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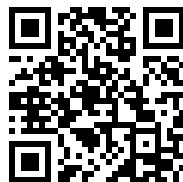
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# Journal of Homeopathics

Devoted to the Interests of Pure Homeopathy

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EDITED BY

HARVEY FARRINGTON, M. D.

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# Journal of Homeopathics

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VOL. 7.

LANCASTER, PA., AND CHICAGO, ILL.

NO. I.

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## Department of Materia Medica.

### Carbo Animalis.

Lecture by PROF. J. T. KENT.

We will take up the study of *Animal Charcoal*, *Carbo animalis*. It is one of the deep-acting, long-acting medicines. Suitable in complaints that come on insidiously, that develop very slowly, that become chronic and often malignant in character. Complaints in anæmic, broken down constitutions. Vascular conditions. The *Carbons* almost always affect the veins more or less, relaxing, paralyzing or infiltrating. This one has its own peculiar feature of infiltrating little veins. Just as sure as an organ in the *Carbo animalis* patient becomes congested and inflamed it becomes hard and stony and purple from infiltration, and has a tendency to remain so. In an inflammation of a gland the veins become weak and infiltrated the gland itself becomes hard and sore, the tissues around it indurate, and the skin over it becomes purple. The glands of the throat and axillæ grow purple and indurated with no tendency to soften. Now some of these medicines, after infiltrating a gland will hurry up the inflammatory action, produce a quasi-ulcerated condition—sloughing, rapid breaking down, with pus—like *Hepar*, *Mercurius* and *Sulphur*. But this medicine paralyzes and infiltrates the little veins in the inflamed part, and there seems to be no tendency to suppuration.

We see now that the economy of this patient is in a sluggish

state; there are no rapid changes; but everything is slowed down. Even the inflammatory process is slowed down into a passive one. Very often a slow quasi-erysipelatous inflammation comes on, the part becomes purple and will pit upon pressure. Just think what a contrast this is to *Belladonna*. *Belladonna* will inflame all the glands, they will swell up, become hot and so sensitive that they can hardly be touched; at first bright red, then purple, with a tendency to resolution if let alone. But the *Carbo animalis* inflammation comes on slowly, its progress is slow, no matter where it is, and there is no tendency to repair. Enlargement of veins here and there over the body; varicose veins. In all the parts that this medicine takes hold of it will burn as if were on fire; so that there is intense burning in the part inflamed, which is indurated and purple. The glands of the throat smart and burn like fire. Sluggish buboes in old broken down constitutions, in early stages of syphilis, inflame, become enlarged, purple, hard and burn like coals of fire. Lumps in the mammary glands. A great purple lump the size of a hen's egg will form in the mammary gland. It does not go on to suppuration, as you would expect it to, it just stays there. It does not enlarge much, but it is as hard as a bullet.

The woman has so much burning in the vagina that she persuades the physician to make a more careful examination than he has done. He will probably find the whole cervix inflamed, purple and somewhat enlarged. She says it burns like coals of fire.

*Carbo animalis* eventually produces ulceration of the tissues in various parts, especially in glands. After a while—but not early in the case—an ulcer forms, and perhaps after ulcerating for a time it comes to a standstill; it has become a sluggish ulcer. Indurated ulcers. A bubo breaks down and forms an ulcer. All at once it stops suppurating and round about the tissues become hard and purple. The laudable discharge ceases a bloody, ichorous discharge takes its place, and the surrounding parts burn. Now in ulcers and fistulous openings, where the walls become hard and infiltrated and burn like fire, and the discharge becomes acrid, *Carbo animalis* is frequently the remedy.

Is it surprising that this remedy has been one of the most suitable for old, stubborn cancerous affections; for cancerous ulcers?

They all burn, they are all surrounded by infiltrated, hardened, dark-colored tissue, and they all ooze an acrid ichorous fluid. It has cured these troubles in old feeble constitutions with night-sweats and much bleeding. It has relieved in incurable cases, and has apparently removed the cancerous condition for years, even though it comes back afterward and kills. This remedy is often a great palliative for the pains that occur in cancer, the indurations and the stinging, burning pains. Of course we do not want to teach, nor do we wish to have you infer, that a patient with a well advanced cancerous affection, such as a scirrhus, may be restored to perfect health and the cancerous affection removed. We may comfort that patient, and restore order at least temporarily, so that there is freedom from suffering in these malignant affections. Most patients that have cancer are really in such a state of disorder that only a temporary cessation of "hostilities" can be expected; and anyone who goes around boasting of the cancer cases he has cured ought to be regarded with suspicion. Do not dwell upon the cancer, for it is not the cancer but the patient that you are treating. It is the patient that is sick, and whenever a patient is sick enough to have a cancer he is pretty nearly sick enough never to be cured.

The proving of Carbo animalis presents the appearance of a broken down constitution. It brought out in the provers just such symptoms as occur in old, feeble constitutions, with poor repair and lack of reaction. Hence this medicine has been a great palliative for patients suffering from malignant infiltrations and indurations; suspicious indurations round about and under the bases of ulcers; suspicious indurations in glands. A gland becomes inflamed, hard as a bullet, and remains so. Carbo animalis stands at the head of the list of remedies that have that condition.

All through the remedy there is hypertrophy. Tissues pile up here and there into hard nodules; tissues pile up in glands and in organs. The economy has lost its balance, and the result is a disorderly distribution of material. Great prostration, want of energy, associated with palpitation, anxiety and disorders of the pulse. Weak pulse, rapid pulse, irregular pulse. Beating in blood vessels. There is a turmoil in the economy, sometimes described as heat. A mounting of heat as though the body was full

of steam. Awful sensation through the chest and in the head, like some great earthquake taking place. These are due to abnormal conditions of the venous side of the heart. Flushes of heat; pulsations here and pulsations there. Hemorrhages. And of course the woman is more likely to bleed than the man; hence we have menses too early, too long, too copious. Awful prostration with every menstrual flow. The Carbo animalis woman sinks down at every menstrual period as if she would die. Such striking weakness is not at all accounted for by the quantity of the flow. Chronic induration, with enlargement and hardness of the uterus, which gradually grows from year to year. Induration of the cervix and the whole uterus. Copious flow of leucorrhœa. Offensive uterine discharges. Ulceration of the uterus, going gradually toward the malignant state. The menses are black and horribly offensive. Finally this poor, feeble woman, who has been plodding along for years with this condition, goes into malignant ulceration of the cervix, which burns like coals of fire, bleeds constantly and oozes a fetid watery flow. The burning pains in the uterus extend down the thighs.

Whenever this patient puts the child to the breast she has a sensation of emptiness in the stomach, an awful sinking in the pit of the stomach, and she must take the child away. Sometimes she describes it as a terrible hunger.

There are many uterine troubles, with burning, stinging, smarting; a yellow-brown saddle over the bridge of the nose, something like the mottled yellow saddle of *Sepia*. All sorts of disordered conditions of the uterus.

Surging of blood upward to the head, rousing up in sleep, with horrible dreams. This poor mortal is suffering from troubles in the base of the brain, has tearing pains in the head, and especially in the occiput, is growing increasingly sensitive to cold, increasingly chilly, increasingly waxy, until we have a case of phthisis or a case of cancer, with varicose veins and all the conditions that I have described. This is the last stage. It shows how these patients are going. Carbo animalis is their only savior.



## General Symptoms of the Materia Medica.

### XXX. Carbo Animalis.

HARVEY FARRINGTON, M. D., H. M., Chicago, Illinois.

Antipsoric; antisycotic; *antisyphilitic*.

Ailments from debilitating diseases; from loss of animal fluids.

Old people; young scrofulous subjects.

*Mental confusion*; SADNESS; taciturnity.

Pains: burning; *gripping*; tearing.

Sensation of coldness.

LACK OF VITAL HEAT.

DEBILITY.

Relaxation of tissues.

Weakness of the joints.

VENOUS PLETHORA.

Varices.

Induration; INDURATION AND SWELLING OF GLANDS.

Discharges: offensive, corrosive.

CANCER; *scirrhus*.

Polypi.

Gangrene.

< MORNING; NIGHT; after midnight; *cold*; *open air*; *motion*; *physical exertion*; *touch*; DURING and after eating; during menses.

> *warmth*; *lying down*.

### Remarks.

Although classed with the inert substances, like *Graphites* and *Silica*, *Carbo animalis* seems to possess some medicinal properties even in its crude form. Burnt moles, swallows and porcupines and the ashes of human bones were used in the time of Dioscorides and even earlier, as remedies for indigestion, epilepsy, induration of glands and scirrhus. The choice between mole and porcupine may have been determined by some fanciful or superstitious notion, but the fact that in each case animal charcoal was used shows that the claims for it were not without foundation.

Hahnemann's preparation was made from ox-hide reduced to glowing redness and smothered between two flat stones. Among other substances it contains a trace of phosphate of lime, but this does not appear to have materially affected the symptoms gathered from provers.

The sphere of action of *Carbo animalis* includes all three of the chronic miasms. It has been found exceedingly useful in certain cases of syphilis. Like its near relative, *Carbo vegetabilis*, it is indicated after debilitating acute diseases or loss of animal fluids, though the vegetable product is perhaps more frequently called for in this class of cases. Weakness and lack of reactive power are important features of both remedies.

This shows why *Carbo animalis* may sometimes be the remedy in the complaints of old people. It has many symptoms that resemble the signs of increasing old age. This is seen in the general debility, the lack of vital heat and impairment of the mind and special senses.

The sight is dim, and this is often worse in the morning. The lens grows white with cataract or loses its elasticity, and presbyopia is the result. Old people who are unable to see clearly near at hand, but have fairly good vision for distance.

The hearing becomes dull and sounds are confused. When the *Carbo animalis* patient has this symptom, which is not infrequently associated with general debility, it is characterized by inability to determine the direction of the sound; it seems to come from another world.

The debility results in general relaxation of the tissues. The brain feels loose, and seems to slush about when the head is moved quickly, or from coughing or stepping. There is a sensation as if the eyeballs were loose in their sockets and vibrated with the jar of stepping. This is due to actual flabbiness of the connective tissue. The ligaments are similarly affected, consequently we have joints that are weak and easily sprained. In weakness of the ankles this remedy competes with *Natrum carbonicum*, and is perhaps more frequently indicated for weakness of these joints in babies just learning to walk. More far-reaching in its effects, however, is the relaxation of the venous system with all its attendant phenomena. Like *Carbo vegetabilis* this is one of the

venous remedies. It is no wonder then that all the functions of the body are performed sluggishly. The brain works slowly, and thoughts are confused. The stomach is slow to digest and allows the food to ferment; a distressing amount of gas forms in the stomach from the smallest amount of food. The bowels also are distended with flatus and are sluggish in their action, with hard lumpy, scanty stool.

The venous plethora becomes evident even on the surface. Many of the old debilitated patients mentioned above are inclined to blueness of the cheeks and lips. The skin over swollen glands and around old indolent ulcers assumes a bluish hue from the stagnation of superficial venous circulation. Subjectively there is throbbing or beating in the blood-vessels, and, in certain instances, ebullitions of blood mount upwards to the head like hot steam.

All this closely resembles *Carbo vegetabilis*. Indeed, these two carbonaceous remedies, since they are so nearly alike in chemical composition, have many symptoms in common, although they are by no means interchangeable in practice, as every homeopath knows. The chief distinguishing feature is the greater affinity for glandular tissues manifested by the animal product. Inflammatory swelling is followed by stony hardness. Any gland may be affected—the thyroid, the pancreas, the liver, the lymphatic glands everywhere. Lumps form in the breast, and—as if they impeded the circulation—the skin becomes discolored by dirty blue-red spots. The lumps are sensitive to touch, they burn, and drawing pains extend up into the axilla, where the axillary glands are also beginning to enlarge and harden. Glands about the neck, in the mesentery in the groin. Syphilitic or gonorrhoeal buboes that begin to suppurate. Maltreated buboes that have been opened by some meddlesome surgeon. The wound does not enlarge nor does it heal, but its edges become calloused, and an offensive ichorous fluid oozes forth. The important feature is the induration. It is an important general characteristic of *Carbo animalis*, and is not confined to glandular tissue. If the *Carbo animalis* patient has been injured at some time or other the resultant scars are apt to be large and hard, and sting and burn with every change of weather. Finally they open and form indolent

ulcers. The induration has been known to affect the walls of the pharynx, the scrotum, the cervix uteri and the uterus itself. Little nodules form in the substance of the tongue.

It is not difficult to see that this is a remedy for cancer, and especially for that form known as scirrhus. The swellings and indurations are the seat of cutting, lancinating and burning pains. It is only reasonable to suppose that they are not always of malignant origin—they may be syphilitic, gonorrhœal or tubercular—but it is said that Carbo animalis is often indicated where benign tumors or ulcers become malignant. This only goes to show the tendency of the remedy and its remarkable depth of action. It has cured many cases which bore all the signs of true cancer. It has palliated in cases which were incurable.

All the discharges in this remedy are acrid, excoriating and offensive. The pus that comes from ulcers is ichorous and foul-smelling; the leucorrhœa, the menstrual flow and prolonged lochia in parturient women are corroding and odoriferous. This is of course more marked if the uterus is affected with cancer.

The burning pains are not confined to indurated tissue entirely, but occur in any part of the body: burning in the chest, in the eyes, the throat, burning in the stomach after eating, burning in the uterus, extending down the thighs. This may be a concomitant of malignant trouble in this region or a forerunner of it.

Not much has been said of the mental state, because although the symptoms may be pronounced they are not very distinctive. The physical side of Carbo animalis seems to predominate. Yet there is great sadness, even to despondency, and it is often of the kind that seeks solitude, that is averse to company and encourages taciturnity.

Under sensations we have coldness in various parts, such as coldness in the præcordium, in the region of the heart, in the chest, extending to the back and in the stomach after a light meal, in the abdomen extending upward to the throat and mouth, in the lumbar region and down the lower extremities. This is to be distinguished from the actual coldness so characteristic of the two *Carbons*.

Like the *China* patient, there is a marked effect from the loss of fluids, whether secretions or excretions. The leucorrhœa is very

debilitating, and the menses even more so. The flow comes too early and lasts too long, but the extreme weakness that comes during the menstrual nixus is not at all compatible with the amount of the flow, for this is scanty. She is so weak she can scarcely speak. Every time the child nurses at the breast a weak, all-gone sensation comes in the stomach and the woman feels as if she must lie down. The system, weakened by disease, is evidently taxed severely in the performance of ordinary functions supplying the needs of the body, and any necessity for a slight increase in activity is felt at once.

Now to add to the pathological conditions, or the gross tissue-changes, we have gangrene, and, right in line with the sycotic tendency, polypi. *Carbo animalis* has cured both conditions.

In the morning there is weakness, and as in all of these venous conditions, heaviness and sluggishness, mental confusion, vertigo, etc. The headache also comes on in the morning. Rawness and hoarseness in the larynx, weight in the occiput, dimness of vision—in fact, a long list of symptoms, almost too many to mention, confirmatory of the general morning aggravation.

Cold aggravates. The patient is chilly, and sensitive even to cool air, does not feel comfortable in the open air, wants to be in a warm room. This is not like *Carbo vegetabilis*. The latter, though sensitive to cold, is sensitive to heat and cannot stand a warm room. In *Carbo animalis* cold also brings on the sensation of looseness of the brain, heaviness in the head and tenseness of the scalp in forehead and vertex. Cold water aggravates the toothache.

Aggravation from motion, but especially walking, as that includes effort. The patient is weak and physical exertion, especially lifting, results in weakness and debility, and also causes soreness and stiffness of the joints. Easily strained by overlifting.

This patient is worse from a change in the weather. Indurations and old scars burn and sting when the weather changes. *Carbo animalis* will cause old scars to soften and almost disappear.

Aggravation during and after eating. The patient suffers a good deal during eating, and the sufferings are not confined to the stomach but are general, as, for instance, general heaviness and debility coming on after eating; congestion of the head; sensation

of weight in the occiput and that peculiar sensation as if the brain were loose, sometimes come on after eating. Distress in the stomach, burning, fulness, formation of wind, nausea and vomiting. The symptoms start almost with the first mouthful. In fact, a small amount of food of very simple character will upset the *Carbo animalis* patient.

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### Astragalus Mollissimus.

(Crazy weed; Loco weed.)

Animals eating it lose flesh, are affected with lassitude and impaired vision, become vicious, leap into the air on approaching small objects.

A horse, on shying, rears up and falls backward; worse from even light stroke on the head; steps high and seemingly thinks small things are very large; loss of co-ordination.

Frogs, pupils dilated; loss of motility in the legs; tetanus; loss of sensation; feeble heart; inco-ordination.

Cats: impaired motion; complete loss of sensibility; inco-ordination; salivation; dilated pupils; walk backwards, execute circular movements. The drug kills by arrest of the heart-beat.

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Darting in the mammæ of nursing women, arresting the breath, worse from pressure; hard, painful spots; headache as if the skull would burst asunder, must press with both hands. Hard, uneven tumor in the left mamma, burning pains, dirty, blue-red spots; pains drawing towards the axilla.—*Carbo an.*

---

However cautiously he gets into bed, his breath gives out; also when turning in bed. This sudden loss of breath brings on dyspnoea and an agonizing feeling of suffocation and palpitation—*Arsenicum*.

## Department of Clinical Medicine.

### Clinical Cases.

J. T. KENT, A. M., M. D., Chicago, Ill.

#### Manganum.

Pale, sickly girl, aged twenty-seven.

Has suffered from rawness and pain in the larynx for more than a year.

Paroxysmal cough, in the daytime only. A paroxysm begins at about eleven A. M., sometimes a little later, and lasts until she lies down. She can stop a paroxysm any time by lying down.

Suffocative breathing.

Thick yellow mucus scraped from the larynx.

Hoarseness and at times aphonia.

Talking causes rawness in the larynx and brings on the cough.

The condition has been diagnosed as tubercular laryngitis.

*Manganum*, at long intervals, cured.

#### Petroleum.

Sickly man, aged about forty.

Eruption behind the ears; moist, crusty and itching.

Diarrhœa with marked hunger after stool.

Excitable; restless.

Restless sleep; bad dreams.

Left testis tubercular.

Scrotum moist and itching.

*Petroleum*, at long intervals, cured.

#### Euphorbia Heterodoxica.

Mrs. C., aged fifty-five.

In the last stage of cancer of the right mamma.

Bleeding; deep ulceration.

Pains: Burning; stinging. Has taken morphine, which caused so much vomiting and distress that she applied to Homeopathy for help.

*Euphorbia heterodoxica*, in water, kept her from pain until she passed away. At times she was relieved for days, and then the suffering would return. She would then take a few doses of *Euphorbia* and would be comfortable for a like period. Many such cases have been relieved with this remedy.

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### Some Cures of the Sick.

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F. A. PORTER, M. D., Pittsburg, Kansas.

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#### CASE I.

March 28, 1899. A hasty summons to see a patient ill for several days with pneumonia. Has been under the care of a prominent allopath, but is growing worse.

I found the patient, a lady, aged about thirty, of good build, fairly good history, dark complexion.

Hepaticization of middle third of left lung; she lay on her back, very quiet, as the least motion, or even breathing, caused severe pain. There was redness of the cheeks (left markedly so); immobility of left chest; great thirst for large drinks; temperature,  $103\frac{1}{2}^{\circ}$ ; anxious expression of the face and anxiety about recovery; nervous and very wakeful at night, with desire to move, but the effort caused her so much pain that she was obliged to remain perfectly quiet; cough severe and distressing, accompanied by profuse expectoration of rusty blood-streaked sputum.

*Bryonia* 9m.

March 29. Slightly better. The night was a little easier. Temperature,  $103^{\circ}$ . Not quite so anxious and nervous. Cough a little easier; expectoration freer.

*Bryonia* 9m.



March 30. Not so well. Had a bad night and all symptoms are worse. Temperature,  $103^{\circ}$ . Thirst for very cold drinks; will not take water unless it is as cold as can be had.

*Phosphorus* 50m.

March 31. A pale but smiling face greets me. "I'm better, Doctor;" and she shows it in every way. Temperature,  $99\frac{1}{2}^{\circ}$ . Respiration better; cough looser and easier. Can change position in bed. Slept quite a little during the night. Anxiety gone.

*Sac. lac.*

April 1. Temperature normal. Had a good night. Cough less and much easier. Can sleep now on side. Appetite returning.

*Sac. lac.*

No more visits were necessary and no more medicine. The case made a complete recovery and the stage of exudation was aborted. The whole neighborhood knew of and wondered at the results in this case, as it was expected the patient would die. No one could say, not even the allopathic doctor, that the case got well of itself, for it was cut square off and cured by *Phosphorus* just before the stage of exudation.

#### CASE II.

December 30, 1902. Called at 2 A. M., to see Mrs. R. aged 32.

Has been chilly most of the night, but now has a high fever. Effusion into the pleura, lower third, left chest. Acute pain on motion or breathing. Distressing hacking cough. Thirst for large drinks. Must lie perfectly quiet on the back, with the body inclined toward the affected side.

*Bryonia* 10m.

December 31. Patient much better. Temperature,  $99\frac{1}{2}^{\circ}$ . Rests more easily, although the side is still quite sensitive to motion. The case was given *Sac. lac.* and improved for about four days, when an urgent call by telephone informed me that the patient was much worse and I must come at once.

I found hepatization of the lung itself directly beneath the pleuritic effusion. Sputum slightly yellow, frothy and rust-colored. Had a very restless night; complained of much heat. It was clearly a change from pleurisy to pneumonia. The patient was of a scrofulous appearance and the symptoms of the previous night, except restlessness and heat, were obscure.

*Sulphur* 9m.

January 4, 1903. Pulse, 110; temperature, 103°. No improvement; had a bad night. Expectoration more profuse; no change in the condition of the lung. Much thirst for large drinks, and wants them cold. Restless, weak, drowsy, stupid.

*Phosphorus* 50m.

January 5. Very much better. Pulse, 78°; temperature normal. Had a good night's rest. Cough frequent, but easy. The lung shows marked improvement.

*Sac. lac.*

The case from this on had a rapid and satisfactory convalescence.

### CASE III.

A somewhat amusing experience which I had with the two following patients seems worth relating:

Mrs. H., aged twenty-eight, one of my regular "customers," in conversation one day asked if anything could be done for ingrowing toe nails.

She stated that she was born with the trouble, and that many a day as a child she had sat without shoes, a complete cripple. The suffering was so great that she had spent many hours weeping.

During earlier years the corners had been cut out and dug out repeatedly. Some time since an old school surgeon, failing in splitting the nail and pulling the corners out forcibly, had dissected out the whole of both nails, assuring her that that would help.

Alas for human hopes, the unremoved cause had reproduced these deformed nails exactly as they were, and now she was as bad as ever.

I will admit the case seemed somewhat unpromising, still the indicated remedy is always sure in its action, and I resolved to

test the matter thoroughly before going down to defeat, as the allopaths had done.

The lady was informed that such cases could be cured only by careful internal treatment and that if she cared to undertake it I would do my best to relieve.

She was only too glad to try anything that promised help.

Taking the case brought out *Silicea* as the remedy, and she received the 45m. potency (Fincke), and plenty of *Sac. lac.*

I did not see her again for a number of months. Then she came, bringing with her a boy of five years, an only child.

She said: "My toes are perfectly well. I believe those little pills cured me. My husband laughs and scoffs at the idea, but I feel sure the medicine did the work. Now I have brought my little boy and I want you to cure him of the same trouble. My husband says if those sugar pills cure him, too, he will believe in Homeopathy."

When the feet were exposed both great toes were found to be badly ulcerated, discharging a foul-smelling pus, the corners of the nails deeply imbedded in the tissues, and the surrounding parts swollen and highly inflamed.

The boy was thin, poorly nourished, nervous, of light complexion and quite as good a picture of *Silicea* as the mother.

He received the same medicine in the same potency as the mother, and in three months I saw the boy fully recovered.

Three years have passed and both remain well.

It is needless to add that the father was also cured of his unbelief.

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*Carbo animalis* is indicated in the last stages of pneumonia, bronchitis or of phthisis pulmonalis, when there is destruction of lung-tissue and decomposition of the fluid which is expectorated. Suffocating, hoarse cough producing shaking of the brain as though it were loose in the head; cold feeling in the chest; green, purulent, horribly offensive expectoration, which generally comes from the right lung. As the patient closes his eyes, he feels as if he would smother.

## An Opium Case.

RICHARD BLACKMORE, M. D., South Ashburnham, Mass.

December 26, 1902, at 1 P. M., I was called to see E. W., age 19, who had been caught in some shafting and was given up for dead. I found my patient unconscious, heart and pulse very weak, and slow. Respiration stertorous and very jerky. Extreme tetanic closure of lower jaw. Pupils wide open, eyes glassy and with a fixed stary appearance.

I gave a hypodermic injection of brandy into the gastrocnemius muscle, being unable to force anything between the teeth. A hurried examination disclosed marks of pressure on the left side of the neck, over the common carotid artery and external jugular vein, with considerable swelling just below, to which hot moist cloths were applied.

2 P. M. Tetanic convulsions of whole body, opisthotonus, clinched thumbs. *Cuprum* 200 dissolved in water was forced between the jaws. 3:30 P. M. Convulsions much >. Pulse and heart still weak and very slow, much vomiting of food, dark and almost black in color. Pupils uneven and insensitive to light. Respiration easier. Received *Belladonna*.

8 P. M. Pulse stronger and more frequent, lies quiet, eyes wide open and stary, face bluish tinge; body covered with sweat; unconscious; fluid nourishment rejected. *Opium* 200 was given.

10 P. M. Doing well, no vomit, pupils smaller and regular in size, respiration easy and regular. Swellings on the neck decreased in size. Pulse, 72, and of good strength. *Sac. lac.*

After this prescription the patient was watched by myself all the remainder of the night and *Sac. lac.* given at frequent intervals. About 6 A. M. there were some glimmerings of returning consciousness, which materialized at 8:30 A. M., Dec. 27. I watched him at intervals during the day and all the succeeding night, giving no other medicine. The progress was very satisfactory indeed both to the lad's parents and myself. The lad's condition today (March 7) is very good. A partial paralysis of the right arm is gradually subsiding, and the community regard him as "one raised from the dead."

My action in giving a hypodermic injection of brandy first thing may be criticised. Candidly I knew not what else to do. It was absolutely impossible to get anything between his teeth, and the patient was suffering from a profound shock. If any one who reads this can tell me what to do in a similar case he will favor me.

Possibly the *Belladonna* was an error, but in cerebral vomiting it is one of the remedies to be thought of, and as Opium follows Belladonna well, the delay was not serious.

The good point of the case is the efficacy of the single, potentized remedy, and when one considers what a strong temptation there is to poly-pharmacy, I am doubly glad that I was able to stick to Homeopathy.

My experience is limited, having graduated only last year, and hints from older members of the profession will be gladly welcomed.

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### Mind, Wise and Otherwise.

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By E. R. MCINTYER, B. S., M. D., Professor of Mental and Nervous Diseases in The Hering Medical College, Chicago.

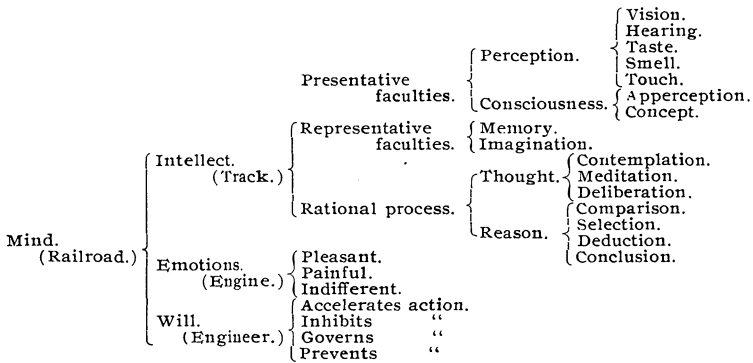
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Having received a request for something for publication in the JOURNAL OF HOMEOPATHICS on any subject suggested, when the spirit moves me, and feeling that possibly this subject has not received more attention than it deserves, I take the liberty of presenting a few thoughts suggested by several years' study of the influences of hereditary and acquired tendencies of the mind.

This opens such an immense field for discussion and thought that it will require, possibly, a number of papers to even begin its discussion.

Naturally we must begin with something approximating what we understand by the normal mind, although probably no such thing as a normal mind, in the full sense of the term, exists. From this it will be necessary to progress through the several stages of degeneracy and criminology, till finally we find those suffering with true insanity.

This diagram may assist the reader to understand the arbitrary divisions of what we understand by a normal mind:



The first step in all our mental activity is to perceive environments through one or more of the five senses. Then we grasp, so to speak, those environments or experiences perceived by voluntary attention. This grasping by voluntary attention is termed apperception. This having been accomplished, we become conscious of the experiences. Consciousness of our experiences is termed concept. Consciousness is a knowledge of our own feelings, being the mind.

This first step, or the presentative faculties, can be applied to only present experiences; but the second or representative faculties can depend only on past experiences. Hence they cannot be referred to the new-born. Memory is that mental faculty that reproduces by-gone experiences in present life. Imagination is the creative or inventive faculty, by which ideal pictures are formed in the mind, these being based on past experiences.

The third step, termed rational process, for want of a better expression, decides the course of action in the normal mind. It is composed of thought and reason. Thought is that faculty by which we contemplate our experiences, meditate on them and deliberate regarding them, to finally turn to reason in order to compare one with another and with the past. As a result of this comparison, we select certain of those experiences, from which we make deductions, and from these we arrive at conclusions and decisions.

This is the limit of purely intellectual activity, unassisted by other mental faculties. It is like the tracks or rails of a railroad, ready to direct a course of action, but without power to produce that action. Therefore it is useless until we bring into action the engine, that is, the *emotions*. These are of three kinds, *pleasurable*, when they create desires for continuance or increase of the experiences, *painful*, when they arouse a desire for cessation or decrease of the experiences, and *indifferent*, when they excite no desire.

From this it is obvious that we have no powers to act except such as are created by our desires. Hence they are the engine. But we dare not simply turn on the steam and let them run wild, with no one to control them, any-more than we would do with a locomotive. So we must have the engineer, will or *volition*, which controls all our activities.

On this trunk or root must grow every branch, leaf, flower and fruit of psychology. Psychiatry treats of the crippled trunk after part or all the branches have been broken.

Complete, the tree is the mind wise; broken, it is the mind otherwise. With the latter we are most interested; but we need the former for the sake of comparisons. As physiology must be the foundation of all our studies in pathology, so must psychology be to psychiatry.

The three arbitrary divisions of the mind may be compared to the posts of a tripod, each essential to the balance of the whole. Remove one and the whole must fall; shorten one and the equilibrium is destroyed.

But this change in their length may be so slight as to make no apparent difference; it may or not be discoverable by any means of mental measurement now at our command, and still there may be sufficient departure from the normal, either congenital or acquired, to decide the final destiny of the individual.

All mental bias or abnormalities are due to one of three influences, (1), some imperfections in the physical development of the individual; (2), the effects of hereditary or acquired physical disease; (3), injurious impressions, either ante-natal or post-natal, on the delicate and complex organism we call the human brain.

Some physical defects give rise to mental derangement more than others. Some persons tend more than others to mental ab

errations from physical ills. Some impressions are more corroding than others to the tablets of the mind. But many and varied agencies tend to mental bias. All persons born to become insane do not spring from insane parents or those in whom there is even a taint of lunacy; but they not infrequently receive from their ancestry certain mental, as well as physical, impressions that are abnormal, and, as such, fix the future destiny of the unfortunate individual.

As physical growth is slow, so is the development of degeneracy. As man only attains a high degree of moral and intellectual development through the influences of those elements on several generations, so he may often trace his humiliating weaknesses and lack of those principles that fit him for life's duties and responsibilities back through a long line of unrestrained passions, unguided prejudices, superstitions, selfishness, lust, intemperance, avarice and crime, that have exhausted his nervous resources and rendered his mind bankrupt before its time. For man is not alone the child of his parents, but the last link in a long chain of ancestry, from each link of which he receives a legacy for weal or for woe.

But even with those who have a more or less vicious inheritance, the case need not and should not be abandoned as hopeless. With proper care, education and environments, together with the homeopathic remedy, much may be done toward re-habilitating, so to speak, not alone those whose inheritance is pointing to insanity and crime, but the reconstruction of minds that are already bankrupt from birth, if the proper treatment be applied in early life; therefore, such children should receive medical attention very early. Not only does this apply to the weak-minded, but to all those whose only legacy from their ancestors is a criminal mind, or other unfortunate mental bias.

But the present tendencies are rather toward mental deviations than their cure. As any strong emotions affecting the mother, before the child's birth may influence the whole life of the child, so fright to the child, for the purpose of discipline or for any other reason, by shutting it in a dark room, threats of wolves, bears or horrible ghost stories, not only renders its life miserable, but frequently is the seed sown in good ground which finally buds and blooms into insanity.



The employment of the very young in our shops, stores and factories is another element of great importance in the cause of degeneracy or insanity in later life.

The present system of forcing the education of the young is a method of preparing them to fill places in the insane asylum rather than for useful citizenship. As proper education is a safeguard against insanity, so misdirected efforts to educate become an important agency in its cause.

In our schools and colleges we are attempting to strike a balance, so to speak, by fixed rules for regulating the amount of work each child must do, rules which do not recognize the difference in mental or physical ability. The danger in this respect is not more from the amount of work required than from anxiety and fear of failure to keep up with the classes, and consequent disgrace of failure.

Many of those nervous, sensitive children in our public schools should be held in check rather than forced to cram their poor little heads with all manner of useful and useless knowledge. But parent and teacher join in forcing them to mental exertions at the expense of bodily development, and then wonder when they collapse mentally and are compelled to leave the halls of learning for the more shady halls of the hospital for the insane. This is a grievous error. The mental labor of children should be regulated by their physical strength. When we realize that the body and physical brain should and must be developed before the mind; that mental development needs guiding and judicious restraint, rather than forcing to unnatural attempts to grasp unimportant and useless knowledge, our schools will cease to be simply primary rooms to the insane asylum. Mental growth should always follow physical, rather than precede it.

Another element of importance in our educational institutions is sex. I realize that what I am about to say may not be very popular; but scientific facts do not tarry for popularity. The average weight of the normal female brain is little more than six-sevenths that of the male. This is important, in that it points to the distinct purposes for which the two sexes are equipped by nature. The difference in physical strength in the two sexes points to the same lesson. The fact that woman is physically

weaker than man does not render her of less importance, but only tells of her proper place and office.

In these latter days we are training our girls for every other vocation in life than those for which nature has fitted them. The present idea of forcing the intellectual faculties of the two sexes to an equality may be successful; but it is only to transplant the true womanly brain from its Divine habitation to strange environments and functions; and the attempt naturally results in that condition which every thinking mind must expect, and which has been abundantly proven by scientific investigation—frequent mental and physical failure in those who might, nay, should have lived a useful and brilliant life.

Whenever and wherever woman has attempted to compete with man in still more difficult and arduous mental labor, the results have invariably been a large increase in insanity. The percentage of women teachers that become insane is nearly double that of men in the same profession. The same may be said of other professions. Careful investigation has proven it with regard to women telegraphers, sales-clerks, telephone girls and Swiss watch makers.

In addition to the excessive mental strain resulting from the requirements of the school room, excesses in social enjoyments and athletic sports so exhaust the physical and mental powers that they become bankrupt before their time.

Injuries to a child's head, often so trivial as to be soon forgotten, not infrequently result in conditions leading to mental aberration in later life. Those parents who strike their children on the head for every real or imaginary offense should be taught of the possible results.

Thus far I have been studying post-natal causes or influences; but what shall I say of the pre-natal influences? I will take up this subject in another paper.

70 State Street.

## Monthly Review.

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GLAUCOMA.—*The Homeopathic Eye, Ear, Nose and Throat Journal* for March furnishes an interesting symposium on glaucoma. Dr. Wm. W. Blair, in a paper on Acute Glaucoma, holds to the theory that the primary cause of the disease is the blocking up of the canal of Schlemm, and the consequent damming up of fluids in the posterior chamber, as against the theory of the older ophthalmologists, who claim that increased secretion is to blame. Under treatment Blair places iridectomy at the head of the list, mentions sclerotomy as a possible method in suitable cases, expresses the opinion that myotics have but a transitory action, but leaves out the homeopathic remedy altogether.

Dr. A. B. Norton, under the subject of Operative and Non-operative Treatment, takes the view that in simple glaucoma operative means should be withheld as long as possible and myotics, massage and the "indicated" remedy be given.

The Homeopathic Treatment of Glaucoma, by Dr. E. H. Linnell is rather unsatisfactory. He states that the replies to letters addressed to well known homeopathic ophthalmologists showed that they were practically unanimous in the opinion that internal medication alone was not to be relied upon. Dr. Copeland, of Ann Arbor, was the only physician who had carried a case through on the indicated remedy, having cured one with *Arsenicum*, but that was in a convict who was promised his freedom if he would consent to undergo the treatment. In all twenty remedies were mentioned, but only general indications given for their use. *Gelsemium* seemed to be the best supported by clinical testimony.

Dr. Linnell gives some very brief suggestions for the use of *Rhus tox.*, *Bryonia* and *Phosphorus*, cites a case that was "cured" by crude doses of *Osmium*, and closes with the hope that remedies may be tested methodically in conjunction with the local application of myotics.

Dr. J. B. Gregg Custis, of Washington, does better justice to the Homeopathic Therapeutics of Glaucoma. He says: "If you

fail to take advantage of what the homeopathic *Materia Medica* offers, your title to homeopathic specialists is forfeited and you become ordinary, plain, every-day eye-doctors, who rely for success entirely upon knowledge of the anatomy and physiology of the eye, plus the mechanical expedients that are taught by the science of optics."

While believing in the use of Eserine, Dr. Custis thinks that this drug is more thoroughly understood by homeopaths than by the "regular" school. He refers to its effect upon the muscles of accommodation as well as those outside of the eyeball and suggests that its administration internally might have a prophylactic influence. Owing to the barrenness of the literature on the subject of homeopathic therapeutics, most of the indications for remedies are made upon shrewd inferences. Thus, as the greatest predisposition is in females, *Cyclamen*, *Lachesis*, *Pulsatilla*, *Sulphur* and *Sepia* should be studied. *Cyclamen* because of the marked sympathy between the pelvic region and the eyes, its catarrhal symptoms, sneezing with blue vision, coughing with pain in the eye, etc., and the close resemblance of all its eye-symptoms to glaucoma. *Pulsatilla* because of its ability to open canals closed by catarrhal inflammations, etc. *Sulphur* because of the frequently verified eye-symptoms, pains, loss of vision and photophobia during menses, and the interchange of symptoms between the ovaries and the left eye especially.

The next most common predisposing cause is old age, which suggests *Baryta carbonica* and *Phosphorus*, both of which have numerous eye symptoms.

As more remote causes, rheumatism frequently points to *Bryonia* and gout to *Colchicum*; syphilis to *Kali iodatum* and the *Mercuries*.

The most prominent symptom, increased tension, in itself suggests *Bryonia* and *Pulsatilla*. The writer selects *Rhus tox.* as typical of the next most common symptom, namely ciliary injection, and gives some of the eye-symptoms of that remedy found in the *Guiding Symptoms*. "*Sulphur* is also called for in scrofulous patients, or where there is a history of suppressed eruptions. Do not let your scientific tendencies blind you to the fact that suppressed eruptions do cause diseases which become chronic and frequently result in organic changes."

The cloudiness of the cornea points to *Argentum nitricum* and *Mercurius corrosivus*, the symptoms of the latter being especially characteristic.

Anæsthesia of the cornea the Doctor found to be covered only by *Plumbum*, though some hint of the condition may be found in symptoms of *Kali bichromicum* labelled for "neuritis optici."

Dr. Custis says that theoretically he finds no remedy offering more in the treatment of glaucoma than *Plumbum*, especially when secondary to diseases of the spinal cord or where there is a history of paralysis. He recommends very highly *Phosphorus* and *Plumbum* for the constant appearance of excavated disc and consequent atrophy of the nerve, in the absence of characteristic indications for other remedies.

The following remedies are added as having been recommended by various writers, but little in the way of verification could be found:

*Cocculus*, *Silicate of Potash*, *Fluoric acid*, *Silica*, *Aconite*, *Osmium*; and for the pains especially: *Belladonna*, *Asafetida*, *Cedron*, *Prunus*, *Spigelia*, *Aurum*.

*Phosphorus* and the snake poisons, especially *Lachesis* and *Crotalis*, are most suitable in glaucoma hæmorrhagica.

The writer attributes the very small number of cures by remedies reported in our literature to the modesty of prescribers. He was acquainted with one case at least at which was carried through on remedies alone by Dr. Bushrod W. James.

Dr. James A. Campbell reports two cases with the exceptional condition of non-increase of tension, contending that they are good evidence in favor of the theory that glaucoma is a reflex neurosis through the sympathetic nervous system.

Two cases of simple glaucoma in which evidences of the disease were almost entirely removed by iridectomy were presented by Dr. C. J. Swan, of Chicago. In one the result was almost normal vision with field slightly diminished. The other was operated at too recent a date to determine whether a permanent "cure" could be expected.

GLONOIN IN LA GRIPPE.—Headache over the right eye, or in the eyeball, or on top of the head, in the occiput or both temples,

worse on coughing, so that the patient holds the head with the hands; face flushed or pale; lips quite red; pain in the stomach forcing the patient to bend almost double and press with the hands for relief; alternating chilliness and flushes of heat; aching of the limbs; soreness all over; cough which jars the whole body; spurt-ing of urine in females at every coughing spell; watery coryza. — *Homeopathic Recorder*.

PICRIC ACID.—The *Homeopathic Recorder* (March 15) contains some interesting and hitherto unpublished "day books" of prov-ings of *Picric acid*, with remarks by Dr. S. A. Jones. He draws particular attention to the difference between the effect upon the male and female prover, producing in the former a sexual frenzy, and in the latter aversion to marriage, or, as the writer interprets it, aversion to marriage with its consequent consummation.

RESUSCITATION OF THE NEW-BORN.—Rythmical traction of the tongue, lauded as a means of resuscitating the drowned, has proved successful in establishing respiration in the still-born. It is sometimes difficult to obtain a firm hold of the little tongue. Rythmical pressure on the base of the tongue by the finger in-serted into the mouth answers the same purpose.—*Medical Press*.

ABDOMINAL RIGIDITY.—Abdominal rigidity is a more or less constant symptom in all inflammatory affections of the peritoneum and consequently is of valuable assistance in diagnosing the presence of foreign materials in the peritoneal cavity, even before actual inflammation has begun. It is more reliable than pain or tenderness in the diagnosis of perforation in typhoid fever. —*New York Medical Journal*.

RAW VS. HEATED MILK.—In 1898 the American Pediatric So-ciety made a collective investigation of scorbutus with the follow-ing results relative to the diet:

Of three hundred and seventy-nine cases reported, breast milk was the only food in ten; raw cows' milk in four; pasteurized milk in sixteen; sterilized milk in sixty-eight; condensed milk in thirty-two; proprietary infant foods in two hundred and fourteen. These figures emphasize the difference between raw and heated milk, as an etiological factor in the production of this disease, although it

is not certain that this is the only factor. It is somewhat surprising that ten of these cases were fed exclusively at the breast, and only four on raw cows' milk. It is probable, however, that the number of infants fed upon raw cows' milk is much less than those fed at the breast, or than those fed on condensed or sterilized milk. This fact will explain in part the surprising fact that, of the cases collected, more than twice as many occurred in breast-fed infants as in those fed on raw cows' milk.

The general results of this investigation are in accord with the experience of numerous individual observers. The consensus of opinion is that pasteurization and sterilization are harmful to the nutritive qualities of cows' milk.—*Brooklyn Medical Journal*.

COMPULSORY VACCINATION.—The Supreme Court of Kansas, a short time ago, decided, in the case of *Osborn vs. Russell*, that the State Board of Health had no power to insist on compulsory vaccination. The Act provides that "the State Board of Health shall supervise the health interests of the people of the State" The Board of Health adopted the following: "No person until after being successfully vaccinated shall be admitted into public or private schools." The court held that the section in the Act did not go so far as to justify the State Board of Health in adopting the above regulation. The School Act of the State declares, "that the schools shall be free to all children, etc." Under these circumstances the State Board of Health had no power to refuse admission into a public school to a child because such child had not been successfully vaccinated. Compulsory vaccination did not come within the meaning of the words "supervise the health interests of the people."—*Medical Review of Reviews*.

DIPHTHERIA AND ANTITOXINE.—"The returns of the Registrar-General show that the mortality from diphtheria, instead of diminishing, has actually increased since the introduction of antitoxine. According to these returns the average death-rate per million from diphtheria from England and Wales for the ten years 1881-1890 was 162, and for the ten years 1891-1900, during which period antitoxine was introduced, it was 262. It seems impossible to avoid the conclusion that this rise in the mortality from diphtheria was due to the employment of antitoxine, which,

at any rate, entirely failed to prevent it. It is quite possible that the inoculation of animal matter may exercise a subtle and incalculable influence upon the human economy and may cause remote consequences of a very unfavorable character. It would be far better and safer to avoid such dangerous methods and to trust in a careful and precise observance of the laws of health, and in ordinary medical treatment when required."—*J. H. Thornton, C. B., M. B., B. A., quoted by the Recorder.*

If the simultaneous lessening of the death rate in Berlin, Hamburg and Munich is real, it is too small to explain the decrease of mortality. It is so small that it appears natural to attribute its occurrence to the *negative advantages* of the serum treatment. The serum therapy stands for a line of treatment which is simple and, in the majority of cases, harmless, taking the place of a variety of local treatment which cannot be considered harmless. Many an aggressive physician cauterized, painted and gave inhalations day and night; the throat of the poor child was abused by the most irrational mixtures. To a large extent all this is done away; no wonder the death-rate is lowered several per cent.—*Pacific Coast Jour. of Hom.*

EARLY DIAGNOSIS OF TUBERCULOSIS.—The importance of an early recognition of the insidious onset of tuberculosis should be borne in mind. Recurrent attacks of laryngitis may be the sounding of the first alarm. Pain in the region of the cricoid and arytenoid cartilages is an early symptom. The incipient pain of a tubercular joint is often mistaken for rheumatism.

It behooves us, therefore, to be ever on the alert, to make an early diagnosis. "An ounce of prevention is worth a pound of cure." He that is imbued with the spirit of prevention of disease is the prototype of the highest sentiments of our noble profession.



# Journal of Homeopathics

Devoted to the Interests of Pure Homeopathy

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HARVEY FARRINGTON, M. D., EDITOR.

E. A. FARRINGTON, M. D., BUSINESS MANAGER.

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## Editorial.

The papers on Glaucoma, briefly reviewed in another part of this journal, were presented at a recent meeting of the *Am. O. O. and L. Society* of New York. They are a scholarly exposition of the knowledge possessed by eye specialists concerning this disease, the latest theories as to its etiology and the cause of its pathognomonic symptoms and prognosis under operative and medicinal treatment. They would, therefore, be of interest to the student of general medicine as well as the specialist in eye work. But, since they were read before a homeopathic society and published in a homeopathic journal, it is natural to suppose that they would prove of especial interest to the man of the New School. If he is seeking new light on the homeopathic treatment of Glaucoma he will meet with disappointment, for the methods described are much the same as those of the Old School, and the results little

if any better than those attained by the "Regular." Homeopathy is given a secondary place.

Why should this be? There is no question but that Glaucoma is a serious disease and that no time should be wasted in relieving the increased intra-ocular tension. But is there anything peculiar in the construction of the filtration apparatus which places it beyond the reach of the dynamic action of drugs, which so powerfully affects other portions of the economy? If the potentized remedy can regenerate the nasal lamellæ, corroded by syphilitic ozæna and restore the normal contour of the nose, remove a bony tumor from the scalp or clear up a lens opaque with cataract, why can it not cure Glaucoma, at least in the early stages? Some of our specialists will, perhaps, admit that it can, but they are afraid to try. A few such cures may be found in our literature. One by Dr. Copeland, of Ann Arbor, and another by Dr. James, of Philadelphia, were referred to in the papers, but as one of them stated, although using remedies in every case and believing that they contributed materially to any good results that occurred, still he was of the opinion that Glaucoma was too serious a disease for him to assume the responsibility of treating it with remedies alone.

The fact of the matter is, that "Homeopathy is suffering at the heart of things, the faith delivered to us by the fathers is dying out," while every kind of specialty is sought after; the greatest of all, the specialty of Homœopathy, is sadly neglected. No wonder that confidence in its efficacy is on the wane. How can a remedy be expected to do good work when given in alternation with another and in conjunction with a powerful myotic? Besides we have reason to believe that the wrong remedy is given more frequently than the right are in these cases. Prescribing on local symptoms without due regard to the general characteristics is sure to lead to mistakes, endeavoring to counteract the pathological process supposed to be taking place within the eye is making pure theory the basis of the prescription—for some authorities hold to the retention idea while others contend that hypersecretion is the only cause of increased tension in the eyeball. And so it goes. In discussing this question one speaker put the whole question in a nutshell. He said in part:

“The best operators lose eyes with these operations, even under favorable circumstances; there are two well-known men in my city who have ceased to operate in Glaucoma at all. As far as the influence of Eserine goes, I endeavored to explain a couple of years ago that our employment of operative measures and local treatment is a betrayal of our absolute ignorance; if we knew more there is no question but what we would be more successful than we are and would use local applications little and operations less. We cannot foretell what the result of an operation will be. Its use is a manifestation of our ignorance. It should be always a last resort. The truth of the matter is that we are ignorant of the whole subject and should not be dogmatic nor positive in our assertions about it.”

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### Correspondence.

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A correspondent in Tåsjö, Sweden, writes: “Dr. Axell, who graduated from the Hering, of Chicago, and myself are turning all Sweden topsy-turvy. At least we have practically made bankrupt five druggists and taken patients totally away from more than seven doctors. Our district now has a diameter of one hundred and seventy-five miles and patients in thousands are thronging our doors. We have had to give numbers and are continually from five to six hundred numbers behind, meaning that from five to six hundred patients are kept waiting. We work from 8 A. M. to 11 P.M., with but three hours’ rest during the day. And all this is the result of true, high potency Homeopathy. When, even in unskilled hands the *single* remedy can work such wonders, what may not be done by skilled prescribers! Insanity, stammering, blindness, chorea, epilepsy, rheumatism, all yield to the potentized remedy.

“We expect to come to Chicago next winter, Dr. Axell for a post-graduate course and I to continue my course (in the Hering-Dunham Medical College). I am only a Junior, but I have seen what few have seen—a country as large as Kentucky going wild with enthusiasm for true Homeopathy. We treated 1,800 patients in one month. “Sincerely yours,

H. HOLST.”

## News Notes.

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Dr. W. E. Ledyard announces his removal from Sunol Glen, Cal., to 2201 Central Ave., Alameda, Cal.

William Huntington Leonard, M. D., the pioneer homeopath of Minneapolis, was recently tendered a banquet by his professional friends in celebration of his fiftieth year in practice. The Doctor's career has been a notable one. He saw service in the war of the rebellion, and since that time he has been closely identified with medical progress in his city and State. For many years he was a member of the State Board of Health, and he has been connected with nearly all the medical boards and commissions of the State. He was an active organizer in the State and county medical societies, and above all, he has ever been, since his conversion to Homeopathy, in 1859, an ardent and earnest homeopath.

Dr. Wm. Morris Butler, of Brooklyn, has been appointed professor of mental diseases at the New York Homeopathic Medical College and Hospital, to fill the chair left vacant by the death of Dr. Selden H. Talcott.

Dr. Richard J. Gatling, inventor of the famous gun, died February 26th in New York City, at the age of eighty-four. It is said that he devised the Gatling gun because he believed that the more terrible the weapons of war the fewer would be the occasions for using them, thus that the gun would be indirectly a saver of life rather than a destroyer.

The American Medical Association has appointed a Committee on Prophylaxis of Venereal Diseases to arrange for a national meeting to discuss the prophylaxis of these diseases, similar to the International Conference which meets at Brussels, under the authority of the Belgian Government.

A correspondent to the *Recorder* writes that "Homeopathy is spreading itself by leaps and bounds among the cultured classes of Bengal, India."

Thanks to good Hahnemannian Homeopathy, Professor Kent's health has greatly improved of late, and he has stood the strain of the winter's work remarkably well.

*The Hering Collegian*, a new quarterly published by the students of Hering Medical College, has recently made its appearance in the field of medical literature. We extend a hearty welcome to the newcomer.

The New York Homeopathic Medical College announces a three weeks' "Practitioner Course," commencing April 27, 1903. The work will be entirely clinical and will afford unusual opportunities for study. The class is limited to one hundred.

Dr. Franklin A. Gardner, of Washington, D. C., died of typhoid fever at his home on February 13th. He was one of the most prominent physicians in the National Capital.

Dr. R. D. P. Brown has recently located in Denver, Colo. His address is 12 Nevada Building, 17th and California streets.

The Annual Commencement of Hering-Dunham Medical College will be held on the afternoon of Hahnemann's birthday, April 11, 1903.

W. B. Saunders & Company wish to announce that they have established branch offices in New York City, in the seventeenth floor of the Fuller Building, from its peculiar shape known as the "Flat-Iron Building." A magnificent view of the city and bay may be had from the windows of these offices. Physicians when visiting in New York are invited to make this their headquarters for answering correspondence, etc.

Dr. Lemuel E. Davies (graduate of Hahnemann, Philadelphia, 1896) was married last fall to Miss Julia M. Blake. The doctor has for several years enjoyed a very successful practice at Windber, Pa.

Dr. Umberto Auletto, one of the two homeopaths on the staff of the Military Hospital of Rio de Janeiro, has undertaken to prove the new metal Radium. Judging from the recent reports concerning the wonderful activity of this agent the results should be interesting.

The Executive Committee of the British Homœopathic Association has decided to commence its programme of Academic work. A prize of twenty guineas will be offered for the best essay on the establishment and development of homeopathic professional education in Great Britain; three short lectures will be delivered during May, June and July, by Drs. John H. Clarke, Byrnes Moir and Dyce Brown, treating of practical detail in the homeopathic treatment of disease. An entirely new and up-to-date hand-book, setting forth the homeopathic bases and tendencies of modern medical science, will be issued under the auspices of the Association. A tutorship for the preparation of professional students in Homeopathy and for the thorough clinical grounding of such in homeopathic practice is being arranged and a travelling scholarship is now under consideration by the sub-committee.

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### Obituary.

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#### Dr. Carl Schumacher.

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"I am sorry to be obliged to record the death of DR. CARL SCHUMACHER of Syracuse, N. Y., a staunch homeopath and an honest fellow, who was a member of the Central New York Association for several years and whose words though few, were always worth the listening to." Extract from a letter from Dr. S. L. Guild-Leggett.

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### Pneumonia and Consumption in Chicago.

---

There have been registered by the Health Department in Chicago a total of 679 deaths from consumption and of 1,455 deaths from pneumonia since the first of the year. During the corresponding period of 1902 the respective totals were 619 consumption and 1,095 pneumonia.

These figures, given out by the health department, show increases of 9.6 per cent. of consumption mortality and 32.8 per

cent. of pneumonia mortality. And they also show that the excess of pneumonia mortality over consumption mortality—which was 76 per cent. in 1902—has risen to 114 per cent. this year.

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### Tuberculinum from a Slaughtered Cow.

---

About ten years ago the author was impressed with the idea that the *Tuberculinum* in vogue was not the best form for use as a remedy or to prove, as it was made from sputum which must have been mixed with products from fermentation. It also seemed in many ways repulsive. Therefore, some glands were produced from a slaughtered cow in the advanced stage of tuberculosis. The best specimen was selected and B. & T. potentized it to the 6th cent., and my friend Tyrrell from this made for me the 30, 200, 1m., 10m., 50m. and c.m. potencies. These have been tested in hundred of cases and many provings have been made. It works far better than the other forms now in use. Many physicians are using these potencies with satisfaction. It would seem that the time has come to make use of this preparation, as it is the only pure *Tuberculinum* to be had. It is not mingled with anything to change it or preserve it.

Since B. & T. have in use a Skinner potentizer, which is the best ever invented for making potencies for homeopathic use, it seems that now we should begin to demand that doubtful potencies and unknown scales for making potencies shall be relegated to the past. B. & T. have now on hand this form of *Tuberculinum* in the 30, 200, 1m., 10m., 50m., c.m. and m.m. From these provings should be made reports of cures recorded in order that the blind use of this agent may not be necessary.—KENT.

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### Annual Reunion of the Alumni Association of the Hahnemann Medical College, Philadelphia, Thursday, May 14, 1903.

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The Annual Reunion and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 14, 1903.

The Business Meeting will convene at 4:30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street, above Race, Philadelphia, and the Banquet will be held at 9:45 P. M. at the Hotel Walton, Broad and Locust Streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Fifty-fifth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. corner Broad and Locust Streets, Philadelphia

Banquet Cards can be secured by notifying the Secretary. Requests received after Wednesday, May 13, 1903, cannot be considered.

W. D. CARTER, M. D., '94, Secretary,  
1311 South Broad Street, Philadelphia.

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### Meeting of the Illinois Homeopathic Medical Association.

The Illinois Homeopathic Medical Association will meet in Chicago, May the 12th, 13th and 14th, on the seventeenth floor of the Masonic Temple.

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### Book Reviews.

CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION.—By Prof. Carl von Noorden, Senior Physician to the City Hospital in Frankfurt a. M. Authorized American edition. Translated under the direction of Boardman Reed, M. D. Part I. Obesity; the indications for Reduction Cures. New York: E. B. Treat and Company. 1903. pp. 59. Price, cloth, fifty cents.

This is the first of a series of monographs by von Noorden on the disease of metabolism and nutrition. Part II., on "Nephritis," and part III., on "Colitis," have also been published, and "Dia-



betes," "Acetonuria," and others are in preparation. The author, taking for granted that his reader is acquainted with dietetic and other measures in vogue for the correction of over-fatness, confines himself to the discussion of the principles governing their application under various circumstances and conditions, not only of simple obesity, in its various degrees, but of obesity complicated with valvular lesions, myocarditis, fatty heart, arterio-sclerosis, atrophic nephritis, chronic rheumatism, gout and other diseases of the locomotor apparatus, neuralgia, sciatica, hysteria, diabetes mellitus, pulmonary tuberculosis and chronic bronchitis.

The German original has been translated into clear and readable English, and the red cloth binding with white lettering presents a very attractive appearance.

H. F.

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### Headache Powders.

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The use of headache powders seems to have become a prominent feature of American life. Nearly every druggist has a formula either based on some physician's prescription or collated from current literature. The preparations are dispensed without hesitation or knowledge of the cause of the headache, and without regard to possible idiosyncrasy to the powerful drugs used. Analytical examination of these powders gives the following data, which show that, while many different formulæ are used, the powerful acetanilid is the most common. Antipyrin and phenacetin are but little used, evidently because antipyrin costs about 35 cents per ounce, phenacetin somewhat more, while acetanilid costs only 28 cents per pound. The following are some of the formulæ:—1. Phenacetin, 5 grains; caffeine, 1 grain. 2. Acetanilid, 3.5 grains; baking soda, 5 grains; caffeine, 0.5 grain; tartaric acid, 0.5 grain. 3. Acetanilid, 2 grains; caffeine citrate and camphor monobromate, of each, 0.5 grain.—*Henry Leffman, in Phila. Medical Journal.*

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Easily strained from over-lifting, even small weights; straining and over-lifting easily produce great debility; ankles turn when walking.—*Carbo an.*

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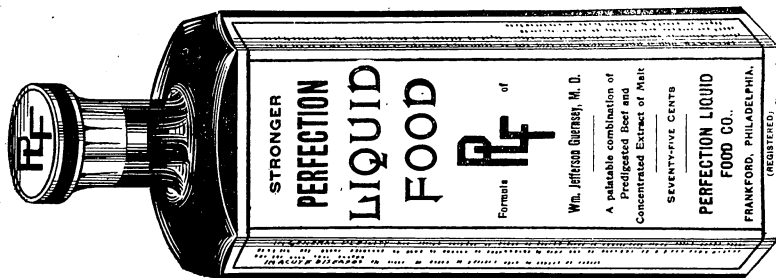
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*Professor of Materia Medica and Homeopathics, Hering-Dunham Medical College and Post Graduate School of Homeopathics.*

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EDITED BY

HARVEY FARRINGTON, M. D.

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# Journal of Homeopathics

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VOL. 7.

LANCASTER, PA., AND CHICAGO, ILL.

No. 2.

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## Department of Materia Medica.

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### Causticum.

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Lecture by PROF. J. T. KENT.

---

We will take up the study of *Causticum*. *Causticum* is a very searching medicine, a deep acting medicine, suitable in old, broken down constitutions, suffering from chronic diseases. Only occasionally is it indicated in acute diseases. Its complaints are such as are progressive, such as are slow in onset, and accompany a declining state of the economy. Gradual decrease of muscular power, a paralysis it may be termed. Paralysis of the esophagus, paralysis of the throat, such as occurs after diphtheria; paralysis of the upper eyelids, paralysis of the bladder, paralysis of the limbs, of the lower limbs; great lassitude, muscular relaxation, indescribable fatigue and heaviness of the body. And running all through this state there is a tremulousness, a quivering, jerking, twitching of the muscles, convulsive twitching of the muscles, twitching in sleep.

The next most striking feature is found in the tendons. One tendon, or more than one, according to the region affected, becomes shortened, resulting in a temporary or permanent contracture, and the limb is drawn up. Tendons of the forearm contract and there is gradually increasing flexion. Sometimes a whole muscle will harden and shorten, so that it can be felt by the phy-

sician's hand as a hard ridge. Contractures of muscles and tendons is a strong feature of Causticum.

Now, closely related to this is a rheumatic state of the tendons and ligaments about the joints, sometimes with swelling, but always with a good deal of pain and ending in a shrivelling of the joint, a tightening up of the joint so that it becomes ankylosed. Great stiffness of the joints, and while this is going on the patient is growing weaker, is running into a state of melancholy, of hopelessness, anxiety and fear. Constantly present in his mind is this hopelessness and a feeling that something is hanging over him, that something is going to happen. These are general features of Causticum. They all go to make up one picture, they are inseparable.

Another kind of progressive trouble in Causticum is hysteria. Gradually increasing hysteria. Hysterical cramping. The woman loses all control of herself and says foolish things. Her nervous system becomes extremely sensitive to noise, touch, excitement or anything unusual. Starting from the slightest noise; starting in sleep; twitching and jerking; the child is easily startled, or acts as if startled without cause.

The paralytic weakness is associated with the rheumatic diathesis. The rheumatic states are peculiar. The patient himself can endure neither heat nor cold. They both aggravate his rheumatic conditions, his nervous conditions and himself in general. His pains are ameliorated by heat, but they are aggravated in dry weather. Great deformity of the joints; they are enlarged, soft and infiltrated, and the patient says: "I notice that this is always worse in dry weather; I have more pains and aches during dry weather." Rheumatism that affects both the muscles and the joints. This patient is also aggravated by exposure to cold, dry winds. Many an individual who has gone from the low lands of the East up into Colorado will come down with rheumatism from the cold, dry winds. Let just such a patient as I have described take a ride in the cold lake wind and he will have paralysis of the side exposed to the wind. A long drive with the east wind coming broadside against the face. The next day that side of the face will be paralyzed. Such a paralysis will almost always recover under Causticum.

Rending, tearing, paralytic pains; pains that benumb; pains that fairly take the life out of him, they are so severe. And they are likely to remain in one place for a long time. There is more changing about in most other remedies than in this one. Causticum has often greatly mitigated the lightning-like pains of locomotor ataxia.

Now, with all these sufferings the patient is slowly growing weaker, till at length he can no longer walk, he can no longer sit up, he is so tired and weak that he must lie down. He is tired in body and mind. It is a paralytic fatigue.

Convulsive symptoms. Cramps, now here now there. If frightened he is almost sure to have some form of convulsive condition. The woman with tendency to hysteria will have hysterics from fright; nervous girls that are more inclined to chorea, will start with jerking of muscles and will keep it up day and night. Chorea even at night. Localized chorea, jerking of single parts, chorea of the tongue or of one side of the face.

Epilepsy in young persons at the age of puberty, from fright, from being chilled or exposed to some great change in the weather. Epilepsy, chorea, paralysis, hysteria. We see that Causticum is a deep acting medicine. Worse from exposure to cold, dry wind. It also has rheumatic complaints aggravated in the warm, damp days, in wet weather, but this is not so striking.

Any one of the complaints that I have mentioned may be brought on by bathing in the river when the water is too cold. A long, dry, cold spell will aggravate the rheumatic troubles, getting wet or becoming chilled by bathing will start them.

Causticum has cured a great many cases of insanity; not acute mania with violent delirium, but mental aberration of the passive kind, where the brain has become worn out. The constitution has been broken down with long suffering and much trouble, and finally the mind can no longer be co-ordinated, it is in confusion. At first the patient recognizes his inability to do anything and then comes this foreboding that something is going to happen. He is unable to think, and consequently unable to carry on his business. He is going into imbecility. Full of timorous fancies. "Timorous anxiety," overwhelmed with fearful fancies. At every turn there is this fear that something is going to happen.

Fear of death, fear that something will happen to his family. Always anticipating some dreadful event. That is a striking feature of the Causticum mental state. It is found in old, broken down mental cases, after prolonged anxiety, after a prolonged struggle of some sort. Anxiety before falling asleep. In addition to this, the Causticum patient lacks balance. Everything excites him. The more he thinks about his complaints the worse they become. Mental and other ailments from long-lasting grief and sorrow. The injurious effects of fear and prolonged vexation. Tired out from vexations of business.

The suppression of eruptions is apt to bring out mental symptoms. Mental exhaustion, hopelessness, despair, appearing after the suppression of an eruption with zinc ointment. He was fairly well while he had the eruption, but when it disappeared his mind went to pieces. Eruptions on the side of the head and face, and extending over the whole head. Thick, crusty eruptions covering the whole occiput. When these eruptions are suppressed in children, chorea is apt to follow. In the adult there will be trembling, paralytic weakness and the mental state, sometimes pains in the nerves. The driving in of a facial eruption will frequently result in facial paralysis. The healing of an old ulcer with stimulating lotions and ointments will have a similar result. Then he also suffers from violent headaches, congestive, pulsating headaches; violent stitches in the head, worse in the evening. But the headaches are, as a rule, nondescript; only occasionally do we find a Causticum headache standing out by itself. It will usually be associated with rheumatic and gouty conditions of the body, which also affect the scalp. The scalp contracts and tightens up in places like the contractures in other parts. Rheumatic headaches; sometimes the pain is so severe as to cause nausea, and he is unable to prevent the contents of the stomach from coming up.

Torti collis. The head is sometimes drawn to one side by the shortening of the muscles of the neck. Causticum is a wonderfully curative remedy in this shortening of the tendons and muscles.

Causticum is rich in eye symptoms. Very often the patient says that the eyelids feel so heavy that he can hardly hold them up. This gradually increases until it becomes an actual paralysis.

Sometimes there is the appearance of a veil before the eyes; foggy vision. Flickering before the the eyes. At times the air seems full of little black insects—*muscæ volitantes*. Then, again, large black or green spots are seen. After looking at the light a green spot appears and remains in the field of vision for a long time. Diplopia. And with all this the vision gradually grows weaker and weaker until it is lost. Paralysis of the optic nerve. Lachrymation, tears acrid, burning; ulceration, copious discharges from the eyes, agglutination of the lids, paralysis of the eye muscles. Causticum cures scrofulous ophthalmia with ulceration of the cornea; chronic, purulent ophthalmia of psoric origin. The cornea is covered with little veins

Another very strong feature of this medicine is its tendency to grow warts. Warts on the face, on the tip of the nose, on the ends of the fingers, on the hands. Hard, dry, horny warts come out on various parts of the body.

It is a natural feature of this remedy to produce copious, thick, tough, gluey discharges from mucous membranes. The catarrhal troubles creep up the Eustachian tube, from the nose and throat into the ear, resulting in roarings, re-echoings, cracking noises and reverberations in the ear. There is great accumulation of ear wax; deafness of catarrhal origin and deafness from paralysis of the auditory nerve. Severe, dragging pains in the ear.

The nasal catarrh is very troublesome. Old, atrophic catarrh with accumulation of crusts throughout the whole nasal cavity; post-nasal catarrh with ulcerations; granulations and copious, thick, yellow or yellowish-green discharge; nose-bleed; frequent attacks of acrid, watery coryza. Much itching of the nose. A wart grows upon the very tip of the nose in Causticum.

The pains in the face are violent. Neuralgic pains from exposure to cold. These pains often accompany the facial paralysis. Tearing pains in the face, stitching pains, pains of a rheumatic character.

Ulcerations about the mouth and nose. Fissures about the lips, the wings of the nose and the corners of the eyes. Fissures seem to form upon the least provocation. Fissures of the anus, of the skin about the joints. Old cases of salt rheum with fissures in the bends of the joints. Fistulous openings with indurated walls.

The gums become scorbutic and settle away from the teeth; bleeding and ulceration of the gums. Violent, rending, tearing pains in the roots of the teeth from riding in the wind. Old rheumatic subjects suffer all through every dry spell with toothache. Stitching, tearing, pulsating pains in the teeth; even in the sound teeth on drawing cold air. Frequently recurring abscesses of the gums. Putrid, sour or bitter taste in the mouth.

When the paralytic condition affects the tongue then we have stammering. There is also the condition of complete paralysis of both the pharynx and esophagus. Hence Causticum is useful in the results of diphtheria when it has been maltreated or when the remedy has not been sufficient to cope with the disease. The food goes down the wrong way or enters the esophagus and comes back again into the post-nares. Paralysis of the organs of speech, paralysis of the tongue, awkward at talking, awkward at chewing; bites the tongue and cheeks while chewing. Post-diphtheritic paralysis is a serious condition and only a few remedies can cope with it. Causticum is one of the most prominent of them. *Lachesis* and *Cocculus* are also important. *Gelsemium*, used in such great quantities by the low-potency men, is seldom indicated. Dryness of the mouth and throat; rawness of the throat; must swallow constantly on account of a sensation of fullness in the throat, a nervous feeling in the throat. This is often a fore-runner of paralysis. The *Staphysagria* patient when excited will keep up a constant swallowing, and this goes on until it becomes a source of great annoyance. Burning in the throat; jerking in the throat; constantly hawking thick, tough mucus out of the throat; as fast as he gets it empty it fills up again. Study the sounds that patients make in order to ascertain where the mucus comes from. We will have to revise a good deal of our materia medica in connection with this region, for the common people often mean "larynx" when they say "throat." We must make a finer distinction. The presence of hoarseness shows that the trouble here is in the larynx.

The Causticum patient sits down to the table hungry, but on seeing the food his appetite vanishes. The thought, sight or smell of food takes away the appetite. This is a common symptom in the woman who is pregnant. Although hungry, on sitting down

at the table, she cannot eat anything. *Kali carbonicum* has an empty, all-gone feeling in the stomach, with aversion to food. *China* has canine hunger, but loathes the sight of anything to eat.

Thirst after eating; thirst for cold drinks with aversion to water; desire for beer, smoked meats, pungent things, aversion to sweet things and delicacies, which is unusual. Most remedies that have loss of appetite have desire for sweet things, pastry, etc. The symptom of thirst with aversion to drinking is very much like *Lachesis*. The two run very closely together in the paralytic condition of the throat.

There is a queer sensation in the stomach as if lime were slaking there. Trembling in the stomach; burning. Bread causes a sensation of heaviness and pressure; coffee seems to aggravate all the symptoms of the stomach, but a swallow of cold water relieves. Isn't it queer how many things in this remedy are made better by a swallow of cold water? The violent, spasmodic cough may be stopped at once by a drink of cold water. Cold water seems to tone up the paralytic condition. Warm water applied to the hands brings on pains in these old sensitive spinal conditions. Cold washing is their only relief.

Causticum is full of belching, nausea, vomiting, distension and violent pains in the stomach. Pinching colic. In the rectum there is the same tendency to paralytic weakness that is found in other parts of the body. It is inactive and fills up with hard feces, which pass involuntarily and unnoticed. *Aloe* has involuntary dropping of little, hard balls, especially in children. Even when old enough to understand about such things, they will pass these little balls unnoticed.

On account of the paralytic condition the stool passes with less straining while the patient is standing up. Retention of urine except when standing; unable to pass it in any other position. Constipation; frequent, unsuccessful urging to stool. The stool is tough and shining, and is passed with great difficulty and exertion.

Fissures in the anus; itching and stitching in the rectum, excessive itching day and night; hemorrhoids; pulsating in the perineum; fissures and hemorrhoids pulsate and burn like fire. The patient who has a fissure will say that it feels like a hard

ridge, like a rope up the rectum. It seems that nature, in the attempt to heal, builds up and infiltrates the walls of the fissure until a mass of tissue is formed. Of course, some of the surgeons tell us that a fissure cannot be cured without operation. If Causticum conforms to the constitution and the patient has sufficient reaction it will cure a fissure in ano just as sure as we are here to-day. The hemorrhoids also become infiltrated and hardened.

This remedy has two kinds of paralysis of the bladder, one affecting the muscles of expulsion and the urine is retained, and the other centering upon the sphincter vesicæ, and then the urine is passed involuntarily. "He urinates so easily that he is not sensible of the stream and scarcely believes, in the dark, that he is urinating, until he makes sure by sense of touch." Now, just think a moment. Any person in health can urinate in the dark and be conscious of the fact that the urine is flowing. Causticum is unconscious of the stream as it passes. It is a very useful remedy in children that wet the bed. Especially is it a wonderful remedy in the woman. The urine escapes involuntarily when coughing. That is not a common symptom with the man. Retention of urine in the woman. Retention after labor. Paralysis of the bladder. A woman who is too greatly embarrassed to pass through a crowd of observing men to the closet at the end of a railroad car, at the end of the journey finds that she is unable to pass the urine. Retention of urine from straining the muscles of the bladder. If the patient is chilled at the same time the remedy may be *Rhus*. *Rhus* and Causticum are the two great remedies for paralytic weakness of muscles from being overstrained, or from being overstrained and chilled.

Great weakness at the time of the menses. Anxious dreams before menstruation; melancholy; cramp-like spasms; pains in the back. The woman suffers from many annoyances during menstruation. Just about the time for the flow to start violent cramp-like pains come on. In a woman who is nursing a child the milk almost disappears in consequence of fatigue, night watching and anxiety. The nipples get sore and crack, another instance of the tendency to form fissures.

The Causticum patient has a great deal of trouble with the



voice. You remember, when we were going over the symptoms of *Carbo vegetabilis*, I told you that the hoarseness was worse in the evening. Now observe that the hoarseness of Causticum is worse in the morning. He gets up in the morning with a hoarse voice; if it is an ordinary case, after moving about and expectorating a little mucus, it is better. Sudden loss of voice from paralysis of the vocal cord. It sometimes begins with the morning aggravation, gradually increasing until it lasts all day and all night.

Now we come to to the chest symptoms. The Causticum cough is a hard cough and racks the whole body. The chest seems full of mucus and he feels if only he could cough a little deeper he could get it up, and he struggles and coughs until exhausted or until he finds out that a drink of cold water will relieve. But it must be ice cold. The cough is hollow, it sounds as if he were coughing into a barrel. It is relieved by expectoration if it can only get deep enough to reach the mucus. Sometimes such a cough precedes quick consumption. I have listened to many a story of a patient well advanced in quick consumption, and looking back over the history of the case I have said, "If this patient could only have had Causticum." It is a deep-acting medicine; it cures phthisis, especially mucous phthisis or quick consumption. Let me read you some of the symptoms. "Cough with a sensation as if the patient could not cough deep enough to start the mucus; produced by tickling, accompanied by rawness. Cough wakens her from sleep in evening and morning. Cough relieved by a swallow of cold water. Cough worse by bending forward. Continual, annoying cough; with each cough escape of urine." Influenza with tired aching of the limbs as if they had been beaten. "Whooping cough in the catarrhal stage."

Great soreness and tightness of the chest, oppression of the chest; it feels as if a load were upon it. It seems to be filling up with mucus, and the patient coughs and coughs until he raises a mouthful and then he feels a little better for a time. Pale as death, covered with sweat, and his friends and relatives think he is going to die.

There are a great many symptoms in the back. Pain and stiffness; stiffness on rising from a seat. Stiffness in the limbs;

through the hips and in the back, so that he rises up from sitting or the recumbent posture with great difficulty. In most cases the pains and aches are ameliorated by the warmth of the bed and by applied heat. Only the pains in the fingers are sometimes brought on by heat.

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## General Symptoms of the *Materia Medica*.

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HARVEY FARRINGTON, M. D., Chicago.

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### ÆÆ. Causticum.

Antipsoric, *antisycotic*.

Dark hair, rigid fibre; BRUNETTES; children with delicate skin.

Ailments from *emotional excitement, fear*.

ABSENTMINDEDNESS; *forgetfulness*.

*Anxiety; fear; irritability*.

*Aversion to the open air*.

*Malaise*.

FAINTNESS.

FLABBY FEELING.

*Intolerance of clothing*.

LACK OF VITAL HEAT.

PARESIS; PARALYSIS; ONE SIDED; RIGHT SIDED.

*Trembling; jerking; CONVULSIONS; cramps in muscles*.

CHOREA; *hysteria*; EPILEPSY.

RIGHT SIDE.

*Pulsations*.

*Anemia*.

*Orgasm of blood*.

Induration; of *muscles*.

CONTRACTURES OF MUSCLES AND TENDONS.

< EVENING; *night; dry weather; COLD; cold draft; becoming cold; open air; emotional excitement, fright; new moon; during and AFTER EATING; after breakfast; COFFEE; ON WAKING; before menses; pressure on the painless side; rubbing; on beginning to move; jarring*.

> *wet weather; bathing; loosening clothing; lying down; before sleep; SIP OF COLD WATER*.

## Department of Homeopathics.

### Examination in Homeopathic Philosophy at the Post-Graduate School of Homeopathics.

Answers by DR. J. E. HUFFMAN, Healdsburg, Cal.

1. How is it known when the patient is recovering?

*Answer:* The symptoms disappear from above downward, from within outward, and in the reverse order of their coming.

2. Describe the law of directions.

*Answer:* Symptoms disappear from above downward, from within outward, and in reverse order of appearance.

3. What is the difference between the art and the science of healing?

*Answer:* The science treats of the knowledge relating to the doctrines of cure; the knowledge of principle or order, which may be called Physiology, and of disorder in the economy, which is Pathology—science of disease and not morbid anatomy—and the knowledge of the doctrines of cure. The art is the application of the science.

4. What conditions favor the taking of acute diseases?

*Answer:* Being under the influence of one or more of the chronic miasms or having a state of susceptibility.

5. What is the homeopathic view of bacteriology?

*Answer:* That bacteria are a result of disease, and come to destroy vitus.

6. What is the basis of every homeopathic prescription?

*Answer:* The totality of the symptoms.

7. What is the effect of removing local symptoms by any means not homeopathic?

*Answer:* It changes the form of the disease and leaves it in a worse condition than before. The disease is shifted to some other part, generally more vital.

8. When may the results of disease be removed by the surgeon with safety to the patient?

*Answer:* When the patient is cured.

9. Name several proofs of curative action of the homeopathic remedy.

*Answer :* When the symptoms improve, from above downward, within outward, and disappear in reverse order of appearance. Patient feels better though the symptoms appear worse. Attacks that are periodical get lighter and further apart. Delirium disappears after the remedy is given. Skin becomes moist and patient slumbers.

10. State why two or more remedies cannot be used at the same time.

*Answer :* They may antidote each other. They have not been proved together and you could not know how they will act together. If the patient improves you do not know which remedy was the cause, therefore the physician cannot confirm law.

11. Define simple substance.

*Answer :* It can be perceived only by the understanding. 1. It has formative intelligence, forms and controls all the material universe. 2. It is subject to changes, it may flow in order or disorder. 3. It can permeate a material substance without disturbing it or being itself disturbed. 4. It can exist in the material body in a simple, compound and complex form. as in the human body. 5. When active it dominates and controls the body which it occupies. 6. Material substance may be reduced to simple substance, but cannot be restored. 7. It has quality but not quantity. 8. It has adaptation; that of the animal can adapt the body to its surroundings. 9. In the human it has constructive power. It repairs the body as the tissues break down.

12. What is the law governing the antidotal relation of dynamic medicines?

*Answer :* The law of similars.

13. Define the homeopathic aggravation.

*Answer :* The true homeopathic aggravation is an aggravation of the symptoms, but the patient is improving. There is an aggravation of the symptoms and the patient growing worse.

14. When is it proper to repeat the remedy?

*Answer :* When the remedy has ceased to act and is still called for by the symptoms.

15. How long do remedies act?

*Answer :* Their action is almost instantaneous or at most a few hours, but they sometimes appear to act for months.

16. How may we know when a drug has been potentized to its curative limit?

*Answer :* When it fails to increase symptoms in a case of sickness to which it bears a true homeopathic relation.

17. Define Homeopathy.

*Answer :* It is the practice of medicine based upon law. It recognizes simple substance and declares that all disease cause is in simple substance and that all cause of cure is in simple substance; that disease is a disordered state of the internal man, which is also simple substance, and it is made known by the symptoms as manifested in the external man, and they alone are a guide to the remedy. It declares that the only way to know the action of drugs is to prove them on healthy people and the symptoms thus produced form the *Materia Medica*. That the remedy most similar in symptoms to those of the disease is the one that will cure.

18. State the importance of physical diagnosis.

*Answer :* It is of no importance in the choice of the remedy, but aids the physician, to some extent, in deciding the progress of the disease and as to whether the treatment shall be curative or palliative. It aids in furnishing information to Boards of Health. It helps decide the prognosis, and in case of contagious and infectious disease to protect others.

19. Define the difference between chronic and acute miasms.

*Answer :* The acute has prodrome, period of progress and period of decline. The chronic has prodrome and period of progress, but no period of decline. Chronic miasms are the base of the acute.

20. Name the three mistakes mentioned by Hahnemann.

*Answer :* 1. To think that the dose recommended by him is too small. 2. The wrong use of the remedy. 3. Not waiting a sufficient length of time for the remedy to act.

## Department of Clinical Medicine.

### A Causticum Case.

G. P. WARING, M. D., H. M., Evanston, Ill.

Young married woman, aged twenty.

Family history gives many chest symptoms complaints, complicated with malaria.

The patient in childhood was subject to eruptions on the scalp and behind the ears, with dry, cracking skin.

Takes cold easily; colds settle on the chest, causing tightness and difficult breathing.

Two years ago she had an attack of "La Grippe" with severe chest involvement, followed by adhesion. Has a sore spot the "size of a baby's hand" to the left of the sternum.

Pain, burning, radiating, catching; extending, when severe, to the back.

< coughing, laughing, violent exercise, reaching up.

< in the fall of the year and change to cold.

< putting the hands in cold water; they are numb afterward and remain cold.

< breathing deeply the cold air, wheezing respiration.

> "soft, snow weather," and warm, damp weather.

> when at rest, during normal breathing; when the chest is relaxed.

> warmth, moist heat.

Menses late and scanty.

Mind: Melancholy mood, sensitive, taciturn, at times irritable. Averse to much company.

*Causticum* 5m. (Fincke), one dose, was followed by sharp aggravation, soreness and pain in the vicinity of the "sore spot," was intensified for ten days, when the patient distinctly felt a "breaking loose," and the pain ceased, but soreness continued for some time.

Gradual improvement continued until well.  
92 State Street.

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### Clinical Cases.

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J. T. KENT, M. D., Chicago, Ill.

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#### **Rhus Aromatica.**

Mr. H. has suffered for years with involuntary urination day and night; he is compelled to wear a rubber bag.

Constant urging to pass water.

Urine dribbles all the time; it is loaded with mucus and is bloody.

Catarrh of the bladder.

Sensitive to cold.

Otherwise a vigorous man and attends to business at his office every day.

*Rhus aromatica* 30th, 200th, 10m. and 50m., at long intervals, cured this long-standing case.

#### **Chionanthus Virginica.**

Mrs. X., aged 50 years. Plethoric; weight, 180 pounds.

Pain and soreness in the region of the liver.

Stool clay-like.

Jaundice of a deep hue for several months.

Nausea most of the time.

Vomiting of mucus and bile in attacks coming every two or three weeks.

Sour eructations.

*Chionanthus* 30th, four doses, cured speedily.

#### **Natrum Sulphuricum.**

Mr. S., aged 47 years.

Has suffered for several years with bleeding from the rectum during stool.

Ulceration of the rectum.

Diarrhea alternating with constipation.

Diarrhea always in the morning;

Stool copious, watery, green and yellow.

Pain in the region of the liver, worse when lying on the left side; no pain when on the right side.

Strong impulse to commit suicide; must exert his utmost will power to resist.

*Natrum sulphuricum* 20m., F. C., at long intervals, cured.

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### Two Malaria Cases.

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HARVEY FARRINGTON, M. D., Chicago, Ill.

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These two short cases of fever and ague afford excellent confirmation of some of the characteristic features of the remedies prescribed.

Case I. Mr. Olaf Stolpe, 43 years of age.

Three years ago had an attack of malaria, which lasted for nearly three months, in spite of liberal doses of quinine; it was caused by lying on the wet ground. Got his feet wet two weeks ago and the paroxysms have returned.

1902.

Feb. 10th. Paroxysm starts about 4 P. M. with fever, which is followed in four or five minutes by the chill. (In the first attack it came on every day at 10 A. M.)

Chill accompanied with shaking at first and then with sweat—evidently a very irregular and mixed form of the disease.

> drinking, from wrapping up and from warmth.

< from uncovering and from cold.

Thirst during chill, increasing as the sweat comes on, and more marked during sweat.

Headache during apyrexia.

Night-sweats.

Appetite poor; eating causes nausea.



Chill > drinking: Bry., Carbo an., CAUST., CUPR., *Graph.*,  
*Ipec.*, Mosch., Nux v., Olnd., *Phos.*, Rhus, Sil.,  
 Spig., Tarax.

< uncovering: Carbo a., *Mosch.*, NUX V., RHUS T.,  
 SIL.

> warmth: *Caust.*, Carbo a., Mosch., NUX V., RHUS  
 T., Sil.

4 P. M.: *Nux v.*, Sil.

Thirst during chill: Nux v., Sil.

*Nux vomica* 1m., B. & T., one dose and placebo.

Feb. 14th. Had one slight chill the next day after taking the  
 "first powder," and has been perfectly well ever since.

There was some difficulty in obtaining an intelligible account of the symptoms, as the patient was a Swede and not very well acquainted with English, so that some of the statements here recorded may be questioned. There can be no doubt that the heat preceded the chill, for this was the case also in the first attack. Sweat during chill may have been chilliness during sweat, for he complained of the usual aggravation on moving under the covers, so prominent in *Nux*. *Nux* has thirst during chill, but nearly always with aversion to drinking, doubtless on account of the chilliness caused thereby. The remarkable fact about this case is the amelioration of the chill by drinking even cool (though not cold) water. Dr. Kent, in his repertory, gives this symptom the lowest place. Bœnninghausen (translated by Korndœrfer) puts it down in italics. It is evidently atypical, but none the less genuine.

Case II. Chas. Diehl, 42 years of age.

Malaria twenty years ago, suppressed by quinine, Fowler's Solution, etc. The present attack dates from the 19th of February.

1902.

Feb. 24th. Chill with shivering, daily at 9 P. M.  
 pains in bones and joints, > from motion;  
 starts in legs;  
 not relieved by heat;  
 pressive headache on the vertex.

Heat of short duration, accompanied by an eruption like  
 "little pimples."

Ringling in the ears.

Soreness in the splenic region.

Stiffness of the limbs > moving about.

*Rhus toxicodendron* 1m., B. & T., one dose, and *Sac. lac.*

Feb. 28th. Has no chills; stiffness in limbs, but it is better.

*Sac. lac.*

March 5th. Complains of slight soreness in the region of the spleen; no other symptoms.

The evening chill, beginning in the legs, accompanied by an eruption, probably urticaria, and severe pains better by motion, all clearly point to *Rhus* as the simillimum. Whether this was a new attack or the old miasm reappearing, like Rip Van Winkle, after a twenty years' sleep, the writer is not prepared to state.

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### A Case of Cerebral Meningitis.

E. A. FARRINGTON, M. D., Chicago, Ill.

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There is often more to be learned from the cases that die than from those that recover. The following case is an illustration of this. It presents several interesting features, of which the fatal overdugging is by no means the least instructive. Doubtless the child died from an overdose of doctors, for there were no less than nine called to the case, the last one being the homeopath—who signed the death certificate.

The case was that of a little two-year-old girl, light haired, blue eyed, and mischievous. She had been suffering for several weeks with whooping cough, for which the family physician had prescribed a cough mixture containing Paregoric.

On the night of January 7th the writer was called in a hurry to see the child, who was reported to be "choking to death." She was found in an unconscious condition, with face and lips blue, eyes turned upward, limbs stiff, and breathing entirely sus-

ended. Artificial respiration was begun at once and the child soon commenced to breathe again. Meanwhile the family physician arrived and the case was surrendered to his care. He said that "Gertrude had choked on a piece of cracker," prescribed a pill to move the bowels, ordered the child to bed and went home.

Several days later the writer was again summoned, and the following history was given him:

The little girl had never fully regained consciousness after her choking spell. She appeared to sleep most of the time until the second day after the attack, when her right forefinger began to twitch. This spread to the other fingers, and was soon followed by twitching in the left hand. Finally the child went into convulsions, but there was no marked opisthotonos.

A rush was made for the nearest doctor, who arrived in a short time and stopped the spasms with Chloroform. This was followed by 15 grains of Chloral hydrate in milk *per rectum*. The child was soon in a profound stupor, but the *left* arm continued to twitch and jerk.

The Chloral was repeated in 5-grain doses during the night, until 55 grains had been given. Then an eighth grain of Morphine was administered hypodermatically, together with one grain of Calomel, by the mouth. When morning came she was no better.

All the doctors in the vicinity were called, one after another, and each left a prescription behind him. The little girl was given several cold baths and one or two hot ones. An ice-bag was placed on her head and mustard plasters were applied *ad libitum* to every available portion of her anatomy. The bromides of Sodium and Potassium, together with Syrup of Rhubarb and several other drugs, were given in teaspoonful doses. This was accompanied by two drops of Croton oil in Glycerin. Finally a leech was applied behind each ear. It then seemed necessary to administer a hypodermic injection of one-sixtieth of a grain of Strychnine.

All of these therapeutic measures were applied during the forty-eight hours following the initial convulsion, but for some reason they failed to relieve. At last—because they could think of nothing else to do—they called a homeopath.

The history of the case from this point follows.

- Jan. 11, 10 A. M. Patient in complete stupor.  
 Face pale except cheeks and lips, which were purple.  
 Eyes half closed; pupils unequal.  
 Jaw hanging; respiration slow and stertorous.  
 Hands and feet cold.  
*Opium* 200, B. & T., one dose.
- Jan. 12, 10 A. M. Face pink.  
 Eyes closed; left pupil dilated.  
 Respiration rapid.  
 No sign of consciousness.  
 Automatic movements of *right* arm and leg.  
 Urine and feces passed during the night.  
*Opium* 1000, B. & T., three doses at 15 minute intervals.
- Jan. 12, 7 P. M. Partially conscious.  
 Rouses when touched, but sees and hears nothing.  
 Pupils react to strong light.  
 Will take nourishment when placed upon the tongue.  
 Temperature, 106.2°.
- Jan. 12, 10 P. M. Collapse. Old symptoms returning.  
 Face blue. Breathing stertorous.  
 Pulse weak and irregular.  
*Opium* 20m., one dose.
- Jan. 13. Better. Will again take nourishment, which consists of twenty drops of Bovine in four tablespoons of Horlick's malted milk, given every two hours. Cow's milk disagrees.  
 Pupils still unequal. Eyes will not follow even a bright light when passed before them.  
 Right arm and hand strongly flexed. Automatic movements of *left* arm. Legs rigid; feet extended.  
 Temperature, 104°.
- Jan. 15. Slight improvement until to-day. Nourishment refused.  
 Restless.  
*Opium* c.m., one dose.
- Jan. 17. No improvement since the 15th.  
*Opium* 12x, B. & T., six doses.

- Jan. 18. Worse. Is beginning to emaciate.  
 Breath foul. Abdomen tympanitic.  
 Stools frequent, loose, fetid.  
 Fine white vesicular eruption on chest, abdomen and arms.  
 Small boils at points where hypodermic needle entered and elsewhere.  
 Profuse sweat at night.  
 Temperature remains at about 105°. Pulse, 160 to 170.  
 Respiration, 38.  
 Both maternal grandparents died of tuberculosis.  
*Tuberculinum* 50m., one dose.
- Jan. 20. Somewhat improved.  
 Stools less frequent.  
 Sweat less profuse.  
 Temperature, 103.3°. Pulse, 145.
- Jan. 28. Restless since last evening.  
 Does not take food readily.  
 No sign of returning consciousness.  
 Pupils still unequal.  
 Contracture of right arm.  
 Convulsive movements.  
 Temperature, 103.9°. Pulse, 167. Respiration, 50.  
*Tuberculinum* 50m., one dose.
- Jan. 31. Better. Rests quietly.  
 Temperature, 101.3°. Pulse, 158.
- Feb. 6, 2 P. M. Symptoms returning.  
 Restlessness. Twitching.  
 Temperature, 104.3°. Pulse, 164.  
*Tuberculinum* c.m., one dose.
- Feb. 6, 11 P. M. Slightly improved.  
 Temperature, 102.3°. Pulse, 158.
- Feb. 7. Worse; symptoms changing.
- Feb. 8, midnight. Much worse.  
 Face pale; covered with cold sweat.  
 Lips bluish; cracked; oozing dark blood.

Hands and feet cold.

Abdomen distended; stool thin, cadaverous-smelling

Respiration rapid and labored.

Rattling in the throat. Breath cold.

Temperature, 104.5°. Pulse, 158.

*Carbo veg.* 1000, B. & T., one dose.

Feb. 9, 2 A. M. Better. Breathing easier.

Hands and feet warm.

No cold sweat.

Feb. 9, 6 A. M. Much worse. Every symptom present at midnight returning with increased severity.

*Carbo veg.* 10m., one dose.

Feb. 9, 8:30 A. M. Death from failure of respiration.

WM. R., æt. 4, whose mother had the small-pox, was vaccinated; it worked well on the child and he got over the vaccination apparently all right, but before the scabs from the vaccination dropped off he came down with the small-pox. The vaccination seemed to hold the small-pox in check until after the disease disappeared, when the latter made its appearance and ran its natural course. Hahnemann, in the *Organon*, page 78 and 79, on dissimilar diseases, says that measles or scarlet fever will do the same thing.

THE tissue remedies are certainly very valuable medicines, but the claim that their use constitutes the best treatment for the sick in all cases is theoretically absurd and is disproved by actual practice. The most marvelous thing in therapeutics is the homeopathic simillimum. When *Lachesis*, for instance, is perfectly indicated, or, in other words is the simillimum, no tissue remedy or remedies can cure as quickly as *Lachesis*. Homeopathy has already absorbed the tissue remedies, and will go marching on when Schuesslerism has passed into "innocuous desuetude."—*T. G. Roberts in Medical Advance.*

# Journal of Homeopathics

Devoted to the Interests of Pure Homeopathy

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HARVEY FARRINGTON, M. D., EDITOR.

E. A. FARRINGTON, M. D., BUSINESS MANAGER.

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## Editorial.

THE X-RAY AS A CAUSE OF CANCER.—The X-ray is creating quite a stir in the medical world on account of its influence upon cancerous affections. That it may be homeopathic to certain cases there can be no doubt. Dr. B. Fincke's case, reported at last year's meeting of I. H. A., is an instance of what it can do in a high potency. In this connection it is interesting to learn that it has actually been the cause of cancer. *Medical News* states that the disease which caused the death of Dr. Blacker, in all probability owed its origin to an X-ray dermatitis which started in a severe X-ray burn on one of his fingers. Gradually spreading up the arm, malignant growths developed in its course, first at the elbow, then in the axilla, finally involving the shoulder joint. Amputation was impracticable on account of the rapid spread of the disease. This is not the only case of malignant process that has resulted from these powerful rays.

## Found Unconscious on the Street: A Lesson on Diagnosis.\*

Lecture delivered by PROF. E. R. MCINTYER, B. S., M. D., at Hering  
Medical College, Chicago.

*Ladies and Gentlemen* : I am persuaded to give you this special lecture which does not come in our curriculum for the reason that mistakes are so frequently made in cases where we are not able to get a history of the patient who is found unconscious on the street, and *fatal* errors have occurred in many cases, so we take for our text to-day "A Man Found Unconscious on the Street." We have no means of getting at any history; he has no friends; he may have come in from the country to do business in the city; he may be miles and miles from anybody who knows anything about him, and he is found unconscious. It is the duty of the doctor to say what is the matter with him. Now, what might be the matter with him? He might have fainted. That is the first thing we have to contend with.

*Syncope*. If it be syncope, you will find your patient very pale, and he will very soon recover when his head is lowered so that gravity will assist in getting blood to his head. You can't faint away with your head full of blood; that is an impossibility, and whatever may be said of weak people who faint away when they see surgical operations it is no laughing matter, and I say to you that I hope not to live long enough not to have sympathy even during a surgical operation. When we have sympathy the blood leaves our brain, and we can't help it, and we faint away. So, if you find a case of this kind, the patient recovers as a rule, very soon if you leave the head low; but usually the treatment such cases receive on the street is to be picked up and set upright, and the people gather so that it takes a policeman to hold them back. You find a man unconscious on the street and his face is perfectly white, put his head low and he will come out of it very soon if it is syncope. But supposing that he does not; then

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\* Stenographically reported by Dr. D. T. Nicholl.



it is not syncope. What else can it be? He might be *drunk*. His face would then be red rather than pale. You will smell whiskey or alcohol on his breath. But do not make the mistake when you smell alcohol on a person's breath of saying he is drunk, because he might have taken a drink of whiskey and still have something else the matter with him. We know that those who are addicted to alcohol are subject to a good many other diseases, so that merely the smell of whiskey on a person's breath will not be sufficient to diagnose the case. If you do *not* smell it you will know he is not drunk, that is all. But if he is suffering from alcoholism and nothing else, let him alone a few hours and he will sober up and be all right. Put him where he will not be hurt and where he will not be a gazing stock, where he may have human treatment, although he has degraded himself. Simply give him the treatment you should give to any human being and wait. If it is simple alcoholism he will recover all right, with a head on him such as a fellow has when he has been out all night; that is, as I am told

Now, it may not be fainting or alcoholism; it may be something else. He may have been struck with something, so it may be *traumatism*. Especially should we think of this when we consider that men when drunk are liable to be in a fight, and if we smell whiskey on his breath we have a right to look for injuries. Your examination should always include a careful search for injuries. He may have been sandbagged. He may have simply fallen, but a drunken man doesn't usually hurt himself in falling. So look over him carefully, especially about the head, for signs of injury, and remember this, that if he has been sandbagged over the head you won't find many signs unless you look very carefully, but you will find indications of the injury somewhere if you look closely.

Now, if it is not syncope, alcoholism or traumatism it may be *hysteria*. Remember what I said in the last hour when lecturing on hysteria, that hysterical patients are rarely entirely unconscious. They have mind enough to take care of themselves and see that they do not hurt themselves, and they will have more or less consciousness that will guide you. If you look at their eyes the pupils will be normal; the balls will not show any deviation

from normal; they will come out of the unconsciousness very soon, and they have more or less muscular action, so this will help you.

Now, if you exclude hysteria (you are diagnosing by exclusion all the way through) he may be suffering from *epilepsy*. The epileptic, in a large majority of cases, very soon begins to froth at the mouth when in a spasm, and when you are able to see the tongue you will find usually that it is covered with scars. If he has not bitten the tongue at this time he may have done so on some previous occasion. Now, remember, there is nobody around to tell you his history. I remember one time finding a man like this on the street. I suspected what was the matter, and when I finally got his mouth open his tongue had been bitten nearly to pieces. It is almost the only disease in which the patient bites the tongue, and he does so before the tonic spasm comes on, while the teeth are chattering. Now, his face may be pale at the start, but in a very few seconds will become a deep red, and a deeper red, finally almost bluish, and at this time he will probably blow froth through his teeth, and that froth will be bloody, differing entirely from any of the other diseases I have named. Very soon he will come out of his spasm, will rise up, look around in a dazed sort of a way, hunt for his hat and walk off, while the police are trying to get an ambulance to take him to the hospital; he knows what is the matter with him, having "been there" before. Supposing that he does not do this, that he remains unconscious and does not show the signs I have spoken of, and you can exclude all the former conditions, what can it be? Well it might be *embolism* of the brain; embolism of some cerebral artery. The patient falls down as if struck by a club when this occurs. Remember one thing in examining patients found on the street, always examine the heart, because the majority of these emboli result from some disease in the valves of the heart. If you examine the heart and find valvular lesions you are justified in saying that it is a case of embolism. If you find no valvular lesions of the heart you are not justified in saying it is not a case of embolism until you have gone further. Embolism is very much like cerebral hemorrhage, but it does not last so long. In the large majority consciousness will return very

soon in case of embolism, but when consciousness returns he is paralyzed on one side, and very likely the right side. Can anybody tell me why a large number of emboli produce paralysis on the right side of the body? Because the particles are washed into the *left* middle cerebral artery, the most direct current for the blood, so that they more frequently result in paralysis of the right side, and a great number are not able to talk, for the reason that the middle cerebral artery supplies blood to the centers of speech-memory.

If he does not "come to" right away it may be something else. It may be *cerebral hemorrhage*. Remember that the books almost exclusively give you both cerebral hemorrhage and embolism under the name apoplexy. This is not correct. That which bothers the practitioner the most is to diagnose between embolism and apoplexy. The apoplectic does not come to consciousness so quickly. He has a very typical appearance. He may be pale in the beginning like the epileptic, but very soon becomes red, with a peculiar purplish hue; one pupil may be dilated, generally both are dilated. The paralysis in embolism is more frequently on the right side; in apoplexy it is equally frequent on either side. In embolism it usually occurs in cases of heart trouble and in young adults, while the apoplectic condition belongs to old age and does not have heart trouble as a rule, and you will find an atheromatous condition of the blood vessels outside of the brain in most cases of apoplexy. Of course, that same thing might apply to embolism, but you have to diagnose by the difference in the time, the appearance of the face, the fact that in the apoplectic consciousness returns more slowly and the paralysis is more profound when he does "come to." I have known cases which never did return to consciousness.

Now, the reason why you must diagnose these different conditions is very plain, from the fact that you never would treat a case of syncope the same as apoplexy. You never would think of putting the head down low in apoplexy, would you? You would not want to send enough blood there to burst another blood-vessel. The diagnosis does not help you in selecting your remedy, but it certainly does help you in your general treatment of the patient.

Now, if you determine by your mode of exclusion that you have none of the conditions marked on the board here, there is another condition to consider:

*Uremic poisoning.* The pulse of the patient will help you out in this case; that waxy color of the skin that goes with uremic poisoning, that peculiar dulness of the eyes that goes with it and tendency to anasarca will be present; the legs are liable to be swollen, and in many cases you will smell the urine in the breath. They do not have any of the facial appearances that I have given you, but a peculiar waxy appearance of the skin. If you are still in doubt draw some of the urine and examine it. If you find tube casts, albumen, etc., in the urine then you are justified in saying that it is uremic coma. Uremic coma lasts longer than any of the others except apoplexy. The uremic patient is not apt to have convulsions as marked as in some other cases I have spoken of, but finish your diagnosis here with an examination of the urine if you are in doubt at all. If you have albumen and tube casts in the urine and do not have the other symptoms you are not justified in pronouncing it uremic coma, because it might be something else. You will remember I told you that uremia was one of the causes of apoplexy, and if uremia is one of the causes why could we not have apoplexy in the uremic subject and have all the appearance of the skin we have here? How are we going to tell the difference? Well, your apoplectic patient returns to consciousness with paralysis, the uremic patient does not; he does not have the change in pupil that the apoplectic does.

It might not be even any of these mentioned. I have thought of another condition since I commenced talking, namely: *Sun-stroke*. That is a misnomer, however. It should be called "heat stroke." In this you find that peculiar flushed face, that peculiar throbbing of the carotids, and the condition is markedly relieved by sweating. If it is hot weather and the man has been working about an engine or in a superheated room you are justified in suspecting heat stroke, and your patient will probably manifest symptoms of the two remedies *Belladonna* and *Glonoine*. He will have that peculiar look of the face, and when he returns to consciousness it will be with the most awful headache imaginable, and the sooner you put him to bed and get him to sweating the

better. He will be shivering with cold and there will be all the symptoms of cerebral hyperemia. Of course if it is in the winter and you have no reason to think he has been about a hot fire or anything of the kind you can exclude sunstroke. The pupils will be dilated to the fullest extent, as a rule, or one will be dilated and the other not. All the excretions from the body are tied up in cases of heat-stroke, and everything is relieved by perspiration.

Now, it might be *Opium poisoning*. I remember once being called to see a case at a large hotel where a man had all the appearance of apoplexy, with the foulest breath you ever smelt, because had eaten very recently when taking the opium. On opening his eyes and looking at the pupil we found the pin-hole pupil. The opium case has stertorous breathing like apoplexy, but the apoplectic does not have that contracted pupil. The color of the skin in acute opium poisoning is not changed very much. The face is not flushed, as a rule; in fact it may be pale; sometimes it is yellow. Remember that stertorous breathing may be found in several conditions, but none of them are combined with the pin-hole pupil. I have seen one case of opium poisoning where the patient was as cold as if she had come out of an ice pack. The skin was as puckered up as it could be, and she died within an hour and a half after I was called to see her. She was killed by a doctor, who was fool enough to give Ergot after confinement and then Opium to stop the pain. Many cases do not have that peculiar whiteness, but if you have seen a washerwoman with her hands just out of water, and her hands as cold as ice, you can understand exactly what it looks like. Not all of the opium poisoning patients have this condition, but they all have the pin-hole pupil.

Now I have gone through all the conditions that will give you any trouble, and certainly no man will say that you should treat a case of uremic poisoning the same as syncope or hemorrhage. Hence the importance of knowing how to diagnose it.

I was led to give you this lecture because a little while ago I read of the second case lately that was taken into the Cook County Hospital, diagnosed as drunk, and received no treatment whatever, and within twenty-four hours died of a brain lesion. I did not want any student to go out of this class not knowing better than that.

## Monthly Review.

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THE FUNCTIONS OF THE DUCTLESS GLANDS.—In the March number of the *Monthly Encyclopædia of Practical Medicine*, Dr. Charles E. de M. Sajous describes in general the various researches which led him to formulate his remarkable theory regarding the functions of the adrenals, the pituitary body, the pancreas and spleen, and the so-called internal secretions. The article is intended to supplement an announcement regarding this theory made by the author in the January number of the above-mentioned periodical, and is to some extent a summary of a paper by him, which appeared in the *Philadelphia Medical Journal* for March 7.

The theory in question, if it can withstand the light of thorough investigation, will mark an epoch in physiology and in old school medicine. The following quotations from the article mentioned will serve to show briefly the conclusions to which Dr. Sajous has come:

“The physiological function of the internal secretion of the adrenals is loosely to combine with the atmospheric oxygen in the lungs and to endow the bloodplasma with its oxidizing properties.

“It is stated that the *plasma* takes up the oxygen, thus emphasizing the secondary role played by the red corpuscles as oxygen carriers.

“When the venous blood reaches the pulmonary alveoli, the marked affinity of the adrenal secretion in the plasma for oxygen causes it to absorb this gas from the alveolar air. (Forming what the author calls *adrenoxin*). The carbon dioxide in the blood is thus forcibly replaced by oxygen, and expelled with corresponding vigor. The red corpuscles, after this operation, bathe in an oxygen-laden medium, and their hemoglobin becomes reconverted into oxyhemoglobin.

“The anterior pituitary body governs the functional activity of the adrenals, and is directly connected with these organs through the cervico-thoracic ganglia, the splanchnic nerves, and the semi-lunar ganglia of the sympathetic system.

“The thyroid gland, the anterior pituitary body and the ad-

renals are functionally interdependent, and constitute a system, the *adrenal system*, which has for its purpose to sustain physiological oxidation and the metabolic activity of all tissues.

“Neutrophile leucocytes form: 1. Peptones, which combine with adrenoxin to sustain metabolism, i. e., the vital process. 2. Myosinogen, which combines with adrenoxin to supply contractile energy to muscle. 3. Fibrinogen, which combines with adrenoxin to supply heat-energy to the blood.

“Eosinophile leucocytes form hemoglobin, which loosely combines with adrenoxin to insure its storage in erythrocytes.

“Basophile leucocytes form myelin, the active principle of which, lecethin, combines with adrenoxin to develop nervous energy.

“The spleno-pancreatic internal secretion is represented by the trypsin which reaches the portal vein by way of the splenic vein, and which continues in the blood-stream, the cleavage processes begun in the intestinal canal.

“The main function of this secretion (trypsin) is to protect the organism from the effects of bacteria, their toxins, and all toxic albuminoids, including vegetable poisons and venoms.

“All general symptoms witnessed in disorders in which the blood is invaded by a poison of any kind are, in reality, manifestations of overactivity, insufficiency or inactivity of the adrenals.

“The power of the organism to antagonize the constitutional effects of pathogenic germs and their toxins and other poisons is directly proportionate, all else being equal, to the functional efficiency of the adrenal system.”

DIPHTHERIA ANTITOXIN NOT A SPECIFIC.—The following quotation from the *Philadelphia Medical Journal* shows clearly the unstable ground upon which the “antitoxin theory” is based:

Observations are accumulating to prove that diphtheria antitoxin possesses curative properties for diseases other than diphtheria. Thus, Schapiro reported a case of traumatic erysipelas, the patient having been successfully treated with diphtheria antitoxin. Tsvietaieff reported two cases of erysipelas in persons who were cured by the same method, and Alexeieff also reports success achieved in two cases of erysipelas treated with anti-toxin. Such

observations do not quite fit our notions of the specific nature of antitoxins, and while we are willing to admit that antitoxins, like many other substances, may stimulate phagocytosis to a degree sufficient to exert a beneficial influence on the course of the disease, we cannot see how antitoxins could be specific and yet neutralize indiscriminately any other toxins. Our entire list of specific antitoxins would have to be abolished were this the case, since a single antitoxin would serve as a cure-all. While these clinical observations are not sufficiently numerous or weighty to overthrow our conceptions of the nature of immunity, nevertheless they form a disturbing element and should be explained.

VACCINATION LITERATURE.—*Medical Talk* for April contains an interesting article on the literature of vaccination—especially anti-vaccination. *Modern Medical Science* (New York) and the *Homeopathic Envoy* (Phila.) are mentioned as being distinctly anti-vaccination in their editorial utterances. Three regular anti-vaccination journals are named: *Vaccinations*, (Terre Haute, Ind.), *Liberator* (St. Paul) and *Animals' Defender* (Boston). The article on vaccination, by Dr. Chas. Creighton, in the *Encyclopedia Britannica*, vol. 24, is mentioned as an excellent digest of the subject. Dr. Creighton is also author of *Jenner and Vaccination*, and *Cowpox and Vaccinal Syphilis*. Another valuable work is *The Wonderful Century*, by Alfred Russell Wallace. In this book over 100 pages are devoted to the chapter, "Vaccination a Delusion." *The History and Pathology of Vaccination*, by Prof. E. M. Crookshank, Dean of King's College, London, is a large two-volume work which may be consulted for detailed information. Two other valuable books are, *Vaccination*, by Dr. G. W. Winterburn, and *Vaccination or Sanitation—Which?* by Dr. J. A. Pickering. Still another work of interest is *The Story of a Great Delusion*, by William White. Doubtless the greatest mass of information regarding this question—aptly termed the "Jenneration of disease"—may be found in the report of the proceedings of the English Royal Vaccination Commission. This report is composed of a number of large volumes, containing an immense array of valuable facts. The Commission consisted of fifteen representative Englishmen, the chairman being the distinguished Lord



Herschell, and its investigations extended over a period of seven years. The testimony heard during this time is contained in the above-mentioned report. In its final vote the Commission stood unanimously in favor of no further enforcement of the compulsory vaccination laws, the minority report condemning vaccination entirely.

VIOLA ODORATA.—In the *Homeopathic World* for April, Dr. R. T. Cooper writes a short article on the Violet, in which he draws some interesting conclusions. The statement of De Candolle that the violet contains gold is mentioned, and this fact is suggested as an explanation of the similarity of action between *Viola Odorata* and *Aurum metallicum*. A case in illustration of this resemblance is quoted, showing that *Viola* has the diffuse tenderness characteristic of great syphilitic remedies like *Aurum*, and showing further that the remedy is markedly right-sided—another symptom analogous to *Aurum*. This latter development in the case is peculiar, for *Viola* is commonly considered to possess an affinity rather for the left than for the right side.

SYPHILINUM IN EYE TROUBLES.—Very marked success has attended the use of this remedy in some cases of chronic phlyctenular inflammation of the cornea. When indicated, successive crops of phlyctenules and abrasions of the epithelial layer of the cornea will be found; the photophobia will be intense and the lachrymation profuse; the redness and pain will vary, but will usually be well marked. It is indicated in delicate, scrofulous children, especially if any trace of hereditary syphilis can be found.—*Hom. Eye, Ear, Nose and Throat Jour.*

CLINICAL SIGNIFICANCE OF THE PULSE.—The pulse varies as to frequency, regularity, force and compressibility. We must, therefore, not only count, but judge the pulse. A full, bounding pulse accompanies congestion or inflammation, or is an indication that it is approaching. A slow easily compressible pulse indicates weakness and the prognosis should be guarded. If exceedingly slow, but strong and full, it points to injury or pressure upon the brain. An irregular pulse may have no further significance than

that the nervous mechanism of the heart is not in working order. It may be present when there is no other sign of ill health. Intermittance (frequently regular, missing every seventh, thirteenth beat, etc.) may be the result of faulty innervation, but is more often a sign of weakness. Old people suffering from the grip often show this disturbance and it bodes no good. Sometimes it is very rapid, a not infrequent occurrence in fevers, unless the case be one of tachycardia. The receding or water-hammer pulse denotes aortic regurgitation, and sudden death may be expected. A weak, rapid, irregular pulse may mean tobacco-heart.—*Medical Arena*.

SPECIMENS OF ONE KIND OF HOMEOPATHY.—Our worthy contemporary, the *Medical World*, is very liberally inclined and admits all-comers, irrespective of school. Here are a few of a long list of suggestions for treatment, labelled "Homeopathic Replies:" "Dr. W. B. Hunt, page 544: Weak lotions of *Rhus tox.* locally and Calcium sulphid internally." "Dr. T. H. Lyon, page 547: Infant needs *Plumbago* in small doses internally and also dusted on." "Dr. D. H. Swan: Neurasthenia, and needs Hypophosphite of Lime (Gardner's), not the compounds." No wonder there is so much talk of uniting the Old and the New.

ACCIDENTAL PROVINGS OF NAPHTHALINE.—The ability of this drug to cause opacity of the cornea, demonstrated by experiments upon animals, has been confirmed in the human being by a case of accidental poisoning. A physician prescribed Naphthaline in castor oil for a pharmacist, thirty-six years old, who was threatened with inflammation of the bowels. The man took an overdose and awoke next morning with pain in the bladder and almost total loss of vision. The perinuclear cloudiness had increased in both lenses in nine hours so that he was unable to count fingers at a greater distance than four feet. (See *Ophthalmic Record* for November.)

A school-boy (*British Medical Journal*) ate, by mistake, a moth ball the size of a filbert nut. He ate it so quickly that he only found out his mistake when he had swallowed it. Half an hour afterward he had a severe pain around the umbilicus, followed by aching and cutting pains down the penis and at its end; the pre-

puce swelled and was very tender. Within half an hour micturition became very frequent, the urine changing to a black color, "like weak ink." Pain and soreness down the urethra during micturition. He did his lessons and games as usual. In the evening he felt quite well and ate his supper. During the night he had several watery movements from the bowels, mixed with bright red. For two days he had abdominal tenderness, but this was not localized. Two days later there was suppression of urine, lasting for nearly twenty-four hours, but when the urine passed it was clear. Four days later he would have been well, but he developed a left-sided pleurisy.

This remedy deserves a thorough proving. It produces symptoms that closely resemble La Grippe and has been used empirically for whooping cough.

HEART LESIONS IN CHILDHOOD.—Heart lesions in childhood do not differ materially from those found in the adult, but are frequently overlooked. They may be divided into functional and organic. Of the first, anemic murmurs are heard over the subclavian and left carotid and disappear when the general state of the blood is improved. There is a second class, which appear during the development period and subside when the development is complete. They are heard at the base or apex, but are not transmitted to the left or right. A third form of functional murmurs are those associated with chorea. They are systolic in time, are heard at the apex and are transmitted to the left. The more common organic lesions are: 1. Mitral regurgitation. 2. Aortic regurgitation. 3. Aortic and mitral regurgitation combined. The most common causes are measles, 30 to 40 per cent.; whooping cough, 10 to 20 per cent.; diphtheria, scarlet fever, La Grippe, etc. What part rheumatism plays is a question. Many writers claim that the so-called growing pains are rheumatic and give rise to the inflammatory changes that produce the valvular defect, but more recent observations show the great liability of measles and whooping cough to cause endocarditis and valvulitis.—*Medical Visitor*.

ANTHRACINUM FOR BOILS.—According to Dr. John McLachlan, *Anthracinum* 200th will remove the tendency to recurrent

boils. He claims it is superior to Sulphur *et al.* It would certainly be bad practice to give *Anthracinum* to every case, but this is a hint worth remembering. It is not found in the pathogenesis of this drug.

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### Notice to Subscribers.

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In the payment of subscriptions we would request our subscribers to remit by express or postal money order. If checks are sent, ten cents extra should be included for exchange, otherwise the *Journal* will have to pay this amount. During the past year the sum expended by the *Journal* for exchange on checks amounted to many dollars, and it would be a very material aid to us if our subscribers would think of this when renewing their subscriptions.

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### News Notes.

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The Illinois State Board of Health has recently begun the publication of a bi-monthly *Bulletin*, containing various items of interest regarding medical legislation, State sanitation and other appropriate topics.

Dr. E. C. White has recently removed to Wichita, Kansas.

The 37th annual session of the Indiana Institute of Homeopathy will be held in Indianapolis during the latter part of May. An unusually good program has been prepared and special attention will be devoted to a thorough discussion of the papers presented.

Drs. E. P. Fewster and P. G. Rowe will open an office together in Peabody, Kansas.

Dr. V. E. Baldwin is located at Amboy, Ind.

Dr. G. L. Knapp has recently settled in Taylor, Texas.

Dr. V. A. Hutton has joined his family in the West and is now practicing in Florence, Colorado.

The British Homeopathic Association makes a special appeal for aid in completing its Twentieth Century Fund of 10,000 pounds. There are still 2,000 pounds needed to make up the sum, which must be completed by midsummer, 1903.

Mr. Henry Phipps, of Philadelphia, has given \$1,250,000 to found a hospital for consumptives in Philadelphia. One feature of the hospital will be a Finsen Light Institute.

Efforts are being made to have a bill passed by the Illinois Legislature providing for the creation of a Board of Medical Examiners, to relieve the State Board of Health of its present duties regarding medical examination. The bill has met with poor success, owing doubtless to an attempt on the part of the "Regulars" to "shut out" the Homeopaths and some other smaller schools. The so-called non-partisan board is an impossibility, and no agreement can be reached by the physicians of the State until the Allopaths are willing to allow all schools of medicine to be equally represented.

The Ruskin University recently moved from its former headquarters at Dixon, Illinois, to its beautiful new home at Glen Ellyn.

The commencement exercises of the Hering-Dunham were held at Händall Hall, Chicago, on April 11th. Twenty-two young men and women received the degree of Doctor of Medicine, and four physicians the degree of Master of Homeopathics from the Post-Graduate School. Dr. Joseph E. Hoffman, who sold his practice in Healdsburg, California, in order to come to Chicago to take the course, was presented with a gold medal in recognition of the excellence of his paper in the examination on Homeopathics. (See questions and answers elsewhere in this journal.) The oration was delivered by Chancellor Tobias, of the Ruskin University, of which the Hering-Dunham is the medical department.

Dr. H. F. Biggar, of Cleveland, Ohio, is travelling in the West with his millionaire patient, John D. Rockefeller. There are a few of our prominent men who show the good judgment to entrust the care of their physical well-being to a homeopath.

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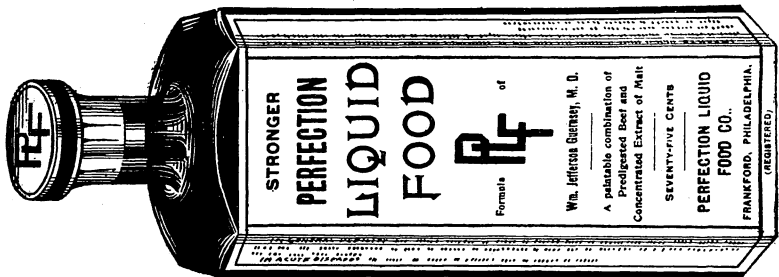
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