we see the aggravation from sleep and from standing.

The *head* furnishes many symptoms. The Sulphur patient is subject to periodical sick headaches ; congestive headaches, a sensation of great congestion with stupefaction, attended with nausea and vomiting. Sick headache once a week or every two weeks, the characteristic seven-day aggravation. Most headaches coming on Sunday in working men are cured by Sulphur. You can figure this out. Sunday is the only day he does not work, and he sleeps late in the morning and gets up with a headache that involves the whole head with dullness and congestion. Being busy and active prevents the headache during the week. Others have periodical headaches every seven to ten days, with nausea and vomiting, vomiting of bile. Again he may have a headache lasting two to three days ; a congestive headache. Headache

with nausea and no vomiting or headache with vomiting of bile. The headache is aggravated by stooping, generally ameliorated in a warm room and by the application of warmth; aggravated from light, hence the desire to close the eyes and to go into a dark room; aggravated by jarring, and after eating. The whole head is sensitive and the eyes are red, and there is often lachrymation, with nausea and vomiting. Headaches at times in those who suffer constantly from great heat in the vertex; the top of the head is hot and burns and he wants cold cloths applied to the top of the head. These headaches associated with heat are often ameliorated by cold, but otherwise the head is ameliorated in a warm room. The head feels stupid and sometimes he cannot think. Every motion aggravates and he is worse after eating and drinking, worse from taking cold things into the stomach and better from hot drinks. When the headaches are present the face is engorged in many instances; bright red face. Headaches in persons who have a constantly red face, a dirty face or sallow, a venous stasis of the face; the eyes are engorged and the skin is engorged; the face is puffed and venous in appearance. Sulphur is useful in persons who get up in the morning with headache, dizziness and red face; in persons who say they know they are going to have the headache some time during the day because the face feels very full and is so red in the morning, and the eyes are so red. Before the headache comes on there is a peculiar kind of flickering before the eyes, a flickering of colors. Scintillations, stars, saw teeth, zig-zags are forewarnings of a headache. Some Sulphur headaches that I have known clinically present a peculiar appearance before the eyes: a rhomboidal figure, obliquely placed, with saw teeth on the upper side and the body filled with spots. Sometimes this figure is seen toward one side of the object looked at, sometimes on the other side, but it is seen equally distinct with both eyes at the same time. Now these saw teeth are flashes of light, and the base of the figure grows increasingly darker until you get all the colors of the rainbow. Whenever he disorders his stomach he has this peculiar vision. Sometimes it comes in the morning after eating and sometimes at noon after eating. It comes also when he is hungry in the evening and delays his eating. These zig-zags come very often with that hungry all-gone feeling in the stomach. Now we have the same state of affairs, similar appearances of zig-zags and flickerings in both *Natrum muriaticum* and *Psorinum*

before the headache. They are forewarnings of headaches. These zig-zags, flickerings, sparks, stars and irregular shapes appear before the eyes periodically, and may last an hour or so. In the head there is much throbbing. Morning headaches and headaches coming on at noon. Headaches also, as mentioned before, that begin after the evening meal and increase into the night, hindering sleep.

Upon the *external head* the itching is indescribable; constant itching, itching when warm in bed. It is worse from the warmth of the bed and yet it is also worse from cold. Itching eruptions; scaly, moist and dry eruptions; vesicles, pimples, pustules and boils; eruptions in general upon the scalp. Much dandruff piling up in the hair, and loss of hair. There is slow closing of the fontanelles. "Humid, offensive eruption on top of the head, filled with pus, drying up into honey-like scabs. *Tinea capitis*." "Humid offensive eruption with thick pus, yellow crusts, bleeding and burning." Hair dry, falling off, etc.

It has many eye symptoms, such as in older times would be called scrofulous, but which we recognize as psoric. There is a tendency for every "cold" to settle in the eyes. Discharge of mucus and pus from the eyes. Ulceration and thickening of the eyelids, lids rolled outwards or inwards, loss of eye lashes; red and disturbed condition. Now, if we would say "complaints of the eyes in a Sulphur patient," it would cover all kinds of eye troubles. Sulphur has extensive eye symptoms. Eye symptoms with eruptions about the face and scalp, with itching of the skin especially when warm in bed. Catarrhal eye symptoms that are made worse from washing. When not only the eyes are aggravated by bathing, but the patient himself is aggravated from bathing and he dreads to bathe, and he has itching which is made worse from the warmth of the bed, and he is subject to chronic sick headaches and has heat on the top of the head, with such concomitants his eye symptoms, no matter what, will be cured by Sulphur. Sulphur has cured cataract and iritis, inflammatory conditions and opacities, and all sorts of "hallucinations of sight" (coming with headaches). "Flickering before eyes" (as described) "small dark specks; dark points and spots; black flies seem to float not far from the eyes; gas or lamp light seems to be surrounded with a halo," etc. There are so many of these peculiar images before the eyes that they are too numerous to read, but all have the Sulphur constitution.

“Burning heat in the eyes, painful smarting.” Every “cold” settles in the eyes, *i. e.*, the eye symptoms, when present, are increased and, when he has no eye symptoms, these are brought on from every “cold.”

The *ears* are subject to catarrh. You have learned in the generals, I believe, that the catarrhal state is a very strong feature of Sulphur. No mucous membrane of the body escapes, all have catarrhal discharges, copious, sometimes purulent, sometimes bloody. The eyes and ears are no exception. The catarrhal state goes on in a patient until deafness follows. Thickening of the mucous membrane and of the drum. All sorts of strange noises in the ear until the hearing is lost. After structural changes have taken place and deafness comes on even if there is no cure for the deafness, you may cure the patient. When a patient wants to know if he can be cured of his deafness you can never tell him. Many of the troubles are in the middle ear, and as you cannot examine it, you do not know how much structural change has taken place. You can only say that if the *patient* can be sufficiently cured then it can be ascertained. If the structural changes are not very great they will disappear after the patient is cured. If the internal parts are destroyed, if there is a dry, atrophic catarrh of the middle ear, you can hardly expect to restore that middle ear. It has been destroyed; the parts that are necessary for sensation no longer register sensation, because they have become atrophied. You can only talk to the patient about the prospects of curing *him*. Do not entertain in your mind the idea of curing an organ. Keep that idea out of your mind as much as possible, and, when people want you to locate disease in organs, keep quiet, because only the *patient* is sick. Think as much as possible about the sick patient and as little as possible about the name or the pathological conditions of organs. So, when patients say, “Doctor, can you cure my hearing?” answer them: “First, *you* must be cured. The first and most important thing is to cure *you*.” Cure the patient and then it will be seen afterward what can be done for the ear, for the hearing. That keeps your mind in proper form, keeps you in right relation to the patient. If you were all the time talking of the ear, the patient would worry your life out about his ear. “When are you going to do something for my ear? When am I going to hear?” Start out with the understanding that the whole patient is to be treated. *Remember the patient first, and*

let him understand that. The idea of a patient going to a specialist for the ears should be discouraged. It is a disease of the whole body that is to be treated. There is no such trouble as an ear trouble considered apart from the constitutional state of the patient himself. Sulphur has "frequent stoppage of the ears, especially when eating or blowing one's nose." "Sounds in ears." Inflammations of various kinds. Discharges from the ears when in a Sulphur patient. You see I have avoided saying that Sulphur is a remedy for the ears. Many times you will cure patients of these "local diseases" if you select remedies for the *patients*, when the local symptoms would never have led you to the remedy. You would never have thought of Sulphur for the ear alone, or for the prolapsus of the uterus, yet the patient needs Sulphur, and, having given it, you are astonished to see how the organs are turned into order after the constitution of the patient has been made orderly. Now and then pains that are located here and there in the body are prescribed *at* by the physician, and failure follows. He hunts a remedy through and through to find some particular kind of pain that resembles the pain which the patient has. You should go ahead and treat the patient and not bother your head about the pain. Leave it out if you want to, but get a remedy for the patient. If that pain is in the remedy well and good, but if not, do not bother about it. Do not bother about the little symptoms. You may even leave out a most prominent *key-note* in treating the *patient*. Sometimes that particular pain is the only symptom the patient wants cured, but if it is an old symptom, it will be the last thing to go away. Under such circumstances the patient will bother your life out wanting to know when that pain is going to be cured, but if you have knowledge of the matter you will not expect to relieve that pain the first time; if you do relieve it you know that you have made a mistake, for the *later* symptoms should all go away *first*. It is sometimes necessary, in order to hold a patient, to say, "That symptom must not be cured first, but these little symptoms that you do not care much about will go away first." You will hold that patient for life simply because you have told the truth, simply because you have exhibited to her that you *know*. Such business is honestly acquired business.

The catarrhal affections of the *nose* are extremely troublesome in Sulphur. "Smell before the nose as of an old catarrh," and so

troublesome is the Sulphur nose, if there be such a thing, so troublesome is this catarrhal state that with odors he is made sick. He thinks he smells his own catarrh, and thinks others also smell it. The smell of this old catarrh, or of filthy things, keeps him nauseated. He is subject to coryzas; constant sneezing, stoppage of the nose. Under coryza we read "fluent like water trickling from the nose." All the nasal discharges are acrid and burning.

This is a state in Sulphur. Every time he takes "cold," it brings on a coryza. He cannot take a bath, he cannot become overheated, he cannot get into a cold place and cannot overexert himself without getting this "cold in the nose." All sorts of circumstances and changes of the weather establish a new attack. I have observed in numbers of those old people who are in the habit of taking large quantities of Sulphur in the spring for boils, and as a spring cleanser, that for the rest of the year they suffer from coryzas and the various complaints of Sulphur. If you can hunt out some of these old Sulphur takers, you will have a very good picture of Sulphur, interesting for the homœopathic physician to look upon. He is also subject to nose-bleed, dry ulcers and scabs in the nose.

I have quite sufficiently described the general aspect of the *face* in Sulphur, but we must especially remember the venous stasis, the dirty appearance, the red spots, the sickly look, the appearance of false plethora. It is a face that changes from pale to red, a pallid face that becomes easily disturbed, flushed from excitement, flushed in a warm room, flushed from slight stimulation, especially flushed in the morning. Eruptions upon the face.

Periodical neuralgias of the most violent character, especially on the right side of the face. Long and tedious right-sided neuralgias. Persistent neuralgias in those that live in a malarial climate, when the short-aching remedies given for the neuralgia, such as *Belladonna* and *Nux vomica*, have only for a short time mitigated the suffering. If upon studying the whole case you find he turns out to be a Sulphur patient, Sulphur will permanently cure the neuralgia.

Sulphur cures erysipelatous inflammation of the face. In Sulphur the erysipelas commences on the right side of the face and round about the right ear, and there is considerable swelling of the right ear, and it spreads slowly, moves with sluggishness and is unusually purple. The whole patient is an offensive, filthy patient; in spite of

washing, his skin looks wrinkled, shriveled and like dried beef. Sulphur is not so suitable in the cases that come on with rapidity and great violence, with vesicles and enormous blebs, but it suits those cases in which at first there is the appearance of a mottled dusky red spot on the face, and at a little distance from it another spot and then another, and these, as it were, all run together, and after a week or so it develops into a sluggish erysipelatous state, and the veins seem to be distended, and he is passing into a state toward unconsciousness. You will be astonished to see what Sulphur will do in such a case, which comes slowly as if there were a lack of vitality to develop it, a slow, sluggish, erysipelatous inflammation. Whereas, if it be *Arsenicum*, *Apis* or *Rhus tox.*, it spreads with rapidity. *Arsenicum* and *Apis* burn like fire and *Rhus* has blisters upon the erysipelatous patches.

The whole face in Sulphur is covered at times with patches of moist, scaly, itching, eczematous eruptions. Crusta lactea that involves the scalp and the ears, with moisture, thick yellow crusts, piling up, with much itching, which is worse when warm in bed. The child sleeps without any covers. If there is itching in parts that are covered, when the parts become warm the itching increases. These eruptions are associated with eye diseases, catarrhal affections of the eyes and nose.

The Sulphur patient very commonly has thick incrustations upon the lips, scabby lips, chapped lips, cracks about the lips and corners of the mouth. The saliva oozes out of the mouth making red streaks. Eruptions with itching and burning about the lower part of the face. Herpetic eruptions about the mouth. Now all of these burn and become excoriated from the fluids of the mouth. Round about the under jaw there is swelling of the glands. Swelling and suppuration of the sub-maxillary glands; swelling of the parotids. The glands of the neck are all enlarged.

In the old Sulphur constitution the *teeth* become loose; the gums settle away from the teeth and bleed easily, smart and burn. The teeth decay easily. There is a general unhealthy condition of the *mouth* and tongue. Foul taste and foul tongue. Ulceration of the mouth and burning in the ulcers. In the aphthæ there is burning, smarting, stinging. White patches in the mouth. Sulphur is a very useful remedy in sore mouth of nursing infants, and such as occurs in the mother during lactation. It has also deep-seated phagedenic ulcers

that eat in around the inner surface of the cheek. Peculiar little nodules form upon the tongue and upon the sides of the mouth where the unhealthy teeth press. When these nodules come along the edge of the tongue they are so painful that he cannot talk and cannot swallow. He must live on substances that he can take without having to move the tongue. Sometimes they involve the whole tongue, and have been called cancerous affections even when quite benign.

Sulphur is a wonderful medicine for chronic sore throat when the symptoms agree. The old Sulphur patient suffers from a general catarrhal state, as has been said, and the throat symptoms are of that sort. There is a catarrhal state which goes on even to ulceration. The tonsil is enlarged, and has a purplish aspect lasting for weeks and months, a general sore and painfully sensitive condition of the throat; but it has also an acute sore throat. It is especially useful in inflammation of the tonsil with suppuration, when the aspect is purplish, venous, and not a bright red inflammation. That *purplish*, dusky color is especially a Sulphur color. There is often burning in the throat, stitching, rawness, smarting, inflammation and difficult swallowing. It has cured diphtheria.

I have sufficiently covered appetite, desires and aversions under the generals. The Sulphur patients are commonly dyspeptics, patients who can digest almost nothing. They must live on the simplest forms of food in order to have any comfort at all; cannot digest anything like ordinary diet. The *stomach* is sensitive to touch with the all-gone hungry feeling before mealtimes. The Sulphur patient often cannot go long without eating; he becomes faint and weak. Great heaviness in the stomach after eating but little, after eating meat, or after eating substantial foods that require a healthy stomach to digest them. Then he becomes the victim of pain. He will describe the pains in his stomach as burning pains and great soreness; he has a morbid feeling in the stomach; smarting and rawness in the stomach. He will describe this sensation as "Pain in the stomach after eating. Sensation of weight in the stomach after eating," etc. The Sulphur stomach is a weak stomach, is slow in digesting. There is acid vomiting and bilious vomiting, as a result of the disordered stomach. Sour taste in the mouth from the welling up of acids from the stomach.

The *liver* is a very troublesome organ in Sulphur. There is enlargement and induration, with much painfulness, pressure and distress. With congestion of the liver, the stomach also takes on its usual symptoms, or, if present already, they are aggravated. The patient becomes jaundiced, with sensation of engorgement or fullness of the liver, dull aching in the liver. He is subject also to gall stones; rending, tearing pains in the region of the gall duct, coming periodically, attended with much increase of his sallowness. The Sulphur liver patient is the victim of chronic sallowness, which increases and decreases. When this patient takes "cold" it settles in the liver; every "cold," every bath he takes, every change of weather, aggravates his liver symptoms, and when these are worse he has less of other troubles. It localizes itself in attacks of bilious vomiting, in attacks of "bilious headaches," as he calls them. At times the stool is black as tar, at others it is green and thick, and there are times when the stool is white. These stools alternate and change about with the engorgement of his liver, and then he is subject to gall stones.

The Sulphur patient suffers from great distension of the *abdomen*; rolling in the abdomen; soreness in the abdomen. He cannot stand because the abdominal viscera hang down so; they seem to be falling. There is rawness, soreness, distension and burning, with diarrhoea, with chronic diarrhoea, and then this goes on to more serious trouble, towards tubercle in the abdomen. The mesenteric glands become infiltrated with tubercle. There is nightly itching with the eruptions upon the abdomen, the itching being worse when warm in bed. Shingles come out about the sides and seem inclined to encircle the body.

He is also a *flatulent* patient. There is much belching, much distension, much rumbling and passing of flatus. He has spells of colic without being flatulent; the wind is confined. Dreadful spells of colic, cutting, rending, tearing pains relieved in no position; burning and smarting in the whole abdomen and soreness of the intestines. Catarrh of the whole intestinal tract. That which he vomits is acrid and smarts the mouth, and that which he passes by the anus is acrid and makes the parts raw. The liquid stool burns and smarts while it is passing, and there is much burning when passing moist flatus. He is often called to stool, but while sitting at stool he passes only a little fluid or a little moisture with flatus, and that fluid burns like coals of fire, and the anus becomes raw.

Now the stool may be said to be thin *sæces*, yellow, watery, mucous, green, bloody, excoriating. The stool is *offensive*, often sickening, of a penetrating odor which permeates the room, and "the smell of the stool follows him all around, as if he had soiled himself."

The diarrhœa comes on especially in the morning and it is commonly limited to the forenoon. It drives him out of bed in the morning; as soon as he wakes up and moves in bed, he feels the urging to stool and must make great haste, or he will lose it; it is with difficulty that he can hold it until he reaches the commode. The morning is the typical time, but a diarrhœa that comes on any time after midnight, from midnight till noon, may be a Sulphur diarrhœa. Very seldom would you expect to cure with Sulphur a diarrhœa that is in the habit of coming on during the afternoon. Sulphur has some evening aggravations in diarrhœa, but these are exceptions; it is the morning diarrhœa that we look to Sulphur to cure.

(To be concluded.)

DEPARTMENT OF HOMŒOPATHICS.

THE INVESTIGATION OF DISEASE—ORGANON, Secs. 96-97.

By PROF. F. E. GLADWIN, M. D., H. M.

If there is one maxim deeply graven on the heart of man it is: "Truth should not be spoken at all times;" indeed, it often reads, "Truth should never be spoken." It seems as though half the energy of man were spent in distorting the truth one way or another. Paragraphs 96 and 97 warn us of some of the ways in which temperament causes the distortion of truth. In spite of it all we must discover the patent as he is, not as he wishes us to see him.

I visited one of the sensitive ones the other day. He described his dreadful headache, the terrible pain in the chest which he thought would kill him every time he coughed or took a deep breath, etc., but while I sat by him the nurse accidentally stuck him with a pin and he

made just as much fuss over it as over his head and chest pains, leaving me in some doubt as to which was the most severe. Fortunately for the patient, the remedies are sensitive and exaggerate also.

The good-natured, happy-go-lucky does not take the trouble to notice his symptoms. One came into my office the other night and informed me that he had a headache. When I asked him to tell me what kind of a headache it was, to describe it, to tell what it was like, he whirled around and reached for the sofa pillow to throw at me, but thinking better of it he asked, with a laugh, how he was supposed to know what kind of a headache it was; it just hurt, and it hurt awful, and that was all there was about it.

There are suspicious patients and patients who have mistaken ideas about the meaning of symptoms. They will not acknowledge certain symptoms, fearing the physician will think ill of them. One can often obtain all necessary information about a denied leucorrhœa after remarking that leucorrhœa is often the result of a cold.

False modesty will make the patient distort the truth by withholding a part of it. One of my patients a short time ago told me such a good *Pulsatilla* story that I didn't suspect that she was withholding any of the truth, but as she was about to leave the office she said: "There is something else that perhaps I ought to tell, though it isn't very nice." Then she went on telling symptom after symptom, and when she had finished the picture was not *Pulsatilla* but *Pulsatilla's* sister *Sepia*.

Bashfulness is another stumbling block. You can't do much with a bashful patient, until by acquaintance you gain his confidence, and even then you may never be able to get the whole truth. I remember a bashful boy of fourteen years who used to come to the clinic. With his mother's help I managed to get enough symptoms to give him *Natrum mur*; but he would never tell me that he was troubled with nocturnal enuresis, and he made his mother promise not to tell. One morning after receiving the remedy he awoke surprised to find a dry bed, and ran to tell his mother and accuse her of having told the doctor. To reassure him the mother came and asked how I had found it out, but the boy never would come for more medicine.

The sluggish patient wants to get everything that he does tell exactly right. He thinks for minutes before answering each question. He volunteers nothing but common symptoms and not many of those.

How to draw the truth from these stupid patients without asking leading questions will sometimes tax the ingenuity of the wisest, yet it must be done.

Patients will often withhold symptoms simply because they forget to tell or because they think them valueless. They will say, "I forgot to tell you that baby has a discharge from the ear." You may carefully take a case and among other things ask what sickness the child has had, and the mother will enumerate them and assure you that that is all. Then when you have had Annie under treatment for some time the mother will accidentally tell you that Annie has not been well since she was vaccinated. When asked why she didn't tell that before, she answers, "I didn't know that had anything to do with it."

Then we have the secretial patient. His sickness is the result of sin, and he wants us to cure the result without suspecting the cause. We have a patient here who has been under treatment months. Each time he came to the clinic he assured the physician in charge that there was nothing else about the case to tell, but finally he became frightened, and to one of the physicians he confessed privately a sycoitic history and symptoms enough to cover seven pages of commercial note. He had so carefully hidden all of his general symptoms that we did not even suspect the nature of his trouble. It was an awful mistake, for now we will have a hard fight to save him and he will probably go down in spite of us.

Then there are the hysterical patients, those looking-glass people who reflect every symptom that they ever heard or thought of. I remember one whom I came in contact with in the early part of my practice. She was threatened with "heart failure" every time any trouble came into the family. *Sac. lac.* always gave immediate relief. She gained me quite a neighborhood reputation. She has long since moved to another part of the city, but the last I heard of her she was still telling that she had had many physicians but nothing ever helped her as did my "magic heart powders."

The pretended hysterics are the patients to avoid, if you can, not because they will deceive you but because they will waste your time and annoy you; they will make up symptoms to fit the occasion. I had a patient who, one day to spite her daughter, became rigid and "unconscious," standing in the middle of the room and made that poor daughter support her forty-five minutes. She took a position out

Feels warm enough without under flannels.

Reddish blotches on nose and upper lip for some years.

Plat., C. M. Hard to wake in morning.

Oct. 31st. Discharges better color. More form to them. No
Sac. Lac. pain.

Nov. 10th.

Stool loose for several days ; <6-7 P. M.

Smarting at anus before stool.

Headache worse.

Plat., C. M. Pains in knees at night ; >drawing up legs.

Nov. 20th.

Head feels better.

Stools formed.

Sac. Lac. Aching in knees wakes him at night.

>drawing up and stretching out legs.

Dec. 3d.

Urging to stool, then no passage ; <night or morning.

Sharp pains run from abdomen down legs to soles of feet.

Tired in morning.

Sac. Lac. Hungry in forenoon.

Dec. 15th.

Stomach heavy in afternoon.

Heat of soles ; <day.

No headaches or pains in shoulders or legs.

Stool formed, no flakes.

Dec. 29th.

Improved.

From this man's former occupation the possibility of lead-poisoning at once presented itself. No other constitutional symptoms could be obtained, and the choice of a remedy not being easy from the paucity of symptoms, *Platina* was decided on as standing high as an antidote to chronic lead-poisoning. The action of the remedy has proved that the selection was justifiable, for the man has improved much under its action.

The advisability of the repetition of the dose only twenty-four days after the first prescription is questionable, for my evidence of the

return of the headaches *to stay*, or more accurately of their gradually becoming worse, was not sufficient. (But how much easier to look back than forward.)

We have here a good example of dynamic antidotes to poisons. Compare this case with the treatment by the "rational," allopathic, mongrel or what-not school, and we must all be thankful that we work under a law universal in its application. Place beside our method that of the schools referred to and we are instantly struck with the vast difference in the manner of reasoning.

In this class of case, no less than all others, the material idea of disease reigns supreme with them.

Given as here a plumber and the probability of lead-poisoning being thought of, what must they do? Why, get the lead out of course. Iodide of potash by the pound must be taken "to get the lead into a soluble form," they say, "that the kidneys may eliminate it."

So the iodide is given and the urine tested and tested; and great is their self-applause at their skill in diagnosing lead and "eliminating it from the system."

But what is the result of all this?

The patient is not much better off when he has completed his course of treatment than before he began.

He is now iodide-of-potash-sick as well as lead-sick. Is iodide of potash harmless that he may take it thus to remove the lead chemically? Think of the depth of action that enables it to take hold (dynamically) of old syphilitic and mercurial cases and shall we consider that the end (the removal of the lead) justifies the means?

No; a thousand times, no.

Here, as always, the "outwardly reflected image of the inner nature of the disease" must be the only guide to the remedy.

We are not after a piece of lead pipe swallowed by the plumber or so many grains of lead stored up in his tissues; we are to correct the vital wrong.

It is not the man's tissues affected by the few grains of lead (given they are there for the sake of argument) in his body that make him sick. It is the dynamic action on his vital force of the lead—considered not by the ton, pound, ounce or grain, but as a morbid potency with its own peculiar individual and characteristic properties

—which makes this individual sick and stamps his disease lead, not arsenic poisoning or scarlet fever.

And when after weeks and months this man finds his health returned, who shall bother to see whether his urine has a trace of lead or not? Certainly not the patient and still less the homœopath.

Note the Master's 17th paragraph: "In effecting a cure the inner change of vital force, forming the basis of disease, that is the totality of the disease, is always canceled by removing the entire complex of perceptible signs and disturbances of the disease. Hence it follows that the physician has only to remove the entire complex of symptoms in order to cancel and obliterate simultaneously the internal change; that is, the morbidly altered vital force, the totality of the disease, in fact, the *disease itself* * * *."

COMMENCEMENT EXERCISES OF THE PHILADELPHIA POST-GRADUATE SCHOOL OF HOMŒOPATHICS.

An Oration by CHANCELLOR JNO. R. NICHOLSON, of Delaware.

Ladies and Gentlemen, Mr. President, Members of the Faculty and Graduates:—

I had no sooner accepted the very flattering invitation extended to me by your Dean to meet you here to-day and take part in your commencement exercises, than I began to wonder and ask myself, for a long time in vain, what possible message either of interest or benefit could I bring to you from the atmosphere of the Courts. What is there in the life-work of lawyer or judge to put him in touch with the conscientious student of the art of healing?—to fit him to say a useful or helpful word to the young physician at an hour like this—the hour that marks the commencement of his life-work? I detest insincere speech, and phrase making for the sake of the phrases—and again, there are few spectacles more distasteful to me than that of the amateur student of an art or science talking wisely about it to the earnest masters of the craft. I would shun a lawyer's medicine as I would a physician's law or a clergyman's statecraft. But after I had thought

it all over for awhile there came to me a perception of the truth that at bottom our aims and aspirations are, or ought to be, essentially the same, and I have come now to feel that there is a solid common ground upon which it is easy and natural for me to stand and talk with you, and that the more faithful, the more entire we each may be, in devotion to the high ideals of our respective professions, the closer we will be in touch, the more real the spiritual comradeship.

“And Pilate saith unto Him, what is truth?” Is it not the highest intellectual task set for man, each in his own way, on his own lines, to seek the answer to that question? The search may be endless. The veil of Isis may never be lifted, but the search is its own reward, and those lives are the richest and noblest that are spent in the toilsome task; whilst the one imperishable gift that man can make to man, the one priceless legacy that he can leave to his fellows, is a new truth, some step in advance along the toilsome road, which, when once gained by one, belongs for all time to all, or to all who choose to take it.

The master minds who achieve such advances stand out like beacon lights across the ages, but the history of human progress is not only the history of their achievements, but also of the labors of those by whom those achievements have been made really available to mankind.

You may think it is a long sweep for the mind to take from the “post-graduate schools” of Hippocrates on those isles of Greece, Cos and Cnidos, to the “Post-Graduate School of Homœopathics” here in Spring Garden street in this nineteenth century town. It seems a long journey from the age of Pericles and philosophy and art to the age of electricity—and yet the milestones are most of them still visible, and to my mind there are no missing links in the intellectual pedigree. Any one who chooses to take the journey will, in my judgment, find it one of profit as well as absorbing interest. But in this I am quite ready to admit that it is the lawyer that speaks, for in my profession precedent, as you know, is all-powerful, and as we lawyers trace back our legal definitions and maxims to the Juris-Consults of Rome, so if we would be really masters of our craft, we must study Ulpian and Gaius as well as Coke and Blackstone.

To my lawyer-habit of mind, there is a great fascination in the study of the evolution of the successive schools of medicine, from the teachings of Hippocrates, through the schools of Alexandria, to the

succession of Roman masters culminating in Galen. And then the Byzantines, when the great seat of power was Constantinople—and with the Mahomedan conquests, the Arab doctors, developing the same old doctrines with the addition of the knowledge of strange drugs borrowed from the far East, the works of Albucasis and Avicenna becoming the inspiration of the mediæval Christian Schools. Then, with the revival of learning, the renewed study of Galen and Hippocrates in the schools of Salerno and Naples and Montpellier, of Paris and Leyden and Vienna. The potent influence for a time of Paracelsus, and then the groping after new truths by here and there a great mind in the seventeenth and eighteenth centuries, each with his theory, his lectures, his books and his ardent followers and disciples; and finally the appearance of a solitary master, who profoundly versed in the results of the labors of those who had gone before him, their half lights and their errors, used it all as the sunken pillar upon which his own genius rose. And although persecuted and reviled by the learned of his own time, bequeathed to mankind a new gospel of healing, which has made the name of Hahnemann sacred to generations of suffering humanity.

And to me, the peculiar interest of the exercises of this occasion lies in the fact that they bring together the most faithful and conscientious students and disciples of that new gospel of the healing art, gathered to-day around the greatest living exponent of the doctrines of Hahnemann—the master whose lessons it has been your privilege to receive, the Dean, of this last school of the series.

But I have no intention to dwell at length upon the evolution of the schools of medicine, or the development of medical practice and doctrine, for even if I had the time to so test your patience, which I have not, I should still refrain from attempting such a line of thought, for it would be doing the very thing which I have so strongly condemned at the outset—lecturing to the masters of a craft upon that which I only know as an amateur and an outsider. But I do know a truthful saying, and one worthy of acceptance, that “Unto whomsoever much is given, of him shall be much required,” and that you who go forth to-day from this institution have placed upon your shoulders no ordinary responsibility. Throughout the student period all the influences surrounding you have been leading you to high ideals, and stimulating your minds to the strenuous, unremitting labor by

which alone any knowledge worth the gaining can be gained. Now begins the testing period. Right before you are the trials, the terrible anxieties and the insidious—sometimes the cruel—temptations that beset the life of the practitioner, in which each soul must work out its own salvation without the helping hand and strong arm of the teacher, or the stimulating helpful comradeship of fellow-students and workers.

An early historian of the Province of Pennsylvania, Gabriel Thomas by name, writing in the days of Penn, says: "Of lawyers and physicians I shall say nothing, because the country is very peaceable and healthy; long may it continue and never have occasion for the Tongue of one or the Pill of the other, both equally destructive to men's estates and lives." And since Gabriel Thomas there has never been a time in this Commonwealth, or in any other of which I have any knowledge, when the doctor and the lawyer have not been the favorite targets for the shafts of raillery and sarcasm. And if we go all the way back to classic antiquity, we find the Roman historian, Pliny, dryly remarking in a similar strain, when he begins to write of the medical schools of Rome, which imported their teachers, by the way, from Greece, "The Roman people got on for six hundred years without doctors." I cannot now recall any Roman gibe against the lawyers, for as a rule the Roman lawyer was altogether too potent a personage to be lightly spoken of.

But so it has been *in sæcula sæculorum*, and that there have been just grounds for all these gibes I fear that none of us can deny; and I fear, too, judging from the present appearances that heads now brown or black in this assemblage will be grayer than mine before there will cease to be just grounds for such gibes and sneers. "Saul hath slain his thousands and David his ten thousands." War, pestilence and famine have had their victims, but they have come only occasionally, whilst Doctor Sangrado and the indiscriminate vendor of deadly drugs have been always slaying.

It is not upon false systems of medicine, or mistaken methods of treatment however, that I desire to dwell, but upon the failure of the practitioner to follow honestly the light that he has, and to be true to the best ideals of his profession. I want to plant my feet upon the ground common to physician and lawyer alike, the ground common to the two classes of men to whom their fellows must lay bare the innermost secrets of their lives, the two classes of men to whom their

fellows must look for the guardianship of their property and worldly affairs on the one hand, and on the other for the care of health and prolongation of life, and for relief in the midst of pain and weakness and disease. That common ground is the ethical one—the great moral duties which rest upon us alike, for whoever enters the ranks of either profession without a due realization of its ethical standards, and the tremendous duties he assumes by adopting such a vocation, is predestined to bring discredit upon his profession and upon himself, and to furnish fresh justification for the time-worn gibes and jests against lawyer and doctor.

I would like right here to quote and adopt, as an expression of my own experience as well, something that was once said in a public address by an illustrious Delawarean whose name is no doubt familiar to all of you, the Ambassador Bayard. He said, "I never knew a really great physician who was not greater as a man—I mean, whose greatness did not rest upon his personal and moral basis, which elevated and strengthened his professional life, infused itself into the community in which he lived, and was in fact the underlying and pervading cause of his influence and consequent success in his profession." I believe that I stand to-day where that truth is well understood, and that there is no one within the sound of my voice who has not learned it both from precept and example; but it cannot be brought home to the mind too often or too forcibly, that the higher the standard and the aims the greater the difficulty of keeping up to the standard, the greater the danger of faltering in devotion to the aims. The mediæval legend of a compact with the devil, told so often in so many forms, where fortune and fame, or whatever else might be the dearest wish of his heart, are offered to the poor, hesitating wretch as the prize of his immortal soul, has come down the ages to us as an allegory that pictures the ever-recurring crisis in the experience of each human soul with a vividness and truth that to my mind nothing can equal. The crisis may come with a blare of trumpets, and with dramatic accompaniments; the temptation may be tremendous by reason of the magnificence of the prize that is dangled before our eyes, or its peculiar attractiveness to our particular temperament; or it may come in sordid, petty guise. It is such a little thing to be done, or left undone, a thing "which everybody does." To be a stickler at that looks so Quixotic, so unreasonable, so lacking in

common sense ; and yet, whatever the act may be, great or small, important or unimportant, or in fact, whatever may be the abstract moral quality of the act, if it but involve a sacrifice of our internal sense of honor, or rectitude, or duty, a conscious abandonment of what we clearly see to be the nobler, higher plane of conduct, for that of expediency and selfish gain, the compact is offered, a human soul is at stake, and although no mortal eye may see it *then*, and no man may ever know of the act or omission, it is not long before he that runs may read how the crisis has been passed, whether the compact was made or rejected, may read it in the daily walk and conversation, and finally in the eyes and the lines of the face. To the young lawyer and the young physician it comes very soon in the professional career, and it comes to them, I think, in the most trying and difficult forms ; and sometimes with such complication of circumstance that it requires exceptional clarity of intellect as well as strength of moral fibre to pass the ordeal with safety. How many a moral wreck in both professions could tell us, if he would, a story of lofty aspirations and pure ideals at the outset of his career before he began to speak of such things as nonsense, and to talk of the teachings of experience and practical life.

If this be a correct picture of the responsibilities and dangers before the young practitioner, who emerges from other schools, how much greater and how exceptional are those before you. Let me read here a paragraph from one of the annual announcements of the Philadelphia Post-Graduate School of Homœopathics :—

“The peculiar advantage of this school is that it offers to physicians what it has been impossible for them to obtain in any other medical school in the United States, namely, the opportunity to acquire a thorough training in *Pure Homœopathy*, that is to say, the principles and practice of the healing art as taught by Samuel Hahnemann, and verified, extended and exemplified, but not altered, by those who have followed in his footsteps.”

This peculiar advantage you have had, and have undergone a rigorous and unique training in the philosophy and *Materia Medica* of *Pure Homœopathy*, as thus defined ; whilst concurrently, you have had the opportunity of witnessing the application of what you have been taught, in the thousands of instances shown in this report of your dispensary which I hold in my hand. That you have properly availed

yourselves of these advantages is evidenced by the degrees which have just been conferred upon you, and which are the immediate rewards of your arduous labors in the past. You have now received the stamp of the approval of the school, which so boldly throws down the gauntlet in this centre of the medical learning of the United States.

Since the days of Benjamin Rush, who was known throughout the medical world of his time, both in Europe and America, for his ardent advocacy of the famous Brunonian System, so called from its originator, Dr. Brown, Philadelphia has been renowned for the number and high national repute of its medical schools and practitioners, and into this great concourse of physicians you go forth "*rari nantes in gurgite vasto*," the merest handful, so that over and above your duties and responsibilities as physicians, you have an enormously increased individual responsibility as representatives of the system and the school whose disciples and hope you are. As you go from the school into these crowded streets you may well be tempted to say with the poet:—

"Oh monstrous, dead, unprofitable world,
That thou canst bear, and hearing hold thy way!
A voice oracular hath peal'd to-day,
To-day a hero's banner is unfurl'd;

"Hast thou no lip for welcome?—So I said.
Man after man, the world smiled and passed by;
A smile of wistful incredulity
As tho' one spoke of life unto the dead."

Results, and results alone, will overcome the world's incredulity, and make generally available to mankind the truths discovered by your great master. And it now becomes your duty, as well as your high privilege, to consecrate your lives and all the faculties with which God may have endowed you, to bringing about the great results that you have been taught to believe are attainable by the faithful and clear-headed practitioner of pure homœopathy.

This Institution, unquestionably, is still in its infancy, in the period of small beginnings. The richly-endowed and powerful medical schools of this town, that send forth their graduates by thousands, present to-day a striking contrast to it, so far as all their material accessories are concerned. But you who are gathered here to-day, its

corps of instructors, its financial managers, its friends and supporters, may, with the eye of faith, see in it the potentiality of a growth and influence which, sooner or later, will surpass them all.

As the world has grown older, it has grown bigger and bigger, until the teeming millions of our day, swarming in the hives of the great modern cities, make the power and population of the world of our forefathers seem small and insignificant; whilst through the printing press and the telegraph and all the complex machinery of modern civilization, these millions, the whole civilized world, can be reached and stirred and enlightened with more ease and rapidity than was possible, one hundred years ago, with a single nation. The one thing in which the modern world is conspicuously and notoriously lacking, is faith and spiritual earnestness. And yet the modern world is profoundly conscious of the lack, and yearns for what it has not. What a power then rests with the few, who possess the absolute faith in a philosophy, and an earnestness and enthusiasm in a cause, that inspires the originators, managers and supporters of this Institution.

So far as I am instructed in the history of Homœopathy, I know of no period and of no place when the conditions were so favorable for its wide dissemination and final triumph as right here and to day. And if that be true, and if pure Homœopathy be not the idle dream of unscientific enthusiasts, as certain pundits proclaim, then it is not extravagant to hope and expect that, just as in the youth of the world, the schools of Hippocrates in the centre of that Hellenic civilization from which has descended to us the elements of all that we know of science or philosophy or art, were the recognized fountain and source of medical knowledge and inspiration, so in the great modern world the time may come when this school, the last of my series, may exercise as *potent* an influence in the world upon which the twentieth century shall dawn.

THE Wisconsin Legislature has passed a law creating a State Medical Board of seven members—three Allopaths, two Homœopaths and two Eclectics. All persons commencing practice in the State must submit to an examination or present a diploma from a medical college of good standing. The fee for examination shall not exceed \$10, and in case a satisfactory diploma is presented the fee shall not exceed \$5.

WHAT DR. VILLERS SAYS OF THE POST-GRADUATE SCHOOL.

SIX YEARS OF PHILADELPHIA POST-GRADUATE SCHOOL OF HOMŒOPATHICS.

(From the *Homœopathische Archiv.*)

This institution was opened in Philadelphia in the year 1891 to introduce people of both sexes, who had graduated as physicians, into the principles and the praxis of pure homœopathy. The index of Lectures for this year says about it:—

“This School was founded in the belief that the first and highest duty of the physician is to restore health to the sick, and its prime object is to demonstrate that this end is best attained through the practice of Pure Homœopathy. The School occupies new ground, both in the principles taught and in the methods of teaching.

“As to the principles, it teaches only Pure Homœopathy; that is, the employment of the single remedy, of dynamized medicine, and of the minimum dose. The *Organon* of Samuel Hahnemann, edition 1833, furnishes the sole groundwork of the principles taught. It does not attempt to teach the mechanical branches, such as operative surgery, operative gynæcology, etc., but confines itself to teaching simply the art of prescribing according to pure homœopathic principles.”

For this purpose there are didactic lectures, disputations and clinical instruction. It is intended that the teachings of the clinic shall illustrate what has been taught in the didactic lectures, and as crude medicine is never used, they show at the same time the curing of dynamic diseases by potentized medicine. The definite intention of the school is not to give anything as object of teaching which is general medical science, and we are so very much interested in their plan of teaching, because in Germany (under general circumstances) we would only have a school analogous to theirs. The School has received by law the right to confer a title, the title of “Master of Homœopathics;” that is to say, a title which cannot be given by any other school. One thing which we cannot imitate at all is the long duration of the teaching, for the lectures on *Materia Medica* take three years, and the report

says that some of the pupils take up their residence in Philadelphia for the time as physicians, so as to be able to hear these lectures and to receive a thorough education. The lectures on Theory of Homœopathy take one year. Professor J. T. Kent lectures on *Materia Medica* twice a week. The way in which he puts together the characteristics in the effect of remedies, and how he creates images which are easily retained by the memory, is well known by our readers. Besides this he reads twice a week on Theory of Homœopathy, taking as a basis the *Organon* and the *Chronic Diseases*.

Every week there are twenty-seven clinical lectures, of one to three hours' duration, by eight clinical teachers. In these clinical lectures not only the taking of the image of the disease is taught, but also the choice of the remedy and the way in which hand-books and books of reference are to be used, and before everything the case in hand is utilized to make comparisons. During their progressing education the students are induced to choose the remedies themselves, and they are allowed to work independently in the polyclinic, which belongs to the school. The material in the polyclinic amounts to 1,500 cases per month and to a great many visits made from the institute. Three times a week there are lectures on *Pediatrie* in clinic forms and with an abundance of clinic material. There is one clinical lecture every day on *Gynæcologie*, and one theoretical lecture on the same subject once a week.

The only study which is not purely homœopathic is forensic medicine, which has been taken up in the curriculum of this institute, because in most of the other colleges in America it is not taught. For the division of the day (day plan) of the school, the arrangement of which the above notes convey an idea, one thing is remarkable, there is a separate German clinic three times a week, which shows how great the percentage of German-speaking population still is in Philadelphia. The shortest time of attendance at the institute, before being able to receive a diploma, is one year, and it is required that the student take part in everything taught by the school. The price for the lectures is about 160 marks; but besides this, there are to be paid 400 marks a year. Three free scholarships make attendance possible to those who otherwise would not have the means to attend.

For us, in Germany, this form of homœopathic education is the only possible one, as I have already remarked, and we would have to fall

back on the ideas, which are the foundation of this Philadelphia institute, if ever the plan to establish a school for the education of homœopathic physicians should be executed, an idea which, as I have already remarked at the International Congress of Physicians, is taken more and more into consideration by competent people. But to our colleagues over there, who by hard work have gained the honored position they occupy, we send cordial greetings and the very best wishes at the beginning of the new year of instruction. When names like Kent and Fincke stand for an institute we may hope for success.

Dr. ALEXANDER VILLERS,
Dresden, Germany.

OBITUARY.

DR. MARY K. JACKSON.

Mary K. Jackson, M. D., H. M., at her residence, 469 North Sixth street, Philadelphia, Pa., entered into rest April 26, 1897, after a lingering illness. She was a most perfect character, a converted Friend, a consistent Homœopath, a graduate of the Philadelphia Post-Graduate School of Homœopathics of Class 1896, a graduate of the Woman's Medical College of Pennsylvania. Her entrance into the other life was a sweet sleep; so it appeared to all who observed, with whom she leaves a beautiful memory. The first break in the circle of the H. M's.

ANOTHER manner is this: by similar things a disease originates, and by similar things if they are applied, the sick get well. That which produces strangury, if not present, cures it if present; and the same is the case with cough as with the strangury; it is produced and cured by the same things.—*Hippocrates*.

PEOPLE are *queer* because of the medicines they need, *i. e.*, the *queerness* represents the need of a particular remedy.

BUSINESS DEPARTMENT.

There are still some subscribers who have not paid their subscription to the JOURNAL.

The orders for the JOURNAL call for draft on all who did not forward the subscription price before the issue of the first number.

We trust those who have not done so will send in their \$2 at once, thus saving them the expense of the draft and us the trouble of drawing for these small amounts.

Reprints have been made of the article in the May number, "WHAT THE PEOPLE SHOULD KNOW," and can be furnished to subscribers of the JOURNAL for \$1 per 100 copies, or at the reduced rate of \$8 for 1,000 copies.

In a letter to one of our staff, a patient writes: "One thing that decided me to write to you for advice was an article in the last JOURNAL where it spoke of a physician writing down symptoms. Dr. ——— never since he has been doctoring me even wrote down one single symptom. If I have anything acute he always helps me, but my other troubles he does not touch."

If our subscribers would send out the article "What the People Should Know" broadcast, they would not only educate the people, but secure to themselves business in a legitimate way.

W. D. GORTON,
Western Business Manager.

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DEPARTMENT OF MATERIA MEDICA.

SULPHUR.

Lectures delivered by PROF. J. T. KENT at the P. G. School.

II. PARTICULARS—*Conclusion.*

Sulphur is a wonderful remedy in cholera and in those cases of diarrhœa that occur in cholera times, when the diarrhœa begins in the morning. It is also of great value in dysentery, when the stool is bloody mucus with constant straining. As in *Mercurius*, he must sit a long time at stool because of a feeling as if he could not finish. Such is the typical *Mercurius* state—a slimy stool with the sensation as if he could not finish. Sulphur often cures this state after *Mercurius* fails. It is the natural follower of *Mercurius* when the latter has been misunderstood and given. In dysentery, when this tenesmus is of the most violent character, when the stool is pure blood, or almost so, when it is attended also with much urging to urinate, *Mercurius corrosivus* gives the quickest relief. If the tenesmus is less violent, and there is not so much straining to urinate, or it is altogether absent, *Mercurius solubilis* is the more natural remedy. These medicines run very closely to Sulphur in dysentery, but are more commonly indicated than Sulphur. In Sulphur *patients* of course Sulphur will be the suitable remedy in dysentery.

He is subject to *hemorrhoids*, external and internal; great bunches that are sore and raw, burning and tender, and that bleed and smart with the liquid stool.

The *urinary* symptoms, and those of the *bladder* and *male sexual organs*, combine to give a very important group in Sulphur. There is a catarrhal state of the bladder, with much pain in the bladder, constant urging to urinate and burning and smarting while urinating. The urine scalds the urethra while passing along and the smarting is so great that it lasts a long time after urination. It is indicated in old broken-down constitutions, in old inventors, in old philosophers who have been leading sedentary lives, who suffer from enlarged prostate, burning in the urethra during and after the flow of urine, and an urethral discharge not unlike gonorrhœa, but really a chronic catarrhal state. Mucus in the urine and sometimes pus. In old cases of gleet, in old broken-down patients, when the ordinary gonorrhœa remedies, and the remedies especially fitted to the discharge itself only palliate; when the patient must be considered and the patient himself is a Sulphur patient. Such a patient has had a gonorrhœa and has been treated by remedies adapted to the new appearance, to the discharge itself, but a catarrhal state of the urethra follows, with burning in the urethra, swelling of the meatus, a red, swollen, pouty condition of the meatus, and only a drop collects, just enough to soil the linen a little, and this keeps up week after week, and sometimes for years; he will be cured of this discharge by allowing potentized Sulphur to act a long enough time.

Sulphur has cured patients with sugar in the urine, in the early stage of diabetes. Sulphur cures involuntary urination during sleep. It cures troubles brought on from taking "cold." Every "cold" in some patients settles in the bladder. This is like *Dulcamara*, and when *Dulcamara* will no longer hold, or when it has been suitable in the earlier stages, Sulphur follows it well. Continuous smarting of urine and frequent urging; burning, stinging, smarting in the urethra for a long time after micturition.

Upon the *genitals* there are many eruptions. Itching of the genitals, worse from the warmth of the bed; much sweat about the genitals; coldness of the genitals. In the male, impotency; the sexual desire is fairly strong, but he is unable to secure suitable erections; or there is discharge of semen before intromission, or too soon after intromission. There is an inflammatory condition around the glans and foreskin. Herpetic eruptions under the foreskin, itching, smarting and burning. This patient has much annoyance from itching

eruptions upon the genitals. The prepuce becomes narrow and cannot be drawn back ; inflammatory phimosis ; thickening or restriction of the prepuce. Inflammatory phimosis can be cured by remedies, if the phimosis depends upon some trouble that is in itself curable. Congenital phimosis cannot be cured by remedies. The genitals are extremely offensive both to the patient and to the examining physician. The patient is likely to be very uncleanly ; he does not bathe himself, and the genitals accumulate their natural filth. Discharge of prostatic fluid when at stool. Prostatorrhœa.

Under *female sexual organs* we have sterility. We have all sorts of irregularity in the menstrual flow ; menstrual flow suppressed from the slightest disturbance. Amenorrhœa. Hemorrhage in connection with the menstrual flow ; uterine hemorrhage of various sorts ; prolonged uterine hemorrhage.

In an *abortion* you may have selected *Belladonna*, which was suitable while the woman was aborting, and it may have overcome the then present state ; or you may have selected *Apis* or *Sabina*, which was suitable for the early state, and it either postpones or checks the hemorrhage for the time or hurries the expulsion of the fœtus if it must come ; but the hemorrhage starts in again and with its return we have prolonged tribulation. Now in many of these cases we can do nothing until we put the patient on Sulphur. If the symptoms are masked, Sulphur stands very high. When *Belladonna* has been given you will often have to follow it with Sulphur. *Sabina*, which has the most violent gushing hemorrhage in abortions, very commonly needs to be followed by Sulphur. Some of the old routine Hahnemannians were in the habit of saying that they hardly needed any more than two medicines in the treatment of abortions, *Sabina* followed by Sulphur. That *a priori* method of giving medicines is never to be considered in homœopathy. Fit the remedy to the totality of the symptoms *always*. In such hemorrhagic affections however, *i. e.*, in a prolonged recurring hemorrhage, a chronic condition, not in the first or most exciting time, not in the time of the earliest gushing, there are two very frequently indicated remedies, viz. : Sulphur and *Psorinum*. The flow keeps coming back in spite of ordinary remedies, and in spite of remedies selected upon the group of symptoms related to the pelvis. In many instances we go to a hemorrhage and the pelvic symptoms are prominent and all other symptoms clouded ; there is a

gushing flow, the blood is hot, etc., and there are only a few symptoms; but the next time you see the woman she is quiet enough to give other symptoms, and in the course of a few days more symptoms come out, as the hemorrhagic state is an outcome of the chronic condition. This is unlike measles. You do not have to look into the chronic state until the measles or scarlet fever or small pox is finished; these are acute miasms. But the hemorrhage is a part of her constitutional state; it is not a miasm; and hence when it is violent, calling for a remedy, probably the best adapted will be the short acting remedies, such as *Belladonna* or even *Aconite*; but then look into the constitutional state for it is likely some remedy will have to follow the *Aconite* or the *Belladonna*, and commonly it is Sulphur; the acute remedy being suitable to the violent action and then followed by its complementary medicine.

Women needing Sulphur are full of *hot flashes*, such as they are likely to have at the climacteric period, and here it competes with *Lachesis* and *Sepia*. Sulphur and *Sepia* are suitable in the most violent cases of dysmenorrhœa in girls and even in those of advanced age. Most violent cases that have existed a long time, since the beginning of menstruation, in women who always needed Sulphur. If you select a remedy merely on the kind of pain, on the sensitiveness of the uterus, on the appearance of the flow, *i. e.*, on the pelvic symptoms, you will make a failure. You must treat the *patient*, even if the pelvic symptoms do not fall under the generals; when the generals agree Sulphur will cure dysmenorrhœa even though you cannot fit it to the pelvic symptoms. The *generals* always precede.

Sulphur has violent burning in the vagina, burning like coals of fire. Troublesome itching of the vulva. Great offensiveness from the genitals. Perspiration copious and fœtid coming from round about the genitals, down the inside of the thighs and up over the abdomen. She is so offensive that the odors nauseate her, and this general state is true, it is not in the imagination. Remember the over-sensitiveness to odors. Leucorrhœa copious, offensive, burning, sticky; it may be whitish or yellow; it is offensive, acrid, and causes itching round about the parts and excoriation.

There is much *nausea during gestation*, or only during the early period of gestation. In those women needing Sulphur, it will stop the nausea, and they will go into labor easily, with few protracted

pains ; they will go through their labor with only the contractions, and these comparatively painless. The only pains in such cases will be those from the pressure of the child's head. Labor is painful we know, but it is comparatively easy when the woman is upon a suitable remedy. Sulphur is indicated then in women who have suffered from the most dreadful agony in confinement ; prolonged labor. Troublesome after-pains. Suitable also in swelling of the mammary glands.

Then we have *septicæmic conditions*, with purulent lochia or suppression of the lochia. You may go to a case in which, on the third day, there has been a chill, the lochia has been suppressed, the woman has a high temperature and is covered from head to foot with boiling sweat. As you put your hand under the covers you feel steam come up from the body so that you want to take your hand away, it is so hot. She is dazed and is sensitive over the whole abdomen. You know now what is the meaning of the suppression of the lochia ; you have a *puerperal fever* on hand. *Study closely for Sulphur* instead of hunting around among *Aconite, Bryonia, Belladonna, Opium*, etc. With these you will make a total failure in most instances, but Sulphur fits into just such a state and has cured many cases of puerperal fever. If it is but a milk fever or mammary indisposition and the chill is only acute, then your short-acting remedies will do very well and even *Aconite* has been useful, but when it is a case of septicæmia Sulphur goes to the very root of it. When the feet burn, when there is a hungry feeling in the stomach, the night aggravation with sinking and exhaustion, and when throughout the whole body there is a sensation of steam rising or hot flashes one after another, you must give Sulphur. Now, on the other hand, if in such a case, with the hot sweat and other general features, you have one rigor following another in rapid succession and no end to them, you cannot get out of that case without *Lycopodium*, which goes as deeply into the case as Sulphur. When there is a continuous intermingling of little chillinesses and little quiverings throughout the body and the pulse has lost its proper relationship to the temperature, *Pyrogen* must be administered. If there is a purplish appearance of the body, a cold sweat all over, if there are remittent or intermittent chills, with thirst during the chill and at no other time, and the face is red during the chill, you must give *Ferrum*, as no other remedy looks just like that. When one side of the body is hot and the other side is cold and you find the woman

in a tearful state, trembling from head to foot with fear, nervous excitement and restlessness, give *Pulsatilla*, which also has a septic state and is sufficient to overcome the septic condition.

Sulphur is suitable in surgical fever when it takes this form of flashes of heat and steaming sweat. The books will tell you to give *Opium* for all these little things, but keep away from *Opium* unless the trouble is in the brain. *Opium* does not affect the pelvis; it has no such sphere; but if the trouble comes from cerebral congestion *Opium* is often a very suitable medicine.

In these deep-seated septic states, somewhere from beginning to end, Sulphur will most likely be wanted. You may see in the earlier stages of that septic state a number of *Bryonia* symptoms, but *Bryonia* cannot take hold of that case. Remember that in a septic state you want to get ahead of it in the first twenty-four hours; you do not want to let it run on, and if *Bryonia* has only mitigated it in its beginning then it is too late for Sulphur. Go to Sulphur at once. Now, another thing, even if you have made a mistake in giving Sulphur and you find it does not take hold of the case, it always simplifies it, does good, and never spoils it. It gives you a good basis to begin on. It goes to the very bottom and simplifies the matter, and, if you have mental and nervous symptoms left still you have overcome that violent septicæmic state which must be met at once, and the remaining symptoms in many instances are simple. Sulphur is a general remedy to begin with in those cases where the symptoms are not perfectly clear for another.

This medicine is full of *difficult breathing*, shortness of breath from very little exertion, copious sweat, so exhausted; asthmatic breathing and much rattling in the chest. Every time he gets "cold" it settles in the chest or in the nose. Now in both these instances the catarrhal state hangs on and holds a long time; it seems never to be finished, always remains as a catarrhal state. "Every cold he takes ends in asthma," calls for *Dulcamara* but very often the fog end of that attack will remain and the physician has to give a deep acting remedy. After *Dulcamara* has done all it can do Sulphur comes in as its complementary remedy. *Calcarea carb.* has a similar relationship to *Dulcamara*.

The *nose*, the *inner chest* and *lungs* furnish us localities for much trouble. The patient has had pneumonia and it has gone on to the

period of infiltration ; you have taken the case in this advanced stage after *Bryonia* has overcome the threatening features, and now when the patient should rally he does not rally ; he perspires all over, is tired and has a strange and singular consciousness that "there is something wrong in there ; a load in there ;" difficult breathing ; flashes of heat and yet not much fever ; sometimes coldness alternating with flashes of heat. I have often heard them say, "There is a great load in there, doctor. I cannot get rid of it." Upon close examination you find there is a condition of hepatization and now comes the time for such medicines as *Phosphorus*, *Lycopodium* and Sulphur, and probably Sulphur leads them all. When *Bryonia* has been sufficient for the earlier symptoms, or when *Aconite* has cleared them up, but there has been too much for these remedies to relieve, then hepatization comes on. If this is confined to only a small area it will keep up quite a chronic course, but Sulphur will clear it up. If, however, it is a double pneumonia, or the hepatization involves a considerable portion of the lung, and the remedy given has not been sufficient, and the case is advancing towards a fatal issue, it may be that all at once at one, two or three o'clock in the morning, he begins to sink, his nose becomes pinched, his lips are drawn, he takes on a hippocratic countenance, is covered with cold sweat ; he is too feeble in every part of his body to move ; he only moves his head a little in a restless manner. Unless you are called at once and give him a dose of *Arsenicum* he will die. You give the *Arsenicum*, and you have done well, but *Arsenicum* has no ability to remove the dregs of inflammation ; you will find it cannot take up the resolution of inflammation. But though it cannot cure that hepatized lung it acts as a vital stimulant ; it warms up the patient and makes him feel he is going to get better ; but, mark this, in twenty-four hours he will die unless you follow the *Arsenicum* with the proper remedy. You must not wait on your remedy too long in these cases. Just as soon as he rallies and the reaction is at its highest pitch, give him the antidote to *Arsenicum* and the natural follower of *Arsenicum* which is Sulphur, and in twenty-four hours the patient will say, "I am getting better." As sure as you exist to-day, it will do just that thing. There are times when you will see clearly that *Phosphorus* is the medicine to follow *Arsenicum* with. If such a patient, rallying under *Arsenicum*, goes into fever, if a hot fever comes on with burning thirst and he cannot get enough

ice-cold water, you must follow it with *Phosphorus*, and it will do in that case what Sulphur will do in the other. You will not see these cases in your own practice because you will not let your cases get into that state; if such cases have power enough to live when prescribed for properly in that state, they have power enough to let you break up the whole nature of the case in the beginning. But go back to that patient who had only a circumscribed hepatization and felt well enough to get up and go around. He has a lingering cough, and now six months or a year after the attack he says, "Doctor, I have never been exactly right since I had an attack of chest trouble. The doctor called it pneumonia." He can tell you about the rusty sputum and the other little things that belong to pneumonia; that is all you need to know. He has had a chronic cough ever since that attack and now he has chilliness. There is fibrinous infiltration, not a tuberculous state, but the remains of hepatization that nature could not cure. If that is allowed to go on he will go into catarrhal phthisis, asthmatic conditions or chronic bronchitis and troubles of various sorts, and finally he will die from these, or he will go into quick consumption and so be hastened off. Sulphur will very often conform to all of his symptoms; it especially has the ability to go back and clear up the lungs that were not properly cleared up at the time of his illness.

Sulphur cures bronchitis. It cures asthmatic bronchitis when the symptoms agree. Sulphur has a most violent cough, a racking cough that racks the whole frame; it seems that the head will fly off; pain in the whole head when coughing; the head is jarred by the cough. Then he has expectoration of blood, bleeding from the lungs; in all of these cases threatening to go into phthisis, when there is yet not too much deposit of tubercle, when there is only the beginning of tubercular deposit. The low, stricken-down constitution, the emaciated subjects that have inherited phthisis, who have the all-gone hungry feeling in the stomach, heat on the top of the head and uneasiness from the warmth of the bed. These cases would be better if they had plenty of eruptions come out upon the body, but as a matter of fact the skin has no eruptions; there is no relief; it is all going on in his internals and he is gradually going toward breaking down, toward a phthisical condition. Sulphur will in such instances rouse that patient out of his phthisical state and he will return to health, or, if he is too bad for that, he may be kept for years from his

troubles. Look out for it in the advanced state of phthisis. You have had sufficient said concerning its administration in such a condition. It increases the suppuration, and brings on little pneumonias wherever there is a tubercle; it tends to suppurate these out. Every cell that is incapable of carrying on its function will be taken out by Sulphur.

The striking thing in Sulphur as to the *back* is pain in the back on rising from a seat, compelling him to walk bent, and he can only straighten up slowly after moving. The pain is principally in the lumbo-sacral region.

The *extremities* are covered with eruptions. Eruptions upon the back of the hands and between the fingers, and sometimes upon the palms; vesicular and scaly eruptions which itch; pustules, boils and little abscesses; irregular erysipelatous patches here and there upon the extremities; a dirty appearance of the skin. Itching of the skin from the warmth of the bed. Enlargement of the joints. Rheumatic affections; great stiffness of the joints; tightness in the hollow of the knees; tightness of the tendons of rheumatic and gouty character. Cramps in the legs and soles of the feet. Burning of the soles of the feet in bed; he puts them out of bed to cool them off. The soles cramp and burn and itch. At times you will find the soles are cold as ice, and then again burning like fire, and these states alternate with each other. Distresses of the body with icy coldness of the limbs, but after going to bed they burn so much that he must put them out. The corns, which he is a victim of and suffers from almost constantly, burn and sting and smart in the warmth of the bed.

The *skin* of a Sulphur patient ulcerates and suppurates easily; a splinter under the skin will cause it to ulcerate; wounds heal slowly and tend to fester. Every little prick of a pin festers as in *Hepar*.

The *eruptions* of Sulphur are too numerous to mention. They are of all sorts, but there are a few characterizing features in all, such as the burning, stinging and itching and the aggravation from the warmth of the bed. The skin is rough and unhealthy. Upon the face are many "black-heads," acne, pimples and pustules. Sulphur is full of boils and abscesses in all parts of the body, squamous eruptions, vesicular eruptions, etc. They are all present in Sulphur and they burn and sting.

Now if you can find anything out of all these four lectures on Sulphur by which to heal sick folks, well and good.

DEPARTMENT OF HOMŒOPATHICS.

HOMŒOPATHIC PHILOSOPHY.

JULIA C. LOOS, M. D., H. M.

A question that comes often to physicians is, "What is Homœopathy, what is its philosophy, how does it differ from other forms of medical practice?" At first thought it seems almost impossible to answer in a short time, in any manner really comprehensive, just what does constitute Homœopathic Philosophy, what are its foundation stones. It is to review somewhat briefly as one might to the uninitiated, and at the same time to crystallize for the physician's conception the cardinal points of this philosophy, that this treatise attempts.

The basis, the authority, for homœopathic practice must of course be the principles set forth in the "*Organon of the Science and Art of Healing*," written by the master, who formulated for the world the philosophy and the practical application of homœopathy. It is, too, a never-ceasing wonder, delight and surprise how fully this work has covered the field, though formulated before the *practice* was fully born. The first statement in this "*Organon*" has been the butt of never-ending scoff and ridicule, "The sole duty of the physician is to heal the sick." To the world and all concerned this seems so self-evident as to be superfluous to express it, and has brought forth much sarcasm running on "the wonderful insight needed to perceive it." At the same time, the medical profession, by the actions and attitude of its exponents, does not clearly evidence the truth of this statement.

Ignoring those who seek only selfish ends in the practice of medicine, the large number who feel that they are serving the race and the public good, under the name of physician, by elaborate legislation and devotion to particular schemes to force the acceptance of specific *theories*, and many who devote themselves, after long preparation, to laboratory experiment, a considerable number dealing directly with the sick, have apparently done their duty in giving an *opinion* as to the nature of disorder of patients, while it will be found that even the majority are satisfied to keep their patients alive, to prevent some development "that would surely have caused death;" to

“pull them through” acute illness, and to bolster them sufficiently with strength and force to carry them through some particular effort without collapse, though the collapse comes after. On the other hand, how often do we hear the expressions, “She has had that trouble from birth, it cannot be bettered.” “It is a sickness he was born with, little can be done for it.” “Oh, I’ve had that since childhood; that’s chronic,” and chronic means, to many, *incurable*. There is another class of patients evidently far from healthy, weak, puny, declining, evidently threatening some serious, deep disorder, and yet there is nothing in the bodily changes that can be located; nothing you can put your hand on and name according to the usual nosology, the “rickets” or the “Bright’s disease,” or the “consumption,” is not *out* though some such disorder is coming. It is not “out” yet and cannot be treated though the patient is so ill that he is going steadily down and death will evidently supervene if the disorder be not checked in its progress.

Surely, by the significance of the term, we must include as sick or in disease all those who are not healthy. All these variously-affected people are unhealthy, and it is the physician’s duty to heal them or to start them on the road to health and keep them going toward it, just as truly as it is his duty to prevent their succumbing to a rapidly consuming fever.

To be *alive* and to be *well* are not the same thing. When severe acute disease holds in its grasp many of the community, the physician’s obligation is not fulfilled when the patients rise from bed to resume their customary work with some of the sequelæ of the disease to carry thereafter “ever since scarlet fever” or “ever since measles.” No Homœopath is content to have his patients go on thus. He recognizes such sequelæ as due to chronic disorder and distinguishes between acute and chronic disease, but he does not pass the chronic as necessarily incurable. He includes in his duty directing the power of the healing art to patients of chronic disease as well as those with acute, and knows that when a child is born with disorder, constitutional treatment may put it in order, so that it will not carry to the grave that which came to it from its parents.

The ideal cure is to be “prompt, mild and permanent, on easily comprehensible principles.” Most physicians will claim that to develop change from disease and suffering *promptly* is always their

hope and aim. But to institute a *curative action* promptly does not always mean to relieve the patient of suffering. There must be considered the *nature* of the condition under which the patient lies, and in many instances the evidence of prompt action is a temporary increase of suffering though the cause of the change at the same time acts so mildly that the patient knows not to what it is due. The *mild action* is such that the condition is gradually modified along the natural directions of action in the organism, whereby, though from one hour to the next, scarcely a change is noticed, yet in acute illness, after a few hours, the patient is evidently better, and, in chronic cases, at the end of a week often he feels like a different individual without realizing how the change has taken place. This is in contrast to violent changes, whereby what had been is reversed after a dose of medicine, so that, as the patient says, he could feel just what was going on in consequence of every dose. These violent changes are seldom permanent, and, though they be prompt, they are not mild or, in the end, beneficial.

That curative action shall be conducted upon easily comprehensible *principles* is a point of contention and the first point of difference in acknowledged aims of the two sets of practitioners. At this point Old-School adherents and homœopaths divide, and from this division their paths cannot come together again. For every step, for every problem, for every professional deed we look for authority to one or the other principle. With fully determined laws to guide, we bring our dubious questions to their light, and where there is a choice of action the law, the principle which applies to the conditions, must determine, or we hide shamefaced from the admission of unfulfilled privilege and duty. That treatment of sick people can be guided by law, something fixed, is not admitted by the Old School. While laws of physics, of mathematics, of celestial movements, laws of growth, development of plants, animals and minerals, are all recognized and marvelously satisfactory in their application and, to some extent, even the law of progress in disease is observed, yet it is not clear to their reason that there are any definite means which can be regarded as law in changing disease action and restoring patients to the order of healthy action. To be guided always by fixed unchanging principle, it is claimed, makes the action too narrow and limited. "Where there are so many possible ways we cannot limit ourselves to one plan for

the many varying circumstances found in sickness" is the feeling of these philosophers. Yet when one considers the harmonious actions of a healthy being, its regulation under varying influences, similar results following similar influences, maintenance of identity and individuality in midst of changing environment, the mind is impressed that it is governed by law, principles determining definite nature of changes. Again, when we see the regular progress of disease, its definite advance, the order of its developing symptoms, its prodrome, progress and its termination in decline, or in destruction of the organism, it comes to the mind that there must reasonably be some definite law for restoring this disorder to the order of health, and we seek to find definite principles and feel satisfied with the results. Undoubtedly this difference between the two schools arises from the difference of conception as to what constitutes sickness or disease and health. What is disease? What is its cure? We see that in health the individual is in order, the organs, each fulfilling its purpose, act harmoniously, without interference, for the good of the whole system, while the individual is unconscious of the parts as such, has no sensation of their work. He feels himself only as a unit; may, indeed, forget his body in the fulfillment of his desires, carrying out his will and developing more and more of knowledge, so that not only the parts of the body act together but his body and mind (will and understanding) act as one, and he recognizes all as simply *himself*. Any extended and close contemplation of this shows that there must be some governing force controlling all these functions, directing as the centre this harmonious action of healthy life. There is something that gives vitality, activity to these beautifully adapted organs and this marvelously adjusted mechanism. Prevent the action, for a few minutes, of some of these organs—the brain, the heart, the lungs, *i. e.*, stop the vital action, and there is the body, beautifully formed as before, but the vital force no longer controls it. It is dead, though no change be detected save that of activity. This factor is, therefore, essential; in its absence the body goes to decay; in its control, changes go on—nutrition, building up of worn-out tissue by that newly received, the parts develop in size and strength, tissues are repaired in normal use or in case of injury; wounds, bruises, breakage of bones, are followed by removal of destroyed tissue and repair with new and the injury is healed. Harmonious action is thus in health maintained by this vital force. A *something* it must be or it could not thus operate material,

but material it evidently is not, hence it must be designated as an immaterial substance.

In the work and correlation of the organs, maintained by the vital force, man's self directs the actions of the body. As he wills his body does, within the range of its possibilities. He wills to see, his eye is directed to and the vision centered upon the object ; he wills to speak or be quiet, the vocal mechanism responds ; he wills to change position, the body moves ; by the action of his will, his wish, the body acts, and the will, *i. e.*, the wish, depends upon his thinking. But with all this the man internal, that serves as operator, and the man external, that serves as machine, it is life, action, as a *whole*, a unit, as *one* ; in order, from thought, to will, thence to action.

If man healthy is thus active, existant as a unit, with one governing force, diseased or unhealthy man must likewise be considered a unit with one governing force, the only difference being that one is in order, the other in disorder. When we understand a healthy man we understand the position of the parts and know what is the work of the various tissues and organs ; we understand their action individually and the relation to each other and to the whole. Hence we know, when the functions are disturbed, that one or another is not fulfilling its proper use.

We find the body in disorder ; the blood is poorly made ; the digestion is not right ; the tissues are not repaired ; the will directs one action and a different action is performed ; the gait in locomotion is staggering ; the body trembles ; the individual is very hot, or is particularly cold ; or is cold awhile and then hot ; he cannot bear a jar, it gives him suffering ; he cannot think, all things are confused ; he hears something he does not approve and flies into a passion, cannot control his feelings ; he goes off in a fit of laughter without provocation ; he cannot sleep at all ; he wants to eat all the time, or he cannot bear eating or the sight of food ; the bowels do not discharge their contents, but remain packed for several days ; the child cannot hold the urine, it passes involuntarily, it passes in sleep ; teeth do not develop at the proper time ; muscular tissues become filled with fat or in place of muscle tissue fat forms ; the arteries harden, the skin forms in crusty lumps ; small sacs become large cysts ; soft tissues become hard and hard tissues become soft ; we say the man is sick, is diseased, but what is that ? Evidently in any of these instances or any combination of disordered functions or altered tissues, the

controlling power failed in its perfect work ; there is some disorder in the vital force so that it has not maintained control of these things. Were the vital force working in order, these weak parts would have been strengthened, these functions would have been properly carried on, the tissues would be properly formed and repaired and their proper proportions would have been maintained. Evidently that force has been disturbed and the body and the mind suffer disorder in turn, *i. e.*, the *individual* is in disorder and it shows itself in disturbance of function and formation, the weakest part first showing the effect of disturbance, thus becoming the first place of manifestation of disease, or, in other words, of the disordered vital force. To the homœopathician this is the only rational view of disease ; this is the conception on which his methods are based. The duty of the physician becomes therefore to restore the vital force to order and thereby restore harmony in the organism. The vital force put in order will again control the tissues and functions in harmony and the manifestations of disease will disappear, the tissues will take on their natural form and the man as a whole will be changed to a condition of usefulness and normal activity. The next point to be considered is, what disturbs or brings about this derangement of the controlling force? Evidently it must be of some such subtle nature as this force itself, acting first on the vital force and then communicated through it to the tissues as derangement. For were it a disturbing factor in the tissues, some material destroying the tissues or interfering with their action, it would so far interfere as to destroy the action of the organism or it would, by the control of the governing force, be eradicated or itself destroyed. If, for instance, some impurity be introduced into the blood, the blood would, by the action of the healthy vital force, be purified and that would be all of it. If one part were overstrained and thus weakened, by the life force, it would again be strengthened. If there were any foreign material substance in the body not of such nature as to stop the action of the vital organs or to destroy their substance chemically, such substance would be rendered ineffectual, as a foreign body, and disposed of through this vital control. Hence the disease cause must be something that acts upon the vital force itself, and so must be similar in nature, that is, not material. *Disease cause then must be immaterial, bringing about derangement of the vital force, which is manifested to the senses by disturbance of function and altered tissues.*

(To be continued.)

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom, lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

A CASE OF ABDOMINAL TUMOR.

PROF. J. T. KENT, M. D.

M. A. W., æt. 30, asks treatment for an abdominal tumor, which is large enough to give her the appearance of being about eight months pregnant. She is a house maid, and her friends will not go out with her fearing that people will think they are associating with an unmarried pregnant woman. She had consulted two surgeons who refused to operate because of the rigidity and extensive adhesions, and also because of the sickly aspect of the girl. The face was indeed waxy and sickly looking. These surgeons told her she would die from the tumor.

The tumor was first noticed five years ago. It became prominent on the right side of the uterus and extended up out of the pelvis; was said to be movable until two years ago. The uterus is now immovable and the tumor which hangs over the right side of the pelvis is very hard, as large as a child's head, and cannot be made to move in any direction.

1888.

June 1st. Pain in the pelvis now and then.

Swelling of the pit of the stomach not due to the tumor.

Swelling of the feet, indenting on pressure.

Constant congestive headaches which she could give no description of, only "it aches all over."

Eats but little, and what she eats causes nausea.

Constipation; no desire for stool; takes physic, hence no modalities of value. Goes two or three weeks without a stool.

Always feels a constriction about the waist, which most likely is due to pressure of tumor, hence it is not a valuable symptom.

Sensation of great fullness after eating, and she mentions above that she eats but little.

Menses fairly regular "with cramps."

She has not drank water for eight years, as it makes her sick.

Feet burn so that she must take off her slippers to cool them.

Starts in sleep, and when awake starts at the slightest noise.

Restless sleep.

Pain in left side of abdomen.

Teeth decayed when young. They are dark and bad looking.

Wants hot things; cannot take cold things into the stomach.

Pain in the stomach after cold things. Pain and nausea after water, cold or warm.

Pain in right groin. She had this pain before the tumor was felt.

Lyc. cm. One dose, and *Sac. Lac.* morning and night, dry on the tongue.

July 23d.

The remedy increased the symptoms so much that she was alarmed and would not return for many weeks, but now is so much better in a general way that she returns to report and ask for more medicine. Upon close questioning it was found that for a week or more her symptoms were on the increase. Her stomach symptoms at first grew worse, then improved and now are worse again.

Lyc. mm. She got one dose and s. l.

Aug. 2d. Reports that the medicine acted violently.

Aug. 9th.

She reports that all the symptoms are better, and she is feeling greatly improved.

Aug. 31st.

Pain in pit of stomach.

Pain in forehead, vertex and temples.

Bowels no better.

If she drinks water she feels so full and gets cramps.

Sleepless; starts suddenly.

S. L. No change in the tumor.

Sept. 25th.

Feet do not swell now.

She vomits and has a pain in stomach after eating or drink-

Lyc. mm. ing.

Oct. 28th.

Symptoms all passed away, except that she has a pain in the

Lyc. mm. right side, in the tumor.

Nov. 27th.

No symptoms.

Calls at intervals but gets only s. l.

1889.

Jan. 23d.

Symptoms returning, especially the stomach symptoms.

Lyc. mm.

June 3d.

She has been improving steadily and was free from symptoms.

Bowels move every three or four days. Stool normal.

Feels more swollen than for some time.

Uncomfortable. Bad feelings returning.

Pain in right groin.

Feet swollen.

Headache in forehead and eyes.

Pain in lumbar region.

Lyc. mm. Feet burn.

August 15th.

Symptoms have been gone since here last, but now are all

Lyc. 2 mm. coming back.

(Fincke.)

December 31st.

She has reported several times, but there were no symptoms.

Bowels regular.

She can eat and drink anything.

She looks well.

She says the last powders have made her well.

The tumor is what most readers will ask about, but has not been mentioned, as the tumor was not treated. The patient was cured and the tumor at last report was small; the uterus was movable and with it the small tumor also moved. She did not mind the tumor as she was so well and shapely.

TREATMENT OF DOMESTIC ANIMALS.

PROF. J. T. KENT, M. D.

JENNIE L., English setter bitch, was affected with mange in patches here and there on the sides and belly. She wanted to lie near the grate, dreaded the cold, open air and would whine when washed. Got *Hepar-sulph.* and soon recovered.

MAX, English setter dog, took mange. It began under the jaws and spread down the neck, and there were patches on the belly. He was sensitive to heat, would lie under an open window, and wanted to be out of doors. He would go under the hydrant when the water was running. He got *Pulsatilla* and rapidly recovered, and remained well for some time. It started up again and more *Pulsatilla* cured him permanently.

BELVA, an Irish water spaniel, was taken suddenly with dysentery. Stools bloody slime, frequent, scanty. She would strain as if she could not finish the stool and pass but a small gob of mucus mixed with blood. She was given *Mercurius* and was quickly cured.

NED K., an English setter dog, was very offensive and did not thrive. His hair stood on end and would not take on gloss in spite of much brushing. He was given *Psorinum* and became hungry and soon had a glossy coat.

JERSEY COW for over a month had not thrived; coat looked bad; losing flesh; would not eat; gave thick milk which was stringy and bloody; large cake, as large as a child's head, in the bag. The regular veterinary had failed to cure with his strong medicines. While visiting a child in the family a request was made to see the cow. One dose of *Phytolacca* cm. cured in two weeks.

LARGE MALTESE CAT. Seemed very affectionate on having neck and upper part of the spine stroked, but when the hand in moving backward came against the root of the tail the cat's expressions were those of great pain. Cat would cry out, scratch and bite, and this would be repeated as often as the root of the tail was pressed upon. This state, which had existed for a long time, developed into one of

great suffering and threatened convulsions. *Hypericum* cm. cured promptly, removing all soreness from the root of the tail. There was no history of injury, but the prescription was made on the well-known symptom, sensitiveness of the coccyx.

If you are visiting in the country, a farmer may tell you that last night one of his cows broke into a clover patch and ate to excess of the clover, and now he fears he will lose the cow because of the enormous distension of the abdomen with gas. You go out and look at the cow and you see that its abdomen is enormous and tight as a drum. Farmers save their cows by sticking a large butcher knife into the paunch allowing the gas to escape. It is either that or death. *Colchicum* is the remedy for this condition, and it will work equally well in horses.

CLINICAL CASE.

PROF. S. M. IVES, M. D.

1895. JOHN S—, AET. 3 DAYS.

January 24th.

Child plump and well formed. Weight, about 7 pounds.
 "Cries and screams so much;" draws knees up to abdomen.
 <Evening and during night.
 Flatus noisy, with rumbling in abdomen.
 Stools: green, mixed with black.
 Eye: right, swollen and red.

Sulphur, 55 m. Sneezing much; cry hoarse.

January 30th. No better.

Nux Vom. 45 m.

February 2d. Symptoms no better.

Colocynth, cm.

February 5th.

Cries continually; must be held in arms constantly.

Chamomilla, 50 m.

February 19th.

"Cries awfully" with "the colic," will not nurse.

Judging it likely that the child inherited some syphilitic taint from the father, the following prescription was made in the hope of developing symptoms.

Syphilinum, cm.

March 19th.

"Colic" just the same.

Vomits all day.

Eruption on face and head, rough and red at first, later forms a thick yellow crust.

<4-8 P. M. and through the night.

Child losing flesh steadily.

Hands "cold as ice," blueness under the finger nails, yet *will* uncover the hands.

Feet cold.

Mouth dry and parched looking, seems an effort to open the lips.

Child absolutely refuses to take water; if forced into the mouth, spits it out.

Seems to have mucus in throat, which tries to expectorate.

Breathing thick and husky.

Stools greenish-yellow; "like cottage cheese" in consistency.

Nervous, very, starts at sudden noise; sleeps with eyes partly open.

Lyc. 43 m. Trembles much.

May 1st.

Eruption has disappeared; probably owing to the use of Cuticura soap, which was promptly stopped.

Was sent for in haste as friends thought the child was dying.

Child would cry and throw the body backward until it formed almost an arch. (Mother's report.)

Enlargement of cervical glands on both sides of the neck, feeling like a string of marbles.

Nodules can be felt all over child's head, beneath the scalp.

Face old and withered looking, dirty, earthy color; forehead bulging, both fontanelles soft; eyes sunken.

Head perspires freely, sour, on nursing.

Diarrhœa, about five stools a day.

Stool, yellow and slimy, turns greens on standing, odor sour.

Rolls head and pulls at ears constantly.

Sleeps with eyes open.

<5.30 P. M. to 9 P. M.

Calc. phos., 45 m.

May 9th.

Decidedly better. Bright; takes interest in things, even laughs and tries to play.

Sac. Lac. Eruption has returned.

June 14th.

Steady improvement since above. The child was seen each week and received *Sac. Lac.*

Calc. phos., 45 m. Now the symptoms have returned.

July 10th.

Improved for two or three weeks, now is sick again.

Calc. phos., cm.

July 13th.

Improved for two days, then worse again.

Calc. carb., 13 m. Throws body backward.

August 29th.

On July 20th the mother reported "nothing to complain of now." *Sac. Lac.* was freely supplied at short intervals.

Old symptoms have now returned, but with less force.

Calc. carb., 13 m.

Sept. 19th.

"So cross again."

Cough: appears to be developing whooping cough.

Face gets red with coughing.

<night and <lying down.

Drosera., cm. Wakens from sleep.

Oct. 10th.

No improvement, either in child or cough.

Calc. carb., 85 m.

Dec. 12th.

For the past two months the child has steadily gained, the cough subsided and the chronic symptoms gradually left.

Calc. carb., 85 m. Now the symptoms are returning.

1896.

Feb. 11th.

Frequent visits since above show improvement. The child has several teeth, stands alone and tries to walk. Flesh firm and full.

Calc. carb., 85 m. Not so well for last week.

Feb. 15th.

No improvement.

Calc. carb., cm.

Feb. 25th.

Better for two days ; worse again now.

Calc. carb., mm. Losing flesh.

Feb. 29th.

"Very sick ;" "last medicine did no good."

Lyc., 43 m.

May 7th.

Since the above the child improved so much that the mother thought it unnecessary to continue treatment. Now she reports:—

"Nervous ;" sleeps poorly ; cries out.

Lyc., 43 m. "Weak on legs."

June 20th.

Has been better ; not so well now ; constipated.

Lyc., cm. Ulceration mouth and tongue.

July 20th.

Improved for short while ; sick again.

Lyc., mm.

Oct. 24th.

Has been "just splendid ;" now is "cross and whiny."

Lyc., mm. Restless at night.

1897.

February 11th.

The child was so well from the last date until now that treatment was stopped. Now, however, the following symptoms have appeared:—

Eyes sore ; purulent discharge, thick, yellow, causing agglutination of lids.

Bowels, many stools a day, <morning, 5 A. M., wakens him from sleep, as he passes first stool in bed. Stools offensive, containing mucus like "white of egg."

Urine looks like milk.

Appetite poor; craves cakes and candies, refuses substantial food.

Lyc. mm. Thirsty.

March 10th.

No improvement, except the eyes.

Bowels very loose, <morning, early. Stools yellow or greenish mucus. Sits and strains, "seems to want to sit all the time," passes but very small amount, odor very offensive, penetrating.

Tongue ulcerated.

Restless at night.

Merc. Sol., 6 m. Thirsty.

March 14th.

No improvement.

Complains of pains in abdomen.

Bowels "just the same." Stool excoriates the buttocks and thighs; child cries with the soreness. "Straining just dreadful."

Sul., 55 m. Child drowsy and listless (very unnatural).

April 23d.

Has been much better.

Bowels normal now.

"Cold" for a day or two. Skin hot and dry.

Thirsty.

Aconite, cm. Restless at night.

April 30th.

Improved.

Ears: both discharging, pus yellow and thick, no odor, bland.

Sac. Lac. Child bright and active.

May 7th.

Sulph., 55 m. Ears still discharge.

May 30th.

Sac. Lac. "Just splendid."

In reporting this case I have endeavored to give the "whole truth and nothing but the truth," therefore the errors in prescribing have not been omitted. For instance, it will be noticed that several remedies were administered during the first three months, but to no effect, the child making rapid progress downward. This mistake teaches an important lesson, *i. e.*, the inability of any remedy but the *indicated remedy* to take hold of a case and carry it through to a cure.

The symptoms were few and vague, "colic" the main feature in the case for many weeks, no clear picture for any remedy; what would principle teach in such a condition? Watch and wait! Time is never lost by waiting, but it is far too often lost by undue haste in prescribing. It seems to me that this is one of the stumbling blocks over which the beginner in Homœopathy has many a tumble.

By the time the *Calcarea phos.* was administered the child seemed apparently at death's door, and the reaction that followed the giving of the remedy was wonderful. Very soon the eruption, which had been suppressed by the use of Cuticura soap, returned and the child progressed slowly, it is true, but surely. The return of the eruption showed the remedy to be acting properly, throwing the symptoms to the surface, thus healing in the direction of "*from within, out.*"

On June 14th, the *Calc. phos.* was repeated in the same potency, but followed by only a slight improvement. A higher potency was given, with also but slight benefit. Therefore it was judged that the remedy had done its work and a careful review of the case was made, with the result as shown under July 13, 1895. *Calc. carb.* carried the baby along until February 29, 1896, when it failed to produce any change in the symptoms and *Lycopodium*, one of the common followers of *Calc. carb.*, was administered. This remedy, through many potencies, took up the work, and the child built up rapidly, growing strong and robust.

On February 11, 1897, the case failed to respond to the *Lycopodium* and *Merc. sol.* was given March 10th. This was clearly a mistake; no result was obtained and after further thought, the *Sulphur* picture stood out clearly.

This remedy demonstrated its *homœopathicity* to the case as shown by the subsequent records. The *Aconite* given April 30th was called for by an acute "cold," which promptly subsided.

At this time of writing, the main symptoms in the case, as given by the mother, are: "John is just splendid! I can't keep him out of mischief," and, "It is simply scandalous how many pairs of shoes that child wears out!"

This case illustrates the manner in which remedies follow one another in series, for instance: *Calc. phos.*, *Calc. carb.*, *Lycopodium* and *Sulphur*. We are more accustomed to the series of *Sulphur*, *Calc. carb.* and *Lycopodium*, but the principle is the same, no matter which remedy begins the case.

BEHRING AND HAHNEMANN.

B. FINCKE, M. D., Brooklyn, N. Y.

Dr. Gisevius, Jr., has given us a highly interesting article on the Serum-therapy of Diphtheria in the light of Homœopathy, in the *Zeitschrift des Berliner Vereines Homœopathischer Aerzte*, Vol. XV, page 201.

After comparing the serum-therapy with the homœopathic treatment of diphtheria, as far as known to him, the author continues (page 240): "Thus the homœopathic remedies correspond in a wider range with the knowledge gained about the essence of diphtheria than the serum-therapy does. How then is it with the action of the healing laws underlying both? This question Behring himself has already decided in his article *The infections in the light of modern research*, where he says: 'I think it not superfluous to point out how the methods of immunizing on large animals, for the sake of obtaining a healing serum, have furnished a brilliant confirmation of the fact established by R. Koch of the healing action of gradually increasing doses of the same marked poison against which we want to protect an individual.'

"With almost miraculous result Behring claims to have reached perfect cures by continued introduction of diphtheritic poisons into animals chronically afflicted with diphtheria by experiment, and he adds: 'This seemingly paradoxical fact has formerly not been substantiated experimentally, but sharp-seeing physicians had known it already in earlier times, such as Hunter, Sydenham and Brétonneau.'

Hufeland also is mentioned, and, last, Hahnemann, but how? 'Most decidedly, though not most convincingly, the fact underlying the Kochian discovery of the therapeutical action of a sick-making poison in opposition to the general sickness produced by the same poison, has been maintained by Hahnemann; but when we look closer at what he himself, and in still higher degree his idolaters have, for practice, made out of this knowledge which is correct *per se*, we most vividly are struck by the astonishingly pithy expression of Brétonneau: 'for the medical art it is still better if an important fact is entirely forgotten, than that it should be demonstrated falsely and used for spoliation.' And in this sense we may even deem it a merit for the dogmas of the older scientific medicine that in relation to the correct principle lying at the foundation of Homœopathy it has chosen the lesser evil by preferring to ignore it. Half knowledge is indeed often worse than total ignorance.' " Thus far Behring in his article. Our author forbears to say anything about these views lest it might weaken their astounding insolence, and as it does not bear directly upon the theme of his essay.

But without calling names, it may be permitted to show up the machiavellistic character of this remarkable expectation, so that everybody can see how medical facts are maltreated in order to suit the interest of the physico-chemical, *vulgo*, Old School. Of course Koch and Behring are not the great authorities for the homœopathician, though they are adored by their friends, our irreconcilable enemies. Their labors are the continuation of the discoveries of Ehrenberg and Pasteur, which as contributions to natural history are acknowledged with due gratitude by every scientific man. Their intrinsic value in regard to the spread of diseases has also been duly recognized. But the subsequent steps of carrying bacteriology into the very essence of the healing art, and making it the indispensable criterium of therapeutics, the *conditio sine qua non* of healing, is an undertaking which has already produced the tuberculine fiasco and is digging the grave for antitoxin. The diminished mortality of diphtheria in allopathic ranks may be encouraging to those who experienced the enormous mortality in those ranks before the advent of this questionable new remedy, but it cannot blind the eyes of homœopathicians who have safer means of healing than poisons and cultures of poisons. They look with troubled hearts upon the ever-recurring

spectacle in the allopathic school, which does not hesitate to administer the poisonous substances, which chemistry is never tired of preparing, to sick people who require their help but not this experimentation upon their living body. Hence so many fatal cases, some of which are stated only by the lay press but studiously ignored by the medical organs. The accounts of long-standing diseases and deaths by vaccination, and the sudden, unexpected deaths after injection of antitoxin for the purpose of immunizing, can no more be concealed and it cannot but be that the long-suffering people will finally wake up from their stupor and comprehend how their beloved family physicians care for their health.

It is strange that the originator of antitoxin seeks for a principle to support his venturesome inoculation method and finds it miraculously in the principle of Hahnemannian homœopathy, but in the same breath he reviles its discoverer by insinuating that he and his idolaters have demonstrated it falsely and used it for spoliation. Nay, he hails it as a merit of the dogmas of the older Scientific Medicine, which he follows, that this medical fact, so important as to lead to the law of healing, has been ignored, justifying this monstrous confession with the true adage that half knowledge is often worse than total ignorance. This impertinence is a libel which deserves the severest castigation. Not Hahnemann is guilty of half knowledge, but Behring, who does not know what Hahnemann has taught or he would not talk at random as he does. Let him first read and study the *Organon of the Healing Art* before uttering such shocking views as he does in his article. Let him apply the admirable dictum of Brétonneau at home, *e. g.*, in vaccination. What a boon for humanity it would have been if the important medical fact of Jenner's vaccination (which, indeed, has been falsely demonstrated and used for spoliation, to the detriment of thousands of innocents who were delivered to a life of misery or precocious death without stamping out the ever-recurring epidemics of small-pox), had been forgotten. The parallelism of Jenner and Brétonneau is indeed as striking as instructive, for Jenner advised the friends of vaccination not to publish any cases which went against the cherished dogma introduced by him. Are not its whole statistics a false demonstration and are they not used for spoliation? Does it not represent an enormous commercial interest similar to that of the modern antitoxin inoculation?

It is in vain to expect that the allopathic or modern physico-chemical school, founded upon no other principle than the application of their remedial measures upon the sick, should see the evil of its ways by supplying its half knowledge. On the contrary, it prides itself upon running constantly into new by-ways which lead off from the true principle of healing laid down by Hahnemann for evermore. Behring cannot better his position by claiming the homœopathic law for his method of inoculating poisons for the same poisons in the system. That is the old isopathic nonsense, but not the homœopathic law. Hahnemann has said somewhere, that if a man is poisoned with *Arsenicum*, it would be folly to give him more of the same poison to cure him, because he has already more than enough. The same holds good with the pathological poisons like diphtheria. Every school boy would comprehend as much. Hahnemann has nowhere taught that poisons are cured by the same poisons introduced into the organism, nay not even by poisons at all. This doctrine of toxicological healing is entirely allopathic, and is refuted decidedly by Hahnemann. He spoke only of sick-making causes which dynamically are counteracted, and their effects cured, not by crude drugs or poisons, but by remedies obtained from them through a process of potentization, and in this condition proved upon the healthy. Thus the remedies prepared from crude organic poisons and proved in the Hahnemannian way are homœopathic remedies as well as those prepared from crude drugs and proved on the healthy. Has not Koch himself experienced numerous fatal effects when he applied his tuberculine to tuberculous patients, and was he not obliged to give it up? Now Behring's immunizing methods aim at avoiding this evil by culturing the organic poisons and injecting the remedy thus obtained into the system of the healthy to protect, and into that of the sick to cure. But what shall we say when the immunized healthy individual dies two, ten, forty minutes after the injection? Do these benefactors of mankind and investigators of science have the privilege of killing the people experimentally under the pretense of protecting or curing them? It seems so. Civilization and barbarism are the extremes which also meet in this case. When a healthy individual dies from an injection of this vile poison, how much worse must it be in the case of sickness? What can be expected from a method of cure which gives the more poisonous cultures of poisons the severer the disease is which it

intends to conquer? Do these scientific charlatans think they can hide their short-comings behind Hahnemann's *Similia similibus*? No, their motto is *Eadem iisdem*, the isopathic nonsense. They will have to learn yet that identity is the affirmative principle of position, but does not belong to the series of comparison, the highest degree of which is the "*similimum*" or "*æquale*," which can never be "*idem*." This culturing of organic poisons is simply a caricature of Hahnemann's potentization, the greatest discovery of the century, but since the majority of homœopaths have not yet comprehended it, what can be expected from their antipodes?

Behring's attempt, however, to justify Koch's and his own methods by basing them on Hahnemann's homœopathic law, must be refuted with scorn as the circumvention of truth, and be looked upon as a feeble admission of their own incompetence.

Ceterum censeo macrodosiam esse delendam.

BOOKS FOR REVIEW.

A COMPEND OF THE PRINCIPLES OF HOMŒOPATHY BY WM. BOERICKE, M. D. San Francisco: Boericke & Runyon. This is a book we can heartily recommend. It is a clear, cleverly written, and concise compend, and one that with confidence we could put into the hands of those who honestly desire to know and practice homœopathy. As an introduction to the *Organon* it will be very useful, and it should be put on the list of text-books for students in the colleges.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, BY JAMES B. BELL, M. D. Fourth Edition. Philadelphia: Boericke & Tafel. Price (cloth), \$1.50; by mail, \$1.58. This excellent book has been reissued, thoroughly revised, and in a form more convenient for handling than the previous edition. Of the work itself nothing need be said, as "*Bell on Diarrhœa*" is as well known as it is invaluable.

IF you need nourishment use Granula, the best, most nutritious and palatable food obtainable.—*H. Jevne.*

“AS ITHERS SEE US.”

SAMUEL A. KIMBALL, M. D., Boston, Mass.

I congratulate you upon the first number of the JOURNAL. It is a splendid piece of work and one that the profession has long needed. It will be appreciated and if it continues as good, as I am sure it will, there will be no doubt as to its success.

R. GIBSON MILLER, M. D., Glasgow, Scotland.

The first number of the new JOURNAL came to hand yesterday and is excellent and to the point—no long, rubbishy padding.

A. MCNEIL, M. D., San Francisco, Cal.

I enclose my subscription for the JOURNAL as I am very well pleased with it.

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

I am glad to receive your JOURNAL. It is what the profession has long been in need of.

W. A. YINGLING, M. D., Emporia, Kan.

I am *much* pleased with the new JOURNAL; it will accomplish much good.

ERASTUS E. CASE, M. D., Secretary I. H. A., Hartford, Conn.

I wish to thank you for the JOURNAL OF HOMŒOPATHICS so grandly inaugurated. It will do much for our science if only the physicians will read it.

AMELIA L. HESS, M. D., Philadelphia, Pa.

I hope the JOURNAL will live to see great success and that its influence will convince many that pure homœopathy alone is true medicine.

J. H. BOWERS, M. D., Owatonna, Minn.

I am greatly pleased with the JOURNAL.

RUFUS L. THURSTON, M. D., Boston, Mass.

I like your JOURNAL; it must go on.

T. D. STOW, M. D., Mexico, N. Y.

So far, I am much pleased with it, and deem the small sum you require a cheap, interesting and surely profitable investment.

O. S. SANDERS, M. D., Boston, Mass.

I think your JOURNAL must be the means of not only correcting many false or ignorant ways of teaching the principles of the law but to help the untaught how to read between the lines and practice the true art of healing scientifically.

G. E. GRAMM, M. D., Ardmore, Pa.

Enclosed please find my subscription to the JOURNAL. For years I have wished you to give to the profession in a more convenient shape what we find scattered about in various journals. Your JOURNAL will gladden the hearts of every true Homœopath in this and other countries.

A. H. SCHOTT, M. D., St. Louis, Mo.

I welcome the JOURNAL to my desk. It touches bottom and is refreshing after having to wade through pages of empiricism.

IN congestion or inflammation of the liver with most violent burning pains, and a nondescript soreness in the whole hepatic region, *Lauro-cerasus* should be consulted. When the pain begins in the region of the gall bladder and shoots to the epigastrium and umbilicus, and there is the characteristic throbbing and aggravation from jar, *Belladonna*. When the pains radiate, *Berberis*. Dull aching and explosive or bursting pains in the region of the gall bladder, compelling him to bend double, bitter taste and much slime in the mouth, *Natrum sulphuricum*. The sensation as if the liver dragged over when lying on the left side, which has been observed under *Natrum sulph.*, *Magnesia muriatica* and *Ptelea trifoliata*, is a common symptom in liver troubles. He can hold the liver still only by lying on the right side or back.

THE young man that always lauds the teacher is not on the road to success. The principle and not the man is to be lauded.

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DEPARTMENT OF MATERIA MEDICA.

SENECIO AND SENEGA.

A Lecture delivered by PROF. J. T. KENT at the P. G. School.

I want to call your attention this morning to two fragmentary remedies. The first is

SENECIO.

In some parts of the country where it grows it is called *Golden Ragwort*, in others *Huckleroot*. It is an old domestic remedy and one only proven in a fragmentary way. Many of these medicines that have become household remedies should be properly proved. Only in this way can their power and influence be known, *i. e.*, they can be used properly only when indicated by the symptoms they can produce and in no other instance.

Senecio is to be studied in relation to young girls with menstrual irregularities. Those who have *suppression* of the menstrual flow from getting wet, from getting the feet wet; those who have *menorrhagia*, a copious menstrual flow which continues until they have bled out; and those also who suffer from *dysmenorrhœa*, the pains being most violent. Now in this remedy, with these general features, the young girl gradually tends toward catarrhal phthisis. The menstrual flow is suppressed sometimes many months, she begins to look pale, has a dry, hacking cough, with bleeding from the lungs instead of the menstrual flow, a vicarious spitting of blood. There is a catarrhal state throughout the chest. They are pallid and weakly girls. They tell

you they have lost their menstrual flow, and have a chronic cough, are sensitive to every draft of air, are always taking cold and finally expectorate profusely. The phthisis may go on as a catarrh of the chest for years, but at last a miliary tuberculosis sets in and takes the patient off with what is known as acute consumption. Especially is this condition associated with disorder of the menstrual flow and a general catarrhal state. "Phthisis, with obstructed menstruation." When the symptoms agree in this kind of a case Senecio is a most wonderful medicine for establishing the menstrual flow. You will know that it is acting well by the fact that the cough gradually diminishes. Of course a great many medicines will be suited to such general states, but this one has an unusually marked and special relation to these cases. In certain regions Senecio has been used as a domestic medicine, an old woman's remedy for bringing on the menstrual flow in her daughters.

You will be struck on reading over this remedy with the *tendency to hemorrhage* from all the mucous membranes of the body. There is coryza with nose bleed; spitting of blood from the throat and chest; hemorrhage from the lungs; a catarrhal condition of all the mucous membranes with a tendency to hemorrhage; congestion and inflammation of the kidneys with hemorrhage. You know how commonly these cases end in dropsy. These waxy, anæmic, chlorotic girls, who have lost their menstrual flow, become dropsical after slow hemorrhage from the uterus, kidneys and bladder. "Dropsy from anæmia." It is a medicine of the highest order for hemorrhages in catarrhal conditions.

It has also in its proving a great many distressing symptoms of the *urinary organs*. Painful urination. Uncomfortable heat in the neck of the bladder. Renal colic, the pains being so great that they produce nausea. Renal dropsy. Intense pain over right kidney, etc. The whole urinary tract is painful and subject to bleeding. But bleeding especially in the absence of the menstrual flow is the feature of this remedy. Wherever there is an inflammatory spot or catarrhal condition of the mucous membrane it will bleed in case the menstrual flow does not appear. We have other medicines having the symptoms of vicarious hemorrhage, such as *Hamamelis*, *Phosphorus* and *Bryonia*, but Senecio has this condition strikingly and is one of the newer remedies for such, not in the old list.

“Dysmenorrhœa with urinary symptoms; cutting in sacral and hypogastric regions.” “Hacking cough at night.” “Amenorrhœa from a cold; nervous irritability; lassitude; dropsy.” “Menstrual irregularities in consumptive patients.” “Mucous rattling with suppressed cough.”

Leucorrhœa especially in chlorotic girls. It is a marked remedy in chlorosis, in the anæmic state with a green hue, called “green sickness” by the laity.

With this short study it will be well for you to find out all you can of the remedy and make careful note of all the symptoms.

SENEGA.

Now let me call your attention to another little fragmentary remedy.

Senega is an old lung tonic, and I suspect it has been an ingredient in most of the lung medicines for the last one hundred years. It has been only partially proved, and needs further proving to bring out all its particulars. When a medicine has been *fully proved*, it can be said of it that its symptoms are so well-known that they can be examined as an image, *i.e.*, the drug has affected *all* portions of man in such a manner as to stamp itself upon all of his natural actions and functions in a way peculiar to itself. This remedy has done some wonderful things, and these results in many instances can be only attributed to mere guess work. This is about all that can be said in favor of careless and loose prescribing.

Senega is more especially a chest medicine. It is wonderfully full of chest symptoms, and its relation to the air-passages makes it worthy of consideration, although many of the individualizing symptoms have not yet been brought out. From its most striking action on the mucous membrane of the air-passages, its chief use has been in chest complaints, asthmatic complaints, in various forms of dyspnoea, cardiac and asthmatic.

There are violent pains in the chest, especially like those of pleurisy. It has also pneumonia; one of its most useful spheres is in pleuro-pneumonia. The pleuro-pneumonia of cattle has almost found its specific in Senega. The finding of specifics is more likely to be true of animals than of human beings, as a remedy that is only partially indicated may cure an animal, but it requires much finer

discrimination among remedies in dealing with human beings. A violent attack of pleurisy associated with pneumonia, too deep and too vicious for *Bryonia*, often finds its remedy in Senega. Senega is a sort of cross between *Bryonia* and *Rhus tox*. The violent symptoms are those of *Bryonia*, yet it is worse from rest, unlike *Bryonia*. The symptoms of Senega are not so much like *Rhus tox*, but it has an amelioration like that of *Rhus tox*, better from motion, the pains being worse when at rest. The chest pains, rheumatic pains and inflammatory pains are worse during rest, but the cough is made worse from motion and the asthmatic troubles are made worse from the slightest motion. The Senega patient cannot walk up hill; he cannot walk against the wind, because it brings on chest symptoms and dyspnoea.

The rattling in the chest is as marked as in *Antimonium tartaricum*; the tenacious mucus is as copious, as gluey and stringy as in *Kali bichromicum*, so much is this the case that he can get it only part way up, and with a spasmodic effort he swallows it, just like *Spongia* and *Causticum*. Senega is a medicine of deep action, as well as a sharply acute remedy. It is filled with sharp and acute sufferings, sufferings that come on with rapidity, from taking a violent cold, or from a cold that involves the whole chest, pleura and all.

There are some eye symptoms in the text that are worthy of attention. "Paralysis of the muscles of the eyes." "Iritis and specks upon the cornea." "Paresis of the superior oblique." "Aching over the orbits." "Eyes pain as if pressed out." "Blepharitis."

Of the larynx the text says, "Aphonia from severe cold or excessive use of the voice." "Constant tickling and burning in the larynx, leaving the patient not a moment's rest and preventing him from lying down; fear of suffocation." When Senega is indicated there is a dryness in the mouth and throat, and the cough is incessant; there is a constant metallic coppery taste in the mouth and throat, as if he were coughing up pulverized copper. A very little of this medicine in proving will produce such a dryness and metallic taste in the mouth, and such a tickling at the root of the tongue, the pharynx and larynx, and it will finally end in a copious, thick, gluey discharge. "Grippe, with stitches in right eye when coughing." "Laryngeal phthisis." "Copious accumulation of tough mucus in air-tubes, which causes the greatest, often ineffectual, effort; at coughing and

hawking for its expulsion." This thick, tough mucus will lead most routine prescribers to give such medicines as *Kali-bichromicum*, *Lachesis* and *Mercurius corrosivus*, entirely overlooking the usefulness of Senega.

It is a remedy of very wide range in the complaints of the chest, larynx and trachea, in the severe "colds" that settle in these parts, especially when associated with tenacious mucus, so tenacious that he cannot cough it up; it seems at times that he will strangle; he will cough and vomit in the effort to expel the mucus, but it seems to disappear and he does not know where it goes.

"Sensation as if the chest were too narrow." "Most violent suffocation with asthma." "Short breathing and oppression of chest when going up stairs." It says here "Dyspnœa, especially during rest," but while in most instances the pains are worse during rest, it is possible that this statement about the dyspnœa may be a mistake. Commonly dyspnœa is aggravated by the slightest motion, and the difficult breathing of Senega is worse from moving in the slightest manner, from the slightest amount of walking.

"Dry cough with aphonia; worse in cold air and from walking," is like *Phosphorus* and *Rumex*. Those two medicines cause a cough, which commences when he first opens the door and goes into the air. Senega has another feature like *Phosphorus*, in that the cough is so violent that it makes him shake from head to foot; it brings on a tremulous feeling all over the body. He coughs from inhaling cold air; the cough is violent and the expectoration most difficult. In old, chronic catarrh of the chest, for the earlier stages of which *Bryonia* was the most similar remedy, with this thick, tough, ropy mucus, Senega is most suitable, and even when the patient is in the last stages of consumption. The symptoms become most troublesome, the gagging and coughing and effort to expectorate because of the thick, ropy mucus, are very distressing. He breaks out in a cold sweat, especially on the upper part of the body. The chest is full of coarse rales from the tough mucus which he cannot expectorate. We think in such a case of remedies like *Antimonium tartaricum*, *Pyrogen*, *Kali-bichromicum*, etc., but this medicine is just as suitable, especially when there is a great amount of dryness in the throat and larynx, dryness in the throat during sleep and observed on waking, and inability to expectorate the tough ropy mucus. "Shaking cough," *i. e.*, the

cough is so violent that it shakes the whole frame. The concussion from the cough causes discharge of urine involuntarily, and causes violent pains in the head and over the eyes. Senega is called for especially in those cases where the pleura has been involved at one stage or the other. The pains are increased and it seems as if the chest would be torn on coughing. "Walls of the chest sensitive or painful when touched." "Profuse secretion of mucus in lungs of old people." Senega is one of the leading remedies for the tough mucus and coarse rales in old people without any other symptoms. It very often clears the throat and helps to patch up an old man when he is breaking down. "Great rattling of mucus in chest with flying pains in chest."

It has sometimes cured pleuro-pneumonia when there was the extreme exhaustion of *Phosphorus* and *Arsenicum*. In such cases Senega has caused reaction; it has such weakness. Especially is it suited in the advanced cases of phthisis, when those symptoms that I have mentioned are present. It acts as a palliative. It does excellent patch work without serious aggravations, as it relates more especially to superficial conditions. It is not as deep acting as *Sulphur* and *Silicea*. We give such remedies only when we have a reasonable assurance that we can cure, when the patient is yet curable. But when we have given up all hope, then we pay more attention to the most painful parts; we pay more attention to the local symptoms, to the group which causes the most suffering and attempt to do patch work. If the sufferings in the chest and the exhaustion become most severe it is true that *Arsenicum* will patch him up a little and make him feel more like life, and he will go on to the end with more comfort. If the pains in the chest are most severe such medicines as Senega or *Bryonia* will help him; if he is so sore and feels as if bruised and he must move from side to side *Arnica* will relieve; but these are not the medicines to go deep into the life and eradicate a deep seated disease like phthisis. Yet with these one may take a consumptive patient in comfort to the very grave, by simply patching him up and prescribing for his immediate sufferings.

SOME phthisical patients go to Florida and get an homœopathic dose from the miasmatic swamps and become cured. The evils that arise from those swamps are similar to the cause.

DEPARTMENT OF HOMŒOPATHICS.

HOMŒOPATHIC PHILOSOPHY.

JULIA C. LOOS, M. D., H. M.

(Concluded.)

In the introduction to his *Organon*, Hahnemann calls attention to the many attempts to define and discover the nature of disease and disease cause in all times since the simple state of man's life gave place to civilization, and more complex states affording opportunity for disease development, and he reviews some of these generally accepted notions. Up to about fifty years ago all attempts of this sort were directed toward finding something which acts upon the whole organism as a unit, but about the time, or just after the time, of the last edition of Hahnemann's *Organon* researches into the physiological action and anatomical structure of the body were extensively carried on, and the discovery of the structural elements (the cells) and their development led the students of the time to give undue importance to the cellular parts, according greater importance to the integral parts, under control of the central vitalizing force, than to the *whole* which these parts constitute.

Then it was that Virchow announced what has been taken as the basis of all "*modern medical science*," "that *localization* of disease is a necessity, and the smallest element, the cell, is its seat." Thus he was the promulgator of a theory which has developed into the greatest obstacle to the advance of Homœopathy, viz., that *disease is local* and *consists of cellular changes in particular parts*, thus making pathological tissue change the target of all efforts toward curative action. One needs but to contemplate the modern division of the medical profession into specialties and to see the way people portion their bodies out for the operation of the specialists, to see how great a hold this false theory of localized diseases has upon the minds of the present "scientific age." We are told "that up to the time of Virchow's announcement, the theories regarding the *whole compound* as a *unit* had held sway in medical practice." We may rejoice that it was before that

had been entirely displaced in man's mind by Virchow's more imperfect conception, that the complete philosophy of Homœopathy, based upon the old conception, was expounded by Hahnemann; that there were enough of his followers to take hold of his teaching and hand it on like a continuous thread of gold, running through the "science" that has taken the mind irrationally jumping from this to that with never any settled rational conclusion.

We may grant to Virchow one grain of exoneration which we should more grudgingly accord the practitioners of late days, from the fact that he had not so many occasions to perceive the falsity of the theory in its application, for at the time of the seventy-fifth anniversary celebration of his birthday we are told that "he never practiced medicine to any extent." By what right, what authority, can they base their dealings with the sick upon the instructions of one who saw *scarcely anything* of sick folks?

Only with this basis could the present day *local treatment* develop and exist. Only with this basis could the false science of bacteriology and the treatment by local antiseptics have any hold. Only with this false corner-stone could be built the gigantic wrong of special surgery, whereby a part of the body is removed here, another part there, another part there, and so on as a means of *removing disease*, while the operators, the physicians and the people are blind to the fact that the removal of one site of localization of disease only forces the manifestation to some other part and the *sick patient* is not cured, but goes on to greater suffering or a speedier death in consequence. Blind to the conception that the disease is disorder of the vital force, and that only by restoring order in this central controlling power can order in the tissues be maintained, *i. e.*, the patient be restored to health, the members of the medical profession and their adherents have been content to have particular groups of symptoms removed, notwithstanding the fact that upon their disappearance other symptoms arise. They count the disease cured and regret that some other has arisen.

We are indebted to Hahnemann for the most complete and extensive, the only rational, method of studying disease. Had he given nothing more to his followers than this, it would have been enough, *if followed*, to open the eyes of students to much false practice and enormous errors, though the proper treatment would necessarily have been perceived only by one who perceived as clearly as he, "what is

curable in disease" and the full manifestation of disease upon the human race. It was by an inconceivable amount of work and study that he arrived at the results he has given us, and this foundation for a rational treatment of disease is absolutely essential for work that shall prove of lasting benefit to patients under our care, for improvement in the condition of the race by a better physical state in present and coming generations.

As disease cause is of so subtle a nature, like the vital force, not belonging to material realm, we know of its action only as manifested in the organism: the disturbance of the vital force expressed in nature's own way by signs and symptoms, following the influx of noxious influence (whereby the organism is filled and hence controlled by a disordered force). The order of these manifestations is, first, change of functions and sensations, in consequence of which occur, secondarily, tissue changes, first upon the superficial parts (skin mucous membrane and parts farthest from the centre), then upon the deeper, more internal, going closer to the centre (*i. e.*, to the seats of control) as the disorder progresses. Thus the body is affected with the miasm—contagion, followed by prodrome, progress and if acute, closing by a period of decline with restoration to order; if chronic, remaining in the organism, progressing, until death of the individual, unless checked or annihilated by proper remedies.

To get an image of any one miasm, we must study its manifestations, the symptoms, as expressed in many persons (one individual being insufficient for a full development of the miasm in all its possibilities), take these collectively as though manifested on one person, noting and arranging all symptoms as detailed by Hahnemann in the "*Organon*" (§ 80-104) and the "*Chronic Diseases*." By thus putting in proper form and studying a disease image, it becomes ours—we know how it affects the human race and are prepared to see partial expressions of it in individuals, are able to recognize peculiar, striking, characteristic features in any total or partial expression of it. One group of symptoms or symptoms of one particular part cannot represent the disease any more than a door or window or the wood used in a house represents the house. The *totality* of his symptoms is the only representative of any one patient's condition and the course, progress and nature of the disease *in that patient* may thereby be fully determined.

Hahnemann, in his own practice, and his early disciples, in their work, had made such study of the diseases presented and had been more successful in their treatment than their contemporaries in such cases. But this great master was not satisfied when he realized that patients recovering from acute attacks, while they quickly reacted, were yet evidently affected with some deeper-seated miasm, which rendered them susceptible to disturbing influences and subject to frequent recurrences. It is therefore due to the conscientiousness displayed in his work and his dissatisfaction with anything less than the best possible, that we have the portrayal of the image of *psora*, developed by him through twelve years of study, comparison and investigation of numerous records and patients, with at length the demonstration that susceptibility to other miasms has its origin in this one which has developed as a *chronic disease* through generation after generation.

It is by an understanding of the three chronic miasms, psora, syphilis and sycosis, in their action on the organism, that rational treatment of many oft-recurring ailments, common to the sufferers, is able to prevent their occurrence and relegate them to the past by constitutional treatment directed toward the disorder of which these are but acute exacerbations alternating with periods of latent existence.

After knowing what is curable in disease, the study of the action of drugs becomes one of the chief studies of homœopathicians. In Sec. 106 of the "*Organon*" we find, "the whole pathogenetic effects of the remedies must be known—all the morbid symptoms and alterations in the health that each is specially capable of developing in the healthy individual must have been observed," and upon consideration, this would seem only a reasonable requirement for a full knowledge of drugs. But this sort of study has not, outside of Homœopathy, been to any extent followed. It is important that the *whole* pathogenetic effects, *all* the symptoms, the *full symptom image* be known and these effects as developed on the *healthy*.

To know the effects of a drug is to know how it changes the functions and alters the tissues in the organism, *i. e.*, how it affects the *control* of the *vital force* as shown *by the signs and symptoms*. The detailed directions for studying the actions of drugs ("*Organon*," Sec. 123, *et seq.*) resemble those for study of disease action, and it is found, in the course of these provings, that drugs have an effect so

strikingly similar to disease action that it appeals to the mind at once that there must be some definite relation between these two things.

On taking the record of a drug proving according to the directions, it appears surely the best way to determine what a drug will do ; no other method would give such a complete image of its action.

But we read and hear of other methods that are still employed, notably experimenting with unknown drugs on persons in sickness ; trying the effect of disordering influences on those already disordered. Besides this is the experimentation on living animals with vivisection. This is claimed as necessary to determine the definite action of drugs, as set forth in a recent journal publication, incredible as it seems to one who knows the drugs by pure provings.

We read, "How can we convert pathological into physiological conditions, watch the operation, and understand every one of its successive steps, without vivisection ? The way to do this must be found before we can understand the effect of a single medicine on a patient. We might give medicines till doomsday and not find this out. Every medicine we give produces multitudes of results that only experiment can bring down to single ones. Every organ in the body, every tissue, every nerve is affected by the simplest things we give. To know how much and how each of them affects a single nerve, a single muscle, or a single organ, requires vivisection. Must we go on forever blindly experimenting on human beings when our skill is exhausted ? Must we cease intelligently seeking to extend the limits of our knowledge beyond its present narrow confines ? Take away the fruits of animal experiments from us and we would be landed back into that benighted condition."

So while we are trying to extend our knowledge of drugs to their full action on the whole body, those experimenters are trying to cancel all the effects except on one small nerve, and that they call gaining a knowledge of drug action.

In his early use of drugs Hahnemann found that by the administration of such doses as were then commonly employed, the effect upon the economy was a violent turmoil. Observing this, desiring to avoid these gross violent effects, he greatly decreased the amount with better results, but with greatly exaggerated symptoms still. Then he diluted his medicines until there was very little or no material substance perceptible. These preparations he used and was surprised to

find their effect more prompt, with very little if any violence such as had followed the larger doses. This was the beginning of potentization, a term he used to signify the development of the *power* of the drug, as it is found that by removing the grosser material portions we get to the deeper nature, the finer substance of the drug, and its action on the economy is correspondingly deep and potent. Thus the potentized drugs are used for provings and their marvelously rich provings show finer symptoms, which are not obtained with the crude substances.

In the study of drug action, thus brought out by many provers with the same drug, it is found that all the general action is the same; the drug always affects in the same general way, but there is at the same time a natural grading of symptoms. Some symptoms are prominent in all provers, they are first in importance in that drug; others are found, not in all but in many provers, more or less prominent, these are secondary; a third grade is found occurring in some of the provers and in less prominence. Thus some symptoms are more *characteristic* of the drug than others. The characteristics of drugs are still further brought out in the study of many when we find that whereas they seem to affect the whole economy, manifesting changes in all parts, when fully proved, and while many symptoms are found in all or a majority of these remedies, there are characterizing features belonging particularly to certain drugs distinguishing it from all others. Such a study of drugs gives a permanent basis; we know what each drug can do, its action is the same yesterday, to-day and forever. Thus when certain drugs have been determined to have certain action when applied to particular conditions, the effort spent in understanding them is not lost or wasted, because in a year or two other drugs must take their place in these same conditions, these being discarded.

Having thus determined the action of disease and drugs, the method of applying one to dispel the other and restore order is to be determined. That diseases should be cured by drugs manifesting similar symptoms upon the body is not merely a rule of practice adopted by Hahnemann, but is the result of unalterable law which he recognized in the course of his arduous study. Whereas cures are effected by drugs, and whereas drugs do produce definite symptoms similar to definite symptoms of disease, it *must be* that any drug will operate to eliminate those symptoms which are *similar to its own*

effects, or those *opposite to its own effects* or those *totally different from its own effects*, giving a choice of three methods of action. Was there any way to determine which of these would be most beneficial, but by trying all three? The result of the investigation shows that when symptoms are treated with drugs producing *opposite effects*, the morbid symptoms cease for awhile, antagonized by the drug so long as the use of the drug continues, but when its application ceases the old condition returns, the symptoms stronger in intensity than before. When instead a drug is given having in its action something *totally different* from the symptoms already present, the old symptoms disappear but are replaced by other symptoms elsewhere or of a different nature, and when the application of the drug is stopped, lo! these drug symptoms persist and the patient is not restored to healthy activity. When drugs capable of producing similar effects to those of the disease are employed, in *proportion to the similarity*, the symptoms disappear and the patient is left free of the original symptoms without drug symptoms added.

In addition to this is the evidence of the effects of one disease upon patients already affected with another. By close study of such cases it is seen that when two similar diseases attack a patient at one time, symptoms of the first similar to those of the second are wiped out while the other continues, and do not return after the second has run its course; whereas in cases where dissimilar diseases develop at the same time in one patient, *there never has been found a cure of one by the other*. Therefore the adoption of adjusting remedies to disease according to similars has full justification in all results observed in unbiased investigation.

As it has been determined that disease is *disorder of the patient as a whole*, our means of cure must be directed toward the patient as a whole; a remedy must be sought which affects the whole patient similarly to the whole effect brought out by the disease. The more similar the remedy, the more prompt, mild and permanent the curative effect. The homœopathician seeks to adjust the remedy to the disease *in the patient*, selecting a remedy similar to the *nature* of the disease, at the same time similar to the characteristics as brought out by that patient. No two being exactly alike, one of the several, similar to the disease, is more similar than all others to the particular patient, who requires that particular remedy for the ideal cure. Other

remedies being less similar will affect only such parts of the patient's disorder to which they are similar, but will not so alter the disorder as to turn it at once wholly into order again. Thus appears the necessity of making the symptom image of *each patient* the object of the prescription instead of making the *disease, by name*, the objective point.

To adjust the remedy to the patient as a whole, according to the *nature* and the *degree* (the potency) of the disease, is the aim of every homœopathician. This is not reconcilable with local treatment or treatment directed to an isolated group of symptoms. This tends not to restore internal order, but rather to alter the *natural expression* of the internal disorder and, as it were, embarrasses nature in her efforts to portray clearly what is the true image of that disorder. When this disorder is expressed in one part, and that particular part is fortified or removed, the expression is but transferred elsewhere, and that usually more internal, according to the natural progress of manifestations of disease, when unchecked, from without inward.

This adjustment of a single remedy to the whole patient as a unit is, by those claiming to work on homœopathic principles, too generally disregarded. The fault is one that has developed since Hahnemann's time very largely and is directly traceable to the advance of the theory of Virchow of localized disease. So-called "*Homœopathy modernized*" is the attempt to remodel Hahnemann's exposition of the philosophy of the healing art, by the gauge of *localization of disease*, and has resulted in bringing out scorn and approbrium for the doctrines in practice by the laymen, and slander and abuse of those who adhere to the principles of the master, from those who would be "modern homœopaths." The temple of healing cannot be built on such foundations, any attempt so to do results in crushing downfall.

With such philosophy what does Homœopathy expect to do, what does it do? If it were judged by its fruits alone it would to-day be held in higher esteem than is now accorded it in the world generally. In treatment by these principles a physician expects, and results justify the expectation, that remedies will actually *check the progress* of diseases, turn them back on their course, driving the manifestations away from the centre toward the externals and restoring the order that existed before the disease began, not leaving the patient after acute

diseases with disagreeable symptoms that are likely to last a long time, giving relief from one trouble to be burdened by another greater. No homœopathician expects the patients he has treated during an attack of gripe to be mentally deranged in thirty per cent. of cases treated, or those treated during a siege of rheumatism to have the "remedy give disagreeable symptoms," or after an attack of chills to have the patient labeled "*quinine*" for months or years. *The symptoms disappear and the patient feels better*—both points are essential to a cure.

By the study of the course of disease the physician can tell after the administration of a remedy, by the change of symptoms, whether the remedy is curative or not and whether the patient is curable even in chronic disease.

It is true *there is no disease developing in the body* which the homœopathic physician would pronounce *from its nature incurable*. *Incurable patients* are recognized when the disease has progressed *too far* for the organism to withstand the reaction to order; when much drugging has depressed the vital force and prevents the expression of natural disease by producing confusing drug symptoms in addition; where the vitality is too low to react. But even in incurable cases Homœopathy acts as a boon and a comfort, by relieving the suffering and the troublesome symptoms and making the last days and last hours of the patient devoid of the terrible struggles often witnessed at the approach of death. With a clear mind the patient is at rest.

Where chronic diseases have not developed far enough to prevent curative action, a patient is not only quickly relieved of the acute attacks, but at the end of months and years is not burdened with such troubles. Patients become less susceptible to external disturbing influences, can endure more of exertion and are in *themselves better*. When tissue changes have commenced, where tumors and indurations have developed, these will disappear without any need of surgeon's knife or electrical battery. When mothers have been tormented with distressing hindrances and threatened with death at every confinement, unable to deliver themselves without artificial aid, they will go through a normal labor and be comfortable, and escape destruction of the breasts through inflammation, after receiving the benefits of treatment by this philosophy. It is often said "That will do for ordinary sickness and for children, but desperate cases need something more violent." If the "desperate cases" were more often given the privilege

of this practice they would be far less desperate. While one will stand wondering if the "desperate case" can possibly recover, it will be seen to change for the better and go on to recovery as a *mild* case. In cases less desperate the patient and observers often wonder if after all there was any sickness, so mildly and promptly does order follow the proper administration of the remedy.

As an epitome of Homœopathic philosophy, to be used as brief reminders of the general principles, we have the collection of classic trinities:—

The Injunctions—for *prompt, mild and permanent* cure.

The Precautions—to know what is *curable in disease*, what is *curative in drugs*, the proper *application of the second to the first*; which includes:—

The Chronic Miasms—*psora, syphilis, sycosis*; also,

The Proper Directions of Symptoms—from *above downward*, from *within outward*, in *reverse order of their appearance*; also the administration of

The Prescription Homœopathic—*single remedy, similar remedy, minimum dose*; as a part of this the correspondence in degree,

The Parallels—of *vital force, disease cause, curative influence*; together with the selection of a

Similar Remedy—similar in *symptoms, in nature, in degree (or potency)*.

This group gives an epitome of the philosophy, and is supplemented by another to guide the physician in attaining and applying it, viz.:—

The Common Mistakes—to *suppose the recommended dose too small to cure, too early repetition of the dose, laziness, laxity and levity in taking and keeping records*.

The Requisite Qualifications for the Physician—*unprejudiced mind, sound understanding, attention and fidelity to purpose*.

With this philosophy, if we as homœopaths go on with the practice, bearing in mind these foundation blocks, with constant reference to the storehouse at hand for use, the principles will become constantly clearer to the mind and can be more perfectly presented to the waiting multitudes in practice and in doctrines as well.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT at the Post-Graduate School.

LECTURE I.

Homœopathy states that there are *principles* which govern the practice of medicine. It may be said that, up till the time of Hahnemann, no principles of medicine were known, and even at this day in the writings and actions of the Old School there is a complete acknowledgment that no principles exist. The Old School declares that the practice of medicine depends entirely upon experience, upon what can be found out by giving medicines to the sick. Homœopathy leaves Allopathy at this point, and so in this manner the great division between the two schools is effected. That there are principles Homœopathy affirms. The Old School denies the existence of principles and with apparent reason, looking at the matter from the standpoint of their practice and methods. They deal only with ultimates, they observe only results of disease, and either deny or have no knowledge of the real nature of man, what he is, where he came from, what his quality is. They say nothing about the man except in connection with his tissues; they characterize the changes in the tissues as the disease and all there is of the disease, its beginning and its end. In effect they proclaim disease to be a something that exists without a cause. They accept nothing but what can be felt with the fingers and seen with the eyes or otherwise observed through the senses, aided by improved instruments. The finger is aided by the microscope to an elongated point, and the microscopic pathological results of disease are noted and considered to be the beginning and the ending, *i. e.*, results without anything prior to them. That is a summary of allopathic teaching. But Homœopathy perceives that there is something prior to these results. Every science teaches, and every investigation of a scientific character proves, that everything which exists does exist because of something prior to it. Only in this way can we trace cause and effect in a series from beginning to end and back again from the end to the beginning. By this means we arrive at a state in which we do not assume, but in which we know.

The first paragraph of the *Organon* will be understood by an inexperienced homœopath to mean one thing and by a true and experienced homœopath to mean another.

SECTION I. "The physician's high and *only* mission is to restore the sick to health, to cure as it is termed."

Any man who practices medicine, or claims to do so, whether he belongs to the Old School or the New will say, "That is so. I am taught to do that." Therefore this paragraph has a deeper meaning. The idea that one person will entertain as to the meaning of the word "sick" will be different at times from that which another will entertain. So long as it remains a matter of opinion there will be differences of opinion, and so homœopaths must abandon the mere expression of opinions. Allopathy rests on individual opinion and allopaths say that the science of medicine is based on the concensus of opinion, but that is an unworthy and unstable foundation for the science of curing the sick. Hahnemann has given us principles which we can study and advance upon. It is law that governs the world and not matters of opinion or hypotheses. We must begin by having a respect for law, for we have no starting point unless we base our propositions on law. So long as we recognize men's statements we are in a state of change for men and hypotheses change. Let us acknowledge authority.

The true homœopath, when he speaks of *the sick*, knows who it is that is sick, whereas the allopath does not know. The latter thinks that the house which the man lives in, which is being torn down, expresses all there is of sickness; in other words, that the tissue changes (which are only the *results of disease*) are all that there is of the sick man. The homœopath observes wonderful changes resulting from potentized medicine, and being compelled to reflect he sees that crude drugs cannot heal the sick and that what changes they do effect are not real but only apparent. Modern physiology has no vital doctrine and therefore no basis to work upon. The doctrine of the vital force is not admitted by the teachers of physiology and therefore the homœopath sees that true physiology is not yet taught, for without the vital force, without simple substance, without the internal as well as the external, there can be no *cause* and no relation between cause and effect.

Now what is meant by "the sick?" It is a man that is sick and to be restored to health, not his body, not the tissues. You will find

many people who will come to you and say, "I am sick." They will enumerate pages of symptoms, pages of suffering. They look sick. But they tell you, "I have been to the most eminent physicians. I have had my chest examined. I have been to the neurologist. I have been to the cardiac specialist and have had my heart examined. The eye specialist has examined my eyes. I have been to the gynæcologist and have had my uterus examined," says the woman. "I have been physically examined from head to foot, and they tell me I am not sick, I have no disease." Many a time have I heard this story after getting three or four pages of symptoms. What does it mean? I know if that state progresses there *will be* evidences of disease, *i. e.*, evidences which the pathologist may discover by his physical examination. But at the present time the patient is not sick, says the learned doctor. "But what do all these symptoms mean? I do not sleep at night. I have pains and aches. My bowels do not move." "Oh, well, you have constipation." That is the first thing that has been diagnosed. But do all these things exist without a cause? These symptoms are but the language of nature, talking out as it were, and showing as clearly as the daylight the internal nature of the sick man or woman. If this state progresses the lungs break down. The doctor says, "Oh, now you have consumption;" or a great change appears in the liver, and he says, "Oh, now you have fatty degeneration of the liver;" or albumin appears in the urine, and he tells the patient, "Now I am able to name your disease. You have some one of the five forms of Bright's disease." Can you not see what nonsense it is to say that prior to the localization of disease, the patient is not sick? Does it not seem clear that this patient has been sick, and very sick, even from childhood?

Again, take the nervous child. It has wild dreams, twitching, restless sleep, nervous excitement, hysterical manifestations, but if we examine all the organs of the body we will find nothing the matter with them. This sickness, however, which is present, if allowed to go on uncured, will in twenty or thirty years result in tissue change; the organs will become affected and then it will be said that the body is diseased, but the individual has been sick from the beginning. It is a question whether we will start out and consider the results of disease or begin at the beginning with the causes. If we have material ideas of disease we will have material ideas of the means of cure. If

we believe an organ is sick and alone constitutes the disease, we must feel that if we could remove the organ we would cure the man. A man has a necrotic condition of the hand; then if we believe that only the hand is sick we would think we had cured the patient by removing his hand. Say the hand is cancerous. According to this idea it is cancerous in itself and from itself, and seeing he would later die from the cancer of his hand we would conscientiously remove the hand and so cure the sick. For an eruption on the skin we would use local means to stimulate the functions of the skin and make it heal, and believing the eruption had no cause behind it we would conscientiously think we had cured the sick. But this is the *reductio ad absurdum*, for nothing exists without a cause. The organs are *not* the man.

Well, then, who is this sick man? The tissues could not become sick unless something prior to them had been deranged and so made them sick. What is there of this man that can be called the internal man? What is there that can be removed so that the whole that is physical may be left behind? We say that man dies but he leaves his body behind. We dissect the body and find all of his organs. Everything that we know by the senses belongs to physical man, everything that we can feel with the fingers and see with the eyes, he leaves behind. The real sick man is prior to the sick body and we find this sick man to be somewhere in that portion which is not left behind. That which is carried away is primary and that which is left behind is ultimate. We say the man feels, sees, tastes, hears, he thinks and he lives, but these are only outward manifestations of thinking and living. The man wills and understands; the cadaver does not will and does not understand; then that which takes its departure is that which knows and wills. It is *that* which can be changed and is prior to the body. The combination of these two, the will and the understanding, constitute man; conjoined they make life and activity, they manufacture the body and cause all things. With the will and understanding operating in order we have a healthy man. It is not our purpose to go behind the will and the understanding, to go prior to these. It is enough to say that they were created. Then man is the will and the understanding, and the house which he lives in is his body.

We must, to be scientific homœopaths, recognize that the muscles, the nerves, the ligaments and the other parts of man's frame are a

picture and manifest to the intelligent physician the internal man. Both the dead and the living body are to be considered, not from the body to the life, but from the life to the body. If you were to describe the difference between two human faces, their character and everything you observe of their action, you would be describing scarcely more than the will. The will is expressed in the face; its result is implanted on the countenance. Have you ever studied the face of an individual who has grown up a murderer or a villain of some sort? Is there no difference between his face and that of one who has the will to do good, to live uprightly? Go down into the lowest parts of our great city and study the faces of the people there. These people are night prowlers; they are up late at night studying deviltry. If we inquire into it we will see that their affections are of that kind. Have they not a stamp upon their faces? They have evil affections and an evil face. The countenance then is expressive of the heart. Allopathic pathology recognizes nothing but man's body. Yet you can easily confuse the allopath by asking him what man's thought is, what man is. The homœopath must master these things before he can perceive the nature of the cause of disease and before he can understand what cure is.

It is the sole duty of the physician to heal the sick. It is not his sole duty to heal the results of sickness, but the sickness itself, and when the man himself has been restored to health, there will be restored harmony in the tissues and in the activities. Then the sole duty of the physician is to put in order the interior of the economy, *i. e.*, the will and understanding conjoined. Tissue changes are of the body and are the results of disease. They are not the disease. Hahnemann once said, "There are no diseases, but sick people," from which it is clear that Hahnemann understood that the diseases so called, *e. g.*, Bright's disease, liver disease, etc., were but the grosser forms of disease results. There is first disorder of government, and this proceeds from within outward until we have pathological changes in the tissues. In the practice of medicine to-day the idea of government is not found, and the tissue changes only are taken into account. The man who considers disease results to be the disease itself, and expects to do away with these as disease, is insane. It is an insanity in medicine, an insanity that has grown out of the milder forms of mental disorder in science, crazy whims. The bacteria are results of

disease. In the course of time we will be able to show perfectly that the microscopical little fellows are not the disease cause, but that they come after, that they are scavengers accompanying the disease, and that they are perfectly harmless in every respect. They are the outcome of the disease, are present wherever the disease is, and by the microscope it has been discovered that every pathological result has its corresponding bacteria. The Old School consider these the cause, but we will be able to show you that disease cause is ten million times finer than anything which can be shown by a microscope. We will be able to show you by a process of reasoning, step by step, the folly of hunting for disease cause by the senses.

In a note Hahnemann says, "The physician's mission is not, however, to construct so called systems, by interweaving empty speculations and hypotheses concerning the internal essential nature of the vital processes and the mode in which diseases originate in the invisible interior of the organism," etc. We know that in the present day people are perfectly satisfied if they can find the name of the disease they are supposed to have, an idea cloaked in some wonderful technicality. An old Irishman walked into the clinic one day, and, after giving his symptoms, said, "Doctor, what is the matter with me?" The physician answered, "Why, you have *Nux vomica*," that being his remedy. Whereupon the old man said, "Well, I did think I had some wonderful disease or other." That is an outgrowth of the old-fashioned folly of naming sickness. Except in a few acute diseases no diagnosis can be made, and no diagnosis need be made, except that the patient is sick. The more you think of the name of a disease so-called the more you are beclouded in your search for a remedy, for then your mind is only upon the results of disease, and not upon the primary cause.

A patient of twenty-five years of age, with twenty pages of symptoms, and with *only* symptoms to furnish an image of sickness, is perfectly curable if treated in time. After being treated there will be no pathological results; he will go on to old age without any tissue destruction. But that patient if not cured at that early age will take on disease results in accordance with the circumstances of his life. If he is a chimney sweep he will be subject to the diseases peculiar to chimney sweeps. If she is a housemaid she will be subject to the diseases peculiar to housemaids, etc. Now has not that patient the

same disease that he had when he was born? Does not this array of symptoms represent the same state before the pathological conditions have been formed? And it is true, if he has liver disease or brain disease or any of the many tissue changes that they call disease, you must go back and get these very first symptoms before you can make a prescription.

We will see peculiarities running through families. In the beginning is this primary state which is presented only by signs and symptoms, and the whole family needs the same remedy or a cognate of that remedy; but in one member of the family the condition runs to cancer, in another to phthisis, etc., but all from the same grand foundation. You must understand this fundamental condition which underlies the diseases of the human race. Without a knowledge of this you will not understand the acute miasmatic diseases, which we will take up later. You will see that some persons are susceptible to one thing and some to another. If an epidemic comes upon the land only a few go down with it. Why are some protected and why do others take it? These things must be settled by the doctrines of homœopathy. Idiosyncrasies must be accounted for. Many physicians waste their time searching after the things that make their patients sick. The sick man will be made sick under every circumstance, whereas the healthy man could live in a lazaretto. It is not the business of the physician to be hunting in the rivers and the cellars and examining the food we eat for the cause of disease. It is his duty to hunt out the symptoms of the sickness until a remedy is found that covers the disorder. That remedy, which will produce on healthy man similar symptoms, is the master of the situation, is the necessary antidote, will overcome the sickness, restore the will and understanding to order and so cure the man.

To get at the real nature of the human economy, and to lead up from that to sickness opens out a field for investigation in a most scientific way. Sickness can be learned by the study of the provings of drugs upon the healthy economy. Hahnemann made use of the information thus obtained when he stated that the mind is the key to the man. The symptoms of the mind have been found by all his followers to be the most important symptoms in a remedy and in a sickness. Man consists in what he thinks and what he loves and there is nothing else in man. If these two grand parts of man, the will

and the understanding, be separated it means insanity, disorder, death. All medicines operate upon the will and understanding first (sometimes extensively on both), affecting man in his ability to think or to will, and ultimately upon the tissues, the functions and sensations. In the study of *Aurum* we find the man's *affections* are most disturbed by that drug. Man's highest possible love is for his life. *Aurum* so destroys this that he does not love his life, he will commit suicide. *Argentum* on the other hand so destroys man's *understanding* that he is no longer rational; his memory is entirely ruined. So with every proved drug in the *Materia Medica*. We see them affecting first man's mind, and proceeding from the mind to the physical economy, to the outermost, to the skin, the hair, the nails. If your medicines are not thus studied you will have no knowledge of them that you can carry with you. The *Materia Medica* has been established upon this basis.

Sickness must therefore be examined by a thorough scrutiny of the elements that make up morbid changes that exist in the likeness of drug symptoms. To the extent that drugs in provings upon healthy man have brought out symptoms on animal ultimates must we study sickness with the hope of adjusting remedies to sickness in man under the law of similars. Ultimate symptoms, function symptoms, sensorium symptoms and mind symptoms are all useful and none should be overlooked. The idea of sickness in man must be formed from the idea of sickness perceived in our *Materia Medica*. As we perceive the nature of sickness in a drug image, so must we perceive the nature of the sickness in a human being to be healed.

Therefore our idea of pathology must be adjusted to such a *Materia Medica* as we possess, and it must be discovered wherein these are similar in order to heal the sick. The totality of the symptoms written out carefully is all that we know of the internal nature of sickness. Then the proper administration of the similar remedy will constitute the art of healing.

DISSIMILARS never cure; ague is suppressed by quinine when this drug is not the homœopathic remedy. A cure is possible only when the remedy is similar to the case, or when the newly engrafted disease prevents the return of the old disease, the old being weaker, and the patient has sufficient reaction to throw both off.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom, lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

CLINICAL CASES.

M. M. PARK, M. D., H. M., Waukesha, Wis.

1895. D—— K—— (GIRL), 10 YEARS.
Aug. 18th.

Pale, hollow-eyed, dark rings around eyes.
Ulceration at root of tooth, gum swollen, red, very sensitive.
Thirsty all the time.
Eats but little.

Sulph. 55 m. Amel. open air.

Aug. 19th.

No more pain in tooth, gum still somewhat swollen.

This prescription was a revelation to the family and was ridiculed for its absurdity that anything so local as an ulcerated tooth should be treated constitutionally, but the result was more convincing than words could have been.

1895. MAY —, 18 YEARS.
July 2d.

Dark hair and eyes, slender, pale, yellowish complexion.
Has been sick for two months.
Leucorrhœa begins a week before menses. Yellowish, leaving yellow stain; offensive; excoriating, causing burning and itching.
Fainting spells and dizzy until menses began at 13 years.
Menses regular, a few days early; profuse, flows five days, seldom flows at night; dark red; this last month had constant pain during.

Headache in temples, jumping or steady pain.

Agg. morning. Amel. towards evening.

Eyes—mattery substance accumulates during night.

Agg. morning.

Takes cold easily, throat hoarse in evening.

Appetite good at times, then poor, none for breakfast;
hungry at 10 A. M. ; craves meat and sours ; no desire for
sweets, fat, eggs.

Bowels : pain during stool and after ; jumping, sharp pain.

Piles began last spring ; painful on walking, agg. lifting or
lacing ; sometimes external, as large as a hickory nut.

Sometimes wants air but likes to lie down in house.

Feet and hands always cold.

Perspires freely.

Sleep poor, amel. towards morning.

Agg. afternoon or evening.

Always works rapidly.

Pain in small of back at night, amel. motion.

Warm room makes her dizzy and sick.

Nervous spells, can't keep still, twitching.

Agg. excitement.

Amel. motion.

S. L. Tired all the time.

July 6th.

Leucorrhœa reddish, excoriating.

Agg. morning.

Sepia 50 m. Cries much.

July 13th.

Feels better.

Leucorrhœa some worse, more profuse, bloody first part of
week.

Bowels " good " this week.

Appetite better than for some time.

Headache all the time, sometimes in morning, then after-
noon.

Agg. using eyes (wears glasses).

Amel. lying down, agg. motion.

Agg. heat.

Eyes are better.

Urethra, sharp pain during urinating for last three or four days.

S. L. Sediment in urine, yellowish.

July 18th.

Much better.

Leucorrhœa less, not so acrid.

Not so nervous.

Sacral pain occasionally.

S. L. Head and eyes ache in afternoon.

July 27th.

Leucorrhœa agg., darker color.

Nervous; pain in lower abdomen.

S. L. Headaches not so severe.

Aug. 3d.

Menses this week lasted five days; severe pain first three days; lower abdomen very sore. Agg. jar.

Pain in back.

Leucorrhœa agg., offensive.

Eyes troubling.

S. L. Headache agg. after using eyes.

Aug. 11th.

Feeling better.

Burning in vagina.

S. L. Pain before and after urinating.

Aug. 23d.

Much improved, fleshier, has gained six pounds.

Eyes amel., seldom has headaches.

Not so nervous.

Urine burns once in a while.

Leucorrhœa as profuse but not so acrid, does not cause so much itching and burning.

Pain in back, in rectum, after stool, sharp, lasts a few minutes.

Bowels regular.

S. L. Pain in small of back when very tired.

Sept. 7th.

Feeling very well, getting fat.

No headaches.

Leucorrhœa red since yesterday (was walking much);
excoriating now.

S. L. Nausea, feels like vomiting when she eats.

Sept. 23d.

Has been very weak; last week was unable to be around.

Felt hungry but could not eat, stomach weak, felt like
vomiting.

Very thirsty.

Leucorrhœa agg., more profuse, bloody part of the time,
then yellow, excoriating, itching.

Not sleeping so well.

Sharp pains in lower abdomen.

Menses began 19th, lasted four or five days—but little pain,
dark, almost black, clots.

Sepia 50 m.

Oct. 2d.

Not so well as two weeks ago.

Pain across lower abdomen, sharp, quick.

Leucorrhœa agg., yellowish.

Hemorrhoids.

Appetite amel., nausea amel., not so frequent this week.

S. L. Dull bearing-down pain in uterine region when walking,
amel. sitting.

Oct. 9th.

Feels better, not so many pains.

Leucorrhœa just as profuse, thick, yellowish, not so acrid.

Hemorrhoids not troubling this week except when over-
working, stool every day.

S. L. No nausea.

Oct. 19th.

Menses: pain all the time in uterus, then all through; sharp
before flow; flow profuse, dark, clotted, flow light red,
lasted five days; a few days too soon.

Feeling well otherwise.

Bowels regular.

Leucorrhœa the same.

Pain before urinating, in urethra, still some sediment.

S. L. Some pain in small of back.

Nov. 23d.

Feeling splendidly.

Leucorrhœa about all gone, seldom noticed.

Stools every day.

No medicine.

1896.

Feb. 26th. Perfectly well all winter. All of old symptoms gone.
Menses painless. No leucorrhœa.

SOME QUICK CURES ON WELL-KNOWN INDICATIONS.

GEO. M. COOPER, M. D., H. M., Philadelphia, Pa.

CASE I.—ABORTION.

MRS. E. D., AGE 41.

Short, dark hair, blue eyes, sallow skin ; the mother of six children, none of them healthy ; all showing a tubercular tendency. Pregnant three months. Has had a good deal of worry and hard work for some time past. I saw her about half past 5 o'clock and she said that pains began in the uterine region the evening before and she had had some bloody discharge from the uterus during the night. She had been chilly at intervals during the night, followed by flushes of heat, with sense of suffocation. She had been on her feet all that day, going about her usual work, and had tried to wash out some clothes ; but in the afternoon she had to lie down on account of the exhaustion. During the whole day large black clots, like liver, were expelled from the uterus, each with a pain, followed by a sudden gush of hot, bright blood, *very profuse*. She also complained of excessive soreness in the uterine regions ; frequent urination ; pains in the region of the kidneys ; vertigo when sitting up ; great weakness. *Sabina c. m.*, one dose was given with orders to go to bed and

stay there. But the patient felt so much better in one-quarter of an hour that she thought she might as well sit up and take supper with the rest of the family. She had no flow during the night and has had none since. All the other symptoms had disappeared by the next day, and she had nothing to complain of but some sharp pains shooting up the uterus. Whether the foetus passed away only time can tell, as no examination was made and she paid no attention to the character of the clots discharged.

CASE II.—IMPENDING PNEUMONIA.

Mr. P. D., age forty years; dark complected, muscular. Got his feet wet a few days ago; took some quinine with no relief, but was not sick enough for bed until to-day. Sharp pains in chest, which cause him to cry out loud. Pains, agg. motion, cough, respiration. Hard, dry, constant cough, agg. night. Bloody expectoration. Chilly and wants to be warm. Restless. *Rhus tox*, 50 m., one dose, eased the pains at once, and the following night he had a good sleep. He was at his work again in two days.

CASE III.

Miss G. J., age fifteen years; light hair, blue eyes, rather fleshy, skin of face rough, pimply. Has not been feeling well for some time past, but has only been sick in bed two days. Frequent urination for one month; agg. at night, when she has to rise seven or eight times; urine profuse, says she passes two quarts during the night; urine clear; specific gravity 1012. The symptoms that have caused her to go to bed are the following: sore throat, right sided, agg. at night; agg. swallowing solids; amel. warmth; cough agg. at night; thirsty for warm drinks; nausea when she eats; better half hour after eating; vertigo agg. when rising; limbs tired; sleep restless; chilly, and must be kept warmly covered. *Rhus tox*, 50 m., one dose given and the result was that she had to get up only once to urinate during the following night, and has had no bother in that line since. All other symptoms quickly subsided, and she was soon out of bed. *Puls.* proved to be her chronic remedy, and after it was given, the eruption on her face became worse for a few days, but this soon improved and she is a well girl now.

CASE IV.—ABSCESS OF AXILLARY GLANDS.

Helen S., age 17 mos. Light hair, blue eyes; good-natured child generally. Several days ago, during a romp, the child was thrown into the air and came down with full force on the father's hand, which struck it in the right axilla. Since then the glands have swollen up, until there is a large lump the size of a large hen's egg. The parts surrounding it are much swollen, to the sternum anteriorly and to the vertebral column posteriorly; large, blue veins pass over the chest to the abscess. The arm is held at right angles to the body on account of the size of the swelling. The parts are exquisitely sensitive to touch. There is loss of appetite, sleeplessness and other common symptoms, showing general derangement of the whole system. *Hepar sulph.*, 55 m., removed all the pain and tenderness and the child had a good rest the succeeding night. In three days the abscess broke and discharged blood and pus profusely, and in a short time the part had completely healed.

FOR those severe pains which occur in the right hypochondrium and strike out under the right shoulder blade, I have never gone outside of three remedies—*Æsculus*, *Chelidonium* and *Kali carbonicum*. One case, I remember, in which at every menstrual period the patient had a pain pressing outward below the right scapula, and the only relief she could get was from having the part pounded or from pressing hard against it. *Æsculus* cured.

MOST routine prescribers, on being called to cases of ovaralgia, depend on *Lycopodium*, *Lachesis* and *Apis*. When the pain begins in the *right* and goes to the *left*, *Lycopodium* does very well, and *Lachesis* when the opposite direction is observed. *Apis* selects the *right* ovary. When the patient is tearful, feels as if she would suffocate in the warm room, wants no covering, and is aggravated by the heat of the fire, and the pain is on the right side, *Apis* will cure. A similar group, but with the pain in the *left* ovary, will be covered by *Vespa*. *Pulsatilla* might be thought of when the above symptoms are present, but *Pulsatilla* does not relate to the ovary so much as *Apis*. *Pulsatilla* is more of a uterine remedy.

SCATTERED LINKS.

EXACT correspondence of action and potentiality are the requisites of the homœopathic remedy.

A PHYSICIAN must be an honest servant seeking to do well, taking no credit to himself.

PRESCRIBE that remedy which has the characteristics of the case as its own characteristics. All the symptoms of a case may be covered by a remedy, but the symptoms may not be characteristic of the remedy, *e. g.* we never saw *Belladonna* indicated in a case without the "aggravation from jar."

A CONFIDING PATRON IS ENTITLED TO BETTER THINGS. We hear from astonishing sources that pain in the thumb was cured (?) by a hypnotist, and that this act was endorsed by a homœopathic physician. In the first place, the patient was not cured even though his thumb pain was cured. In the second place, the endorsement was not by a homœopathist, as homœopathic physicians do not *remove* symptoms that must be caused or permitted to *return* before the patient can recover. When symptoms have been removed they must return before the patient can recover. This axiom has never been contradicted by anyone professing to follow Hahnemann.

UNLESS we are intimately acquainted with the *character* of the symptoms, which, like the *red thread* in the ropes of the English Navy, runs through the whole pathogenesis of every single drug, the process of individualizing the phenomena of disease would lose its real value, inasmuch as the practitioner would be deprived of the means of applying his remedies to the case before him with positive certainty and precision. It seems therefore of the utmost importance to carefully collect, examine and verify all the facts which, in one way or another, are capable of leading to this desirable knowledge of the natural morbid symptoms as well as the physiological effects of our drugs.—*Boenninghausen.*

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DEPARTMENT OF MATERIA MEDICA.

CUPRUM METALLICUM.

A Lecture delivered by PROF. J. T. KENT at the Post-Graduate School.

Cuprum is pre-eminently a *convulsive* medicine. The convulsive tendency associates itself with almost every complaint that Cuprum creates and cures. With the conditions that it is remedial in are spasms of muscles, small spasms and large spasms, contractions and convulsions. It has convulsions in every degree of violence, from the mere twitching of little muscles and of single muscles to convulsions of all the muscles of the body. When these are coming on the earliest threatenings are drawings in the fingers, clenching of the thumbs or twitching of the muscles. It has twitching, quivering, trembling, and it has also tonic contractions, so that the hands are closed violently. In this latter condition the thumbs are first affected; they are drawn down into the palms and then the fingers close down over them with great violence. In the fingers and toes and in the extremities the spasmodic condition increases and extends until the limbs are in a state of great exhaustion. Tonic contractions, the limbs being drawn up with great violence and it seems as if the frame would be torn to pieces by the violent contractions of the muscles everywhere. Often the contractions assume a clonic form, with jerking and twitching.

Cuprum has many *mental symptoms*. It has a great variety in its delirium, incoherent prattling, talking of all sorts of subjects incoherently. It has produced nearly all of the varied states that an individual is capable of undergoing as to the mind: delirium, incoherency of speech, loss of memory. During its different complaints, such as cholera, some forms of fever, the puerperal state, dysmenorrhœa, congestion of the brain, etc., there is delirium, unconsciousness and jerking and twitching of the muscles. The eyes roll in various directions, but commonly upwards and outwards or upwards and inwards. There is bleeding from the nose and the vision is wonderfully disturbed. Between the convulsive attacks there is incoherent talk, delirium, during which the patient is spiteful, violent, weeping or crying out and shrieking. They go into convulsions with a shriek or sharp cry. In one place it is spoken of as bellowing like a calf.

This drug has the ability to produce a group of spasms followed by the *appearance as if the patient were dead*, or in a state of ecstasy. Convulsive conditions sometimes terminate in a state of stasis, during which the mind ceases to act and the muscles remain quiet or only quiver. This is often one of the leading features in *whooping-cough* when Cuprum is indicated. To bring it down to the language of the mother, the description which she gives of the little one, which will probably make you remember it better than if I use the text, she says that when the child is seized with a spell of this violent whooping-cough, the face becomes livid or blue, the finger nails become discolored, the eyes are turned up, the child coughs until it loses its breath and then lies in a state of insensibility for a long time until she fears the child will never breathe again, but with a violent spasmodic action in its breathing, the child from shortest breaths comes to itself again just as if brought back to life. You have here all the violent features of whooping-cough and a bad case. In addition to what the mother says you may also observe a few things, but the whole make-up of such a case, its whole nature, shows that it is a Cuprum whooping-cough. If the mother can get there quickly enough with a little cold water she will stop the cough. Cold water especially will relieve the spasm, and so the mother soon gets into the habit of hurrying for a glass of cold water, and the child also knows, if it has tried it once, that a glass of cold water will relieve it. Whenever the respiratory organs are affected there is dreadful *spasmodic breathing*, dyspnoea.

There is also great rattling in the chest. The more dyspnoea there is the more likely his thumbs will be clenched and the fingers cramped.

In the lower part of the chest, in the region of the xiphoid appendix, there is a spasmodic condition that is very troublesome. It seems to be at times a *constriction* so severe that he thinks he will die, and at others a feeling as if he were *transfixed* with a knife from the xiphoid appendix to the back. Some say it feels as if a lump were in that region and others as if much wind were collected in the stomach. It destroys the fullness of the voice, and it seems as if his very life would be squeezed out. Sometimes then it takes the form of colic and sometimes of neuralgia. If you examine that extreme tightness you will see at once how the voice is affected. You will be called to the bed-side and find the patient sitting up in bed; he tells you in a cracked and squeaking voice that he will soon die if he is not relieved; his face is a picture of fear and anguish; he really looks as if he were going to die; the sensation is dreadful. Cuprum speedily cures this complaint. This constriction and dyspnoea occur sometimes in cholera morbus and in painful menstruation. Spasms of the chest are also accompanied by this constriction and a nervous spasmodic breathing. He is not able to take a full breath.

The Cuprum patient is full of *cramps*. There are cramps in the limbs and in the muscles of the chest, with trembling and weakness. In old age, and in premature old age, it is useful for those cramps that come in the calves, the soles of the feet, and the toes and fingers at night in bed. In debilitated, nervous, tremulous old people, Cuprum serves a peculiar purpose. When an old man, who has been single a long time, marries, his cramps will sometimes prevent him performing the act of coition. He has cramps in the calves and soles as soon as he begins the act. Cuprum is the remedy. It is especially suitable to young men who have become *prematurely old* from vices, from strong drink, from late nights and various abuses, and these cramps are not unlikely to occur in such subjects. Cuprum and *Graphites* are the two remedies for cramps coming on under these circumstances, but whereas Cuprum is said to produce cramps that prevent the act, *Graphites* is said to bring on the cramps during the act. The two remedies however compete closely with each other, and hence if *Graphites* corresponds to the constitution of the patient, it should be given, and the same in regard to Cuprum. *Sulphur* also has cured this state.

In spasmodic conditions that come on during menstruation Cuprum is also useful. *Painful menstruation with spasms* commencing in the fingers and extending over the body. Tonic contractions that look like hysterical manifestations. They may be hysterical, but that does not interfere with Cuprum curing, if they are only spasmodic or convulsive. Violent dysmenorrhœa with delirium, turning up of the eyes, contortions of the face and epileptiform manifestations.

In *epilepsy* calling for Cuprum we have the contractions and jerking of the fingers and toes. He falls with a shriek and during the attack passes his urine and fæces. It is indicated in epilepsies that begin with a violent constriction in the lower part of the chest such as I have described, or with the contractions in the fingers that spread all over the body, to all the muscles.

Again, it is a remedy sometimes needed in the *puerperal state* before or after delivery. The case may be of uræmic character, but no matter; the urine is scanty and albuminous. During the progress of the labor the patient suddenly becomes blind. All light seems to her to disappear from the room, the labor pains cease, and convulsions come on, commencing in the fingers and toes. When you meet these cases do not forget Cuprum. You will look around a long time before you can cure a case of this kind without Cuprum.

In *cholera morbus* with gushing, watery stools and copious vomiting, the stomach and bowels are emptied of their contents. The patient is fairly emptied out, becomes blue all over, the extremities are cold, there is jerking of the muscles, cramping of the extremities and of the fingers and toes, spasms of the chest; he is cold, mottled, blue in blotches, going into collapse; the finger nails and toe nails and the hands and feet are blue. There are several remedies that look like Cuprum in such a condition. In cholera we would naturally hunt for such remedies as produce cholera-like discharges, more or less spasmodic conditions, the great blueness, coldness, sinking and collapse. We would here refer to Hahnemann's observation. Hahnemann had not seen a case of cholera, but when he was written to for information, he replied that the disease produced appearances resembling the symptoms of Cuprum, *Camphor* and *Veratrum album*. He saw from the description of the disease that the general aspect of cholera was like the general aspect of Cuprum, *Camphor* and *Veratrum*, and these three remedies are the typical cholera remedies. They all have the

general features of cholera, its nature and general aspect. They all have the exhaustive vomiting and diarrhoea, the coldness, the tendency to collapse, the sinking from the emptying out of the fluids of the body, and the question naturally arises, which one will we select?

From what I have said you will see that the Cuprum case is, above all others, the *spasmodic* case. It has the most intense spasms, and the spasms being the leading feature, they overshadow all the other symptoms of the case. He is full of cramps and is compelled to cry out and shriek with the pain from the contractions of the muscles. *Camphor* is the *coldest* of all the three remedies; the *Camphor* patient is cold as death. *Camphor* has the blueness, the exhaustive discharges, though less than Cuprum and *Veratrum*; but whereas in the latter two remedies the patient is willing to be covered up, in *Camphor* he wants the windows open and wants to be cold. Though he is cold as death he wants to be uncovered and to have the windows open. But just here let me mention another feature in *Camphor*. It also has some convulsions which are painful, and *when the pain is on* he wants to be covered up and wants the windows shut. If there are cramps in the bowels with the pain, he wants to be covered up. So that in *Camphor*, during all of its complaints in febrile conditions (and fever is very rare in *Camphor*), and during the pains he wants to be covered up and to be kept warm, but *during the coldness* he wants to be uncovered and have the air. In cholera, then, the extreme coldness and blueness point to *Camphor*. Again, with *Camphor* there are often scanty as well as copious discharges, so that the cholera patient is often taken down so suddenly that he has the coldness, blueness and exhaustion and almost no vomiting or diarrhoea, a condition called *dry cholera*. It simply means an uncommonly small amount of vomiting and diarrhoea. This also is *Camphor*. Another prominent feature is the great coldness of the body without the usual sweat that belongs to the disease. Cuprum and *Veratrum* have the cold clammy sweat, and *Camphor* also has sweat, but more commonly the patient needing *Camphor* is very cold, blue and *dry* and wants to be uncovered. That is striking. Now we go to *Veratrum* and see that we can have three remedies very much alike, and so perfectly adapted to cholera and yet so different. *Veratrum* is peculiar because of its *copious exhaustive discharges*, copious sweat, copious discharges from

the bowels, copious vomiting, and great coldness of the sweat. There is some cramping and he wants to be warm; he is ameliorated by hot drinks, and by the application of hot bottles and hot plates which relieve the pain and suffering.

These three remedies tend downward into collapse and death. Now to repeat: Cuprum for the cases of a *convulsive* character, *Camphor* in cases characterized by *extreme coldness* and more or less dryness, and *Veratrum* when the *copious* sweat, vomiting and purging are the features. That is a little to remember, but with that you can enter an epidemic of cholera and feel at home.

In cholera-like states there are other remedies which relate to Cuprum and which ought to be considered. *Podophyllum* has cramps, mainly in the bowels. It has a painless, gushing diarrhoea with vomiting as well, and hence it has a wonderful operation in cholera morbus.

The cramps in *Podophyllum* are violent, they feel to him as if the intestines were being tied in knots. The watery stool is yellow, and, if examined a little while after, it looks as if corn meal had been stirred in it. The odor is dreadful, smelling only like a *Podophyllum* stool. If you say it smells like stinking meat that only partly describes it; it is not quite cadaveric but it is horribly offensive and penetrating. The stool is gushing, *copious*, and is accompanied by dreadful exhaustion. "It is a wonder where it can all come from," says the mother, speaking of the exhausting diarrhoea in an infant or in a child. The stool runs away gushingly, in prolonged squirts, with a sensation of emptiness, sinking, deathly goneness in the whole abdomen. *Phosphorus* also ought to be thought of in relation to Cuprum. It has also cramps in the bowels, exhaustive diarrhoea, sinking as if dying, but commonly with heat of the skin, with burning internally, with gurgling of all the fluids taken into the stomach; as soon as they come to the stomach they commence to gurgle, and gurgle all the way through the bowel. A drink of water seems to flow through the bowel with a gurgle. Now this gurgling in Cuprum commences at the throat; he swallows with a gurgle; gurgling in the œsophagus when swallowing.

You will do well to go to the Cuprum text, as full a text as you have access to, and find all the complaints that Cuprum has cured, while it is fresh in your memory, with the guide that you have received.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT at the Post-Graduate School.

LECTURE II.

The subject this morning relates to cure, to what the nature of a cure is. It is stated in the second paragraph of the *Organon* that

The highest ideal of a cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principles.

If you were to ask a physician, who had not been trained in homœopathy, of what a cure consists, his mind would only revolve around the idea of the disappearance of the pathological state; if an eruption on the skin were the given instance, the disappearance of the eruption from the skin, under his treatment, would be called a cure; if hemorrhoids, the removal of these would be called a cure; if constipation, the opening of the bowels would be called a cure; if some affection of the knee joint, an amputation above the knee would be considered a cure; or if it were an acute disease and the patient did not die, it would be considered a cure of the disease. And that is really the idea of the patient. The patient will very often wonder at the great skill of the physician in removing an eruption from the skin, and will go back again when the graver manifestations, the tissue changes threatening death, have come on as a consequence, and will say to the doctor: "You so wonderfully cured me of my skin disease, why cannot you cure me of my liver trouble?" But the poor fool of a doctor has made a failure, he has driven what was upon the surface and harmless, into the innermost precincts of the economy and the patient is going to die.

There are three distinct points involved in this paragraph and these must be brought out. *Restoring health*, and not the removing of symptoms, is the first point. Restoring health has in view a human being; removing symptoms has not in view a human being; removing the constipation, the hemorrhoids, the white swelling of the knee,

the skin disease, or any local manifestation or particular sign of disease, or even the removal of a group of symptoms, does not have in view a restoration to health of the whole man. If the removal of symptoms is not followed by a restoration to health, it cannot be called a cure. We learned in our last study that "the sole duty of the physician is to heal the sick;" and therefore it is not his duty merely to remove symptoms, to change the aspect of the symptoms, the appearance of the disease image, imagining to himself that he has thereby done something. What a simple-minded thing he must be! What a groveller in muck and mire he must be, when he can meditate upon doing such things, even a moment! How different his actions would be if he but considered that every violent change which he produces in the aspect of the disease aggravates the interior nature of the disease, aggravates the sickness of the man and brings about an increase of suffering within him. The *patient* should be able to say, and continue to say, that *he* is being restored to health, whenever a symptom is removed. There should be an inward corresponding improvement whenever an outward symptom has been caused to disappear.

The perfection of a cure consists, then, first in restoring health, and this is to be done *promptly, mildly and permanently*, which is the second point. The cure must be quick or speedy, it must be gentle, and it must be prolonged or permanent. Whenever an outward symptom has been caused to disappear by violence, as by cathartics to remove constipation, it cannot be called mild or permanent, if it is prompt. Whenever the violent use of drugs is resorted to there is nothing mild about it. At the time this second paragraph of the *Organon* was written physicking was not so mild as it is at the present day; blood-letting, sweating, etc., were in vogue at the time Hahnemann wrote these lines. Medicine has changed somewhat in its appearance since then; physicians are now using sugar-coated pills; they are contriving to make the medicines appear tasteless or tasteful; they are using concentrated alkaloids. But all this they have not done from a matter of principle; blood-letting and sweating were not abandoned on account of principle, for the old grey-heads deprecate their disuse, and often say they hope the time will come when they can again go back to the lancet. But the drugs of to-day are ten times more powerful than those formerly used, because more concentrated. The

cocaine, sulphonal and numerous other modern concentrated products of the manufacturing chemists are all extremely dangerous. The chemical discoveries of petroleum have opened out a field of destruction to human intelligence, to the understanding and to the will, because these products are slowly and insidiously violent. When drugs were used that were instantly dangerous and violent the action was manifest, it showed upon the surface, and the common people saw it. But the patient of the present day goes through more dangerous drugging, because it destroys the mind. The apparent benefits produced by these drugs are never permanent. They may in some cases seem to be permanent, but then it is because upon the economy has been engrafted a new and most insidious disease, more subtle and more tenacious than the manifestation that was upon the externals, and it is because of this tenacity that the original symptoms remain away. The disease in its nature, its *esse*, has not been changed; it is still there, causing the internal destruction of the man, but its manifestation has been changed, and there has been added to this natural disease a drug disease, more serious than the former.

The manner of cure can only be mild if it flows in the stream of natural direction, establishing order and thereby removing disease. The direction of old-fashioned medicine is like pulling a cat up a hill by the tail; whereas, the treatment that is mild, gentle and permanent, flows with the stream, scarcely producing a ripple; it adjusts the internal disorder and the outermost of man returns to order. Everything becomes orderly from the interior. The curative medicine does not act violently upon the economy, but establishes its action in the most mild manner; but while the action is mild and gentle, very often that which follows, which is the reaction, is violent.

The third point is "upon *principles* that are at once plain and intelligible." This means law, it means fixed principles; it means a law as certain as that of gravitation; not guess work, empiricism, or round-about methods, or a cut-and-dried use of drugs as laid down by the last manufacturer. Our principles have never changed, they cannot change, they have always been the same and will remain the same. To become acquainted with these doctrines and principles, with fixed knowledges, with exactitude of method, to become acquainted with medicines that never change their properties, and to become acquainted with their action, is the all-important aim in homœopathic

study. When one has learned these principles, and continues to practice them, they grow brighter and stronger as he grows wiser and becomes better acquainted with them. The use of these fixed principles is the removal of disease, the restoration to health in a mild, prompt and permanent manner.

If you were to ask an allopathic graduate in this class how he could demonstrate that he had cured somebody, the answer could only be such as I have mentioned already, viz: that the patient did not die, or that the manifestations prescribed for had disappeared. If you were to ask a physician trained in homœopathic principles the same question, you would find that he has means of distinctly demonstrating why he knows his patient is better. You would naturally expect, if it is the interior of man that is disordered in sickness, and not his tissues primarily, that the interior must first be turned into order and the exterior last. The first of man is his voluntary and the second of man is his understanding, the last of man is his outermost; from his centre to his circumference, to his organs, his skin, hair, nails, etc. This being true, the cure must proceed from centre to circumference. From centre to circumference is *from above downwards, from within outwards*, from more important to less important organs, from the head to the hands and feet. Every homœopathic practitioner who understands the art of healing, knows that symptoms which go off in these directions remain away permanently. Moreover, he knows that symptoms which *disappear in the reverse order of their coming* are removed permanently. It is thus he knows that the patient did not merely get well in spite of the treatment, but that he was cured by the action of the remedy. If a homœopathic physician goes to the bedside of a patient and, upon observing the onset of the symptoms and the course of the disease, sees that the symptoms do not follow this order after his remedy, he knows that he has had but little to do with it.

But if, on the contrary, he observes after the administration of his medicine that the symptoms take a reverse course, then he knows that his medicine has had to do with it, because if the disease were allowed to run its course such a result would not take place. The progression of chronic diseases is from the surface to the centre. All chronic diseases have their first manifestations upon the surface, and from that to the innermost of man. Now in the proportion in which they are

thrown back upon the surface it is to be seen that the patient is recovering. Complaints of the heart and chest and head must in recovery be accompanied by manifestations upon the surface, in the extremities, upon the skin, nails and hair. Hence you will find that these parts become diseased when patients are getting well; the hair falls out or eruptions come upon the skin. In cases of rheumatism of the heart you will find if the patient is recovering, that his knees become rheumatic, and he may say: "Doctor, I could walk all over the house when you first came to me; but now I cannot walk, my joints are so swollen." That means recovery. If the doctor does not know that that means recovery he will make a prescription that will drive the rheumatism away from the feet and knees and it will go back to the heart and the patient will die. This is a simple illustration of how it is possible for the interiors of man to cease to be affected and the exteriors to become affected. It may be impossible for the man to be entirely cured, it may be impossible for this state to pass off, but that is the direction of its passing off and there is no other course. If the patient is incurable, while the means used are mild, he may experience great suffering in the evolution of his disease, in the course of his partial recovery. To him it may not appear mild, but the means that were used were mild. In acute diseases we do not observe so much distress after prescribing as we see in old incurable cases, in deep-seated chronic complaints that have existed a long time. The return of the outward manifestations upon the extremities are noticed in such cases where they have been suppressed. To illustrate: there are many patients who have had rheumatism in the hands and feet, in the wrists and knees and elbows, who have been rubbed and irritated with lotions and strong liniments, with chloroform, with evaporating lotions, with cooling applications, until the rheumatism of the extremities has disappeared to a great extent, but every physician knows that as the disappearance of this rheumatism progresses cardiac symptoms are likely to occur. When this patient is prescribed for the rheumatism of the extremities must come back or the heart will not be relieved. That is true of every condition that has been upon the extremities and driven in by local treatment. Just as surely as you live and observe the action of homœopathic remedies upon man, so surely will you see these symptoms come back. The patient will return and say: "Doctor, I have the same symptoms that I had when I was treated by Dr.

So-and-so for rheumatism." This comes out in practice nearly every day. Now it requires a little explanation to the patient, and if he is intelligent enough to understand it, he will wait for the remedy to act. But the physician who thinks most of his pocketbook will say: "If I don't give him a liniment to put on that limb he will go off and get another physician." Now let me tell you right here is the beginning of evil. You had better trust to the intelligence of humanity and trust that he will stay and be cured. If you have learned to prescribe for the patient even though he suffer, if you have learned what is right and do not do it, it is a violation of conscience. This paragraph appeals to man's integrity; it states in the last line "on principles that are at once plain and intelligible." Just as soon as you leave out integrity, and believe that a man can do just as he pleases, you leave out everything that pertains to principle and you leave out the foundation of success. But when these principles are carried out, when a man has made himself thoroughly conversant with the materia medica and thoroughly intelligent in its practice, when he is circumspect in his very interior life as to the carrying out of these principles, then he will lead himself into a use that is most delightful, because by such means he may cause diseases to disappear, and may win the lasting friendship and respect of a class of people worth working for. He has more than that, he has a clear conscience with all that belongs to it; he is living a life of innocence. When he lives such a life he does not allow himself to wink at the notions that are carried out in families, as for example, how to prevent the production of offspring, how to avoid bearing children, how to separate man and wife by teaching them the nasty little methods of avoiding the bringing forth of offspring. The meddling with these vices and the advocating of them will prevent the father and mother from being cured of their chronic diseases. Unless people lead an orderly life they will not be cured of their chronic diseases. It is your duty as physicians to inculcate such principles among them that they may live an orderly life. The physician who does not know what order is ought not to be trusted.

It is the duty of the physician, then, first to find out who it is that is sick, who the sick man is, and then to restore him to health; and this return to health, which is a perfect cure, is to be accomplished by means that are mild, that are orderly, that flow gently like the life force itself, turning the internal of man into order, with fixed principles as his guide, and by the homœopathic remedy.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom, lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

CLINICAL NOTES ON TELLURIUM AND TABACUM.

Extracted from the minutes of the *Bænninghausen Society*.

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DR. KENT.—A number of years ago in one of my own families, a family I had been in the habit of prescribing for, a little boy about four years of age, while sliding down the banisters one day, lost his hold and came down pretty fast, striking his head on a tiled floor. I was absent when sent for and a surgeon living near me was called in in haste and remained in attendance, as they did not like to stop him, so that I did not see the case for two or three days. Immediately after the fall the child became unconscious and remained so. A clear white watery discharge started from the ear, and this, the surgeon said, was cerebro-spinal fluid which was pouring from a fracture in the base of the skull that lead to the ear; that was his opinion. The child remained unconscious and the surgeon gave no hope of recovery, saying that the child would surely die. Finally I was sent for and found the child very pale, unconscious, with stertorous breathing, and that discharge was flowing, drip-dripping like clear water from the ear on to the pillow, and the water that was flowing out of the ear (I do not say where it came from) was forming little vesicles. It seemed to be acrid enough to form vesicles. The ear was red, and wherever the discharge came in contact with the skin the part became red. That was all there was about it. I could not see any more. My first thought was to give *Arnica*. But I did not. I gave him one dose of *Tellurium*. In two hours the child vomited. That discharge gradually ceased, recovery took place and in two weeks the child was perfectly well. What did the *Tellurium* have to do with it? There was a discharge from an injury. *Tellurium* without any injury produces just such a

discharge as that, and we know that the *Tellurium* discharge is not cerebro-spinal fluid, at least we have no reason to suppose it is. The first action of the remedy I observed was the child's vomiting, showing reaction. It is laid down in all the books that after concussion if vomiting takes place it is considered a reaction and the case will probably recover.

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DR. MORGAN.—How high would you advise using *Tabacum*, Dr. Kent?

DR. KENT.—The higher the better. I have never used the remedy lower than the 70 m. The 70 m. and cm. are the two potencies with which I have done all the curing that I have ever effected with *Tabacum*. There is a most astonishing resemblance between *seasickness* and the proving of *Tabacum*. I have always guarded myself against routine practice and advised everyone else to keep away as far as possible from routine practice, but a great many times I have been consulted where, without any symptoms at all, somebody will tell me, "Every time I cross the herring pond I get sick. Cannot you send me something?" And I have had some most astonishing results from *Tabacum* used for seasickness in a routine manner, without any symptoms.

DR. MORGAN.—Would it be proper to call that routine?

DR. KENT.—It certainly looks, upon superficial examination, like prescribing for a name. One man in particular I know, who had crossed the ocean a good many times, having a business office in New York and one in London. He always dreaded to go. He said: "I am sick from the time I go on the boat until I get off. I can eat nothing. I do nothing but vomit and vomit food from one end of the trip to the other." His fortune is invested in such a way that he needs to go two or three times in the year across the ocean. Now I provide him with the infallible protection, and when he gets out and feels his dizzy spell coming on he takes his powder and he can take his meals all the way over. The one powder has always done it, and he keeps on hand some powders of *Tabacum* 70 m.

I have used it many times for the sickness from riding in the cars. You can understand the *Tabacum* sickness if you will get on the hind end of a boat and watch the waves as they go away from the vessel. The boat goes up and down, and pretty soon the stomach goes up and

down and everything goes up and down. Well, sitting at a car window and watching the scenery as the car goes along produces a similar deathly nausea. *Tabacum* often relieves this nausea from riding in a train. *Petroleum* and *Cocculus* sometimes help sea sickness, but *Tabacum* is a broad remedy that seems to cover most of the symptoms.

 AN APIS CASE.*

FRED. S. KEITH, M. D., H. M., Newton Highlands, Mass.

1896. MRS. E——, AET. 46.

March 15th. Widow for over a year.

Great fear that she has a cancer.

Aunt died of cancer of rectum ; sister cancer of uterus ; thinks mother died of cancer of liver ; mother's father died of cancer, location unknown ; thinks mother's mother also.

Patient tall, large framed ; face thin and rather pale.

Miscarriage two years and a half ago at third month.

Produced purposely by introduction of a tube by a Boston villain. Has not been well since.

Steady dull pain across lower abdomen.

Severe aching in r. ovarian region.

<during first day of menses (is still menstruating regularly).

Little or no sleep first night from this pain.

Frequent urination.

Burning, smarting pain during and for some time after urination.

"Yellow patches come on face and headache follows unless she takes liver pills."

Can stand the cold better than heat.

"Nervous ; can hardly contain herself."

Constantly moving her fingers while talking. Not quiet an instant.

Bloating of abdomen.

* Paper read before the Materia Medica and Organon Society.

Back ache in sacral region. Lies on back, but uncomfortable.

> lying on abdomen.

Sleeps lying on abdomen. (Bell. Calc. Cocc. Coloc. Ign. Puls. Stram.)

Apis 1 m. Aching and soreness in the vagina. Has applied spirits of camphor.

April 4.

Improved. No new symptoms.

Much less pain in r. ovary with menses. Has not been as free from it for over a year.

S. L. Less pain in ovary and abdomen at other times.

May 2.

Dull pain low down in vagina.

Weight and pressure on stomach soon after eating. May last all the forenoon.

“Subject to blue fits.” Hysterical laughter without cause while relating symptoms.

Has not felt as well past week or two.

Sleepless on first retiring. Restless, tossing about.

Apis 50 m.

May 30.

Much better. No pain with menses.

“Last medicine helped me more than all the other put together.”

S. L. Had no idea medicines could make her feel so much better.

This case cannot rightly be considered as complying with the *Secretary's* request for a paper on clinical medicine for the case is only just begun. Other and complementary remedies will come up in time and have to be considered. Yet to me it emphasized some points in Dr. Kent's lecture on *Apis*, and for these I venture to present it. He called attention to a prominent sphere of its action in arresting abortions purposely produced by instruments, and cited a case where a woman having had it done called a physician to look out for her, *Apis*, much to her disgust, stopping the whole affair.

In this case the conditions are not precisely the same. Abortion followed the miscreant's work. But the patient has never been well since and refers her sufferings to a time following this. Are not the

conditions analogous, or at least worth considering? *Apis* is a very prominent remedy in widows. Symptoms and conditions often follow the breaking off of the marital relations. But before prescribing, that necessary and ever-arising question to the true Homœopathic physician must be asked and answered. Does the *totality* of the symptoms of the patient (not *one* symptom) correspond to the picture of the remedy? Do the symptom image and the drug image agree? Have we a remedy deep enough to go to the bottom of the trouble or are we palliating, symptom hunting, out to see what symptoms we can kill, as it were?

It seems that the symptoms furnish a fair picture of *Apis*. The fidgety, restless, nervous state of mind and body; the affection of the right ovary (I didn't get the word "stinging," possibly I might have got it if I had put the word in her mouth and been very anxious to secure it as one of those indispensable "key-notes"); the desire for a cool atmosphere; the urinary symptoms; the mechanically produced abortion, all seemed to point to *Apis*. Marked improvement has followed.

Who can say what future troubles this remedy may prevent? Seldom do we find so bad a family history. The patient is at the cancer age. *Apis* is certainly deep enough to enter the life force and if possible restore order. May not this remedy avert an impending ultimatum of the disease in some malignant growth?

The curse of abortions is beyond the power of pen. How can we measure the harm done the vital force by this evil? It is incalculable, unknowable.

SOME CASES OF INTERMITTENT FEVER.*

HUGH A. CAMERON, M. D., H. M., Philadelphia, Pa.

The first case of Intermittent Fever I ever met with was during my college days. As I was anxious to see for myself the single dose of the potentized remedy work the charm that it was reported to be capable of doing in chills, I approached the case with a great deal of caution. I wrote out the symptoms in full to the best of my ability

* Read at the monthly meeting of the Bœnninghausen Society.

and then tried to work out the case with Allen's Repertory. A keynote which stood out prominently was a soreness of the whole flesh, and a sensation as if the bed were too hard. I am afraid this symptom blinded my eyes to all other remedies except *Arnica*, though I have since learned that it is also a characteristic of *Rhus*, *Baptisia* and *Pyrogen*. I gave *Arnica* with some degree of confidence and waited for the next chill, which came on time unchanged in every respect. The first thought that came into my mind was that the potency could not be good, and I was tempted to give a low potency to be sure that he would get *Arnica* for I was slower in blaming myself than I was in doubting the remedy. I waited, however, but after the third chill, which was the same as the others, I concluded I would have to change the remedy. My patient had also come to the same conclusion, but, unlike me, he knew the next remedy if I didn't. I settled down by his bedside during the sweating stage of the last paroxysm and had just produced my writing paper to take the case anew when he stopped my further progress by saying, "I want you to give me quinine. Just give it to me without saying it is quinine and I will take it as I did your pills, just as if it were homœopathic medicine. I know it will stop the chills and I am going to take it anyway, but I wish you to give it, for I want you to get the credit of curing me." It was a temptation. The case was watched by many and the results would prove either favorable or damaging to me, but I answered, "No. It would be against my principles to do that. I know quinine will 'knock' the chills but *you* will not be cured, and later on you will suffer awfully, and when I want to treat you then I will have to antidote that same quinine and bring back the symptoms before I can cure you." Nevertheless he took the quinine and the paroxysms ceased, but about two years after that when I asked him about his health he said it was "miserable." The chills have returned since he suppressed them and he has to keep dosing himself with some nostrum of which I suspect the main ingredient is quinine.

I learned from this case the wholesome lesson that the guidance of principle is, in the long run, the safest. Had I, in view of the issues at stake, yielded to the patient's suggestion to give quinine, I would have lost my footing, the door would have been opened for its administration in all future "difficult cases," and I would soon have found out that the prescription of a few grains of quinine was a much easier

method than "taking the case," and questioning the *Materia Medica* for the remedy. It would have destroyed my chances of ever prescribing in a purely homœopathic manner and thus have done much harm to myself. But who could tell the far-reaching effects that would have been the portion of those patients upon whom I should have practised the traditional methods of quinine, arsenic, etc.? Who would associate with the suppression of chills the whole train of mental symptoms so fitly described as "blueness," the melancholy that settles down on the man's life like a dark cloud or heavy load and makes him wish he were dead, the dullness of comprehension, the inability to think, the half-boiled sensation in the front part of the cerebrum, the irritability that cancels all the man's previous history of amiability, the want of appetite, the load in the epigastrium, the functional sluggishness of all his glands, the languor of his whole physical economy, the inability to walk in the sun because of the congestion in the brain that would result, the little choppy chills and fragments of heat that flitter here and there throughout his whole frame work? Yet, these, and many others as distressing, are the inheritance that succeeds the suppression of chills by quinine and makes the man's existence a burden. Such was the condition of a friend of mine who had lived in Virginia and for his malaria had received its lauded specific quinine. So grateful is he for the state of comparatively good health which he has been brought into by a few doses of *Nux vomica* and *Sepia* that I don't need to persuade him to become a homœopath and leave off taking such misery-producers as quinine.

My curiosity on the point of chills was not yet satiated, and it received quite a back-set from my second case. Mrs. C — came to the dispensary in April, 1895, and for her symptoms received *Sulph. 2c.* This worked so beautifully with her that, when she fell sick eighteen months later, she returned to the dispensary. According to the usual custom of repeating the remedy which has formerly produced benefit, she received a second dose of *Sulph. 2c.*, but got worse. She was too sick to come to the dispensary, and it fell to my lot to visit her at home. Thinking that her symptoms were an aggravation from the *Sulph.*, I kept her on *Sac. lac.* for five days expecting to see the amelioration follow. The amelioration did not follow, but the symptoms began to take on order, and it was not long before I saw looming up a case of intermittent fever. Inquiry evoked the

information that three years before she had had chills, which she suppressed by drugs, having taken quinine and sweet spirits of nitre; the latter she drank diluted with water straight ahead for weeks, and then got rid of her chills. But presumably a few bacilli of Laverau had dodged between the drops of the showers of nitre water and quinine, and lodged in some dark cave of the interior economy, had lain in fear of their lives for the long period of three years. At this, their opportune time, however, they came forth, multiplied and brought on the regular paroxysms of chill, heat and sweat, which the patient had long ago thought she was rid of. Of course this theory of how the chills returned would be very foolish to the bacteriologists and rightly so, but is it not merely the *reductio ad absurdum* of their own ideas. How does the bacteriologist explain the return of intermittents after a lapse of years, the return being brought about by the administration of potentized remedies. He would reply that it was a case of re-infection, but that will not explain every case. It is possible with the dynamic remedy, as in the case of this patient, so to remove the incubus lying upon the vital force that the condition which has been suppressed for years may again be able to manifest itself in its original form. This is a principle in homœopathic treatment, briefly described as "the return of old symptoms." Such return is not only possible, but absolutely necessary in chronic cases if a cure is to be effected, and the homœopath, on hearing the patient say, "This symptom which Dr. — cured (?) me of years ago has come back," hails it with delight. It is a landmark by which he knows he is on the home journey.

But what of the bacillus? We cannot get away from the fact of his presence, and the question therefore is, what relationship exists between the bacillus and the intermittent? To my mind it resolves itself into this, the bacillus is either the cause, as bacteriologists maintain, or its presence is a result. Its mere presence is not sufficient reason to label it as the cause. It is present and a part of the disease, but so is the sweat. Neither, however, is the cause of the intermittent. We would be as much justified in treating the chill as such, or the heat as such, or the sweat as such because they are present, as in aiming our forces at the bacilli because they are present.

Yet the feeling of the bacteriologist is, that if he could only isolate these bacilli and drench them in an antiseptic fluid the patient would

be cured. A doctor writing to a medical journal recently said that Laverau tested his theory of the action of quinine on the bacilli "by adding a drop of quinine solution to a drop of blood containing the germs of malaria, with the result that the characteristic movements ceased and the parasites assumed a cadaveric appearance." I wonder if it ever occurred to the M. D. that his own appearance would be rather cadaveric if he were immersed in quinine solution a few million times his bulk, or if he ever thought that other medicines besides quinine would have had a similar effect on the "parasites." How would they have stood, *e. g.*, his favorite Comp. Cathartic Pill?

But if the bacillus of Laverau is not the cause of intermittents, how explain its almost constant presence in these cases? These bacilli everywhere present are always on the lookout for a suitable soil in which to multiply, and they find such in the sick man whose symptoms are those of ague, a soil which suits them better than that in which other bacilli, *e. g.*, those of typhoid, would flourish. Just as lice multiply on the body of the filthy because it is a suitable soil or circumstance, and drop off from those who are cleanly because they do not there find what they are after, so these bacilli. Though *all* the inhabitants of a malarious neighborhood breathe in the exhalations from the swamps, and drink daily the bacilli-laden water, only a small percentage of these same people are taken down with chills and fever, and these, inquiry shows, were *themselves first* sick, the dynamis was to some extent deranged, so that the virus of the acute miasm, in even a single dose, was able to impress the vital force with its own individuality. We look upon the bacilli then as a result of the man's sickness and not the cause. But again we are confronted with the big gun of our opponents. That the bacilli are the cause, say they, can be proven by inoculation, the disease being established as a result, and the same bacilli reproduced, which in turn are capable of impressing other individuals. We reply to this by asking—have the bacilli *alone* been injected? If the bacilli have been isolated from everything else before injecting them, then it would seem that they are the cause. The bacteriologists cannot tell us that the bacteria, *minus* their accompaniments, have been injected, for the bacteria being organisms cannot be washed and dried and then injected. The truth, however, can be arrived at by taking the other way. If they cannot inject the bacteria *minus* everything, let them inject the everything *minus* the bacteria.

Then if, after the injection, the chills are *not* reproduced, their statement that bacteria alone are the cause would seem to have some foundation. But experiment along these lines has been carried out in connection with another infection: the bacilli were coagulated, precipitated and made inert, and then the supernatant fluid in which they had existed was drawn off and used for experimentation with the same results as when the living organisms, virus-soaked, had been injected. We hold, then, that the cause is not these organisms, however minute, but that it is something far more subtle, beyond the reach of the highest-power microscope, being on the same plane as the vital force itself, upon which that cause acts, and therefore spirit-like.

But this divergence has already become top-heavy and I must return to Mrs. C's chills. The principal features that at first presented themselves in the case were as follows:—

Type.—Tertian; time, irregular.

Prodrome.—Nausea.

Chill.—Feet felt cold as ice. Face and hands dark blue. Headache > by warm applications. Patient amel. covering up. Retching after the chill.

Heat.—Vertex hot. Yawning and stretching of the whole body.

Took ice, though not thirsty. Amel. from uncovering.

Sweat.—Not marked.

Apirexia.—Nervous. Downhearted. Wants plenty of air.

The mechanical working out of the case from the above and other minor symptoms present proved *Natrum muriaticum* to have in the count up more symptoms than any other of the remedies, and it was given. This prescription was a mistake, as was pointed out afterwards by Dr. Kent, since thirst was not a feature of the case. In chills calling for *Natr. mur.* *thirst for large quantities of water often*, is present in all three stages. This prominent characteristic was wanting in the case. It seems on working out cases of chills according to set phrases, that *Natrum mur.* comes as often at the head of the list as *Sulphur* does in working out almost every other case. If for these reasons we give *Natr. mur.* in chills and *Sulph.* in psora, we would be nothing more than symptom matchers. No, the *genius* of the remedy must correspond to the *patient*; there must be a similarity in the picture, and not merely a numerical relationship in the totting up

of rubrics. Some thousands of bricks dumped on the street may be of exactly the same quantity and number as those in a near-by dwelling-house, but very little reflection will convince us that the relationship between the individual bricks in the two groups cannot be called a *similimum*.

Well, Mrs. C's chills continued, and in her mass of common symptoms the only features that stood out prominently were intense nausea and thirstlessness during the whole paroxysm. Three drugs have this latter condition of thirstlessness during the three stages of intermittents, viz. : *Ipecacuanha*, *Nitric acid* and *Antimonium crudum* and as no *similimum* could be seen in the case, and *Ipecacuanha* had the relationship of a *simile*, it was administered to straighten out the case.

The next chill presented the following features :—

Prodrome.—Cold all over.

Chill.—Aching throughout whole body. Covers up warmly. Nausea.

Stretching of limbs. No thirst during chill.

Heat.—Thirst during heat. Does not cover up so warmly.

Sweat.—During sleep.

Apyrexia.—*Intense weakness*.

Ars. a. cm. was given and the patient reported improvement in herself after the prescription. The chills, however, returned on time, but the remedies given seemed to have brought the case to an equilibrium, heading it off into one direction and a fuller picture was obtained as follows :—

Prodrome.—Stretching of the whole body. Pains through the lower limbs.

Headache. Nausea preceding the chill.

Chill at 9 A. M. Headache continues. Desires warm drinks during the chill.

Heat.—Headache continues. Throws off some of the coverings. No thirst during the heat.

Eup. perf. cm. was given during the *apyrexia*, and at the time the next chill was due only a slight coldness for about ten minutes was observed, followed by some heat and no sweat.

Eighteen days later the patient having caught "cold," the chills returned, but promptly disappeared on the repetition of the *Eupatorium*.

Although Dr. Kent had not seen the patient he remarked the first time I consulted him about the case, "That patient ought to have had *Calcareea* instead of *Sulphur*." I decided to get the life history of the patient to find her constitutional remedy, as it was evident her psora had had an upturning, and unless she got an antipsoric the chills would continue to crop up in spite of the short-acting *Eupatorium*.

The following symptoms were obtained:—

Troubled with night sweats. The coldness of the wet clothing wakens her at night. Feet cold on the hottest day in summer. Chilly always on uncovering. Cannot stand cold. Wants a warm room. Sits near stove. Abdomen swells and is hard.

Menses: scanty; pale like water, flow continues three days. This condition of scanty menstruation has existed for some years ever since she was treated in an allopathic institution for profuse menstruation. Up till that time quantity of menstrual blood used to be profuse, and the flow lasted nearly during the whole month, and yet she felt tolerably well, till by persistent drugging the allopaths had suppressed the menses, since which time she has never felt well.

Constipation. Bowels move once in three weeks. Never takes purgatives as she has learned by experience that after the temporary relief from such the condition was made worse by purgatives.

Feels better in winter, but never ventures out of door in winter.

Cannot wear clothing tight round hypochondria.

Although she is now very thin she used to be quite stout.

The return of the chills seemed to call for *Eupatorium*, but the fact that the underlying psora had to be restored to its latent condition demanded the constitutional remedy, which was *Calcareea Carb.*, and further trouble from chills was averted.

I will state shortly three other cases which were not so much masked as the one I have just given.

1896.

S. S., AET. 20.

Oct. 5th. Chills and fever for three weeks since camped in New Jersey.

Type—Quotidian. Time—12 M.—1 P. M.

Prodrome—Chilliness; headache; thirst before chill.

Chill commences between scapulæ traversing whole body; chill most marked in the back; covers up warmly; no thirst *during* chill; headache amel. during chill.

Heat, with headache, nausea, weakness, *thirst*; remains covered during the heat, chilly if uncovered; pains in spleen.

Sweat lasts all night, with thirst.

Apyrexia—Headache, vertex, “feels as if head were open,” amel. pressure.

General aggravation from cold.

Constipation. Much flatus.

China 8 m.

Had one hard chill next day and no more.

1896.

M. G., AET. 20.

Oct. 9th. This patient contracted chills when camping in New Jersey at same time as the above patient. He took quinine, which suppressed the chills, but they returned and he went to a hospital in the city where they prescribed some drug, not quinine, which again suppressed the chills. On their again returning his friend advised him to come to the Dispensary.

Type—At first tertian, now quotidian.

Chill comes on about noon, preceded by vertigo. Chill starts in feet and soles of feet feel coldest. Wants to cover up warmly during the chill and desires *warm drinks* which relieve.

Fever.—Face hottest, vertigo, *restlessness*, still covers up, thirsty for large drinks of cold water.

Sweat without thirst.

Apyrexia. Restless in sleep. Weakness during and after paroxysms.

Ars. 1 m.

October 14th. “First rate.” No chills. Sleeps better.

1897.

W. T., AET. 22 YEARS.

January 17. Had “chills” first in Memphis, Tennessee, seven months ago. Took quinine which stopped the chills; chills returned

after he went to Cleveland, O., and he took more quinine; had them again in New York and was treated in Bellevue Hospital for ten days, but on coming to Philadelphia the chills have again returned.

Prodrome, yawning and stretching. Dull pains through the legs, felt as if in the bone. Restless.

Chill some time between 11 A. M. and 2.30 P. M. Pains in legs continue. Used to vomit during chill in Tennessee. Thirsty during chill; at first used to vomit the water. Craves the heat of stove.

Fever with *sweat*. Sweat profuse and relieving the pains.

Eup. perf. cm.

January 18th. Chill to-day, the lightest he has had.

21st. No chills.

February 19th. Chills returned.

Vomiting of green substance before the paroxysm.

Eup. perf. cm.

February 20th. Chill to-day. No vomiting.

26th. No more chills.

This patient probably needs a constitutional remedy to clinch the *Eupatorium* and stop the periodical outcroppings of his underlying psora.

CEDRON.

W. D. GORTON, M. D., Austin, Texas.

1897.

July 12. Patient blonde, thick set, middle age, male.

Was poisoned by *Rhus tox* three times during the last week of May and first three weeks of June. Carbuncles followed the last case of poisoning. One of the carbuncles was speedily terminated by one dose of *Carbuncle cm.* (F.); others were apparently helped by *Sil. mm.* Still new ones formed, proving that the similitum had not been found. Aching and darting pains have been prominent in shoulders the past five weeks.

Fever came up about 3 o'clock P. M. yesterday, temperature $2\frac{1}{2}^{\circ}$, accompanied by severe sticking pains all through hips, hypochondria

and abdomen. Since yesterday morning there has been a severe dull pain in upper left chest; inspiring deeply caused sticking; this was much worse during fever. Inspiring aggravated the abdominal pains. Face was red and was the only part hot to touch. Forehead sensitive to touch and had a chapped sensation. No chill nor sweat. To-day promptly at 3 o'clock P. M., the fever and pains returned suddenly, with even more severity than yesterday, temperature $2\frac{1}{2}^{\circ}$.

At 3.15 o'clock P. M. gave one dose of Cedron 45 m. (F.), and pains soon began to subside; in less than half an hour all had ceased, except the chest pain, which remained the same as it had been before fever came on. There was no sensation of fever after pain left but temperature ranged 2° to $2\frac{3}{8}^{\circ}$ until about midnight. Carbuncle is much easier, pus comes freely, appetite only for watermelon and it agreed. Sweat: patient dropped off to sleep a few minutes before midnight and was wakened an hour later by a profuse cold, clammy perspiration. Patient described it as feeling like death damp; this was accompanied by severe cramping in hips, hypochondria and abdomen. Another dose of Cedron did not give immediate relief; after changing clothes and covering warmly pain gradually subsided. A nap about 3 o'clock and another at 5 o'clock A. M. was disturbed by profuse perspiration but not cold; no pains.

July 13th, 12 o'clock noon. Fever was $\frac{1}{2}^{\circ}$; has been doing well all of the forenoon. Increase of fever at 3 o'clock P. M. to $\frac{4}{8}^{\circ}$, the early part of night $1\frac{1}{2}^{\circ}$; first sleep at 11 o'clock P. M., was soon wakened by profuse sweat but not so cold. Appetite was good during the day. Inspiring deeply aggravated chest and abdomen. Some pain through shoulders.

July 14th. Face red and smarts this morning. Carbuncle nearly gone, no soreness for past two days. Appetite good, thirst for much at a time.

August 6th. Pain in chest and shoulders gradually disappeared during the three days after fever. No more fever or carbuncle since last report. There was no desire to sleep during fever, but as soon as fever passed off patient was asleep, and sweat came only during sleep and wakened him.

Cedron has attacks coming back at the same hour, and the neuralgic feature is characteristic of this remedy. The books tell us it is called for in cases originating in tropical climates, symptoms agreeing. It

would seem that we have here another antidote for *Rhus tox.* Many times we can meet the conditions following *Rhus* poisoning by giving a remedy suited to only a part of the case, then look up other remedies to meet the other conditions; this is unsatisfactory, but if we find the similimum, instead of trying to use the antidotes empirically, the case will clear up and the patient be saved much suffering.

Several years ago Dr. Kent prepared a paper entitled "*The Healing Principle.*" In it he states: "*Rhus* apparently cures *Rhus* poisoning in some cases, but actually cures the patient because he needed *Rhus* or a similar dynamis as badly before as after he was poisoned. The incept that caused him to become sick was too large to cure and it made him sick. The highly potentiated *Rhus* cured him of the sickness he had before he was poisoned, and the disease that he *has* instantly ceases, as its cause is overcome by the normal vital reaction, he not having taken enough of the poison to make a well man sick or worse, recovers his normal state in a few days. Then *Rhus* has not cured *Rhus* poisoning, but the patient of his susceptibility to *Rhus* poisoning."

I have given *Rhus mm.* or higher to patients after the acute attack had passed off, following up the treatment the same as any chronic case, and know of but one failure, and this case will doubtless yield to the treatment if continued long enough, with possible intercurrent remedies.

Let us hear, through the Journal, from some of our good prescribers on this subject after giving this plan suggested by Dr. Kent a thorough trial. I have found in some of my cases that conditions calling for *Rhus* had been present years before the patient had been poisoned and have traced the susceptibility back to a parent.

KALI BROMATUM.—E. W. BERRIDGE, M. D., LONDON, ENGLAND.

"Here is a case for your splendid JOURNAL OF HOMŒOPATHICS which I am recommending as much as I can":—

1896, Sept. 21st. Mrs. B. for some months has been using words opposite to what she means: "hungry" for "thirsty," "hot" for "cold," "yes" for "no," and *vice versa*. These symptoms were produced by worry. One dose of *Kali bromatum*, 1 m. (F. C.), cured promptly.

SCATTERED LINKS.

A PROVING OF TURPENTINE.—Some painting had been done where I was obliged to smell the turpentine one night and forenoon. By noon I had frequent urging to urinate ; in about two hours the urging at the neck of the bladder became constant, but was relieved somewhat if I could retain the urine until some quantity had accumulated. It was also relieved by a cloth wrung out of hot water and applied to the urethra. No pain while passing the urine, but tenesmus, burning and urging as soon as the bladder was empty. The pain seemed to be caused by the bladder walls coming in contact rather than from any irritating quality of the urine. Toward evening the symptoms began to decline and none remained the next morning. P.

It is not peculiar when symptoms are relieved by the menstrual flow ; it is quite natural. The nervous and congestive symptoms should be relieved by the hemorrhage. The symptoms which we would expect as a *consequence* of hemorrhage would be those of exhaustion and such as point to death, pallor, hippocratic countenance, prostration, etc. But when the nervous and congestive symptoms are worse *during* the flow this is peculiar. Such is found under *Cimicifuga* and *Secale*. Puerperal convulsions, with a convulsion after every gush of blood, is a state under *Secale*.

China is given in a routine way for the results of hemorrhage. The place that *China* fits is as follows: the patient has been bled out and is now anæmic, but instead of picking up after the hemorrhage he remains weak and pale; there is *no assimilation* and the result is no new blood is formed. The patient does not want to eat, and assimilation will not begin, but *China* will start it up. So also in cases weakened by loss of other fluids. A man, through sexual excesses, is completely run down and cannot get strength. He stops the abuse, but cannot get well. Such routine remedies as *Nux vom.*, *Phos. ac.*, etc., are given in vain, but *China* will start up his ability to assimilate and he will at once begin to improve. Take again the case of a man who has just got over a typhoid fever. He lies in bed weak ; has no appetite ; does not want to eat. The thought of food nauseates him,

and if he forces himself to take it, it does him no good. He seems to have got over the fever well, and those around say: "If he would only eat, he would be all right." But he cannot eat, and when he does the food is not assimilated. *Colchicum* is his remedy. He will say he is hungry the next day after it is given.

NEW METHOD OF POTENTIZING!! *Koch's process for obtaining his new tuberculin.*—"The process is purely mechanical. Dried tuberculosis cultures are triturated in an agate mortar with a pestle of the same material. After prolonged trituration it is found that the bacilli are gradually disappearing from the mass. To remove them definitely the mass in the mortar is mixed with sterilized water and the mixture is placed in a powerful centrifuge. At the end of half an hour the liquid has separated into two parts, the upper one thin and transparent but slightly opalescent, and the other one thick and adherent to the bottom of the vessel. The thick portion is again dried, triturated, mixed with sterilized water and subjected to the centrifuge. Once more the liquid separates into two distinct parts. The operation is repeated several times until the thick portion is practically reduced to nothing. The liquid produced by the centrifugal processes after the first constitutes a new tuberculin which is entirely different from the old. The new tuberculin is at present furnished in the form of a glycerine solution containing a milligramme in each cubic centimetre. In preparing the initial dose (0.002 of a milligramme), the solution is to be diluted with the requisite amount of sterilized physiological salt solution."—*New York Medical Journal*.

CALENDULA.—The proving of *Calendula* is so nearly worthless that we cannot expect at present to use it as a guide to the internal administration of the remedy. There are only a few things that I have ever been able to get out of it. In injuries *Calendula* cannot be ignored, in cuts with laceration, surface or open injuries. Dilute *Calendula* used locally will keep the wound odorless, will reduce the amount of pus, and favor granulations in the very best possible manner, and thus it assists the surgeon in healing up surface wounds. *Calendula* is all the dressing you will need for open wounds and severe lacerations. It takes away the local pain and suffering. You may easily see we are

not now dealing with a condition that exists because of a state within the economy, but because of something that is without. There is nothing that will cause these external injuries to heal so beautifully as the *Marigold*. Some will say it is not homœopathic, but these are the individuals who "strain at a gnat and swallow a camel." If there are constitutional symptoms suspend all medicated dressings entirely and pay your whole attention to the constitutional symptoms. Sometimes there are no constitutional symptoms to prescribe on, but when they are present resort locally to cleanliness and nothing else. Do not suppress symptoms that you will need to guide you to a remedy.

IT is a fact that two diseases may complicate themselves together. At times Diphtheria and Scarlatina, going around, may complicate themselves in the system. Hahnemann speaks of the relation of Psora and Syphilis, in the system, in their combination. Syphilitic eruptions do not itch, except in the nature of complication; when the eruption comes out itching, you may know it is complicated with Psora. Complications take place only in diseases that are dissimilar; if they were similar, one would cure the other. When we have a thorough combination of Syphilis and Psora, so that both come up, we have a hard case. The remedy that *separates* them is the right remedy; you are then on the road to cure; nevertheless, you still have a job on hand. After disengagement of the two miasms, a little bad treatment will recomplicate them and render the case incurable. Moreover, a drug can just as well complicate with a miasm as can another miasm.

EXPERIENCE has taught that the genius of certain diseases does not correspond to the genius of certain remedies. *Belladonna* is *not* a typhoid remedy. The *genius* of typhoid is the same in Philadelphia as it is in Calcutta; so with *Aconite*, it is an unchanging entity. The symptoms may change under certain conditions, but the *genius* ever remains the same. Provers will produce the same symptoms, the same *essentials* of a remedy, in different places, although they may get symptoms peculiar to the locality, the *striking characteristics* or *genius* will be the *same*. This is the way to understand a remedy. Different symptoms may come up in different people in the *same disease*, as well as in different places, and under different circumstances, but the

genius is common. Is there anything continued in *Belladonna*? *Belladonna* is decidedly *remittent*. An idiopathic typhoid does not progress in the line of *Belladonna*. The *Belladonna* symptoms come on in a rush; in a typhoid condition the patient has been feeling bad for several weeks.

MEN given to what would be called loose practice in the homœopathic healing art, wonder why it is looked upon as criminal to violate rules of practice laid down in Hahnemann's Organon. The fact is, that these rules are established as the outcome of fixed principles, and any violation of these principles works a hardship to the patient and physician. The physician of loose practice says to himself, let us use peroxide of hydrogen to cleanse the abscess cavity; it will prevent the formation of pus and promote healing. This looks very innocent and simple, but the fact is the agent used has effected changes in symptoms and thereby changed the index to the remedy, and in proportion as it has done this it has masked the case. It has hurried the healing of the abscess cavity to the detriment of the patient. The constitutional remedy has been interfered with in its action and its purposes. The physician who advocates this kind of loose practice does not fully *consider all* the elements in prescribing and curing.

CHILDREN must be obedient to parents; adults, to principles.

BOOK RECEIVED.

GROSS' COMPARATIVE MATERIA MEDICA, edited by Constantine Hering. Second Edition. Philadelphia: Boericke & Tafel. Price (half morocco), \$6 net; by mail, \$6.40.

REPRINTS have been made of the articles "*What the People Should Know*," by Dr. J. T. Kent, and "*Homœopathic Philosophy*," by Dr. J. C. Loos, and can be had at the following figures:—

"What the People Should Know"\$1.00 per 100
 "Homœopathic Philosophy," 16 pp 1.00 per 20

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DEPARTMENT OF MATERIA MEDICA.

EUPATORIUM PERFOLIATUM (BONESET).

A Lecture delivered by PROF. J. T. KENT at the Post-Graduate School.

Every time I take up one of these old domestic remedies I am astonished at the extended discoveries of medical properties in the household as seen in their domestic use. All through the Eastern States, in the rural districts, among the old first settlers, *Boneset-tea* was a medicine for colds. For every cold in the head, or running of the nose, every bone-ache or high fever, or headache from cold, the good old housewife had her *Boneset-tea* ready. Often it was sweetened, but it did not make much difference. If you have never tasted it you really ought to try it. I see by the smile on the faces of a good many that they have been brought up that way: *Boneset-tea*, and go to bed, and well enough the next morning. Sure enough it did such things, and the proving sustains its use. The proving shows that *Boneset* produces upon healthy people symptoms like the colds the old farmers used to suffer from.

The *common winter colds* through the Eastern States and the North are attended with much sneezing and coryza, tremendous pain in the head, as if it would burst, which is aggravated from motion, chilliness with the desire to be warmly covered; the bones ache as if they would break; there is fever, thirst, and a general aggravation from motion. Such common every-day colds correspond sometimes to *Eupatorium*

and sometimes to *Bryonia*. These two remedies are very similar, but the awful aching in the bones is tremendous in Eupatorium. If this state goes on for a few days the patient will become yellow, the cold will settle in the chest, a pneumonia may develop, or an inflammation of the liver, or an attack commonly called a bilious fever. Such fevers frequently call for *Bryonia* and Eupatorium, each fitting its own cases. These remedies are especially useful throughout New England, New York, Ohio, the North and Canada. They do not have this kind of a cold very frequently in the warmer climates, but Eupatorium is often indicated in the warm climates for another class of complaints, viz., the fevers, yellow fever, bilious fever, break-bone fever and intermittent fever. It seems to be useful in one kind of complaints in one climate and in another kind of complaints in another climate.

In the Southwest and the West, in the valleys of the great rivers, Eupatorium brings on complaints beginning as if the back would break, great shivering from head to foot spreading from the back, great sensitiveness to cold, congestive headaches, flushed face, yellow skin and yellow eyes, pain in the abdomen, and in the region of the liver, inability to retain any food, nausea from the sight and smell of food; the bones ache as if they would break, the fever runs high, the urine is of a mahogany color, the tongue is heavily coated yellow, and there is nausea and vomiting of bile. That gives the immediate picture of Eupatorium in the Mississippi Valley, in the Ohio Valley, in Florida and Alabama, and all through the Southern States. The most prominent symptoms are *the vomiting of bile, the aching of the bones as if they would break*, the pains in the stomach after eating, and the nausea from the thought and smell of food. The stomach is very irritable; the thought of food gags him. You cannot put too many marks under the *break-bone sensation*. The patient desires to keep still but the pain is so dreadful that he must move and so he appears restless. These are among the acute manifestations, and are things only very general that we must take up and apply to sick people.

Eupatorium has been a very useful remedy in *intermittent fever*, when that fever has been epidemic in the valleys. Among the first signs very often is nausea some time before the attack, and there are sometimes spells of vomiting of bile. About seven o'clock in the morning, or nine o'clock in the forenoon, he commences to shudder, the shivering runs down the back and spreads from the back to the

extremities ; he has violent thirst, but the shiverings are made worse from drinking so that he dare not drink water. There is soreness and pulsation in the back of the head, violent pain in the occiput and back before and during the chill. During the chill he wants to cover up and the clothing needs to be piled on pretty heavily. The thirst extends through all the stages, thirst during the chill, during the heat and during the sweat. At the close of the chill there is vomiting ; often it does not occur until the heat, but before the sweat fairly sets in he vomits copiously, first the contents of the stomach and then bile. Now when the heat is on he seems to burn all over, sometimes as though with an electric spark. Intense heat, burning in the top of the head, his feet burn and his skin burns. The burning is more intense than the heat would justify. It is characteristic of this remedy for the sweat to be scanty ; a violent chill, intense fever which passes off slowly, and very scanty sweat. It is the exception that it is copious. The bones ache throughout the whole body as if they would break. During the chill his head aches as if it would burst, it throbs, it tears, it stings, it burns ; he describes the headache in terms expressive of violence, as if probably a congestive headache. You would think after the fever subsides and he commences to sweat a little that he would get relief, which is true excepting the headache, which often gets worse clear through to the end of the attack, and sometimes it will last all day and night ; then he will have a whole day free from the headache, but on the third day at seven or nine o'clock on will come the same trouble with increasing violence. At times these attacks are prolonged, the one will extend into the other, that is, enter into a sort of remittent character with no intermission. The longer this runs the more the liver becomes engorged, and finally the urine is loaded with bile, the stool becomes whitish like chalk, the fever increases, the nausea increases, the tongue becomes pointed and elongated, and is dry as a chip, the headache is extremely painful, and a state of masked fever comes on.

In those intermittent fevers that begin with violent shaking, and the headache continues without sweat, or, if with sweat the headache is made worse, thirst during all stages, vomiting of bile at the close of the heat or during the heat, with the awful bone-aches, the Western men, who study their *Materia Medica*, know that they have a sure cure in *Eupatorium*. With these symptoms one dose, if of a very high

potency, is invariably sufficient to break up the intermittent. The time for the administration of this dose is at the close of the paroxysm. You get the best effect when reaction is at the best, and that is when reaction is setting in, after a paroxysm has passed off. That is true of every paroxysmal disease, where it is possible to wait until the end. You cannot mitigate them very much during the attack, indeed, if the medicine is given then it very often increases the difficulty, but if you wait until the close of the paroxysm you get the full benefit of your medicine, and the next paroxysm will not develop, or will be lighter, or, if another attack is brought on immediately, you may rest assured there will be no more. It is not an uncommon thing in intermittent fever, when the remedy has been administered at the close of the paroxysm, for the next paroxysm to come within twenty-four hours after the administration of the medicine; these mixed cases are often in a state of disorder. One who does not know this would immediately show the white feather, would be alarmed, would be afraid the patient was getting worse, but you have only to wait for the subsidence of the attack and you will see that you have broken its cycle and periodicity.

When this remedy has been apparently indicated in intermittents, and it has not proved of sufficient depth to root out the intermittent, there are two remedies, either of which is likely to follow it, and these are *Natrum muriaticum* and *Sepia*. These two remedies are very closely related to Eupatorium and take up the work where it leaves off, when the symptoms agree.

This medicine has also a chronic constitutional state, viz.: *its gouty nature*. It is a very useful medicine in gout. It has gouty soreness and inflamed nodosities of the finger joints, of the elbow joint, pain and gouty swelling of the great toe, red tumefaction of the joint of the great toe. It establishes, in persons who are subject to chalk stone, deposits around the finger joints. These gouty subjects take cold, the bones ache, the joints become inflamed, the patient will say he is chilly, the skin becomes yellow, the urine is charged with bile, the stool becomes whitish, and he becomes weak. In many instances these patients have been for years resorting to Burgundy for relief of their gouty joints and the weakness. Some one of our homœopathic remedies will come in and be just the thing to relieve the suffering, but in those old gouty subjects who have been always drinking wine, you

cannot take the wine away from them at once ; you cannot do it while they are having the attack, because they have become so accustomed to it. Burgundy is the kind of wine very commonly used by the gouty, but the Scotchman with his gout thinks he must always have a little Scotch whiskey, and in the attack it is quite impossible to take it away from him. What has been his custom must be followed out for a while because he would grow weaker, but it is damaging him, and hence it is difficult to contend with gouty subjects who have been taking stimulants. You do not get the full benefit of homœopathy and you cannot stop his stimulants because weakness will follow. Persons who have not taken wine as a regular beverage can and should do without it as it interferes with the action of the homœopathic remedy.

These gouty patients have terrible *sick headaches*. Pain in the base of the brain and back of the head, associated with gouty joints. These are often referred to as *arthritic headaches*, that is, gouty headaches, headaches associated with painful joints. Or the headaches may alternate with pains in the joints. Congestive headaches, the pain being in the base of the brain, with more or less throbbing ; the pain spreads up through the head and produces a general congestive attack. Sometimes these headaches come on when the joints are feeling better, and the more headache he has the less pain he has in the extremities ; and again, when the gout affects the extremities, then the headaches diminish. Headaches, having a *third and seventh-day aggravation*, coming with more or less periodicity. With the headache there will be nausea and vomiting of bile ("bilious headaches"), nausea at the thought and smell of food. This gouty individual is also subject to vertigo, and the sensation as if he would fall to the left is especially noted with the coming on of the headache. The vertigo comes on in the morning ; when he gets up he feels as if he would sway to the left, and he has to guard himself in turning to the left. Sometimes in intermittent fever this symptom of swaying to the left and vertigo ending in nausea and vomiting, violent pain in the back of the head and pain in the bones, are the first threatenings.

We have in this remedy also other gouty manifestations : shooting through the temples, shooting from the left to the right side of the head ; shooting all through the head ; stitching, tearing, rending pains in the limbs as well as the dreadful bone-aches ; these are strong features of the remedy. The headaches are so violent that they make

him sick at the stomach. In gouty headaches, in intermittents at the close of the intense heat, in periodical headaches, the course is the same, the pain is so intense that nausea is soon brought on and then he vomits bile. Eupatorium has not been used on its symptoms in gouty states as often as it might have been. In intermittent fever it is well known ; in headaches it is only occasionally used. Only occasionally does a man realize its great benefit in headaches and in remittent fevers. In gouty and rheumatic affections it may be suited to the symptoms and is more useful than is generally known. It is not the purpose of our talks to point out ultimates of disease. I do not look upon gout as a disease, but as a great class of symptoms of a rheumatic character that occur in the human family ; a great mass of symptoms that may be called gouty, a tendency to enlargement of the joints and gouty deposits in the urine. The ordinary so-called lithæmia is a gouty constitution. The gouty state of the economy is the superficial or apparent cause ; the real cause rests in the miasm. So when I speak of gout I do not mean the name of a disease, but a class of manifestations that are met in large cities especially, less frequently in the country where the people live on farms and take plenty of exercise and have wholesome food and are not housed up. It is supposed to be due in individuals to wine drinking. Often when I say to patients that the symptoms are somewhat gouty, they reply, "I am not in the habit of drinking wine. I have not been a hard liver." Such conditions of course bring on a tendency to gout.

Painful soreness in the eyeballs like *Bryonia* and *Gelsemium*. The eyeballs are very sensitive to touch and sore to pressure ; feel as if he had been struck a blow in the eye ; sore, bruised, pain in the eye. Coryza with aching in every bone.

With the bilious attacks there often may be an ending in a diarrhœa ; copious green discharges, green fluid or semi-fluid stools, but after the attack has lingered until there is one grand emptying out of the bowels, this symptom will disappear and the secondary state comes on in which there is constipation and a light-colored stool, or bileless stool.

Boneset has a dry, hacking, teasing cough, that seems to rack the whole frame, as if it would break him up, it is so sore, and he is so much disturbed by motion. A great amount of tribulation is found in the respiratory tract, in the bronchial tubes. We find a cough in capillary bronchitis that shakes the whole frame, analogous to *Bryonia*

and *Phosphorus*. The subject is extremely sensitive to the cold air, as much so as in *Nux vomica*. *Nux vomica* has aching in the bones as if they would break; he wants the room hot, and wants to be covered with clothing which relieves; often the slightest lifting of the covers increases the chilliness, which is true also of *Eupatorium*, so they run close together. In *Nux vomica* we have the dreadful irritability of temper; in *Eupatorium* we have tremendous overwhelming sadness. The *Nux vomica* patient is not likely to say much about dying, he is too mad, too irritable, to go into the next world; not so with *Eupatorium*, he is full of sadness.

There are other states that come on secondarily in this medicine. After malarial attacks and in gouty affections, etc., there is bloating of the lower limbs, œdematous swelling. It is not an uncommon thing for a malarial fever that has lingered a long time to be attended with swelling of the lower limbs. *Eupatorium* very strongly competes with *Natrum muriaticum*, *China* and *Arsenicum* in such lingering malaria. When the symptoms have largely subsided and left only this state of anæmia and dropsy of the lower extremities, in the badly treated cases, it is very difficult to find what medicine to administer, and the course that the homœopath must pursue is to go back and examine the patient to find the symptoms he had at the time of the intermittent fever, before he was meddled with, before he was tinkered with. If now there is swelling of the extremities, and you get symptoms to show you that he needed *Eupatorium* in the beginning, *Eupatorium* will still cure the dropsy of the extremities. It may bring back the chill, it may bring back an orderly state that you can prescribe on. If in the beginning he needed *Arsenicum*, that remedy will bring back the chill, turn it right end to the front and cure his symptoms. The trouble is that the symptoms were only suppressed, had not been cured. So the medicine he needed, but has never had for the chill, may be the medicine that he needs now. Then think of *Eupatorium* in dropsical swellings of the feet and ankles, and in gouty swellings also. The gouty swellings are all of an inflammatory character. Very commonly these are closely related to hydrarthrosis, and here *Eupatorium* is to be compared with *Arsenicum*. Gouty inflammation of the knee. All the way through this remedy you read about bone-aches and bone-pains. The pain may not be in the bone, it may be in the tissues.

It is peculiar that medicines come around on time with an exactitude. Diseases do the same thing, and we must see that it is also peculiar that they come with a regular cycle, a regular periodicity. We meet with headaches that come every seven days, headaches also that come once in every two weeks, and there are remedies that have seven-day aggravations and fourteen-day aggravations and three-day aggravations, remedies that bring out their symptoms just in this form. Do not be surprised when your patient is perfectly under the influence of *Aurum* if he has a characteristic aggravation every twenty-one days. There are quite a number of remedies having fourteen-day aggravations, *e. g.*, *China* and *Arsenicum*. Again, there are autumnal aggravations, spring aggravations, winter aggravations, aggravations from cold weather and aggravations in the summer from heat. Some remedies have both the latter.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT at the Post-Graduate School.

LECTURE III.

Organon. SEC. 3. If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease; if he clearly perceives what is curative in medicines, that is to say, in each individual medicine; and if he knows how to adapt, according to clearly-defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that recovery must ensue—to adapt it as well in respect to the suitability of the medicine most appropriate according to its mode of action to the case before him, as also in respect to the exact mode of preparation and quantity of it required, and the proper period for repeating the dose; if, finally, he knows the obstacles to recovery in each case and is aware how to remove them so that the restoration may be permanent; *then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art.*

The translator has correctly used here the word "perceive," which is to see into, not merely to look upon with the external eye, but to clearly understand, to apprehend with the mind and understanding.

If Hahnemann had said "see" instead of "perceive," it might have been taken to mean seeing with the eye a tumor to be cut out, or, by opening the abdomen, to see the diseased kidney, or by examination of the urine, to see that there is albumen or sugar present, by removing which in some mysterious way the patient would be cured. It is evident by this that Hahnemann did not look upon pathological change or morbid anatomy as that which in disease constitutes the curative indication. The physician must perceive in the disease that which is to be cured, and the curative indication in each particular case of disease is *the totality of the symptoms, i. e.*, the disease is represented or expressed by the totality of the symptoms, and this totality (which is the speech of nature) is not itself the *esse* of the disease, it only represents the disorder in the internal economy. This totality which is really external, a manifestation in the tissues, will arrange itself into form to present as it were to the physician the internal disorder. The first thing to be considered in a case is, what are the curative indications in this case? what signs and symptoms call the physician's attention as curative signs and symptoms? This means that not every manifestation is a curative indication. The results of disease occurring in the tissues, in chronic diseases, such as cancerous changes, tumors, etc., are of such a character that they cannot constitute curative signs; but those things which are curable, which are capable of change, which can be materially affected by the administration of remedies, the physician must know; they are the curative indications. The physician ought to have a well-laid idea of government and law to which there are no exceptions; he ought to see the cause of disease action to be from centre to circumference, from the innermost of the man to his outermost. If law and government are present, then law directs every act taking place in the human system. Every government is from the centre to the circumference. Look at it politically. Whenever the system of central political government is not bowed to, anarchy and loss of confidence prevail. There are also commercial centres. We must recognize London, Paris and New York as centres of commercial government in their different spheres. Even the spider entrenches himself in his web and governs his universe from the centre. There cannot be two governments; such would lead to confusion. There is but one unit in every standard. In man the centre of government is in the cerebrum and from it every nerve and cell is governed. From

it all actions take place for good or evil, for order or disorder; from it disease begins and from it begins the healing process. It is not from external things that man becomes sick, not from bacteria nor environment, but from causes in himself. If the homœopath does not see this, he cannot have a true perception of disease. Disorder in the vital economy is the primary state of affairs, and this disorder manifests itself by signs and symptoms.

In perceiving what is to be cured in disease we must proceed from generals to particulars, study disease as to its most general features, not as seen upon one particular individual, but upon the whole human race. We will endeavor to bring this idea before the mind by taking as an example one of the acute miasms. Let us take an epidemic, say of scarlet fever, or grippe, or measles, or cholera. If the epidemic is entirely different from anything that has hitherto appeared in the neighborhood it is at first confusing. From the first few cases the physician has a very vague idea of this disease, for he sees only a fragment of it, and gets only a portion of its symptoms. But the epidemic spreads and many patients are visited, and twenty individuals have perhaps been closely observed. Now if the physician will write down all the symptoms that have been present in each case in a schematic form, arranging the mind symptoms of the different patients under "mind" and the head symptoms under "head," and so on, following Hahnemann's method, they will present one image, as if one man had expressed all the symptoms, and in this way he will have that particular disease in schematic form. If he places opposite each symptom a number corresponding to the number of patients in which that symptom occurred, he will find out the essential features of the epidemic. For example, twenty patients had aching in the bones, and at once he sees that that symptom is a part of this epidemic. All the patients had catarrhal affections of the eye, and a measly rash, and these also must be recorded as pathognomonic symptoms. And so by taking the entire schema and studying it as a whole, as if one patient had experienced all the symptoms, he is able to perceive how this new disease, this contagious disease, affects the human race, and each particular patient, and he is able to predicate of it what is general and what is particular. Every new patient has a few new symptoms; he has put his own stamp on that disease. Those symptoms that run through all are the pathognomonic symptoms; those which are rare are the

peculiarities of different people. This totality represents to the human mind, as nearly as possible, the nature of this sickness.

Now let him take the next step, which is to find in general the remedies that correspond to this epidemic. By the aid of a repertory he will write after each one of these symptoms all the remedies that have produced that symptom. Having in this way gone through the entire schema, he can then begin to eliminate for practical purposes, and he will see that six or seven remedies run through the picture and so are related to the epidemic, corresponding to its whole nature. This may be called the group of epidemic remedies for that particular epidemic, and with these he will manage to cure nearly all his cases. The question now arises, which one is the remedy for each individual case? When he has worked out this half dozen remedies he can go through the *Materia Medica* and get their individual pictures so fixed in his head that he can use them successfully. Thus he proceeds from generals to particulars, and there is no other way to proceed in homœopathy. He is called to a family with half a dozen patients in bed from this epidemic, and he finds a little difference in each case, so that one remedy is indicated in one patient and another remedy in another patient. There is no such thing in homœopathy as administering one of these remedies to all in the family. Now, while one of the remedies in the epidemic group will most likely be indicated in nearly all cases, yet if none of these should fit the patient, the physician must return to his original anamnesis to see which one of the other remedies is suitable. Very rarely will a patient demand a remedy not in the anamnesis. Every remedy has in itself a certain state of peculiarities that identifies it as an individual remedy, and the patient has also a certain state of peculiarities that identifies him as an individual patient, and so the remedy is fitted to the patient. No remedy must be given because it is in the list, for the list has only been made as a means of facilitating the study of that epidemic. Things can only be made easy by an immense amount of hard work, and if you do the drudgery in the beginning of an epidemic, the prescribing for your cases will be rapid, and you will find your remedies abort cases of sickness, make malignant cases simple, so simplify scarlet fever that classification would be impossible, stop the course of typhoids in a week, and cure remittent fevers in a day. If the physician does not work this out on paper he must do it in the mind, but if he

becomes very busy and sees a large number of cases it will be too much to carry in the mind. You will be astonished to find that if you put an epidemic on paper you will forever be able to carry the knowledge of it in your mind. I have done this, and have been surprised to find that after a dozen references to it I did not need it any more. Now you may say, how is this in regard to typhoid fever, it is not a new disease, it is an old form? The old practitioner has unconsciously made an anamnesis of his typhoid cases, he has unconsciously written it out in his mind and carries it around. It is not difficult to work out the group of typhoid remedies, and from this group he works. The same is true with regard to measles; certain remedies correspond to the nature of measles, *i. e.*, when studied by its symptoms and not by name. Of course, every now and then will come up a rare and singular case, which will compel you to go outside of the usual group. Never allow yourself to be so cramped that you cannot go outside of the medicines that you have settled upon as medicines, say for measles. All your nondescript cases of course will get *Pulsatilla*, because it is so similar to the nature of measles, but it does not do to be too limited or routine, but be sure in administering a remedy that the indications are clear. Every busy practitioner thinks of *Ailanthus*, *Apis*, *Belladonna* and *Sulphur* for malignant cases of scarlet fever, and yet he has often to go outside of that group. So the physician perceives in the disease what it is that constitutes the curative indication. This presents itself to his mind only when he is clearly conversant with the nature of sickness, as, for instance, with the nature of scarlet fever, of measles, of typhoid fever,—the zymosis, the blood changes, etc., so that when they arrive he is not surprised; when the typhoid state progresses he expects the tympanitic abdomen, the diarrhœa, the continued fever, the rash, the delirium and unconsciousness. These things stand out as the nature of typhoid. When, therefore, he goes to the *Materia Medica* he at once calls up before his mind this nature of typhoid, and so is able to pick out the remedies that have such a nature. He sees in *Phosphorus*, *Rhus*, *Bryonia*, *Baptisia*, *Arsenicum*, etc., low forms of fever, corresponding to the typhoid condition. But when the patient jumps away out of the ordinary group of remedies, then it is that he has to go outside of the beaten track and find another remedy that also corresponds to the nature of typhoid fever. By these remarks I am endeavoring to hold

up before you what the physician regards as the curative indications of disease. First he sees the disease in general as to its nature, and then when an individual has this disease this individual will present in his own peculiarities the peculiar features of that disease. The homœopath is in the habit of studying the slightest shades of difference between patients, the little things that point to the remedy. If we looked upon disease only as the old-school physician sees it, we would have no means of distinction, but it is because of the little peculiarities manifested by every individual patient, through his inner life, through everything he thinks, that the homœopath is enabled to individualize.

“If the physician clearly perceives what is curative in medicines, that is to say in each individual medicine.” Here again he progresses from generals to particulars. He cannot become acquainted clearly with the therapeutic changes of medicines individually until he becomes acquainted with the changes of medicines collectively, proceeding from a collective study to a particular. Well how is this done? By gathering the symptoms from provings. Suppose we were to start out in this class and make a proving of some unknown drug. It would not be expected that you would all bring out the same symptoms, but the same general features would run through this class of provers; each individual would have his own peculiarities. No. 1 might bring out the symptoms of the mind more clearly than No. 2; No. 2 might bring out the symptoms of the bowels more clearly than No. 1; No. 3 might bring out head symptoms very strongly, etc. Now if these were collected together as if one man had proved the medicine, we would then have an image of that medicine. If we had a hundred provers we would go through the whole nature of this remedy and perceive how it affected the human race, how it acted as a unit. What I said about studying the nature of disease must be applied to the study of the nature of a remedy. A remedy is in condition to be studied as a whole when it is on paper, the mind symptoms under one head, the symptoms of the scalp under another, and so on throughout the entire body in accordance with Hahnemann’s schema. We may go on adding to it, following it up, developing it, noting which of the symptoms or groups of symptoms are the most prominent. A remedy is not fully proved until it has permeated and made sick all regions of the body. When it has done this it is ready

for study and for use. Many of our provings are only partial provings and are given in the books for what they are worth. Hahnemann followed up in full all the remedies that he has handed down to us; in these the symptoms have been brought out upon the entire man. Each individual medicine must be studied in that way, as to how it changes the human race.

To understand the nature of the chronic miasms, psora, syphilis and sycosis, the homœopath must proceed in identically the same way as with the acute. Hahnemann has put on paper an image of psora. For eleven years he collected the symptoms of those patients who were undoubtedly psoric and arranged them in schematic form until the nature of this great miasm became apparent. Following upon that he published the antipsoric remedies which in their nature have a similarity to psora. To be a really successful physician the homœopath must proceed along the same lines in regard to syphilis and sycosis.

Now, when the physician sees, as it were, in an image, the nature of disease, when he is acquainted with every disease to which we are subject, and when he sees the nature of the remedies in common use, just as clearly as he perceives disease, then on listening to the symptoms of a sick man he knows instantly the remedies that have produced upon healthy man symptoms similar to these. This is what paragraph 3 looks to; it looks towards making the homœopathic physician so intelligent than when he goes to the bedside of a patient he can clearly perceive the nature of disease and the nature of the remedy that is to cure. It is all a matter of perception; he sees with his understanding. When the physician understands the nature of disease and of remedies, then it is that he will be skillful.

CERTAIN results of disease can be removed *after* the patient is cured, but not before. So sure as results are removed before the patient is cured, another part will be attacked.

SYMPTOMS talk as from a telegraph wire, and the physician must listen carefully, undisturbed. He has nothing to do but receive, listen with integrity and honesty to the symptoms as they come. How *dare* we *meddle* with the message.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom, lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

CAPILLARY BRONCHITIS—ARSENICUM.

GEO. M. COOPER, M. D., H. M., Philadelphia, Pa.

1897. KATIE P.—, AGE 8 YEARS.

January 28th. *History*: Severe chill one week ago followed by a fever, for which nitre was given, with no results, and then an Allopath was called in and she had been under his care up to the present time. The child had been gradually sinking, and the doctor said she must surely die, and the whole household looked for the final end before morning.

Symptoms:—

Cough—With rattling in chest; she is so weak she cannot cough deep enough to raise the expectoration; at times when it is raised it is thick, tenacious, white; sticks together in a lump.

Sleep.—None for many nights. At times lies in a half sleep with eyes partly open and balls rolled up.

Tongue.—Very dry down centre. When touched with finger no moisture is left on the finger; *dry* and *rough*, red, raw and denuded down centre, edges coated white, especially the posterior three-fourths of tongue; at places the white was in flakes, ready to peel off, leaving the denuded surface beneath; probably the whole tongue was white at first.

Lips.—Dry and cracked.

Thirst.—Small quantities of cold water often. The child wanted to keep this dry mouth and tongue constantly moistened.

Mouth.—Offensive odor.

Restlessness.—Wants to be rocked all the time. Agg. midnight. Wants to be carried up stairs and then wants to be carried back again.

Says she does not want to live.

Urine.—Involuntary and only a few drops. Frequent.

Abdominal pains.

Bowels.—Kept open by injections.

Likes to be kept warm.

Dyspnoea.—Slight waving of *alæ nasi*.

Emaciating. (Cod-liver oil.)

Pinched countenance, skin drawn about mouth.

Pulse, 136; temperature, 101.8°.

Arsen. 90 m.

January 29th.

Slept in a quiet sleep until 5 A. M. Best sleep since sick.

General improvement followed until February 3d.

Arsen. 90 m. on February 3d.

February 11th.

Playing about the house.

S. L.

February 19th.

Return of some fever, with a desire to be rocked again; probably due to exposure to the cold air.

Arsen. 90 m.

Which probably cured the case, as no report has been made since.

This case presents many interesting features, the most important of which being the results obtained under the vicious Allopathic method, compared with the mild, prompt and permanent cure which took place when Homœopathy was appealed to. The case in itself is a counterpart of hundreds of others which have developed during the recent eccentric weather conditions, when the snow and slush lay ankle deep on the Philadelphia streets. The mortality in chest troubles has been appalling; many prominent citizens have died of pneumonia, and I may safely say that the majority of these deaths could have been prevented had the patient been given the benefit of a rational system of medicine.

This child had evidently contracted a capillary bronchitis, and the mother first started the down-hill work by giving it nitre when the fever first manifested itself. Such interference in any case on the part of the parents is abominable, and the mother, unwittingly I acknowledge, is often the first cause of the decline of her child. Yet such a practice is so common that nitre is classed among the household remedies, and is given to subdue every little fever spell, never considering the future or the fact that some serious disease may threaten, and that their dose of nitre removes important symptoms or subdues them to such an extent that the vital centres are severely taxed.

This mother, finding her child growing worse, sent for the omnipresent Allopath, and he began his warfare by firing huge doses of his drugs at the sinking forces, each day giving a new prescription, until the table was covered with half-filled boxes and bottles, and the odor that permeated the room fittingly suggested his system of practice. The child's stomach had already rebelled at this punishment, and it was with the greatest difficulty they could get the medicine beyond the lips on account of the horrible gagging and retching.

Among the first things the doctor asked about was, whether the mother had physicked the child. Learning that small soap injections had been used, he added a powerful cathartic and large hot-water enemas, and the result was that in a few days even these measures failed to produce a stool and the physician was taxing his learned brain in order to find some more powerful drug to open the bowels. He impressed upon the mother the fact that if he could only keep the bowels open he thought he could pull her around all right.

At the present day the bowels are looked upon by many as being the seat of all disease, and many systems of cure are based on this theory. Some cranks flush out the rectum and colon each day with copious quantities of water, and other cranks beginning from the opposite end wash out the stomach in a similar manner and thereby striving to rid the suffering economy of the catarrhal conditions that attack the gastro-intestinal tract. One who thinks from principle, who has an idea of the origin of things, knows that these pernicious habits lead to most dangerous consequences. The laity bring a judgment upon themselves by taking of their own accord all sorts of liver pills, mineral waters and such trash calculated to regulate the bowels. In this list I not only place the allopathic mixtures and drug-store preparations,

but also the homœopathic specifics, Munyon's, Humphries', etc. This meddlesome custom is indulged in so extensively by the laity, and is encouraged so largely by the profession at large, that when they are called to the bedside of the sick they fully expect to hear that the family have co-operated with the doctor and the bowels have been moved, and the doctor's approval is measured by the profuseness of the stool that has been secured. Patients that come to us should learn that we are masters of the situation, and they should be given to understand that no meddling on their part will be tolerated. If they have full trust and confidence in their physician, they will appreciate these things and add their hearty co-operation.

Returning to the case under consideration: The Old School had done all it could to hasten the end, and now it had given up and said the child must die. It took but a few minutes of careful observation on my part to know absolutely that the child would live, because its symptoms plainly spoke of the curative remedy, and the previous system of suppression had failed to cover up those things essential to a cure. The restlessness, the thirst, the character of the tongue, the general appearance of the child, spoke volumes for *Ars.*, and I assured the family of a final cure.

The report the next morning that the child had slept the whole night, the first sleep for many nights, showed the proper action of the remedy, which was beginning a cure in a mild and prompt manner, and I doubted not the permanency. The family however failed to appreciate the treatment, and classed me a little more heroic than my predecessor, as I had produced the long-called-for *narcotic*.

Such blind ignorance, such lack of confidence in the physician, such lack of appreciation of those principles which underlie every true cure. It is discouraging to look upon the world at large, recognizing their utter disregard for law and obedience; and then try to think of the day Homœopathy alone will be hailed as the only method for the cure of the sick.

HAHNEMANN had to make his *Materia Medica*; we have it already prepared. Dissatisfaction and disgust for things useless and traditional brought him to a state of humility, a sense that he knew nothing that placed him in a position to look up. This is the beginning of knowledge.

CLINICAL CASE.

 F. E. GLADWIN, M. D., H. M., Philadelphia, Pa.

1895.

E. L., AGE 17 YEARS.

March 5th.

Tall, slender, awkward, pale, no color in lips even. Hair dark brown.

Diphtheria the third week in January, when a Homœopath (?) gave her medicine and sprayed her throat with solution of carbolic acid, which cured; weakness agg. evening.

Numbness began in tongue five days after the cure; went down through right side throat to anus, thence to legs.

Disappeared from tongue and throat, but has been steadily growing worse in extremities.

Now in feet and legs and top of pelvis bones.

Hands and arms numb to shoulder.

Cannot stand alone, but if some one holds her can drag her feet along.

Cannot use hands.

Stiffness in cords under knee before numbness came.

Has had drug-store medicine for last two weeks.

History: Never well since born, "came double." First year of life tended upon a pillow. Slept most all the time.

Tall and slim as a baby, grew too fast.

"Growing pains always," between ankle and knee; at any time; kept her awake at night.

Could not keep still with pain.

Never had a doctor until had diphtheria; mother always gave home remedies.

Whooping-cough eight years ago; agg. since.

Tired all the time; wants to yawn.

Sleep off and on until 12 P. M., then awake until 3 A. M.

Good sleep after 3 A. M.

Dreams of burglars, fires, members of family injured, which makes her sick, nausea; vertigo, must get up which amel.

Appetite; never could eat much breakfast. Weak, gnawing feeling in stomach between 10 and 11 A. M., as though had eaten nothing for two or three days. If could get nothing to eat, had a half-sick feeling as though stomach was drawing in.

Hungry from 10 to 11 A. M., also at 4 and 8 P. M. Had to eat when hungry or couldn't eat afterward, because of sick feeling.

"Piecing all the time between meals." Craves sour things. Craved long walks; walked about six miles at 5 P. M. If didn't take these walks couldn't eat supper and would be too tired to sleep.

Amel. out of doors.

First menstruated at ten years of age.

Menstruation varies, at times too soon, on time or too late; scanty, light colored.

Before menses dull pain both sides abdomen; lasts through first day of flow. Amel. long walk; leucorrhœa like white of half-boiled egg; offensive; dull and heavy.

After menses "pretty good."

Fear in thunderstorm or hailstorm; lasts two weeks after storm. Could see red streaks before eyes after the storm was over; goes into corner and trembles. In the night thinks the neighbors are falling down stairs instead of walking.

Frightened feeling as though something would happen, since nervous shock two years ago. Hears some one calling her; hears people speaking her name behind her when no one is there; fears the dark, trembles all over in the dark, wouldn't walk in dark; thought some one in front of her.

Vertigo first thing in morning, on rising from stooping, and nausea on looking down from high place.

Nose bleed agg. stopping.

Cold.

S. L. Pimples around mouth and forehead.

March 5th.

Suit. c. m.

April 9th.

Steady improvement.

Menstruated March 18th. Pains more severe than usual ;
flow brighter red.

Walked into the yard by herself on March 18th.

Has now been going up and down stairs for two weeks.

Went to church April 7th.

Nervous, trembling.

Cords of legs draw on stooping.

April 16th.

Walked twelve squares and back twice this week.

April 23d.

Feet swell and get numb when walks much.

Did the family wash to-day.

Sore throat returned but went away of itself.

This last report was two years ago ; there has been no return of paralysis since and the girl is improved in every way.

Whether this was a case of past diphtheritic paralysis, or a proving of carbolic acid, or both, I will leave you to decide.

It was one of those trying cases which sometimes come to us from the hands of the Allopaths and mongrels ; an acute case with all of the acute symptoms wiped out ; there was not one symptom present, only the results of disease. Fortunately, the history of the case gave the chronic remedy, and, although the chronic symptoms were not present at the time, the remedy took up the work and removed the offending results of disease or drugging.

A CASE OF UTERINE FIBROID.

AMELIA L. HESS, M. D., H. M., Philadelphia, Pa.

1894.

MISS A. T.

July 6th.

Two hours after rising in A. M. feels sick and bloated.

Constipated.

Headache on top of head. Jumping pain.

Pain in left side of abdomen.

Amel. pressure.

Pain across kidneys.

Back weak.

Menses—trouble to pass urine just before flow begins. Must wait 5 to 10 minutes before urine will pass after desire comes.

Skin itchy just before menses.

Sulph. 55 m.

September 13th.

Tired, weak feeling.

Dizzy.

Feels bad in A. M.

Drowsy during the day.

Sweats profusely. Old School drugging.

Nux cm.

September 14th.

Headache. Jumping pain on top and nape of neck.

Retention of urine always at night, very painful. Desire to urinate comes suddenly. If she don't go at once, there is involuntary urination.

S. L. Feet always cold.

October 5th.

Amel. until yesterday.

S. L. Fullness in bowels. Used to be rheumatic.

October 12th.

Sulphur, 55 m. Painful urination.

October 26th.

On her way home from clinic, October 12th, was overtaken with violent pain, beginning in bottom of abdomen.

Hands cold, fingers drawn and rigid.

Feet cold.

Amel. hot foot bath and heat applied locally.

Bad cold in head and eyes.

Pressure in pit of stomach, could hardly breathe. Sore feeling.

S. L.

November 9th.

Rheumatism dates from several years ago, when she used to sleep in a damp cellar.

Amel. since taking medicine.

Constipation causes severe attacks of abdominal pain. Cannot move while pain lasts. Becomes rigid and cold. Sometimes before attack comes on has a chill. Pain begins in sides of abdomen and ends about navel.

Amel. hot drinks.

Amel. heat locally.

Nausea and vomiting.

Feels a trembling sensation to fingers' ends.

Found by examination, external and internal,, a large, hard tumor in left side of abdomen, extending from umbilicus to pubis and from the median line to left hypocondriac, involving uterus.

“Last winter sensation as if boil in left side.”

Amel. lying on left side.

Patient is improved generally: the constipation, dizziness, drowsy feeling, headache and pressure in pit of stomach are all improved.

S. L.

November 28th.

Another attack of pain in abdomen on the 25th.

Did not last as long.

Had menses at the same time.

S. L. Vomited during the paroxysm.

December 5th.

Severe pain in abdomen again.

Begins in back across kidneys, runs forward to umbilicus in region of tumor.

Always amel. from heat.

Hysterical.

Vomits and retches violently during paroxysm.

Pain coming on for three days.

This is the severest attack she has had yet.

Can't bear dress close to neck—suffocates her.

Sulph. 55 m.

December 7th.

Another attack this afternoon and evening; lasted until

11 P. M.

Thuja 73 m.

December 9th.

Another attack to-day ; pain running down left thigh.

Well on alternate days. Quite well to-day.

Feels agg. after sleeping.

Can't bear tight clothes.

S. L. Pain left side.

December 10th.

Diagnosed a uterine fibroid tumor.

Lach. 41 m.

December 12th.

Slight attack yesterday.

Improving.

S. L. Appetite coming back.

1895.

January 2d.

December 30th had an attack of pain and nausea from exertion.

Bloating of abdomen—must open dress.

December 28th had suppression of urine. First dripping

S. L. with great pain, later it comes freely but bloody.

January 14th.

Menses came yesterday—only *slight* pain in back.

S. L. Amel. generally.

January 18th.

Has to urinate freely at night ; an old symptom of last

S. L. winter.

January 23d.

Chill on the night of the 21st ; shaking 10 minutes. Fever followed chill ; vomiting and purging ; flatus.

Headache yesterday.

Pain in back and sides.

S. L. Slight pain in abdomen, raw feeling.

February 27th.

Steady improvement.

Pain in back.

Lach. 41 m.

April 10th.

Slight attack on March 30th and April 6th.

Lach. cm.

June 26th.

Improving. Slight attacks on May 2d and 30th.

S. L. Retention of urine a few nights ago.

July 10th.

By heavy lifting she strained herself. This brought on a severe attack on the 3d of July and she felt miserable until the 9th.

Lach. cm. Amel. to-day.

July 17th.

Had attacks on the 13th, 14th and 15th. Menses came at the same time.

Vomited all that she swallowed until she took hot clam broth.

S. L.

July 21st.

Vomits undigested food.

Pain in back.

Amel. lying on hard floor.

S. L. A twisting pain in right side of abdomen.

July 24th.

S. L. Improving.

August 7th.

Menses on the 3d. Pain in region of tumor for three days,

S. L. but no vomiting.

August 14th.

Pain in back since the 11th, going and coming. Amel. when first moving. Back very painful in spells at night.

Leucorrhœa very bad. Just as painful as during menstrual flow.

August 14th.

Lycop. cm. Must wait long time for urine to flow after desire comes.

August 30th.

Pretty well last week.

Wretched this week. Could hardly come to dispensary.

Menses on the 27th. Sick headache and backache. Not so

S. L. painful as before.

October 7th.

Improvement.

Vomited after a car ride.

Another attack of pain last week.

S. L. The attacks are much less severe than before.

November 6th.

November 1st, 2d and 3d very bad paroxysms of pain.

Pain on left side of back near spine. Agg. turning in bed. Feels like a boil on inside.

Lycop. cm. Food feels heavy in stomach.

November 13th.

No paroxysm since the 3d. Some pain in lower part of back.

S. L. Amel. generally.

December 11th.

Menses on November 20th, and had an attack then. None

S. L. since. Improving.

December 14th.

Paroxysm of pain and vomiting. Pain began in sacrum, from there to groin, then to left side of abdomen. Pain intense, with great coldness. Sensation as if something rolling over and over.

Hepar. 55 m. Pain under left shoulder blade. Agg. turning in bed.

1896.

January 8th.

S. L. Improving.

January 29th.

Pain all over last week. Wandering pain. No paroxysm since December 14th.

Amel. now.

Menses the 18th of January. (*No attack.*)

Leucorrhœa profuse.

S. L. Amel. generally very much.

February 26th.

Miserable all of last week.

Hepar. cm. Dizzy with nausea.

March 11th.

Menses last week. No paroxysm.

S. L. Not feeling as well as usual last week and this, but improving.

April 8th.

Pain in sacrum.

Miserable this last week. Has taken cold.

Is more conscious of the tumor lately; sensation as if it was

S. L. turning over and over.

May 6th.

Menses last week. Felt better than she has for two years, during her menstrual period.

S. L. Leucorrhœa bad.

June 3d.

Improving.

Tumor seems to move.

Seldom pain.

S. L. No vomiting since December.

July 22d.

Tired, draggy feeling this week.

Backache in sacrum.

Hepar. cm.

S. L.

September 16th.

Feels amel. than she has in three years.

S. L. No discomfort whatever with last menstrual period.

October 21st.

Distressed, heavy feeling in the abdomen.

Hepar. cm.

October 29th.

S. L. Abdomen much amel.

December 4th.

No paroxysm of pain and vomiting since the 14th of December, 1895.

Leucorrhœa improving.

S. L. The tumor has diminished some in size and the patient is now very well generally.

EDITORIAL.

The folly of the *antidotal method* seems to appear slowly to the minds of some of our Western practitioners. When they happen to cure a case of *Rhus* poisoning with *Rhus*, they seem to see the proof of their wonderful *quasi* discovery. It seems strange that so simple a question needs so much hammering. The teaching of Hahnemann is most distinctly that the patient is to be treated, and in treating the patient his susceptibility is all that is to be corrected. He cannot be made sick in a lasting way by any drug to which he is not susceptible, neither can he be cured by any drug to which he is not susceptible. Other drugs, if taken, will suppress symptoms but will not cure—will not turn the economy into order, which is health.

A woman desiring that her boys should not wish to marry fed them on *camphor* when they were young to destroy the sexual ability. One of these boys married and soon became impotent, the other two were only affected temporarily. The impotent one was cured by the use of *Camphor 22 m. F.* The patient was cured of his susceptibility to that drug by the high potency. The symptoms led to *Camphor* before it was known he had taken that drug when a lad.

A girl, the victim of secret vice, had symptoms leading to the use of *Origanum*. The two-hundredth cured, and later it was learned that her mother was in the habit of giving the girl *sweet marjoram tea* when she had taken cold. But in both of the above cases these patients had taken many strong drugs and no chronic miasm was established in the economy. Only the ones to which they were susceptible had established the chronic sickness. Then what a folly it is to run through a list of the possible things one has taken hoping to hit some one of the many drugs that any man may have taken. The homœopathic remedy is based on signs and symptoms. If one is susceptible to a given drug, he will have symptoms calling for it or as a result of it.

The only safe way to prescribe for sick people is to take the case as Hahnemann directed. The antidotal method is a disgrace to the name of homœopathy. It is useful to report all cures that have resulted from prescribing the remedy that made sick, but to become maniacal

over this *quasi* discovery and claim for it some unusual dignity is disgusting. It is with great pleasure we note that the pupils who have received the instruction at the Post-Graduate School have not been so persuaded.

To illustrate the subject still further, let it be attempted to treat an old soldier who has been drugged with blue mass until he has become subject to mercurial fevers every time he catches cold. Each attack looks like *Mercurius*, but that remedy seldom or never cures the predisposition to these acute attacks. He goes on suffering year after year with the mercurial disease, until several suitable and similar remedies have been adjusted to his symptoms, such remedies as *Hepar*, *Nitric Acid*, *Kali-chl.*, *Sulph.*, etc. These do make radical changes in him if given very high, and they closely fit the symptoms. The experiences have not been few but many where young men have attempted to cure these cases with *Mercurius*. To cure the oversensitiveness to *Mercury*, *Mercurius* is one of the remedies most likely needed, but to cure the drugging wrought by crude mercury it is only an incidental remedy. The same may be said where the patient has been drugged with *Morphine* and *Arsenic*.

Hahnemann teaches nowhere that we shall prescribe for drugs, *but for patients*, nowhere teaches that we shall prescribe for diseases, but for the patient. In considering the susceptibility of the patient we are considering the patient.

THE FIRST YEAR'S EXPERIENCE.

MAYBELLE M. PARKE, M. D., H. M., Waukesha, Wis.

Little is learned in the first year's experience that is of value to others or worth relating; that is, nothing new. You have all been through the same mill. We have a chance to criticise the faults and failures of others and comparatively so little opportunity to show where we ourselves stand and to find to what extent we personally are competent to apply the great law of healing to the sick.

My first caller was a white-headed homœopathic physician. He looked over the Guiding Symptoms, glanced at Minton, then declared they were too full, what we needed was something short and condensed, something one could get at in a few minutes. He said he had few remedies that he used and had no faith in anything. Sometimes a remedy would work beautifully and in the next case just like it as nearly as he could make out, it would not work at all. He had two remedies for croup—*Hep.* and *Spongia*—and never used anything else; sometimes he used one and in another case the other. At another time the doctor wanted to know if I believed in all that nonsense about *Lach.* for one side of the throat and *Lyc.* for the other. On confessing that I did, he comforted me by exclaiming: "Oh, you will come down off your high horse pretty soon and practice like the rest of us. I thought I knew it all when I was young but I know less every year." Some people are so sure they do not know anything that they will never try to learn and really pride themselves on their lack of knowledge. He then asked if I had ever used any high potencies. I said I had. He then confided that he had a case of 30ths.

An agent called and during the conversation said: "A doctor has no conscience." This is the mantle *regular* physicians have let fall upon us; the credit of their unscrupulous quackery extends to us. If we can have nothing else, let our little band pledge itself to honesty and truth. No conscience! What a libel that should be on the very name of physician, on one who is trusted to heal the sick. But when one sees the reckless, immoral students who are allowed to graduate, and the careless, lazy way in which they practice, it is little wonder we are stigmatized "without conscience." The beginner must go about quietly getting acquainted. Let people see he is honest by being earnest and true to himself; he will then deserve and have the confidence and respect of the people. Patients like to have the doctor spend time over their cases as it is usually necessary to do in first taking the case. They do not attribute it to lack of knowledge or insight; they know you are considering the whole carefully. An old lady commented on my taking a case, and said: "Why, Dr. — comes in here, looks over in the other corner and says 'good-bye.'"

Low potentists have an idea that high potencies do very well for chronic diseases but not in acute cases. Of course, high potencies are not as essential in acute cases, for the vital force is then not so

deeply affected ; but in my limited observation if the same care is given in taking the acute case, high potencies will act more rapidly and effectually than the low. We cannot judge accurately on this point simply by comparing our cases with the results of physicians who use low potencies, for they seldom, if ever, take their cases so minutely and never keep a record. I was discharged from my first case because I would not use *more* than one remedy. Three sons of the family were practicing under the name of homœopathy ; they nearly always gave two remedies and often three different ones in the same glass. I felt that was no better than the "shot-gun" prescriptions of the ridiculed allopaths, so persistently refused to be driven into their footsteps by the devoted members of their family, and left the field in ignominious defeat.

Patients want to know a name for their sickness. The larger and more incomprehensible Latin name you give them the better ; it satisfies their craving for something mystifying. I often forget to satisfy them on this point, and have had them inquire of outsiders if I had expressed any opinion as to the nature of the disease. It is so difficult to get them to understand the nature of disease while they are sick, and when they get well they do not care.

When summed up, the experience of the first year means the carrying out of the good work of the Post-Graduate School to the best of my limited ability.

BOOKS FOR REVIEW.

COMPARATIVE MATERIA MEDICA, by R. H. Gross. Philadelphia : Boericke & Tafel. Price, half morocco, \$6 net ; by mail, \$6.40. This work has been given to the profession by Boericke & Tafel. To this firm is due the thanks of all students of the homœopathic Materia Medica. This most valuable work has been out of print many years and only obtainable at an increased price, as few copies were in existence. It is a most complete study by one of the greatest masters and should be found in every homœopathic library. After the student or practitioner has carefully studied each remedy singly, he is ready to begin the study of remedies comparatively. This great work is then

the one above all others that will give him the idea of what to expect and how to compare what he finds in any two or more given remedies. No author has so ably brought out the generals of remedies as has this one. All the old principal remedies have been considered, and the plan has been applied so extensively that it may be continued by the student to all other remedies in the *Materia Medica*. Similar and contrasts are prominently brought out. Now that this work is in the hands of the profession, our *Materia Medica* should make better progress.

SCIENTIFIC BASIS OF MEDICINE, by J. W. Heysinger. 122 pages. Cloth. Published by Boericke & Tafel. 50 cents net, 55 cents by mail. It is a most refreshing *brochure* in support of Hahnemann's teaching. The state of *regular medicine* as it was thirty years ago is a story well told. It strikes hard at the "Key-note Theory:" "Several very heavy blows have been struck at homœopathy within the past fifty years, and our once enthusiastic brethren did not at any time rise up in their might to ward off these assaults, which like all dangerous assaults against true scientific knowledge came from within; and hence the whole organism bled. The first of these deadly blows was that known as the 'Key-note Theory.' It was so simple, so easy and so beautiful." Such a statement could only come from a man who has observed the evils of prescribing on a few supposed characteristics in a given case. It is too bad after a man has said so many good things in a little work that he should defend the alternation system, which has done so much to destroy true homœopathy. If the key-note system has slain its thousands, the alternation system has slain its tens of thousands.

DISEASES OF FEMALES AND CHILDREN AND THEIR HOMŒOPATHIC TREATMENT, by Walter Williamson, M. D. Fourth Edition. Philadelphia: Boericke & Tafel. Price, cloth, \$1; by mail, \$1.08. The author in his preface says that "the book is not written for criticism, but in the hope that it may be useful in the treatment of the various diseases mentioned, it is offered to the public."

THE result of disease is tissue change, the result of cure is restoration of tissue to normal state. Cure the patient and the patient will cure the morbid anatomy.

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DEPARTMENT OF MATERIA MEDICA.

CROTALUS HORRIDUS (RATTLESNAKE).

A Lecture delivered by PROF J. T. KENT at the Post-Graduate School.

The first impression would be to rebel against the use of such substances as *Crotalus*, *Lachesis*, *Apis* and the animal poisons, and it is true that the lay mind must look with something like horror upon their administration; but when they are properly used and when we consider the dreadfulness of the necessity demanding them, and also when we have ascertained that there can be no substitute when demanded, and again that they are potentized and changed until they are perfectly pure, because reduced to a state of simple substance, the horror passes away from the mind. It is true that the diseases that call for the use of such substances as *Crotalus* are very grave. When at the bedside of a *Crotalus* patient one feels that death is very near, the subject is horrible to look upon, and the mother in regard to her child, or the husband would immediately say, "Doctor, use anything in order to save the life; resort to anything in order to heal this sick one."

The symptoms are peculiar in *Crotalus*. The remedy stands out by itself. There can be no substitute for it, as there is no other remedy, taken as a whole, that looks very much like it. The other snake poisons form the nearest resemblance, but this

one is the most dreadful of all, excepting, perhaps, the *Ancistrodon contortrix* (*Copperhead*). In the case of snake bites we get the most dire effects; we see death itself, we see the ending after a very rapid course, the very highest type of zymosis. These snake poisons are supposed to be cyanhydrates of soda and other salts. It is known that alcohol is the natural solvent of the cyanhydrates, and because of this alcohol has been used in great quantities in snake bites, and it has frequently prolonged and even saved life. If he lives through the violent attack he goes on forever after manifesting the chronic effects, and from these we have collected symptoms. Dogs that have been bitten have manifested the chronic effects of rattlesnake bite, and in them a peculiar periodicity has been manifested, viz., *every spring* as the cold weather subsides and the warm days begin. I once had the privilege of tracing up a dog that had been bitten by the *Cenchrus* snake and had survived. It was bitten in the region of the neck, and in that region a large abscess formed every spring as long as that dog lived, until old age, when he died from that disease. The periodicity in the snake poisons is related to the spring, to the coming on of the warm weather.

Zymosis is the characteristic of the diseases in which you will want *Crotalus*. It is indicated especially in low typhoids, in typhus, in very low forms of scarlet fever. We must think of it also when we come across patients with a *tendency to hemorrhage*, to bleeding from all the orifices of the body. This is a low form of disease in which the veins ooze, their coatings no longer hold the circulatory fluid, and there is a slow oozing of blood from the nose, eyes, ears, bowel, uterus, bladder and kidneys, a slow oozing of a *dark fluid that forms no clots*. We at once recognize, after a little experience among sick people, that this sickness is of a low type and that we have a dreadful disease to contend with, and we are worried for remedies, because for such states remedies are scarce. In such conditions *Crotalus* stands high. This bleeding runs through the zymotic conditions and is present in other diseases in which *Crotalus* is indicated. It is just what *Crotalus* does to the subject that it poisons.

Another marked general feature in *Crotalus*, as in most of the other Ophideans, is that the patient *sleeps into the aggravation*;

that is, he wakes up worse. The sleep is very profound, he sleeps as in a coma. If it is asthma with which he suffers, or if it is a disease of the heart or of the cerebellum he will wake up suffocating. Crotalus, like *Lachesis* and the *Carbons*, especially acts upon the cerebellum. We know that the cerebellum presides over the breathing during sleep as the cerebrum presides over the breathing during the waking hours. Crotalus has a profound action upon the cerebellum, upon the heart, and upon all the organs that the cerebellum controls during sleep, and so the patient awakens up with his symptoms and complaints. As it affects the heart and the actions of the heart, and as the heart is the beginning of the vascular system, in the natural course of events it evolves in time a relaxation of the veins, a vaso-motor paralysis, and from this we see that it quite naturally brings about oozing from the blood vessels. The patient wakes up with the mouth and nostrils full of blood ; when he opens the lips after sleep there is bleeding.

Take a low form of *scarlet fever*, where the countenance is besotted, mottled, blue. purple intermingled with livid spots. The patient lies in a comatose state with blood oozing from the mouth, ears and nose. If there is a stool black blood accompanies it ; in the urine there is black blood or the urine becomes dark. The skin in various parts of the body becomes yellow in streaks ; about the body there are yellow splotches as if in the second or third stage of a bruise. You will at once see from the books that this is a malignant case. Without Crotalus we would be puzzled to find a remedy for such a condition of affairs. Any physician would say such a case must die, unless he is acquainted with homœopathy and its remedies. A very few remedies can cover such a case, but Crotalus would lead. I have described to you its picture, and just such a scarlet fever Crotalus will cure if given in time. You will be surprised to know that this state can come on in scarlet fever in a couple of days.

Again, the case may not have been very malignant during its course, the earlier stages may have passed away, but there have been left kidney affections, with albumin in the urine and smoky, bloody urine, and the lower extremities, hands and face œdem-

atous. The patient may have taken cold and brought on this state. Crotalus is again a remedy to be carefully studied.

Suppose it is *diphtheria* that is prevailing; you have the same aspect of countenance, besotted, puffed and bloated, with the splotches on the skin, the prostration, the fever pulse, and the irregular action of the heart. At times the membrane is scanty, in patches and bloody. I have seen the whole inside of the mouth look like raw beef, the buccal cavity denuded of its membrane, raw and bleeding, the tongue swollen and gangrenous in spots, and the black blood spreading all over the pillow. In such cases you will cease to think about the offensiveness of Crotalus and its origin and you will want Crotalus at once.

Boils, carbuncles and *eruptions* are surrounded by a purplish condition of the skin, a mottled, blue, splotched or marbled state. It produces boils, abscesses and a condition somewhat resembling a carbuncle, with burning and violent pains, but the peculiar feature is the doughy centre. Around the boil or carbuncle for many inches there is œdema, with pitting upon pressure. The boil, or abscess or carbuncle will bleed a thick, black blood that will not coagulate. Carbuncles that come upon the neck and upon the back begin with a pustule, and then several come and they are surrounded by little pustules and papules and there is pitting upon pressure. For these carbuncles you will need to study particularly *Arsenicum*, *Anthracinum*, *Lachesis*, *Secale* and Crotalus. They are the medicines that have in their nature malignancy of manifestation.

The *hemorrhages* in Crotalus at times become alarming. In typhoid fever there is often a steady oozing from the bowel. After every stool there is passed a quantity of dark offensive blood that will not coagulate. The patient is sallow all over, he appears to be bled out, is pale and waxy, prostrated and trembling. When the tongue is protruded it trembles; when the hands or feet are moved they tremble; there is subsultus tendinum and twitching.

In *puerperal fever* there is a continued oozing of black offensive blood that will not coagulate; bleeding from every orifice of the body as well as from the uterus. Imagine before you a woman who is pregnant suffering from typhoid fever. She aborts and a low zymotic state comes on with the symptoms that I have de-

scribed and with all the appearance as if she would bleed to death after the abortion. The blood will not coagulate and the flow continues. Or in a woman during a typhoid fever menstruation comes on. It is not a true menstrual flow, that is, it does not resemble the ordinary flow, because it is copious, dark and liquid, a continuous oozing with all the grave symptoms that I have described, and especially the besotted countenance, the comatose state, the appearance as if she were intoxicated, lying as one dead. When aroused every muscle trembles; if the tongue is protruded it trembles, and there is inability to articulate. *Crotalus* may save her life. Would it be possible for us to think of graver states of sickness than such as are produced by the ophidia? When a physician sees these symptoms coming on he immediately thinks of a class of remedies that can cover such a state, remedies like *Baptisia*, *Arsenicum*, *Secale* and the *Ophidia*, and sometimes *Arnica* and *Phosphorus*; but he ignores such remedies as *Belladonna*, *Gelsemium* and *Bryonia*, as they do not enter into these attacks at all.

In the more chronic conditions the individual manifests a terrible state as to his sleep. He rises from sleep as in a fright; has horrible dreams of murder, of death, of dead bodies and dead people, of associating with the dead and with corpses, of being in graveyards; even the smell of the cadaver is dreamed of. While he is awake he is tired, he is stupid, he cannot add figures, he makes mistakes in writing, he transposes sentences, and in words he transposes letters. He is unable to take care of his own accounts, for he cannot add up things that are at all particular. Sleep alternates with long and tedious periods of wakefulness. He is disturbed by any change of weather towards warm. Great irritability, sensitive to spheres, easily disturbed by his surroundings and easily wrought up into a pitch of excitement are also features of this remedy. Following this up with suspicion, he is suspicious of his friends and is unable to reason upon a rational basis. He craves intoxicating drinks and is unable to resist the craving. This wonderful resemblance to old inebriates has led to the use of *Crotalus* in delirium tremens or mania a potu; it has the besotted countenance, the purple aspect of the face, the peculiar kind of hunger in the drunkard, the craving by spells for

drink. There is every reason to believe that in fat, robust, besotted drunkards it may, if properly used, be a remedy deep enough to take away the appetite for alcohol. It is a dangerous medicine to repeat, because if the patient is in a very susceptible condition it will, if repeated; engraft upon the constitution the nature of the drug itself and that patient will carry through his whole life the mental picture of Crotalus and symptoms affecting his sleep. As it is a dangerous medicine to handle it should be clearly indicated before being prescribed, and should never be given except in one single dose at a time, and this dose should be waited on until all of its action has subsided. This may take weeks or months, *i. e.*, the curative process, if the remedy is indicated, will go on for weeks and months.

Crotalus is a medicine of great use in chronic diseases. It has a wonderful operation in the last stages of Bright's disease. When the patient has evidently become incurable and is going down in the last months or weeks, the dropsy is extreme, the suffering is terrible, dyspnoea comes on during the sleep, the end is drawing near, and you know that there is no longer a hope that the patient can recover, this medicine becomes suitable as a palliative, and it gives the patient sometimes many nights sleep. It sometimes reduces the dropsy for a while. It makes the patient comfortable, but he will begin to grow worse again and then require another dose. You will learn by the doctrines of Homœopathy after a while, and by experience in the clinic, that when the patient is curable the remedy in a single dose will act for a long time upon him, for weeks and sometimes months, but when the patient is incurable he gets a decided relief from the remedy for a time but in few weeks gets worse again and needs another dose. Then the remedy can be repeated, but later another remedy must be selected.

It is indicated often in dropsies depending upon the liver, dropsies associated with jaundice; the eyes are very yellow, the tongue is swollen and when protruded it trembles; there is irregular action of the heart, great soreness or uneasiness in the region of the liver and hardness or distension of the liver with knife-like, cutting pains; suffocative spells on going to sleep, dropsy of the extremities and puffing about the eyes. Sometimes when albuminuria is just beginning, and there are only traces of

albumin in the urine, but more generally with liver symptoms, this remedy goes to the beginning of the disease, makes wonderful changes and starts him on the road to recovery. So long as he improves, or there is a sign of improvement, give no more medicine. You had better wait too long (and there is no danger of that) than give medicine too soon.

In the South during the epidemics of *yellow fever* *Crotalus* was a great remedy in the hands of Holcombe. He used it in a very coarse way. Though he was a man of great skill he was a coarse, awkward prescriber, giving his medicine in repeated doses.

PUERPERAL FEVER can never be attributed to contagion from zymotic cases of disease; it is due to the condition of the patient herself. If she is careful in the child-bed state, kept free from cold, from changes of temperature and dampness, you will not see child-bed fever. Those that have been improperly fed or improperly dressed previous to confinement, thus going into a semi-febrile state, will have a chill on the third or fourth day. They do not take it from outside things, they get it from within. It is developed entirely within into a zymosis, but they do not receive it as scarlet fever is received. Puerperal fever comes from cold, exposure, improper feeding, etc. There is no such a thing as a pure idiopathic puerperal fever. In some the condition takes on an erysipelatous character, in some a typhoid character, and in others a remittent character. You can bring on a puerperal fever almost invariably by mopping the floor the day after confinement; if you think the matter over you will realize that it is a pretty tough woman that can stand it. She takes cold, and the result of taking cold shows in accordance with her original susceptibility. She will have whatever is natural to her to have; it may be intermittent or typhoid.

IF you have an acute case of scarlet fever, measles or anything of that sort, and your remedy fails to act, then to know that the family is psoric or that the child is probably tainted with syphilis or sycosis may be a very important thing in order to give a remedy that will cover such conditions.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT at the Post-Graduate School.

LECTURE IV.

We will take up to-day the study of the last part of the third paragraph relating to *the fixed principles* by which the physician must be guided. In time past, outside of the doctrinal statements of Homœopathy, medicine has ever been a matter of *experince*, and medicine to-day, outside of Homœopathy, is a "medicine of experience." Now, in order that the mind may be open to receive the doctrines, it is necessary that the exact and proper position of experience should be realized. If the true conception of law and doctrine, order and government prevailed in man's mind he would not be forever hatching out theories and building notions, as they would not be necessary, and moreover he would be wise enough to know and see clearly what is truth and what is folly.

Experience has a place in science, but only a confirmatory place. It can only confirm that which has been discovered through principle or law guiding in the proper direction. Experience leads us to no discoveries, but when man is fully indoctrinated in principle that which he observes by experience may confirm the things that are consistent with law. One who has no doctrines, no truth, no law, who does not rely upon law for everything, imagines he discovers by experience. Out of his experience he will undertake to invent, and his inventions run in every conceivable direction; hence we may see in this city a medical convention of one thousand physicians who rely entirely upon experience, at which one will arise and relate his experience, and another will arise and tell his experience, and the talkers of that convention continue to debate and no two talkers agree. When they have finished they compare their experiences, and that which they settle upon they

call science, no matter how far they may be from the truth. Next year they come back and they have different ideas and have had different experiences, and they then vote out what they voted in before. This is the medicine of experience. They confirm nothing, but make from experience a series of inventions and theories. This is the wrong direction. The science of medicine must be built on a true foundation. To be sure, man must observe, but there is a difference between true observation in science under law and principle and the experience of a man who has no law and no principle. Old-fashioned medicine denies principle and law, calls its system the medicine of experience, and hence its doctrines are kaleidoscopic, changing every year and never appearing twice alike.

Let me again impress the necessity of knowing something about the internal government of man in order to know how disease travels. If we observe any government, the government of the universe, civil government, the government of commerce, physical government, we find that there is *one centre* that rules and controls and is supreme. A man has within him by endowment of the Divine a supreme centre of government which is in the grey matter of the cerebrum and in the highest portion of the grey matter. Everything in man, and everything that takes place in man, is presided over primarily by this centre, from centre to circumference. If man is irritated from the *external*, *e. g.*, if he has his finger torn it will soon be repaired; the order which is in the economy from centre to circumference will repair every wrong that is on the surface caused by external circumstances and therefore not from disease. But all true *diseases* of the economy flow from centre to circumference. All miasms are of this character.

In the government of man there is a triad, a first, second and third which gives direction, *viz.*: the cerebrum, cerebellum and spinal cord, or when taken more collectively or generally, the brain, spinal cord and the nerves. Considered more internally, we have the will and understanding forming a unit making the interior man, the vital force or vice-gerent of the soul (that is, the limbus or soul stuff, the formative substance) which is immaterial, and then the body which is material. Thus from the innermost,

the will or voluntary principle, through the limbus or simple substance to the outermost, the actual or material substance of man, which is in every cell, we have this order of direction. Every cell in man has its representative of the innermost, the middle and the outermost; there is no cell in man that does not have its will and understanding, its soul stuff or limbus or simple substance, and its material substance. Now disease must flow in accordance with this order, because there is no inward flow. Man is protected against things flowing in from the outward toward the centre. All disease flows from the innermost to the outermost, and unless drug substances are prepared in a form to do this they can neither produce nor cure disease. There are miasms in the universe, acute and chronic. The chronic, which have no tendency toward recovery, are three, psora, syphilis and sycosis; we shall study these later. Outside of acute and chronic miasms there are only the results of disease to be considered. The miasms are contagious; they flow from the innermost to the outermost; and while they exist in organs yet they are imperceptible, for they cannot exist in man unless they exist in form subtle enough to operate upon the innermost of man's physical nature. The correspondence of this innermost cannot be discovered by man's eye, by his fingers, or by any of his senses, neither can any disease cause be found with the microscope. Disease can only be perceived by its results, and it flows from within out, from centre to circumference, from the seat of government to the outermost. Hence cure must be from within out. In the form of our civil government we see a likeness to this. Let any great disturbance come upon our government at Washington and see how, like lightning, this is felt to the circumference of the nation. See how the whole country becomes shaken and disturbed as if by disease if it is an evil government. If the government be good, we see it in the form of improvement, and everybody is benefited by it. If in the great centres of commerce, London, Paris or New York, some great crash or crisis takes place, see how the very circumference that depends upon these centres is shaken, as it were, by disease. Every little political office depends upon Washington, and that order must be preserved most thoroughly. The sheriff and constable, the judge and the courts, are little govern-

ments dependent upon the law that is formed by the state. The law of the state would be nothing if the centre of our government at Washington were dethroned by another nation. All the laws and principles in Pennsylvania depend upon the permanency and orderliness of the government in Washington, and there is a series from Washington to Harrisburg and from Harrisburg to Philadelphia. There can be no broken link. You can see then that there are directions; nothing can flow in from the outermost to affect the innermost. Disturb one of our courts in Philadelphia and this does not disturb the country or the constitutional government. If the finger is burnt this does not to any great extent disturb the constitutional government of the man, but the constitutional government repairs it. It is not a disease, it does not rack the whole frame. It is only that which shakes the whole economy, disturbs the government, which is a disease. So man may have his hand cut off without the system being disturbed, but let a little disease, measles for example, flow in from the centre and his whole economy is racked. Old-fashioned medicine talks of experience, but it is entirely dependent on the eyes and fingers; appearances are wonderfully deceptive. If you examine any acute miasm you may know what it looks like, but the esse of it cannot be discovered by any of the senses.

We have seen that everything is governed from the centre. Now what comes in the direction of law, what comes from principle, comes from the centre, is flowing in accordance with order and can be confirmed by experience. To apply it more practically, what we learn from the use of the law of homœopathics, what we observe after learning that law and the doctrines that relate to it—all our subsequent experience, confirms the principles. For example, every experience with *Bryonia* makes *Bryonia* so much brighter in your mind. With experience one grows stronger; one does not change or alter with every mood, but becomes firmly established. If everything tends to disturb your mind, that means that you are in a state of folly or that you are insane; it may be a little of both. A man that relies on experience to guide him never knows; his mind is constantly changing, never settled; it has no validity. Validity is something absolutely essential to science. It is necessary for homœopaths to

look upon law as valid and not upon man, as there is no man valid. In Homœopathy it is the very principle itself that is valid, and things that are not in accordance with principle should not be admitted.

We see from all this the necessity of potentization. All causes are so refined in character, so subtle in their nature, that they can operate from centre to circumference, operate upon man's interiors and from the interior to the very exterior. The coarser things cannot permeate the skin. Man's skin is an envelope, protecting him against contagion from coarser materials, but against the immaterial substance he is protected only when in perfect health. In an unguarded moment he suffers, and this is the nature and quality of disease cause. It can only flow into man from the centre and towards the outermost in a way to disturb his government. The disturbance of government is a disturbance of order, and this is all there is of sickness, and we have only to follow this out to find that the very house man lives in, and his cells, are becoming deranged. Changes are the result of disorder and end in breaking down, degeneration, etc.; pus cells and the various forms of degeneration are only the result of disorder. So long as order and harmony go on perfectly, so long the tissues are in a state of health, the metamorphosis is healthy, the tissue change is normal, the physiological state is maintained.

We can only comprehend the nature of disease, and tissue changes the result of disease, by going back to its beginning. The study of etiology in the old school is a wonderful farce, because it begins with nothing. It is an assumption that tissue changes are the disease. From the doctrines of Homœopathy it will be seen that morbid anatomy, no matter where it occurs, must be considered to be the result of disease.

All curable diseases make themselves known to the physician by signs and symptoms. When the disease does not make itself known in signs and symptoms, and its progress is in the interior, we at once perceive that that man is in a very precarious condition. Conditions of the body that are incurable are such very often as have no external signs or symptoms.

In the fourth paragraph Hahnemann says: "The physician

is likewise a preserver of health if he knows the things that derange health and cause disease and how to remove them from persons in health." If the physician believes that causes are external. if he believe that the material changes in the body are the things that disturb health, are the fundamental cause of sickness, he will undertake to remove these—*e. g.*, he will cut off hemorrhoids or remove the tumor. But these are not the objects Hahnemann means. The objects he means are invisible and can only be known by signs and symptoms. Of course, it is quite right for the physician to remove those things that are external to the sick man and are troubling him. These are not disease, but they are in a measure disturbing him and making him sick, aggravating his chronic miasm so that it will progress and destroy. These are outward obstacles and not the disease, but in this way man is very often rendered more susceptible to acute miasms. The things "which keep up disease" relate more particularly to external things. There are conditions in man's life which keep up or encourage man's disorder. The disorder is from the interior, but many of the disturbances that aggravate the disorders are external. The cause of disorder is internal, and is of such a quality that it affects the government from the interior while the coarser things are such as can disturb more especially the body, such as improperly selected food, living in damp houses, etc. It is hardly worth while to dwell upon these things, because any ordinary physician is sufficiently well versed in hygiene to remove from his patients the external obstacles.

In the fifth paragraph Hahnemann says: "Useful to the physician in assisting him to cure are the particulars of the most probable *exciting cause* of the acute disease, etc." The probable exciting cause is the inflowing of the cause as an invisible, immaterial substance, which, having fastened upon the interior, flows from the very centres to the outermost of the economy, creating additional disorder. These miasms all require a given time to operate before they can affect the external man, and this time is called the prodromal stage.

This is true of psora, syphilis and sycosis and of every acute contagious disease known to man. While the influx is upon the innermost of the physical man it is not apparent, but when it be-

gins to operate upon his nerves and tissues, affecting him in his outermost, then it becomes apparent. Each miasm produces upon the human economy its own characteristics, just as every drug produces upon the human economy its own characteristics. Hahnemann says that these must be recognized, that the homœopathic physician must be familiar enough with disease cause, with disease manifestations and drug manifestations to be able to remove them in accordance with principles fixed and certain. There should be no hypothesis nor opinion, neither should simple experience have a place.

If the physician is dealing with acute cases he must take into consideration the nature of the case as a malady, and so also with chronic cases. It is supposed that he is conversant with the disease from having observed the symptoms of a great many cases, and is therefore able to hold before the mind the image of the disease. When he is thoroughly conversant with the very image of the sicknesses that exist upon the human race he is then prepared to study the materia medica. All the imitations of miasms are found in drugs. There is no miasm of the human race that does not have its imitation in drugs. The animal kingdom has in itself the image of sickness, and the vegetable and mineral kingdoms in like manner, and if man were perfectly conversant with the substances of these three kingdoms he could treat the whole human race. By close application the physician must fill his mind with images that correspond to the sicknesses of the human race. It is being conversant with symptomatology, with the symptom images of disease, that makes one a physician. The books of the present time are defective, in that they ignore symptomatology and do not furnish us an image of the sickness. They are extensively treatises on pathology, upon heredity, with very little of the patient himself. If we go back to earlier times, when the physician did not know so much about the microscope, when he did not examine into the cause of disease so minutely, we will find in such works as "*Watson's Practice*" much better descriptions of sickness. Watson stands at the bedside and relates what his patients look like, and hence it is a grand old book for the homœopathic physician. Chambers in his lectures at St. Mary's Hospital, London, also relates with accuracy the appear-

ance of the patient. At the present time the old-school physician says: "I want to know nothing about your symptoms; take this and go to the first drug store and have it filled." This is the state of things at the present time, a look at the tongue, a feel of the pulse, and "take this," handing a prescription to be filled at the nearest pharmacy. Is that observing the sick? Can such a man be the guardian of the sick, when it requires time to bring out every little detail of sickness, and a nervous girl is driven off and never permitted to tell her symptoms? Such patients have told me, after an hour's conversation and taking of symptoms, "The other doctor told me I had hysteria, that there was nothing the matter with me, that I was just nervous." That is what modern pathology leads men to think and say. Everything is denied that cannot be discovered by the senses; hence this false science has crept upon us until it is a typical folly. As to the end of sickness, what sickness will do is of no great matter, because by the symptoms we have perceived the nature of the illness and may safely trust to the remedy. If no remedy be applied to check the progress of the disease it may localize in the heart, lungs or kidneys, but the *nature* of the sickness exists in that state of disordered government expressed by signs and symptoms.

REMEDIES that correspond to chronic disease are more subtle, more insidious; they make slow inroads into man and seem to work slightly upon his desires and aversions, upon his intelligence and his memory, but nevertheless, slowly and gradually effect their results.

"WE take particular interest in Granula because we know it is such an extra fine, non-stimulating, nourishing food. In fact, no product of cereals can possibly exceed its food abounding qualities."—*Laws of Life*.

LECTURES on Materia Medica began in No. 1 and lectures on Homœopathic Philosophy began with No. 5. Back numbers of the JOURNAL are kept and can be supplied to students and physicians.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom, lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

CLINICAL CASES.

By W. A. YINGLING, M. D., Emporia, Kansas.

1897.

W. A. C., AET. 24.

January 8th. For the past six to eight months has had a complaint for which no physician has been able to do anything. He is a Normal student and this trouble prevents him speaking in public exercises of the school.

A drawing in the *throat* above Adam's apple, *inward* and *upward*; brought on and is especially worse from dampness, coldness or chilliness. It may last for a week at a time. Worse using the voice much. Better eating lemons and resting the voice. This spell is unusually severe.

Hoarseness; voice uncertain; painful.

At times pain on swallowing, especially solid food.

Heavy feeling of pressure across chest.

Short of breath on extra exertion, when the heavy pressure is on the chest.

Constipation, which is worse when the throat is worse; slender, long stool.

Dull headache through forehead with the throat trouble.

Slight cough connected with the throat trouble.

Dryness and burning in upper throat and back of mouth.

Phos. 500. (B. & T.) Three doses, twelve hours apart till better only.

January 11th. Throat some better, but not fully well; the trouble is gradually growing less.

Headache commencing in the forehead and going all over the head; head hot and throbbing.

Nervous weakness.

Anything sweet always takes away the appetite.

S. L. Desires sour.

January 15th. Quite well, with a marked, though gradual improvement from the first. Is well pleased. No return of the trouble, though the weather was such as to ordinarily bring it on as long as he remained at school, six months. Was able to speak and sing in all the public exercises.

1897.

S. S. E., AET. 31.

March 4th. Has been in Arkansas for a year where he had the intermittent fever badly. Was so run down he could attend to his work as a machinist only a small part of the time. Was compelled to come home to his parents about a month ago, as no medicine would help him, and he was getting, as he thought, in a critical condition. He has taken mercury, quinine, Fowler's Solution of Arsenic and other sure cures. Chill usually came about or a little before noon, every other day. As long as he was idle there would be no chill, but something like dumb ague, great weakness, played-out feeling and generally sick. As soon as he tried to work the chills would come back with a vengeance.

Chill and fever about noon and mixed; very little sweat. Always returns after work or severe exercise. Thirst before and during chill. Thirst during heat; none during sweat. During chill he urinates frequently; urine red and strong.

Too much water causes vomiting, usually as drunk, but may be sweet.

During the paroxysm great headache; head nearly splits; head swells out and contracts like a bellows; commences between the eyes and ranges back to top of head.

Dizziness when rising up suddenly.

Wants a large quantity of very cold water.

Sensitive to cold drafts.

Gets very drowsy and gappy when quiet.

Feels better when quietly moving about.

Sweats easily from walking.

Bad breath in the morning.

Appetite varies; desires vary very much.

Craves salt all the time; can't get enough.

Aching tired feeling between scapulæ.

When standing at work feet and legs would get cold and numb.

Short of breath; short when having the chills.

Fever blisters when having the chills; very many.

Mind very active day and night, yet sleep is refreshing. Reads in his sleep and thinks of events.

Shivers in the back upward, then all over.

During chill leg would ache, and feels as if every bone was broken, sore aching; flesh sore.

Dreads the coming chills; breaks him all up; leaves him very weak.

Sallow complexion.

Natr. mur. 20 m. (F) three doses, three hours apart.

March 10th. Feeling generally better in the morning in every way. No chills and no indication of any.

Headache several evenings, on vertex, above ears and up over the head.

Had piles about two years ago, suppressed with ointment; now are itching some, part of the time badly; worse sitting or walking; better from cool water.

S. L. Bad breath in the morning.

Prompt relief of all trouble and no return. Returned to work within a month. Is greatly pleased.

1897.

F. M. J., AET. 55.

February 8th. Sudden loss of strength with grippe. (Took Bry., Merc. prot., Pyrogen, Merc. v. without benefit from home case.)

Complete loss of strength.

No thirst at all; water does not taste right.

Throbbing all over the body so as to be seen in leg or hand if held up.

A sore, tired ache all over.

A sense of feeling very ill all over the body.

Apathetic condition; wants to be quiet and let alone.

No muscular or mental power.

No desire to talk, wants to be quiet; no desire to open the eyes, yet no photophobia.

Fauces and soft palate somewhat swollen; a yellowish hue, and red about the throat.

Much tough, stringy mucus, white with yellow pieces; gagging, but no nausea.

White coated tongue bearing imprint of teeth.

Very bad, nasty taste in mouth, not > by washing.

Urine high colored and scanty; hot on passing.

No stool for three days.

Dryness of the lips.

Sticky dryness of the tongue, yet no thirst.

Sense of chilliness and heat at same time.

Easily chilled; sensitive to cold air.

Coldness of the knees.

Chin. ars. 200 (B. & T.) three doses, three hours apart till better.

February 9th. Entirely well to-day. Bowels moved yesterday evening. Appetite returned and feels generally well. A fine cure.

1897.

N. P. E., AET. 26.

September 7th. Every other day a slight fever, lasting four to six hours, or at times much longer. Early in the summer the fever lasted nearly twenty-four hours.

Commenced last September, a year ago. Has broken

it for a month by using Chetam's Chill Tonic and quinine. Always comes back. At first had sweat with fever, but no chill. Now he has fever only; very seldom any sweat.

Great stretching and yawning before fever.

Soreness through chest and shoulders when coughing; cough not defined.

Great thirst with fever; has slight nausea; drinking causes greater nausea, when he vomits with relief.

Thirst before and during fever. Wants very cold water.

Tires easily from walking.

Sleeps during the fever, except with nausea.

Vomits food only.

Had regular chills and fever about fifteen years ago, chill, fever and then sweat. Took bitters, aloes, cherry bark and whiskey. He was strong and well till about one year ago. Lives on the north side of a stagnant creek, when at home, where there is a broad valley which is usually planted with corn. The whole family has the same trouble.

One year ago present trouble commenced with a "dust chill" from working with a threshing machine.

Since then cannot be where there is threshing.

A Normal student; don't feel like study.

Arsen. 40 m. (F), two doses, twelve hours apart.

September 11th. Missed entirely the first fever and felt real well.

To-day had a cold feeling lasting nearly an hour; very unusual. Then had a very high fever, much more than common. Then slight sweat, which was not usual.

Feels better since fever and recuperates more rapidly than usual.

Stomach gave no trouble this time.

Before the cold stage yawning, stretching, aching in the bones and felt generally bad.

Has felt more as he did at the beginning of the trouble.

Bowels irregular, only two stools since medicine; last stool very hard.

Arsen. 40 m. (F) one dose.

September 14. Had a much higher fever, lasting all night; felt weak and played-out, but he recuperates easily and well. The repetition was a mistake and I knew it as soon as it touched his tongue, but it was then too late.

This was the last of his trouble. Has been perfectly well since, and thinks Homœopathy a wonderful system. He is not pleased only with the system, but also pleased with the expense, as he expected to pay ten times more than he did to effect a cure.

1897. MISS H., AET. 30.

January 29th. Has been sick for many years, and very poorly for some months.

She now wants relief from a severe, agonizing headache, and I am called in as counsel.

A pressure or *crushing pain* on vertex, going to occiput like a weight or heavy wedge. Rolls head from side to side. Somewhat delirious from the pain. Better from pressing head backward and rolling head from side to side.

Eyes sensitive to the light.

Vomiting food and water as soon as taken. Milk comes up in small curds; bitter vomiting, setting teeth on edge.

Roof of mouth swollen, sore and itching; feels like tearing it out with her finger nails.

Every tooth pains up into her head.

Thirsty; wants to drink all the time, but vomits it very soon.

Throbbing in both sides of the neck at times.

Pain at base of occiput, going around to the ears; a very sharp pain; feels like boiling water when it gets to the ears, a circular motion.

Much sneezing.

Aches all over in joints and bones.

Severe cramping of legs, calves, feet and toes.
Pain below small of back, a dull ache; sometimes relieved by a pillow to back.

Has had much grief and sorrow.

Several remedies had been given without relief.

Phos. acid c. m. (F) three doses, one hour, till better.

January 30th. Much better generally.

S. L.

January 31st. Pain returned yesterday afternoon, but was promptly relieved by a dose of the same.

Now sitting up combing her hair, and feeling generally ever so much better. No return.

1897. MISS A. W., AET. 13.

February 7th. Pulsating, aching in left ear; severe. > by heat.

Tongue slightly coated.

Can't taste anything.

Can't smell anything.

Was chilly yesterday.

Very little, if any, thirst.

Whole side of face, left side, sore.

Parotid gland, left side, very sore.

Costive.

Puls. c. m. (H. S.).

Prompt relief. Next day was at school.

CLINICAL CASES.

PROF. J. T. KENT.

1893. MRS. M. W., AET. 36.

October 10th. Weight 200 pounds. Gouty constitution.

"Chronic liver." Enormously enlarged liver. Great soreness in region of liver.

Warm-blooded woman. Red face.

Gets up with bad taste in mouth.

Has taken everything (and will now obey).

Formerly used a rubber cushion to prevent pains in coccyx.

Cold hands. Very cold feet.

Hyperæmia of brain. Fulness in head.

Urine scanty at times.

Menstrual flow scanty. No pains.

Natr. sul. 20 m. One dose and *s. l.*

November 8th. Pain in side much better.

Old symptoms returning. Before menses leucorrhœa with fishy odor. (Old symptom.)

Has always been much heated in summer, but never perspired.

S. L. Milk always failed with her children.

December 10th. Soreness and swelling in region of liver has entirely disappeared.

Fulness in head and pain in back part of head is bad all the time.

Fulness in eyes; feels at times as if there was a cloud over them; this disappears after closing eyes two or three times.

Dreadful taste in mouth, worse in mornings.

Drinks very little water.

Perspires more than ever she did; arms warmer; legs and feet cold.

Gout in right foot.

Heart very quick at times, often when she only rises to walk across the room (always walks fast); notices it more in the evening.

Is generally a good deal swollen before menses. Always feels better the two weeks after menses.

Soreness in breasts only lasted three days before menses and was not so severe.

Bowels regular, though more constipated than she has ever been.

Urine very scanty, light color, except for about ten days before menses, when it is the color of orange juice.

Not so much of the fishy smell to leucorrhœa.

Natr. sul. 20 m. One dose and *s. l.*

1894.

January 18th. After the first three powders vertigo, worse closing eyes.

Fulness in back of head and eyes.

Red spot on cheek no better.

Nose, legs and upper part of arms cold.

Rhèumatism in back of legs. Pain so severe at times that she cannot lift legs or straighten up.

Severe pain across lower part of back, as though hundreds of needles were going in.

Must keep clearing throat all the time.

Dryness in nose and back part of throat.

Dreadful taste in back of mouth.

Urine darker before menses, clear and profuse after.

Odor of stale crackers.

Menses lasted three days.

Pain in back came very suddenly as she was stooping over.

Dreams in latter part of night.

Sore throat on awaking this morning, l. side yellow.

S. L. 30 powders.

February 26th. Swelling over liver and around waist for three weeks.

Shortness of breath.

Color of urine changed; like thick orange juice in morning, natural in afternoon.

Sharp pains about heart. Sharp pains from sternum to l. breast. At times sensation of weight in region of l. breast.

Pain in lower part of back. Bearing-down pains.

Leucorrhœa for six weeks. Has not had it before for twelve years.

Dull, heavy pain in l. leg from hip to knee.

Pain in l. ankle, as though a knife had cut through; lasts about three hours and is so severe she can't step upon foot.

Gout in fourth toe of *left* foot, formerly in *right* foot.

Head worse than for four years.

Intense fulness in back and fore part of head and in eyes, worse at night.

Top of head sore to touch.

Eyes feel as though they would shoot out of head with burning pain.

Breasts very sore. It is within a few days of menses.

Dryness in throat and nose very bad.

Feet and legs cold all the time.

Deaf in l. ear for six weeks.

Natr. sul. 50 m. (F. C.) *S. L.* 30 powders.

April 3d. Fulness in occiput—dreadful.

Heat from occiput over top of head.

When tired, cloud in front of eyes.

Dry mouth; bitter taste. Dryness in nostrils.

Crawling like a worm in throat.

Feels like sighing.

S. L. Sore pain in breasts during m. p., continues after.

May 14th. Bad taste in mouth.

Fulness in head, worse at night.

Heavy feeling in liver.

Pain in hip bones, particularly the right, worse lying on them.

Return of gout in *right* foot.

Menses on time, but flowed only two days.

Urine is better.

Hawks up thick, offensive matter from throat. Nose and throat still very dry.

Red spot on face remains.

Natr. sul. 50 m. *S. L.* 30 powders.

September 14th. Rush of blood to head. Burning hands and face.

Pain in the left side of the back (lumbar).

Soreness at end of the spine.

Soreness in liver.

Frequent urging to urinate.

Menses regular, lasting only two days. Before menses a fishy smell to urine; menstrual flow offensive and greenish.

Natr. sul. 50 m. (F. C.)

October 2d. Urinary symptoms amel.

Leucorrhœa thin, white.

Feels wretched all the time.

Head full of blood, face purple, spot on the right cheek worse than it has ever been.

Pain over eyes and at base of brain.

Sight seems blurred.

Soreness in region of liver.

Offensive taste

Great desire to clear throat ; dryness extending up into nose.

Stiff and sore all over.

Excessive nervousness.

Fluttering at heart.

All symptoms agg. from 6 A. M. to 1 P. M.

Natr. sul. c. m. (F. C.)

October 16th. Sensation of fulness in head and body, with cold hands, feet and nose

Menses on October 9th, three days late, flow lasted only two days, but from that time till now there has been little discharge of blood all the time ; she took *Puls.* one dose as head was so bad and she hoped this would bring on menses ; it did not make her feel any better.

Pain in back.

S. L. 30 powders.

1896.

March 17th. Entirely free from symptoms until recently. The last remedy helped her much.

Very nervous.

Palpitation. Pulsating all over with twitching.

Great flatulence.

Eructation of wind and food, of all things eaten.

If she has eaten a little she feels as if she had eaten a full meal.

Bad taste in mouth. Tongue parched and dry.

Menses very regular; offensive odor.

Pain in back of head when tired.

Legs so nervous in evening that she cannot keep still.

Breasts sore when she takes off the pressure at night.

Feels oppressed before menses.

Lyc. 43 m.

April 18th. For the first ten days after the medicine she could jump out of her skin. Good action of remedy.

Left hand and arm numb.

Pain in the pit of stomach.

Bloated abdomen before menses.

Dreams much.

White tongue. Offensive taste.

Palpitation.

Skin not so dry. Perspires.

Burning hot on warm days, with pricking, tingling.

S. L. Burning like coals of fire on top of head.

May 25th. Symptoms returning.

Lyc. 43 m.

Dec. 1st. Burning pain in stomach.

Mist before eyes, before m. p. Pain in sacrum after m. p.

Offensive taste.

Lyc. c. m. Difficulty in hearing.

Dec. 12th. Very sore throat, red all over, yellow spots on both sides, worse on right side, hurts on swallowing fluids; no fever; heaviness in head and fulness; right ear aches.

Second finger on right hand very sore. Has used flax-seed poultice without relief.

Sac. lac. in water.

1897.

January 23d. Burning pain in stomach.

Mist before eyes before m. p.

Throat still troubles her somewhat.

Numbness in left hand.

Lyc. c. m. (Fincke.)

April 9th. Burning above the navel.

Feels worse after coffee; weak feeling.

Symptoms returning. Has been very well since last remedy until recently.

Lyc. c. m.

Patient now perfectly well. No aches or pains.

MRS. W., MOTHER OF MRS. M. W.

1894.

June 16th. Headache for a number of days.

Chill this morning, followed by high fever.

Chills and fever three years ago; thinks they have returned.

Aching in all the bones and muscles.

Tongue coated, bitter taste.

Nausea.

Dry stomach cough.

S. L.

June 18th. No chill yesterday, but a great pain in back and head.

At 5:30 A. M. to-day had a racking pain in head.

Chill began at 8 A. M. to-day, lasted three hours. Followed by fever, which lasted nine hours. Great pain in head during fever.

Perspiration profuse, smelling like sour, musty water.

Breath offensive.

Tongue coated.

No appetite.

Urine very dark, passed every hour.

Can hardly move her head.

Ars. 103 m. and *S. L.* every six hours.

One prescription cured.

1891.

MRS. W., AET. 70.

November 5th. Ulcer in left ankle began with smarting, stinging pain, with a little spot size of a pea. Next day it broke and ran a thin, bloody discharge; flesh around spot was purplish red. The sore extended, and the discharge became thick and yellow, until it is now somewhat larger than a dollar. It is red and there are patches of yellow matter; looks something like a sponge. The cloths taken off it are slightly offensive. Ulcer burns, stings, smarts; sometimes has a jerking sensation through heel; she wants it kept cool, it is worse from warmth. Pain is something like splinters or buzzing.

Limb from knee down sweats profusely; not so the other.

Foot begins to swell when she gets up in morning, swells

until it is full and pains her much. About 3 or 4 P.M. she gets easier and can lie down. At night all the swelling goes down, and when she lies quiet with her foot on a level with her head she is easy.

Upper side of arms from shoulder to elbow are very sore to touch. Using arms makes them ache, a "grumbling pain."

Cords of neck are somewhat sore.

Cannot put her arms back, and cannot reach out for anything, or the shoulders will catch her. Can put her arms forward and over her head, straight up.

Sometimes middle fingers of hand, generally the left, stand out in morning so she can scarcely bend them. Likes to sit with hands put together, the arms drawn toward each other and head bent forward; she cannot sit with her arms on the chair, spread apart. Has to fold arms and work herself over when she turns in bed.

Wants to drink almost every five minutes in the afternoon.

Puls. c. m.

All symptoms were removed and the patient remained well until

1893.

March 21st. Rheumatism in right side; seems to be in hip-joint mostly. A steady pain all the time; sometimes more intense. Sometimes when attempting to walk, can hardly stand.

Worse when sitting than when lying. Cannot lie on right side.

Heat relieves somewhat; cold increases pain.

Cold feeling through leg and foot.

Flesh sore and slightly swollen.

Came on suddenly three days ago, and remains in same place.

Feels well otherwise.

Appetite good.

Puls. m. m. (Fincke.)

Cured.

CASES FROM PRACTICE.

D. C. McLAREN, B. A., M. D., Ottawa, Ont.

CASE I. Early in March last a gentleman called at my office with a badly broken out face. Said he had been traveling, and having had to send his razor to a barber's to be honed on getting it back cut himself while shaving, and this herpetic eruption made its appearance forthwith. It had lost no time covering the lower part of his face, and was now going round the neck, keeping just within the edge of the hair. He denied all possibility of any venereal contagion, and the result proved the truth of his words. The data for a successful prescription were rather meagre, but in addition to the foregoing there was this important constitutional factor: he was but a few years out from England, where he was more or less exposed to and saturated with salt-laden air. On removal to a different climate, particularly dry inland air, the latent psora is easily aroused to activity. Accordingly one powder of a high potency of *Natrum muriaticum* was administered with s. l. for a week. When he called again the eruption was healing beautifully, and it was only necessary to repeat the s. l. once to effect an entire cure. A couple of months later the same gentleman came complaining of a large brown mole on the scalp just where the comb was sure to irritate it and where it was also conspicuous. *Thuja c. m.* was given, and in seven or eight weeks it was entirely gone without any repetition of the remedy.

Before he was quite free from the herpes he fondled and kissed the baby, who thereupon required my assistance. *Belladonna* at once cured this case, the symptoms calling for that remedy. Next the nurse-maid caught it from the baby, and her symptoms called for a different remedy, *Rhus*, which also cured promptly.

CASE II. Two years ago a laboring man was working underneath a house which was being moved. Something gave way and his right forearm was crushed beneath heavy timbers. Fortunately the arm was crushed into the earth so that no bones were broken. When released the arm hung limp and cold; he was powerless to grasp or do anything. First allopathy tried what it

could do but in vain; some seventeen or eighteen members of a medical society examined the arm and pronounced it hopelessly paralyzed. Finally someone induced him to come my way, and I very cheerfully and hopefully prescribed *Arnica*, only to meet with utter failure. The arm was powerless and painless and that was all. Possibly it had been stretched as well as bruised, so *Rhus* was given next with the same result as before. By this time it was the depth of winter, and when he called one raw zero day his appearance soon led to the true solution of the problem. It was the old story of prescribing for a local condition instead of the patient. Here he was: Face, ears, everything blue, not with cold, but with asthma. The depressed and deadened vitality which failed to respond to the right remedy, the utter painlessness and deadness of the injured member, and, lastly, the marked cyanosis, composed a group for which there was only one remedy, and that remedy, *Opium* c. m., entirely cured the case, so that the man uses his shovel nearly as well as ever he did.

CASE III. The key that unlocks a case and affords a clue to its solution is often difficult to find, and when overlooked or impossible to find the result is failure. A young lady had for some months recurring attacks which presented a variety of symptoms and at various times seemed to call for a number of different remedies, but with only partial relief and sometimes not even that. On May 18th she came in great distress with pain in the left ovarian region, and frequent but scanty urination; she had just returned from a few miles' bicycle ride in the country, and supposed the exercise was injurious. But she had ridden the previous season without results, and she had had similar attacks in the winter when bicycling was out of the question. This led to close questioning, for she had started out well and on returning was sick immediately. On the way, it appears, some butcher boys were driving poor weary beeves toward town and using a great deal of unnecessary violence and cruelty. The patient, as she expressed it herself, was "just boiling" with indignation; this led to *Staphisagria*, which was found to agree with all her then symptoms and wrought a speedy cure. She acknowledged that she was easily annoyed by trifling occurrences, and doubtless this nervous sensitiveness had been the hidden cause of her troubles.

ANNOUNCEMENT.

The readers of the JOURNAL will be glad to learn that the long looked for REPERTORY OF THE MATERIA MEDICA by Dr. Kent will go to the press in a few days. Subscribers will be notified when each part is ready for delivery. All who wish to be found in the first list should send in their names at once. Address, hereafter, all communications to this office.

BOOKS FOR REVIEW.

THE PIONEERS OF HOMŒOPATHY, compiled by Thomas Lindsley Bradford, M. D. Philadelphia: Boericke & Tafel. Cloth, \$3.00; by mail, \$3.25. Again Bradford has given the profession a most excellent and useful work. He is thorough in all his works. The best history of Hahnemann ever given to the medical world is his "Life and Letters of Hahnemann," and now comes a mass of very useful material that every earnest follower of the Master must be interested in and should read. It opens out with the *Story of the provers who assisted Hahnemann*, giving particulars that have never before been accessible to the homœopathic reader. As a historian, Bradford is faithful, and in this first part, to which he has devoted 134 pages, much about the character and method of Hahnemann is described, as well as the work of his assistants. The balance of the work is devoted to the pioneer practitioners of all countries. The names of Bœninghausen, Gram, Gray, Hering, Jahr, and Wesselhœft receive extended notice. The work is well done, and the book should be in the library of every homœopathic physician.

ANSWERS TO QUESTIONS CONCERNING HOMŒOPATHY, by J. T. Biddle, A. M., M. D., Monongahela City, Pa. Philadelphia, Pa.: Boericke & Tafel. 5 cents; \$4.00 per 100. The questions are well answered, making the book one that is practical and excellently fitted for broadcast distribution.

AN excellent paper received from the author, *Dr. McLachlan*, of Oxford, England, on "*The Use of High Potencies in the Healing of the Sick*," read before the British Homœopathic Congress at Bristol, Sept. 16, 1897.

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DEPARTMENT OF MATERIA MEDICA.

IODINE.

A Lecture Delivered by PROF. J. T. KENT, at the Post-Graduate School.

This remedy, in all of its complaints whether acute or chronic, has a peculiar kind of *anxiety* that is felt both in the mind and in the flesh. It seems also that this state of anxiety is attended with a thrill that goes throughout his frame unless he removes it by motion or change of position. The anxiety comes on when trying to keep still, and the more he tries to keep still the more the anxious state increase. While attempting to keep still, he is overwhelmed with impulses, impulses to tear things, to kill himself, to commit murder, to do violence. He cannot keep still and so he walks night and day. This remedy carries the same feature with it into the *Iodide of Potassium*, so that it makes the *Iodide of Potassium* patient walk. But there is this difference, the *Kali iod.* patient can walk long distances without fatigue, and the walking only seems to wear off his anxiety, whereas in Iodine there is great exhaustion; he becomes extremely exhausted from walking and sweats copiously even from slight exertion. Iodine corresponds to those cases in which it seems that there is some dreadful thing coming on; the mind threatens to give out. Insanity threatens, or the graver forms of disease are threatening, such as are present in the advanced stages of suppressed malaria, in old cases of chills, in threatened phthisis.

Hypertrophy runs all through the medicine. There is enlargement of the liver, of the spleen, of the ovaries, of the testes, of the lymphatic glands, of the cervical glands, of all the glands except the mammary glands. The mammæ dwindle while all these glands become enlarged, nodular and hard as stones. This enlargement of glands is especially observed among the lymphatic glands of the abdomen, the mesenteric glands.

There is this peculiar circumstance also in Iodine viz., that while the body withers the glands enlarge. That is peculiar and will enable you to think of Iodine, because the glands grow in proportion to the dwindling of the body and the emaciation of the limbs. We find this state in marasmus. There is withering throughout the body, the muscles shrink, the skin wrinkles and the face of the child looks like that of a little old person, but the glands under the arms, in the groin and up in the belly are enlarged and hard. The mesenteric glands can be felt as knots. We see the same tendency in old cases of malaria coming from the Allopaths in which Quinine and Arsenic have been extensively used and the chills have kept on; the face and the upper part of the body are withered, the skin looks shrivelled and yellow; a diarrhoea has come on, the liver and spleen are enlarged and the lymphatic glands of the belly can be felt. Even in the earlier stages, when these states are only threatening, we can look forward and see that the case is progressing toward an Iodine state. Now remember that in its advanced states the skin is yellow and withered, the body is emaciated, the glands are enlarged, except the mammary glands, which are shrivelled; the spleen and liver are enlarged and hard; the lymphatic glands are enlarged and there is diarrhoea.

Now take a patient that is suffering with intermittent fever brought on from malaria, or damp cellars, or any other cause. The patient grows increasingly hot; it is not always a febrile heat, but a sensation of heat; he wants to be bathed in cold water, wants the face and body cooled by cold sponging; he suffocates and coughs in a warm room, dreads heat, sweats easily and easily becomes exhausted. Now, it is in this kind of a constitution that acute complaints will come on, such as acute inflammatory conditions of the mucous membranes and gastritis, inflammation of the

liver, inflammation of the spleen, diarrhoea, croup, inflammation of the throat. The throat even becomes covered with white spots and is tumid and red, and this extends down into the larynx; it may even have a deposit upon it like diphtheria. Iodine has cured diphtheria, because of its exudations resembling the diphtheritic exudations. A constitution tending this way may bring on croup with an exudate, and we can see that it is going towards Iodine. In every region of the body peculiar little things come out with this kind of a constitution. If we do not see to the full extent the constitution of the remedy, we will not recognize the tendency of the patient when going towards the very worst.

Now, the *mental state* of this patient is that of excitement, anxiety, impulses, melancholy; he wants to do something, wants to hurry, wants to push things; he has impulses to kill his neighbor. In this it is very closely related to *Arsenicum* and *Hepar*. The *Arsenicum* and *Hepar* patients also have impulses to commit murder without being offended and without cause. The temperature of the patient will at once decide, for while Iodine is warm-blooded the *Arsenicum* and *Hepar* patients are always chilly. The impulse to do violence is sudden. There are remedies that have peculiar impulses, impulses without any cause. These impulses are seen in cases of impulsive insanity; an insanity in which there is an impulse to do violence and strange things, and when the patient is asked why he does these things he says he does not know. The patient may not be known to be insane in anything else; he may be a good business man. Remedies also have this. These things are forerunners, they are the beginning. It is recorded under *Hepar* that a barber had an impulse to cut the throat of his patron with the razor while shaving him. The *Nux vomica* patient has an impulse to throw her child into the fire, or to kill her husband whom she dearly loves. The thought comes into her mind and increases until she becomes actually insane and beyond control and the impulse is carried into action. A *Natrum sulph.* patient will say, "Doctor, you do not know how I have to resist killing myself. An impulse to do it comes into my mind." Iodine has the impulse to kill, not from anger, not from any sense of justice at all, but without any cause. An overwhelming anger is often a cause for violence but the im-

pulses are not of that sort in Iodine. While reading or thinking placidly at times a patient may have an impulse to do himself violence, and this finally grows until the end is a form of impulsive insanity.

The Iodine patient becomes weak in mind as well as in body; he is forgetful, cannot remember the little things of the day, they pass out of the mind. He forgets what he was about to say or about to do; goes off and leaves packages he has purchased. The forgetfulness is extensive, is general. But with all these states, do not forget one thing, that the patient is compelled to keep doing something in order to drive away his impulses and anxiety. The anxiety is wearing and distressing unless he keeps busy. Though mentally prostrated, he is compelled to keep busy and to continue the work, which increases the prostration of mind. You tell a man who is threatened with softening of the brain, from overwork, from anxiety and labor in literary work, "You must stop working, you must rest." "Why," he will say, "if I do I would die." Such a state comes under Iodine and *Arsenicum*, but there is one grand distinction by which the two remedies are seen to part company at once. The Iodine patient is an overheated patient, is warm blooded, wants a cool place to move in, and to think in, and to work in, whereas the *Arsenicum* patient wants heat, wants a warm room, wants to be warmly clothed, and suffers from the cold. Iodine suffers from the heat. So that while the restlessness and anxiety, which is both of body and mind in each remedy, loom up before the mind as one, if the patient is a hot-blooded patient we would never think of *Arsenicum*; if a cold-blooded and shivering patient we would never think of Iodine.

Among the generals we first mentioned was the tendency to enlarged glands. Iodine has often cured a group of symptoms coming in the constitution that I have named, viz.: enlargement of the heart, enlargement of the thyroid and protruding eyeballs. These when associated together are often given a name. We care nothing for technicalities, we want circumstances, we want symptoms. The use of names and technicalities often clouds and leads us into greater confusion of ultimates. Now, if you have one of these patients (suppose it has been sent to you by somebody who knows no better than to call it exophthalmic goitre),

those things that are so essential to the name of the disease, as they call it, would not be an indication for the remedy, but the indications would be found among those circumstances that I have given you that are outside of the projection of the eyes, the enlargement of the thyroid, the hypertrophy of the heart and the cardiac disturbances. If the patient is emaciated, is sallow, suffers from heat, has enlarged glands, and the other symptoms of this medicine, you may expect after its administration an ultimate cessation of the group of symptoms that are selected to name the disease by. But remember they are only results of disease, and in this instance (if it is an Iod. case), they are the result of the constitution described. The materia medica fits into constitutions.

Brain troubles, acute and chronic, sometimes call for Iodine. The whole head throbs, the whole body throbs, there are pulsations all over, and the throbbing extends to the finger ends and the toes; throbbing in the pit of the stomach, heavy pulsations felt in the arms, pulsations in the back, throbbing in the temporal bone. There are congestive headaches with violent pain. Now, the head pains are aggravated from motion, but the *patient* is relieved from motion. The patient moves because his anxiety is relieved by motion, but every motion increases the head pains and the pulsation. Such distinctions are necessary. To distinguish between what is predicated of the patient and what is predicated of a part is an essential in the study of the materia medica. Everything that is predicted of the patient is general, everything that is predicted of a part is particular. The two may be opposite, and hence the student of the materia medica will sometimes be worried because he will find aggravation from motion and relief from motion recorded under the same remedy. It is only from the sources of the materia medica, *i. e.*, the provings, and from the administration of the remedy, that we may observe what is true of a part and what is true of the whole. We find at times a patient wants to be in a hot room with the head out of the window for relief of the head. In that case the head is relieved from cold and the body is relieved from heat. This is a typical symptom of *Phosphorus*, which has relief from cold as to the head and stomach symptoms, but aggravation from cold as to its chest

and body symptoms. So if the Phosphorus patient has vomiting and head symptoms, he says: "I want to go out in the open air and I want to take cold things into my stomach;" but if he has chest symptoms and pain in the extremities he says: "I want to go into the house and keep warm." And just as we see this in patients it is so in the study of a remedy, we must discriminate between symptoms and symptoms and between different states.

As you may expect, all sorts of *eye troubles* are present in this debilitated constitution. The so-called scrofulous affections of the eyes, with ulceration of the cornea, catarrhal troubles, discharge from the eyes, enlargement of the little glands of the lids, come along with the emaciation and yellow countenance in the constitution described. Optical illusions in bright colors. An œdematous state is in keeping with Iodine. There is œdematous swelling of the lids and œdematous swelling of the face under the eyes. Iodine has also œdema of the hands and feet, and carries this tendency with it into the *Iodide of Potassium*, which has œdematous swellings like those we find in kidney affections. It is capable of putting a stop to cases of Bright's disease in the early stages.

Another grand feature that runs through the complaints of Iodine is its *hunger*. He is *always hungry*. The eating of the ordinary and regular meals is not sufficient. He eats between meals and yet is hungry. Moreover the complaints are better after eating. All the fears, the anxiety and distress of Iodine increase when he is hungry. There is pain in the stomach when the stomach is empty, and he is driven to eat. While eating he forgets his complaints, because it is like doing something, it is like moving, his mind is upon something else. He is relieved while eating and he is relieved while in motion. In spite of the hunger and much eating *he still emaciates*. "Living well yet growing thin," was one of Hering's old keynotes of Iodine. As in *Natr. mur.* and *Abrotanum*, he emaciates while he has at the same time an enormous appetite. The nutrition is so disturbed that there is no making of flesh, and hence the emaciation.

The *catarrhal condition* of the nose is worthy of notice. The Iodine patient has loss of the sense of smell. The mucous membrane is thickened; he takes cold upon the slightest provocation;

is always sneezing, and has from the nose a copious watery discharge. Ulceration in the nose with bloody crusts; he blows blood from the nose. The nose is stuffed up so that he cannot breathe through it. This increases every time he takes cold, and he is continually taking cold, hence he becomes a confirmed subject of catarrh. I have described the general state. Such a patient has catarrh of the nose in the manner described here in the books. The patient is first to be thought of. His constitution is the first thing to know, *i. e.*, what is true of the patient as a whole. After that we can find out what is true of each of his parts. The mucous membrane of the nose is constantly in a state of ulceration, or has a tendency to ulceration. Sometimes these little ulcers are deep.

Frequently there are aphthous patches along the tongue and throughout the mouth. The whole buccal cavity is likely to be studded with these little aphthous patches. I have mentioned already the tendency to exudation; white velvety, or white-greyish or pale ash colored exudations come upon the sore throat, all over the mucous membrane of the nose and all over the pharynx. The pharynx seems to be lined with the velvety, ash-colored appearances. With these throat symptoms and the tendency to ulceration it has a wide range of usefulness in throat affections. It is useful in enlargement of the tonsils when the tonsils are studded with exudations and in the constitution described. Enlarged tonsils in hungry, withered patients. The constitution precedes. We can often see one who is subject to quinsy progressing toward the Iodine state. He is always suffering from the heat like a *Pulsatilla* patient; at times in the earlier stages, before any organic changes have taken place, you may mistake Iodine for *Pulsatilla*. But if you watch the patient you will observe the tendency to emaciation and see that the two remedies soon part company. They are both hot. they are both irritable, they are both full of notions. The *Pulsatilla* patient is far more whimsical, more tearful, has greater sadness, and has constant loss of appetite, while the Iodine subject wants to eat much. The *Pulsatilla* patient often increases in flesh, although growing increasingly nervous. The Iodine patient becomes thin, has a ravenous hunger, cannot be satisfied, suffers from his hunger; he must eat every

few hours and feels better after eating; he has also great thirst. If he goes long without eating, no matter what the complaints are, the suffering will increase. Any of the complaints of Iodine will likely be increased by fasting.

Iodine has also an indigestion that comes from over-eating. The food sours, he is troubled with sour eructations, with much flatulence, with belching, with undigested stools, with diarrhœa, watery, cheesy stools, lienteric stools, and he digests less and less. The digestion becomes more and more feeble until he digests almost nothing of what he eats, and yet the craving increases. He vomits and diarrhœa comes on and so he increasingly emaciates; because it is like burning the candle at both ends. It is not surprising that he is extremely weak, because he is appropriating very little, he is assimilating very little of what he takes. The articles of food act as foreign substances to disorder his bowels and stomach. Now, with this trouble going on, the liver and spleen show forth symptoms. The liver becomes hard and enlarged, and the patient becomes jaundiced. The stool is hard, lumpy and white, or colorless, or clay colored, sometimes soft and pappy; there seems to be little or no bile in it. This state gradually increases until great hypertrophy of the liver comes on. Finally the abdomen sinks in and reveals this enlargement of the liver and the enlarged lymphatic glands. These are very knotty and hard as in *tabes mesenterica*. Iodine is indicated in the tubercular condition of the mesenteric glands with diarrhœa, emaciation, great hunger, great thirst, withering of the mammary glands, a dried beef-like or shrivelled appearance of the skin and sallow complexion. If the remedy is given early enough, before the structural changes have occurred, it will check the progress of the disease and cure.

This is a very useful remedy in the *chronic morning diarrhœa* of emaciated, scrofulous children.

Now, notice one thing: when the constitutional state is present it is primary to the varying kinds of stool that it is possible for the patient to have. So if you have a marked state of the constitution, a case in which there is a great number of general symptoms for you to associate the remedy with, the little symptoms of the diarrhœa cease to be important and you can omit them. The

constitutional state in that patient is that which is strange, rare and peculiar. Almost any kind of diarrhoeic stool will be cured if the constitutional state is covered by the remedy. When it is an acute diarrhoea that you are called to treat, and it occurs in a vigorous constitution, and there is nothing but the diarrhoea, then it is necessary to know all the finer details, and the characteristics of the diarrhoea become the rare, strange and of peculiar features.

Incontinence of urine in old people. In the male with all these constitutional symptoms Iodine is especially suited when the testes have dwindled, when there is impotency, when there is flowing of semen with dreams, when there is a loss of sexual instinct or power, or with an irritated state, an erethism of the sexual instinct; also when the testes are enlarged and hard, indurated and hypertrophied like the other glands, or when there is an orchitis, an inflammation and enlargement of the testicle.

Swelling and induration of the uterus and ovaries. Iodine has cured tumors of the ovaries in such a constitution as I have described. It has cured the dwindling of the mammary glands and caused them to grow plump with an increase of flesh upon dwindling patients.

Its nature to produce the catarrhal state is illustrated in the *leucorrhœa* that it produces. Uterine leucorrhœa with swelling and induration of the cervix. Uterus enlarged, tendency to menorrhagia. Leucorrhœa rendering the thighs sore. The discharges of Iodine are acrid. The discharges from the nose excoriate the lip, the discharges from the eyes excoriate the cheek, the discharges from the vagina excoriate the thighs. The leucorrhœa is thick and slimy and sometimes bloody; "chronic leucorrhœa, most abundant at the time of the menses, rendering the thighs sore and corroding the linen."

This remedy has a cough that is violent; it has grave and severe difficulties of respiration, dyspnoea, with chest symptoms. Croupy, suffocating cough in this delicate constitution. Again we say if you do not hold in mind the constitutional state while reading these very numerous respiratory symptoms, you will not be able to apply them, because they are extensive and include a great many so called complaints and would give you difficulty in individualizing them.

Now, there is one more complaint that I wish to call your attention to. In old gouty constitutions, with enlargement of the joints, the history is that the patients were once in a good state of flesh, but they have become lean, and although they are hungry, the food does not seem to do them good. The joints are enlarged and tender. Many gouty constitutions want a warm room, but the Iodine patient wants a cool room. His joints pain and are aggravated from the warmth of the bed. He cheers up in a cold place and likes to be in the open air. He is growing increasingly weak; he is generally ameliorated on moving about and eating, he has the anxiety of body and mind. Iodine will put a check on his gouty attacks and cause him to go on comfortably for a while.

TABACUM.*

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From clinical experience with this remedy we find that it works best in the high potencies. This is no exception to the general rule, that the drugs used extensively in their crude forms by the human family are the most useful for cure in the higher potencies, and applied homœopathically. *Natrum muriaticum*, *Lycopodium* and *Coffea* are more notable examples of this rule, but are so, perhaps, only on account of being better proven, more extensively known and oftener indicated than Tabacum.

Persons using tobacco or coffee are never entirely unaffected by such usage, and the results of such usage are seen even in the third and fourth generations, for the offspring of such individuals grow up with a marked degree of susceptibility to such influences, shown by the fact that they are easily poisoned by small doses of the drugs. The susceptibility is more marked in the non-user than in the offending sinner.

A general survey of the drug from its proving shows "marked action on the medulla and pneumogastric nerve, producing relaxation and paralysis of the muscular system. It is a strong 'heart

* Read at the monthly meeting of the Bœnninghausen Society.

depressant,' having the nausea marked, vertigo, deathly pallor, icy coldness and clammy sweat, with nervous tremors and debility."

In the *mind* we find forgetfulness, lack of concentration. He has difficulty in adding his columns of figures, he becomes irritable, confused and uncharitable, dissatisfied with himself and everyone else; he has dreadful impulses; dares not climb high places for, like *Argentum nitricum*, he fears he will throw himself down in one of these sudden impulses. He becomes discontented, remorseful, revengful. (*Nux vom.*) Prof. Kent has said that if a man breaks off chewing, and he is somewhat poisoned by the drug, these symptoms will come out as the reaction; they did not come on before, but have come on since he stopped the use of it, and are reliable symptoms upon which we may prescribe, so that in such cases we need not make any distinction between the primary and secondary action of the drug.

Under *sensorium* we find much vertigo with excessive heaviness of the head, like *Carbo veg.*, *China*, *Phos.*, and a number of other remedies; much qualmsiness of the stomach, deathly pale, depressed; he doesn't care whether he lives or dies, he is so weak and prostrated; "loppy," falls all in a heap; relieved by being in the open air, breathing the cool air, and by vomiting; vertigo on looking up; greatly depressed mentally, making it a typical remedy for *mal de mer*, of which we will speak later.

Under *head* we find dreadful headaches with overwhelming nausea and vomiting, associated with neuralgic pains, rending, tearing pains; boring pains, as if the brain was being bored out; vomiting, first of the contents of the stomach, then mucus and bile; face pinched and hippocratic, skin covered with a cold, clammy sweat; relieved by being wrapped up warmly and breathing the cold air, but he wants his abdomen uncovered. We also note there are sick headaches coming on early in the morning, getting gradually worse towards noon and then gradually better as the sun goes down; "sun headaches" with deathly nausea, violent vomiting, much prostration, worse from noise and light, reminding us of *Sanguinaria*. But the two remedies differ, in that with the Tabacum patient the skin is livid. he is deathly cold from the feet to knees, covered with a cold, clammy sweat, while in *San-*

guinaria the heat predominates. There is also another distinguishing feature with the Tabacum case, with the nausea, chilliness, cold and clammy sweat *he wants his abdomen uncovered*. How can our friends who look to pathology for the explanation of everything reconcile themselves to that; or would they consider it "bosh" and set it down to the imagination of the patient that he is better with his belly uncovered? Yet it is such little (?) things that count with and make a careful prescriber, and it is the paying of attention to such details that makes the difference in the results of the two methods. These periodic headaches are worse from light, she wants to lie in a dark, cool room, breathing the cold air, but at the same time wants warm applications to the head.

Under *sight* and *hearing* we find symptoms resulting from the action of the remedy on the nervous system. Strabismus resulting from brain troubles; dimsightedness; sight as though looking through a veil; *muscæ volitantes*; nervous deafness, tinnitus aurium; sensations as though the ears were closed; singing, ringing and hissing in the ears.

The *face* appears hippocratic, emaciated and drawn, the nose is pinched, eyes sunken, and the skin covered with a cold, clammy sweat, reminding us of *Arsenicum*, *Antimonium tart.*, *Ipecac* and *Veratrum*. In cholera, with such a face, body cold, abdomen hot, the child tears the clothing off from his abdomen and will be contented only with his abdomen exposed to the air, stool yellow, or, as sometimes happens, greenish slime, limbs icy cold, or the body hot while the hands and feet are like ice, skin livid and covered with a clammy sweat, vomiting on the slightest motion, worse at night, think of Tabacum, as no other remedy will cover the condition so well. We may find it coming in after *Camphor*, *Hydroc. acid*, *Secale* or *Veratrum* has checked the diarrhœa, but the little patient does not seem to get along any further, the nausea, cold sweat and the just mentioned modalities continuing; Tabacum will clear up the whole case and bring it to health speedily.

The *cough* is dry and teasing, so much so that he cannot eat on account of it, but must take a swallow of cold water before he can eat. (*Causticum*, *Phosphorus*, *Sepia*.) Typically the mucous membranes are all dry; the eyes are dry on awaking in the morn-

ing, the lids stick to the eyeballs, compelling him to rub them before he can get them open. In the mouth, however, we may find an increase of white, tenacious mucus, which he is trying all the time to spit out; the throat is so dry that he can hardly speak or swallow. There is also marked constriction of the throat with angina pectoris; he cannot speak; articulation difficult and unintelligible; laryngismus stridulus; the throat contains much viscid phlegm, which is extremely difficult to raise.

We may apply this clinically to *whooping cough* with excellent results, doing away with the popular notion of "six weeks coming, six weeks staying, six weeks going." In the Tabacum case the little patient on beginning to cough strains and strains, he complains of pains through the stomach, stitching in character, gags and vomits, breaks out into the cold sweat, legs become as cold as ice from his knees to his ankles, and also his hands, although the body may be warm. At the same time that he has this dreadful gagging cough hiccough comes on; it seems as though he would choke to death, he can hardly get his breath; worse at night, palpitation, springs up and throws off the covers and exposes his abdomen; a typical case. If you see such a case, the symptoms looking like Tabacum, give that remedy even though you are more accustomed to associate whooping cough with such remedies as *Arsenicum*, *Drosera*, *Carbo veg.*, *Ipecac*, the *Kalis*, *Mephites* and *Squilla*; it is the *patient* and his symptoms and not the *name of the disease* that is to be considered.

The *gastric symptoms* are very marked. We find them coming on in diseases that have originated with cerebral irritation. Vomiting; vomiting with everything (*Ipecac*); copious vomiting, first of the contents of the stomach, then bile, etc. It seems as if he would never get done retching and vomiting, he gags and retches until he lies back exhausted, covered with a cold, clammy sweat. The prostration is something terrible. The vomiting is made worse from light, from sitting up, or from any exertion, mental or physical, no matter how slight. With this vomiting there is a terrible, all-gone, dreadful sinking, fainting sensation at the pit of the stomach; he feels as though he were going to die, and feels so miserable that he wishes he would die so as to get rid of this terrible weakness and nausea. The nausea is relieved for a few minutes by empty-

ing the stomach of its contents, but it returns again in a few minutes and he must vomit again; much retching, dreadful coldness in the stomach, cannot keep anything down; worse from motion, better from lying quietly on the back with the abdomen uncovered, breathing cold air.

We can see that Tabacum is a typical remedy for *sea sickness*, and has proven useful where there is this don't-care-whether-I-live-or-die,-but-would-rather-die sensation; skin livid; can't keep anything down, worse from motion, better up on deck lying with the head low, flat on his back; cold, sweating, exhausted, with the all-gone, hungry feeling. In several cases of people going abroad a few powders of Tabacum have carried them pleasantly across "the pond," with little or no inconvenience, when without them they had previously been miserable. *Ipecac*, *Cocc.* and *Petroleum* also come in for differentiation and hold the honors with Tabacum in sea sickness.

Under this remedy the *heart*, *spine* and *brain* are involved and often show symptoms together. We think of Tabacum in heart dilatation with the lividity of the face, diarrhoea alternating with constipation, palpitation of the heart when lying on the left side (*Puls.* and *Phos.*), suffocative paroxysms with a tightness across the upper chest (a general, that I have neglected to mention), pains shoot down the arms, particularly the right, or up into the neck; the extremities are cold, icy, clammy; pulse full, yet compressible; sensation as though there was a hollow place where the heart should be; dull, aching, sticking, rheumatic pains, cutting pains in the region of the heart; violent beating of the heart and carotids; violent palpitation when lying on the left side (*Bry.* and *Puls.*), leaving when turning on the back or to the other side. She is conscious of a heart, her mind dwells on it; fears she is going to have heart failure; she feels the trembling of the heart, cannot lie on the left side, when lying on that side she becomes extremely nervous, must turn from it (*Phos.*). Dyspnoea with tingling down the left arm when lying on the left side. The spine becomes sore and tender to touch; the back of the neck feels weak, and she seems unable to hold her head up it is so heavy, so the head is drawn backwards; bending the head forwards relieves this aching pain in the back of the neck. The spine aches; tingling

and crawling up and down the spine; formication of the spine without eruptions; he sweats easily and copiously; cannot make any prolonged effort of body or mind on account of the sweat; he wants to breathe the cold air, wants the skin covered, except the abdomen, which he wants uncovered.

We may think of Tabacum with profit in the *paralysis following apoplexy*, here it rivals *Plumbum*. We find a weakness of the left side and extremities, skin livid, face pale and hippocratic, nose pinched, speech difficult; irritable, surly, revengeful; bladder and rectum paralyzed, retention of urine, which, when it passes, is voided very slowly, he has to press and wait a long time before it comes; bowels constipated, goes for many days without a stool, the rectum becomes impacted and when at last the stool is voided it looked like sheep dung, little, round, hard balls. Tabacum high will wipe out the whole trouble.

In *renal colic or strangulated hernia*, where we have this deathly nausea, slimy stool, burning of the abdomen, which he must have uncovered, the rest of the body icy cold and covered with a clammy sweat, Tabacum will give early relief, and is deep enough to turn the case into permanent order.

We see how deep Tabacum can go into the life force by its bringing out such serious and marked symptoms. A person may use tobacco for many years before the symptoms are produced, some, in fact, go all through life and apparently thrive on it. But in the majority of cases, if its use is persisted in and followed up by whisky drinking, as is usually the case, it will not be long before the user is a wreck morally as well as physically, so that it behooves us as homœopathic physicans to do all we can by example as well as precept to prevent its use, which, unfortunately for the coming generation, is becoming so universal. Tea and coffee are bad enough, but certainly the use of tobacco is worse and further reaching in its effects.

Sepia may often be thought of for the dyspepsia caused by chewing tobacco; *Nux vomica* for the headaches in the morning from smoking too much the night before. *Caladium* and *Plantago* are reputed to produce a distaste for its use.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.

LECTURE V.

We wish to revert for a short time to the fourth paragraph in which Hahnemann says: "The physician is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health."

The homœopathic physician is a failure if he does not discriminate. It seems that among the earliest things he must learn is to "Render unto Cæsar the things that are Cæsar's," to keep everything in its place, to keep everything in order. This little paragraph might seem to relate to nothing but hygiene. One of the most superficial things in it is to say that persons about to be made sick from bad habits should break off their bad habits, they should move from damp houses, they should plug their sewers or have traps put in if they are being poisoned with sewer gas. It is everybody's duty to do these things, but especially the physician's, and we might almost let it go with the saying. To prevent coffee drinking, vinegar drinking, etc., is a superficial thing, but in this way he may preserve health. To discriminate, then, is an important thing. To illustrate it in a general way we might say that one who is suffering from conscience does not need a surgeon. You might say he needs a priest. One who is sick in his vital force needs a physician. He who has a lacerated wound, or a broken bone, or deformities, has need of a surgeon. If his tooth must come out he must have a surgeon dentist. What would be thought of a man who on being sent for a surgeon to set an injured man's bones should go for a carpenter to mend the roof of the man's house? If the man's house alone needs mending then he needs a carpenter and not a surgeon. The physician must dis-

criminate between the man and his house, and between the repair of man and the repair of his house. It is folly to give medicine for a lacerated wound, to attempt to close up a deep wound with a dose of a remedy. Injuries from knives, hooks, etc., affect the house the man lives in and must be attended to by the surgeon. When the gross exterior conditions which are brought on from exterior causes are complicated with the interior man then medicine is required. If the physician acts also as a surgeon he must know when he is to perform his functions as a surgeon, and when he must keep back as a surgeon. He should sew up a wound, but should not burn out an ulcer with Nitrate of Silver. If he is not able to discriminate, and on every ulcer he plasters his external applications, he is not a preserver of health. When signs and symptoms are present the physician is needed, because these come from the interior to the exterior. But if his condition is brought on only from external causes, the physician must delay action and let the surgeon do his work. Yet we see around us that physicians bombard the house the man lives in and have no idea of treating the man. They are no more than carpenters, they attempt to repair the roof, put on boards and bandages, and yet by their bandaging the man from head to foot they often do an improper thing.

The physician must know the things that derange health and remove them. If a fang of an old tooth causes headache day and night that cause must be removed. To prescribe when a splinter is pressing on a nerve and leave the splinter in would be foolishness and criminal negligence. The aim should be to discriminate and remove external causes and turn into order internal causes. A man comes for treatment, and he is living on deviled crabs and lobster salad and other trash too rich for the stomach of a dog. If we keep on giving *Nux vomica* to that man we are foolish. If a man who has been living viciously stops it he can be helped, but so long as that external cause is not removed the physician is not using discrimination. Vicious habits, bad living, living in damp houses are externals and must be removed. When a man avoids these externals, is cleanly, carefully chooses his food, has a comfortable home, and is still miserable, he must be treated from within.

You know how we are maligned and lied about. You have heard it said about some strict homœopath, "He tried to set a broken leg with the cm. potency of Mercury. What a poor fool?" But still outside of such an instance this discrimination is an important matter. You must remember it especially when busy, as at times it will be hard to decide. This kind of diagnosis is important, because it settles between things external and internal. It is far superior to diagnosing the names of diseases. Every physician does not discriminate thus, for if he did there would not be so many poultices and murderous external applications used. Among those who do not discriminate are those who apply medicines externally and give them internally.

Now we return to the fifth paragraph, which reads:

Useful to the physician in assisting him to cure are the particulars of the most probable *exciting cause* of the acute disease, as also the most significant points in the whole history of the chronic disease to enable him to discover its *fundamental cause*, which is generally due to a chronic miasm. In these investigations the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual functions, etc., are to be taken into consideration.

Little is known of the real exciting causes. Acute affections are divided into two classes (1) those that are miasmatic, which are true diseases, and (2) those that may be called mimicking cases. The latter have no definite cause, are produced by external causes such as living in damp houses, grief, bad clothing, etc., and these causes being removed the patient recovers. But the first, the acute miasms, have a distinct course to run. They have a *prodromal* period, a period of *progress* and a period of *decline*, if not so severe as to cause the patient's death. Measles, scarlet fever, whooping cough, smallpox, etc., are examples of acute miasms. The physician must also be acquainted with the chronic miasms, psora, syphilis and sycosis, which we will study later. These have like the acute a prodromal period and a period of progress, but unlike the acute they have no period of decline. When the times and circumstances are favorable the chronic miasm becomes quiescent, but adverse times rouse it into activity, and every time it is aroused the condition is worse than it was at the previous exacerbation. In this paragraph Hahnemann teaches that the

chronic miasms are the fundamental cause of the acute, which is to say, if there were no chronic miasms there would be no acute. It is in the very nature of a chronic miasm to predispose man to acute diseases, and the acute diseases are as fuel added to an unquenchable fire. Acute diseases then exist from specific causes co-operating with susceptibility. We do not recognize measles or scarlet fever except in sick people. Their influence might exist in the atmosphere, but we cannot see it. So apart from the subjects that take and develop them we could not know that there were such diseases. If there were no children on the earth susceptible to measles we would have no measles, and if there were no chronic miasms there would be no susceptibility. We will take up the subject of susceptibility later.

Psora is the cause of all contagion. If man had not had psora he would not have had the other two chronic miasms, but psora, the oldest, became the basis of the others. The physicians of the present day do not comprehend Hahnemann's definition of psora, they think it meant an itch vesicle or some sort of tetter. They regard itch as only the result of the action of a bug that crawls in the skin making vesicles, all of which is external. This is quite in keeping with man's present form of investigation, because he can comprehend only that which he discovers by his senses. Hahnemann's idea of psora, as we shall see when we come to study it, is wholly different from these perverted views. Psora corresponds to that state of man in which he has so disordered his economy to the very uttermost that he has become susceptible to every surrounding influence. The other day I used the illustration of civil government, and said if our civil government is evil in its centre it will be in disorder in its outermost. So if man is evil in his very interiors, *i. e.*, in his will and understanding, and the result of this evil flows into his life, he is in a state of disorder. Let man exist for thousands of years thinking false theories and bringing them into his life, and his life will become one of disorder. Hereafter we will be able to show that this disordered condition of the economy is the underlying and fundamental state of the nature of psora which ultimates upon the body in tissue changes. Suppose a man starts out and believes that it is right for him to live upon a certain kind of food that is very dis-

tasteful to him; he lives upon that diet until he thinks (from his belief) that he really loves it, and in time his very outermost becomes as morbid as he is himself. When man is insane in his interior, it is only a question of time and his body will take on the results of insanity because the interior of man forms the exterior. If the interior is insane the exterior is not well formed, and is only suitable to the kind of insane or disordered life that dwells in it, False in the interior, false in the exterior, so that the body becomes, as it were, false. This is speaking from analogy, but you will come to see that it is actually so, that it is undoubtedly true. Everything that appears before the eyes is but the representative of its cause, and there is no cause except in the interior. Cause does not flow from the outermost of man to the interior because man is protected against such a state of affairs. Causes exist in such subtle form that they cannot be seen by the eye. There is no disease that exists of which the cause is known to man by the eye or by the microscope. Causes are infinitely too fine to be observed by any instrument of precision. They are so immaterial that they correspond to and operate upon the interior nature of man, and they are ultimated in the body in the form of tissue changes that are recognized by the eye. Such tissue changes must be understood as the results of disease only or the physician will never recognize what disease cause is, what disease is, what potentization is, or what the nature of life is. This is what Hahnemann means when he speaks of the fundamental causes as existing in chronic miasms.

Just as soon as man lives a disorderly life he is susceptible to outside influences and the more disorderly he lives the more susceptible he becomes to the atmosphere he lives in. When man thinks in a disorderly way he carries out his life in a disorderly way, and makes himself sick by disorderly habits of thinking and living. This deranged mental state Hahnemann most certainly recognizes, for he tells us everywhere in his teaching to pay most attention to the mental state. We must begin with such signs as represent to the mind the beginning of sickness, and this beginning will be found in the mental disorder as represented by signs and symptoms, and as it flows on we have the coarser manifestations of disease. The more that disease ultimates itself in the out-

ward form the coarser it is and the less it points the physician to the remedy. The more mental it is the more signs there are to direct the physician to the remedy.

“In these investigations the ascertainable physical constitution of the patient, etc., are to be taken into consideration.” This is the second state following the first one disordered. This deals with the outermost, it relates to externals. You have to consider both the internal and external man; that is, you have to consider causes that operate in this disordered innermost, and then the ultimates which constitute the outward appearance, particularly when the affection is chronic. These two things must be considered, the nature or esse of the disease and its appearance. At the present day diseases are named in the books from their appearance and not from any idea as to what the nature or esse of man's sickness is, hence the disease names in our books are misleading, as they do not have reference to the sick man but to ultimates. If the disease has terminated in the liver, numerous names are applied to the liver; if in the kidney or heart, these organs have names applied to them, and such terminations are called diseases. Consumption is a tubercular state of the lungs, which is but the result of an internal disorder which was operating in the interior long before the break down of tissue. The physicians will tell you that they go back to cause, but they present no cause; they only bring up the superficial conditions that make the consumptive man worse. They will also tell you that a bacillus is the cause of tuberculosis. But if the man had not been susceptible to the bacillus he could not have been affected by it. As a matter of fact, the tubercle come first and the bacillus is secondary. It has never been found prior to the tubercle, but it follows that, and comes then as a scavenger. The cause of the tubercular deposit rests with psora, the chronic miasm. Bacilli are not the cause of disease, they never come until after the disease. The Allopaths are really taking the sequence for the consequence, thus leading to a false theory, the bacteria theory. You may destroy the bacteria and yet not destroy the disease. The susceptibility remains the same, and only those that are susceptible will take the disease. Bacteria have a use, for there is nothing in the whole world that does not have a use, and there is nothing sent on the

earth to destroy man. The bacteria theory would make it appear that the all-wise Creator has sent these micro-organisms here to make man sick. We see from this paragraph that Hahnemann did not adopt any such theory as bacteriology. This subject will be taken up later and fully illustrated, but I might throw out a few hints to set you thinking until we come to it again. We know that a dissecting wound is very serious if the body dissected is recently dead, and this we would suppose to be due to some bacteria of wonderful power capable of establishing such a dreadful erysipelatos poisoning that would go into man's blood and strike him down with a sort of septicæmia. In truth, soon after death we have a ptomaine poison, the dead body poison, which is alkaloidal in character, but we do not yet discover the presence of bacteria. The poison is there, and if a man pricks himself while dissecting that body and does not take care of the wound he may have a serious illness and die. But if, after the cadaver has remained some time and become infected with bacteria, the dissector pricks himself the wound is not dangerous. The more bacteria the less poison there is. A typhoid stool when it first passes from the bowel has a very scanty allowance of bacteria, and yet it is very poisonous. But let it remain until it becomes black with bacteria and it is comparatively benign. Why does the poison not increase with the bacteria? You can potentize, as I have done, a portion of a tuberculous mass alive with tubercular bacilli, and after potentizing it, after being triturated with sugar of milk and mashed to a pulp, it will continue to manifest its symptoms in the most potent form. You can precipitate the purulent tubercular fluid in alcohol, precipitate the entire animal life and potentize the supernatant fluid until you have reached the thirtieth potency, and having potentized or attenuated it until no microbe can be found yet, if administered to healthy man, it will establish the nature of the disease in the economy, which is prior to phthisis. Thus we have the cause of phthisis, not in the bacteria, but in the virus, which the bacteria are sent to destroy. Man lives longer with the bacteria than he would without them. If we could succeed to-day in putting a fluid into the economy that would destroy the bacteria that consumptive would soon die.

The study of disease as to fundamental cause and apparent

cause is an important subject. We cannot study cause unless we have first understood government associated with law. Hence recall to your mind that the law directs and experience confirms. Law is nothing but an orderly state of government from centre to circumference, a government in which there is a head. You show me a company that has no captain and you show me a disorderly company. Order exists from the highest to the lowest, from centre to circumference. And now I have led up to the point where you may ask yourselves, is it not disorder for man to settle what is true by the senses? Let us as homœopaths turn our lives, our thinking abilities and our scientific life into order that we may begin to turn the human race into order. Let us adopt the plan of thinking of things from their beginning and following them in a series to their conclusions. No man is authority, but principle and law are authority. If this cannot be seen there is no use of proceeding any further with the study of homœopathy. If man cannot see this he cannot see the necessity of harmony from centre to circumference, of government which has one head, and hence it would be useless for him to study the human body for the purpose of applying medicine to it. It must be accepted in this form or it will not satisfy man, it will not sustain his expectation, it will not do what he expects it to do; it will only accomplish what Allopathy has accomplished, viz., the establishment of confusion upon the economy.

LECTURES ON MATERIA MEDICA began in No. 1, and lectures on Homœopathic Philosophy began with No. 5. Back numbers of the JOURNAL are kept and can be supplied to students and physicians. *The Lectures are not supplied for publication to any other journal than the JOURNAL OF HOMŒOPATHICS.*

IN diphtheria, under good prescribing, you see membrane gradually disintegrate, as if eaten; it seems to have elements of disintegration in itself, it ceases to form.

THE transactions of the I. H. A. are in the hands of the binder, and completed volumes will soon be sent to all members who have paid their dues for the current year.

ERASTAS E. CASE, M. D., Sec'y.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

CLINICAL CASES.

C. S. DURAND, M. D., Colorado Springs, Colo.

CASE I. Mrs. M——, age 45, a case of chronic indigestion with probably *tabes mesenterica*.

Symptoms.—Greatly emaciated. Diarrhœa for two weeks; stool every three to six hours, brown, watery, offensive, painless. Weak, unable to walk or even sit up; scarcely strength enough to talk. Digestion almost suspended; stomach tolerates only a spoonful of broth at a time. Despairs of recovery. R. *Psorinum* 50 m.

Began to improve in twelve hours, and continued to do so for ten days, when improvement ceased. At this time a new symptom developed. *Could not bear the smell of flowers. A single sweet pea or other fragrant flower in even an adjoining room* was very annoying to her. She could not bear to have the window of the adjoining room raised because there were flowers near it on the porch. R. *Graph.* 35 m.

Immediate and constant improvement till she was able to go to her home in Kansas. Appetite and digestion better than for years.

CASE II. Mr. B——, age 40, a case of nervous exhaustion. A heavy, strong looking man; habits regular and correct; florid, healthy in appearance.

Symptoms.—Very weak. A walk of two blocks exhausts him and brings on a pain extending from the neck to the top of the head. Occasional palpitation with fulness and pain in head.

Sleeps very little, an hour or two on first going to bed, then lies awake most of the night. Cold sweat on legs and thighs at night. Flushes of heat with redness of face from slight exercise. Pulsation felt in region of stomach. Very apprehensive, fears apoplexy and heart disease.

Gave *Aconite*, *Nux vom.* and *Sil.* at different times with slight benefit. At this time he noticed the symptom, "sweats on the side not lain on." If he lay down in the daytime the upper side broke out in a profuse perspiration. On turning to that side the sweat disappeared from it and appeared on the other side. I made the 6x potency of *Benzine* and administered it with immediate improvement. *Benzinum* has all the above symptoms—it was the simillimum.

CLINICAL CASES.

By E. W. BERRIDGE, M. D., London, England.

I. *Kali nitricum* in endocarditis.

1897, July 5th. Mrs. R., aged twenty-four, caught cold three days ago, followed by severe cardiac pain. Took *Acon.*, *Bry.*, *Kali carb.* and *Spig.* without the least benefit. Present symptoms: First cardiac sound nearly absent. Stabbing pain at heart. Tenderness to the slightest touch all over cardiac region, as if bruised; nevertheless must have that part pressed with the hand, as it to keep it from bursting. Bursting feeling at heart, much aggravated on coughing. Obligated to sit straight upright; directly she tries to lie down has cramp all round heart, as if everything there were caught. Cannot breathe properly; breath very short and quick. Constant crying from pain, accompanied with fear, thinks she will die. Face pinched. Tip of nose very red. Feels heart to be beating heavily. Left arm feels paralyzed.

Kali nitricum 200 in water, a spoonful every two hours for three doses.

Improved after first dose, and the symptoms vanished "like magic." After the medicine, had a feeling of falling backwards through space.

II. *Veratrum album* in cholera.

1895, July 6. Saw Miss A. at 6:45 P. M. She dined at 2 P. M.; almost immediately afterwards was seized with yellow vomiting and purging at the same time, accompanied with cramps in thighs. These symptoms have occurred at frequent intervals till now. Features pinched; nose blue; voice weak; pulse feeble. Skin and breath cold. Thirsty for cold water, much and often. Craves lemon juice. Tongue dry. Ordered barley water for food; hot flannels to abdomen, and hot bottles to feet.

Veratrum album c. m. (Fincke) in water; a spoonful every hour.

Saw her again at 9:40 P. M. Has had three doses. Vomited just after first dose, but not since. Has only been purged once, a few minutes ago; got out of bed and felt giddy. Voice and features more natural. Nose not blue. Tongue more moist. Pulse stronger. Warmer. Cramps much better, and have gone down to feet. Feels much better.

Repeated medicine at 9:45 P. M.; but no more to be taken during the night unless symptoms return.

July 7th. Saw her at 10 A. M. About 1 A. M. and 4 A. M. had some diarrhœa with cramps in thighs, worse on the outer side, and going down to feet. Each time took a dose, which removed the pain in five minutes. No more vomiting. Generally much better, and says she feels the curative action of each dose.

July 8th. Slept well. Feels much better. No more cramps, vomiting or diarrhœa. Took a dose this morning, as she felt giddy on rising from bed. Recovered quickly without further treatment.

Her friends had frequently seen cholera in India, and recognized it at once.

III. *Tarantula* in cramps.

1892, March 12th. Mr. S. B. had suffered from cramps for last three months, once or twice weekly. The cramps occur at night in bed; in the right calf or in right sole; more often in calf; never in both places at once.

Tarantula Hispanica femina c. m. (Fincke) one dose, improved at once, and soon cured permanently.

IV. *Medorrhinum* in cough.

1891, October 5. Mr. S. B. had cough worse when lying on left side, better when lying on right side or on back, and espe-

cially better when lying on chest. The cough wakes him, and causes soreness of chest. It was caused by sitting in the garden yesterday with his head uncovered, though the air was warm.

Medorrhinum c. m. (Fincke), one dose at 8 A. M.

October 6th. Improved at once. Nasal catarrh appeared to-day (a curative symptom), and soon disappeared of itself.

DIPHTHERIA—LYCOPODIUM.

HENRY L. HOUGHTON, M. D., H. M., Winchester, Mass.

1896.

A. H., BOY, AET. 12 YEARS.

November 11th. Throat, right side feels sore; began yesterday forenoon. Examination shows right tonsil enlarged with white patches on it; congested and greyish appearance of throat. Cultures taken.

Swallowing painful on right side; pain stays in one spot.

Thirst, not marked.

Temperature, 102.6°; pulse, 120.

Previous history, has been having malaria off and on for several months; suppressed with quinine. Subject

Lyc. 1 m. to tonsillitis, usually on both sides.

November 12th, 3 P. M. Throat, clear (posteriorly); distinct white membrane on right tonsil.

Temperature, 100.2°; pulse, 96.

General, > in every way.

Swallowing, less painful.

Epistaxis, quite profuse last evening.

S. L. Report from cultures; Klebs-Löffler bacilli present.

November 13th. Temperature, 98.6°; pulse, 96.

Throat, right tonsil about the same; some patches on left.

Sleep, good.

Swallowing, painless.

Appetite, good.

S. L. General >; no complaints.

November 14th. Temperature, 99°; pulse, 88.

Gaining in every way.

Expectoration, has been expelling large particles of white exudation.

Examination, membrane disappearing.

S. L. Appetite increasing.

November 16th. Examination, one patch left on right tonsil; left tonsil and throat clean.

Tongue, nearly clean.

Sleep, good.

Temperature, 99°.

S. L. Heart sounds nearly normal.

November 19th. Color, has nearly lost yellow color of skin.

Temperature, 99.2°; pulse, 68.

Cultures taken and no Klebs-Lœffler bacilli found.

Directions given for care during convalescence; discharged

This case was especially interesting to me, not alone from the way in which the *Lycopodium* acted as an acute remedy, but the way in which one dose of the thousandth potency cured the diphtheria, antidoted the quinine and removed the malaria from the boy's system.

When first called to the patient he was almost as yellow as a Chinaman and had been running down for several months from the combination of malaria and quinine.

After the first visit, on November 19th, the boy was not seen again professionally until March 21st, 1897, when a dose of *Nux vom.* 40 m. was given for an acute coryza. At that time the mother expressed her surprise and gratification that so little medicine could accomplish so much; for the boy's complexion was clear and of a good color, and all his chronic symptoms had disappeared, so that he was in better health than ever before. It is also interesting to note that the boy has gone through this summer and fall without any malaria or throat trouble and has had no medicine since the *Nux vom.* last March.

TREATMENT OF DOMESTIC ANIMALS.

F. E. GLADWIN, M. D., H. M., Philadelphia, Pa.

The following cases came to me incidentally. I call them my faith cures, because they increased the faith of my people and showed the faithfulness of Homœopathy even unto the least. I give them as another illustration that it is something more than faith that cures when the single minimum dose of the single remedy is prescribed.

I. JIM. One morning I visited little Ralph, who had the chicken-pox, and found him much distressed because Jim, his great yellow and white cat, was sick. In spite of his mother's reproof Ralph seized the first opportunity to ask the doctor to give Jim some medicine. The cat had been ill for several days. It was just after Christmas and he had been eating too much. He would growl if Ralph came near him, though usually good natured and fond of being petted. He would roll himself up on the window-sill in the sunlight or by the stove, and insist upon staying where it was warm and was good if left alone. There was little to prescribe upon, but the three generals, irritability, > heat, and a desire to be left undisturbed, together with Christmas over-feeding, all belong to *Nux v.*, so *Nux c. m.* was given, and to the surprise of all the family, excepting Ralph, Jim was all right the next day. Several months afterward Ralph and his mother came to the dispensary for another powder, as Jim was sick again. The mother expressed her surprise that sugar medicine and so little of it could cure animals. This time Jim had the toothache. His face was swollen, was cross, would let no one come near him, was restless, the breath was offensive and saliva dripped from his mouth. A powder of *Merc.* 6 m. was sent to him and it promptly relieved.

II. DONOVAN. When waiting for medicine one day Mrs. Y. asked if castrating a cat would spoil its disposition. When questioned she said her full-blooded Maltese, Donovan, had been castrated about a week and a half before, the wound seemed to have healed all right, but since the operation Don. would scratch and bite whenever touched, and would growl if anyone walked

near him, although he had been previously a fine house cat and fond of being petted. Don. received a powder of *Arn.* c. m. that night. When next I saw Mrs. Y. she reported that Don. was all right the next day and was as ready as ever to be petted; then she added, "I knew Homœopathy could do wonders, but I didn't know it could perform miracles."

III. TROT, a black, long-haired dog, had the mange. The hair was gone in patches from his back; he would roll and scratch his back until it was distressing to see him; appetite ravenous; despised his bath and was happy only when rolling in filth. It was coming to the point when Trot would have to be killed or cured, so his mistress, Mrs. Y., remembering Don's experience, came for a powder for Trot. Not knowing enough about dogs to know whether what she told me was their natural habit or symptoms I gave *Sulph.* 55 m., telling her not to expect too much. The symptoms disappeared and the patches were again covered with hair. In about six months the symptoms began to return, when the dose was repeated. Since that time, now over a year ago, there has been no return.

IV. FRANK. When calling upon a patient I once found the husband and wife deep in an argument. The husband, whom I had cured of chronic diarrhoea, contracted thirty years before, was sure I could do something for Frank, the big black cat; the wife was equally sure that it was the most foolish nonsense to expect sugar powders to have any effect upon a cat's sore ear. Without stopping to argue the question I asked them to tell me about it and learned that Frank had "spells of acting crazy with his ear." He would shake his head violently and claw at it until he pulled out pieces of skin, leaving raw places. There were two raw spots on the head and neck, each as large as a dime. The spells were < night and morning, though had them occasionally during the day. He was playful, would tumble the dog about, but never scratch and bite; was hungry for everything, from ice-cream and candy down to raw potatoes, would sit in front of a stream of water from the faucet and strike it right and left until his fur was thoroughly wet through or the water was turned off. If a bucket of water was left standing he would tip it over or get into it. When anyone was preparing a

bath he would watch his chance, and when the tub was half full would jump in before any one could stop him. He received *Puls.* 2 c. The ear improved for a time, but six weeks afterward, as the symptoms were returning, I gave *Puls.* 5 c m., which cleared up the case and there was no more controversy in that family as to what Homœopathy could do.

MORE COMMENTS.

From the JOURNAL BELGE D'HOMŒOPATHIE, Brussels, Belgium.

A new journal, the JOURNAL OF HOMŒOPATHICS, has just been born in the month of April in the city of Philadelphia, pre-eminently the old homœopathic centre. It is very promising in its simplicity of form and the modesty of the size. The value of the new periodical rests in the series of articles which Dr. Kent publishes in it upon subjects of the *Materia Medica*. It is a pleasure and at the same time it is very instructive to run over these studies which constitute an indispensable instruction to beginners and a useful repetition for those who have already acquired a certain knowledge of *Materia Medica*, which is learned so slowly and which is forgotten so quickly. Being what it is the new monthly must succeed, for few journals can boast of being so instructive.

DR. G. L. BARBER, CHICAGO, ILL.:

I am pleased with the JOURNAL OF HOMŒOPATHICS and will do my best to preach and practice according to its teaching.

DR. H. C. GALSTER, ERIE, PA :

I am very much pleased with the JOURNAL. I think it will do our school very much good.

DR. O. T. HUEBENER, LANCASTER, PA.:

I am more than pleased with the JOURNAL. I have read homœopathic literature for upwards of thirty years, and of all the great and good men who have written none have had the gift of expounding the philosophy of our school as you have. Long may you live to continue the grand work for which you are so eminently qualified and which I believe will elevate the rank and file of our profession.

DR. E. L. HUSSEY, BUFFALO, N. Y.:

The JOURNAL OF HOMŒOPATHICS seems to me all right. Nat-

urally my idea is that all of the good homœopathic writing should be published in one good representative journal, but as the ideal is seldom attainable, we welcome the practical way of giving us what we so much need. We need the *JOURNAL OF HOMŒOPATHICS* and I cannot see how it can fail to prosper.

DR. D. C. MCLAREN, OTTAWA, ONTARIO:

I can say truthfully that I like the *J. OF H.* very much, and find it really helpful. In many respects it is the best journal we have.

DR. R. I. TRUE, MARBLEHEAD, MASS.:

You have hit the nail on the head at last. Kindly send the *JOURNAL* to my address.

DR. MARO F. UNDERWOOD, OAKLAND, CAL.:

The back numbers of the *J. OF H.* received some days ago and the reading of them has been a great feast. Glad you are giving us a clean journal for it is certainly needed. The busy practitioner has not time to wade through a mile of mud to get a drink.

DR. WM. E. WADDELL, ONTARIO, CAL.:

I am much pleased with the number at hand.

BOOK FOR REVIEW.

ELEMENTS OF LATIN for Students of Medicine and Pharmacy, by Geo. D. Crothers, A. M., M. D., and Hiram B. Rice, A. M., Philadelphia: The F. A. Davis Company. 250 pp. Cloth, price, \$1.25, net.

This book supplies a pressing need in the present period of transition from the old régime, under which lax methods in regard to preliminary requirements prevailed, to the new order, which demands that a high and uniform grade of qualifications shall be required before entering on a medical curriculum. Not only does it give the elements of Latin as a language, but every exercise has the additional aim of familiarizing the student with words of everyday use in medical nomenclature. We recommend this little book to those who wish to acquire a working knowledge of the language including the essentially medical "dog-Latin" coined in the literature of the profession.

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DEPARTMENT OF MATERIA MEDICA.

ALUMEN.*

A Lecture Delivered by PROF. J. T. KENT, at the Post-Graduate School.

This medicine, like *Alumina*, seems to produce a peculiar kind of *paralytic weakness* of the muscles in all parts of the body, a sort of lack of tone. The extremities are weak. This weakness is felt especially in the rectum and bladder. The stool becomes impacted from want of ability of the rectum and colon to expel their contents. The bladder is also slowed down in its action, and it is with great difficulty that the urine is voided. After urinating, the bladder often remains half full. The urine is very slow to start, and when the patient stands to urinate the urine falls down perpendicularly, as in *Hepar*. From this we see the sluggish action. The paralytic condition extends also to the veins producing a vaso-motor paralysis.

Another peculiar condition running through the remedy is the *tendency to induration* wherever there is an inflamed surface. All remedies that have this in their nature relate more or less to cancerous affections, because in cancer we have as the most natural feature a tendency to induration. Ulcers are common in *Alumen*, and this induration underlies the ulcer; ulcers with indurated base. Or a little scale may appear upon the skin where the circulation

* Stenographically reported by Dr. S. Mary Ives.

is feeble, over cartilaginous portions for instance, and a great thick indurated mass forms. Infiltration takes place under this crust, the crust keeps coming off, and a lack of healing follows because of the weakness of the tissues from a vaso-motor paralysis. Epithelioma is scarcely more than that, and so we have in this remedy features like epithelioma and other cancerous affections. What is the scirrhus but a peculiar form of induration? When the economy takes on a low type of life, a low form of tissue making, and the tissues inflame and upon the slightest provocation indurate we cannot but see that this is a kind of constitution that is predisposed to almost anything, to phthisis, Bright's disease, diabetes, cancer, etc. We are on the border line of ultimates and something is going to happen. This remedy leads the economy into such a state of disorder, a low type of tissue making is found, and many of these indurations will have cancer as an ultimate.

There is also in this medicine a tendency to induration of the neck of the uterus and the mammary glands. Glands become slowly inflamed, and do not stop with ordinary congestion and hardness, but become as hard as bullets. This induration extends to the various glands of the body, but is especially noticeable in the tonsils. For those who have a tendency to colds which settle in the throat, especially singling out the tonsils and indurating these, those who keep on taking cold and the tonsils keep on growing and indurating, we have in Alumen a medicine that fits the whole process, the hardening and infiltration, and sure enough it cures these cases of enlarged tonsils, according to the law of similars. It cures a great many young children growing up with enormously enlarged and very hard tonsils, in whom every cold settles in the throat. Alumen is one of the cognates of *Baryta carb.*, which has the same tendency. In one patient you may have one kind of constitution, and, after thoroughly examining it, find that it looks like *Baryta carb.* You may have a different constitution in another patient, and, after carefully examining it, see that it looks like Alumen; another you will see is *Sulphur*; another if you look into it carefully you find is *Calcarea carb.*, and another *Calcarea iod.*, and so on among those remedies capable of bringing about the things

I have described. If we can get symptoms which picture the constitutional state we have no trouble. When the symptoms have been well gathered the case is as good as cured; it is easy then to find a remedy.

This remedy is imperfect from the fact that it is only partially proved. I do not care to dwell upon partially proved remedies, but when they have a number of striking features that fit into everyday life it is important to know them. The mental symptoms of this remedy are very few. What is known of the mental features has come from its accidental and clinical use. The remedy should be proved in the higher potencies upon sensitive persons in order that the mental state may be brought out.

Some of the symptoms of the head are very striking and valuable. Pain on the top of the head with burning. This pain is a sensation as if a weight were pressing down into the skull. You will see a woman in bed with her hand on top of the head, and she will say: "Doctor, it burns right there like fire, and it presses as if my skull would be crushed right in, and the only relief I get is from pressing hard upon it and from an ice cold cloth pressed upon it." She wants the cloth changed and made cold every few minutes. It is a queer thing, is it not, that a pressing pain is made better from pressing upon the part? This is like *Cactus*, pressing pain on vertex relieved from pressure. The rubric of remedies with that symptom is very small and hence this remedy fills a place, supplies a long-felt want. Every busy practitioner has symptoms on hand among his patients that up to this he has not quite figured out a remedy for. There are some strange, rare and peculiar symptoms for which we have a paucity of remedies, and we have to work in other channels and along side-tracks in getting the constitutional state of the patient. Alumen cured the pressing pain on the vertex in one patient in whom it alternated with a most troublesome chronic, irritable bladder.

"Vertigo: lying on his back, with weakness in pit of stomach; > opening eyes; > turning on r. side." There is another feature however in this remedy, the *palpitation* is brought on from *lying on the right side*. Is not that peculiar? It would strike anyone as something very singular because palpitation is generally worse lying on the left side. A heart that is fluttering, enlarged or dis-

ordered is generally worse while the patient is lying on the left, as the heart has less room then, but it is strange, rare and unique when these symptoms are worse lying on the right side. When this condition is present in a patient it is necessary to find a remedy having just exactly that symptom, and very often it will be seen that the rest of the symptoms of the case fit into the remedy that has produced this peculiar state.

There is one more feature that you must add to these things, viz.: *slowness and sluggishness of the muscles* throughout the body, a slowing down of all the muscles, a sense of weakness in the arms and legs.

In the *constipation* there may be some urging to stool without any result, ineffectual urging, or he may go several days without any urging or desire whatever. There is no ability to expel the stool. He will strain a long time with no success, and finally after many days the stool is passed and is an agglomeration of hard balls, large masses of little hard balls like marbles all fastened together. This is a very strong feature indeed in an Alumen constitution, although it is not a marked symptom in the text. "Stool: less frequent, dryer and harder; large, black, hard, or in small pieces like sheep's dung; no relief afterwards." After stool there is a sensation as if the rectum were yet full. This peculiar feature comes with the weakness or paresis of the rectum, *i. e.*, the rectum is not strong enough to expel all of its contents, and hence the sensation of unfinished stool. In the rectum there is ulceration with bleeding from the ulcers. The hemorrhoids ulcerate, and they are very painful, so that after every stool he has prolonged suffering, a dull aching pain in the rectum.

Catarrhal conditions prevail throughout the remedy. In old scrofulous, psoric patients, who are subject to chronic yellow bland discharges from the eyes, with enlarged veins; chronic yellow discharges from the vagina and from the urethra in the male; chronic painless gonorrhœa. In addition to the catarrhal discharges there is a tendency to ulceration, so that there are little ulcerative patches in the vagina, little aphthous patches in the vagina and on the cervix of the uterus. When a patient is suffering from a chronic gonorrhœa, instead of the discharge becoming white as in gleet it remains yellow, and there are little indurations

all along the urethra, which the patient will call the physician's attention to as "lumps." Discharge with "little bunches" all along the urethra. These are little ulcers, and beneath the ulcers are indurations. When this state is present you have an Alumen gonorrhœa. In a little while the patient will have two or three strictures unless he gets this remedy, because these little ulcers will each end in a stricture narrowing the canal. Another strange feature in the catarrhal states and in the ulcers is its tendency to affect the vessels. The veins become varicose and bleed, so that there may be bleeding from any of the inflamed or catarrhal areas and bleeding from the ulcers.

There are many neuralgic pains about the *head* of a nondescript character. These head pains come on in the morning on awaking. The *eye* symptoms are of an inflammatory or congestive character, with tendency to ulceration. Purulent ophthalmia; chronic sore eyes. "Sees things double by candle light." "Nasal polypus l. side. Lupus or cancer on the nose. Face pale as a corpse, lips blue. Scirrhus of the tongue." See what a tendency it has to produce minute growths, little indurations and infiltrations. Bleeding from the teeth; the teeth decay and the gums recede from the teeth; the teeth become loose; scorbutic appearance of the gums. "Mouth burning, ulcerated; grey, dirty, spongy skin about a tooth, which is surrounded with proud flesh; offensive saliva." In the mouth we have the same general feature of ulceration, with dryness of the mouth, dry tongue and throat, and great thirst for ice cold water. "Uvula inflamed and enlarged. Predisposed to tonsillitis." "Vomits everything he eats." After that you can put the word "ulcer" because it especially refers to that state of congestion where there is easy ulceration.

Under *abdomen* we find flatulence. The intestines do not perform their work, they take on all sorts of spasmodic action, and consequently the patient suffers from cramps and all kinds of violent colicky pains; boring, rending, tearing pains. Retraction of the abdomen and drawing in of the navel. If you will compare *Lead* in its poisonous effects upon those who work in white lead you will see quite a counterpart of this remedy, and you will not be surprised to observe that *Plumbum* and this remedy

antidote each other. They do so because they are so similar, they cannot live in the same house, *i. e.*, they annihilate each other. Alumen is a great remedy to overcome lead colic in those who work in lead, it removes the susceptibility. There are lots of painters who have to give up their occupation on account of this susceptibility. Alumen will often overcome this tendency and enable them to go back to their business.

In the female we note "weight of uterus presses down collum; granulations of vagina; leucorrhœa copious, emaciation, yellow complexion. Indurations of uterus, even scirrhus. Ulcers of uterus." Sometimes you get evidence of this vaginal state by the woman saying that coition is so painful that it becomes impossible. It is not to be wondered at that the natural act cannot be performed when so much trouble is present.

"Voice entirely lost." Chronic loss of the voice from a low state of the economy and from always taking fresh colds. Expectoration of much yellow mucus; scraping of the throat all the time to get rid of a little accumulation of yellow mucus. "Dry cough in evening after lying down." "Chronic morning cough." Cough is not a very important thing in this remedy; it is the general state of the economy that is to be looked at. The cough will not interpret the nature of the disease to the physician, because when these little ulcers are present they must cause some kind of a cough. This patient may go into phthisis or be affected with any of the ultimates of disease.

Alumen has been very useful in the treatment of old people who suffer from copious, ropy, morning expectoration, catarrh of the chest, hæmoptysis and great weakness of the chest so that it is difficult to expel the mucus. In this it is similar to *Antimonium tartaricum*.

Because of its relation to *Alumina*, further provings will undoubtedly develop the fact that it has many spinal symptoms. It is well known that it has a weak spine, with coldness of the spine, a feeling as if cold water were poured down the back. Pain in the dorsal spine on a line with the inferior angle of the scapulæ; weakness in this region and in the shoulders. Like *Alumina* it has the sensation of constriction, as if of a cord or band around the limbs. Feeling as if a cord were drawn tightly around the upper

arm. The clumsiness of the fingers, as seen in dropping things, the pain in the lower limbs at night, the lassitude and numbness, are other manifestations of spinal symptoms. Sensation as of a cord around the leg under the knee; soles sensitive to pressure on walking; feet numb and cold although warmly covered; legs cold to knees. These are all further evidences of the action of the remedy on the spinal cord. Bruised pain in all the limbs. Crawling tingling paralysis of all the limbs.

He is kept awake at night by a sensation as if the blood rushed through the body. Many complaints come on during sleep. Nightmare. He is sensitive to all sorts of weather changes and very sensitive to cold.

HELODERMA HORRIDUM (*Suspectum*).

GILA MONSTER.

LACERTIDÆ.

Arranged by HUGH A. CAMERON, M. D., H. M., Philadelphia, Pa.

This poisonous lizard is a native of Arizona, New Mexico and Texas, and derives its common name from the Gila (pronounced Hee-la) River in Arizona, in the desert around which numbers are found. The method used to obtain the poison was by irritating the animal sufficiently to cause it to spout the saliva while biting, on a glass or porcelain dish. Dr. Charles D. Belden, Phoenix, Arizona, secured a few drops of pasty, yellow fluid in this way, and this was preserved in sugar of milk and potentized for proving. Dr. Robert Boocock, Flatbush, L. I., N. Y., made a proving upon himself first with the 6x potency, and later with the 30th potency, in December, 1892, and January, 1893. The proving, which was published in the *Homœopathic Recorder*, 1893, pp. 97-103 and 145-163, is herewith reproduced in schematic form.

CLINICAL AUTHORITIES.—*Chorea*, Dr. Robert Boocock, *Homœopathic Recorder*, 1893, p. 163; *Sensation of great coldness*, Dr. Charles E. Johnson, *Homœopathic Recorder*, 1894, p. 141; *Collapse (heart failure)*, Dr. Robert Boocock, *Homœopathic Recorder*,

1896, p. 66; *Locomotor ataxia*, Dr. E. E. Case, *Medical Advance*, July, 1897; *Paralysis agitans*, Dr. Robert Boocock, *Homœopathic Recorder*, 1893, pp. 162-163.

MIND.—No inclination for exertion in any way.

Difficulty in remembering the spelling of simple words while writing.

Depressed; feels very blue.

Disinclined to talk.

Very irritable; easily provoked.

When excited could not get hold of the right words and dropped some when speaking from a want of flexibility or a catch in the tongue.

Mentally restless; not able to confine mind to one object.

Mind unaffected during the headache and other violent symptoms; remains clear throughout his sufferings.

SENSORIUM.—Vertigo and weakness when moving quickly.

Dizziness with inclination to fall backward.

Sensation as if would fall on right side; desire to bear to the right side and could not walk straight because of this; had repeatedly to stop or step to the left to get a straight course.

When bending forward, inclination to fall forward or backward.

Weak, giddy, making it difficult to stand.

Unable to balance himself, accompanied by nausea.

HEAD.—Sensation of heat in head; heat on vertex.

Pain and throbbing in top of head; head feels sore and bruised.

Pressure in head and scalp; pressure in skull as if too full.

Head very painful as if a large cover over it, drawn very tight.

Sensation of a band around head.

Cold band around head, with fulness in skull.

Sensation as if scalp were drawn tight over skull.

Headache over right eyebrow

Brain feels as if scalded.

- Soreness and stiffness in occiput, extending down neck.
 Sore spots in various parts of head.
 Intense pain over left eyebrow, through eye to base of brain and down back.
 Pain in head and back of neck going down back and right leg.
 Aching at base of brain.
 Pain in head and soreness relieved by copious flow of wax from both ears, but especially from the left.
 Pain in the head, only on the left side.
 Sharp, digging pains in left side of head.
 Sharp pain shooting through head from over left eye towards occiput.
 Sharp pain over left temple shooting inward.
 Benumbed feeling all over head.
 Burning feeling in the brain.
 Cold pressure within the skull.
 Pain in frontal and occipital bones.
 Fulness in the head.
 Bores head in pillow because of pains in head.
 Pain and pressure within the skull from the vertex to the occiput and from back forward over left eye.
 Pain beginning in the right ear, extending round the back of head to left ear.
 Headache over right temporal bone, as if a tumor were forming and pressing within the skull, affecting the entire right side of head and producing numbness down left side of body. Pain extends from head down right cheek and affects teeth.
 Intense pain in back of head near atlas to root of ears on both sides.
 Queer sensation in central part of frontal bone wakened him from sleep.

EYES.—Itching of eyelids; lachrymation.

- Eyelids glued together.
 Weight of eyelids, difficult to keep them open.
 Astigmatism. When looking at stars or distant lights there always appeared a cluster of lights below to the

right of the main one. Comet-like tail to stars appearing on upper left side. (Symptoms in prover removed by the drug.)

EARS.—Pressure behind left ear; pressure in ear from within outward.

Copious flow of wax, more free on left side.

Ears dry and scurfy.

Pain beginning in the right ear, extending round the back of head to the left ear.

NOSE.—Left nostril sore; ulcerated.

Dry, itching scurfs in nostrils, worse left.

Severe attack of sneezing. Fluent discharge.

Nostrils dry.

FACE.—Sensation of heat. Flushes of heat.

Cold, crawling feeling from temple down right cheek.

Sensation as if left cheek were pricked with points of ice.

Sensation as if facial muscles were drawn tight over bones.

Stiffness of jaw.

Sore, stiff feeling at parotid gland.

Burning in face while other parts are cold in spots.

Dryness of lips.

TEETH AND GUMS.—Toothache, gums swollen; sensation as if molars were elongated; painful when chewing food.

TONGUE.—Tongue tender and dry.

Tongue cold.

MOUTH.—Soreness.

THIRST.—Very thirsty.

THROAT.—Dryness; parched sensation.

Tingling.

Soreness; tenderness to touch externally.

Stinging, sore feeling in right tonsil.

Dryness of throat, with tickling in fauces.

Swallowing difficult.

STOMACH.—Acid burning in stomach.

HYPOCHONDRIA.—Gurgling in region of spleen.

Sensation as if waist band were too tight.

ABDOMEN.—Sharp shooting pain in bowels, more on left side.

Pain across pubic bone, extending down into left testicle.

Stitching pains in bowels as if filled with pins; wakened him from sleep.

Throbbing in bowels.

Rumbling in bowels.

Stitches in abdomen followed by copious loose, lumpy stools of good color.

Pain in left hypogastric region wakened him at night.

Sharp pains in region of cæcum.

STOOL AND RECTUM.—Loose, copious stools, lumpy, preceded by stitches in abdomen.

Stool loose, mushy, with considerable flatus.

Stool dark, soft, yet difficult to expel.

Hæmorrhoids swollen, itching and bleeding.

Much bleeding from old piles.

URINARY ORGANS.—Bladder irritable; frequent urging to pass urine.

Unable to retain urine any length of time; urging with small quantities.

Tenesmus in urethra with sensation of discharge.

Flow not so free as usual; intermittent flow; slow as if urethra were constricted by spasm and pain.

Urine profuse and pale during night; profuse pale urine of sp. gr. 1000; specific gravity ranges from 1005-1010; greenish-yellow; thick like milk after standing a short time; fetid with odor of decaying fruit.

Slight scalding on urination.

MALE SEXUAL ORGANS.—Erections.

Cold penis and testicles, with gluey discharge.

Pain and enlargement of left testicle.

Sharp stinging in left testicle.

Pain in back, lame feeling, and across pubic bone, extending down into left testicle.

Tenderness in urethra.

Cold feelings in genitals.

Severe pain in left testicle extending back to anus.

Aching at end of penis; no sexual desire.

Transient pains and sensation as if testicles were swollen.

Pain in testicles and coldness as if they were frozen.

Pain in right testicle shooting up right groin.

RESPIRATION.—Fulness in chest requiring an effort to inflate the lungs; lungs seemed stiff and difficult to inflate.

Oppressed for breath from least exertion.

Breathing was hard and sounded as if drawing breath through iron pipes; during fever in night.

Breath is cold.

COUGH.—Slight hacking cough with pain in left scapula.

INNER CHEST AND LUNGS.—Stitches right lung to right arm.

Cold feeling in right lung; coldness and stinging.

Wakened by a feeling as if something had exploded in right lung; pain deep in chest toward left scapula.

Stitches in heart and through left lung.

Trembling and coldness in lungs.

HEART, PULSE AND CIRCULATION.—Pressure at heart.

Tingling around heart.

Trembling and coldness around heart.

Oppression around heart.

Sticking pains, starting from left to right.

Stitches in heart from left to right.

Soreness in heart, more under left nipple.

Twitches about heart as if blood had difficulty in entering or leaving heart.

Heart beat felt all over the body; body throbs, he can feel and hear it, as if it were some laboring engine; slow labored thumping of heart.

Coldness in and around heart.

Pricking pain in heart with coldness and stinging in right lung.

Pulse 56-72; full; jerky; irregular.

OUTER CHEST.—Pains in right breast.

Pain in region of left nipple changing to right nipple.

Sharp stitch through right nipple to inside of right arm.

NECK AND BACK.—Neck stiff and painful, yet can move head freely and without increasing the pain.

Stiff neck; aching in bones of the neck.

Painfulness of upper neck, region of atlas.

Intense pain in back of head near atlas to root of ears on both sides.

Pain and throbbing in cervical vertebræ and dorsal and lumbar muscles.

Coldness across scapulæ.

Pain in left scapula.

Chill in back from base of brain downwards.

Pain in back; intense pain in lumbar muscles awakening him from sleep.

Aching in right kidney; stitch-like pain in right kidney.

Pain in back; lame feeling, and across pubic bone, extending down into left testicle.

Throbbing and aching in upper part of kidneys, especially the right.

Burning along spine.

UPPER EXTREMITIES.—Numbness of right arm and hand with trembling.

Tingling down arms and hands to finger tips.

Tingling in palm of left hand and along fingers.

Drawing in left hand followed by tingling and prickling; tingling feeling ran up left arm with jerking, and caused a twitching or jerking in head as if it were being drawn to left side.

Pains in hands if holding anything for some time.

Trembling of hands.

Hands blue, cracked and rough.

Trembling of arms; difficulty in holding hand steady when reading and writing.
 Cold feeling in right biceps.
 Pain in right elbow joint.
 Stitches through bones of little fingers.
 Trembling and coldness down arms.
 Stiff, numb, paralytic feeling in l. arm.
 Twinges in left arm and leg.
 Trembling in arms and thighs awakened him out of sleep; trembling in right arm and left leg.
 Hands and feet blue with cold; cold as ice.
 Cold feeling in right arm, elbow joint, right thigh and left foot.
 Coldness outside of left leg, inside of right arm.

LOWER EXTREMITIES.—Numb feeling around and down l. thigh.
 Painful boring feeling in middle third of left thigh.
 Pain in l. thigh and calf as if bruised.
 Stitches through middle third of each thigh.
 Numb feeling down r. leg; down l. leg.
 Jerking upwards of legs.
 Coldness extending from knee to calf.
 Coldness of legs and feet; coldness up to knees.
 Boring sharp pains in tibia of r. leg with twitchings of arm and leg.
 Sensation of tight band around left ankle, as if it would cut foot off.
 Trembling. Jerking.
 Pains in bones of l. leg.
 Tingling and burning of the feet as if recovering from being frozen.
 Feet hot during the night until 5 A. M., when they became cold and numb and were jerked upwards.
 Burning in feet preventing sleep, had to put them out of bed.
 Stiffness and pain in l. thigh.
 Sensation as if walking on sponge and as if feet were swollen; a springiness and sense of looseness in step-

ping, which requires caution, as if he were not sure of his steps.

Staggering gait.

Tendency to turn to the right when walking.

Twitching as if foot would spring when walking, making him walk as if he had the "cock's gait."

When walking lifts feet higher than usual and puts down heel hard.

Stiff, full feeling in buttock as if could not move, but when he does move he is surprised at the easy way he can do it.

Cold feet; cold as ice; tingling sensation as if recovering from being frozen.

Burning in feet wakened him; had to put them out of bed before could go to sleep again.

EXTREMITIES IN GENERAL.—Limbs cold; could not be made warm over a hot register.

"Arctic coldness."

Stiffness throughout all limbs.

Trembling and jerking of limbs.

MOTION, &c.—Trembling and weakness when starting to walk, after resting in a sitting position.

Staggers about bed-room while trying to dress.

Plenty of strength but unable to balance himself; when he puts forth an effort staggers about like a man with paralysis or locomotor ataxia.

Stretching relieves pains in muscles and limbs.

Moving does not increase the pain.

Stiffness and painfulness in different parts, yet can move them freely and without increase of pain.

NERVES.—Easily startled from sounds, with trembling; startled from sound of bell ringing.

Tired feeling.

Very weak and nervous.

No inclination for exertion in any way.

Trembling of left side, hands shaky.

Tremblings.

Trembling can be controlled by effort of will.

Feeling of great prostration; conscious of it even in dreams.

Numb feeling along left side.

Restless at night.

Trembling for a few seconds at a time when quietly reading or writing; shakes whole body and prevents reading.

Twitching and trembling of groups of muscles.

“The result of the bite is a benumbing paralysis like to paralysis agitans or to locomotor ataxia. There is no tetanic phase—a condition almost reverse in objective symptoms to Hydrocyanic acid or Strychnia.” (Prof. Sir John Lubbock.)

“Dog bitten on nose exhibited symptoms like those a horse has when suffering from ‘blind staggers,’ but soon began turning itself around in a circle and in about twenty minutes fell dead.” (John A. Spring, *Chambers' Journal*, 1890.)

SLEEP.—Drowsiness but inability to sleep.

Lay quiet as if in a stupor.

Restless sleep; awakens at 3 A. M.

Sleepless after 1 A. M.

Wakened from sleep by pains at 3 A. M.

Wakened from sleep by pains in various parts, by dreams, by trembling in arms and thighs, by jerking in head, &c.

Dreams of urinating in bed; of hearing telephone bell ring; of dead people and graveyards; physician dreams of attending cases of malignant diphtheria.

FEVER.—*Internal coldness*, from the heart; as if he were being frozen to death internally.

Coldness from within outward; as if filled with a deathly coldness; ameliorated after eating hot sour pickles.

Severe chill ran down back from base of brain to buttocks. Cold rings around body, beginning between shoulder-blades.

Cold waves ascend from feet or go downward from base of brain.

Wakened from sleep by a cold sensation creeping down body and legs; very cold and clammy sweat. (*Hom. Recorder*, 1894, p. 506.)

Coldness causing trembling.

Chilly feeling in various parts of body.

Sensation as if a cold freezing wind were blowing upon him from the bend of his knees.

Chilly feeling running from the superior maxilla to chin.

Cold spots in various parts of the body.

"Arctic coldness" in various parts.

Temperature sub-normal 96° - 97° .

Arctic coldness throughout body except head and face, with great tiredness and aching in bones; feels as if frosty winds were blowing through holes in his garments and freezing his flesh.

Chill wakened him in afternoon; cold waves from feet upward.

Coldness amel. by hot food.

Shrinks from exposure to weather; inclined to sit over the register.

Hot feeling in head and spreading down back.

Feverish during night; parched.

Feet very hot; heat throughout body soon passing off, followed by arctic coldness but no chills; these sensations alternated for some time.

Absence of sweat.

DIRECTIONS.—Stitch pains going from left to right.

SENSATIONS.—Sensation in various parts as if a needle were being thrust into flesh.

Throbbing all over the body.

Intense aching in bones and all parts of the body.

Sensation of inward trembling in all parts of the body.

Aching similar to what one feels at the beginning of influenza.

"Arctic coldness."

SKIN.—*Itching of the skin as from insects.*

Petechiæ.

STAGES OF LIFE.—“ A young miner was bitten. Although previously in the best of health he at once began to lose flesh, became melancholy, and died in a few months in the manner of those who succumb to what in Germany is called the galloping consumption.” (John A. Spring, *Chambers' Journal*, 1890.)

Those who have been addicted to alcohol are more seriously affected by the bite. (Belden.)

RELATIONS.—Vinegar and lemon juice relieved some of the symptoms.

WHEN old symptoms return there is hope. That is the road to cure and there is no other.

THE physician spoils his case when he prescribes for the local symptoms and neglects the patient.

YOU need not expect great things when you have only pathological symptoms.

NO two remedies are absolutely equal in their similitude.

HE who sees not in Bright's disease the deep miasm back of it sees not the whole disease, but only the finishing of a long course of symptoms which have been developing for years.

CONTAGION does not come by quantity but by quality. The quality of contagion is similar in its nature to the curative potentized remedy.

IT is better to do nothing at all than to do something useless; it is better to watch and wait than to do wrong.

HOMŒOPATHICITY is the relation between the symptoms of the patient and the remedy which will cure.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.

LECTURE VI.

Paragraph 6. The unprejudiced observer—well aware of the futility of transcendental speculations which can receive no confirmation from experience—be his powers of penetration ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind which can be perceived externally by means of the senses; that is to say, he notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease.

The teaching of this paragraph is that the symptoms represent to the intelligent physician all there is to be known of the nature of a sickness, that these symptoms represent the state of disorder, that sickness is only a change of state and that all the physician has to do is to correct the disordered state. Hahnemann, it seems, would say that it is great folly for a man to look into the organs themselves for the purpose of establishing a theory to find out whether the stomach makes the man sick, or whether the liver makes him sick, or whether the stomach makes the liver sick and such like. We can only end in theory as long as we think that way. So long as we set the mind to thinking about man's organs and how these things are brought about we are in confusion, but not so when we meditate upon the symptoms of the sick man fully representing the nature of the disease after these have been carefully written out.

Hahnemann starts out in this paragraph by speaking of "the unprejudiced observer." It would seem almost impossible to find at the present time one who could be thus described. All men are prejudiced. Man is fixed in his politics, fixed in his

religion, fixed in his ideas of medicine, and because of his prejudice he cannot listen. You need only talk to him a moment on these subjects and he will begin to tell you what he thinks; he will give his opinion, as if that had anything to do with it. Men of the present day cannot recognize law, and hence they are prejudiced; but when men have authority on which they can rest, then they can get rid of their prejudices. Suppose we have a large dictionary that we say is an authority on the spelling of words. If a club of one hundred and fifty men have bought that dictionary, and put it into a closet and say, "That is how we agree to spell," that is a recognition by these men that the book is authority. There would be henceforth no argument on the question of spelling. But if there were no authority one man would spell one way and another man in another way; there would be no standard of spelling. Such is the state of medicine at the present day, there is no standard authority. One book is authority in one school, and in another school they have another book, and so there is confusion. Men cannot get rid of prejudices until they settle upon and recognize authority. In Homœopathy the law and its principles must be accepted as authority. When we know these it is easy to accept them as authority, but seeing they are not known there is no authority and everybody is prejudiced. Men often ask, "Doctor, what are your theories as to Homœopathy? what are your theories of medicine?" I have no theories. It is a thing that is settled from doctrine and principle, and I know nothing of theory. A woman came into my office this morning and said, "Doctor, I have always been treated by the old school, but the doctors were unable to decide whether the liver made my stomach sick or the stomach made the liver sick." This is only confusion. No organ can make the body sick; man is prior to his organs; parts of the body can be removed and yet man will exist. There is no such thing as one organ making another sick. When we realize that the course of things is from centre to circumference we must admit that the stomach was caused to be in disorder from the centre, and that the liver was caused to be in disorder from the centre, but not that they made each other sick. One who has been taught such ideas cannot rid himself of them

for a long time. It is a matter of years to get out of these whims and notions which we have imbibed from our inheritance.

In this paragraph Hahnemann does not speak of changes of tissue or changes in the organs, but of change of state. Man could see and feel tissue changes, but these do not represent to the intelligent physician the nature of disease or disease cause, they only indicate that because of the disorder within certain results have followed. The unprejudiced observer can see that pathology does not represent the nature of the disease, because numerous so-called diseases can present the same pathology and the same phenomena. The trouble is that there are so few unprejudiced observers. To get rid of our prejudices is one of the first things we must do in the study of Homœopathy. Therefore let me beg of you, while sitting in this room, to lay aside all that you have heretofore imagined or presumed, the whims and notions, and "what I thought about it," the things that you have learned from men and books, and only follow after law and principle, things that cannot deceive, cannot vary. Law will deceive if man is of prejudiced mind, because then he misreads the law and doctrine, and when things are called black they look to him white; every image is inverted in his prejudiced mind, because he realizes only with his senses, and sees with his eyes and feels with his fingers only the appearance of things; just as we say that the sun rises, judging from our eyes, although we know from our intelligence that it does not rise. If we believe our senses only we will accept all the notions of men. If the senses were invariable men would agree, but they are variable and no two men will agree in everything, for just as men's observations differ so different notions and theories will be established. We must try to get rid of the prejudices that we have been born with and educated into, so that we can examine the principles and doctrines of Homœopathy and seek to verify them. If you cannot put aside your prejudices the principles will be folly to you. The unprejudiced observer is the only true scientist.

"He perceives in each individual affection nothing but changes of state." The changes of state are such as are observed by the patient when he says he is forgetful, that his mind does not operate as it did, that he is often in a state of confusion, that when he

attempts to deliver a sentence a part of it goes away from him, the idea passes away, or that he is becoming irritable, whereas he was pleasant, that he is becoming sad, whereas he was cheerful before, that there are changes in his affections, in his desires and aversions. These things relate to states, not to diseased tissues, but to a state of disorder or want of harmony. Dr. Fincke expresses it as "a distunement." After the patient has related everything he can about his change of state, the physician may be aided by information from outsiders, from relatives who look upon the patient with good will, who wish him well. If the husband be sick it is well to get the wife's testimony. After the physician has written down all the information in accordance with the directions of § 85 for the taking of the case he then commences to observe as much as he can concerning the disorder, but more particularly those things which the patient would conceal, or cannot relate, or does not know. Many patients do not know that they are awkward, that they do peculiar and strange things in the doctor's office—things that they would not do in health, and these are evidences of change of state. The physician also notes what he sees, notes odors, the sounds of organs, chest sounds, intensity of fever, by his hand or by a thermometer, etc., and when he has gone over this entire image, including everything that can represent the disease, he has got all that is of real value to him. There may be changes in tissue present, but there is nothing in the nature of diseased tissue to point to a remedy; it is only a result of disease. Suppose there is an abdominal tumor, or a tumor of the mammary gland, there is nothing in the fact that it is a tumor or in the aspect of the tumor that would lead you to the nature of the change of state. The things that you can see, *i. e.*, the changes in the tissues, are of the least importance, but what you perceive in the patient himself, how he moves and acts, his functions and sensations, are manifestations of what is going on in the internal economy. A state of disorder represents its nature to man by signs and symptoms, and these are the things to be prescribed upon. Let us suppose a case which presents as yet no pathological changes, no morbid anatomy, one that has only functional changes, the collection of signs and symptoms presents to the intelligent physician the nature of

the state and he is clear as to the remedy. But if the patient does not receive that remedy, what will happen? The case will go on for a while, perhaps for two or three years, and when he returns to you on examination you will find that he has cavities in his lungs or an abscess in his liver, or albumen in the urine, etc. If it were the last, according to the old-fashioned notions and theories, you must now prescribe for Bright's disease; you would not think that that remedy which you figured out two years before fitted his case perfectly then and is what he must have now. But he needed that remedy for his childhood, and you were able to figure it out from the symptoms of his change of state pure and simple, without tissue changes. Do you suppose because the disease has now progressed into tissue change, the organs are breaking down and the man is going to die that this has changed that primitive state? The man needs the same course of treatment that he has needed from his babyhood. The same idea of his disease must prevail now that prevailed before he had the tissue changes. Bright's disease is not a disease, it is simply the ultimate or organic condition which has followed the progress of the original change of state. Under other circumstances that change of state might have affected his liver or his lungs. Tissue changes then do not indicate the remedy, and so as physicians we must learn to examine symptoms which are prior to morbid anatomy, to go back to the very beginning. Such a patient as I have described must be looked upon as when he was in the simple change of state before matters were complicated. Beside this, there is no manner of treatment for Bright's disease or any other organic change. Our remedies appeal to man before his state has changed into disease ultimates, and these remedies do not change because morbid anatomy has come on, they apply as much after tissue changes as before it. If we do not know what the beginnings are we cannot in an intelligent way treat the endings.

In a footnote Hahnemann says, "I know not therefore how it was possible for physicians at the sick-bed to allow themselves to suppose that, without most carefully attending to the symptoms and being guided by them in the treatment, they ought to seek and could discover only in the hidden and unknown interior

what there was to be cured in the disease, etc." The learned man in the old school to-day would say, "Oh, I do not care anything about your symptoms. I do not care if you are forgetful or irritable. If you do not sleep I will give you something to make you sleep. But I must sound your liver, for that is the cause of all your trouble, and I will prescribe for that." He supposes the liver is the cause of all the trouble and believes that when that is corrected he has cured his patient. What a false idea! His mind is upon mere theory. It is common, when they do not know what has killed a man, to make a post-mortem in order to discover the cause, and by this they find out certain pathological conditions, but the aim of the physician is to discover in his next patient that just these conditions are present. It is true the post-mortem affords the physician the means for a general study of the results of disease, which I would not under any circumstances prevent. Indeed, there are times when I would strongly encourage the study of morbid anatomy. The physician cannot know too much about the endings of disease, he should become thoroughly acquainted with the tissues in all conditions, but to study these with the idea that he is going thereby to cure sick folks, or that the things he picks up at such times are going to be applied in making prescriptions, is a great folly. It is astonishing that physicians should expect to find out by post-mortems and examinations of organs what to do for sick folks.

Physical diagnosis is very important in its own place. By means of physical diagnosis the physician may find out the changes in organs, how far the disease has progressed, and determine if the patient is incurable. It is necessary also in supplying information to Boards of Health. It may also decide whether you should give curative or palliative treatment. But the study of pathology is a separate and distinct thing from the study of *Materia Medica*.

In many instances foolish examinations are made. In the colleges women are examined with the speculum before a symptom is given, and if the mucous membrane is red the patient gets *Hamamelis*, and so on in a routine way through five or six remedies which cover all the complaints of women. Half a dozen remedies constitute the armamentarium of many of the eminent

gynæcologists. Such a practice as that does not cure, does not even benefit temporarily, it is simply an outrage. But bad though it is, perhaps it is not so great an outrage as is perpetuated when the physician imagines the disease is local and that when he has cauterized it the woman is well, not realizing for one moment that these things come from a cause and that curing that cause should be his aim. Yet such is the teaching of the old school.

Now while the signs and symptoms are the only things that can tell the physician what the patient needs, and while those signs and symptoms relate to change of state and not to change of tissue, still there are signs that relate to tissue changes and one who is not acquainted with symptoms may consider these as indicating a change of state. For example, there are signs that indicate that pus is forming, there are appearances that will lead the experienced physician to know that the results of disease are coming; these are not valuable things in hunting for the remedy, but simply indicate certain conditions. The physician must learn to distinguish these from the symptoms that portray the state of the patient.

We are now prepared to see that if the patient is cured from cause to effect he must remain cured, that is, if the true inner disorder is turned into order he will remain cured, because this order, which is of the innermost, will cause to flow into order that which is of the outermost and finally cause the functions of the body to become orderly. The vital order will cause tissue order, because the vital order extends into the very outermost of the tissues, and tissue government and order is a vital order; so if the cure is from cause to effect, or from within out, the patient will remain cured. In incurable cases the effects may be removed temporarily or palliated, but the patient himself has not been cured as to the cause, and owing to the fact that the patient cannot be cured the old changes will return and grow stronger because it is in the nature of chronic cases to increase or progress.

Certain results of disease which remain after the patient is cured can be removed if necessary, but it is not well to remove them before the patient is cured. If a patient has a disease of the foot bones after a bad injury and the foot cannot be cured,

first cure the patient and then if the foot is so clumsy and useless that he would rather have a wooden one remove the foot. If you have to deal with a worthless honeycombed knee joint, first cure the patient and then if the knee can never be useful and the limb is cold and its muscles are flabby consider the question of replacing it with an artificial one. If the economy after being turned into health cannot cure the knee nothing that can be done to the knee can cure it. When disease locates upon the extremities cure the patient first. Do not say that the patient is sick because he has white swelling, but that the white swelling is there because the patient is sick.

IN syphilitic iritis, the remedy which is called for by the symptoms of the patient will cure the iritis; as it is one of the last symptoms developed so it will be among the first to disappear. If the other symptoms disappear and the iritis is the only one left—the remedy given was the wrong one and was not indicated. Under proper treatment the iritis is the first symptom to disappear; if it does not, the fault is with the physician and not with the materia medica.

Sepia, *Silicea* and *Alumina* all have violent straining at stool. *Silicea* will strain and strain a long time and finally give up, for the stool is only partially evacuated and slips back. *Alumina* will sit and strain and work, getting cold and trembling, and after all it is a soft stool. *Sepia* strains long and in spite of the fact that she feels she has finished there is the sensation of a lump in the rectum.

It is not uncommon when a child is on an anti-psoric remedy to have worms expelled in the stool; it is an indication by which you know the child is getting well. The anti-psoric puts the child in order and the worms cannot remain. If you give worm medicine you prescribe for the pathological condition, if you give an anti-psoric you prescribe for the patient. Give *Cina* when symptoms indicate it and only then.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

CLINICAL CASES.

GIDEON L. BARBER, M. D., Chicago, Ill.

1897.

CHILD, 3 YRS. OLD.

May 12th. Letter from parents:

“Eczema on cheeks, chin and forehead for one year; starts in thin vesicles and dries down in bran-like scales; redness, small blisters, much itching; bleeds easily when scratched; scabs form all over face some time after she scratches, under the scabs is bloody water; scabs not very large, yellow color; eruption is sticky.

Face always red and fiery.

Appetite poor.

Always thirsty.”

Rhus tox. dmm. (Swan) one dose and *Sac. lac.*, 14 powders.

May 18th. “Face much better.

Sac. lac. Appetite improved.”

July 8th. Report: “Cured.”

1895.

M. R., AET. 54, FARMER.

July 4th. History:

Had itch when about 10 years old. Removed by ointment.

Chronic diarrhœa since had typhoid fever.

One year ago (July) after working in the hot sun until he was wet with perspiration he became weak, could

hardly walk and the perspiration dried up. Every muscle became relaxed and he fell down in a heap and was in this state nearly all afternoon. Had sensation as if top of head was split open. Next evening while his son was speaking to him he was unable to answer. During the night vomited, was doubled up with hand over his heart, and following this had paralysis of the whole right side. Had difficulty in swallowing. Continued to suffer with these symptoms. Another attack in October, during which he could not think of his son's name, asked who he was; was relieved by having his feet in hot water.

Present symptoms:

Feels as if all muscles are let loose.

Tongue stiff; can't talk much; cannot protrude tongue very well.

Heart is weak and almost stops beating; intermitting every 3d, 5th and 7th beat.

Appetite good. Likes sweets more than sour.

Sometimes a sensation as if an iron wedge dropped on top of head and split it open.

Backache: "Feels as if back cut right off and the parts set on top of each other, and as if it would let the pain out if he could run a knife in between the vertebræ."
> lying on back.

Offensive breath. Bowels loose; diarrhœa since had typhoid.

Had to wear two overcoats all last winter.

Psor. 42 m., one dose and s. 1.

July 20th. Improved since first dose.

Diarrhœa >

Muscles are tightening up.

S. L. Rode the binder to cut wheat this week.

August 1st. Feels better every day.

Heart >. No intermission in beat.

October 30th. Drooling of saliva.

Bowels too loose.

Psor. 42 m. Breath offensive.

December 31st. Bowels improved.

 Drooling in cold weather.

 Can eat and enjoy bread and milk now; could not touch it for fifty years, it made him sick.

Psor. 42 m.

 This was the last prescription given to this patient, and he is hale and hearty. He would not have lived through the summer except for *Psorinum*.

CLINICAL CASES.

GEO. M. COOPER, M. D., H. M., Philadelphia, Pa.

1897. HARRY G——, SINGLE, AET. 23 YEARS.

January 7th. *Mental:* Jealousy, hates to see anybody with a friend of his; has been tempted to kill persons seen with friends. Lately he called on a young lady and he found her not at home, which aroused his jealousy to such an extent that he could not be satisfied until he found out where she had gone and who she was with, so he waited around the street corners until he saw her and then followed her up.

 Impulses to commit suicide; seemed as though he should throw himself under a train, but he lacked the courage.

 Desire to be by himself or a close friend.

 Never satisfied or contented; seeing things sitting about the room or on the table has a desire to move them about.

 In the evening is annoyed by his mother sitting beside him. Cannot stand the pressure of his clothes on his body.

 Restless, cannot keep quiet. So irritable had to have his face shaven.

 Sulky, nasty disposition; would rather offend than please.

 Has had these mental symptoms since 1893.

Headache came 7 A. M. yesterday; agg. 8 P. M.; amel.

11 P. M.; coming on again this evening. When he opens his eyes he thinks he is looking cross-eyed.

Pain begins in frontal region over right eye, passes over top of head to occiput and down left shoulder and in the muscles of the neck; amel. hard rubbing.

Heart: For two years has had severe pains about heart, coming in spells lasting two weeks.

Cramp-like pains; like a grip with the hand; followed by gnawing pain like hunger; agg. in the evening; seem agg. when smoking.

Palpitation from excitement, exertion; feels it in throat.

Dyspnœa.

Nervous: Hands tremble; can't sit still when talking to anybody; continually moving his hands and feet about.

Urine: Dark; brick dust sediment, hard to remove; smell of ammonia; frequent.

"*Dyspepsia.*" When young: felt full all the time; choking; belching; burning eructations coming through the nose.

After eating; pains in stomach; cramps if he eats too much.

Chest: Eruption for eight years; small spots over sternum; itching, agg. when warm, in the summer, in the morning.

Scratching causes soreness; after scratching oozing of yellow, sticky fluid.

Sleep: when he drops into a sleep he gives a jump.

Talks in sleep. Tired when he wakens from sleep.

Numb feeling in occiput when he wakens from sleep.

Gets very red in the face at times; body feels cold to touch at same time.

Body warm; hands and feet cold.

Arms and legs go to sleep when he sits quietly.

Sores will not heal; every wound dries up and feels as if there is a splinter in it.

Wounds bleed easily; nose bleed when he drinks milk; dark blood.

Cramps above knees, within thighs.

Overcome by heat twice in June, '91.

Sexual; amorous.

Amel., plenty of air.

Amel. working hard.

Agg. evening when at rest.

Smokes eight cigars a day; has been told his heart

Sac. lac. trouble was due to smoking.

January 15th. Has a cold since 13th, due to standing on cold pavement.

Sore throat; left-sided.

Had diphtheria three times, about ten years ago.

Headache; occiput; amel. cold hand.

Squeezing pain in temples on hawking or blowing nose.

Chilly all day, amel. warmth.

Thirsty for cold water.

Restless; not satisfied in sitting.

Hoarse.

Rhus tox. 50 m.; one dose.

January 22. The cold impr. at once.

Lachesis 4 m.; one dose.

January 29. Mental symptoms impr.

Pain in heart for last three days.

Hands were lying across body when woke at 3 A. M.; they felt numb and he could not move them.

Sensation in right knee as if a rheumatism was returning that he had in '95. Used horse liniment at that time.

Sac lac. Weakness in legs.

February 26. Best week he has had this winter; mental condition one hundred per cent. better.

Urine: "Like milk and blood;" frequent; had to urinate at night, first time for several years.

Used to be unable to lie or sit down as the urine would pass from him; amel. walking or standing.

April 9. Has been much better in every way, until the past week, when some pain in heart returned.

Lachesis 4m.; one dose.

Six months later he reports an entire absence of all symptoms.

1897. MRS. JENNIE S—, ÆT. 25 YEARS.

January 7th, 6 P. M. Light hair; blue eyes; inclined to obesity.
Abscess of left labia; parts very sensitive to contact.
Chilly.

Hepar sul. 55m.; one dose.

January 8th, 11 A. M. Shortly after the remedy was given needle-like pains began in the abscess.

Excruciating pains in the right hip since 4 A. M.
knife-like pains shooting down the limb.
parts exceedingly sensitive to touch.
agg. motion; lying on painful side.

Restless agony; throwing herself about the bed; tries to walk the floor, but is unable to stand.

Mouth dry.

Had rheumatism in the left shoulder last week.

Sac. lac. Mother died of inflammatory rheumatism.

4 P. M. Getting worse, left limb becoming involved.

Tearing pains through the limbs, as if the bone would be pulled out of the joint.
agg. heat.

Getting warm; says she is burning up; must uncover.

Patient crying aloud for relief of the pain in the right hip; she has forgotten all about the abscess.

Merc. sol. 6m.; one dose.

8 P. M. Pains better at once; fell into a quiet sleep.

Sac. lac.

January 9th. Much better.

Abscess broke and discharged.

1897. MARION H—, ÆT. 3½ MONTHS.

February 26th. Light hair and eyes. Very pale; small; head crooked; abdomen prominent.

Hereditary history: Tubercular tendency on both sides of the house.

This baby is mother's fourth child; the first lived eleven hours; the second was still-born; the third lived thirteen months and died of rickets, after being under Old School care.

Was a very small child when born; has had Old School treatment up to the present time; ointments, paregoric, injections, etc.

Appetite, enormous. Has been fed irregularly on cow's milk and artificial foods since born.

Sweats profusely about the head; the pillow is always damp after a nap.

Glands tend to enlarge behind the ears and in the groin. Umbilical hernia.

Bowels: Stool directly after eating; stool clay-colored; like putty.

Urine profuse; strong smell.

Excoriation about the buttocks.

Catches cold very easily; gets the snuffles from the least draft.

Cries when washed.

Weighs eleven pounds.

Calc. carb. 13 m.; one dose.

March 11th. Bowels: stool does not come after eating as formerly. stool more yellow in color and firmer in consistence; at times cries and strains until gets red in the face; the stool seems to come part way down and then go

Sac. lac. back.

April 16th. All symptoms have gradually improved until the past week.

Lost half a pound in weight this week.

Calc. carb. 13 m.; one dose.

June 11th. Weighs 15½ pounds.

Has been better, but symptoms returning.

Calc. carb. 13 m.; one dose.

July 19th. Bowels: Tendency to diarrhoea for two days; had eight slimy stools of a dark tan color to-day.

Fretful, crying.

Thirsty.

Calc. carb. c.m.; one dose.

July 21st. Bowels: Ten undigested, sour, slimy stools to-day; stool yellow, but turns green on diaper.

Urine sour.

Sweat sour.

Rheum c.m.; one dose.

The diarrhoea improved at once.

September 11th. Weighs 18½ pounds.

Symptoms returning.

Calc. carb. c.m.; one dose.

October 26th. Cut two teeth during September; no trouble with them.

Seems to be sweating more than usual.

Calc. carb. c.m.; one dose.

December 1st. Cut two more teeth.

Weighs 24 pounds.

All symptoms have disappeared, with the exception of

Sac. lac. an occasional attack of constipation.

The restoration to health of this infant is but one of the many happy results secured under the influence of Homœopathy. The case at first seemed to present many difficulties. Several remedies suggested themselves, among them *Silica* and *Magnesia carb.*, but *Calcarea carb.* seemed to cover the whole case, as well as being the mother's constitutional remedy, and its selection has been fully justified in the results.

The advent of summer was looked upon with no little apprehension, but except for a slight diarrhoea in July, which acted readily to the remedy, the child gained steadily in weight and cut its first teeth with no difficulty. In the bright, flaxen-haired baby, now over a year old, no one would recognize the puny, sickly infant of a few weeks.

SHARP prescribing is attended with immediate results. If you do sharp work you will frequently see aggravations from the remedy. When you do poor work you never see them.

You cannot afford to be liberal with principle.

LAY PRACTICE.

Hahnemann in his letters has commended the use of his system by intelligent laymen, and the following case may serve as an illustration of the superiority of that system, even in the hands of a non-professional, over empirical methods, although these should have the advantage of being employed by a "regular" physician.

The circumstances require a little elucidation. The mother of the patient has faith in the little pills, but we have no homœopathic physician within twenty miles. She is, however, by no means weaned from "harmless" domestic remedies. The child growing, as she thought, dangerously ill, she called in a doctor, and his medicine not having produced a satisfactory effect it was supplemented with paregoric. At about this stage I visited the house and found the baby as described below, the mother very anxious, fearing it would grow worse and worse and die.

Now the position was a delicate one. I knew I had a remedy that could be depended upon to do good, but a physician was in attendance. I decided to leave it to the mother, so gave her the remedy, telling her it would do the child good, but if she gave it she must give nothing else. The description of the case and the result you have below.

1897. BABY A——, LITTLE GIRL, AET. 1 YEAR.

October 27th. Disorder attending difficult dentition.

Mental: Fretting; in pain.

Cries little gentle, sad cries.

Mother walked floor nearly all night.

Had difficulty in keeping coverings on when in cradle, child squirmed about so.

Objects to being touched; withdraws its hand when touched.

Head: Large; light hair; dirty looking scurf.

Face: Pale; thin; bluish under eyes.

Eyes: Large; blue; partly closed at times; steady gaze; look glassy.

Nose: Slight catarrhal discharge; thick; grayish.

Mouth: Gums very sore; mouth kept open on this account; whitish spots or sores on roof.

Tongue: Sores on it; red, and swelled around edges.

Cough: Rattling; several months' standing.

Vomiting: Preceded by gagging; "retches dreadful bad."

Eating, etc.: Refused warm milk; would willingly take cold milk.

Abdomen: Hard and bloated. Pains, relieved by hot cloths across bowels.

Stool four or five times to-day. Slimy; greenish; undigested milk.

Fever: Had difficulty in keeping her warm last night; she was white and "cold as cold." Hands, feet and body cold last night. No sweat. Craved water nearly all night; would take big drinks; could not satisfy her with water or anything cold.

Cham: Low potency. 1 pilule every three hours till better.

October 29th. Better. Allopathic physician was surprised and complimented the mother on her nursing. He had thought the child would not be so well for a couple of weeks.

November 1st. Best stool for weeks.

A day or two later the child showing indications of returning trouble, Chamomilla 4 m. quickly cured the acute symptoms. Hepar sulphur was then given for the cough and scurf on the head, etc., and at last report the baby was well and the cough almost gone.

J. L. W.

IF we would accept opinion we should have to go back to Allopathy, because we find there only a record of man's experience, a heterogeneous mass of opinions,

EXPERIENCE teaches the allopath to give Muriatic acid for typhoid fever in Germany, Nitric acid in England and cold bathing in Paris for the same. This is Old-School "experience."

PERSONAL.

Dr. Annie Lowe Geddes has removed from Glenridge, N. J., to 69 Fullerton avenue, North, Montclair, N. J.

* * *

Dr. Eleanore G. Lennox has removed from Chattanooga, Tenn., to 713 Ontario street, Toronto, Canada.

* * *

Dr. Maybelle M. Park, of Waukesha, Wis., has been elected county physician, and is the first woman to occupy that position in the county, or, as far as is known, in the State. Dr. Park was educated at Carroll College and acquired her professional education at the Women's Medical College of Pennsylvania and the Philadelphia Post-Graduate School of Homœopathics. She has been practicing in Waukesha for three years and has been very successful.

KENT'S REPERTORY. The first part of the Repertory, consisting of *Mind* and *Sensorium*, is now ready for delivery.

BOOK NOTICE.

PROCEEDINGS OF THE 18TH ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The work is creditable to the society and its secretary.

ALL quick prescribing depends upon the ability to grasp comparatively the symptoms.

* * *

WHEN you get failures you may be sure that they are within yourself. If you think the failure is in Homœopathy, you will bring your corrections on the wrong side of the ledger.

* * *


SENSITIVENESS of the face so that it cannot bear the touch of the razor when shaving, feels as if going over a raw sore, is characteristic of *Carb. an.*

BUSINESS DEPARTMENT.

THIS JOURNAL has now appeared ten times and has been on time each issue. This establishes a reputation and custom which will be kept up. We purpose to make a determined and persistent fight for Homœopathy by *teaching the truth*. Up to this date no doubtful doctrine has appeared and this character the JOURNAL desires to maintain. No side issue and no useless discussions have been permitted. No personal merit or controversy has been held up to the readers. The teachings of Samuel Hahnemann have been and shall be presented to the readers without fear or favor, and we ask all workers to this end to send us such notes and confirmations as their experience has developed. We ask for clinical cases and subscriptions, as both are necessary to the maintenance of a high degree of usefulness.

The Lectures on Materia Medica began in No. 1 and the Lectures on Homœopathic Philosophy in No. 5. Back numbers of the JOURNAL are kept and can be supplied to students and physicians. The Lectures are not supplied for publication to any other Journal than the JOURNAL OF HOMŒOPATHICS.

W. D. GORTON,
Business Manager.

It is just as dangerous to suppress symptoms  drugs as it is to remove them with the knife.

* * *

THE idea that you must relieve a patient of his chills at all hazards, that you must give him Quinine, and afterwards Arsenic if that does not work, is all wrong. You will be tempted to do these things unless you have grown up within yourself a new conscience, and realize that it is criminal.

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DISEASES themselves cannot be suppressed, but symptoms can. The totality of the symptoms must disappear in an orderly manner in order to constitute a cure.

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DEPARTMENT OF MATERIA MEDICA.

ALUMINA.

A Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.*

This remedy comes in very nicely after *Alumen* which has much Alumina in its nature and depends largely upon Alumina, which is its base, for its way of working. It occurs to me to throw out a little hint here. When you have a good substantial proving of an oxide or a carbonate, and the mental symptoms are well brought out, you can use these, in a measure in a presumptive way, in prescribing another salt, with the same base, which has got few mental symptoms in its proving. For instance, you have a group of symptoms decidedly relating to *Alumen* such as we talked about the other day. The mental symptoms of *Alumen*, however, have not been brought out to any extent, but still you have the mental symptoms of the base of *Alumen*, which is the oxide, so that if the patient has the mental symptoms of Alumina and the physical symptoms of *Alumen* you can rationally presume that *Alumen* will cure because of the relation produced by the *Aluminium* in each.

It may be said that we know the mental symptoms of Alumina fairly well. It especially takes hold of the intellect and so confuses the intelligence that the patient is unable to effect a decision;

* Stenographically reported by Dr. S. Mary Ives.

the judgment is disturbed. He is unable to realize; the things that he knows or has known to be real seem to him to be unreal, and he is in doubt as to whether they are so or not. In the *Guiding Symptoms* this is not so plainly expressed, but in the *Chronic Diseases* we have a record of this which is the best expression of it that occurs anywhere. There we read: "When he says anything, he feels as if another person had said it, and when he sees anything, as if another person had seen it, or as if he could transfer himself into another and only then could see." That is to say, there is a confusion of mind, a confusion of ideas and thoughts. It has cured these symptoms. The consciousness of his personal identity is confused. He was not exactly certain who he was; it seemed as though he were not himself. This sort of confusion runs through the remedy. A good deal of the time he is in a sort of dazed condition of mind. He makes mistakes in writing and speaking; uses words not intended; uses wrong words. Confusion and obscuration of the intellect. Inability to follow up a train of thought. In a word, it is but confusion. All these things are simply different qualities or kinds of confusion.

Then he enters into another state, in which he gets into a hurry. Nothing moves fast enough; time seems so slow; everything is delayed; nothing goes right. Besides this he has impulses. When he sees sharp instruments or blood, impulses rise up within him and he shudders because of these impulses. An instrument, that could be used for murder or for killing, causes these impulses to arise: impulse to kill herself, to commit suicide, to destroy life.

The Alumina patient is very sad, constantly sad, day and night. Incessantly moaning, groaning, worrying, fretting, and in a hurry. Wants to get away; wants to get away from this place, hoping that things will be better; full of fears. All sorts of imaginations. A sort of general apprehensiveness. When he sets himself to meditating upon this state of mind he thinks surely he is going to lose his reason and go crazy. He thinks about this frenzy and hurry and confusion of mind, how he hardly knows his own name, and how fretful he is, and he wonders if he is not going crazy, and finally he really thinks he is going crazy.

Most of the mental symptoms come on in the morning on wak-

ing. His moods alternate. Sometimes his mental state is a little improved and his mood changes into a quiet, placid state, and again he goes into fear and apprehensiveness. Some evil is going to take place, and he is full of anxiety. Anxiety about the future.

The next most striking feature is the way in which the remedy acts upon all the nerves that proceed from the spine. There is a state of weakness of the muscles supplied by these nerves; weakness over the whole body. There is difficulty in swallowing, a paralytic condition of the œsophagus; difficulty in raising or moving the arms; paralysis of one side of the body, or paralysis of the muscles of the lower extremities, or of the bladder and rectum. The paralytic state begins as a sort of a semi-paralysis, for a long time merely an inactivity, which grows at length into a complete paralytic condition. At times it seems that by putting the will for a sufficient length of time upon certain muscles they will be called into action and perform their functions.

Everything is slowed down. The conductivity of the nerves is impaired so that a prick of a pin upon the extremities is not felt until a second or so afterwards. In these paralytic states if you take an instrument and prick the skin, or if you pinch the skin, in a second or so after the prick or pinch the patient will cry "Oh!" It is a diminished conductivity; the power of the nerves to carry an impression is slowed down. All of his senses are impaired in this way until it really means a benumbing of the consciousness and appears to be a kind of stupefaction of his intellect, a mental sluggishness. Impressions reach the mind with a marked degree of slowness.

The paralytic state runs all through the remedy and is observed in various parts in many ways. The bladder manifests it in the slowness with which the urine passes. A woman sits a long time before the flow starts, with inability to press, and then the stream flows slowly. The patient will say she cannot hurry the flow of urine. The urine is slow to start, and slow to flow, and sometimes only dribbles. At times it is retained and dribbles involuntarily. This slowness is observed also in the rectum. Its tone is lost and there is inability to perform the ordinary straining when sitting at stool, and so parietic is the rectum that it may be full and dis-

tended and the quantity of fæces enormous, and yet though the stool is soft there is constipation, a constipation that results from inactivity. In this remedy there is often a hard stool, but we notice that the remedy will do the best work where there is this parietic condition of the rectum with soft stool. If the mental symptoms, however, are present, such as I have described, with large, hard and knotty or lumpy stool, Alumina will cure. Now so great is the straining to pass a soft stool that you will sometimes hear a patient describe the state as follows: When sitting upon the vessel she must wait a long time, though there is fulness and she has gone many days without stool; she has the consciousness that she should pass a stool and is conscious of the fulness in the rectum, yet she will sit a long time and finally will undertake to help herself by pressing down violently with the abdominal muscles, straining vigorously, yet conscious that very little effort is made by the rectum itself. She will continue to sit, and sit a long time and strain, covered with copious sweat from head to foot, hanging on to the seat if there be any place to hang on to, and will pull and work as if in labor, and at last is able to expel a soft stool, yet with the sensation that more stool remains. Now when you have that state with the mental sluggishness and the parietic state it seems hardly necessary to go more into detail, so general is it and so complete.

Of course a number of other remedies have this straining to pass a soft stool, but they have their own characteristics. Take for example an individual who cannot keep awake; she says that it is impossible for her to read a line without going to sleep; that she can sleep all the time; she suffers night and day from a dry mouth, and the tongue cleaves to the roof of the mouth. Now let her describe this state of straining and struggling to expel a soft stool, and you hardly need to go any further before you know the remedy. If that patient in addition to what she has said tells you that she is in the habit of fainting when standing any length of time, that she is disturbed in a close room and has all sorts of complaints in the cold air, what is the remedy? Of course it is *Nux moschata*. Now you see how easy it is for remedies to talk: they tell their own story. Suppose a woman should come to you who has been suffering from hæmorrhage, from prolonged oozing,

who is pallid and weak and is distended to bursting with flatulence, with much belching and passing of gas, and the more she passes the worse she feels, and she has these same symptoms of straining a long time to pass a soft stool, tremendous effort with inactivity of the rectum. You could do nothing but give her *China*. By allowing remedies to talk and tell their own story in that way individualization is accomplished. I have said all that to show that it is not upon the inactivity of the rectum that you are to hunt for the remedy. Individualization must be made through the patient. That is a principle that should never be violated. A symptom hunter will undertake to show how this remedy has this symptom and so on, but the whole thing is unsatisfactory. You may have twenty remedies all possessing a certain symptom, but if you have a few real decided things that you can say about the patient, the manner in which he does business, the manner in which the disease affects the entire man, then you have something to individualize by. You have seen the Alumina patient, the *China* patient and the *Nux moschata* patient. The sole duty of the physician is to treat the sick, which means to study the *patient himself* until an idea of the sickness is obtained. Then get down to a few remedies that relate to the patient in general.

This medicine is full of vertigo; he quivers, reels and "things go round" almost constantly. It corresponds to the vertigo of tired-out people, old broken down patients, men worn out from old age. Vertigo also that comes on when closing the eyes, as is found in spinal affections, in sclerosis of posterior lateral columns, in locomotor ataxia. Alumina has produced affections analogous to locomotor ataxia. It produces numbness of the soles of the feet, the fulgurating pains, the vertigo when closing the eyes, and produces all sorts of staggering and disturbances of coördination. Now what more do we want? It is true that in an early stage of locomotor ataxia Alumina will check the disease process by bringing into order the internal state of the economy. With *Aluminum metallicum* I have stopped the fulgurating pains in old incurable cases, and improved the reflexes wonderfully, thus showing the general improvement of the patient.

Most of the symptoms are < on getting up in the morning. In the morning, as I have mentioned it, the urine is slower to pass

than after he has moved about and warmed up a little. His limbs are stiffer in the morning and in the morning he has to whip up his mental state. He wakes up confused and rubs his eyes and wonders where he is. You will see that in children especially — they wake up in the morning in a bewildered state, such as you will find in Alumina, *Æsculus*, *Lycopod.*, &c. He has to put his mind on things to ascertain whether they be so or not, as to how things should look and wonders whether he is at home or in some other place.

The remedy is full of constitutional headache with nausea and vomiting of a peculiar kind. The headaches come whenever he takes cold. This probably is due to the catarrhal state. The Alumina patient suffers almost constantly from dryness of mucous membranes, the nose is dry, stuffed up, especially on one side, commonly the left. Nose feels full of sticks, dry membrane or crusts, old atrophic catarrh, crusts here and there over the posterior nares and in the fossa of Rosenmüller. Large green, awfully offensive crusts all through the nose. Now comes the relation to the headache. Every time he catches cold the thick yellow discharge slacks up and gives way to a watery discharge, and when the thick yellow discharge slacks up he has pain in the forehead over the eyes, going through the head, with nausea and vomiting. So when it says headache from chronic catarrh that is what it means. The headache > lying down. He has sick headaches and periodical headaches. You will see before long that Alumina corresponds to a constitution that may be called intensely psoric — old, broken-down, feeble constitutions, scrofulous constitutions, such as are inclined to tubercles and catarrhal affections.

The complete catarrhal tendency of this remedy is noticeable. Catarrhs are found wherever mucous membranes exist. Alumina affects the skin and mucous membrane extensively, *i. e.*, the external and internal skin, the surfaces of the body. The patient is always expectorating, he blows the nose much and has discharges from the eyes. You turn down the lids and notice they are granular and red and covered with blue or purple spots here and there. Aphthous patches occur around the margins of the lids. Little, tiny ulcerations, like pin heads, here and there, with granulation and thickening of the mucous mem-

brane. There is much disturbance of vision, belonging to this catarrhal state that may be spoken of now while about the eyes. Dimness of vision, as if looking through a fog, sometimes described as through a veil. A misty dimness of vision. There is also a good deal of disturbance of the muscles of the eye, of the muscles of the ball and of the ciliary muscle. Weak vision and changeable vision. The paralytic weakness, such as belongs to the whole remedy, will be found in certain muscles, or sets of muscles, so that it is with great difficulty that glasses can be adjusted. The activity of the eye muscles is disturbed.

If we examine the nose we see the same state of the mucous membrane; thick yellow discharges as from the eyes and throat. The nose is full of crusts, an accumulation of dry mucus upon the surface of the nostrils, and the openings of the nostrils are coated with crusty formations. Crusts form deep in the nose and one side of the nose is always stopped up with crusts or thick yellow mucus. This catarrhal state extends over into the back of the nose and the posterior nares are filled up with tough mucus and crusts, and on looking into the throat you will see that the soft palate and the mucous membrane of the tonsils and pharynx and all parts that can be seen are in a state of granulation, are swollen, congested and inflamed. But this seems to be a sort of alternating state, because a good deal of the time the throat feels very dry. The pharynx feels dry and there is a chronic sensitiveness and soreness. When swallowing food there is a good deal of stinging and sensation as if the throat were full of little sticks especially after a moment's rest, better by moistening and swallowing. In the night air, after keeping still a little while, there is an accumulation of ropy mucus; the throat fills up with it. This extends down into the larynx with a good deal of soreness in the larynx and chest and chronic dry, hacking cough. The same catarrhal state proceeds down into the œsophagus, so that it became sensitive and clumsy. He swallows with difficulty. The bolus goes down with an effort and he feels it all the way down. If you think about the matter you will recognize that you do not ordinarily feel the bolus of food after it leaves the pharynx. It goes into the œsophagus and you are not conscious of it unless it is unusually large, but in this remedy there is soreness and clumsi-

ness, paresis and difficulty of swallowing. This paralytic weakness reminds the patient that he must put on a little force in order to swallow and this swallowing is felt while the substance goes down as if the œsophagus were sensitive. It has a catarrhal state of the stomach, bowels and rectum, so that with the soft and difficult stool there is often an accumulation of mucus. There is also a catarrhal condition in the bladder, kidneys and urethra and an old gonorrhœa will be prolonged into a catarrhal or gleet discharge. Sometimes it is not a gleet, but the discharge remains for many months and instead of its being a light milky white, such as is natural in most prolonged cases of gonorrhœa, it remains yellow and is painless. So it is with the vagina. The mucous discharge from the vagina is a thick yellowish-white discharge, sometimes excoriating. Thus we see, in the constitution we have described, that an extensive catarrhal state belongs to the remedy.

When we come to the skin we find that it takes on a similar state of affairs. The patient is subject to all sorts of eruptions. Great itching on getting warm in bed. The skin withers, becomes dry and is subject to eruptions, thickening, indurations, ulcerations, cracking and bleeding. The eruptions are subject to great itching, worse in the warmth of the bed. The skin itches, even when there is no eruption, on becoming warm in bed, so that he scratches until the skin bleeds. This presents an idea as to eruptions that you will have to consider. A patient comes to you covered with crusts, and he says: "When I get warm at night I have to scratch, and I scratch until the skin bleeds." Now in Alumina it is very important to find out whether these crusts were produced by the scratching or whether the eruption came out as an itching eruption, for in Alumina in the beginning there is no eruption, but he scratches until the skin is off and then come the crusts. You must here prescribe not for the eruption, but for the itching of the skin without eruption. A little thought will lead you to see that there are eruptions without itching. Now in *Mezereum*, *Arsenicum*, *Dolichos* and Alumina the skin itches and he scratches until it bleeds, and then he gets relief. Of course after this there is an apparent eruption because crusts form. As soon as the healing begins the itching begins, and he is only

relieved when the skin is raw. With the bleeding and moisture of the skin there is relief of the itching. Now some of the books do not make the distinction between itching without eruption and itching with eruption, and hence mostly all young doctors get to thinking that itching of the skin must always be associated with eruption, and make a mistake in figuring out what kind of an eruption it is. The skin thickens and indurates and ulcerates, and there are indurations under the base of ulcers. There is a very lazy, sluggish condition of both mucous membrane and skin with a tendency to induration. Thickening of the mucous membrane will be found anywhere; after the thickening come little ulcerations, and in course of time indurations are formed at the base of the ulcers. The same thing is true of the skin. Dryness and burning run through everything, and may be said of all the mucous membranes and the skin in general.

(To be Continued.)

ALL physicians recognize that the suppression of an *acute* rash is dangerous, but all are not far-sighted enough to see that such is the case with *chronic* eruptions, excepting that the resulting symptoms come more slowly.

ONLY a few drugs will be similar enough to cure, and there will be only *one* similimum.

A MEMORIZER applies the exact sentence of the proving to the exact sentence of the patient and Homœopathy never becomes alive in him.

IN regard to alternation, if one remedy is found which is similar to the condition, you do not need two remedies; if neither are similar of course you do not.

WE do not take disease through our bodies but through the vital force.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE VII.

In a foot-note to Paragraph 7, Hahnemann writes:

It is not necessary to say that every intelligent physician would first remove this (exciting or maintaining cause, *causa occasionalis*) where it exists; the indisposition thereupon generally ceases spontaneously.

You have, I believe, been led to conclude that there are apparent diseases, which are not diseases, but disturbed states that may be called *indispositions*. A psoric individual has his periods of indisposition from external causes, but these external causes do not inflict psora upon him. Such a patient may disorder his stomach from abusing it and thus create an indisposition. Indispositions from external causes mimic the miasms, *i. e.*, their group of symptoms is an imitation of a miasmatic manifestation, but the removal of the external cause is likely to restore the patient to health. Business failures, depressing tribulations, unrequited affection producing suffering in young girls, are apparent causes of disease, but in reality they are only exciting causes of indispositions. The active cause is within and the apparent cause of sickness is without. If man had no psora, no deep miasmatic influence within his economy, he would be able to throw off all these business cares, he would not become insane from business depression, and the young girl would not suffer so from love affairs. There would be an orderly state. The physician then must discriminate between the causes that are apparent or external, the grosser things, from the true causes of disease, which are from centre to circumference. In every instance where Hahnemann speaks of true sickness he speaks of it as a miasmatic disease,

* Stenographically reported by Dr. S. Mary Ives.

but here he employs another word, "Then the *indisposition* usually yields of itself," or if the psoric condition has been somewhat disturbed order can be restored by a few doses of the homœopathic remedy. To illustrate, if a man has disordered his stomach it will right itself on his ceasing to abuse it, but, if the trouble seems somewhat prolonged, a dose of medicine, like *Nux vomica* or whatever remedy is indicated, will help the stomach to right itself, and so long as he lives in an orderly way he will cease to feel this indisposition.

"The physician will remove from the room strong smelling flowers which have a tendency to cause syncope and hysterical sufferings." There are some nervous girls who are so sensitive to flowers that they will faint from the odor. There are other individuals who are so psoric in their nature that they cannot live in the ordinary atmosphere; some must be sent to the mountains, some to warm lands, some to cold lands. This is removing the occasioning cause, the apparent aggravating cause of suffering. A consumptive in the advanced stages, one who is steadily running down in Philadelphia, must be sent to a climate where he can be made comfortable. The external or apparent cause, the disturbing cause in his sick state, is thus removed but the cause of his sickness is prior to this. The physician does not send the patient away for the purpose of curing him, but for the purpose of making him comfortable. "He will extract from the cornea the foreign body that excites inflammation of the eye, loosen the over-tight bandage on a wounded limb that threatens to cause mortification, lay bare and put a ligature on the wounded artery that produces fainting, endeavor to promote the expulsion by vomiting of belladonna berries, etc., that may have been swallowed." Now, without giving the circumstances and surroundings in which Hahnemann stated these things, it has been asserted in the public prints that Hahnemann advised emetics. A class of so-called physicians have taken this note of Hahnemann's for a cloak as a means of covering up their scientific rascality, their use of external applications. They tell us Hahnemann said so, but we see it becomes a lie.

Here is another note: "In all times, the old school physicians, not knowing how else to give relief, have sought to combat and

if possible to suppress by medicines, here and there, a *single* symptom from among a number in diseases." This course of singling out a group of symptoms and treating that group alone as the disease is false, because it has no due relation to the entirety of the man. A group of symptoms may be given expression to through the uterus and vagina, and one who is of this understanding has a plan for removing only the group of symptoms that belong to his specialty, whereby he thinks he has eradicated the trouble. Hahnemann condemns this doctrine and we see at once its great folly. In many instances there are, at the same time, manifestations of "heart disease," "liver disease," etc. (that is, speaking in their terms; these are not diseases at all, as we know), so that every specialist might be consulted, and each one would direct the assault at his own particular region, and so the patient goes the rounds of all the specialists and the poor man dies. An old allopathic physician once made the remark about a case of pneumonia that he was treating, that he had broken up the pneumonia. "Yes," said another physician, "the pneumonia is cured, but the patient is going to die." That is the way when one of these groups of symptoms is removed; constipation may be removed by physic; liver symptoms may sometimes be removed temporarily by a big dose of Calomel; ulcers can be so stimulated that they will heal up; but the patient is not cured. Hahnemann says it is strange that the physician cannot see that the removal of these symptoms is not followed by cure, that the patient is worse off for it. Some patients are not sufficiently ill to see immediately the bad consequences of the closure of a fistulous opening, but if a patient is threatened with phthisis, or is a weakly patient, the closure of that fistulous opening of the anus will throw him into a flame of excitement and will cause his death in a year or two. The more rugged ones will live a number of years before they break down, and they are held up as evidences of cure. Such treatment is not based upon principles, and close observation will convince a thoughtful man of its uselessness and danger. The fistulous opening came there because it was of use, and probably if it had been permitted to exist would have remained as a vent until the patient was cured. When the patient is cured the fistulous opening ceases to be of use, the necessity for it to remain

open has ceased, and it heals up of itself. The *Organon* condemns from principle the removal of any external manifestations of disease by any external means whatever. A psoric case is one in which there is no external or traumatic cause. The patient perhaps has the habit of living as nearly an orderly life as it is possible for anyone to assume at the present day, going the regular rounds of service, using coffee and tea not at all or only in small quantity, careful in diet, removing all external things which are the causes of indispositions, and yet this patient remains sick. The signs and symptoms that are manifested are the true impress of nature, they constitute the outwardly reflected image of the inward nature of the sickness. "Now as in a disease from which no manifest exciting or maintaining cause has to be removed, we can perceive nothing but the morbid symptoms, it must be the symptoms alone by which the disease demands and points to the remedy suited to relieve it."

Hahnemann's teaching is that there is a use in this symptom image, and that every curable disease presents itself to the intelligent physician in the signs and symptoms that he can perceive. In viewing a long array of symptoms an image is presented to the mind of an internal disorder, and this is all that the intelligent physician can rely upon for the purpose of cure. This divides homœopathy into two parts, the science of homœopathy and the art of homœopathy. The science treats of the knowledges relating to the doctrines of cure, the knowledge of principle or order, which you may say is physiology, the knowledge of disorder in the human economy, which is pathology (that is, the science of disease, not morbid anatomy) and the knowledge of cure. The science of homœopathy is first to be learned to prepare one for the application of that science, which is the art of homœopathy. If we cast our eyes over those who have been taught, self-taught or otherwise, we see that some can learn the science, become quite famous and pass excellent examinations and are utterly unable to apply the science, or, in other words, to practice the art of healing, for all healing consists in making application of the science. We study disease as a disorder of the human economy in the symptoms of the disease itself. We also study disease from the symptoms of medicines that have caused disorder

in the economy. Indeed we can study the nature and quality of disease as much by studying the *materia medica* as by studying symptoms of disease, and when we cannot fill our time in studying symptoms from sick folks it is well to use the time in studying the symptomatology of the *materia medica*. True knowledge consists in becoming acquainted with and understanding the nature and quality of a remedy, its appearance, its image and its relation to man in his sickness; then by studying the nature of sickness in the human family to compare that sickness with symptoms of the *materia medica*. By this means we become acquainted with the law of cure and all that it leads to, and formulate doctrines by which the law may be applied and made use of, by arranging the truth in form to be perceived by the human mind. This is but the science, and after all we may yet fail to heal the sick. You will observe some, who know the science, go out and make improper application of the remedies, and seem to have no ability to perceive in a remedy that which is similar to a disease. I believe if they had a candid love for the work they would overcome this, but they think more of their pocketbooks. The physician who is the most successful is he who will first heal for the love of healing, who will practice first for the purpose of verifying his knowledge and performing his use for the love of it. I have never known such a one to fail. This love stimulates him to proceed and not to be discouraged with his first failures, and leads him to success, in simple things first and then in greater things. If he did not have an unusual affection for it he would not succeed in it. An artist once was asked how it was that he mixed his paints so wonderfully, and he replied, "With brains, sir." So one may have all the knowledge of homœopathy that is possible for a human being to have, and yet be a failure in applying that art in its beauty and loveliness. If he have no affection for it, it will be seen to be a mere matter of memory and superficial intelligence. As he learns to love it, and dwell upon it as the very life of him, then he understands it as an art and can apply it in the highest degree. The continuous application of it will lead any physician of ordinary intelligence so far into the perception of his work that he will be able to perceive by the symptoms the whole state of the economy, and when

reading provings to perceive the very nature of the sickness expressed in the provings. This degree of perception will enable him to see the "outwardly reflected image." You will not have to observe long, or be among physicians long, before you will find that many of them have a most external memory of the *materia medica*, that they have no idea of the nature of medicines they use, no perception of the quality or image of a remedy. It does not come up before their mind as an artist's picture, it is cold, it is far away. An artist works on a picture so that he sees it day and night, he figures it out from his very affections, he figures out every line that he is going to put in the next day, he stands before it and he is delighted in it and loves it. So it is with the image of a remedy. That image comes out before the mind so that it is the outwardly reflected image of the inner nature, as if one man had proved it. If the symptoms do not take form the physician does not know his patient and does not know his remedy. This is not a thing that can open out to the mind instantly. You are, as it were, coming out of a world where the education consists in memorizing symptoms or memorizing key-notes or learning prescriptions, with really nothing in the mind, and the memory is only charged with a mass of information that has no application, and is only confusion leading man to worse confusion. There is no order in it. Hahnemann says: "In a word, the totality of the symptoms must be the principal, indeed the only, thing the physician has to take note of in every case of disease and to remove by means of his art, in order that it shall be cured and transformed into health." That is the turning of internal disorder into order manifested in the way we have heretofore explained, viz., from above downward, from within out and in the reverse order of the coming of the symptoms.

THE homœopathicity cannot be increased by increasing the dose. If it is right at all you increase its homœopathicity by elevating its quality towards its interior nature so that it corresponds more perfectly to the vital force.

DISEASE is a proving of the morbid substance. It is not true that there is one law for disease and another for drug effects, but the degree of susceptibility governs.

THE NECESSITY OF PROVINGS—ORGANON, §106.*

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The whole pathogenetic effects of the several medicines must be known; that is to say, all the morbid symptoms and alterations in the health, that each of them is specially capable of developing in the healthy individual, must first have been observed as far as possible, before we can hope to be able to find among them, and to select, suitable homœopathic remedies for most of the natural diseases.

This paragraph is brimful with suggestion; every word bristles with meaning. It seems, indeed, a "boiling down" of many important subjects, dealing as it does with provings complete and partial, provers, symptomatology, the individuality of drugs, the selection of the remedy and the basis of selection.

To appreciate fully the position of affairs at the time Hahnemann wrote this paragraph, we would require to go back eighty years in the annals of medicine and try to grasp the condition of things medical in and before his day.

It would seem a truism to say that for the practice of medicine it is necessary to have medicines and to know their uses. Now, medicines these early doctors had in plenty, but what knowledge had they of the drugs they daily prescribed? On what data did they proceed, and how did they apply the remedies? In an article on that subject Hahnemann very ably examined the *sources of the common Materia Medica* of his day, and he therein proves that the sources every one were very muddy indeed. *Conjecture*, guess work and fiction were the means by which many remedies were labelled as having specific properties, *e. g.*, diuretics, diaphoretics, emmenagogues, etc. The observer or prescriber, who had been responsible for tacking on such names to the drugs, never deemed it necessary to administer one remedy at a time to the patient and then watch its undisturbed effects, but he always mixed several remedies together. The results following such prescriptions were often put down as the specific action of one of the administered remedies, and that without taking into account the other drugs

* Read at the *Materia Medica and Organon Society Meeting*.

given, or the external circumstances that sometimes had as much bearing on the symptoms present as had the prescription. Another source of the drug knowledge of that day was the *sensible properties* of the remedies. By tasting the drug, for instance, the physician ascertained that it had a bitter taste, and so he put it in the class of "bitters," asserting at once that it had tonic properties. By the sense of smell he was able to distinguish the "aromatics," and to these, without much ado, he ascribed the virtues of "exalting of the forces" and "strengthening of the nerves." *Chemistry* was also claimed to be a valuable means of distinguishing the action of the remedies, but here again conjecture and hypotheses reigned supreme. It was held that substances having the same physical properties would have the same effects on the organism, which Hahnemann overturned and ridiculed by the simple illustration of a plate of cabbage leaves and one of Belladonna, both of which contained albumen, gelatine, extractive matter, potash, etc., in their chemical composition, but were widely divergent in their action when taken into the body.

The last important source of *Materia Medica* knowledge of Hahnemann's day was the use of drugs upon the sick. Information from this direction was obtained as follows: A diagnosis was made, and very often a faulty one, and then empirically a prescription was given. As yet the doctor did not know what results to expect from the prescription, but, whatever the effects, it would be impossible to make use of the observation, for in the prescription were many drugs, and it would be simply out of the question to give the credit of any particular action to any particular ingredient. No matter how strongly the physician would urge that he had given the basis of his prescription for a certain condition and the other drugs had no action he could not with certainty say that the particular remedy had acted merely to please him. He might beforehand determine what drug should be the basis, what drug the adjuvant, and what the corrective, but such a prearranged course of action would not necessarily be followed by the drugs. Being unintelligent they would have no regard for his desires, and acted on as they were by each other they in compound formed practically a new drug, and the results were really those of the compound and inseparable.

Now upon whatever scientific basis allopathy rests to-day, it is certain that the above sources were the only ones from which the allopaths of Hahnemann's day could draw their information. "Thus," says Hahnemann, "the life and health of human beings were made dependent on the opinions of a few blockheads, and whatever entered their precious brains went to swell the *materia medica*." This then was the state of affairs when Hahnemann wrote paragraph 106 — words that must have been quite striking to any honest observer among physicians of his day.

He says, "the whole pathogenetic effects of the several medicines *must be known*." Mere conjecture, guess work, opinion and tradition ought not to satisfy the physician whose duty it is to heal sick folks. He must stand upon the foundation of knowledge. He must be able to say, "I hold in my hand an agent whose effects upon the healthy *I know*." And so from accurate knowledge of the several remedies he can hope to be able to select the remedy for a particular case of sickness. Moreover the physician should know the *whole* pathogenetic effects of the remedies. A fully proven remedy is one which has produced its symptoms in every region of the body, effecting changes in all sensations and functions. In this way we get a totality of the drug symptoms — an image or portrait of its miasm, and so are able to compare it with the totality of symptoms present in any natural disease. The *observation* that Hahnemann speaks of in this paragraph has been applied to a large number of remedies, so that to-day our *Materia Medica* is so fully developed we can say there is contained in it nearly every possible expression of human sickness. Of many of the remedies it could almost be said that the whole pathogenetic effects are known. These fully proven remedies are sufficiently numerous to furnish an armamentarium for the physician to combat nearly all natural diseases, and outside of these for special occasion he has ten hundred partially proven remedies. This I mention, though well known, to bring it into contrast with this beginning of things, when Hahnemann was proving remedies as a pioneer.

Hahnemann hints at the individuality peculiar to each remedy when he says the effects of the *several medicines* must be known. Elsewhere he impresses the fact that each drug has a unique posi-

tion, a place which can be filled only by itself. This again is in direct opposition to the allopathic classification of remedies, any one of the group of diuretics, for instance, being chosen at the will of the prescriber. Hahnemann lays it down that the provers must be *healthy* individuals. This is just as essential to reliable pathogenesis as chemically pure agents are to an important reaction. *Observation* then collects, weighs and classifies the results from prescribing remedies to such healthy individuals and the paragraph closes with stating the purpose of it all, viz., the selection of the homœopathic remedy. It is needless to dwell on this part of the paragraph as it is the theme of the whole Organon, a mere re-statement of the law of similars.

Allopaths in their dealings with the teachings of homœopathy often place themselves in peculiar positions. They do their best to ridicule "homœopathic theories," characterizing them as fudge, transcendentalism, and the essence of foolishness, but forgetting that they have thus done so they claim the same doctrines as their own, averring that Hahnemann stole them from allopathic sources. They have said this in regard to paragraph 106. They assert that Hahnemann was not the originator of the idea of drug proving, but having found it in Haller's book he promulgated it. Albrecht von Haller wrote, in 1755, in the preface to his Swiss Pharmacopœia, as follows:

In the first place the remedy is to be tried on the healthy body, without any foreign substance mixed with it; having been examined as to its odor and taste a small dose is to be taken and the attention directed to all effects which thereupon occur, such as upon the pulse, the temperature, the respiration, the excretions. Having thereby adduced their obvious phenomena in health, you may pass on to experiment upon the sick body.

These directions Hahnemann quotes in a foot-note on this very page, and gives Haller full credit for them. I suspect the allopaths who quote Haller's directions found them in this same foot-note, and so Hahnemann by digging out Haller's statement, which would otherwise not have had nearly so much publicity, Hahnemann was cutting a stick for his own back. The allopaths have certainly not failed to use it, but they always ignore Hahnemann's remark that "not one physician attended to or followed up Haller's invaluable hint."

The Old School has now had one hundred and forty years in

which to carry out Haller's suggestions, which they profess to admire so much. What is the best that can be said of their drug proving in this day? The allopath, Potter, in his Therapeutics, says, "While, however, the masses of the profession, blinded by prejudice, turned away from everything which savored of drug experiment, a few in every country were quietly working in the lines of Haller's dogma that 'Drug proving is the only true basis of drug using.' As a result of their labor the present generation sees the development of an idea announced one hundred and thirty years ago, but now inspiring the minds of teachers and students all over the civilized world. Medical colleges are recognizing physiological drug experimentation as a part of their regular curricula; laboratories are fitted up with instruments of precision, and under the direction of such men as Wood, Ringer and others systematic researches are being conducted upon animals to ascertain the physiological action of every agent hitherto used in medicine."

Thus, after one hundred and forty years of opportunity we find the allopathic provers to be animals, though Haller recommended the healthy body; we find polypharmacy still the method of prescribing, though Haller recommended the investigation of the single remedy.

The physiological action on animals, if even that is obtained, is all that the allopaths can produce as the result of their century's research. Leaving out of account the conflicting theories as to that same physiological action and accepting the results that are acknowledged to be substantial, the question still remains—how far have they advanced in the selection of the remedy? How does the physiological action accord with the therapeutic use of the drug?

We have theories to-day as there were theories in Hahnemann's day. The eighteenth century theories are now ridiculed, but their places are occupied with theories that may yet be as ludicrous in the eyes of the twentieth century prescribers. Bleeding in the early days was the *sine qua non* of treatment. The blood was drawn and the coagulum with its buffy coat was shown to the patient and awe-struck friends as the offending material that had to be got rid of. If this material cause could not be extracted by bleeding, then purgation was resorted to to expel it, and often

both methods were tried on the one patient. An old parody on the medicine of that day gives the following interesting conversation:

Countrywoman to Physician.—"Sir, my father gets worse and worse every day."

Physician.—"That is not my fault. I give him medicine. Why does he not get better? How many times has he been bled?"

Countrywoman.—"Fifteen times, sir, in the last twenty days."

Physician.—"Bled fifteen times?"

Countrywoman.—"Yes."

Physician.—"And he is not cured?"

Countrywoman.—"No."

Physician.—"It is a sign the distemper is not in the blood. We will purge him as many times to see if it is not in the humors."

That day has gone. The physician no longer tries to coax the *materia peccans* into his cup, but we see him of chemical propensities pursue the nimble bacillus in the vain endeavor to put some salt of mercury upon its tail. Or perhaps he is a seropathist who bows to the recommendation of the distinguished scientists who combat disease in the laboratory without having treated a case in actual practice; and in his eagerness this seropathist forgets how dangerously near to homœopathic territory he is getting. Indeed, many a time he comes clean over to homœopathic ground and his patient into whom he has injected "absolutely fresh serum" dies within an hour because of the homœopathic aggravation. He does not stop to follow this to its issue, covers up the death by blaming it on an idiosyncrasy of the patient and misses learning the law that underlies the idiosyncrasy.

If the case he is treating is one he cannot by any means bring under the heading of bacteriology then our prescriber has to go back to his prescribing. Say it is a case of flatulence; no bacillus of flatulence having up to the most recent reports yet been isolated, he resorts to his prescription book and digs out a formula such as that recommended for this condition by Dr. Mackenzie of the London Hospital in *The Practitioner* for July, 1895:

℞. Potassi bicarb. vel sodii bicarb.	ʒij
Sp. animon. arom.	ʒjss
Liq. strychninæ	m xxx
Sp. armoraciæ co. vel. sp. cajuputi	ʒjss-ʒji
Sp. Chloroformi	ʒj
Infus. columbæ vel gentianæ co. ad.	ʒxvj.

If the pain in the stomach is great 1 drachm of Schacht's liquor bismuthi should be added to the mixture. In addition to the above the following pill should be prescribed:

℞. Acid carbolic	gr. xii
Zinci valerianat	gr. xx
Aloinæ	gr. vj
Extr. nucis vom gr. $\frac{1}{4}$ vel. strychninæ	gr. $\frac{3}{16}$
Oleo resin capsici	gt. j.

Who can deny that polypharmacy which was decried a hundred years ago exists in its crudest form to-day.

The therapist (allopathic) acknowledges that empirical prescribing, or as he euphoniously expresses it the "Therapeutics of experience," is essentially an unscientific method, a mere elaboration of the popular habit of recommending Mrs. A. to use pepper tea because it cured Mrs. B. of the very same thing. Yet when we turn to the general therapeutics of his remedies we read such expressions on every page as the following: "This drug is used with benefit in such a condition," or "it is said to abort such a state," or "in such a disease this remedy holds a high rank," or "it has seemed to render efficient service" in such another state. Still worse is the exhibition of traditionalism manifested in the special therapeutics of the different diseases, which we see treated "according to Bartholow," or "according to Wood," or "according to Pepper." Although even allopaths one hundred years ago lamented such foolish behaviour, we see their successors run on in the same blind course, pouring into their patients the old-time combinations or the newest products of the laboratory. Every season brings its fad and its accompanying death roll, and alarmed at the fearful consequences the allopath jumps out of the antiphlogistic frying pan into the antipyretic fire.

Our whole medical surroundings impress the fact that much as it was needed in Hahnemann's own time this paragraph is just as strikingly called for to-day, and in the midst of the conflicting and ever changing theories, both as to medicines and disease, we recall with satisfaction that Hahnemann safeguarded against therapeutic error by the teaching of this section, that the whole pathogenetic effects of the several medicines must be known before we can hope to be able to find among them suitable remedies for disease.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

A CASE OF CHOREA MAJOR.

W. P. WESSELHÆFT, M. D., Boston, Mass.

A. G., a girl of fifteen, brunette, has been suffering from severe chorea for four years. She was brought to my office supported by an attendant and with difficulty reached the house from the carriage. The examination revealed the following:

Has been under treatment by several allopathic physicians constantly for four years, with the exception of a few months during the summer, when the condition is greatly relieved. This relief during warm weather prompted her parents to go to Bermuda, where she was much more comfortable; but on their return to Boston the affection reappeared in a much more aggravated form than ever. She has been confined to her bed most of the time for the last three months.

In May, 1893, she had her first menstruation and it has occurred once in two or three months.

Is very irritable, cross and unreasonable.

Desires certain articles of food with great eagerness, and when brought to her she declines them; if urged to eat, she becomes violent.

Motions of arms and legs are constant, except when asleep, but involuntary movements keep her awake an hour or two after retiring. The movements and jactitation are often so violent that she retains her seat on a chair with difficulty. If asked to grasp with her hands any article lying on the table, she is utterly unable to direct her motions to seize it.

The speech is unintelligible; runs her words together; has very little control over her tongue, and articulates so imperfectly as to be intelligible only to those who are constantly with her.

Deglutition is often difficult; has choked several times when careless in swallowing.

Saliva constantly drools from mouth.

The aggravated attacks have always commenced in the shoulders, going later on to the arms and then to the hands.

She frequently loses all power to support herself on her legs and has had many falls.

Great exhaustion from the least bodily effort.

The allopathic treatment has been mainly Fowler's solution of Arsenic, beginning with drop doses three times a day and gradually rising to sixteen drops three times a day; Bromide of Potassium at night, or a five grain tablet of Sulphonal, to induce artificial sleep.

The long continued use of Arsenic during the last year brought rash all over her body, accompanied by intense heat and intolerable itching; this drug was therefore discontinued and increased doses of Bromide of Potassium substituted with occasional doses of Strychnin and Quinine.

On account of the mental symptoms I selected *Cina* and gave one dose dry.

Report a week later: No change in physical or mental symptoms. Her neck is so weak she can scarcely hold up her head; tongue thick and heavy; is afraid of ghosts at night and must have light and company. *Stramonium c.m.* in water morning and evening for two days.

Report a week later: Menstruation appeared only ten days late, but is worse in every other respect. *S. L.*

Report a week later: No improvement; stumbles and falls; swallowing has become more difficult, especially for fluids; speech is so thick that no one understands her; tongue is very heavy; much salivation and drooling, with frequent efforts to swallow saliva. *Causticum c.m.*, one dose.

Report a week later: For the last two days some improvement is perceptible in swallowing; the right hand and arm under better control. *S. L.*

Report a week later: Menstruation appeared on time; continued improvement in walking and swallowing; speech quite intelligible. *S. L.*

Report two weeks later: Walks quite well into my office. Speaks much more plainly; recites a verse of poetry slowly and distinctly. *S. L.*

Report a year later: She has been perfectly well during the year; menstruation regular; not the slightest return of choreic motions and looks the picture of health.

Nearly another year has passed, and the health of the girl is firmly established.

The homœopathic treatment of this case commenced in February and the patient was discharged as cured the following May.

From 1891 to 1895 she had been unmercifully drugged with Arsenic, Bromide of Potassium, Strychna and Quinine, therefore she was almost constantly under the influence of one or more unsuitable drugs.

This cure with a high potency of *Causticum*, in single dose, may be adjudged by our scientists as belonging to a realm of the mystical and thrown aside with contempt. Those observers among us, however, who have seen many similar results from the *properly selected remedy* in its highest attenuations well know that such cures are possible only with dynamizations, in which no material substances can be discerned by the scales, chemical analysis, microscope or spectroscope any more than similar examinations of the nerve tissues affected would reveal structural changes by putting them to the same tests. Post-mortem examinations in these cases have revealed to the pathologist practically nothing, and such are not always conclusive evidence of what really exists in organs and tissues during life.

DISCUSSION.

DR. BELL: Why did not the doctor give *Causticum* earlier?

DR. WESSELHOEFT: Well, because he was stampeded. I want to answer that question, for I think it is a perfectly proper one. I myself wonder why I did not give *Causticum*, but I made a very careful study of the case only after the second visit of the young woman. I thought I had made a tolerably good one the first visit. The child is naturally very amiable, but during these

years under the influence of the chorea she became entirely changed mentally. I laid my greatest stress upon the mental symptoms, which I grant you were not fully covered in other respects by Cina. Then, on the next visit, this fear of ghosts and this great desire and longing for light, which symptom had never been given to me before, but might have been an older symptom, had certainly come out very much more strongly after the Cina had been given. Upon that symptom, which was again entirely a mental and nervous symptom, I prescribed Stramonium, at the same time knowing that I had not got deep enough—that there must be something else coming to the surface. Then I let her go on Stramonium, as you remember, two weeks. She made a slight superficial improvement. Then came this tremendous paralysis of the muscles of deglutition and muscles of speech, so that my nose was absolutely rubbed on to Causticum. I do not think it was a very brilliant prescription, but I think the result of the case was a most brilliant one, and it was almost as good as what we have heard here to-day, "cured while you wait" by Dr. Allen. Of course such cases as these cannot be cured while you are waiting, but when you consider that from 1891 to 1895 this child was absolutely under the control of this enormous irregularity of muscular action, without the slightest relief, with the most outrageous medication of 16 drop doses of Fowler's solution three times a day, besides Strychnia, Quinine, etc., it is very much like waiting until you are cured instead of getting cured while you wait. From February until May that child was under treatment. I believe if I had given Causticum in the beginning, as Dr. Bell very properly says, I would have gained much time. Nevertheless, think of it for one moment. Think of a case of chorea major existing for four years under the most adverse conditions, with medicinal poisoning continued through that time; think of the fact that with all that tremendousness of medical poison, which must have been deep, and still a single powder of Causticum in its highest attenuation acted in spite of all this.

Now we come to the next question, the antidotal treatment. Suppose I should have given the girl the last remedy she had taken, which was bromide of potassium. Could I have found in

anything that we know of bromide of potassium anything that related to this case? It would have been just as stupid a prescription as if I had given her bromide of potassium in allopathic doses, exactly as stupid. It had no relation to the case; anyone who knows anything of arsenic knows that this case has not one single thing in common with arsenic. Then why should I have used an antidotal treatment, as Dr. Bell suggests? I certainly cannot think that an antidotal treatment, without the slightest indication for the remedy, should be considered for a moment. We ought to have had arsenic symptoms in this case, but we did not have them, because chorea symptoms supervened, the original disease being so enormously strong that the arsenical symptoms did not come. Bromide of potassium symptoms did not come either, or any symptoms of the heroic drugs she had taken for four years. Antidotal treatment should always be homœopathic treatment.

DR. BELL: This case shows magnificently the foolishness of resorting to antidotal treatment. I wanted to draw Dr. Wesselhœft out.—(*Extract from the Proceedings of the 18th Annual Session of the International Hahnemann Association.*)

[This case is quoted to give a more extended circulation to this brilliant action of Causticum.—*Ed.*]

CLINICAL CASES.

R. GIBSON MILLER, M. D., Glasgow, Scotland.

I.—MISS M. MCI—, AET. 29, DRESSMAKER.

Very pale, sallow complexion.

Has suffered from very frequent and violent attacks of spasmodic asthma for twelve years, coming even twice a week. Although appearing at all times, the asthma is worst in October.

The attacks are always preceded by fluent, watery coryza which gradually descends to the chest.

The attacks always begin some time in the morning and usually continue severely till 12 M.

The asthma is < by lying on the back or left side. The greatest relief is obtained by lying on the knees and elbows in bed. The asthma is < walking, < before, during or after the

menses; is *not* affected by the weather; is accompanied by severe headache, nausea, flushes of heat and sweat.

Patient is much troubled by a severe cough at all times, but especially after an attack of asthma; < A. M. on rising, < by heat; expectoration thick yellow.

Appetite poor, but no trouble after eating.

Very bad taste in A. M.

Menses have always been late, continue three days and are rather scanty, very dark, thick, mild and are accompanied by pain in sacrum.

Legs and feet, especially the left, always more or less swollen.

The patient is otherwise well and there are no definite mental symptoms.

One brother has spasmodic asthma and a sister had religious melancholy which was cured by *Lycopodium*.

1894.

March 16th. One dose *Medorrhinum cm* (Swan).

August 16th. Reports that shortly after beginning the medicine had such a violent aggravation of the asthma that all her people thought she was dying, but since this ceased she has been quite free from the paroxysmal attacks; the swelling of the legs has quite disappeared and the menses came on at the right time, the first occasion this has happened in her life. For three months the case went on improving, but about a month ago an old symptom returned, viz., inflammation of the eyes, on account of which she applied to an allopathic oculist. I explained to her the folly of this and gave a dose of *Natrum mur.* to antidote the wash she had been using. Fortunately the meddling with the eyes apparently did not interfere with the action of the *Medorrhinum*, as she continued to improve for a couple of months, when she experienced another slight attack of her asthma for which she received another dose of *Medorrh. cm.* During the next three years she kept very well, except for two slight attacks of the asthma, the last on July, 1896, for which she received two ad-

ditional doses of the medicine, and since then up till now, November, 1898, she has been well.

The most peculiar symptom or rather modality in this case was the relief of the asthma from lying on the knees or elbows and the only remedies having anything like this were *Medorrhinum* and *Acetic acid*. Under the former in Hering's Guiding Symptoms we find, "Choking caused by spasm and weakness of the glottis . . . larynx so stopped that no air could enter, only relieved by lying on the face and protruding the tongue." *Acetic acid* has the following symptom: "Could not lie on the back, as felt as if the abdomen would sink in, which caused laborous breathing; he rested easier in the abdominal position." *Bar. c.* and *Eupat. perf.* as well as *Medorrhinum*, have cough relieved by lying on the face, but in this case it was the breathing not the cough that was relieved in that position.

On examining *Medorrhinum* I found that it corresponded fairly well to the rest of the case, viz., menses very dark; colds begin in the nose and descend to the chest; cough worse in heat, and accordingly it was given with the foregoing satisfactory result.

I have since verified in another case of spasmodic asthma the relief from lying on the elbows and knees, the morning aggravation and the catarrhs beginning in the nose and descending to the chest.

II.—MISS E. M., AET. 20.

Well till 4 years ago, when began to be slightly troubled with shortness of breath but has been worse since a slight attack of pneumonia two and a half years ago. The attacks come frequently, beginning with a simple coryza for two or three days, and this is followed by wheezing asthma, so severe at times that she cannot remain lying. The asthma lasts for two or three days and ends with much rumbling in the abdomen. The asthma is followed by a troublesome cough with profuse watery, frothy expectoration.

During the asthma she has a marked feeling of load and fullness, as from flatulence in the stomach; and both the asthma and the load are much worse while lying on the right side and relieved by lying on the left. Both the full feeling and the asthma are

worse after eating, especially after vegetables. As a rule cannot get up the wind, but if does succeed in so doing she experiences much relief.

The asthma is aggravated before and during the menses.

At times is troubled by sour, watery regurgitation after meals.

Very nervous, depressed, inclined to cry and to become hysterical.

Bowels constipated.

Menses always late, scanty, good color, with some pain in abdomen on the first day.

1896.

October 10th. *Castoreum* 200th.

November 20th. Has been much better — little feeling of load in *S. L.* the stomach. Is putting on flesh. Bowels regular.

December 12th. Very well till a few days ago when had a slight return of the asthma. *Castoreum* 200, three doses.

1897.

March 29th. No asthma for three months; very slight feeling of fulness in the stomach. Menses still late but more *S. L.* copious.

August 6th. Continues well.

The marked relief given by this old-fashioned but now rarely used remedy in the foregoing case of flatulent asthma in a hysterical patient, verifies Symptom 122 in Allen's *Materia Medica*: "Such great fulness in the stomach and chest that breathing was rendered difficult, from 6 to 9 P. M.; this became worse after lying down, especially if she lay on the right side and still worse if she lay on the back; it was relieved by lying on the left side; it was accompanied by sensation of contraction in the throat."

The remedy has done its work well in removing this phase of the disease but as its action is only superficial I expect an antipsoric will be required at some future time to complete the cure.

III.—DAVID S., PAINTER, AET. 27.

The following case confirms and amplifies a rather unusual symptom of *Plumbum*. This patient has suffered for two and a half years from an almost constant pain in the occiput and back

of the vertex. The pain is cramping constricting in nature. It is mostly felt when lying down and is easier when sitting up, but he obtains most relief by walking about slowly, while quick walking aggravates. It is worse from extremes of temperature and relieved in a moderately warm room. He obtains great relief from binding up the head tightly or by wearing a cap tightly drawn over the head. Noise or looking at any bright object greatly aggravates the pain. The pain is not affected by eating or drinking. He never sweats even in the greatest heat. Frequent cramps in the calves. Lead line well marked. Urine on analysis was found to be normal.

I advised him at once to leave work, which he did, and the foregoing symptoms very soon ceased, and he was quite restored to health.

The symptom which the foregoing confirms is numbered 318 in Allen's *Materia Medica* and is as follows: "Violent headache in the occiput extending to the ears and temples, dull pressure, usually commencing while asleep, so that the patient frequently rose from bed and walked about the room holding his head with both hands, and as soon as the pain was somewhat relieved lay down again to catch a short sleep."

IV.—J. C., MINER, ÆT. 43.

For seven years has suffered from a severe *burning* pain in right spermatic cord and inguinal canal, with at times a dragging pain in the testis, which, however, was not swollen.

The burning pain was worse while lying down, especially when lying on the right or on the back, also when sitting or standing, but he obtained *marked relief* while *walking about*. Heat and cold had no effect upon the pain.

At times the pain would leave the testicle and settle in the left mamma, which then became slightly swollen.

Pulsatilla and *Rhododendron* gave partial relief for a time, but on learning that the pain in the spermatic cord was very frequently accompanied by a severe pain in a small spot in the right supra-orbital region I was led to study *Lycopus virg.*, under which was found the following: "Continuous aching along the inguinal canals, most marked on the right side, obliging me to walk con-

tinuously," and "neuralgic pain in the left testicle and in the right supraorbital region."

This being the most similar remedy I could find a few doses of the zooth were given with plenty of S. L. Both the burning in the spermatic cord and the supra-orbital pain vanished in the course of couple weeks, and a slight return later on was removed by the same remedy and potency.

He then began to complain of gnawing pains in the stomach. > eating; > sweet milk; < pressure of the clothes; which *Graphites* 30m., one dose, removed in a very short time. This indigestion had troubled him for a long time before the neuralgia of the cord commenced, and this showed that the case was travelling in the right direction, *i. e.*, symptoms must be cured in the reverse order to that in which they appear.

The only proving of *Lycopus* I know of showing an action on the testes or spermatic cords is the one in Allen's *Materia Medica*, or Hering's *Guiding Symptoms*, and it is worthy of note that most of the pains in this region are stated by the prover to be worse from walking, and nowhere does he mention that the pain was burning. In the prover the *right* supraorbital pain accompanied a pain in the *left* testis, but in the patient it was the *right* spermatic cord that was affected.

/ V.—CHRISTINA MCK., AET. 17.

. Has had three attacks of rheumatic fever and for about a year has gradually become very easily tired. The least exertion, especially ascending a stair, causes great breathlessness and palpitation of the heart. The action of the heart is frequently fluttering, or she experiences a sensation as if the heart stopped and she has to draw a sudden sighing inspiration, which is accompanied by pallor of the face and followed by flushing and an outbreak of sweat.

She cannot lie with the head low, as this sensation of stopping is at once induced and as a consequence must use several pillows.

Appetite fairly good; bowels regular; and, in fact, otherwise she is well except that the menses, which are normal, are always preceded by very severe cutting, cramping pains in the abdomen. These pains are markedly relieved by heat, by pressure, by lying

on the abdomen, by bending double, and as soon as the menses appear.

The heart action was found to be irregular, intermittent, and a loud murmur over the sternum with the first sound. The case was clearly one of aortic obstruction.

1892.

March 1st. One dose *Magnesia phos.* c.m. (Swan.)

March 3d. Heart action much more regular. Has now sharp, stabbing pains in the left knee, which is swollen and red; < from the least motion; > by lying quiet; much

S. L. thirst, headache, coated tongue, sour sweats.

March 9th. The rheumatism gradually spreads from joint to joint.

Still has palpitation of the heart, but less severe, and the action is now quite regular—no fluttering or stopping.

The pains in the joints continued for about two weeks, and then gradually ceased, leaving her weak. The menstrual pains ceased completely.

I examined the heart some months later and found that there was still a slight murmur in the aortic region, but the action was regular. She then felt perfectly well unless she hurried up stairs, when she would experience a slight return of the palpitation, and now, after five years, she remains in good health and is practically unconscious of possessing a heart.

The heart symptoms in this case were valueless, as far as the choice of the remedy was concerned, and there only remained the menstrual pains on which to base the selection. The marked relief from heat and pressure and the cutting character of the pain pointed to *Magnes. phosph.*, and the result justified the choice. Before prescribing I warned the patient that in all probability her old suppressed rheumatic fever would return and that if this did take place she must be prepared to suffer acutely for some weeks. To this she agreed, but during the height of the pain it was hard to resist her appeals for something to deaden the suffering, but one has to steel his heart against all such weakness if he wishes to cure the patient.

BOOK REVIEWS.

A CHARACTERISTIC MATERIA MEDICA, presented in Reverse Order, by Nicholas Bray, M. D., Dubuque, Iowa.

“This volume is intended to comprise the material of standard authorities in such arrangement that the student or practitioner will find collected under each symptom all the drugs which belong to it, thus enabling the prescriber to differentiate drugs with certainty.” It might be properly called a Repertory, and evidences that a great amount of labor has been bestowed upon it by the author. All such publications which enhance the knowledge of our Materia Medica and make it more accessible should be encouraged. The book is clearly printed, and will prove one of the handy aids to the practitioner.

* * *

OVARIOTOMY AVERTED. A seasonable pamphlet by Mary J. Hall-Williams, M. D., The Nook, Penzance, Cornwall, England, drawing from all sources facts which show the absolute futility of and serious results following the removal of the ovaries.

* * *

SAW PALMETTO; Its History, Provings, Therapeutic Application, &c., by Edwin M. Hale, M. D. Philadelphia, Pa., Boericke & Tafel. Price, cloth, .50. By mail, .55.

This book contains a fragmentary proving of Saw Palmetto and a compilation of clinical reports of its use, along with its history, botany, chemistry and pharmacology.

* * *

REPERTORY OF THE HOMŒOPATHIC MATERIA MEDICA by J. T. Kent, A. M., M. D., 2009 Walnut St., Philadelphia, Pa. Part I. MIND and SENSORIUM. Post free, \$2.75.

BENNINGHAUSEN CLUB OF BOSTON, MASS. “At a meeting of the Benninghausen Club, of Boston, on Jan. 13th, the following resolution was passed:

Realizing that we require in our daily practice as Hahnemannians the aid of a reliable and complete repertory of the Homœopathic Materia Medica, and realizing further that no one

in our ranks is better qualified for the task of preparing such an invaluable work than our esteemed and gifted colleague, Prof. J. T. Kent, of Philadelphia, this society hails with great satisfaction the publication of a first instalment of a volume which we have reason to believe will prove the best extant in our literature; therefore be it

Resolved: That the special thanks of this society be offered to Prof. Kent.

A. L. KENNEDY, *Secretary.*

PROSPER BENDER, Boston, Mass.:

You must allow me to tell you how very much pleased I am with the first part of your "Repertory of the Homœopathic Materia Medica," and to cordially congratulate you upon the many and valuable features you have introduced into your work. I consider it far ahead of any repertory which has been published so far, and its schema I believe to be the simplest and best. I hope you will not delay its publication a day longer than you can help, for I am anxiously looking forward to its completion. By your industry, skill and great knowledge of the Materia Medica you have been enabled to place the members of our school under a debt of lasting gratitude. Through the aid of this work we will save much time, do better prescribing and achieve better results, to the credit of Homœopathy and the improvement of our exchequer. I feel convinced that in the course of a year or so the bulk of the Homœopathists on this continent and in Europe will have realized that access to your work will be necessary to their professional success.

ERASTUS E. CASE, M. D., Hartford, Conn.

The arrangement is excellent and the print is good, so it can be easily consulted for symptoms with their conditions. I thank you for doing the work so thoroughly and well. No one who has not attempted the compilation of a repertory can have any appreciation of the immense amount of labor and patience required for such an undertaking.

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

Since I received the first part of your Repertory, some days ago, I have carefully looked it over, have compared many rubrics with Dr. Lee's work (hitherto the best) and have used it practically in

prescribing. I want to say to you that I am delighted with it. Its plan is admirably clear and comprehensive, and it is carried out with accuracy and fidelity. You have made a great many important additions to Dr. Lee's work, besides greatly improving the general plan; and, moreover, you have printed and published it in a style to gratify the eye of a book lover. The effect of the beautiful clear type, judiciously assorted, the generous spacing and ample margins is simply luxurious to anyone heretofore accustomed to the absence of these desirable features. It is a great work, and the profession owes you not only thanks, but a generous support. I shall await the succeeding parts with impatience.

WM. JEFFERSON GUERNSEY, M. D., Philadelphia, Pa.

I have hastened to look through the first part of your Repertory and desire to make an early return of my vote of thanks. It is well arranged and admirably printed. The man who said that "the Lord furnished the food and the devil the cooks" could not have been a physician or he would have applied that aphorism to the writer and printer of medical books, for the shelves are full of the conceptions of good men that have been ruined at birth. In your case I knew that the food would be wholesome, but I did not hope for a better chef than you have evidently employed. If the profession doesn't digest this healthily served morsel its constitution is sadly at fault. I am especially well pleased with the rubrical headings, and am glad that you have so well designated the different ratings of the medicines. Were I cartoonist you should receive a representation of the shade of Hahnemann slapping you on the back with an exclamation of intense gratification, but as I am not, I will simply declare that any man who contends that he can practice Homœopathy without the best repertory obtainable can do without his horse and carriage or any other requisite, and this work (judging from the present number) deserves a place at the *head* of the list.

FRANK W. PATCH, M. D., South Framingham, Mass.

I want to personally thank you for the Repertory. It is grand. I only trust that nothing will interrupt its rapid progression to the end. No one since the days of the pioneers has done the work you are accomplishing for our cause.

RUFUS L. THURSTON, M. D., Boston, Mass.

I am delighted with the first part of the Repertory, and feel impatient to have the completed work. Having examined *several* of the parts in MSS. I can say the work will be *indispensable* to the physician who *wants to cure the sick*. I believe no work of equal value has been offered to the medical profession since the publication of the *Materia Medica* by Hahnemann.

J. E. TREKELL, M. D., Buda, Ill.

Repertory of Mind and Vertigo received some days ago and I have devoted much of my spare time since in the study of its arrangement. We always expect something good from the pen of Dr. Kent, but this is beyond expectations from the fact that there is nothing with which we can compare it in the line of repertories. If the parts to follow equal the above, the complete set will be a priceless gem in the repertorial field. Kindly accept my personal thanks for your valuable contribution, and complete the remaining parts as rapidly as may be.

JOHN L. WILLIS, ESQ., Port Hope, Ontario, Canada:

As regards the Repertory, the first thought that strikes one on opening it is, this is well planned and printed, and a closer examination increases his pleasure in the work. The striking type of the general rubrics, the alphabetical arrangement of particulars under each general, the wide spaces between the lines and the margins to the pages, leaving room to supplement the already copious cross-references and to add to the present very complete lists of remedies new ones as they may be proved, win the heart of the reader, accustomed to cramped or badly printed pages. It is a typical work of its kind and will no doubt be highly appreciated by everyone into whose keeping it may come who has any use or value for a repertory.

E. W. BERRIDGE, M. D., London, England.

Your Mind Repertory is the best arranged and the most complete I have ever seen, and you know I am very critical on Repertories. The more I examine it the more I am pleased with it.

THE WOMAN'S AUXILIARY.

The first annual meeting of the Woman's Auxiliary of the Philadelphia Post-Graduate School of Homœopathics was held at 613 Spring Garden street, Tuesday evening, January 11th. At the date of its organization, January 12th, 1897, there were twenty-one members; at the close of the annual meeting there were eighty-four members. In addition to these, contributions have been received from twenty-eight specified contributors.

The president, Mrs. J. T. B. Ives, addressed the following remarks to the meeting as an annual greeting:

Dear Friends.—I am very glad to meet this evening so many of our members and friends at this, our first annual meeting. I feel that you will, with me, be greatly encouraged by our success during the past and first year of our Woman's Auxiliary. We have steadily gained new members and friends each month, and our knowledge of each other has been much helped by our two social gatherings, the object of our Auxiliary having been brought more immediately before our friends at those times. Our treasurer's report is also very encouraging. With such a record shall we not pledge ourselves, during the new year upon which we have entered, to do all in our power to bring in new members, if possible, each month? By so doing, we shall hasten the commencement of a hospital, which is the great need of the dispensary at the present time—a small one, it may be to commence with, but a hospital at which the physicians can place their poorer patients in cleanliness and quiet and so continue to give to them the untold benefit of true Homœopathy. I believe in this I shall have your warmest sympathy and support.

Under the head *Members' Reports*, Dr. Gladwin read a paper dealing with the work of the dispensary and the Post-Graduate School in the past seven years and the work of the Auxiliary in aiding that. The reading was heard with much interest by the visitors and members present. This was followed by the recital of particular cases in the dispensary work, from three of the physicians engaged in it. The evidence offered by all these remarks was to the effect that for the best treatment of the patients under

the care of the dispensary, a *hospital under the auspices of the school* is needed to remove the patients from the want and destitution of their miserable dwellings, and insure the use of pure Homœopathy in treatment.

Officers for the year of 1897 were all re-elected for the next term, as follows: *President*, Mrs. J. T. B. Ives; *Vice-President*, Dr. Frederica E. Gladwin; *Secretary-Treasurer*, Dr. Julia C. Loos.

JULIA C. LOOS, *Secretary*.

TREASURER'S REPORT ENDING JANUARY 11, 1898.

<i>Dr.</i>	
Annual dues,	\$ 97.00
Contributions,	84.23
<i>Cr.</i>	
Treasurer Phila. Post-Graduate School of Homœopathics,	\$144.54
Postage and stationery,	9.92
Printing,	16.75
Miscellaneous,	4.27
Balance,	5.75
	\$181.23 \$181.23

If you place your trust in the vital force you will not hammer away with remedies. You must have confidence enough in the economy so that when you have started a commotion you can rest. There is a very quiet change going on.

WHEN we recognize the fact of the long years of existence of chronic diseases, also that they are often inherited for several generations, if a cure is made in the course of two or three years it is indeed a speedy cure. It takes from two to five years to cure chronic diseases.

KENT'S REPERTORY.—The second part of the Repertory, containing the symptoms of the *Head*, will be ready for delivery in a few days.

Directory of Homœopathic Physicians.

H. Becker, M. D.,

1330 West King Street,
TORONTO, ONTARIO,
CANADA.

Hugh A. Cameron, M. D.,

2009 Walnut Street,
PHILADELPHIA, PA.

George M. Cooper, M. D.,

527 Marshall Street,
PHILADELPHIA, PA.

Erastus E. Case, M. D.,

109 Ann Street,
HARTFORD, CONN.

Consultations in Chronic Diseases
by letter or in person.

Harold R. Edwards, M. D.,

530 Marshall Street,
PHILADELPHIA, PA.

Harvey Farrington, M. D.,

1738 Green Street,
PHILADELPHIA, PA.

Frederica E. Gladwin, M. D.,

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W. D. Gorton, M. D.,

AUSTIN, TEXAS.

S. Mary Ives, M. D.,

2035 Sansom Street,
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Julia C. Loos, M. D.,

1109 North 41st Street,
PHILADELPHIA, PA.

Jennie Medley, M. D.,

1830 Diamond Street,
PHILADELPHIA, PA.

R. Gibson Miller, M. D.,

10 Newton Place,
GLASGOW, SCOTLAND.

Rosalie Stankowitch, M. D.,

1534 Vine Street,
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M. F. Underwood, M. D.,

602 Telegraph Ave.,
OAKLAND, CAL.

F. H. Williams, M. D.,

302 North 35th Street,
PHILADELPHIA, PA.

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DEPARTMENT OF MATERIA MEDICA.

ALUMINA.

PART II.

Lectures Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

Chronic granular lids. If we turn the eyelids down we will see that the mucous membrane is thickened. Sometimes this thickening or hypertrophy causes a turning out of the lids like ectropion. "The eyelashes fall out;" that is in keeping with the general state. The hairs all over the body fall out. Parts become entirely denuded of hair; the hair of the scalp falls out extensively. All sorts of sounds in the ears, buzzing, etc., and derangement of hearing; purulent otorrhœa.

"Point of nose cracked" is in keeping with the remedy. Induration here and there so that it favors lupus and epithelioma in one who is subject to these swellings and eruptions. Alumina and *Alumen*, like *Ars.*, *Lach.*, *Sulph.* and *Conium*, are medicines that relate to these troubles. Some of these have made brilliant cures in just this line of complaints where there is infiltration. Upon the skin of the face and other parts of the body there is crawling. Itching especially when getting warm. Sensation of

* Stenographically reported by Dr. S. Mary Ives.

tension. Peculiar sensation about the face and on other parts not covered by clothing, a sensation of dried white of egg on the face, or dried blood or cobweb on the face. If you have ever been going through a place where there are cobwebs and a little cobweb has strung across your face you will know what a peculiar sensation of crawling and tingling it produces, and you cannot leave it alone until it is removed. That sensation particularly belongs to Alumina, *Borax*, *Bar. c.* and to some others that do not come to my memory just at this second. Little crawlings and creepings in the skin. Itchings on various parts of the face. These symptoms are so irritating that the patient will sit and rub his face all the time. You will think he is nervous. He has the appearance of being nervous as he sits rubbing the back of the hands, one or the other. It is well to find out whether he does this because he cannot keep his hands and feet still or because of the itching. Either one will make him to do that. Because of this itching sensation in the face he carries the hand to the face and rubs all the time.

Perhaps I have not said as much as should be said about the throat. "Ulcers in the fauces, spongy, secreting a yellowish brown, badly smelling pus." It may be said that the patient is often a victim of chronic sore throat. There is this about Alumina, it has a special tendency to localize itself upon mucous membranes. You will find in an Alumina subject bleeding from all mucous membranes. He has catarrh of the nose and red eyes, and his nose becomes stuffed up and he has all sorts of apparently acute colds; very severe throat trouble. Discharges from all of his orifices. It is not a medicine that would be selected for a cold settling in the throat, not a remedy for acute sore throat, but it is a deep acting antipsoric that goes deeply into his life and acts for months. In this respect it is like *Sil.*, *Graph.* and *Sulph.* It effects tissue changes, changes in the cells, and it does this slowly, for it is a slow-acting medicine. While the patient himself with these deep-seated psoric affections feels better generally after the remedy, it will be months before his symptoms go away. He may say: "I feel better, but my symptoms all appear to be here. I eat better and I sleep better." Then it would be a very foolish thing to change the remedy. You need not expect to get imme-

diate relief of the catarrhs and pains in the back and other symptoms for which you gave this remedy. You may be satisfied if you get results after many weeks. You will find the same thing in the paralytic weakness produced by *Plumbum*. There is a new drug that is coming into use, the proving of which is very full and rich, and is analogous to the symptoms of this remedy. It is *Curare*. I wish we had a finer proving of it, but it is rich with a great many things similar to Alumina and *Plumbum*, and especially in the weakness of the hands and fingers of pianists. An old player will say that after she has been playing for some time her fingers slow down. The weakness seems to be in the extensors. Lack of ability to lift the fingers; the lifting motion is lost. *Curare* to a great extent overcomes that, causes quickness to that lifting power of the fingers. But this remedy also runs through in a general way such paralytic conditions; while *Curare* is especially related to a paralytic condition of the extensors more than the flexors, the paralysis in Alumina is of both flexors and extensors. There are also some spasmodic conditions in this remedy, but they are not extensive. Spasms of the glottis.

This medicine is one of the few that have been found to be aggravated from starch, especially the starch of potatoes. Aggravation from eating potatoes. It has indigestion, diarrhoea, great flatulence and aggravation of the cough from eating potatoes. It has also aggravation from things like salt, wine, vinegar, pepper and from spirituous drinks. Alumina is a spinal remedy and aggravation from spirituous drinks is in keeping with some other spinal remedies. You find it in *Zincum*. The *Zincum* patient cannot touch wine, for all of his complaints are aggravated by it. This medicine is so sensitive and so easily overcome by a small amount of liquor that he is obliged to abandon it. He is not only intoxicated by it, but it aggravates his complaints.

Now the digestion has practically given out in this medicine. He is subject to catarrh of the stomach, to ulceration of the stomach, to indigestion from the simplest kind of food. Cannot take starch, or potatoes, or the simplest articles of food, and from these foods he gets sour and bitter eructations. Vomiting of food, mucus or bile. Nausea, vertigo, heartburn, much flatulence. Vomits mucus and water. Stomach is distended with gas. The liver is

full of suffering. Both hypochondria are full of misery, but especially the right.

When going over *Alumen* I called attention especially to its antidotal relation to *Lead*. It is due to the base of the medicine that it has this effect. This medicine also will overcome the poisonous effects of lead and sensitiveness to lead. Colic and paralytic weakness in lead workers, painters and artists and in those who are so sensitive to lead that from using hair wash containing lead they are paralyzed. Not many years ago the acetate of lead was commonly used by women for leucorrhœa, but it was found that so many were sensitive to it that they had paralysis. Alumina is the most prominent antidote to the affections which have come about through that sensitive state. Sometimes *Plumbum* itself will antidote it. It does not cure the patient of lead itself, but of the sensitiveness to lead. The fact is the patient was sensitive to lead and needed lead, and because of this oversensitiveness she became sick. But if that patient had had at the time she took the infection, the 50m or the cm. of *Plumbum* without repetition she would have had no complaints. These facts not being understood it has given rise to the crazy doctrine of antidotalism.

There is so much under stool and rectum that belongs to the general state that there is scarcely anything left to be presented, except some important particulars. As you might suppose, this remedy has fissures; you would naturally expect these when you consider what kind of mucous membranes and tissues this patient is compelled to manufacture. He suffers greatly from constipation, he does much straining, the mucous membrane is thickened and swollen, and hence we have a fissure. When you see a remedy manufacturing and producing such a state upon the economy, growing that kind of mucous membrane that would favor fissures you do not have to wait until you have cured a fissure with that remedy to find out if it will suit the case. You do not have to resort to the repertory to see what this remedy has done in fissure. From your general knowledge of the medicine, you will see that it ought to cure the patient, as it produces in the economy such a condition of the mucous membrane and skin as would be naturally found in one who has a fissure. The skin indurates and ulcerates

and becomes clumsy and unhealthy and constipation is produced, and so, after studying the remedy in that way, you are not surprised if it cures a fissure. You can also think over what other medicines have this state of the economy and see what other remedies you would expect to cure a fissure with. If you look into the nature of *Nitric acid* and *Graphites*, you will see why they have both had a wonderful record for curing fissure. That is the way to study your *Materia Medica*; see what it does to the man himself, to his organs and tissues

“Frequent micturition.” “Urine voided while straining at stool, or cannot pass urine without such straining.” That is a high grade symptom, it is a peculiar symptom, and may be called a particular of first grade importance. He must strain at stool in order to empty the contents of the bladder. “Urine smarting, corroding.” “Feeling of weakness in the bladder and genitals.” “Swelling and discharge of light yellow pus from urethra.” “Burning with discharge of urine.”

The symptoms of the male sexual organs are characterized by weakness, impotency and nightly emissions; suitable when the sexual organs are worn out from abuse and over use. There is fulness and enlargement of the prostate gland and various disturbances of the prostate, with sensation of fulness in the perinæum. Unpleasant sensations and distress in the region of the prostate gland after coition. Complaints at the time of, or after the ejaculation, or after an emission. The sexual desire is diminished and sometimes entirely lost. Paralytic weakness, or paresis of the sexual organs; a state that is in keeping with the whole remedy; it is really a general of the remedy to produce just such conditions. “Discharge of prostatic fluid during difficult stool.” “Sweat on perinæum at beginning of an erection or during coitus.” “Painful erections at night.”

The female has a great deal of trouble that can be cured with this remedy, but her troubles are mostly catarrhal. An instance of this is the leucorrhœa; copious, acrid or excoriating, yellow leucorrhœa; leucorrhœa so copious that it runs down the thighs, making the parts red and inflamed. Ulceration about the os. The mucous membranes are weak and patulous and ulcerate easily. All the parts are in a state of weakness. There is

dragging down from the relaxed condition of the ligaments, the funneling sensation, as if the organs would fall out. Sensation of weight; the whole pelvic viscera feel heavy. The discharges are commonly thick and yellow, but they may also be albuminous, stringy, looking like white of egg, copious and acrid; "transparent mucus" it says in the text. "Leucorrhœa, corroding, profuse, running down to heels." It is more noticeable in the day time, because these complaints are generally worse when walking or when standing, which is not really an important symptom, but a common condition. In these old, broken down, semi-paralytic catarrhal subjects every little thing that comes along brings additional prostration. So it is with the menstrual nismus. After menstruation it takes the woman nearly until the next period to get straightened up. All her muscles are weak; there seems to be no tonicity about her. It is highly suitable to persons drawing near the end of menstruation, about forty years of age; the menstrual period prostrates them; the flow is scanty, yet prostrating; the sufferings are terrible and the patient is miserable at the menstrual period. After menses, exhausted in body and mind, is a strong feature of Alumina. It is a suitable remedy again when the woman has a gonorrhœa which has been prolonged by palliation. She has been made comfortable by partly suitable remedies, but it seems that no remedy has been quite deep enough to root out the trouble, for it keeps coming back. In a discharge that keeps returning, better for a little while on *Pulsatilla*, and on this and that and the other thing, and even on *Thuja*, given more especially because it is gonorrhœa than because she is a sick woman. The patient is tired and worn out, and when you come to look at the whole patient and you see the parietic condition, the continued return of the discharge that has been palliated by remedies, think of this medicine in both the male and female.

The discharge is a painless one in the male. The gonorrhœal discharge has lasted a long time, going and coming, until now there is left but a few drops and it is painless. This remedy has cured many of these old cases. Threatening to chronic catarrh. The mucous membrane everywhere is in a congested state and is weak.

A pregnant woman has some trouble as well. A woman, who

is not naturally a sufferer from constipation, when pregnant becomes constipated with all the characterizing features of Alumina, *i. e.*, the inactivity of the rectum, no expulsive force; she must use the abdominal muscles, must strain a long time. Again, the infant has a similar kind of straining. You will see the new-born infant, or the infant only a few months old, that will need Alumina. It is a very common medicine for constipation in infants when you can find nothing else; the child will strain and strain and make every effort to press the stool out, and upon examining the stool it is found to be soft, and should have been expelled easily. That is Alumina.

There is nothing striking about the voice; it has hoarseness and loss of voice and paralytic weakness of the larynx. That is not strange; it is only in keeping with the general state, the broken down constitution. He has a weak voice and, if a singer, he is capable of singing only a little while, only capable of slight exertion. Everything is a burden. A paralytic condition of the vocal cords which steadily increases to loss of voice.

The most striking things we come to now are the cough and chest troubles. The cough is mostly a dry cough. There is expectoration in some of the coughs, but the cough is usually a constant, dry, hacking cough, one of those troublesome lingering coughs that has existed for years. It competes with *Arg. met.* in its character of the dry, hacking cough, especially associated with weakness, but *Arg. met.* has the cough in the day time, which is not so in Alumina. The Alumina cough is in the morning. Here is a symptom that about covers the Alumina cough. "Cough soon after waking in the morning." Every morning a long attack of dry cough. The cough is hard, a continued dry hacking, and he coughs until he loses his breath and vomits, and loses the urine. This symptom commonly occurs in the woman. I perhaps should have said "she loses the urine" as it is very common to the woman and seldom found in the man. "Dry, hacking cough with frequent sneezing." It says in the text "from elongated uvula," but it should read "from sensation of elongated uvula." It is a sensation as if there were something tickling the throat; a tickling, as if the uvula were hanging down a long distance and he will tell you that his palate must be

too long. That is a pretty good feature. A few remedies have that, but this has it in a strong degree. He will say, "Doctor, you must look at my palate and see if it is not too long." You look at it and it is not. Another expression which is the same thing, is "cough from sensation as of loose skin hanging in throat." Sometimes those who do not know about the palate will talk of something loose in the throat, while those who know they have a uvula will generally call it the palate. But it is the same idea. Tickling in the larynx, too. This is always quoted in singers. We would think of Alumina when singers break down in the voice from paralysis or from overwork of the voice. The voice lets down and becomes feeble and when taking cold, there starts up a peculiar kind of tickling. Alumina is very useful in these cases. *Arg. met.* was the remedy used by the earlier Homœopaths for singers and talkers with much trembling and letting down of the voice before the value of Alumina was known in such conditions. Let me tell you something here about *Rhus*. as I may not think of it again. Many old singers after taking cold, have a weakness left in the voice which they notice on beginning to sing. On beginning to sign the voice is weak and husky, but after working a little while it "warms up" pretty well. Give *Rhus* to all these patients, prima donnas, lawyers, preachers, etc. They must warm up the voice and then they are all right, but they say: "If I go back into the green room and wait a little while, when I commence to sing again I am worse than ever." The voice is better if they stay in a very hot room, and keep it in use. This fits into the general state of *Rhus*. There is a kind of hoarseness that you may discover to be a little different from the paralytic hoarseness of Alumina and *Arg. met.* (the *Rhus* hoarseness is also a sort of paralytic hoarseness, but it is better from motion and will give out entirely after a while). This hoarseness of which I speak belongs to this same class of people; on first beginning to use the voice it seems that they must get rid of some mucus by hemming and hawking and clearing the throat until the voice can get to work. The vocal cords on beginning to work are covered with mucus and on getting rid of it they can do very good work, so long as they keep at it. That is *Phosphorus*. In such cases the use of the voice becomes painful. The vocal cords

are painful after motion and the vocal box is painful to touch. Sometimes this is so marked that it is like stabbing with a knife on trying to use the voice. So we must individualize among hoarseness very extensively. Homœopathy is a matter of discrimination.

Soreness of the chest, which is much increased by talking. There is weakness of the muscular power of the chest. The lungs seem weak and the chest has a sensation of weakness in it. Jar increases the misery in the chest.

The next most striking features will be in connection with the back and limbs, and I have spoken of these in a general way, but there are things I must recall and repeat. You will remember, of course, the great weakness of all the muscles of the lower limbs, gradual paresis that is aggravated in the morning. Numbness of the soles of the feet in connection with vertigo on closing the eyes. I spoke of the paralytic condition of locomotor ataxia, but in the spine there are some symptoms. Burning in the spine; much pain in the back. Burning and stitching pains in the back. He expresses it as follows: "Pain in the back, as if a hot iron was thrust through lower vertebræ." In myelitis this medicine does wonderful work when there is a considerable amount of spasmodic condition of the back as well, showing that the membranes are involved. Another thing that belongs to this remedy that is a well-known state in myelitis is the hoop sensation; sensation of bandages here and there about the limbs and body is a common symptom. A sensation of light cord around the body characteristic of the most marked state of irritation. Irritation of the spinal cord with sensitive places. Burning places as if a hot iron were forced into the spine. Pain along the cord, rending, tearing pains in the cord with paralytic weakness, increasing paralysis and complete paralysis; paralysis of one side of the body.

"Pain in sole of foot on stepping, as though it were too soft and swollen" "Numbness of heel when stepping." "Trembling of knees," this is a mere matter of the general weakness. "Limbs go to sleep when sitting." Wherever the limb is pressed against anything it will go to sleep. Feeble circulation, feeble conductivity, feeble nerve action; everything is slowed down. Arms and legs feel heavy. "Pains in limbs as if bones were squeezed

narrower, with pressure in joints." Now I will read some of the nerve symptoms which will corroborate some of the things we have gone over. "Want of bodily irritability," that is a good way to express it. "Great exhaustion of strength, especially after walking in open air." "One-sided paralysis, especially of extensors." "Rheumatic and traumatic paralysis in gouty patients." Gouty patients with nodules in the joints; old broken down constitutions with paretic exhaustion. "Excited condition of mind and body." Tremblings here and there in the body. "Slow, tottering gait as after severe illness." That you would expect. He must make slow motions, he cannot hurry. "Involuntary motions."

There are all sorts of dreams and disturbances in sleep, so that the sleep may be quite disturbed and restless. Unrefreshing sleep, waking up with palpitation of the heart. "Many dreams and frequent awaking; starts in affright; muttering or crying." "During sleep cervical muscles drew head backward;" this is in cases of paralytic weakness; has to wake up as the muscles of the back of the neck pull so. Jerks in the back of the neck during sleep.

Running through the remedy very often, there is a great lack of animal heat, coldness, and yet the patient wants to be in the open air; must be well clothed and kept warm, but wants to be in the open air. The patient takes cold continually from every change and draft, hence there are kept up catarrhal discharges. Sometimes the patient will go to bed as cold as a frog, and when warm in bed is so disturbed by itching and the warmth of the bed that there is no comfort. These are two extremes coming together. The circulation is so feeble over the extremities and backs of the hands that in cold weather the hands are constantly cold and covered with cracks and fissures that bleed.

The skin along the shin bone is rough, ragged and itching. It has been said that dry weather and dry, cold weather increase the complaints of Alumina, and that wet weather sometimes ameliorates.

The febrile condition of this remedy is not at all marked. There is not much chill and not much fever, but the passive, slow, sluggish, chronic elements and chronic symptoms are the

ones that prevail most markedly. It has some fever and chilliness, just as every remedy has some sort of fever and chilliness, but they amount to very little. In weak, broken-down cases there are some night sweats and sweating towards morning. Slight chill in morning. Chill with thirst.

A striking feature of the remedy is the chronic dryness of the skin. Sweat is rare and scanty. This is not especially suitable for those copious, exhaustive sweats. It is the very opposite of *Calcarea*, which sweats copiously, but this remedy, with spinal and paralytic affections, is tired out from exertion, very exhausted, but does not sweat. Pile on the covers to make him sweat if you will, but he only gets hot and itching and does not sweat. Scanty sweat. Entire inability to sweat. Chronic dryness of the skin with fissures. The skin becomes worn and ragged and fissured from its dryness. Great dryness of the thick skin over the back of the hand, and in cold weather the hands become cold and discolored.

USTILAGO.

By FRED. S. KEITH, M. D., H. M., Newton Highlands, Mass.

Corn smut has been only partly proved and its finer shades and most characteristic symptoms have not been brought out, yet it is of considerable interest, and when provings with the higher potencies shall have been made and cures recorded by their administration the use of the remedy will be greatly extended. We shall doubtless find in it a deep, long acting remedy, similar in certain respects to other drugs, but as is the case with all others endowed with an individuality for which no other remedy can be substituted.

Most of the verified symptoms and cures have been such as relate to the sexual system, principally of the female.

There is produced a state of weakness, relaxation, atony. The mind is irritable, weak, depressed. Irritable weakness and relaxation of the male sexual organs with erotic fancies and seminal

emissions. The ligaments of the uterus are relaxed — prolapsus with bearing-down and feeling as if everything would come forth. Flabby condition, lack of tone to the uterus. Weak, gone, empty feeling in the stomach.

The circulation is disturbed. Congestions to various parts of the body. Congestion to the head. Feeling of fullness with dull pressive headache < by walking. Bursting feeling. Congestion of the skin in various portions. Congestion of the ovaries. Congestion of the stomach.

The disturbances of the circulation are such as are associated with the climaxis or with suppression of the menses. Flushes of heat. The face gets red and hot. Upward surging of blood with bursting in the head. Vertigo from such causes. Vicarious menstruation from lungs or bowels. Hæmorrhage from the stomach in such conditions.

Irritation, sensitiveness, inflammation, swelling of the ovaries — many disturbances. Burning distress in the ovaries. Sharp pains start thence and run down the legs. Both ovaries are affected but most often the left. Aching distress referred to the uterus.

The circulation of blood through the pelvic organs seems impeded and the walls of the vessels relaxed. Metrorrhagia after confinement, after miscarriage, profuse menses. Menorrhagia at the climaxis. Discharges of blood on the slightest provocation. Most of the hæmorrhages seem passive in character. Oozing of dark blood, highly clotted, forming long black stringy clots. Hæmorrhages of blood, dark but thin.

Uterus hypertrophied, soft spongy feel. Cervix tumefied bleeding easily on examination. Uterus remains large after miscarriage or confinement.

Occasionally active bright-red hæmorrhages have been recorded but most frequent are those of dark partly clotted and stringy blood.

Complaints of the lying-in woman. Weak, relaxed condition of uterus with deficient labor pains. Os soft, dilatable but no tone to the muscles. Postpartum hæmorrhage with flabby atonic uterus. Profuse lochia. Lack of milk or superabundance.

Striking in Ust. is its great similarity to Sec.-c. Sec.-c. has had much wider clinical use than has yet been possible with Ust.,

but in time more extended experience may give additional points of differentiation.

Burning, so important a word modifying Sec.-c. is not so high in Ust. though it is found — burning in œsophagus, stomach, ovaries, heart, face, scalp. The great aggravation from warmth and covering in Sec.-c. has not been fully brought out, yet we have a hint of it in the "faintness and oppression in a warm room." Both remedies have a marked action on the blood vessels in general and the uterine vessels in particular, producing great relaxation and tendency to hæmorrhage. Both have the weight and bearing-down. They agree in a predominance of dark hæmorrhages, passive in character. The hæmorrhages of Sec.-c. are apt to be thin and not coagulated, the stringy clot found in Ust. is not mentioned. The tendency to putridity, so important in Sec.-c., is much less marked in Ust. Both have enlargement and subinvolution of the uterus.

These and many other features show the great similarity of the two drugs; but as the *similar* can never be the *same (idem)*, so we shall have a place assigned to each — we cannot say, as do the old school, "both by analysis give ergotin, therefore both are the same in action." We must study in the realm of symptoms, not in the gross material facts of chemical analysis.

In conclusion, the similarity of Crocus in the stringy character of the hæmorrhages may be mentioned. Few remedies have this, and it is a high general feature of Crocus. Both Crocus and Ust. produce black, clotted, stringy hæmorrhages from the uterus, copious lochia and so on. In Crocus "viscid" is an important modifier of the hæmorrhages all over the body. It has more excitement of the circulation, more activity, less of the atony so prominent in Ust. The general features of the remedies are very different.

Sabina should also be compared in its many similar conditions affecting the uterus.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE VIII.

On Simple Substance.

§ 9. In the healthy condition of man, the spiritual vital force, the dynamis that animates the material body, rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living healthy instrument for the higher purposes of our existence.

This paragraph introduces the vital principle. It would hardly seem possible that Hahnemann, in the time he lived, could say so much in a few lines. In the seventh section of the first edition of the *Organon*, Hahnemann wrote: "There must exist in the medicine a healing principle; the understanding has a presentiment of it," but after the *Organon* had gone through a number of editions Hahnemann had somewhat changed, and in this work, which is the 1833 edition, he distinctly calls a unit of action in the whole organism the vital force. You may get the idea from some of his expressions that the harmony itself is a force, but I do not think that Hahnemann intends to teach that way. We cannot consider the vital principle as harmony, nor harmony as principle; principle is something that is prior to harmony. Harmony is the result of principle or law.

Hahnemann could perceive this immaterial vital principle. It was something he arrived at himself, from his own process of thinking. There was a paucity of individual ideas at that time, *i. e.*, ideas outside of the accepted sciences, but Hahnemann

* Stenographically reported by Dr. S. Mary Ives.

thought much, and by thinking he arrived at the idea contained in this paragraph, which only appears in the last edition, "In the healthy condition of man the *immaterial vital principle* animates the material body." If he had used the words "immaterial vital substance," it would have been even stronger, for you will see it to be true that it is a substance.

At the present day advanced thinkers are speaking of *the fourth state of matter* which is *immaterial substance*. We now say the solids, liquids and gases and the radiant form of matter. Substance in simple form is just as positively substance as matter in concrete form. The question then comes up for consideration and study: What is the vital force? What is its character, quality or *esse*? Is it true that man only has this vital force? Is it possessed by no animal, no mineral? For a number of years there has been a continuous discussion of force as force, conceiving nothing prior to it, accepting force as an energy, or power to construct. The thought that force has nothing prior to it leads man's mind into insanity. If man can think of energy as something substantial he can better think of something substantial as having energy. When he thinks of something that has essence, has actual being, he must think of that *esse* as something existing and as having something prior to it as cause, and as a something which has ultimates. He must think in a series whereby cause enters into effect and furthermore into a series of effects. If he do not do this he destroys the very nature and idea of influx and continuance. If man does not know what is continuous, if he does not realize that there are beginnings, intermediates and ends he cannot think, for the very foundation of thought is destroyed. What do we mean by influx? As a broad and substantial illustration let us think of a chain. What is it that holds the last link of a chain to its investment or first attachment? At once we will say the intermediate link. What is it that connects that link? Its previous link, and so on to the first link and first attachment. Do we not thus see that there is one continuous dependence from the last to the first hook? Wherever that chain is separated it is as much separated as possible, and there is no longer influx from one link to the other. In the same way as soon as we commence to think of things disconnectedly we lose

the power of communication between them. All things must be united, or the series is broken and influx ceases. Again we see that man exists as to his body, but as yet we do not see all the finer purposes for his being. To believe that man exists without a cause, to believe that his life force goes on for a while and does not exist from something prior to it, to think that there is not constantly and continuously that influx from cause whereby he continues to live, demonstrates that the man who does so is an irrational being. From his senses man has never been able to prove that anything can exist except it has continually flowing into it that which holds it in continuance. Then why should he, when he goes into the immaterial world, assume that energy is the first? We shall find by a continued examination of the question of simple substance that we have some reason for saying that energy is not energy *per se*, but that it is a powerful substance, and is endowed from intelligence that is of itself a substance. The materialist to be consistent with his principles is obliged to deny the soul, and to deny a substantial God, because the energy which he dwells upon so much is nothing, and he must assume that God is nothing, and therefore there is none. But the one who is rational will be led to see that there is a supreme God, that He is substantial, that He is a substance, the first of all substance, from whom proceeds all substance. Everything proceeds from Him and the whole series from the supreme to the most ultimate matter in this way is connected. Just as surely as there is a separation, and not a continuous influx from first to last, ultimates will cease to exist. The real and true holding together of the material world is performed by the simple substance. There are two worlds that come apparently to the mind of man, the world of thought and the world of matter, that is, the world of immaterial substance and the world of material substance. The world of material substance is in order and harmony. Everything that appears before the eye has beginnings. The forms are harmonious; every crystal of a metal crystallizes in accordance with order; man's very anatomy forms harmoniously. We see nothing in the material world to account for this, but we perceive that all things are held in position because of the continuous influx from first to last. There is no break in the chain and no break in

the flow of power from first to last. Nothing can exist unless its cause be inflowing into it continuously. We see that all things made by man's hand decay and fall to pieces in time, but look at the things perpetuated from influx, look at their order and harmony from time to eternity, working by the same plan and in the same order.

There are many qualities predicated of simple substance, and one of the first propositions we have to consider is that simple substance is *endowed with formative intelligence, i. e.*, it intelligently operates and forms the economy of the whole animal, vegetable and mineral kingdoms. Everything with form goes on its natural course and assumes and continues its own primitive state. The laws of chemistry by analysis may be so revealed to man that he can detect all elements because they conduct themselves uniformly. If this influx were withdrawn they would cease to conduct themselves uniformly. The simple substance gives to everything its own type of life, gives it distinction, gives it identity whereby it differs from all other things. The crystal of the earth has its own association, its own identity; it is endowed with a simple substance that will establish its identity from everything in the animal kingdom, everything in the mineral kingdom. This is due to the formative intelligence of simple substance, which is continuous from its beginning to its end. If we examine the frost work upon the window we see its tendency to manifest formative intelligence. Plants grow in fixed forms. So it is with man from his beginning to his end; there is continuous influx into man from his cause. Hence man and all forms are subject to the laws of influx. If man is in the highest order and is rational, he wills to keep himself in continuous order, that his thoughts may continue rational, but man is so placed in freedom that he can destroy his rationality.

This substance is *subject to changes*, in other words it may be flowing in order or disorder, may be sick or normal; and the changes to a great extent may be observed or even created by man himself. Man can cause it to flow in disorder.

Any simple substance may *pervade the entire material substance without disturbing or displacing it*. Magnetism may occupy a substance and not displace any of it nor cause derangement of its

particles or crystals. Cohesion is a simple substance; it is not the purpose of cohesion to disturb or displace the substance that it occupies. Therefore this first substance, or primitive substance, exists as such in all distinct forms or growths of concrete forms, and the material, concrete, individual entity is not disturbed or displaced by the simple substance; the simple substance is capable of occupying the material substance without accident to that substance or itself.

When the simple substance is an active substance it *dominates and controls the body it occupies*. It is the cause of force. The body does not move, think nor act unless it has its interior degrees of immaterial substance, which acts upon the economy continuously in the most beautiful manner, but as soon as the body is separated from its characterizing simple substance there is a cessation of influx. The energy derived from the simple substance keeps all things in order. By it are kept in order all functions, and the perpetuation of the forms and proportions of every animal, plant and mineral. All operation that is possible is due to the simple substance, and by it the very universe itself is kept in order. It not only operates every material substance, but it is the cause of coöperation of all things. Examine the universe and behold the stars, the sun and the moon; they do not interfere with each other, they are kept in continuous order. Everything is in harmony and is kept so by the simple substance. We see coöperation in every degree, and this coöperation working in perfect harmony; we see human beings moving about; we see things going on about us on the earth; we see the trees of the forest making room for each other, existing in perfect harmony; the very sounds of the forest have harmony; and all this coördination is brought about by the simple substance. There is nothing more wonderful than the coördination of man's economy, his will and his understanding and his movements, which coördination is carried on by the life substance. Without this all matter is dead and cannot be used for the higher purposes of its existence. By the aid of simple substance the Divine Creator is able to use all created beings and forms for their highest purposes.

Matter is subject to reduction, and it can be continuously reduced until it is in the form of simple substance, but it is not subject to

restitution. No substance can be returned to its ultimate form after it has been reduced to its primitive form. It is not in the power of man to change from first to last, that is, it is not in his power to ultimate the simple substance. This is retained for the Supreme Power Himself, from whom power continually flows through all the primitive substance to the end, *i. e.*, to ultimates. Now do you begin to see that the thing that does not start from its beginning with a purpose is not a thing, or, to put it another way, what makes anything a thing is because of its purpose or ultimate which is use, and there is never created a thing without purpose. If it does not exist in continuous series from first to last it cannot be of use or of purpose; hence the end is in the first, and the end is in every succeeding link to its ultimate, the very form in which the use is to be appropriated and established. When you establish the first link in the chain you have the end of the next link in view.

The simple substances may exist as *simple, compound, or complex*, and as such never disturb harmony, but always continue from first to last, and in that way all purposes are conserved. Throughout chemistry we can observe this compounding. We find Iodine uniting with its base, *i. e.*, two simple substances compounding in keeping, with their own individual plan, reliably and intelligently in accordance with the affinities for each other. When substances come together in that way they do not disturb the simple substance of each other, there is nothing destroyed, each one retains its own identity, and they can be reduced again to their simples by reaction and reagents. Now all of these enter into the human body and every element in the human body preserves its identity throughout and wherever found can be identified. Such combination, however, merely represents a composite state. But when these composite substances and simple substances are brought into an additional condition, *i. e.*, when they are presided over and dominated by something, they may be said to enter into a very *complex* form, and in the body a life force keeps every other force in order. Dynamic simple substances often dominate each other in proportion to their purpose, one having a higher purpose than another. This vital force, which is a simple substance, is again dominated by another simple substance still higher, which

is the soul. It has been the aim of a great many philosophers by study to arrive at some conclusion concerning the soul. They have attempted to locate it at some particular point, but we can see from the above that it is not in a circumscribed location.

In considering simple substance we cannot think of time, place or space, because we are not in the realm of mathematics nor the restricted measurements of the world of space and time, we are in the realm of simple substance, It is only finite to think of place and time. *Quantity* cannot be predicated of simple substance, *only quality in degrees of fineness*. We will see the importance of this in its special relation to Homœopathy, by using an illustration. When you have administered *Sulphur* 55m. in infrequent doses and find it will not work any longer you give the *cm.* potency and see the curative action taken up at once. Do we not see by this that we have entered a new series of degrees and are dealing entirely with quality?

The simple substance also has *adaptation*. At this point man's reasoning comes up leading to false conclusions from appearances, so that he has accepted what is called the environment theory. That the individual has an adaptation to his environment is not questioned, but what is it that adapts itself to environment? The dead body cannot. When we reason from within out we see that the simple substance adapts itself to its surroundings, and tends to adapt its house to the surroundings, and thus the human body is kept in a state of order, in the cold or in the heat, in the wet and damp, and under all circumstances. The surroundings themselves produce nothing, are not causes, they are only circumstances.

The life substance within the body is the vice-gerent of the soul, and the soul in turn is also a simple substance. All that there is of the soul operates and exists within every part of the human body, and thus it is that simple substance acts as a vital force. The soul adapts the human body to all its purposes, the higher purposes of its being. The simple substance when it exists in the living human body keeps that body animated, keeps it moving, perfects its uses, superintends all parts and at the same time keeps the operation of mind and will in order. Let any disturbance occur in the vital substance and we see how suddenly incoördina-

tion will come. There is harmonious coöperation when the vital substance is continued in its normal quality, that is, in health. What is more perfect than the human body in health, and what evidence have we of any greater wreck than the human body when it is not in health?

We see also that this vital substance when in a natural state, when in contact with the human body, is *constructive*; it keeps the body continuously constructed and reconstructed. But when the opposite is true, when the vital force from any cause withdraws from the body, we see that the forces that are in the body being turned loose are destructive. When these forces are not dominated and controlled by the vital force the body tends to decay at once. So we see that the vital force is constructive or formative, and in its absence there is death and destruction. If we examine the very simplest form of living organism, the plassen body, we will observe that it has the essentials of life, has everything in it that the very highest order of life has; it has the properties and qualities of the life substance of man and animals; it reproduces itself, it moves, it feeds, it is endowed with influx, and, lastly, it can be killed. Now when you have said these things you have predicated much of the vital substance, of the highest and of the lowest. It asserts its identity; it moves and feeds; it propagates and can be killed. It does not sustain its identity by chemical analysis, because when it is chemically analysed it is no longer protoplasm. Protoplasm is only protoplasm when it is living. Chemically all there is to be found of protoplasm is C. O. H. N. and S., but the life substance cannot be found. You put together 54 parts of C., 21 of O., 16 of N., 7 of H., and 2 of S., and what do you suppose you will have? Simply a composite something, but not that complexity which we identify as protoplasm. In analysing the protoplasm what has become of the life force? There is no difference in weight after death; the simple substance cannot be weighed. Neither weight, time nor space can be predicated of the simple substance; and it is not subject to the physical laws, such as gravitation.

Now, when we consider this substance as an energy, a force, or dynamis, that is, something possessing power, the subject is intelligible. Inert elements have in their nature not only their own

identifying simple substance, but they have *degrees* of this identifying simple substance. The human body also has its degrees of life substance, existing in degrees suitable for all its uses. The innermost degrees of the life substance are suitable to the will and understanding, the outermost degrees to the very coarsest tissue, and there is one continuous series of quality, in degrees from the innermost to the outermost. Every cell has within it the innermost and the outermost, because there is nothing in that which is coarsest but that which is finest too. The outermost envelopes are dominated by the coarser degrees of simple substance and the innermost qualities are dominated by the innermost degrees. Each portion has an appropriate form, and from the outermost to the innermost it has all. Otherwise the human body could not be dominated or ruled by the soul. Each tissue has within it its portion of the vital substance, each having its own peculiar kind of function. Inert substances have their own degrees. *Silica* has its degrees of simple substance within it, which can be brought out by the process of potentization, whereby it may be continuously simplified, rendered finer and finer, so that each portion which remains may, by continued potentization, be adapted to the higher degrees of the simple substance of man. The thirtieth potency of *Silica* will be sufficiently similar in form to reach in a curative way some of the diseases of man, viz: such as are dominating his economy in a correspondingly superficial and coarse series of the body. But it is true that *Silica* ceases after a time to act in the thirtieth potency, and it has to be further potentized in order that it may be similar in quality to the inner degrees, even until it reaches the very innermost or finest degrees of the simple substance.

Everything in the universe has its aura or atmosphere. Every star and planet has an atmosphere. The sun's atmosphere is its light and heat. Every human being has his atmosphere or aura; every animal has its atmosphere or aura. This aura is present in all entities. What may be said to be the aura of musk? That is a strong physical aura which almost everyone can perceive. A grain of musk has been kept, for experiment's sake, in a bottle for seventeen years, giving off a perceptible aura yet without loss of weight. As a further evidence of aura, take, for instance, the

animals which prey upon their food and you know that they can discover by an extremely intense aura states that man cannot discover. This is not an ordinary nose, but it is really the very instinct of the animal, whereby he perceives what is prey. His instinct is analogous to man's perception, and by this instinct he discovers his prey, when man would not be able to discover it. Man can discover musk in a bottle, but it is doubtful if man could discover the finest aura by its odor. This aura becomes useful and introduces a prominent sphere in the study of homœopathics. The consciousness between two simple substances is really that atmosphere by which the one knows the other, and by which all affinities and repulsions between simple substances are known. They are in harmony or in antagonism. Human beings are thus classified by positives and negatives. Minerals and the world generally are classified by positives and negatives. This has an underlying cause. Substances are extremely powerful when meeting other substances that are antagonistic in any way, and also when meeting substances in a destructive way. The formative processes are often brought about by destruction; forms are destroyed in order that new forms may exist, and new forms therefore are often created from simple substance.

There are two realms or worlds, the realm or world of cause and the realm or world of ultimates. In this outermost or physical world we can see only with the eye, touch with the finger, smell with the nose, hear with the ear; such is the realm of results. The world of cause is invisible, is not discoverable by the five senses; it is the world of thought and discoverable only by the understanding. That which we see about us is only the world of ends, but the world of cause is invisible. It is possible that we may perceive the innermost, and it is important also that man may know and look from within upon all things in the physical world, instead of starting in the physical world and attempting to look upon things in the immaterial world. He will then account for law and perceive the operation of law. Homœopathy exists as law; its causes are in the realm of causes. If it did not exist in the world of causes it could not exist in the world of ultimates. It is in the realm of cause that we must look for the primaries in the study of Homœopathy.

Of course you will be able to see that the whole of this subject looks towards the establishment of a new system of pathology, which will be the ground work of Homœopathy. All disease causes are in simple substance, there is no disease cause in concrete substance considered apart from simple substance. We therefore study simple substance; in order that we may arrive at the *nature* of sick-making substances. We also potentize our medicines in order to arrive at their simple substance, that is, at the nature and quality of the remedy itself. The remedy to be homœopathic must be similar in *quality* and similar in *action* to disease cause.

SUSCEPTIBILITY is a state of the vital force in which it can be easily made sick by certain other simple substances. When a person susceptible to Rhus gets a whiff of air from a vine he at once has the disease fastened upon him and is not subject to further poisoning, though he lie under the tree from which he was poisoned until he recovers. It is the same with scarlatina. If he were not fortified against the poison it would continue to affect his system and poison him more and more until it killed him.

“ Everything tastes the same.
 Water tastes flat as if boiled.
 Pickles taste the same as bread.
 Absolutely no sense of taste.
 Sense of smell perfect.”

Lach. constitutionally indicated cured, though these symptoms cannot be found under Lach.

F. S. KEITH.

A SYCOTIC patient is never cured unless a discharge is brought back.

WHEN a case comes back in a few days with all the symptoms changed, unless they are old symptoms returning, the prescription was inaccurate and unfortunate.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

CLINICAL CASES.

THREE CASES OF TYPHOID FEVER.

FRANK W. PATCH, M. D., South Framingham, Mass.

CASE I. *Lachesis* cm. F.

G. S., girl of fifteen; light complexion; thin.

Slight wandering delirium, worse on waking; picking of nose, crusts, discharge of bloody mucus; tongue dry, red tip, sticks to teeth; thirst for little, often; tympanitic abdomen; ineffectual desire for stool, stool on motion, discharges like pea soup, with gas; dark, watery stools of bad odor, must remain half an hour on bed-pan before she feels satisfied; short, hacking cough; stiffness of limbs; restlessness first half of the night, best sleep after 4 A. M.

CASE II. *Hyoscyamus* cm. F.

P. M., boy; eight years; thin; reddish complexion.

Tearful; irritable; stubborn; tired.

Active delirium; wants to go home; delusions.

Tongue dry, yellowish-white coating, red tip. Thirst slight.

Gurgling as nourishment enters stomach.

Abdomen tympanitic.

Loose cough.

Restlessness before urinating; involuntary urination.

Sleepiness; goes to sleep while one is talking to him.

CASE III. *Lachesis* cm. F.

A. W., young man of twenty-two; dark; medium build.

Delirium in night, worse before midnight; dream-like hallucinations.

Chilliness after drinking.

Epistaxis.

Tongue white, red edges.

Burning in stomach.

Pain in abdomen after food; tympanitis.

Soreness of flesh, worse by motion.

Stiffness of joints after remaining long in one position.

These cases are recorded simply to add to the already imposing mass of testimony showing that typhoid fevers, no less than other forms of illness, respond quickly and thoroughly to the simple methods of pure Homœopathy without other adjuvant except careful attention. In none of the above cases did the fever continue over the full time usually expected of it. In each, as soon as thoroughly developed so that it was possible to get the correct picture, improvement began at once on the administration of the similar remedy and continued to the end. Case II consumed only about two weeks in the whole course to assured convalescence, though there was absolutely no doubt as to the diagnosis, and the case was one of the most severe of the number.

 CLINICAL CASES.

GIDEON L. BARBER, M. D., Chicago, Ill.

MRS. A. P——, CHICAGO.

1898, October 2d. Patient sent to me by a dentist to be treated for pyorrhœa alveolaris.

Patient says: Dentist says he can do nothing for me and I am likely to lose all the teeth on lower jaw unless a physician can stop the suppuration. Patient has iron-grey hair, complains of hair falling out and breaking off easily, and wants something to stop the hair falling and breaking.

Upon examination I find a chronic inflammation and suppuration of the pericemental membrane.

Gums, red, inflamed; sore to touch as if she had taken a cold, which had settled in decayed teeth. The gums and mucous membrane are highly congested, spongy and tumefied. For several weeks there has been a persistent flow of pus from the alveolar process on the right side and the front teeth of lower jaw. The teeth are mostly sound and normal. The patient has been suffering for several years with a cystic tumor on the labia minora about the size of a hen's egg.

She has suffered during the summer very much from sleepiness during the day, and with more or less rheumatism.

Went camping in Michigan this last summer for six weeks and returned full of malaria. Cured by Quinine.

Suppuration commenced after this cure. She says her dentist cannot tell her what the cause of this suppuration is and advised her to consult a physician.

R. Merc. sol. rom., one dose, and S. L. three times a day.

Oct. 19th. The soreness and pain in the gums has partially disappeared, but the suppuration remains the same. Dentist says: There is slight improvement in the inflammation.

R. Hepar. sul., cm., one dose and S. L. three times a day.

Nov. 30th. The suppuration is about the same, and patient wants to know if I will be able to stop it, as she cannot afford to continue treatment if I am going to make a failure. The gums are sensitive and the teeth in front feel loose and too long. The pus seems to come from openings near the roots of the teeth. After assuring patient that this prescription would decrease the suppuration, I prescribed:

R. Silicea 40m., one dose, and S. L. three times a day.

February 1st. Patient reports that the suppuration has entirely stopped and that her dentist removed three or four small pieces of bone from the roots of her teeth, which had appeared since the last examination.

This was probably a destruction and exfoliation of a portion of the alveolar walls brought to light by the last remedy.

MISS M. Z———. AGE 20

1894, July 10th. "Have been treating for three years with an allopath for ulceration of the stomach, as he calls it. I spit up blood and mucus, and have for three years. The doctor will not allow me to sweep or ride my bicycle, or do any kind of manual labor, such as washing dishes, and requires me to remain most of the time on my back in bed perfectly quiet.

"Three years ago I was out in a rain; had been walking and got hot, and my monthlies did not come around at next period, and have been irregular and scanty, hardly anything since. Then I commenced having bad spells with my stomach, severe headaches, spitting of blood, and now the doctor says I have ulceration of the stomach. You cured my sister so quick last week I thought I would see what you could do for me."

R. Rhus tox. 1 dose dmm., and Sac. lac. for one month. Also instructions to ride her bicycle, sweep, wash dishes or do anything else she wanted to do in moderation, and not to remain in bed on her back, and not to fear any further trouble with stomach.

August 13th. "I am well. I feel as well as ever I did. My monthlies come around regular since I was here. I have had no trouble with my stomach, no spitting of blood, and I have done house work and rode my bicycle nearly every day. Now I have brought my mother to you to see if you can cure her ulcers."

MRS. Z———, ILL. AGE 61, MARRIED.

1894, August 13th. Has ulcer on inside of left ankle, round like an auger hole, one inch in diameter and half an inch deep. Also a smaller ulcer near this one.

When 40 years of age she hit the spot where the ulcers are against the rocker of a chair, and soon after the ulcers came, and she has been unable to heal them up so they would remain healed.

Has doctored for twenty-one years with all kinds of doctors, and two years ago had a surgical operation by allopaths, and then an attempt to heal it again. It failed to heal, and trouble began in the right leg, which is now nearly as bad as the left and looks as if she would have another ulcer there.

The skin itches and she has to scratch all around the ulcers. The discharge is thin and watery, with a bad odor. The ulcers are worse at night.

The edges of the ulcers are thick, smooth and round, and the bottom is flat and covered with a brownish coating thin like paper, and formed from the discharge. It adheres tenaciously to the surface of the ulcer.

R. Psor. 42m., one dose, and Sac. lac. for sixty days.

October 15th. There has been general improvement until the last few days, when the itching began again and made the patient restless and sleepless at night.

R. Psor. 42m., one dose, and Sac. lac. for sixty days.

December 20th. The ulcers have been growing worse during the last week, and patient is discouraged and thinks she will not be cured.

R. Psor. 42m., one dose, and Sac. lac. till February 1st.

1895, February 4th. The ulcer has entirely healed over, the itching has stopped, and both legs are free from any signs of disease. Patient discharged.

1898, January 10th. The ulcers remain cured and the patient is as well as any of her daughters.

THE limit of drug action is symptomatology.

THE physician must penetrate the inner recesses of symptomatology. The very life of the patient must be opened. Learn the fears, instincts, desires and aversions of the patient. The remedy often crops out through the affections.

IF you can get your patient to talking you can find out how he is sick. It requires a good deal of experience to keep a patient talking to the line.

IT is not an easy matter to keep your mouth shut and let the patient tell his own story. It has to be acquired.

NEVER prescribe for a chronic case when you are in a hurry ; take time. Never give a dose of medicine until you have duly considered the whole case.

SYMPTOMS.

By JOHN L. WILLIS, Port Hope, Ont.

1. Symptoms are an outward, visible sign of an inward, invisible state, so that a change of state must be followed by a change of symptoms and, inversely, a change of symptoms demonstrates a prior change of state.

2. It being granted that symptoms are but a sign of an inwardly existing state, it follows that the exhibition of identical or similar symptoms indicates the existence of identical or similar states.

3. But identical states can only be produced by identical causes operating in identical circumstances and personalities, and hence will appear differences in symptoms in different persons acted upon by the same cause, and even in the same persons at different times.

4. In like manner similar causes will produce similar states, in the manifestation of which by symptoms it is reasonable to expect a greater departure from identity than in the case of identical causes.

5. It is recorded that disease states have been cured by the supervention of a similar disease, and it has been demonstrated that a drug, having power to produce a state similar to a disease state, removes such a state and restores the sick one to health.

6. But the same drug will produce different states, as is manifested by different *sets* of symptoms, in different persons and in the same person at different times. It may therefore be used curatively in as many different corresponding morbid states.

7. It is evident that the removal of this or that symptom is not the point to be aimed at by one whose duty it is to cure the sick, but the removal of the state manifested by the totality of symptoms.

8. But in sick people several different, even contrary causes may have operated to produce the totality of symptoms found, and in chronic diseases under allopathic or enantiopathic treatment this is always the case.

9. In such cases several states are complicated one with another. There are underlying disease states suppressed, wholly or

partially, by strong contrary medicines; diseases and medicines producing, combinedly, a heterogeneous mass of symptoms.

10. From the nature of created things it is unreasonable to expect one simple medicinal substance to neutralize several causes, differing entirely in their essence and action, and it would be a return to the realm of theory and speculation to administer more than one substance without first proving their combined action, even though their action separately were known, because it is manifestly impossible to predicate from their separate actions what effects they would produce if administered in combination.

11. It is evident from the foregoing that in simple sicknesses, however severe, it is only necessary to note the totality of the symptoms as indicative of the morbid state (§ 1), then to find a remedy capable of producing a similar state (§§ 2-4) the administration of which (§ 5), in proper dose, will quickly, safely and pleasantly effect a cure, unless the case be already beyond the reach of natural aid.

12. But in complicated cases (§ 8) it is necessary and of the highest importance, to discriminate and group symptoms correctly, so as to administer a remedy, or rather, as it will have become necessary, successive remedies (§ 10) to homœopathically meet and annul (§§ 5-7) the various different causes. They must also be administered in proper order, dose and time.

NOTES.

§ 1. The construction is correct; because it is the totality of symptoms that indicates the state. The same single symptom may be exhibited in many states.

§ 12. A careful perusal of Hahnemann's life will show, I think, that herein lay much of his power to cure the sick. By his observations of provings the pictures of drug diseases were impressed upon his mind, and he conscientiously examined and weighed each symptom in the sick, endeavoring to assign to each its proper place and importance.

POSITIVE principles should govern every physician when he goes to the bedside of the sick. The sick have a right to this if it can be had.

WOMAN'S AUXILIARY.

Address by FREDERICA E. GLADWIN, M. D., H. M., Philadelphia, Pa.

Our President has asked me to address you at this, the first annual meeting of the Woman's Auxiliary, because out of the little band that began this work seven years ago I am one of the two that remain in active service. The others have gradually dropped from our ranks, most of them to serve the cause of Homœopathy in other cities and States, and there was one who went on until she reached Hawaii, where she is doing a noble work. Our co-workers left us but the work went on, for others came to take their places. The work has increased until instead of six general clinics a week there are twelve general clinics and fifteen special clinics, besides three resident physicians. Our resident physicians look after the people who come between the clinic hours, and they answer calls for outside practice.

Our first clinic was held in a little building up on Ridge avenue. How well I remember that first clinic! The physicians were all there at the appointed hour; we looked over the building, talked about the work and had one patient. Of course there must always be one first, and this poor soul looked so frightened at being the only patient among so many doctors that we thought she never would return, but she did and brought others. It was a small beginning, but it was the beginning of much good.

I wish I could show you the work as I have seen it during these years, but that is impossible. I can only give you a glimpse here and there that you may have some conception of what we are doing. If I could take you back over those years you would see patients who had been going down until it seemed that there was no help for them, and following the case you would see them restored to health by Homœopathy. You would see others who had been assured by their own physicians and by consulting physicians that their only hope lay in an operation, and you would see them cured by the homœopathic remedy alone. You would see severe pain relieved so quickly that the patient asked if he had received a dose of morphine. You would see the incurable

patients who, without Homœopathy, would have gone down to the grave suffering or benumbed with narcotics, but with Homœopathy you would see them made comfortable until at last they passed into the other world "as one who wraps the drapery of his couch about him and lies down to pleasant dreams." To fully appreciate the work you should see these things as I have seen them.

In this dispensary work I have seen intelligence show itself in minds that had been hitherto idiotic, I have seen indolent ulcers healed, tumors cease to grow or dwindle, and the vilest kind of eruptions cured by Homœopathy unaided. We have no use here for local applications of any kind for the purpose of healing; our only use for surgery is to repair the results of accident or deformity. True, Homœopathy is so far-reaching that it goes into disease away beyond the reach of local applications or of surgery and removes what neither can touch, therefore does its work better and leaves no place for either in the realm of disease. This dispensary has proved the truth of this statement over and over again.

Seven years ago I joined that little band of workers because I had faith that the homœopathic remedy alone could cure all curable diseases; to-day I know that it can do it. For six years we worked on unaided, excepting by a few friends, that the poor might have the benefit of true Homœopathy, but a year ago you came to help us. We were in need of your help, for the work had become so extended that our expenses were too great to be longer borne by the few. We have been frequently asked how the doctors were paid for the work done here, but could never make the people understand that we were working for the cause and our only pay was the pleasure we took in the work.

We have had some amusement in our clinics, but it is usually furnished by our students, quite a percentage of whom came from allopathic ranks. They were wise in surgery, diagnosis, etc., and like the old Irishman, they believed in making "the medicine sthrong, Doctor." I have seen them with the lance out ready for operation, when the clinician said, "Put on the bandage." The disappointed and astonished expression upon their faces was amusing. I remember one little patient who had stepped on a

nail and made a punctured wound in the ball of the foot; the foot was swollen, the upper surface inflamed and angry looking, on the bottom of the foot, over the seat of the wound, was fluctuation, showing pus had already formed; the foot was very painful, keeping the child awake at night. When, after examining the injured member, I asked my assistant to dress it one of the students exclaimed, "Aren't you going to lance it?" and I saw by the expression on the faces of others that she had only voiced their sentiment. They had been accustomed, as they afterward told me, to see a thing of that kind opened up with the knife and the bone scraped, they couldn't believe that I wasn't even going to lance it. The student was informed that the remedy could lance it better than we could, but that was not convincing; she with the others waited for the child to return, expecting to see the foot damaged beyond repair. He did not return upon the day that I told him to come, but waited until the medicine was gone, which was nearly a week, and then the foot was almost well. There had been no pain since the first few hours after he was here; it had opened in two days and the swelling and inflammation were all gone. The students were more astonished at the result of the action of the remedy than they were at me for depending upon the remedy alone, and they admitted that the foot was cured much faster and with less pain than it could have been in the old way.

We have had much pleasure in our dispensary work. Imagine if you can what it would be to have a little, emaciated baby brought to your clinic, one of those little fellows with an "old man face," the forehead all wrinkled, a drawn, pinched expression about the nose and mouth, and hardly flesh enough to keep the dry, parchment-like skin from the bones. You probably have seen them in our public squares on warm, pleasant days. We have had them here and have seen them transformed into fat, rosy babies that any mother would be proud of. The auxiliary is helping to make it possible for us to do these things.

I could talk the whole night telling of the pleasures of the work. I could tell of case after case that would make your hearts rejoice until you could not help thanking God that he had given Homœopathy to his people. But there is another side to the story: our patients are poor and thin, privations and lack of care prevent

our remedies from doing their best work. Women have told me, "I can't afford to buy milk for my baby." I remember one winter attending a family in which all the members, and there were six, were ill simply because they had become weakened by hunger and cold and they were still hungry and cold. Then there are other homes into which we are called where filth abounds and the sufferers lie amid the odors of cooking and washing while filth is everywhere. It is hard work to fight disease in such environments.

One of our patients fell on the icy pavement and struck the elbow; the skin was broken and the flesh bruised, that was all. He was taken to one of the hospitals and the arm dressed in the regulation way with iodoform, etc. Three days later he came to our clinic. Erysipelas had already developed, and it spread rapidly until the whole arm from shoulder to wrist became involved. Pus burrowed down the sheathes of the muscles and I would not like to tell you how many openings there were nor describe the appearance of the arm; it was too bad for ears unused to such things. It became necessary to visit him at the house. We found him in a little room under white-washed rafters, and just wide enough to hold a single bed, an old-fashioned bureau, and one chair, and long enough for a small trunk to stand at the foot of the bed; the light came in through the roof; everything about the room was perfectly clean. It was a lodging house, but the landlady had a kind heart and did what she could for him, though that wasn't much, for her hands were over-full with work for the rest of the house. I did not tell the man what was the matter, but he watched my face as I dressed the arm as though to read my thought, until one day he said, "Doctor, this is erysipelas; I know erysipelas; I used to be a nurse in the army." I did not deny his diagnosis, and he added, "I have seen many an arm cut off that wasn't near so bad as this." I quickly told him that his arm shouldn't be cut off, as I had no idea of having it done; he gave a sigh of relief, but didn't seem wholly assured, for he immediately added, "I have seen many a poor fellow die with an arm no worse than this. I have had smallpox, typhoid and other diseases when they thought I wouldn't get well, but I never was so sick as this. I didn't know

about his other sickness, but he certainly was a very sick man at that time. I told him he wasn't going to die yet, but couldn't convince him, and he never could quite understand why he didn't die. Think of a poor fellow being so ill in the lonely attic of a lodging house with no care excepting what an over-worked landlady could give him. I recall another who lived in one room. Her landlady wasn't kind and no one went near the patient excepting the doctor from the time a kind neighboring lodger went to her work in the morning until she returned in the evening. Imagine the result of such complete neglect in serious sicknesses. We have had much of heartache because we have had no place to take those who, because of this environment, were not getting the full benefit of our work. It is hard to see suffering when we know it is unnecessary. We have needed a hospital much these seven years, we need it more and more as the years go by, and we hope some day to have one even though small at the beginning. Will you not help us?

In helping the clinic there is another good the auxiliary is doing for these clinics are used to illustrate to the student the truths taught in the Post-Graduate School of Homœopathics. This school is the only one in all the world which teaches that all curable disease can be cured by the remedy alone, that an operation renders curable cases incurable, and that there is no room for surgery in the realm of disease. The patient may for awhile, a few years perhaps, seem cured by an operation, the disease may never return in its old form, but sooner or later it will assert itself, the patient will be sick, and then she can only be palliated, she can never be cured. In the clinics the truth of this teaching is demonstrated to the student. He sees that it is true and, what is better, he himself learns to treat disease so that operations are unnecessary.

It seems almost as though we had said to our students, go into all the world and work and prove to the people the truths you have learned, for they have almost girdled the earth even in this short period. They have settled in England, Canada, Massachusetts, Illinois, Wisconsin, Iowa, Colorado, Montana, Oregon, California. One has gone over the Pacific to Hawaii, another going farther yet, has settled in China, while others have gone to less

distant States and some have remained in the home city and help us in the teaching. Does the auxiliary know what this means? It means that in each one of all those countries and States there is one place at least in which women may be saved, if they will, from sacrifice to the knife. I say women because the vast majority of capital operations are performed upon women, and going farther yet, a majority of those operations deprive her of her womanhood. The salvation of womanhood depends upon those truths which we uphold. If our sisters over the world could stand with us and see the misery that follows close on the heels of an operation for the removal of disease the operating table would be laid away in the attic or cut for kindling wood. Scientific men throughout the world are teaching operations for almost everything. It rests upon us to teach that there is always a better way.

We feel the responsibility of this great work, it broadens out before us; we feel that it must go on, but we need better facilities. We need all the help that the auxiliary can give us. 'Tis a noble work, a work that blesses those that give as well as those that receive, this work for womanhood and mankind. Every woman whom Homœopathy has benefited should be interested in this work. Will you not tell your friends about it and induce them to join the auxiliary? We want a large membership. A large membership with each one doing a little will bring forth grand results.

PERSONALS.

Dr Evelyn Garrigues has removed from "The Strathmore,"
52d and Broadway, to 716 Lexington Ave., New York, N. Y.

* * *

Dr. Charles L. Dyer has removed from Berkeley to Los
Angeles, Cal.

* * *

Dr. Margaret E. Burgess has removed to 3245 N. 15th St.,
Philadelphia, Pa.

* * *

KENT'S REPERTORY. The third part of the Repertory containing the symptoms of the *Eye* and *Ear* will be ready for delivery in a few days.

THE Lectures on Materia Medica began in No. 1, and the Lectures on Homœopathic Philosophy in No. 5. Back numbers of the JOURNAL are kept and can be supplied to students and physicians. *The lectures are not furnished for publication to any other journal than the JOURNAL OF HOMŒOPATHICS.*

Reprints of "*What the People Should Know*," by Dr. J. T. Kent, and "*Homœopathic Philosophy*," by Dr. J. C. Loos, can be had at the following figures:

"What the People Should Know" \$1.00 per 100
 "Homœopathic Philosophy," 16 pp., 1.00 per 20

SOME of our readers may be astonished to read the following statement from Dr. A. C. Cowperthwait:

"Then again, in writing on homœopathic treatment for non-homœopathic readers, it should be borne in mind that while the mass of the homœopathic profession are agreed in therapeutics, there are unfortunately two extremes of the schools who differ with us somewhat, and bring discredit upon the system. One branch of these extremists arrogate to themselves the title of 'Hahnemannian,' and in the name of Hahnemann, whom they designate as their 'Master,' they assume to outdo Hahnemann himself in the prescription of what are known as high potencies, based exclusively upon symptomatology. This branch number but a comparative few, but they make noise enough to have it appear that they are the whole thing. As a rule they are narrow minded and bigoted, with little medical knowledge outside of symptomatology, which they work on the principle of a piece of machinery. The other branch I refer to are those who swing a homœopathic shingle for commercial purposes, but who rarely prescribe homœopathically, depending on palliatives very largely in the treatment of disease.

"The true homœopathist will use a palliative in cough or anywhere else when his fallible judgment fails to find the remedy that cures. And permit me to say that I thoroughly believe that any failure in the prescription of the homœopathic remedy for cough is entirely due to lack of knowledge or judgment upon the part of the prescriber, and is not due to a failure in the remedy itself."—*The Medical World.*

BOOKS FOR REVIEW.

TRANSACTIONS OF THE 53D SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, held at Buffalo, N. Y., June 24, 1897.

A volume of 850 pages containing many valuable papers giving the present status of discussed points in diagnosis, pathology, etc.

* * *

DR. JONES' PICNIC, by S. E. Chapman, M. D., Napa, Cal. San Francisco. The Whitaker & Ray Co.

Dr. Chapman has given us an interesting little novel written for the purpose of presenting the truths of Homœopathy to the world. If all homœopathic followers would endeavor to place this little book in the hands of lay readers with an adroit suggestion it would probably be a means of spreading Homœopathy in the community. Two like volumes are to follow this one. The price of this volume is one dollar.

* * *

REPERTORY OF THE HOMŒOPATHIC MATERIA MEDICA, by J. T. Kent, A. M., M. D., 2009 Walnut street, Philadelphia, Pa. Part II. HEAD (External and Internal).

SAMUEL A. KIMBALL, M. D., Boston, Mass.

The second fascicle of the Repertory, the "Head," has been received. I was much pleased with "Mind and Vertigo," and thought they had made the profession forever indebted to you, but the "Head" increases that obligation immensely. This Repertory must be carefully studied to be appreciated, and the more it is studied and used the more valuable it becomes. It is difficult to select any part for special remark when it is all so good, but the great rubric of "Pain" in the fascicle of "Head" is so far beyond anything I have ever seen, for arrangement and completeness of detail, that I must speak of it. That alone is worth many times the price of the fascicle. I hope there will be no delay in finishing the work and no lack of subscribers, for no physician who pretends to study his cases can afford to be without it.

W. P. WESSELHOEFT, M. D., Boston, Mass.

I want to express my thanks to you for the work you have undertaken in giving us a splendid repertory. The two numbers which I have received (Mind and Head) have already proved very valuable to me in my office work. I now long to see the remaining numbers follow in rapid succession. I wish you would send me duplicate copies of the two numbers which have appeared.

W. A. YINGLING, M. D., Emporia, Kansas.

The "Head" came yesterday and it is fine. I like the arrangement very much. All the way through you first give the *generals*, then the particulars, which makes it easy to find what one wants. The repertory contains fewer errors than any other I have seen. I hope your strength and time will permit you to complete the work as soon as possible. This will be a monument that will last as long as men practice Homœopathy, and will grow in value with its use.

BUSINESS DEPARTMENT.

With this number the JOURNAL OF HOMŒOPATHICS completes the first year of its existence. It is a matter of gratification that the promises made by the JOURNAL to supply purely homœopathic reading matter have been kept, and the many courteous and encouraging letters which we have received from subscribers fully demonstrate that the JOURNAL'S attempts to promulgate homœopathic principles are endorsed by Hahnemannians in all quarters. Our endeavor for the coming year will be to maintain a high standard in teaching and spreading the doctrines pertaining to the true art of healing.

THIS flopping about and not waiting for the remedy to cure is abominable. There are periods of improvement and periods of aggravation. Let the life force go on as long as it can, and repeat only when the original symptoms come back to stay.

SCHOOL NEWS.

Report of the Dispensary of the Philadelphia Post-Graduate School of Homœopathics for the Year 1897.

CLINICS.	OLD.	NEW.	TOTAL.
Dr. Saylor	662	171	833
" Thacher	853	216	1069
" Ives (7-8), Jan. to May	962	66	1028
" Farrington, June to Dec.	743	87	830
" Ives (4-5), Jan. to June 24	608	96	704
" Cameron, June 24 to Dec.	672	97	769
" Gladwin	1498	179	1677
" Loos	735	214	949
" Reger	113	95	208
" Cooper	959	147	1106
" Ives (children), June to Dec.	536	102	638
" Gray, Oct. to Dec.	19	1	20
Total	8360	1471	9831

VISITS.	OLD.	NEW.	TOTAL.
Dr. Ives,	162	...	162
" Cooper	1070	115	1185
" Loos	54	2	56
" Farrington	1140	87	1227
" Cameron (Jan.-April)	592	42	634
" Lewis (Jan.-March	26	...	26
" Howland (Jan.-April)	149	6	155
" Saylor	178	27	205
" Edwards (May-Dec.)	1245	97	1342
" Boggess (June-Dec.)	1001	74	1075
Miscellaneous	36	1	37
Total	5653	451	6104
Grand Total	14013	1922	15935

Births	56
Deaths	31

Directory of Homœopathic Physicians.

H. Becker, M. D.,

1330 West King Street,
TORONTO, ONTARIO,
CANADA.

Hugh A. Cameron, M. D.,

2009 Walnut Street,
PHILADELPHIA, PA.

George M. Cooper, M. D.,

527 Marshall Street,
PHILADELPHIA, PA.

Erastus E. Case, M. D.,

109 Ann Street,
HARTFORD, CONN.

Consultations in Chronic Diseases
by letter or in person.

Harold R. Edwards, M. D.,

530 Marshall Street,
PHILADELPHIA, PA.

Harvey Farrington, M. D.,

1738 Green Street,
PHILADELPHIA, PA.

Frederica E. Gladwin, M. D.,

2401 North 16th Street,
PHILADELPHIA, PA.

W. D. Gorton, M. D.,

AUSTIN, TEXAS.

S. Mary Ives, M. D.,

2035 Sansom Street,
PHILADELPHIA, PA.

Julia C. Loos, M. D.,

1109 North 41st Street,
PHILADELPHIA, PA.

Jennie Medley, M. D.,

1830 Diamond Street,
PHILADELPHIA, PA.

R. Gibson Miller, M. D.,

10 Newton Place,
GLASGOW, SCOTLAND.

Rosalie Stankowitch, M. D.,

1534 Vine Street,
PHILADELPHIA, PA.

M. F. Underwood, M. D.,

602 Telegraph Ave.,
OAKLAND, CAL.

F. H. Williams, M. D.,

302 North 35th Street,
PHILADELPHIA, PA.



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