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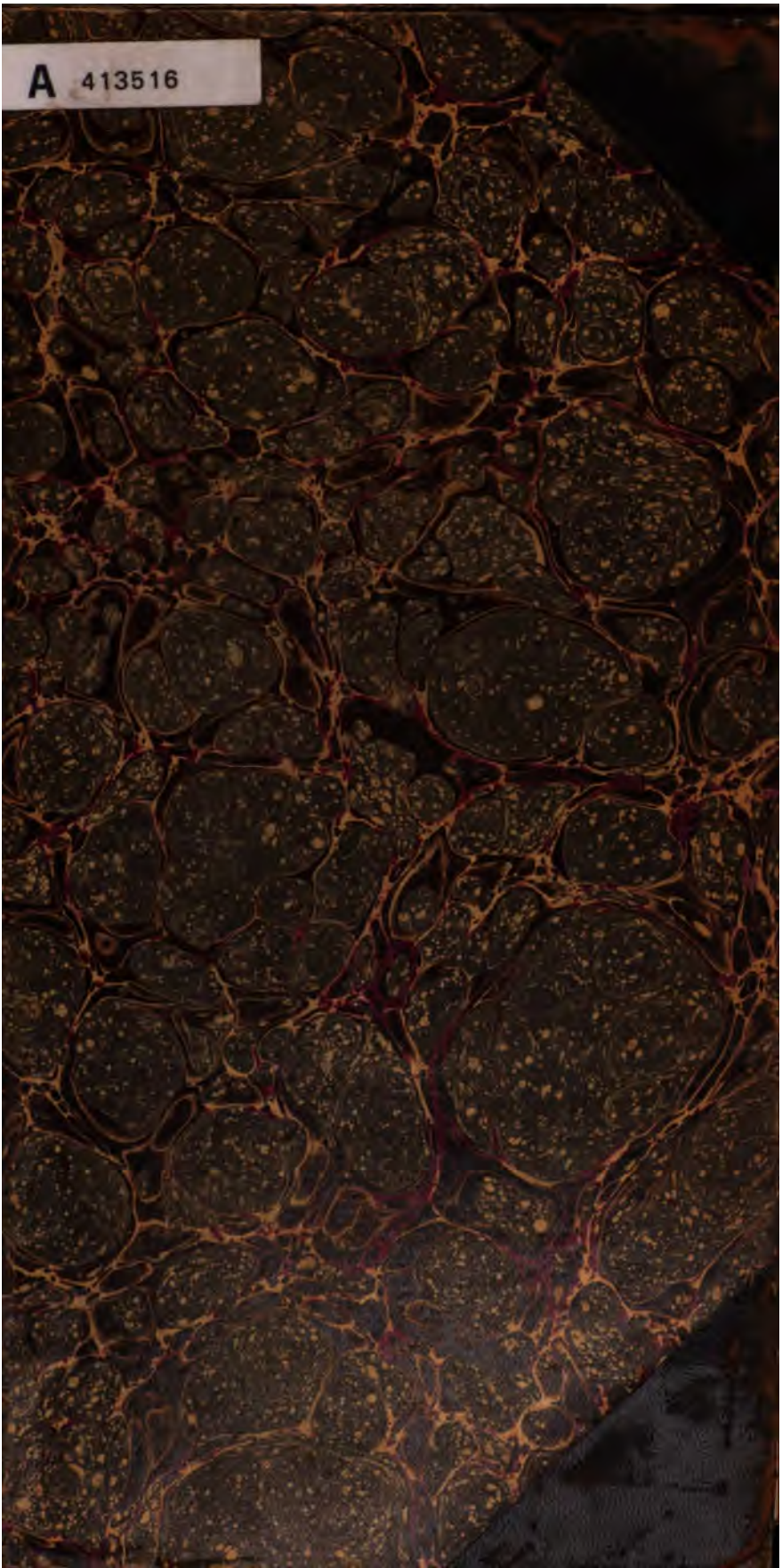
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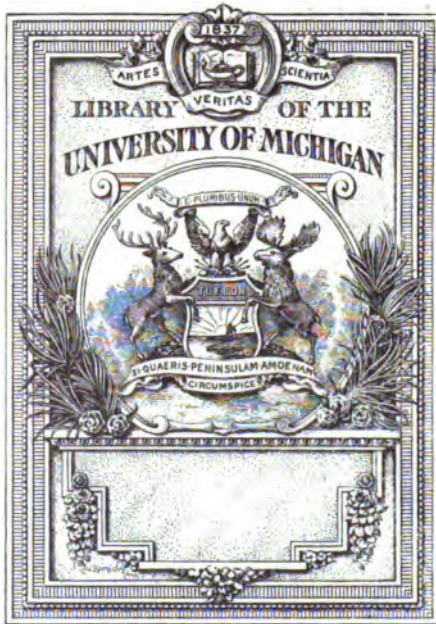
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INDEX.

- A** CASE of Psorinum. W. A. Hawley, M. D., 340.
Aconite, 210, 228.
Actæa rac., 211.
A Cyclopædia of Drug Pathogenesis, 588.
Adelheidsquelle, 228.
Advice to Regular, 481.
Æthusa, 211.
A Few Veterinary Cases. J. V. Allen, M. D., 360.
After-pains. G. H. Patchen, M. D., 442.
Agaricus, 211, 228.
Agnus cast., 211.
Alabama Medical Legislation, 596.
Aldrich, H. C., M. D., 563.
Allen, J. V., M. D., 350, 537.
Allg. Hom. Zeitung, 291, 292.
Alma Sanitarium, 296.
Alumina, 211.
Ambra grisea, 359.
American History, Magazine of, 98, 410, 595.
American Homœopathist, 199.
American Institute of Homœopathy, 101, 295, 596.
American Medical Plants, 101, 403.
Anatherum, 228.
Andrews, Henry, M. D., 200 b.
A New Ear Electrode. Jas. A. Campbell, M. D., 322.
Animal Vaccination, Manual of, 101.
Annals of Surgery, 437.
An Obscure (?) Case, 556.
An Open Letter, 282.
Another View of Exenteratio. H. B. Wilson, M. D., 270.
Antimonium crud., 211.
Anxiety About Diphtheria. W. J. Guernsey, M. D., 372.
Aphonia, 564.
Apis, 212, 228.
Apium Graveolens. W. P. Wesselhoft, M. D., 204.
Apium Virus. E. W. Sawyer, M. D., 209.
Apostoli Dr., 199.
A Practical Treatise on Obstetrics, 591.
Archives of Gynecology, etc., 198.
Arndt, Mrs. Lucy R., 200.
Arnica, 212.
Arsenicum Album. J. A. Wakeman, M. D., 461.
Arsenicum Album, 212.
Arum triphyllum, 213, 446.
Asclepias, 228.
A Scrap of History, 522.
Asphyxia, 325.
As to Exenteratio Bulbi. R. D. Tipple, M. D., 482.
A Student's Complaint, 486.
Atlanta Med. and Surg. Journal, 594.
Aurum, 213, 372, 534, 537.
- BAKER, PETER, M. D.**, 499.
Baptisia. C. B. Gilbert, M. D., 216.
Babcock, C. M., M. D., 565.
Barber, H. A., M. D., 526.
Barnes, G. W., M. D., 179.
Barnes, Lewis, M. D., 1, 105, 201, 297, 411, 501, 547.
Bastinado as a Remedy. Edmund Carleton, M. D., 325.
Beebe, H. E., M. D., 284, 408.
Beckwith, E. H., M. D., 408.
Bell, J. B., M. D., 300.
Belladonna, 213, 229.
Bender, P., M. D., 367.
Bennett, H. K., M. D., 586.
Berghaur, A., M. D., 290.
Berberis, 213.
Berridge, E. W., M. D., 417, 454, 489.
Biegler, J. A., M. D., 250.
Billroth on Latin and Greek, 525.
Blakiston, Son & Co., P., 100.
Blood, Diseases of, 195.
Board of Health (Ky.), 102.
Books and Pamphlets Received, 496.
Borax, 213.
Boston's Semi Centennial, 298.
Both Sides, A Hearing for, 185.
Brain, Functions of, 404.
Branstrup, W. T., M. D., 497.
Brigham, G. N., M. D., 280.
Broderick, H. M., M. D., 568.
Brown, J. Dunn, M. D., 377.
Bryson, Dr. F., 593.
Bryonia, 213.
Bureau of Surgery, A. I. H., 594.
Burgher, J. C., M. D., 594.
Burleigh, W. J., M. D., 199, 498.
Butler, C. W., M. D., 182, 259, 294.
Butler, C. G., 593.
Button, C. G., 593.
- CALADIUM**, 446.
Calcareo carb., 213.
Calcareo phos., 126.
California Homœopath, 292.
California Practitioner, 401.
Campbell, Jas. A., M. D., 322, 399.
Cancer, Conium in, 441.
Cannabis ind., 229.
Cantharis, 214.
Cantharis, Homœopathic to Burns, etc. W. L. Morgan, M. D., 364.
Capsicum, 214, 229.
Carbo veg., 214, 229.
Carbon bi-sul., 229.
Carbuncle Treated with Tarantula, 75.
Carleton, E., M. D., 325.
Carr, Geo. H., M. D., 242, 290, 357.
Carter, R. B., M. D., 200 a.
Cases Cured. J. F. Miller, M. D., 253.
Cases of Chronic Diseases Cured. Thos. Skinner, M. D., 109, 314, 427.
Causticum, 214, 229.

- Century, 36, 410, 565.
 Cerebral Paresis Cured. E. W. Berridge, M. D., 417.
 Chambers, E. W., M. D., 498.
 Chambers, R. O., M. D., 448.
 Chamomilla, 229.
 Champlin, H. W., M. D., 276.
 Charpentier, A., M. D., 498.
 Chicago Hom. College, 498.
Chicago Medical Times, 190.
 Chininum Sulphuricum. E. W. Sawyer, M. D., 461.
Chironian, 396.
 Chloroform, 229.
 Cicuta, 229.
 Cider Vinegar as a Local Antidote to Carbolic Acid. E. Carleton, M. D., 325.
 Cinchona, 214.
 Clarke, H. L., M. D., 107.
 Clarke, Jno. H., M. D., 196.
 Claypool, Mrs. Clara D., 102.
 Clematis, 126.
 Cleveland Hom. College, 498.
 Clinical Cases. W. S. Geo., M. D., 333.
 Clinical Cases. E. Rushmore, M. D., 256.
 Clinical Cases. W. J. Martin, M. D., 342.
 Clinical Medicine, 76, 127, 243, 383, 467, 549.
Clinical Review, 400.
 Clinical Verifications. J. A. Biegler, M. D., 250.
 Coburn, Wm., M. D., 200 a.
 Cocaine and its Uses, 518.
 Cocaine Poisoning. S. Lillenthal, M. D., 465.
 Cocculus, 214, 229.
 Comment and Criticism, 89, 274, 376, 481.
 Consumption, 197.
 Conium in Cancer, 441.
 Copalba, 229.
 Correspondence, 91, 271, 373, 447, 531.
 Cotyledon, 229.
 Cowperthwaite, A. C., M. D., 565.
 Crocus, 229.
 Crowe, T. J., M. D., 400.
 Crutcher, Koler S., 409.
 Cuprum met., 214, 229.
 Cures by Dr. Hesse, 156.
 Cure or Coincidence—Which? S. M. Fowler, M. D., 356.
 Cyclopedia, Obstetrics and Gynecology, 496.
 Cystotomies, 170.
DAKE, J. P., M. D., 101, 405.
 Dellrum Tremens, Sulphur in, 161.
 De Störch, A., M. D., 494.
 Detwiler, Henry, M. D., 596.
 Dever, L., M. D., 200 a.
 Dewey, John H., Ph. D., 101, 198.
 Diederich, P., M. D., 512.
 Diet in Diphtheria, W. J. Guernsey, M. D., 434.
 Dilutionism, 186.
 Diphtheria, 581.
 Diphtheria and Potentized Drugs. Geo. H. Carr, M. D., 242.
 Diphtheria. Anxiety About, 372.
 Diphtheria, Diet in, 434.
 Discretion, 481.
 Disease. C. T. Harris, M. D., 123.
 Diseases of Blood and Nutrition, 196.
 Diseases of Lungs and Pleura, 197.
 Diseases of the Nerves, Muscles, etc., 196.
 Distention of Rectum in Cystotomies, 170.
 Distinctive Hom. Literature, 377.
 Double Hernia, 72.
 Do We Cure our Patients? J. M. Young, M. D., 243.
 Dowling, J. W., M. D., 89, 409.
 Drysdale, A. E., M. D., 91, 271, 373, 447, 531.
 Dulcamara, 214, 554.
 Durand, C. S., M. D., 198.
 Dysmenorrhœa, Thos. Skinner, 236.
EATON, M. M., M. D., 102.
 Editor of *Periscope*, 102.
 Earth as a Topical Application in Surgery, 589.
 Editorial:
 1887 Greeting, 93.
 Letter from Regular, 95.
 Dilutionism, 186.
 The Potency Question, 285.
 Medical Legislation, 393.
 Medical Education, 394.
 E pur si muove, 386.
 Societies for 1887, 490.
Medical Counselor, 492.
 Diphtheria, 581.
 Oh, the Pity of It, Iago, 584.
 Editor's Table, 102, 198, 295, 408, 497.
 Eggleston, E. R., M. D., 506, 598.
 Ehlinger, C. E., M. D., 402.
 Eichhorst, H., M. D., 101, 198.
 Emerson's Essays Wanted, 593.
 Enucleation, 269.
 Epidemic Remedy, Dr. med. Kunkel, 231.
 Epistaxis (Hæmorrhagia Narium) E. Fornias, M. D., 75.
 E pur si muove, 386.
 Eschscholm on Latin and Greek, 525.
 Etudes de Therapeutique Experimentale, 494.
 Evans, E. S., M. D., 558.
 Evils of Early Marriages, P. Bender, M. D., 367.
 Excision of Larynx, 70, 71.
 Exenteratio Bulbi, 482, 558.
 Exenteratio Bulbi vs. Enucleation, R. D. Tipple, M. D., 269.
 Expulsion of E. B. Rankin, M. D., 199.
 Eye Therapeutics, 568.
FARRINGTON, E. A., M. D., 534.
 Ferrier, David, M. D., 404.
 Faulkner, Robert, M. D., 596.
 Finger, Remarkable Injury of, 68, 175.
 Fisher, E. A., M. D., 408.
 Fisher, J. S., M. D., 200a.
 Follett, P., M. D., 200a.
 Formic acid, 167.
 Fornias, E., M. D., 76, 127, 359.
 Fowler, S. M., M. D., 356.
 Fracture: Massage in, 68.
 Fractures of the Patella, 438.
 French Journals: Reports from, 413.
 Functions of the Brain, 404.
 Fundamentals of the Organon, Lewis Barnes, M. D., 1, 105, 201, 297, 411, 501.
GEE, W. S., M. D., 333.
 Gelsemium, 215.
 Gilbert, C. B., M. D., 161, 216, 596.
 Gilchrist, J. G., M. D., 68, 70, 71, 72, 73, 74, 75, 168, 170, 171, 172, 264, 265, 266, 274, 320, 321, 435, 437, 439.
 Glass-breaking Medicines, 290.
 Grahn, E. G., M. D., 483, 557.
 Greeting (editorial), 93.
 Guernsey, H. N., M. D., 100, 242.
 Guernsey, J. C., M. D., 246.

INDEX.

V

Guernsey, W. J., 335 370, 372, 434.
Gundlach, J. G., M. D., 286
Gynecology, 232, 234, 236, 242, 367, 370.
Gynecology: Homoeopathy its Relations to, 194.

HÆMOPTYSIS (Hæmorrhagia Pulmonis) E. Fornias, M. D., 127.
Hæmorrhagia Nasium, 76.
Hæmorrhagia Pulmonis, 127.
Haggart, D., M. D., 177, 277, 281.
Hahnemannian Association, 497, 596.
Hahnemann of San Francisco, 408.
Hahnemannian, The, 88, 399
Hale, Morris, M. D., 296
Hall, E. V. N., M. D., 200a.
Hallucination: Stramonium, Frank Kraft, M. D., 456.
Hammond, J. H., M. D., 593.
Handbook of Practical Medicine, 101.
Hare-lip and cleft palate, 320.
Harris, C. T., M. D., 123, 409, 563.
Harris, Mrs. M. J., 409
Harwell, J. R., M. D., 587.
Hawley, W. A., M. D., 232, 340.
Hay-fever, 560
Headaches, 467.
Helmuth's Surgery, 266.
Helmuth, W. Tod, M. D., 99.
Henry, J. H., M. D., 397, 596.
Hepar, 490.
Hering, C., M. D., 126, 167, 372, 441, 446, 480.
Hesse, Dr. med. Cures by, 156.
High Potencies: Some Illustrative Cases, J. C. Guernsey, M. D., 246.
Hoag, J. H., M. D., 408.
Holmes, H. P., M. D., 152.
Homoeopathic Aid Association, 409.
Homoeopathic Books wanted, 92.
Homoeopathic Cures. E. W. Berridge, M. D., 338.
Hom. Journal of Obstetrics, 293.
Hom. Med. College of Mo., 198, 408.
Hom. Med. Soc., Albany Co., N. Y., 200b.
Hom. Med. Soc. of Kansas, 406.
Hom. Med. Soc. of Michigan, 296.
Hom. Med. Soc. of New York, 592.
Hom. Med. Soc. of Ohio, 296.
Hom. Med. Soc. of Pennsylvania, 197.
Homoeopathic Physician, 97, 401.
Homoeopathic Prophylactics. W. J. Guernsey, M. D., 335.
Homoeopathic Statistics. H. N. Guernsey, M. D., 242.
Homoeopathic Therapeutics from a Purist Standpoint. H. P. Holmes, M. D., 152.
Homoeopathic Tinctures, 519.
Homoeopathic World, 99, 292.
Homoeopathy and Pain. J. B. Bell, M. D., 300.
Homoeopathy in Alabama, 498.
Homoeopathy in its Relations to Gynecology, 194.
Homoeopathy in Wisconsin, 498.
Hooker, F., M. D., 487, 503.
House, H. B., M. D., 593.
Howland, Anne C., 408.
Hunt, Ezra M., M. D., 408.
Hydrastis, 229.
Hydrate of Chloral. Saml. Swan, M. D., 217.
Hydrophobia, 73.
Hydrophobinum, 229
Hygiene, Principles of, 403.
Hyocyamus, 229.
Hypericum, 229.

IGNATIA, 229.
I Deus. L. B. Wells, M. D., 356.
Indecency in Medical Literature, 290.
Indiana Institute of Hom., 296, 580.
Indigo, 223
Indirect Fractures of the Skull, 168.
Infectious Diseases, 196.
International Cong. of Inebriety, 594.
Interesting Clinical Cases, 472.
Intubation of the Larynx, 170.
Iowa, 575.
Iris versicolor, 568.
Iron Clad, The, 191.
Isopathic Pharmacy. C. W. Butler, M. D., 182.

JAMISON, M. R., M. D., 200a.
Jones, J. E., M. D., 560.
James, B. W., M. D., 564.

KALI BICHL., 215.
Kalmia lat., 567.
Kansas, 577.
Kansas Society, 92.
Kentucky State Board of Health, 102.
Kershaw, J. M., M. D., 102.
Key-notes to Mat. Med., 100.
Koler & Crutcher, Drs., 409.
Kraft, Frank, M. D., 456.
Kreosote, 229.
Kunkel, Dr. med., 231.

LAC CANINUM—
Grahn, E. G., M. D., 493.
Haggart, D., M. D., 177, 277.
Swan, Samuel, M. D., 4.
Taylor, H. W., M. D., 451.
Wakeman, J. A., M. D., 455.
Lachesis and Sabadilla, 545.
Lachesis in Urinary Symptoms. H. N. Martin, M. D., 258.
Lachnanthes, 126.
Lactis, S., M. D., 481.
Lance, R. W., M. D., 290.
Lappa major in Prolapsus, 3.
Latin and Greek, Study of, 525.
Larynx. Excision of, 70, 71.
Larynx. Intubation of, 170.
Laurocerasus, 468.
Lawton, C. H., M. D., 306.
Leonard, W. H., M. D., 234.
Letter from "Regular," 75.
Leucorrhœa (reference to), 88.
Liebold, Prof. C. T., 103.
Lillenthal, S., M. D., 162, 185, 352, 465, 480, 549, 587.
Lillum, 215.
Lithotomy, Supra-pubic, 74.
Lodge, E. A., M. D., 200.
Lobelia 229, 568
Love, I. N., M. D., 190.
Lycopodium, W. A. Hawley, M. D., 232.
Lycopodium, 215, 229.

MAGAZINE of American History, 98, 410, 595.
Magnesia mur., 441
Magnesia sulph., 533.
Magnetis arc., 230.
Malaria, 505.
Malignant Diseases not local. P. P. Wells, M. D., 332.
Management of *The Hahnemannian*, 88.
Mancinella, 230.
Manual of Animal Vaccination, 101.
Married, 296, 563.
Martin, H. N., M. D., 231, 258, 446, 468.
Martin, W. J., M. D., 342.

- Marum ver., 330.
 Massage, 68, 101, 404.
 Materia Medica (lectures and notes):
 Aconite, 210, 228.
 Actæa race., 211.
 Adelheidsquelle, 228.
 Æthusa, 211.
 Agaricus, 211, 228.
 Agnus cast., 211.
 Alumina, 211.
 Anatherum, 228.
 Antimonium crud., 211.
 Aplis, 212, 228.
 Apium grav., 204.
 Apium virus, 209.
 Arnica, 212.
 Arsenicum alb., 312, 461.
 Arum tri., 213, 446.
 Asclepias, 228.
 Aurum met., 213, 372, 534, 537.
 Baptista, 216.
 Belladonna, 213, 229.
 Berberis, 213.
 Borax, 213.
 Bryonia, 213.
 Caladium, 446.
 Calcareo, 213.
 Calcareo phos., 126.
 Cannabis ind., 229.
 Cantharis, 214.
 Capsicum, 214, 229.
 Carbo veg., 214, 229.
 Carbon bis., 229.
 Causticum, 214, 229.
 Chamomilla, 229.
 Chininum sulph., 461.
 Chloroform, 229.
 Cicuta, 229.
 Cinchona, 214.
 Clematis, 126.
 Cocculus, 214, 229.
 Conium, 441.
 Copaiba, 229.
 Cotyledon, 229.
 Crocus, 229.
 Cuprum met., 214, 229.
 Dulcamara, 214, 554.
 Formic acid, 167.
 Gelsemium, 215.
 Hepar, 480.
 Hydrastis, 229.
 Hydrate of Chloral, 217.
 Hydrophobinum, 229.
 Hyoscyamus, 229.
 Hypericum, 229.
 Ignatia, 229.
 Indigo, 229.
 Iris versicolor, 568.
 Kali bich., 215.
 Kalmia lat., 557.
 Kreosota, 229.
 Lac canicum, 4, 177, 277, 451, 455, 483.
 Lachesis, 258, 545.
 Lachnantes, 126.
 Lappa major, 3.
 Lillum, 215.
 Lobelia, 229, 568.
 Lycopodium, 215, 229, 232.
 Magnesia mur., 441.
 Magnesia sulph., 533.
 Magnētis arc., 230.
 Mancinella, 230.
 Marum ver., 230.
 Mercurialis, 230.
 Mercurius iod. flav., 230.
 Mercurius sol., 230.
 Moschus, 224.
 Myristica, 230.
 Naja, 533.
 Natrium carb., 230.
 Natrium mur., 215, 230.
 Natrium sulph., 230.
 Nitric acid, 216.
 Nux vomica, 230.
 Penthorum, 539.
 Petiveria, 230.
 Phosphoric acid, 230.
 Phosphorus, 230.
 Phytolacca, 228.
 Platinum, 230.
 Psorinum, 340.
 Pulsatilla, 466.
 Sabadilla, 545.
 Sabina, 230.
 Salicylic acid, 230, 457.
 Sanicula, 296.
 Sarracenia, 230.
 Sarsaparilla, 454.
 Secale, 435.
 Sepia, 126, 216, 230.
 Spongia, 230.
 Stramonium, 230, 456.
 Sulphurous acid, 230.
 Sumbul, 231.
 Tabacum, 167, 216.
 Tarantula, 224, 231.
 Theridion, 167, 231.
 Thuja, 231.
 Veratrum alb., 231.
 Veratrum vir., 226.
 Viola odor., 231.
 Xanthium spinosum, 73.
 Zincum, 216.
 Mayer & Monroe, 498.
 Mayer, Chas., M. D., 102.
 Mechanism of Indirect Fractures of
 the Skull, 168.
 Meddlesome Midwifery, 526.
Med. and Surg. Reporter, 586.
 Medical Aspect of Surgery, 172.
Medical Brief, 192.
Medical Counselor, 492.
Medical Current, 102, 294, 587.
 Medical Editors' Suscriptions, 293.
 Medical Education, 394.
 Medical Legislation for Mich., 378, 393.
Medical Record, 7, 402.
Medical Visitor, 497.
Medical World, 192, 290, 291.
 Mercuri, 230.
 Mercurius iod. fl., 230.
 Mercurius sol., 230.
 Michigan, 573.
 Michigan Hom. Med. Soc., 409.
 Michigan Legislature, 199.
 Migration of Leucocytes, 439.
 Miller, W. T. M. D., 296.
 Millsbaugh, C. F., M. D., 101, 403.
Minnesota Medical Monthly, 398.
 Miracle, 427.
 Mohr, Chas., M. D., 472.
 Molluscum Epitheliale, 176.
 Morgan, W. B., M. D., 481.
 Morgan, W. L., M. D., 364.
 Morrow, D. B., M. D., 539.
 Morrow, H. C., M. D., 228.
 Moschus, 224.
 Moss, O. B., M. D., 406.
 Multiple Births, 446.
 Munson, Mary F., M. D., 200 a.
 Music: As it Affected the Provers. H.
 C. Morrow, M. D., 228.
 Muscles, Diseases of, 196.
 McLaren, D. C., M. D., 210, 467.
 McNeil, A., M. D., 156, 413.

- NEVUS**, 72.
 Nash, E. B., M. D., 223.
 Naja in Asthma, 533.
 Natrum Carb. in Sterility. W. J. Guernsey, M. D., 370.
 Nat. carb., 230.
 Nat. mur., 215, 230.
 Nat. sulph., 230.
 Nerves, Diseases of, 196.
N. E. Med. Gazette, 290, 397, 586.
 New Publications, 99, 194, 402, 494.
 New Triturator 103.
 Newberry, John S., 200.
N. Y. Med. Times, 193, 585.
 N. Y. State Hom. Med. Soc'y, 199, 284, 592.
 Nicotism, 292.
 Nitric acid 216.
N. A. Jour. of Homoeopathy, 98.
 Notes of Interesting Clinical Cases.
 Chas. Mohr, M. D., 472.
 Notes on Materia Medica. E. B. Nash, M. D., 223.
 Nutrition, Diseases of, 196.
 Nux vom., 230.
- OBITUARY:**
 Arndt, Mrs. L. M., 200.
 Baker, Peter, M. D., 499.
 Chambers, E. W., M. D., 498.
 Claypool, Mrs. Clara D., 102.
 Detwiler, Henry, M. D., 596.
 Eggleston, Mrs. C. Dr., 596.
 Liebold, Prof. C. T., 103.
 Lodge, E. A., M. D., 200.
 Newberry, Jno. S., 200.
 Small, A. E., M. D., 200.
 Wright, S. B., M. D., 296.
 Youmans, E. L., M. D., 199.
 Obstetrics, 442, 446, 496, 526.
 Ohio, 669.
 Ordway, L. S., M. D., 296.
 Organon, Fundamentals of, 1, 105, 201, 297, 411, 501.
 Organon, Teaching of the, 487.
 Official Surgery, 591.
 Original Contributions, 1, 105, 201, 297, 411, 501.
 Our Exchanges, 97, 189, 290, 396, 585.
 Our Foreign Letter, 91, 373, 447, 531.
 Ovarian Dropsy Cured. W. H. Leonard, M. D., 234.
 Oxygen in Therapeutics, 402.
- PANCREAS**, surgery of, 171.
 Parsons, S. B., M. D., 199.
 Pasteur's Hydrophobia cure, 271.
 Patchen, G. H., M. D., 442.
 Patellar Fractures, 438.
 Patent Medicines. C. M. Babcock, M. D., 565.
 Pearman, Mrs. M. B., 296.
 Penile Urethral Fistula, 265.
 Penthorum Sedoides, 539.
Peoria Medical Monthly, 189.
Perscope (St. Louis), 102, 497.
 Perkins, J. K., M. D., 566.
 Petiveria, 230.
 Petroleum, 557.
 Phosphoric acid, 230.
 Phosphorus, 230.
Physicians and Surg. Invest., 396, 400.
 Physicians' Hygiene. P. Diederich, M. D., 312.
 Physician's Visiting List, 100.
Physio-Med. Journ., 291.
 Phytolacca, 226.
 Plants, American Medicinal, 101.
 Platinum, 230.
- Plea for Unadulterated Homoeopathy, S. Lilienthal, M. D., 352.
 Pleura, Diseases of, 197.
 Pollen Poisoning, 560.
 Polyneuritis, 480.
 Pope Manufacturing Co., 102.
Popular Science Monthly, 96, 410.
 Porter, Phil., M. D., 293, 593.
 Post partum Hemorrhage. J. G. Gilchrist, M. D., 274, 475.
 Post partum Hemorrhage. H. W. Champlin, M. D., 276.
 Post partum Hemorrhage. J. C. Wood, M. D., 384.
 Potency question, 285.
 Powell, R. Douglas, M. D., 197.
 Practical Medicine, Handbook of, 101.
 Practical Tongue Depressor. W. J. Guernsey, M. D., 434.
 Prescribing Fornication, 479.
 Preston, Mahlon, M. D., 533.
 Principles of Hygiene, 403.
 Prolapsus, Lappa major in, 3.
 Proving of Lac caninum. H. W. Taylor, M. D., 451.
 Psorinum, a case of, 340.
 Psychology, 101, 198.
 Publisher's Page, 104, 201, 297, 500.
 Puerperal Hemorrhage. G. N. Brigham, M. D., 180.
 Pulsatilla, 466.
- RANKIN**, E. B., M. D., 199.
 Rectum, Distension of, 170.
 "Regular," Advice to, 481.
 "Regular," Letter from (editorial), 95.
 Reinke, C. L., 457.
 Remarkable Injury of Finger, 68, 175.
 Reports from French Journals, 413.
 Repertories, Use of, 369.
 Repertories at the Bedside. E. W. Berridge, M. D., 489.
 Report of Northern Mich. Asylum, 589.
 Revolution in Medicine, 195.
 Reynolds, H. B., M. D., 200.
 Rhinoplasty, 320.
 Roland Blake, 590.
 Rushmore, Ed., M. D., 256, 366.
Ruskaga Medicina, 180.
- SABADILLA**, 545.
 Sabina, 230.
 Salisbury, S. S., M. D., 406.
 Salicylic Acid. C. L. Reinke, 230, 457.
 Sanicula, 296.
 Sarracenia, 230.
 Sarsaparilla. E. W. Berridge, M. D., 454.
 Sawyer, E. W., M. D., 200, 461.
 Science vs. Dr. Haggart, 281.
 Scrap of History, 522.
 Sea Serpent Stories, 294.
 Secale in Post-partum Hemorrhage, 438.
 sepla, 126, 216, 230.
 Serpent Venom, 321.
 Serpent Wounds, Treatment of, 162.
 Seventh Annual Report, Massachusetts State Board of Health, 590.
 Shellenberger, C. N., M. D., 563.
 Sherbino, G. W., M. D., 362.
 Sherman, Lewis, M. D., New Triturator, 103, 282.
 Sherry, Henry, M. D., 102.
 Should Preachers Pay? 293.
 Similia Similibus Curantur. C. H. Lawton, M. D., 306.
 Skin, Diseases of, 196.
 Skinner, Thomas, M. D., 86, 109, 194, 236, 314, 427, 593.

- Sleeping with Hands over Head, 231.
 Small, A. E., M. D., 200.
 Smith, D. S., M. D., 409.
 Societies, 92, 125, 185, 199, 200b, 284, 296,
 406, 409, 490, 497, 498, 569.
 Some Hard Cases Cured. W. H. Stover,
 M. D., 469.
 Some Headaches. D. C. McLaren, M. D.,
 467.
 Southern Hom. Association, 125.
 Spongia, 230.
 Stover, W. H., M. D., 469.
 Stramonium, 230, 456.
 Strong, T. M., M. D., 198.
 Student's Complaint, 486.
 Student Life, 294.
 Sturgus, J. J., M. D., 554.
 Sulphur, 161, 167, 466.
 Sulphur in Delirium Tremens, 161.
 Sulphurous Acid, 230.
 Sumbul, 231.
 Suppression and Metastasis. E. Carle-
 ton, M. D., 325.
 Supra-pubic Lithotomy, 74.
 Surgery, 68, 70, 71, 72, 73, 74, 75, 168, 170,
 171, 172, 175, 176, 261, 265, 266, 269, 270,
 320, 321, 322, 325, 435, 437, 438, 439.
 Surgery of the Pancreas, 171.
 Surgery: Medical Aspect of, 172.
 Surgical Bureau, I. H. A., 498.
 Surgical Notes, 68, 168, 264, 320, 435.
 Swan, Samuel, M. D., 4, 217.
 System of Surgery (Helmuth's), 99.
- T**ABACUM, 167, 216
 Taking Cold, 589.
 Tarantula, 224, 231.
 Tarantula, Carbuncle Treated by, 75.
 Tarantulas, The Two. G. W. Barnes,
 M. D., 179.
 Taylor, H. W., M. D., 451.
 Taylor, Geo. H., M. D., 101, 104.
 Teaching of the Organon. F. Hooker,
 M. D., 487.
 Tenotomy, 264.
 Thayer Hom. Med. Soc., 185, 406, 497, 577.
 The Hahnemannian, 88.
 The Homeopathic Physician, 97.
 Then and Now. J. W. Dowling, M. D.,
 89.
 The New Christianity, 588.
 The Potency Question, 285.
 The Prescriber, 195.
 Therapeutic Methods, 101, 405.
 Theridion, 167, 231.
 The Thirtieth Potency, 560.
 The Vest Pocket Anatomist, 568.
 Thuja, 231.
 Tipple, E. D., M. D., 266, 482.
 Toledo Insane Asylum, 284.
 Tomhagen, J. A., M. D., 409.
 Tongue Depressor, 434.
 Transactions American Institute, 101.
 Trans. Amer. Inst. Wanted, 198.
 Trans. Inter. Hom. Convention, 403.
 Trans. Mass. Hom. Soc., 568.
 Trans. Pa. Hom. Med. Soc., 197.
 Treatment of Serpent Wounds. S. Lill-
 enthal, M. D., 162.
 Trichinosis, 441.
 Two Cures. Geo. H. Carr, M. D., 357.
 Typhoid Fever, 549.
- U**NDERWOOD, B. F., M. D., 199.
 Urethral Stricture and Electroly-
 sis, 321.
 Urinary Calculi, 266.
 Urinary Symptoms, Lachesis in, 258.
 Use of Repertories, 359.
- V**AGINAL Allimentation, 190.
 Veratrum alb., 231.
 Veratrum vir., 226.
 Verifications. D. C. McLaren, M. D., 210.
 Verification of Ambra Grisea. E. For-
 nias, M. D., 369.
 Verifications. G. W. Sherbino, M. D.,
 362.
 Verifications. E. G. Grahn, M. D., 557.
 Verifications. H. M. Broderick, M. D.,
 568.
 Veterinary Cases. C. W. Butler, M. D.,
 259.
 Villas, C. H., Prof., 587.
 Viola odor., 231.
- W**AKEMAN, J. A., M. D., 455, 461.
 Warlomont, E., M. D., 101.
 Was it the Simillimum? 566.
 Weeping Sinew. E. Rushmore, M. D.,
 396.
 Wells, L. B., M. D., 356.
 Wells, P. P., M. D., 332.
 Wesselhoef, W. P., M. D., 204.
 West, Geo. R., M. D., 203.
 Wheeler, A. R., M. D., 407.
 Whitman, J. A., M. D., 559.
 Why such Different Symptoms from
 Same Drug on Different Persons? 547.
 Wichita Homeopathic Meeting, 92.
 Wilson, H. B., M. D., 270, 564.
 Wilson, T. P., M. D., 516.
 Winterburn, G. W., M. D., 199.
 Wisconsin Hom. Med. Soc., 496, 593.
 Witte, L. H., 519.
 Wright, S. B., M. D., 296.
 Wood, J. C., M. D., 364.
- X**ANTHIUM Spinosum in Hydro-
 phobia, 73
- Y**OUNG, E. L., M. D., 199.
 Young, J. M., M. D., 213, 292.
- Z**INCUM, 216.

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ORIGINAL CONTRIBUTIONS.

THE SEVEN FUNDAMENTALS OF THE ORGANON.

NUMBER TWO: DEVELOPMENT OR POTENTIZING.

LEWIS BARNES, M. D., Delaware, Ohio.

This Hahnemannian doctrine of developed, uncovered or increased force by the presence of some other substance, through labor bestowed in pulverizing, shaking, or in some other way, is far reaching. He came upon a great truth, unknown at that time, and greater than he probably knew himself. The writer of a thoughtful article in the *ADVANCE* of November, who requested us to let his article alone, must excuse me for referring to him briefly. He says that "electricity and magnetism are one and the same thing," that "magnetism and light are one and the same thing;" that "heat and light are the same;" that "magnetism and chemical affinity are one and the same;" and that "these are not mere assertions," but that "any school boy can demonstrate them."

Now what is it that the school boy can demonstrate? Simply the "transformations of energy" or force. Not that electricity, magnetism, chemical affinity, gravitation, heat, light, etc., are one and the same thing, but that one may be changed into or may be developed from another—

by the application of something that in physics is called "work."

If electricity is used to drive machinery, for instance, it is transformed into mechanical power, and cannot produce heat or light at the same time. Two sticks of cold wood may be rubbed together until fire is developed, but wood and muscular energy are not one and the same thing as fire, nor the same as electricity, or chemical affinity, or light. So a piece of flint may be rubbed, triturated, ground until a kind of vital energy appears, different perhaps from the energy that can be rubbed out of any other substance. It is not the same thing as the rubbing, that is, the "work." But it may be the work modified or changed by the medium in which it now appears. Or, perhaps the work is not really in it at all. Its influence may have wrought the change on the principle that the action, that is, the work, of yeast upon sugar produces alcohol while none of the yeast is consumed or incorporated. The work of any other agent upon sugar will not produce alcohol, though it may leave an impress or develop a certain power beyond any degree of incorporation with the sugar. So every other form or embodiment of force—in the shape of animal, vegetable or mineral substance—may develop a certain power, different from that which rises out of any other. Or, the same force may develop different or modified powers in different substances. Thus, "if the same current is passed through the nerves of sensation, it produces heat; if upon the nerves of seeing, the sensation of sight." This is true enough to illustrate the principle, but I have found that whether heat, or a cooling effect follows depends upon the state of the parts. If the temperature is abnormally high, it is lower after the passage, still the force is modified by the medium which is the point before us.

Hence, in potentising drugs, it is necessary to prepare them in a uniform medium. Hahnemann selected sugar (of milk) and alcohol (the result of sugar when acted on by leaven.) Trituration or succussion with something else might make a difference in the nature or quality of the product.

The correspondence between the spirit-like nature of remedies, thus potentised, and the spirit-like nature of disease is wonderful,—especially as connected with the change of sugar into alcohol by the force of an unincorporated ferment. This appears to be analogous to all vital changes. Even the digestion of food, by which vital power springs up, is now thought to be accomplished by the agency of something like a ferment. The new life arises from the consequent disintegration or decay.

It is now known also that many of our worst diseases are connected with fermentation, and are therefore called zymotic. Perhaps all are really so. That immaterial something which disorders the vital force, constituting disease, induces a fermentation in the deeper cells and purer fluids of the organism, and from this are developed the appearances which we call symptoms. The changes wrought in the system are such as result always from fermentation—which “are all catalytic or disintegrative,” “characteristic of decay.” (Quain’s Dic. of Med.)

This peculiar likeness lies at the bottom of our law of cure. An evil, fermentative process is overcome by a corresponding evil remedy.

The wonderful sagacity which founded a system of medicine upon the scientific and philosophical principles thus briefly stated, and which at the time were comparatively unknown, is little short of inspiration. Whether true in all its details or not, it is a monumental way-mark in medical progress. The more we look into the *Organon* the more wonderful it appears.

LAPPA MAJOR.—*Prolapsus*.—Three cases of procidentia have come under our notice, which for years had baffled every mechanical support, and confirmed invalids were the result. They were completely restored by this remedy in the lower potencies. The characteristics appear to be: An *exceedingly sore, bruised feeling in the uterus with great relaxation of the vaginal tissues*; apparently entire lack of tonicity of pelvic contents. These symptoms were all aggravated by standing, walking, a misstep or sudden jar.

MATERIA MEDICA.**LAC CANINUM.**

SAMUEL SWAN, M. D., New York.

LAC CANINUM was first introduced to my notice by Dr. Edward Bayard, of this city, who had learned its value from the late Dr. A. Reisig, the first who used it homœopathically. Dr. Bayard informed me of its usefulness in diphtheria, and subsequently Dr. Reisig made me acquainted with its efficacy in other diseases. Desirous of obtaining more information concerning both the remedy, and the learned discoverer of its therapeutic powers, I inquired of his friend, Dr. Bayard, who kindly supplied me with the following facts:—

“Lac caninum is one of the most valuable remedies recently brought into use. Its range of action is most important in the serious and dangerous disease diphtheria, likewise in some forms of venereal disease. Dr. Reisig was the first to use it homœopathically. He applied it in diphtheria, syphilis, scarlatina, and in complications of diphtheria, with wonderful precision and success. His genius had led him into a field wholly unexamined, *i. e.*, in that of substances which, not diluted, and being taken in large quantities, were not only non-medicinal, but nutritive; yet when triturated, or diluted with succussion, became active disturbing agents. His profound investigations in this most important field enriched our *Materia Medica* with curative agents whose virtues were before unsuspected. It was thus proven that there is a power in succussion and dilution to bring the material of the remedy within the power of the absorbents, to be taken through them directly to the nervous centres, without entering into the digestion or the general circulation. This accounts, too, for the well-established fact that the dilution and succussion increases the remedial power. In this field Dr. Reisig was patiently and earnestly investigating at the time of his death. He never published the results to his

NOTE.—For explanation of signs see end of proving.

professional brethren, for the reason that, without a close examination, they would have been certainly rejected, as it was contrary to their large gross use in every-day experience. Therefore, he abided his time, determined in every case to establish the fact and the principle in his own mind incontrovertibly, before he presented them to other minds."

The provers all took Swan's potencies, prepared from Reising's 17th, with the exception of Dr. C. Lippe's prover and Dr. Laura Morgan, who proved Fincke's.

Dr. Laura Morgan, aged 24, being in *sound, vigorous* health, took three doses of 30 on March 13th, 1871. On May 13th symptoms ceased, and on 29th she took one dose of 40m, the symptoms following it abating on June 17th. On June 21st she took one dose of 75m. Symptoms ceased, with menstruation, on July 23rd; and on 29th and 30th, she took one dose each day of cm. From these doses symptoms continued, usually at menses, till Jan., 1873, and then ceased. On Jan. 23rd, 1873, for "an oppression and sense of suffocation in chest," similar to what she had experienced on 6th day of proving, she took one dose of 10m, which relieved the oppression, and was followed by some very marked and characteristic symptoms. There was a renewal of those symptoms for several months at the menses.

G. H. H. (Dr. Wildes' prover), aged 43, health generally good, sometimes rheumatism, fair complexion, clear pale skin, sandy hair, blue eyes, nervo-sanguine temperament. Commenced to prove 200th Sept. 28th, 1876; no medicine after eleventh day.

Miss W. (Dr. Wildes' prover), aged 27, subject to slight catarrh of head, occasional sick headache, weak bowels, diarrhoea every summer, never had leucorrhoea or any uterine troubles, menstruation regular without pain, except occasional pain on vertex on last day; menses always last four or five days, bright red, drying dark, wash out easily. Commenced to prove 200th Sept. 16th, 1876, while menstruating; afterwards took 1m.

J. L. H. (Dr. Wildes' prover), aged 28, fair complexion, clear skin, light hair, temperament pretty evenly balanced;

grand-parents all lived to ages varying from 80 to 85; parents always healthy; one paternal aunt died of consumption, and a brother of diphtheria; has always enjoyed good, but not robust, health; subject to slight catarrh of head, and an occasional slight involuntary movement of eyebrows. Commenced proving 200th Sept. 16th, 1876, afterwards took 1m.

H. K. (Dr. Talcott's prover) took 200th.

Mrs. M. A. W. (Dr. Swan's prover) took two globules of 200th daily for two weeks.

Dr. W. White commenced Oct. 24th, 1876, with 200th.

Dr. G. G. Gale proved cm. in Nov., 1879, on two young men; one (marked ^a), aged 16, nervous temperament, had chorea from fright when young, mother rheumatic; the other (marked ^b), aged 19, dark complexion.

Dr. G. D. Grant proved 50m.

Dr. H. W. Taylor gave 200th to his wife (marked 30a), aged 41, brunette, above average height, full figure, weight 140 lbs., health excellent, nursing a baby six months old. On Aug., 31st, 1878, she took six doses; Sept. 1st., ditto; no symptoms. On Sept. 2nd about twelve doses; first symptom appeared next night. All symptoms subsided by about Sept. 8th. Once before had malignant diphtheria, with the same symptoms, except the hypogastric pain and itching of palms. He also gave 200th to his daughter (marked 30b), aged 7, fair, tall, slender, bony; had membranous diphtheritic croup when a year old, which left enlarged tonsils and cervical glands; had diphtheria the previous winter. She took fifteen to twenty doses on Sept. 2nd and 3rd, 1878; symptoms commenced Sept. 3rd, and ceased by Sept. 7th. The baby which Mrs. T. was nursing, a fat white boy, with black eyes and hair, also had symptoms during his mother's proving (marked 30c).

Dr. E. A. Farrington gave four doses of 10m daily for three or four weeks to a lady, aged 25, in excellent health, but had never menstruated. Symptoms commenced Oct. 19th; how soon after first dose is not stated (in this arrangement Oct. 19th is called first day). The symptoms without a date occurred between Nov. 8th and Jan. 5th.

Dr. C. Lippe gave 31st to Mr. N., aged 22. Three years ago, provera had hard chancre on glans, removed by external application and Mercury internally. Since this *suppression*, has suffered from excessive mental depression, and has at no time since the chancre felt any of the buoyancy of youth; there is a want of ability to concentrate his mind on his studies; he has an indolent and painless enlargement of the lymphatics, principally of the neck and submaxillary region. Since the proving, his mental general condition is much improved. Took first dose on night of Nov. 25th, 1878, before retiring; Nov. 26th, a dose at 9 A. M. and 1 P. M., and so on every four hours; last dose at night Nov. 28th.

AUTHORITIES.

- | | |
|--|-----------------------------|
| 1. Laura Morgan, M. D. | 18. A Reising, M. D. |
| 2. G. H. H. (from Thos. Wildes, M. D.) | 19. W. C. Pardee, M. D. |
| 3. Miss W. (from ditto). | 20. C. F. Nichols, M. D. |
| 4. Mr. J. L. H. (from ditto). | 21. Jos. Finch, M. D. |
| 5. H. K. (a female nurse; from S. H. Talcott, M. D.) | 22. Thos. Wildes, M. D. |
| 6. Mrs. M. A. W. (from S. Swan, M. D.) | 23. W. P. Wesselhœft, M. D. |
| 7. W. White, M. D. | 24. B. L. B. Bayliss, M. D. |
| 8. George G. Gale, M. D. | 25. D. A. Hiller, M. D. |
| 9. De Forest Hunt, M. D. | 26. G. H. Carr, M. D. |
| 10. E. C. Chase, M. D. | 27. J. C. Boardman, M. D. |
| 11. George D. Grant, M. D. | 28. C. G. Schlick, M. D. |
| 12. Samuel Swan, M. D. | 29. S. J. White, M. D. |
| 13. Ad. Lippe, M. D. | 30. H. W. Taylor, M. D. |
| 14. C. Lippe, M. D. | 31. S. Mills Fowler, M. D. |
| 15. E. W. Berridge, M. D. | 32. J. A. Biegler, M. D. |
| 16. A. K. Hills, M. D. | 33. W. Eggert, M. D. |
| 17. W. E. Payne, M. D. | 34. J. R. Haynes, M. D. |
| | 35. E. A. Farrington, M. D. |
| | 36. G. C. Brown, M. D. |
| | 37. J. C. Guernsey, M. D. |

MIND AND DISPOSITION.—Sensation, or delusion, as if surrounded by myriads of snakes, some running like lightning up and down inside of skin; some that are in r. side feel long and thin; fears to put her feet on the floor lest she should tread on them, and make them squirm and wind around her legs; is afraid to look behind her for fear she will see snakes there; does not dream of them, and is seldom troubled with them after dark.¹ (38).

On going to bed was afraid to close her eyes, for fear that a large snake, the size of her arm, would hit her in the face; it was by the side of the bed, and had its head near hers.¹

Sensation as if she were going *deranged (Calc.); when she sits still and thinks, * she sometimes has the most horrible sights (not always snakes) presented to her mental vision; she is terribly afraid that they will take objective form and show themselves to her natural eye, and she sits and looks under the chairs, table, sofa, and everything in the room, expecting, yet dreading, to see some terrible monster creep forth, and feeling all the time that if it does, it will drive her raving mad (Hyos.); she is not afraid in the dark, it is only in the light when she imagines that she can see them; sometimes she feels as if she could not refrain from crying out with terror.¹

Was afraid for many nights to go to bed, for just before bed-time, a huge snake would coil himself at the side of the bed on the floor, and when she would get into bed, would crawl in too and get under her; would much rather have sat in her chair all night, but did not dare to let such powers have control over her; though she never at any time saw the snakes, yet their color, size, and movements were always known to her.¹ (38 to 45).

Woke at night with a sensation that she was lying on a large snake.¹ (172).

Woke at daylight, feeling she was a loathsome horrible mass of disease (this was while the breasts were affected), disgusting to herself and to everyone else; could not bear to look at any portion of her body, not even her hands, as it intensified the feeling of disgust and horror; could not bear to have any one part of her body touch another, had to keep even her fingers apart; felt that if she could not in some way get out of her body, she would go crazy; could think of nothing but her own condition; in a short time she fell into a light slumber, from which she woke free from all mental, but not physical symptoms.¹ (38).

Is impressed with the idea that all she says is a lie; that all her symptoms are unreal, and the result of a diseased imagination; it seems to be very difficult to speak the truth, but continually distrusts things; when reading anything, she rapidly changes the meaning, leaving out or adding things.¹

Everytime a symptom appears, she feels very confident that it is not attributable to the medicine, but is some settled disease.¹ (38).

° Imagines that he wears somebody else's nose.²⁰

[10]. Felt very short in morning while walking.¹ (2, 3).

Very restless; cannot *concentrate thoughts or mind to read, wants to leave everything as soon as commenced.¹ (Nux, Sil., Sulph.) (37).

Finds it very difficult to read understandingly anything that requires a mental effort to follow it.¹ (Calc.)

Cannot collect the thoughts; confused feeling, causing inability to record symptoms, or write a letter.³ (Lach.) (18 after 1m).

When speaking, substitutes the name of the object seen for that which is thought.¹ (Amm. c., Calc., Sep., Sulph.)

Cannot speak correctly half the time.¹ (Calc., Chin., Graph., Hep., Natr. m., Nux, Sep.)

Cannot remember even a short paragraph after reading it, but can remember other things; it seems to affect only what she has read.¹ (Lach., Natr. m., Staph.)

Very forgetful; in writing, uses either too many words or not the right ones; very nervous.³ (Bov., Graph., Hep., Lach., Lyc., Natr. c., Natr. m., Nux, Sep.) (8).

Tendency to omit the final letter in a word, writing also only the last letter in words of two letters, and having to go over her writing to make corrections before sending it.¹ (Lach., Nux. m.)

Very absent-minded, makes purchases, and walks off without them.⁴ (Agnus, Alum, Anac., Caust., Natr. m., Sep.) (6).

[20]. Very absent-minded; went to post a letter, bought and affixed the stamp, and then brought the letter home in her hand.¹ (Con., Dulc., Lach., Natr. m.) (7).

° Cannot bear to be left alone for an instant.¹⁴ [30,900].

Cries, fearing she is contracting consumption.³⁵ (Calc., Paullin, Sep.)

° Fits of weeping two or three times a day.³² [cm].

Depression of *spirits; doubts her ability; doubts of her success in her profession; thinks she will have heart dis-

ease and die of it (Lach.); thinks she is of no importance in life.¹ (128).

° Gloomy feelings increased as headache gets worse.²² [cm].

* Chronic "blue" condition; everything seems so dark that it can grow no darker.¹ (Lyc., Puls.)

Despondent and hopeless; believes her disease incurable, and that it is not the effect of the drug; does not care whether she lives or dies.¹ (Act., Bry., Calc., Lach.)

Feels as though she had not a friend in the world, and could cry at any moment; * there seems to be nothing worth living for; would like to die.¹ (Aur., Lach., Sep.) (37).

Anxiousness.⁴ (10).

[30]. Great fear of falling down stairs at times.¹ (Borax).

° Fear of death, with anxious expression of countenance.⁹

On lying down, either by day or night, she begins to think how terrible it would be if a very sharp pain like a knife should go through her, and the thought of it causes great mental distress; she always imagines that the pains are those that would pass through the body.¹ (128).

° Easily excited.²² [cm].

° Too excited to allow any further examination of throat.²² [cm].

° Very easily startled.²² [cm].

* Nervous and irritable.² (11).

° Extremely irritable when not in sopor.²⁰ [cm].

Very cross and irritable during the headache.¹ (Nux). (23 to 25).

Intense ugliness and hatefulness in all moods and tenses, past, present, and future.¹ (209 to 216).

[40]. Writes to her best friends all sorts of mean and contemptible things.¹

In afternoon, solemn and serious mood; not inclined to jest or talk, though at other times he could do so with pleasure.²² (2).

Exalted feeling of sensorium.² (Plat.) (8).

HEAD.—Sharp lancinating pain, extremely fine, passing in a zigzag line from r. side of forehead to an indefinite point at occiput; the pain is instantaneous, and is some-

times repeated; as soon as it is felt, she lays aside whatever she is doing and lies down, from an indefinite dread that it will return; if at night she goes to bed at once, has great dread of the pain, though it is not very severe.¹ (184, and several days afterwards).

Sharp throbbing pain in r. side of forehead; then in l. side slightly.⁴ (39).

Headache only in afternoon, extending from r. temple to malar bone.¹ (33, 37).

Sharp pain in r. temple and through forehead.⁴ (16).

Sharp darting pain in r. temple, then across forehead, lasting only a minute.⁴ (22).

Sharp pungent pain in r. temple, and then dull pain through forehead.⁴ (44).

Sharp pain like a stab in r. temple at 7 P. M.³ (Alum., Bell., Canth., Cycl., Meny., Phos., Phos. ac. Rhus, Sars., Stront., Verb.) (8).

[50]. Neuralgic pain in r. temple and through temples and forehead all the afternoon.⁴ (2).

Throbbing pain just above r. temple, then sharp pain in socket of r. eye and in r. temple, disappearing quickly.⁴ (6 after 1m).

At 8:15 P. M. sharp throbbing pain in r. temple.⁴ (3).

Pain in petrous portion of temporal bone, down neck, on r. side (after taking Rumex).¹

Dull pain through r. side of head.⁴ (45).

Fine lancinating pain in r. side of head.¹ (Jan., 1873.)

Headache on r. side.¹ (34, 36).

Frontal headache during afternoon, first on l. side, then on r.¹ (18).

Headache over l. eye on first waking, soon passing off.¹ (19 to 21).

Steady aching pain in l. eyebrow, several afternoons, relieved by keeping head steady.¹ (May 8th, 1871).

[60.] Acute pain in forehead over l. eye.⁴ (Act.) (8).

Pain in l. temple, passing to l. ear, and then to molar tooth of upper jaw.¹ (24).

At 10:45 A. M., darting pain in l. temple, alternating to r., then both together; of short duration.⁴ (Puls.) (1).

Very severe sharp cutting pains in l. temple, waking her at night several times.³ (17).

Pain on l. side of head and l. temple, very severe from 11 A. M. to 3 P. M.³ (17).

Headache quite sharp, extending back from l. side of head.² (8).

Neuralgic pain in l. side of head, followed by a film over r. eye, with inclination to rub it off; rubbing does not relieve.¹ (Spig.)

Slight frontal headache on waking.¹ (51, 61, 62).

Headache in frontal region.¹ (15 to 17, 22, 26, 27).

Pain in frontal region.¹ (4 after 40m).

[70]. Slight frontal headache.¹ (7 after 75m, 3 after cm).

* On going into the cold wind, felt a terrible pain in forehead as if it would split open, relieved on going into warm room.¹ (Aur., Nux, Rhus.) (172). ° With nausea.²⁰

Headache in upper part of forehead, with sensation of a band being pressed firmly across forehead from one temple to the other. (Same sensation cured by Coca 30.)¹ (2 to 5, 7, 9, 10, 12).

Pain in centre of forehead, worse on rising after stooping. ^{3a} (2).

Slight dull pain across forehead, all forenoon (6); occasional slight dull pain across forehead, with stitches during last three days (14); dulness across forehead and stitches (15); slight pain across forehead.⁴ (21).

At 8 A. M. sharp transient pain across forehead, succeeded by dull heavy feeling in forehead and temples; at 11:45 A. M., sharp darting pain across forehead disappearing quickly.⁴ (53).

Pain in forehead, darting back over l. ear, and slight darting pain across forehead (1); darting pain across forehead and over eyes (2); darting pain from forehead over r. eye (3); headache over l. eye in forenoon (5); headache across forehead (6); headache over both eyes, extending back over l. ear (7); occasional sharp pains in forehead (8); darting pains through forehead, dull pains over eyes.³ (Puls.) (12).

Sharp throbbing pains in front part of head, especially

over l. eye. (Act., Kali, Nux. m., Spig., Verat.); disappearing after a sleep of two hours.³ (Phos., Puls., Thuy.) (9).

Acute pain across over eyes and bridge of nose.³⁵ (19).

° After midnight, very severe frontal headache, and a piercing pain on vertex; in typhoid pneumonia: pain was immediately removed, and she fell into a calm sleep lasting some four hours, and in the morning she was much refreshed, and altogether better.³⁵ [40m].

° Pains and throbbing in temples.³⁵ [10m].

[80.] Headache always in upper and forepart of head, however different in character.¹

° Arose in morning with heavy dull frontal headache, and about 9 a. m. a severe sharp pain on vertex, apparently coming from nape (Sil.), then stretching across the head forward; pain is so severe that he presses vertex with his hands; neck stiff; bending head forward, or lying down, causes congestiou, increasing the pain; then, again, the pains will subside for a short time and begin anew, either in front part of head, or nape, or all over head at once; when the pain is frontal, it causes lachrymation.³⁵ [40m].

At 7:15 p. m., pressure on vertex for past hour (46); slight pressure on vertex (51); slight pressure on vertex and over eyes, the day before menses ceased.³ (Calc.) (54).

Much heaviness on vertex.¹⁴ (7).

Stiffness and lame feeling on occipit on turning head, with soreness on pressure.⁷ (2.)

° Beating in occipit.³³ [cm].

° Darting pains from occiput to forehead.³³ [cm].

° Headache in occiput, with shooting pains extending to forehead.³³

° Aching and pain in occiput.³³ [cm].

[90.] Headache nearly all day.¹ (63).

Slight headache for a short time only.¹ (28, 30.)

Severe headache.³ (2, 4).

° Severe pressure on brain.³³ [cm].

Bad headache, violent, too bad to work.³ (11).

Headache in afternoon, principally over l. eye.³ (Acon., Kalm.) (4).

Headache worse by noise or talking, better by keeping quiet; confused feeling in head.² (Calc.) (18).

Intense headache, entirely relieved by application of cold water, but soon returned, though not so severe.¹ (Arsen., Bell., Bry., Cycl., Glon., Zinc.) (6).

^oHeadache from below eyes over whole head and top of shoulders.²² [cm].

Headache and nausea on waking, lasting all morning.¹ (Kali bi., Nux.) (11).

[100.] Headache, very heavy and stupid, as if it would be impossible to make the least mental effort.¹ (Bell.) (37).

Dull headache, at times quite sharp and cutting.² (10).

In afternoon felt headache coming on, which became much worse about an hour after going to bed.^{5b} (2).

Headache during the day, first on one side, then on the other; seems perfectly* unbearable; relieved on first going into the air, but soon grows worse.¹ (19 to 21).

^oIn diphtheria the headaches seem unbearable, and are attended by pain in lumbar region; all pains cease as the throat gets worse.²⁰

Sensation as if brain were alternately contracted and relaxed; several times rapidly; generally only when lying down; all through proving, at times.¹ (Calc., Medorrhinum).

Confused feeling in head (with headache).³ (18).

At 11:30 a. m. sensation of confusion and pressure through temples and forehead (including entire forehead), followed by a sensation as if forehead were compressed by a band.⁴ (Apis, Sulph.) (1).

In afternoon, much confusion of head, making thought irksome.¹⁴ (3).

Stupid condition of head.¹⁴ (11).

[110.] In evening some dizziness when walking.¹⁴ (5).

* Dizzy sensation with slight nausea.³ (24).

Weak feeling in head, feeling as if a headache were coming on.³ (Ambr., Iod., Phos., Stram., Thuja.) (19).

^oAfter inhaling diphtheritic breath, is light-headed, with tingling on vertex, and slight sore throat. Lac can. always acts as a prophylactic.²⁵

° Constant noise in head, very confusing; worse at night, and much worse at menses.³² [cm].

Excessive dandruff on head, for past week.⁴ (Alum., Arsen., Lach., Mez., Oleand., Thuja.) (14).

Sore pimples on scalp, which discharge and form a scab; they are extremely painful when touched, or on combing the hair.¹ (Mez.) (209, 214).

Head very sore, and itches almost all the time; worse at night.¹ (209 to 216).

Slight roughness of the skin on forehead, as of numerous pimples.⁵ (4).

EYES.—Sharp pain in socket back of r. eye, followed by tenderness in r. temple; both transient.⁴ (Bell.) [1m].

[120.] Darting, intense pain around l. eye.⁴ (Spig.) (45).

° Pain above l. eye, and heaviness of the eyelid, burning in the eye, agglutination of the eyelid, and sensitiveness to light.²⁵ [75m].

Eyes slightly swollen; profuse lachrymation.³ (4).

Eyes swollen and running mater.⁶

° Eyes watery and discharging.²² [cm].

Looking at different objects causes eyes to ache.¹ (Calc.) (8 to 11 after 75m).

Pain in both eyeballs.¹ (17 after 75m).

Pain in eyeballs when looking up.¹ (22, 23).

Aching pain in eyeballs.¹ (7, 8, after 40m).

Pricking sensation in eyeballs; eyes sensitive to cold air.³ (Phos.) (44).

[130.] Upper lids very heavy, could scarcely keep eyes open, very sleepy.¹ (Bell., Caust., Natr. c., Sep.) (2).

° Non-œdematous swelling of upper and lower lids, pink color of lower lid, most noticeable on r.¹⁴ (30 and 900).

Pain in eyes when reading, followed by a *film over them, apparently requiring to be wiped off before she can see.¹ (Puls.) (112).

Film over l. eye from reading or looking closely at anything.¹

Sensation of film over l. eye, preceded by neuralgic pain in l. side of head; cannot rub it away.¹

Difficulty of changing the axis of vision.¹ (8 to 11).

Slight inaccuracy of vision,² (8).

There seems to be a tendency in the retina to retain the impression of objects, especially of colors; or somewhat of the object last looked at is projected into the next.¹ (Nicotinum, Tuberculinum). (92 after cm).

° Sees faces before her eyes, worse in the dark; the face that haunts her most is one which she has really seen.^{1b} [cm].

Cannot read, as it causes pain in eyes; the letters look as if the light fell unequally upon them, causing some to be very dark, and others to be very bright.¹ (12, 13, after 40m).

[140.] Small floating discs before eyes, occasionally, and showing primary colors at edge of discs.¹ (3).

When reading, the page does not look clear, but seems covered with various pale spots of red, yellow, green, and other colors.¹ (30 after 75m).

° When looking in a mirror by gaslight, after exerting eyes, sees a green spot or a green band before her l. eye, the band slanting downwards from l. eye to r. cheek.^{1b} [cm].

° Square or round green spots or brown spots on l. eye, when sun is bright; sometimes bright spots before l. eye.^{1b} [cm].

Occasionally, when looking at an object, would see red spots on it.¹ (Hyo.) (3 after 75m).

On going to bed, room dark, saw many stars on closing eyes, moving from r. to l.^{1a} (2).

While looking at an object, appears to see, just beyond or out of the axis of vision, an object passing across the field of sight, but on adjusting the eye to see it, it is gone; it always appears as a small object, like a *rat or bird, sometimes on the floor, at others in the air.¹ (112).

Frequent sensation of a film before eyes, with vertigo, and while thus suffering, would see a small, dark object, like a mouse or bird, coming up to her left.¹² [cm].

° Sees big eyes and creeping things.¹⁴ (30 and 900).

° After severe diphtheria, a difficulty in distinguishing ob-

jects; in reading, the letters run together¹³ (Natr. mur.) [mm].

[150.] ° Must have light (Acon., Amm. m., Bell., Calc. ac., Calc., Gels., Ruta., Stram.), yet is intolerant of the sunlight. (30 and 900).

No eye symptoms after 10m.¹

EARS.—Pain in r. ear, sometimes intense, lasting but a few moments.¹ (Bell.) (2 to 23).

Pain in r. ear, wrist, and patella.¹ (3 after 40m).

Very sharp pain in r. middle ear, while walking in the wind; had to cover it with hand, which gave entire relief; sharp pain in r. side also,¹ (March, 1873).

Pain in l. ear.¹ (Puls.) (29 to 32).

Pain in both ears.¹ (33).

No pains during the day, but is awakened several times during night by sore aching pains in the ear (middle and external) on which she is lying; soon passes off when the pressure is removed.¹ (Lach.) (March, 1870).

Dry itching sensation in ear; dry wax.⁶ (Petr.)

° Green odorless discharge.¹² (cm).

[160.] Reverberation of the voice as if speaking in an empty room, with pain in frontal region, first over one eye and then over the other.¹ (Caust.) (37).

° Sounds seem very far off.¹² (Cann. ind., Cham., Coca, Nitrogen protox., Nux m., Petiv., Solan nigr.)

Ring in r. ear.¹ (24, 26, 27).

At night, a buzzing in r. ear.^{1b} (2).

Noise in ears; sensation as though ears were full.¹ (Jan., 1883).

° More than any other remedy, relieves cases of deafness caused by hereditary syphilis.¹²

NOSE.—* Sore on septum of nose, r. side (29); constant inclination to pick at the sore to get the scab off (30); nose still sore (31 to 34); and painful to touch (35); scab came off septum, leaving it as well as ever.¹ (Kali bichr., Thuja.)

R. side of nose stopped up.¹ (Sticta., Teucr.) (37).

Sore spot in l. side of nose, high up; on touching it, it bled freely, and during afternoon nose felt as if all filled

up, producing a constant inclination to blow it, yet there was not the least discharge.¹ (209 to 319).

L. nostril first dry, and afterwards discharges a thin, ichorous fluid, excoriating the nostrils.^{2a} (6).

[170.] Soreness from nose through into throat.^{2b} (19).

Itching at end of nose, inside and out.¹ (Cina.) (37).

Severe cold, followed by swelling and eruption of lips and nose.¹

Feels as if she had taken cold in head, stuffed feeling in nose and throat (2); stinging feeling in nose, with occasional sneezing during day, at 7:15 p. m. (3); very bad cold in head, sneezing and occasional cough, eyes slightly swollen, fluent coryza, profuse lachrymation (4); cold better fifth day.³

Watery discharge, and afterwards a dry sensation in nose.⁴

Constant discharge of thin, watery fluid, which slightly excoriates the edges of nostrils.¹ (Nitr. ac.) (5).

Constant watery discharge from nose, which *excoriates the nostrils and upper lip.¹ (Arum. tr.) (37).

° Mucous discharge from nostrils, excoriating.⁵

Fluent catarrh from both nostrils, with sensation of fulness in upper part of nose.¹ (4 to 38).

Catarrh of nose, with bloody discharge; some of it falls into throat.¹ (Nitr. ac.) (209 to 319).

[180.] Fluent coryza, profuse lachrymation; better next day.³ (4).

° Coryza, with discharge of thick white mucus.¹⁴

° Profuse nocturnal discharge from nose, like gonorrhoea, staining pillow greenish-yellow.¹⁵ (Merc., Puls.)

Cannot clear head, nose stuffed.³⁵ (19).

Head so stuffed she can hardly breathe.³ (Lyc., Nitr. ac., Nux.) (8).

Stuffed feeling in head, sensation as of a severe cold in head.³ (25).

° One side of nose stuffed up, the other free and discharging thin mucus at times and thin blood; these conditions alternate, first one nostril stopped up, and the other fluent, and *vice versa*.¹⁴ (30 to 900).

Considerable sneezing.¹ (Gels., Verat.) (5).

° Epistaxis when speaking or swallowing.²⁰

° Copious nosebleed at 4 p. m., returning at inter vals. (mm).

[190.] Bad smell in nose.¹ (Aur.) (37).

Cannot bear smell of flowers (Graph., Lyc.), they seem to send a chill over her.⁶

° Fluids escape through nose while drinking.⁹ (Bell., Lach., Merc., Petr.) (30), ²⁰ (emm), ²² (cm); ²⁴ ²⁵

° Feels as if the fluids swallowed would return through nose, but they do not.²³ (mm).

FACE.—° Anxious expression of countenance.⁹, ²², ²³

R. cheek burns like fire, and is red after coming in from the cold.²⁶

° Red circular spot below r. malar bone, burning to touch.²⁵ (10m).

Burning on l. side of face, lasting about an hour.¹ (Asaf., Murex., Natr. m., Ol. an., Phos. ac., Spig.) (4).

° Pain as from knife thrust from under l. zygoma up to vertex.²² (dmm).

° Face burns, feels dry.²⁰

[200.] * Burning flushes of face.⁶

Face very red for one hour after rising, then pale, followed by natural color again.³ (11).

Marked pallor of face.³ (2 after 1m).

° Face flushed, swollen and hot.²⁵ (cm).

Orange-red spots on face and hands, appearing and disappearing suddenly; small in size, not elevated, not having any sensation.¹ (Nitr. ac.) (3).

Pulsation of superior coronary artery in upper lip, simulates something living in it.¹

Lips dry and peeling off.³ (Arum. tr., Natr. m.) (15).

Lips dry and parched, but mouth full of frothy saliva.¹ (6).

Lips very dry, but no thirst.¹ (18).

Lips burn and feel very red (Arum. tr.), color of face natural.³ (13).

[210.] ° Jaw cracks while eating.²⁵ (10m).

TEETH.—Pain in l. upper molars, coming from l. temple through l. ear; teeth sensitive to cold water.¹ (19, 22, 23).

Teeth ache after drinking cold water.¹ (Arg. n., Bry., Calc., Mang., Merc., Nux, Nux m., Puls., Rhus, Staph., Thuja.) (19, 22, 23).

°Gums swollen, ulcerated, retracted, bleeding, teeth loose, caused by defective nutrition and exposure.¹⁹ (Iod., Kali., Lyc., Merc., Natr. m., Phos., Staph., Zinc.)

MOUTH.—Tongue coated brown. (Arsen., Nux., Rhus., Sulp.)¹ (9).

°Tongue generally red and moist.⁹

Tongue very red and coated white.¹ (Glon.) (2, 3, 5, 7, 8, 12 to 14).

Tongue pale-red and coated white.¹ (Glon.) (34, 37).

Tongue furred whitish at edges, centre and root darker looking (Bell.); tongue coated, dirty looking, centre to root (2); tongue coated whitish, except edges, which are red² (3).

°Tongue thinly coated with a dirty white.⁷ (10m).

[220.] °Tongue dirty coated, yellowish-white and slimy.²¹ [cm].

°Slight yellow coating on tongue.⁹

Tongue coated all over (4); less so in afternoon, edges red (5, 6); dirty, deeply coated near back and centre, except on edges, which are bright red; tongue looks patched at 9 p. m. (9, 10); dirty, particularly in centre.² (11, 12).

°Tongue dry and thickly coated greyish-white.²⁵ [cm].

Tongue coated whitish-grey, having an underlying bluish look.²⁰ (3).

Soreness on r. side of tongue.⁷ (3).

Putrid *taste, increased by eating anything sweet; aversion to everything sweet.¹ (2, 3, 8, 13).

Taste of lead in mouth in afternoon.⁵ (2).

Swelling of l. sublingual gland; ranula.¹ (Calc., Merc., Thuja). (21 after 75m).

°Mouth and throat covered with aphthous yellowish-white ulcerations, easily bleeding.²⁸

[230.] °Nursing sore mouth.²⁸

Mouth and throat covered with dark yellow spots.¹ (Lach., Lyc.) (37).

Sore in lower jaw, behind r. molar teeth.¹ (8, 9).

Folds of inner lining of l. cheek creased and painful.¹ (Petr.) (14 after cm).

Roof of mouth very sore, with blisters that break and leave loose skin; any seasoned food causes great pain.⁸

Inside of lower lip feels tender and sore, and looks very red.⁴ (Arum. tr.) (after 1m).

° Mouth dry without thirst.²⁰ (Nux m.)

* Mouth very dry.⁷ (Ang., Bry., Lob., Natr. m., Nux. m.)

* Increase in quantity of saliva, which is slightly viscid.¹ (Merc.) (2, 18).

* Profuse saliva, saturating the pillow.¹

[240.] During sleep saliva ran from mouth so as to wet pillow.⁸ (Merc., Nitr. ac., Rhus.)

Mouth full of mucus, no expectoration, but constant inclination to swallow, which causes pain.¹ (Apis, Arum tr., Dig., Euph., Hell., Hep., Lach., Merc., Sep., Stram., Sulph., Verat.) (12).

Frothy mucus in mouth, increased by going into open air and by eating.¹ (4, 5).

Mouth full of *frothy mucus; inclination to swallow.¹ (1 after 40m).

° Mouth constantly full of slightly viscid mucus.¹⁹

° Constant salivation and drooling.⁹ (30), 26.

° Drooling from mouth.²² (cm).

° Constant drooling, very profuse, making chin and breast sore.¹²

° Constant spitting and drooling.²⁰

° Difficulty in articulating, owing to a semi-paretic state of tongue, causing stuttering if she talks fast; has to speak very slowly.¹⁹ [mm].

THROAT.—[240.] Throat inflamed and painful; sore greyish-yellow patch on r. side, just above tonsil; constant inclination to swallow, which causes pain; pain in throat relieved by eating; pronounced to be “diphtheria” by two allopathic physicians (professors), who advised immediate cauterization.¹ (12).

For about two weeks had sore throat all the time, pronounced “diphtheritic” by an allopathic physician.¹

In morning throat very sore; r. tonsil covered with ulcers and patches, which extended over palate and covered l. tonsil (Lyc.); next day membrane extended across posterior wall of pharynx; uvula elongated; a physician pronounced it a severe case of "diphtheria," but it soon got well.*

Roof of mouth and back part of pharynx covered with a greyish-yellow deposit, the greater part of which disappeared in about an hour.¹ (Phyt.) (13).

Dark red angry streaks of capillaries flashing upwards along faces of anterior pillars of fauces; the whole pharynx and fauces grew dark red and tumid; r. pillar covered with a dark red eruption; l. tonsil has a small amount of swelling, and just above it, on the soft palate near the outer third and the arch, is a small round yellowish-white spot, about a line in diameter, looking like the beginning of a diphtheritic patch (5). Spot on l. pillar of fauces larger, showing clearly that it is a true desquamation of epithelium, and identical with the pathological process in diphtheria; she feels precisely as she did when she had diphtheria last winter (6). Patch has disappeared, leaving a reddened surface denuded of epithelium; throat sore.^{20a} (8).

^o Small, round or irregular, grey-white ulcers on tonsils and fauces, both sides.²⁰ (Merc. iod.)

^o The diphtheritic patch appeared first on the r. side (tonsils), then on l., and frequently alternated sides; the swelling of neck (submaxillary and lymphatic glands) also alternated in like manner: there was a noticeable aggravation during and after a cold storm from the north-east.¹⁴ (30 and 900).

^o Sore throat, ulcers on both tonsils, pain in front of trachea on pressure.¹⁴

^o White ulcers on tonsils.¹² .

^o As the cure progressed, and the membrane came off, throat became very painful, and patient thought he was worse.²⁰

[260.] ^o Dark and bleeding surface, with patches and ulcers on both tonsils and fauces.²⁰

° Right tonsil raw; sullen, grey-white membrane; also on fauces.²⁰

° Sore throat, beginning on l. tonsil, which was swollen and ulcerated, or presented a depression covered with a white patch.²⁴ (Lach.)

° Sore throat, ulcer on inner side of each tonsil, tonsils red and slightly enlarged, rest of throat dry.¹⁹ [mm].

° Thick dirty-grey diphtheritic membrane covering free border of epiglottis, and extending off to each side.²² (Kali. bichr.) [cm].

° Throat covered with diphtheritic membrane; uvula elongated, swollen, and covered with black and white or grey diphtheritic deposit; back part of throat, extending to hard palate, all covered; breath very offensive; l. side of neck swollen, and almost even with jaw (Kali. bichr.); great difficulty in swallowing: after throat began to improve, disease seemed to work through whole alimentary canal, for the vulva and parts were very much swollen, and every little while there would be involuntary discharges of diphtheritic matter from vulva and rectum.¹⁹ (Apis.) (mm). 29.

° In most cases of diphtheria, the throat symptoms begin on r. side.¹²

° Many of the worst cases of diphtheria.^{23, 24}

° Many cases of diphtheria and diphtheritic croup.²³

[270.] ° Membranous croup.¹⁸

° Uvula pretty free from membrane, but intensely sore and bleeds.²⁰ [mm.]

° Thick membranous mass lying on soft palate, l. side; diphtheritic masses covering uvula and posterior wall of throat; next day membrane on soft palate thicker, dirty-brown on uvula and posterior walls and pillars of throat, much more extensive and offensive; very difficult deglutition: a large membranous mass, which threatened suffocation, having been removed by forceps, on the following morning a second membrane had taken the place of the first, and the walls of throat were covered with a dirty-grey exudation; uvula almost black, and coarse shreds of membrane hanging from it.²³ (Kali. bichr.) [mm.]

° Disease extended to palate and r. tonsil, which were red and shining.²⁴ (Canth., Puls.)

° Tonsils swollen and diphtheritic.²⁴

° R. tonsil raw, swollen; grey-white membrane there and in fauces.²⁰

° Whole of r. tonsil covered with diphtheritic patch.²¹ [cm.]

° On each tonsil a very thick exudation, covering nearly entire surface; while examining, a large piece of membrane was accidentally detached from one tonsil, followed by considerable hæmorrhage.¹⁶ [19m.]

° R. tonsil covered with ash-grey membrane extending along free palatine border to uvula, which it had already involved; room loaded with diphtheritic odor: next day membrane had passed the centre, involving the whole arch of palate, and reaching far down on l. tonsil.¹⁷ [cm.]

° Tongue, fauces, tonsils, all swollen, and covered with a dirty coating.²² (cm.)

[280.] ° R. tonsil swollen, and on it a small diphtheritic patch, the rest of throat being inflamed; next morning both tonsils swollen and covered with diphtheritic patches, with difficult deglutition, which on sixth day had become impossible, patient refusing to drink, though complaining of intense thirst; room filled with characteristic fetor: soreness of r. side now yecreased, and commenced on l., the tonsil and posterior wall of pharynx being covered with the membrane, and the voice showing that it had involved the posterior nares; marked sensation of lump in throat on l. side, when swallowing, and the pain from the act extended to l. ear.²¹ [cm.]

° False membrane, thick grey, yellow or dark, surrounding mucous membrane dark or bright; may be worse on either side, or inflammation shift from side to side, generally worse on l.⁹ (30).

° False membrane thick, yellowish-grey, often greenish.⁹

° After membrane exfoliates, mucous membrane appears raw and bloody, with increased deglutition.⁹

° Whole membrane of throat swollen, dark red, with grey patches, and small irregular-shaped ulcers; membrane

peeled off occasionally; articulation and deglutition intensely painful; worse after sleep.²² [cm.]

□° Sore throat rapidly growing worse; difficult swallowing, worse r. side; r. tonsil intensely inflamed, bright red, and greatly enlarged, and a yellowish-grey spot, the size of a dime, on inner surface; whole pharynx, uvula and velum much inflamed: next day spot larger, and others forming in pharynx, and l. tonsil nearly as large as r.; almost total inability to swallow, especially liquids; even a teaspoonful of water gave her much suffering; characteristic fetor of breath.²³ (200).

° Croupal diphtheria, with glossy shiny appearance of the bacteriæ, and a disposition on the part of the membrane to change its position on the fauces.²⁴

° The white bacteriæ are smooth, shiny, glossy, and readily disappear on one place to reappear just as rapidly on another part of throat.²⁵

° In diphtheria, one side is attacked, and the pain leaves that side and is felt on the other, and so back and forth, the pain only on one side at a time.²⁶

° False membrane in throat, thick grey or slightly yellow, or dark and almost black, or white and glistening, almost like mother of pearl.²⁷

[290.] ° In diphtheria, the ulcers go from one side to the other and back again; the ulceration has a shining, glistening appearance (Apis); the swelling of glands changes sides, and is painful to touch.²⁸

° Considerable difficulty in swallowing; uvula elongated and very much swollen, diphtheritic coating on it; tonsils swollen and coated; back of throat patched, extending up on to hard palate; odor offensive and diphtheritic.²⁹

° Both tonsils swollen, and covered with spots of exudation, like the mould on preserves.³⁰

° Throat highly inflamed, swollen, almost closed; grey diphtheritic patches on l. side of throat.³¹ [cm.]

° Sore throat, diphtheritic patches on l. side of throat and roof of mouth; could not swallow, had taken no food that night.³² [cm.]

Burning in throat; upon posterior surface of l. tonsil is

a thick yellowish patch, like her attack of malignant diphtheria last winter.³⁰ (3)

° Whole membrane of throat highly inflamed, swollen, and glands enlarged on both sides.²⁵ [cm.]

Tonsils inflamed and very sore.² (10).

° Tonsils swollen so as almost to close the throat.²⁴

° One or both tonsils swollen.⁹

[300.] ° Enlarged tonsils, l. being the size of a small marble.²⁵ [cm.]

° Throat sore, swollen, red and glistening.⁹

° Sensation of rawness, commencing usually on l. side of throat.⁹

* Some redness on l. side of throat, but no soreness (2, 3); same as above, but slight soreness on r. side, with raw sensation and constant inclination to swallow (4, 5), better next day.¹ (Bell., Lyc.)

From 10 p. m. throat feels dry and sore.³ [1 after 1m.] (Merc.)

Lips, mouth, and throat dry and burning; awoke in night with a very dry throat, and lips parched and burning.⁴ (Arum. tr.) [19, 20, after 1m.]

Parched feeling in upper and back part of throat.⁴ (1). (Nux m.)

° Throat feels swollen and raw.²⁴ (Nux).

Throat sore, with severe headache (4); * sore (5); sore, dry, hot (8)²; (Bell.)

Throat has a slight feeling of thickness in it; cannot call it a sore throat, and it causes no inconvenience^{3b} (3).

[310.] ° Pains in limbs, small of back, and head disappear; throat becomes more painful, but looks better.²⁰

Soreness of throat directly under each ear, internally.³ (3).

Throat slightly sore.¹ (14, 15, 16).

Throat slightly sore all the time; no particular spot, but all over.¹ (209 to 319).

Throat very sore; pain extending to chest, dry and sore; deep red color on either side of throat opposite tonsils; these symptoms continued, gradually decreasing till end of proving on thirty-fifth day.² (Merc.) (11, 12).

Throat slightly sore at sides.² (2).

Throat sore in afternoon and evening, r. side; with constant inclination to swallow.¹ (7).

Throat sore on r. side, constant inclination to swallow.¹ (13, 18, 22, 34, 37).

* Throat sore on l. side.¹ (Lach.) [3, 4, and after cm.]

Throat well in morning, but a little sore on r. side in afternoon; sensation of a lump in r. upper part of throat.¹ (Bell.) (17).

[320.] Throat slightly sore on l. side (23 to 25); almost well (26, 27)¹

Throat very sore l. side; painful to external pressure both sides.¹ (Lach.) (12).

Throat sore, principally l. side (Dec. 17th, 1873); still sore, principally r. side (Dec. 20th, 1873); throat quite well (Dec. 23d, 1873).¹

° Sore throat on r. side, low down, and extending up to ear; pain when swallowing; sensitive to external pressure; slight coryza.¹² (Lach.)

° Sore spots on l. side of throat, only at night, removed by 1m; next night the same on r. side of throat; after 1m returned no more.¹²

Throat sore and raw on r. side, with tickling sensation in throat.¹ (8).

° Tickling pains in throat when drinking,¹⁴ (30 and 900).

° Tickling sensation in throat.¹ (8).

° Throat feels stiff.²⁰ (Lach.)

° Pain in throat pushes towards l. ear.²⁰

[330.] Raw sensation at back of throat, with tickling and sense of constriction in upper part of throat, causing constant inclination to cough.¹ (Lach.) (9).

° Throat has a burnt drawn feeling as from caustic.²⁴

Throat feels *dry, husky, as if scalded by hot fluid.^{26a} (3).

Peculiar dryness of fauces and throat; sensation as if parched and swollen.⁵ (Lach., Phos.)

Morning, smarting and burning in throat; through the day made many and loud complaints about throat.^{26b} (2).

° Pricking sensation in throat, as if full of sticks.¹³ (Hep).

° Pricking and cutting pains through tonsils when swallowing.^{24, 25} (Nitr. ac.)

° Pricking, cutting pains on swallowing.⁹ (30).

° Pricking and cutting pains on swallowing, shooting up to ears.²⁴

Occasional slight probing pains in lower l. throat.¹⁴ (11).

[340.] Feeling of a lump in throat, which goes down when swallowing, but returns; throat worse r. side; worse on swallowing saliva (19); afterwards throat, which had been getting well, suddenly one evening grew rapidly worse, but this time on l. side.²⁵

° Sense of a ball or round body in l. side of throat, and a feeling that it could be removed with a knife.²⁷

° When swallowing solid food, it seems to pass over a lump, with sore and aching pains extending to and in l. ear.²⁴

Sensation of a lump in upper and r. side of pharynx.¹
[2 after 75m.]

° Lump on l. side of pharynx below tonsil, causing an enlargement that filled arch of palate, nearly to r. side.¹²
[1m.]

° Gargling with warm water brought up a little stringy mucus.²⁴

(Great dryness of throat, with secretion of thick viscid saliva in throat, so tough and tenacious that it must be wiped away with a handkerchief, since it cannot be expectorated.^{20a} (5).

(Great dryness of tonsils in night, preceded during day by large collections of mucus in throat.^{20a} (4).

Slight throat irritation, l. side, urging to hawk, principally morning.¹⁴ (3).

° Throat worse by empty swallowing.²⁰ (Ignat.)

[350.] ° Throat relieved after drinking cold or warm.²⁰

° Not much pain in swallowing after third day of diphtheria.⁹ (30).

° Refuses all fruit, berries, oranges, because they make throat smart.¹⁹ [mm.]

° Would desist and cry at every attempt to nurse, and reach for water, yet refuse to take it.²² [cm.]

Pain in upper and r. side of pharynx.¹ (13).

° Pain in r. side of throat in region of tonsil.¹⁴

Tonsils sore and irritated.² (9).

Tonsils and throat quite sore.² (10).

L. tonsil feels sore.² (1).

° Child refuses to swallow water, and sputters out the medicine, some returning by the nose.²² [cm.]

[360.] ° Could swallow only with great difficulty, though anæsthesia of throat continued as before.²² [mm.]

° Swallowing very painful.²² [mm.]

° Great difficulty in swallowing.¹⁹ [mm.]

° Very difficult deglutition, but little pain.²² [mm.]

* Constant desire to swallow.¹ (1 after 40m.)

Constant inclination to swallow, which causes pain, extending to r. ear.¹ (6).

° Constant inclination to swallow, though deglutition is painful.⁹

Throat painful to external pressure on r. side only.¹ (15).

° Throat very sensitive to touch externally.⁹ [30], ¹⁴ [19m.], ²² [cm.], ^{26, 22} [cm.] (Lach.)

° External swelling, l. side, not much soreness on swallowing, but whole side very sensitive to touch.²² [mm.]

[370.] ° Swelling of l. parotid, with sore throat and loss of appetite.²²

° R. submaxillary gland swollen, almost well next day; next day, swelling of l. submaxillary gland, which was still swollen and sore to touch on the following day.¹⁹

° Glandular (parotid) swelling passes from l. to r.²⁰

° Swelling of cervical and submaxillary glands.⁹ (30).

° Throat worse at one time, on r. side, and at another on l.²²

° Inflammation and swelling shift from side to side, generally worse on l.²⁶

STOMACH.—Appetite improved.² (4).

Vigorous appetite.³ (9).

Appetite increased, with considerable nausea; very hungry all day, cannot eat enough to satisfy herself; feels as hungry after eating as before (12 to 14, 19); appetite normal (21).¹ (Cascar., Calc., Chinin., Cina., Lyc., Stront.)

Thought dinner-time (noon) would never come; voracious hunger, and he sat down to eat; the hunger left him and he could eat nothing.^{2a} (2).

[390]. Appetite good; eats till ashamed of herself, and leaves the table with a desire to eat as much more, though she has no hunger till she sees the food.¹ (379).

The appetite usually poor has been greatly increased during the proving.¹

Almost all desire for food has been gone, but now can scarcely get enough to satisfy her; could eat at least six times a day.¹ (June, 1872).

* Desire for high-seasoned dishes, which is very unusual; has used pepper, mustard, and salt freely.¹ (Aug., 1872).

Has had a great repugnance to meat; could not eat a mouthful, but now has a craving for it.¹ (June, 1872).

Great disinclination to eat anything; yet as soon as she commences, the dislike passes off, and the food tastes good.¹ (209 to 216).

* No appetite.² (11).

No appetite for meat.³

No appetite for supper (3); appetite grows less (5); completely lost (7); regaining (10); poor (13).⁴

° No appetite; cannot bear food.⁵ (10m).

[390]. ° Great difficulty in getting her to take nourishment.⁶ [mm].

* Considerable thirst.¹ (9, 20, 22)².

° Great thirst for large quantities, often.^{11, 22}. (Natr. mur.)

Great thirst for very cold water in small quantities (8), which causes teeth to ache.¹ (19).

° Thirst frequent for small quantities.¹² (Arsen., Act.)

° Thirst changeable.⁹

° Aversion to liquids, especially water.³¹ [200].

° Desire for warmish water, with a slight pinch of salt in.⁹

Eruclatations, tasteless, continuing all day.¹ (Arg. n., Bell., Puls.) (6).

Dizzy, nausea as after rich food, worse after standing, must sit down; feels as if she would fall if she closed her eyes (1); the same nausea; in stomach, feeling as if something were pushing up.³⁵ (8).

[400]. Nausea while in bed, worse during motion, lasted all the morning.¹ (6).

Nausea, with headache, on waking; continuing all the morning.¹ (11).

Nausea from leaning forwards.¹ (25).

Nausea on first rising.¹ (Lyc., Magn. m., Mang., Puls., Rhus, Sab., Trios.)¹ (14).

Nausea relieved by eructations of wind.¹ (1 after 75m).

Stomach out of order; slight nausea on rising at 7 A. M.² (3).

At 10 A. M., slight sensation of nausea, lasting only a few minutes.² (15).

Slight nausea while dressing in morning.² (8).

Slight nausea, with lips, mouth, and throat dry and burning.² (19).

At 10 P. M., slight nausea with thirst.⁴ (3).

[410]. At 5 P. M., while smoking a cigar, great nausea with severe pain in stomach-pit; vomiting seemed imminent, but the sensation ceased in four or five minutes, and did not return.⁴ (Tabac.) (9).

Gagging from sore tonsil.² (9).

Sick at stomach, vomiting hard; went home to bed.² (21).

° The almost constant diphtheritic discharges from mouth and nose nearly ceased, and she almost immediately had spells of sickness of stomach, and would occasionally vomit pieces of membrane.¹⁹ [mm].

° Nausea at beginning of diphtheria (3 cases).²⁶

At 10:15 A. M., * empty, weak feeling in stomach-pit (3); same at 6 P. M. (4).² (Dig., Ign., Petr., Sep.)

Before dinner, a very weak feeling in stomach-pit.² (7 after 1m).

Weak * sinking feeling in stomach-pit, on waking in morning.² (8).

A growling and disturbed state of stomach.² (8).

Pain, with flatulence, in epigastric region.⁷ (2).

[420]. At 9:45 P. M., dyspeptic pain, as from a * stone, or undigested food, in stomach-pit, followed by a stabbing pain in r. lung, just below nipple.⁴ (Kali-bichr.) (1).

° Stomach tender and bloated; cannot eat or drink anything without pain in stomach-pit.²⁵ [cm].

° Burning in epigastric region, feeling of weight and pressure of a stone in stomach.²⁶ [10m].

* After eating, increase of frothy saliva.¹ (4, 5).

ABDOMEN AND HYPOCHONDRIA.—Sharp pain in r. side, a little in front, about the rib, like a pleuritic stitch.¹

Sharp pains in r. side.¹ (38).

Pain in r. side of pelvis; while it lasted there was no pain in l. side.¹ (22).

Sharp contractive pain just in front of r. anterior superior spine of ilium, lasting all day, sometimes occurring very frequently and then leaving possibly for half an hour; pain of the same character, but not exactly like it, in l. ovarian region.¹ (Aug. 12).

° Severe burning pain in r. hypochondriac and iliac region and corresponding part of back, extending across back to l. side of abdomen; worse when on the feet or when fatigued, better when lying down.¹⁰

° Low down in r. groin, above ramus, three lancinations up towards crest of ilium, waking her from sleep.¹² [dmm].

[430]. Burning pain in l. side of pelvis.¹ (Amm.-c., Graph., Plat., Ruta., Sep.) (20).

Sensation of extreme heat in l. side of abdomen and pelvis, not confined to any one spot, but general.¹ (37).

Pain and burning in l. side of pelvis and abdomen, with weight and dragging on that side; the clothes feel very heavy.¹ (21 to 23).

Pressure and pain in l. side of pelvis.¹ (25).

Intense sharp pain in l. side of abdomen, with nausea, caused by leaning forwards.¹ (17).

Pain in l. side of abdomen and pelvis all the morning.¹ (38).

Pulsative boring pain in abdomen, to l. of umbilicus, for several days.¹

Rumbling and gurgling in l. lower abdomen, with sharp pains in all directions in l. side of pelvis, worse from pressure.¹ (6).

Pain in l. lower abdomen, increased by pressure of arm or hand.¹ (44).

Feeling of tension in l. groin; does not want to walk or stand, as it increases the sensation; *relieved by flexing leg on abdomen.¹ (19, 21).

[440]. During afternoon, uneasy pain in l. groin; returning following afternoon, and lasting till 10 P. M.¹⁴ (18).

Sharp pain in l. side of abdomen, in front of ilium; the pressure of clothes was painful; entirely removed by loosening them.¹ (20 after 40m).

Sharp pain in l. anterior superior spine of ilium, during expiration.¹ (38).

Pains and tension in l. groin.¹ (19, 22).

°Very acute pain in l. groin, extending up l. side to crest of ilium; relieved by stool; sometimes the pain is in track of colon.¹²

Pain extending from crest of l. ilium to l. ovarian region.¹ (37).

During evening, slight sensation of pressure in abdomen and pelvis from within outwards; and slight pain in l. side of abdomen and pelvis, lasting only a few minutes.¹ (62).

Abdomen swollen and hard. (Calc., Sacch.-alb., Sep.)¹ (16, 37).

*Abdomen swollen and very hard in evening.¹ (44).

Abdomen hard, and sensitive to deep pressure.¹ (15).

[450]. Abdomen swollen and sensitive to deep pressure, which also causes nausea, the nausea passing off when pressure is relieved.¹ (17).

°Abdomen swollen and burning, with bearing-down pains therein.²⁶ [10m].

Feeling of uneasiness in umbilical region, an agitation or moving, as it were, in colon about this part.¹⁴ (3).

Rumbling and gurgling in abdomen, with escape of flatus, followed by very watery diarrhœa, only during the morning.¹ (Natr. s.) (33).

Felt as though abdomen and chest were firmly compressed all over, as if the skin were contracted.¹ (20 after 40m).

Woke at 2:30 A. M., with intense pain in abdomen and desire for stool, which could hardly be suppressed; after repairing to closet, the diarrhœic stool was voided entire at one effort, and ease immediately secured.¹⁴ (5).

Sharp shooting pains in abdomen and pelvis, worse on l. side; riding in a carriage seems to jar her and increase the pain, but walking has no effect; clothes feel very heavy.¹ (13).

Severe shooting pains in abdomen, passing in all directions.¹ (33, 36).

In evening, pain in upper abdomen as of wind (2); colicky pains and wind in bowels, with restlessness during night, (Natr. nit.); (3); slight pain in upper abdomen.⁴ (4).

Abdomen very sensitive to pressure.¹ (Puls., Sulph.) (13).

[460]. Abdomen very sensitive to pressure and weight of clothes; entirely relieved by removing them.¹ (6 after 75m).

Pressure of the clothes causes intense pain and distress in abdomen.¹ (Act., Ran. bulb.) (7 after 75m).

Abdomen painful from the least weight of arm or hand.¹ (Lach.) (37, 38, 43).

* Pains in abdomen intermittent.¹ (Nux vom.) (16).

Fine miliary eruption on abdomen, preceded by nausea and pains in abdomen (after Lac can., dm, taken three weeks after diphtheria.)³⁰

Pain in abdomen, but principally in r. ovarian region.¹ (Apis, Pallad.) (17, 18, 22, 28).

Slight pain across bowels (2); in morning (6).²

Pain in abdomen, caused by leaning forward.¹ (12, 14).

Pain in abdomen, relieved by leaning back.¹ (16, 37).

Extreme heat in abdomen.¹ (15 to 17).

[470]. Burning sensation in pelvis, with pains in all directions.¹ (Camph., Nitr., Phos. ac., Stram.) (14).

Burning sensation in lower part of abdomen and pelvis, extending from side to side.¹ (13).

During afternoon, burning sensation all across pelvis, particularly in l. side, with considerable pain.¹ (18).

Constant pains across lower part of abdomen.¹ (22 after 75m).

* Pressure from within outwards, as if the contents of abdomen would be forced outward just above pubis.¹ (14, 21).

Cutting pain in lower part of abdomen, increased by pressure of arm or hand.¹ (37).

Pressure in abdomen from within outwards.¹ (13, 19, 20, 37).

During evening, slight sensation of pressure from within outwards; slight pain in l. side of abdomen and pelvis, lasting only a few minutes.¹ (43).

Abdomen very hard and feels as if it would burst.¹ (18).

Sensation while walking as if abdomen would burst¹ (Lyc.) (17).

[480]. Abdomen feels as though it would burst; great distress all over abdomen and pelvis; slight relief by leaning back.¹ (6 after 40m).

RECTUM AND STOOL.—Frequent ineffectual urging to stool, with much tenesmus.¹ (Lach., Nux, Sulph.) (5).

The frequent but ineffectual urging to stool has been very annoying all through, with the exception of sixth and thirty-third days. The stools have been regular and natural once a day.¹

Frequent and urgent desire for stool; sensation as if the stool could not be evacuated on account of its great size and hardness; great pressure all across perineum, no stool followed the attempt.¹ (Bry., Kali). (June, 1872).

When having a soft passage there is great tenesmus; the rectum does not act as if it had lost power, but as if it could not expel fœces because they are soft, and adhere to the parts like clay.¹ (Plat.) (209 to 216).

Tenesmus, but stool was of ordinary consistency.¹ (395).

°Obstinate constipation; frequent desire with darting pain in rectum, no power to expel; stool large, whitish, rough, scaly, hard.^{1,4} (30 and 900).

* Constipation.²

First movement of bowels for four days.⁴ (12).

Slightly constipated; occasionally natural passages; urgent desire for stool, but passes nothing but wind, or possibly one or two small pieces like sheep-dung; considerable wind in abdomen, with rumbling, but never any pain.¹ (209 to 216).

[490]. Slight diarrhœa.² (5).

° Profuse diarrhoea, with colic pain; diarrhoea watery, profuse, coming out with great force.¹² [cm].

Very watery diarrhoea, with much pressure in anus.¹ (6).

° Mucous yellow liquid stools.²⁶ [10m].

Diarrhoea coming on promptly every evening at 9 o'clock.¹¹

Bowels relaxed, with frequent desire for stool; acute transient pain in bowels.⁴ (7).

At 5:30 A. M., fruitless attempt at stool, terminating in profuse evacuation, with but little pain, at 6:30 A. M.⁴ (3).

Rumbling in bowels, with passing flatus in morning, soon followed by a copious liquid stool, accompanied with a peculiar nervous tremor all over body, with slight tingling to ends of fingers; there was no second discharge.⁷ (6).

Since the proving, the bowels act night and morning; previously at night only.²

Constant pricking sensation at anus, all the morning.¹ (6).

URINE.—[500]. Pain in urethra during urination, lasting for a short time afterwards.¹ (12, 13).

After urination, sensation as if the bladder was still full.¹ (Calc., Con., Ruta). (30).

Very sharp pain in bladder, ten minutes after urinating, aggravated by pressure.³ (Berb., Canth., Natr. mur.) (18).

After urination, continued desire to urinate.³ (Calc., Con., Guiac, Laur., Ruta.)

Emission of a few drops after urinating.¹ (Lach., Petr.) (30).

After urination, a few more drops dribble out, to her great discomfort.¹ (Jan 28, 1873).

Frequent desire to urinate, which if not immediately attended to, causes pain in region of bladder (Puls.); the pain is a numb, dull sensation; if it is not relieved by urination it spreads over the abdomen and the l. side to the ends of the fingers, never in the head; would frequently wake at night dreaming of the pain, and would have to urinate to relieve it.¹ (after 75m).

Very frequent desire to urinate, passing a large quantity in proportion to the water drunk.¹

Constant desire to * urinate, but it is easily restrained; frequent urination, quantity variable, rather scanty.¹ (3 after 40m).

Constant desire to * urinate, with frequent scanty emissions.¹ (2 after 1m).

[510]. Constant inclination to * urinate; urine profuse and normal in color; the desire continues after urinating.¹ (52, 53, 61, 65).

* Constant desire to urinate, which was restrained, as urination caused intense pain in vulva when coming in contact with it; urine scanty.¹ (5, 6, 18, 20 after 40m).

Occasionally very frequent urination, sometimes scalding the parts as it flows over them, yet not producing any soreness.¹ (June).

Constant and urgent desire to urinate; urine scanty and very light-colored.¹ (10, 11 after cm).

Constant desire to * urinate, passing large quantities frequently; at night she dreams of urinating, and wakes to find an immediate necessity (Kreos.); a less strong and healthy person would probably have wet the bed.¹ (after 75m).

Very sharp, constant, distressing pain in bladder, with frequent uncontrollable urging and tenesmus; emptying bladder does not help, though it seems as if it would; this pain lasted fifteen hours, gradually diminishing as it passed away.^{30a} (3)

Frequent and profuse urination. (Merc., Natr. mur.)⁴ (1 after 1m); ¹ (14 after 75m).

Frequent urination, quantity variable, light-colored.¹ (2 after 40m).

Urinate frequently; light-color and profuse.¹ (23 to 30).

* Urine frequent, scanty, high-colored; urine causes intense pain in vulva, when even the least drop comes in contact with it.¹ (8).

[520]. Urine frequent, scanty, * high-colored, red sediment.¹ (18 to 22).

Constant urination.⁶

⁶ Urine high-colored or dark, plentiful, but passed at long intervals.⁹ (30).

Urine frequent, worse at night.¹ (24).

Urination has been especially troublesome at * night, causing her to wake two or three times every night to urinate.¹

Urine strong and high-colored.² (12).

° Urine very scanty and dark.¹⁴ [cm].

° Plentiful discharge of urine, clear or high-colored, at long intervals.⁹

° Urine dark, with frequent urination.²⁰

° Urine scanty, infrequent, coffee-colored, no desire to urinate, quantity less than a gill in twenty-four hours, eighty per cent. albumen, with much mucus.¹⁴ (30 and 900).

[530.] Urine * dark, heavily loaded with thick reddish sediment that adhered in different colored circles to bottom and sides of vessel.¹⁴ (7).

° Great difficulty in urinating.¹⁹ (mm.)

° Urinates only once in twenty-four hours, and then very copiously, but with some difficulty and slight irritation.¹⁹ [mm.]

° No urine for forty-seven and three-quarter hours, bladder pretty full, parts fearfully swollen, and irritation on urination very great.¹⁹ [mm.]

Woke frequently in night to urinate, and complained of great vesical tenesmus, with sharp steady pain that made her weep and complain almost all night.^{20b} (2).

MALE SEXUAL ORGANS.—Sexual desire marked.¹⁴ (7).

R. spermatic cord low down, sore to touch.¹⁴ (16).

° Buboec and chancres.¹²

° Chancre on prepuce, left side of frænum, granulating rapidly from centre to circumference.¹² [1m.]

At 8 p. m. considerable itching and burning near glans where formerly a chancre had existed, for ten minutes (2); at 10 p. m., ditto, lasting much longer (10); in forenoon, ditto, the part red and feverish (13); itching and redness (14); at 9 p. m., itching, with boring, throbbing pain (17)¹⁴

[540.] Acute pains in the indurations of previously healed chancres, with diphtheritic sore throat, both getting well together.¹²

° Large chancre on dorsum penis, with a fungoid bacteric mass covering the whole of the corona glandis, which was first of a glossy, shining, white appearance, and later covered with the fungus, looking like fully developed aphthæ; the edges of the swollen prepuce were covered with nodosities and itching.¹³ [cm.]

° Penis enormously swollen, chancre on glans, no pain; chancre was like a cauliflower excrescence, over half-inch in diameter, red, smooth, and glistening; gave 30th potency; in a week two more small chancres, deep, sharp edges, clean, with the same shining appearance. cm. cured.¹⁴

° Small sore at entrance of urethra; kept getting worse; prepuce involved for about one-eighth of an inch; and the parts of glans around urethra an open ulcer exhaling the most fetid smell, and with most excruciating pain; hæmorrhage at 10 p. m. every evening and during day when removing the dressings; constant desire to urinate, with intense pain; no sleep for a fortnight; red, glistening appearance.¹⁴ [30, etc.]

° Gonorrhœal pains, intermittent; in the front, middle, or posterior part of urethra.¹⁴

° When the gonorrhœa is better, catarrh sets in.¹⁴

FEMALE SEXUAL ORGANS.—Throat sore on l. side, with cough caused by irritation in upper part of throat, worse by lying down at night, after eating or drinking, and during and after talking; constant desire to urinate at same time; soreness commenced with a tickling in throat, which caused constant coughing; came and went with menstruation.¹

* Throat commenced to be sore on l. side, and by night was so bad that she could scarcely swallow, which caused great pain; slight increase of saliva (Feb. 22d, 1873): throat nearly well in morning; by night quite well on l. side, but very sore on r., which was covered with a greyish-yellow patch (Feb. 23d, 1873): throat well on r. side, but sore on l.; about twelve hours afterwards well on l. side, but sore on r.; continued about twelve hours, then ceased, leaving her entirely free; all these throat symptoms ended as they had begun with menstruation (Feb. 24th, 1873).¹

° Soreness of throat commences with a tickling sensation, which causes constant cough; then a sensation of a lump on one side, which causes constant deglutition; this condition entirely ceases, only to commence on the opposite side, and often alternates, again returning to its first condition; these sore throats are very apt to begin and end with menstruation.¹

° Sore throat just before menses, for several years ever since diphtheria; r. side of throat now worse, but it sometimes comes on one side, sometimes on the other; small yellowish-white patches of exudation on tonsil of affected side, with great difficulty of swallowing, and sharp pains moving up into ear; these patches are also present on back of throat and on uvula; some are quite yellow and some white; scraping them off makes them bleed.² [cm.]

[550.] Menses scanty; terrible cross and impatient first day; on second day, severe paroxysmal pain in uterine region, causing nausea; occasional pain in l. ovarian region, passing about half-way down thigh, on upper part of it; all these pains better by bending backwards; pain and aching in r. lumbar region, when leaning forwards (as in sewing) even for a short time, entire relief when bending back.¹ (Aug. 1st and 2d).

During menses pain in l. ovarian region.¹ (Arg., Lach., Thuja.) (4 after 75m).

Great constipation before and after menses; bowels rather loose during menses.¹ (June, 1872).

Dull pain in r. temple and r. eye, with pressure on top of head during menses.⁴ (Sang.) (16 after 1m).

Eyes feel weak during menses.³ (51).

During menses *face became flushed and hot; in two hours afterwards face became cool and of a yellowish pallor.² (2).

Lips, throat and tongue parched and dry, on third day of menses.³ (27).

° Dark brown areola under eyes, in retarded and painful menses.¹²

Constant pain in r. ovarian region, first day of menses.¹ (Apis., Pallad.) (4 after 40m).

Menstruation at various times was preceded by an accession of flatulence.¹

[560.] Menses preceded by a dry shaking continuous cough, aggravated by speaking, caused by a dryness in larynx, and causing soreness in abdomen; this cough generally preceded menses and ceased after them: menstruation closed by the blood, when wet, being grass-green, drying dark-green.¹ (725 and subsequently).

Menses commenced slight (15); very free (17); less free (18); ceased (19): during which she had slight pain in lower abdomen; dull pain in r. eye and temple, changing next day to l. side and temple; pressure in head; nausea. Nausea and headache aggravated by motion, relieved by quiet.² (17 after 1m).

After menses imagines all sorts of things about snakes.¹ (after cm).

Breasts very sore and sensitive to pressure, for a day or two during menses.¹ (after 40m).

Painful swelling and hardness, with suppuration, of l. axillary gland; menses came on at same time.¹ (Bufo., Calc., Sil.) (95 after cm).

A few days before menses, the inside of both thighs became raw and painful when walking (Sil.); they then broke out with large, flat, red pimples, no pus in them; the soreness soon left, but the pimples remain; they have no sensation. (142 after cm.) During menses, the same pimples on thighs have come out; she worries herself for fear that they will prove to be little snakes and twine about each other (172 after cm.); pimples return, but itch terribly.¹ (209 after cm.)

Menses commenced entirely normal.¹ (30 after 75m and 44 after cm).

Menses commenced at regular period, scanty at first, with considerable pain in region of l. ovary.¹ (5 after 75m).

Menses for last few months have had a very strong *ammoniacal smell, and wash out very easily; at the close the smell was horrible, ammonia being most prominent, and stains a dark olive-green.¹ (June, 1872).

Menses three days in advance.² (51).

[570.] At 7 a. m., menses commenced three days in advance, very free flow, no pain, feels well.* (26).

Menses commenced three days too soon, flow very scanty, and intermittent, lasting five days; abdomen and pelvis extremely hot; menses bright red; when put into water, the blood forms into long strings, which soon dissolve: passage of several small pieces of thin, white, transparent substance, having a distinctly organized structure, but extremely delicate (15); more profuse, and natural in character¹ (16).

Menses four days too soon, otherwise normal.¹ (after cm).

Menses seven days too soon; flow came in gushes, *bright-red, scanty, *stringy, intermittent, preceded by much flatulence from bowels.¹ (37).

Menses four days too soon, scanty, but otherwise normal; sensation of pressure in abdomen and pelvis from within, outwards during evening.¹ (62).

Menses commenced eight days too soon, very scanty.¹ (5 after 40m).

* Menses fourteen days too soon, profuse.¹⁴

Menses every two weeks, accompanied by lassitude, pains in uterine region, and slight headache.¹

Menses very profuse and gushing.¹ (7 to 11 after 75m).

Menses more profuse, and blood more natural in character; abdomen swollen and hard.¹ (16, 37).

[580.] Menses very profuse; abdomen very sensitive to the pressure and weight of the clothes, entire relief on removing them.¹ (6 after 75m).

Menses more profuse, but not as much as usual; blood runs somewhat *stringy.¹ (38).

Menses commenced scanty, and accompanied by slight feeling of distress in abdomen.¹ (226 after cm).

* Menses too early and too profuse, with bright red blood, changing soon to dark clots and stringy; preceded by great engorgement of breasts, with great sensitiveness to touch.**

Menses commenced, flow scanty (15 to 17 after cm); next day very profuse, almost like flooding.¹

Flow not so profuse, nor so free as usual; but feels lighter and is better than usual at such times; face feels hot and flushed and feet burn.* (2).

° Most excellent in dysmenorrhœa.¹⁶

° Several cases of membranous dysmenorrhœa.^{**}

° Uterine hæmorrhage, when blood is bright red and stringy.^{**} [cm.]

° Dysmenorrhœa, pain in l. groin, with bearing down and nervousness.^{**} (Two cases).

[590.] Discharge of blood from vagina all day, scanty and bright.¹ (22 after 75m).

* Discharge of blood from vagina four days after menses; no pain.¹ (after cm).

Pressure on vulva caused slight flow of blood.¹ (27-9 after 75m).

Every evening, after dinner, there was a discharge of blood, slight, but which would be increased by pressure on the labia.¹ (39 to 45 after cm).

Leucorrhœa, continuing many days in succession.¹ (34).

Leucorrhœa all the afternoon.¹ (12).

Leucorrhœa at night, none during day.¹ (28, 29).

* Leucorrhœa all day, but none at night, even after a long walk.¹ (7, 8).

* Leucorrhœa lasting all day till 6 p. m., worse when standing or walking.¹ (5, 6, 20).

Leucorrhœa only when standing.¹ (34).

[600.] Slight leucorrhœa.¹ (13, 14).

* Slight watery leucorrhœa.² (61 and 1 after 1m).

Slight watery leucorrhœa, which stains a little.² (8).

° Leucorrhœa, very profuse during day, none at night; discharge whitish and watery; pain in small of back, very irritable.^{**}

° Leucorrhœa, worse about the menstrual period.^{**}

Leucorrhœa instead of menses appeared each time after two doses of 50m.^{**}

* Severe pain in r. ovarian region, completely relieved by a thick leucorrhœal discharge.¹ (27).

Severe pain in r. ovarian region, completely relieved by a flow of bright red blood, which continued about an hour and did not return.¹ (26).

* Sharp intermittent pains in r. ovarian region during afternoon.¹ (Apis) (22 and 38).

Constant pain in r. ovarian region.¹ (5, 6 after 40m); in l. ovarian region (7 after 40m).

[610.] ° Sharp pain in r. ovary.^{**}

* Pain in l. ovarian region.¹ (37).

* Pain in l. ovarian region, and all across lower abdomen.¹ (38).

Constant pain in l. ovary.¹ (Arg., Lach.) (6 after 40m).

° Sharp pains beginning in l. ovary, and darting like lightning either towards r. ovarian region, or else up l. side and down arm, or sometimes down both thighs, but most generally down l. leg to foot, which is numb; pains act something like labor-pains, and are accompanied by great restlessness of legs and arms, and great aching in lumbar region, on fifth day after premature labor.^{**} [cm.]

° Severe pain in entire uterine region, with profuse discharge of yellow, brown, and bloody leucorrhœa, two weeks after menses; intense pain and enlargement of l. ovary,—it could be seen protruding sausage-shaped,—from which perceptibly was felt flatus passing downwards like small marbles, causing great pain, and discharging externally with a puff.^{1*} [1m and 10m.]

* Pain in pelvis, principally in r. ovarian region.¹ (17, 18).

Pain in groins (? ovaries) all day; slight leucorrhœa.[°] (10).

° Pain in uterine region, passing down inside of thighs, half way to knees, and r. leg feels numb.^{**}

Pains in * uterine region all day, having no particular direction except * down the inner side of each thigh half way to knee (15); pains in uterine region, and particularly in region of l. ovary, extending downwards into thigh; uterine pain relieved by leaning back; * pains intermittent.¹ (Bell., Cham., Lach., Thuja.) (16).

[620.] Burning sensation in the whole uterine region, also the ovarian.¹ (Carbo veg., Lach., Lyc., Thuja.) (13, 14).

° Inflammatory and congested condition of uterus, with extreme soreness and tenderness, that made every motion, position, and even breath, painful.^{1*} (Bell.)

° Rousing up and strengthening of uterus, bringing rapidly forward the conditions pending menses, which had formerly been dilatory and lingering for weeks.¹²

° Sharp lancinating pains like knives (*Murex*), cutting upwards from os, and as these were being relieved, sensation as of needles darting upwards in uterus.¹²

Congestion, redness, and extreme tenderness of os, was intensely aggravated by 75m.¹²

* At sundry times during the proving there was an escape of flatus from vagina.¹ (*Brom.*, *Lyc.*, *Nux m.*, *Nux v.*, *Sang.*)

Pressure on anterior part of vulva, entire relief by sitting; sensation as if everything was coming out at vulva.¹ (*Apis*, *Lil.*, *Lyc.*, *Natr.*, *Sep.*, *Tarant.*) (7 after 75m).

° Bearing down as though everything would fall out through vagina, with very frequent desire to urinate, and smarting in urethra.²⁶

The parts feel very much contracted, as from astringent applications.¹ (*Cact.*, *Murex*, *Natr. m.*) (209 to 216 after cm).

° Great irritation about vulva and rectum.¹⁹ [mm.]

[630.] Nodosity in upper part of r. labia, painless.¹

Pain in l. side of vulva, neuralgic, short and rather sharp, followed by a slight discharge of blood several hours afterwards; these pains were preceded by a painful herpetic eruption in r. axilla.¹ (34 to 36 after cm).

Very severe darting pains, passing from l. external labia through uterus to r. ovary (*Bell.*, *Phos.*, *Thuja.*), continuing about two hours, and followed by a profuse discharge of bright red blood; when the discharge ceased (which was immediately after putting the feet in cold water), sharp burning pains were felt in r. ovary and temple; these pains soon disappeared, but were followed by pains in l. ovary and temple; these pains alternated, first r., then l., lasting about an hour, when she fell asleep; * very restless all night, * could not keep any clothes over her.¹ (8 after cm).

° Itching in l. side of labia, with rough eruptive condition on l. side of vagina, with acrid leucorrhœal discharge, excoriating severely.¹² [dmm.]²⁶

° Great swelling of l. labia, and terrible pain while urinating; from gonorrhoea.** [cm.]

Pain in left vulva relieved by a slight discharge of blood.¹ (12 after cm).

Slight excoriation and itching of external labia.¹ (7, 8).

Intense painful soreness of *labia, extending to anus, coming on suddenly about noon, continuing two hours, and returning in evening; *could not walk, *sit, or *stand; *relieved by lying on back with the knees separated as far as possible; *pain intensified by contact with the urine.¹ (20 after 40m).

Strong pulsations in vulva and vagina at various times during the proving; and at such times, *great pain in vulva while sitting.¹ (Alum., Murex.) (after cm).

Itching of labia.¹ (Kreos., Merc.) (11 after 75m).

[640.] Intense itching of the labia at night; feels at times as if caused by something alive in it.¹ (Calad., Tarant.) (209 to 216).

Slight itching and excoriation of external labia.¹ (7).

Frequent desire to urinate, passing only a small quantity, causing intense burning and smarting, as if there was a canker sore; this passed away before she had an opportunity to examine the parts; subsequently an induration appeared on inside of r. thigh, having a flat centre, like a pimple with the head cut off; this speedily increased to a large boil, the indurated part being near three inches in diameter, much inflamed, the top purple, and a small disk of pus under outer cuticle; accompanied by chills, sweat, and general discomfort, while the extreme pain prevented sitting or lying with comfort.¹ (725).

* Raw and bad-smelling sores between labia and thighs, in the folds of the skin; worse when walking, would rather keep still all the time; these sores are covered with a disgusting white exudation.¹ (209 to 216).

Painful pimples on mons veneris.¹ (20 after 75m).

Sexual organs extremely excited; very much increased by the slightest touch, as putting the hand on breast, or from the pressure on the labia when sitting, or from the slight friction caused by walking.¹ (Cinnam., Coff., Lach., Mosch., Murex, Plat.) (3 after cm).

° After-pains very distressing, extending to thighs, rather worse on r. side.**

° After-pains very severe and shooting down into thighs.** [cm.]

° Several cases of retroverted uterus relieved.¹² (Bell.)

° A great remedy for women, especially after miscarriage.**

MAMMÆ.—[650.] ° Breasts very sore and painful, with sharp, darting pain in r. ovarian region, extending downwards to knee, very painful and must keep leg flexed; first day after miscarriage at sixth month.** [cm.]

Pain in upper and outer part of breasts.¹ (34).

* Constant pain in breasts; they feel very sore when going up or down stairs.¹ (36).

* Breasts seem very full; constant pain in nipples.¹ (35). Aching pain in breasts, dull and constant all the evening.¹ (after 40m).

* Breasts sensitive to deep pressure.¹ (Calc., Merc., Murex.) (6, 20, after 40m).

* Breasts sensitive to slight pressure.¹ (19 after 40m).

* Breasts very painful and sore; feel as if full of very hard lumps; very painful when going up or down stairs.¹ (Bell., Calc., Carbo an., Lyc., Nitr. ac., Phos.) (37).

* Breasts very sore and painful, but not full of lumps; the pains are caused by the least jar; has to hold the breasts firmly when going up and down stairs; breasts were worse towards evening, so that the pressure of the arm, in its natural position, caused considerable pain.¹ (38).

* Breasts very sore; sensitive to pressure, however slight; dull and constant aching pain in them all the evening.¹ (Calc., Murex). (74.)

[660]. Sore spot in r. side of r. breast, about the size of a silver dollar, very sensitive to touch, or to the jar caused by going up and down stairs (57); similar sore spot on l. side of r. breast.¹ (60).

° Soreness and enlargement of breast.¹² (Bell., Bry., Calc.) [cm and dmm].

° Loss of milk while nursing, without known cause.¹²

° Galactorrhoea; many cases.

Dries up the milk when nursing.^{12 26 38} (Puls.)

LARYNX AND TRACHEA.—° Loss of voice.³³

Voice perceptibly roughened, as if about to become hoarse.^{30a} (4).

Voice sounds changed; is very rough.¹ (5).

° Voice hoarse; interrupted by weakness and hoarseness.^{20 26}

Slight hoarseness, with now and then a changing of voice, after waking, but soon passing away.¹⁴ (4).

[670]. ° Hoarseness, child cannot cry aloud.²⁶

° Excessive hoarseness and tickling choking sensation, relieved by moving about.²⁶

° Respiration hoarse, crying was whispered and broken, often no sound at all.²² [cm].

° Cough and dyspnoea.²³ [mm].

Tickling under middle of sternum, causing cough.¹ (37).

Tickling and sense of constriction in upper part of throat, causing a constant hacking cough.¹ (Lach.) (9).

Frequent inclination to cough, from a tickling sensation in upper and anterior part of larynx; worse while in the house and while talking.¹ (7).

At 1:30 P. M., * tickling sensation in throat, causing cough; in afternoon quite hoarse.³ (Nitr. ac.) (6).

Cough from tickling in upper anterior part of larynx; * worse while lying down or talking; dry hacking cough; no expectoration.¹ (10 to 22).

° Cough caused by irritation in upper part of throat, worse by lying down at night, also after eating and drinking, and during and after talking; with soreness of l. side of throat, and constant desire to urinate.²⁰

[680]. ° Cough on taking a long breath, not when swallowing.¹⁴

° Hard metallic cough.¹⁹

Cough caused by tickling under middle of sternum.¹ (37).

Cough with oppression of chest (Rumex), also some pain; cough jars her all over.¹ (37).

Considerable expectoration of slightly viscid mucus.¹ (3).

*Expectoration of profuse thick tough white mucus in masses, with coryza.²³

Constant cough, accompanying soreness.

*Constriction in lower part of larynx, like a finger right across throat.²⁵

Larynx sensitive to pressure.

CHEST.—*Difficult breathing; during evening had several suffocating spells; mother feared she would die before I came.²⁵ [cm].

[690]. *Terrible dyspnoea immediately after sleep, first on l. side; the dyspnoea compelled her to be lifted upright with violent exertion to get breath; there was sharp pain in region of heart with each of these attacks. After one, but one attack of dyspnoea, and all the pain was referred to r. side of chest.¹⁴ [cm].

Lungs feel as if fast to chest, worse while writing.¹⁶

*Breathing hoarse and croupy, and at times an entire stoppage of breath, when it would be resumed with a violent effort.¹⁴ [30 and 900].

*Breathing often snoring, and only possible through mouth.¹⁴ [30 and 900].

Sighing frequently.^{20a} (3).

*Short breath.²⁰ [cm].

*Great difficulty in breathing, so that he could not lie down flat.¹⁹

*Breathing very labored; could hear him breathe as you came up stairs.¹⁹

*Loud snoring during sleep; two cases.¹⁷ [40m, 70m].

*Sensation as if the breath would leave her when lying down and trying to sleep; has to jump up and stir around for an hour or so every night.²⁰

[700]. After dinner, oppressed for breath, and her pain in upper part of both lungs, shooting down wards. (C. 1873, 1m).

Woke just before daylight, feeling almost suffocated, had to go to an open window. Oppressed for breath all day, only comfortable when in open air. (P. 1873, 6). Suffered oppression and sense of suffocation in chest on Jan. 26, 1873, relieved after dose of 2m.

Sharp pains in r. chest under fourth rib, on taking deep inspiration.¹ (13, 14).

Soreness from r. clavicle down to third or fourth rib, worse by moving, less on l. side.³⁵

Clavicles sore to touch; feels as if she wanted to fix shoulder so it would not feel strained; pain and stiffness up r. sterno-cleido.³⁵

R. clavicle feels as if out of place, worse by moving shoulder.³⁵

Sore spot just to r. of mid-sternum, worse from lifting or from pressure.³⁵

Stabbing pain in r. lung, just below nipple, preceded by pain in stomach-pit as of a stone or undigested food; at 9:45 p. m.⁴ (1).

^oStitches in r. lung on a line with nipple, aggravated by respiration.¹² [mm].

Severe pleuritic pain in region of fourth rib of r. side, much increased by prolonged inspirations (7 after cm); same pain so severe as to cause exclamations.¹ (8 after cm).

[710]. Severe pain in r. side in the deep muscles, worse from the least motion, especially from turning the body to l. side; pain something like pleurisy, yet unlike it, not affected by respiration, yet made worse by taking off the corsets, as it then seemed to allow of greater motion of the parts; this lasted three days.¹ (July).

Bruised sensation in r. chest, when taking a deep inspiration.¹ (20).

Pain in evening in region of seventh and eighth ribs of r. side, caused by deep inspiration.¹ (41, 45, 51).

Sharp pain through l. lung forward.⁴ (6).

Sharp neuralgic pain under nipple of l. breast, for half-hour.⁷ (5).

Whole l. chest felt sore and congested, could scarcely draw a long breath.¹ (Calc., Ran. bulb., Stann.)

Trembling sensation through chest and arms.⁴ (7).

Trembling nervousness through chest, with sensation of uneasiness.⁴ (10).

Pain in chest and throat.² (10).

Soreness through chest to back.³⁵

[720]. Cramped feeling in chest, wants to stretch up and back.³⁵

Sore across mid-chest during forced expiration, feels just as if she had been struck.³⁵

Sensation as though chest and abdomen were firmly compressed all over.¹ (21 after 40m).

Pain and oppression of chest when coughing, and cough seems to jar her all over.¹ (37).

Boring pains in all parts of chest.¹

Sharp pain in r. breast at 4 P. M. (8); sharp pain like a stitch in l. breast at 7 P. M.² (8, 9).

Chest quite sore in a line across nipples.³ (10).

At noon, pains in upper chest, lasting the rest of day.¹⁴ (5).

Raw sensation in chest as if it had been scraped.³ (2).

Feeling of oppression and tightness behind sternum, with desire to draw a long breath.⁸ (42).

[730]. Dyspeptic aching pain behind lower end of sternum.⁴ (15).

Fine stinging pain at middle of sternum, very superficial, lasting about half an hour, and coming on again in evening.¹ (12).

Irregular palpitation of breast, causing shortness of breath.¹ (7 after 40m).

Sharp pain over apex of heart, for five minutes.⁸ (1).

Pulse *quick, full, and strong, with pain in chest and throat.² (10).

° Pulse of little volume, in diphtheria.¹⁷ [cm].

° Pulse 130, wiry, weak.¹⁸

° Pulse quick and full.⁹

Pulse 100.^{80b} (3).

BACK.—Pain just below r. scapula.¹ (22, 33, 37, 40, 43).

[740]. Sharp neuralgic pain under r. scapula.⁷ (2).

Lameness and cutting pain under l. scapula, felt most when turning in bed.⁴ (8).

Lameness through body from under l. scapula forwards, felt keenly at 7 A. M.⁴ (9).

Sharp pains in l. scapula, for about three minutes.⁸ (8).

Slight darting pain under l. scapula.⁷ (1).

Sharp cutting pain under l. scapula, shooting forward through lung (2 after 1m); same with a similar pain under r. scapula, when lying turned partly towards the r. side and partly on back.⁴ (3).

At 7:30 A. M., sharp cutting near l. scapula, as from rheumatism, worse on drawing a long breath; at 11:30 A. M., stitch in l. breast very marked.⁴ (5).

Piercing pains under l. scapula, running through the body (19); the same, felt keenly when turning in bed.⁴ (28).

Sweat on back while walking, though the day was very cold; after entering a warm room it chilled her through; thermometer at zero.¹ (Led., Petr., Phos., Rhus, Sep.) (after 40m).

° Sharp incisive pain between scapulæ, passing through to sternum, with a sense of pressure or constriction of chest; in afternoon.²⁷ [cm].

[750]. Pain in back from scapulæ to sacrum.¹ (6 after 40m).

Slight pain in scapulæ while sitting.⁸ (6).

Backache between and just below scapulæ when leaning forwards.¹ (17).

Backache nearly all day, between scapulæ, worse after becoming warm, somewhat relieved by leaning back, worse by leaning forwards.¹ (5, 6, 8, 15, 16, 20, 38).

° Aching pains in all the limbs and back, with diphtheria.²⁸

° Neck stiff.²⁸ [cm].

Pain in sacrum (13, 20, 38); increased by riding but not by walking.¹ (14).

° Pain in back of neck.⁹

Aching pain in sacral region in morning, worse by stooping, relieved by leaning back, with a sort of weakness and giving way as if she would fall; this pain extended around l. side of pelvis (leaving the back) to inside of thigh, followed by a bloody leucorrhœal discharge after six hours, which came all at once, leaving labia extremely sensitive.¹

UPPER EXTREMITIES.—Sharp pain passing from r. shoulder to second joint of third finger.¹ (15).

[760]. Pains down r. arm and in fingers, which feel cramped; don't seem to have the same power in r. hand.⁵⁵

From draught in evening, sudden violent pains in r. shoulder, so much so that when retiring that night she could not raise arm to finish toilet, as if disabled by dislocation.⁵⁵ [cm].

Pain in bend of r. elbow.¹ (20).

Tingling in r. forearm extending from elbow to little finger. (Arsen., Con., Merc., Puls., Sec.), at 10 A. M.; at 1:45 P. M., the same tingling, and with it the same sensation across r. calf, and a neuralgic pain in r. temple.⁴ (2).

R. wrist lame and painful. (Ox. ac., Petr.)¹ (13).

Pain in r. wrist.¹ (3 after 40m).

Severe pain for all of one day in r. wrist; pain seemed to be deep in centre.¹ (June, 1872).

Steady pain in r. hand, as if it had been bruised.⁸ (21, 22).

Pain passing from r. thumb to little finger.¹ (21).

Pain in ball of r. thumb.¹ (19 after 40m).

[770]. Sharp shooting pain in ball of r. thumb.¹ (30).

Pain in third finger of r. hand, extending from middle joint to tip.¹ (7 after 40m).

Blotches looking like flea-bites on l. arm and both legs, which itch slightly (5); blotches have passed away.⁸ (6).

Severe pain in metacarpo-phalangeal joint of index finger of l. hand, worse from pressure, also from bending the finger backwards; lasted severe about a week, but still continues a little (Nov., 1872); severe pain of same character in l. shoulder-joint, felt only during certain movements of the arm, and especially when rotating it outwards or backwards (Nov. 20th, 1872); still continues (Feb., 1873); the same in both shoulders, with constant desire to urinate (March, 1874).¹

Slight lameness of l. shoulder.¹ (Lach.) (9, 10).

° Partial paralysis of l. arm, unable to raise hand to head; on attempting to do so was seized with sharp pains in arm below shoulder.⁵⁷ [cm].

Sharp pain around l. arm, as of a cutting instrument, felt principally at the vaccination-cicatrix; passed from there to l. elbow, and disappeared.⁴ (45 minutes after first dose).

At 8 P. M., sharp pain in upper part of l. arm, for about two minutes; then in the wrist.³ (10).

Severe fine pain, lancinating in character, along outer border of l. biceps, worse when raising arm; this alternated with a similar pain in top of l. knee, which made it difficult to stand on the foot, and caused her to walk lame; at no time did the pains occur at the same time; sometimes they would last five or ten minutes in arm, and then all would go to the knee, or they would last half an hour in one place and not go to the other. Was scarcely free from them for two days; never had them before or since.¹ (217, 218).

Severe pain in l. elbow.¹ (1 to 3 after 75m).

[780]. *Sharp pain in l. hand on waking from sleep in night, with feeling as if l. arm were asleep; lasting fifteen minutes.² (9 after 1m).

° Trembling of l. hand, as in paralysis agitans.¹⁴ (Merc.)

Palms and soles burning hot (3); palms grew hotter, and finally itched so frightfully that she could do nothing but sit and grind them together; under their thick cuticle were numerous dark red splotches, as if an exanthem were about developing, and were only held in check by the horny epithelium (5); palms abnormally hot to touch; hands still burn.²⁰² (8).

° Two warts on middle finger noticed to be leaving.¹⁴ (14).

Painful eruption in axillæ, exceedingly painful when washing it; it looks like moist herpes.¹ (25, 26 after 75m).

Herpetic eruption in both axillæ, with light-brownish scabs (Mez.), extremely painful when washing them. The eruption was mostly in r. axilla, and appeared the day previous to the pain in labia, which was followed by a discharge of blood from vagina.¹ (34 to 36 after cm).

Herpetic eruption in both axillæ, with light brownish scabs, extremely painful when washing them.¹ (Mez.) (7 after cm).

Veins of hands look bluer than usual; they are swollen.²²

Itching miliary eruption on both upper arms, continuing some time.¹ (Oct. after cm).

Sensation as if an insect were crawling on shoulders and neck, occasionally on the hands.¹ (Natr. c., Nitr., Phos. ac., Secal., Tabac.) (15 to 20 after cm).

[790]. Crawling sensation on shoulders, commencing just over or back of joint, passing up towards neck and up to edge of dress, as if a large insect were leisurely crawling in an indirect course; the sensation is so well defined that frequent fruitless examinations were made to find the insect.¹ (June to August).

Fingers extremely cold, but not the rest of the hand (6); still continues (Feb. 18, 1873).¹ (Cic., Deflor., Rhod., Tarax.)

Perspiration in axillæ stains the linen bright orange-color; no smell.¹ (Dulc., Hep., Nitr. ac., Rhod., Selen., Sep., Sulph., Tellur., Thuy.) (Oct. after cm).

* Very fetid perspiration in axilla, staining linen brown.¹ (16, 17 after 40m).

Biceps very sore at lower part, only felt during motion, not from touch.¹ (Fluor. ac.) (41).

Wrists very lame.¹ (Nux, Kali, Ruta.) (11, 12, 14 to 21, 25, 40).

Wrists very lame, especially r., which has sharp pains passing from thumb to little finger.¹ (12).

Wrists lame and painful, especially r.¹ (20).

Aching in both wrists, especially when lifting anything.¹ (39 to 44 after cm).

Pain is in all parts of the hands.¹ (12, 15, 18 after cm).

[800]. Soreness of the ends of all the fingers for several days.¹

LOWER EXTREMITIES.—^o Partial paralysis of r. leg, from miscarriage; has to use a cane; r. ovary sore by spells, and pain darts down leg, sometimes to the foot; leg feels numb and stiff, but cannot keep it still any length of time; feels better by flexing it on abdomen.²⁶ [cm].

Varicose veins on outer r. thigh, from hip to knee-joint.¹ (3 after 75m).

Severe pain in r. gluteal muscle; seems to catch her when she walks, so that she must bend to the r. and walk lame.¹ (after cm).

Sharp pain in upper part part of r. thigh, during severe coryza.¹ (4).

When walking, sensation as of a pea in outer part of r. knee-joint; walks as if lame.¹ (7 after cm).

Sensation in r. knee-joint as though the leg below was turned outwards; constant inclination to put the hand down and bring it into place again; felt only during evening; there was no displacement.¹ (153 to 160 after cm).

Pain in r. popliteal space.¹ (13 to 14).

Pain passing from r. popliteal space to back part of ankle.¹ (15).

Pain in r. popliteal space, relieved by stretching out the leg and everting the foot; walks lame; r. leg seems one or two inches too long.¹ (20, 21).

[810]. Sharp lancinating pain in middle part of r. leg.¹ (after cm).

Fine sharp lancinating pain from middle of r. ankle in front, passing up the leg about eight inches, zigzag.¹ (after cm).

Painful stitches in r. big toe while walking; knees and wrists lame.¹ (Bry.) (10, 11).

^o Rheumatic pains in l. hip and along sciatic nerve; wandering pains in nape, with stiffness; pain in one or other shoulder.²⁸

At noon, rheumatic-like pains in upper outer front of l. thigh.¹⁴ (4).

Pain at inner and forepart of l. knee.¹ (20, 21).

Sensation of numbness in l. leg, with great heat as if burning, but cool to touch; brought on by pressure on the popliteal space, as on the edge of a chair; for two days.¹ (23 after 75m).

Sharp lancinating pain in l. ankle-joint internally, which causes immediate weakness, so that she would fall unless supported; lasts only for an instant.¹ (Natr. c.) (after cm).

After sitting a while, on rising, has an aching pain in top of l. foot, which prevents walking and makes her fall; relief in a short time.¹ (545).

For about a week, whenever she rose after sitting awhile, had a sharp pain in left foot, passing from outside of heel

to top of instep; for the first few steps she would have no control over the foot, and would walk as if lame; it would be felt again after sitting; would rapidly pass off.¹ (after cm).

[820]. Burning in ball of l. big toe (26); in inner side of l. big toe (27).¹

°Temporary sciatica in left thigh; said I had given him an opiate.²⁸ [40m].

Varicose veins on outside of left thigh; still visible on 126th day.¹ (Puls.) (4 after cm).

Sudden creeping chills in lower limbs.¹ (12).

Slight excoriation of the skin between the thighs, caused by walking.¹ (7 after cm).

Feeling of stiffness through the thighs, nearly all day, worse on attempting to move after sitting.³ (11).

°Subject to attacks of acute rheumatism, and always had one after quinsy sore throat. Bruised pain in soles, preventing walking, and a stiffness of ankle, knee, and hip joints, and an occasional pain moving upwards; the pain became intense; she was confined to bed, and complained of pain in ankle-joints as of a dull plug pushing; joints were stiff and sore and tender to touch, with but little swelling; any application of fluid, cold or warm, made pain worse; worse from much heat and from least motion; then knees became involved, then hips and l. side of chest. At first l. ankle was attacked, then, after some hours' suffering, r. ankle, with relief to the part first affected; this would last two hours on r. side, and the pain would move back again to the joint first affected, and so the pain would see-saw from one side to the other, with relief in one side at a time; after twenty-four hours the joint higher up would be attacked, and the same programme be carried out.¹⁴ [cm].

°The remedy par excellence for sciatica.²⁵ (Curare, Graph., Kali bichr., Lach., Iris., Phyt., Plant. m., Tellur.)

Pain in both knees and wrists.¹ (Ruta.) (22).

Pain in both knees in evening; slight relief from stretching limbs out straight.¹ (43).

[830]. Severe pain in front of both knees (after cm given for sore throat, which it relieved).¹³

Veins of feet and ankle very much swollen.¹ (Puls.) (12 after cm).

Feet swollen and very sore, causing considerable pain while walking.¹ (Eupat., Puls., Bry.) (7).

° Cramps in feet.² (Lyc., Petr., Sil., Sulph.)

° Ecthyma; a sore breaks out on r. leg, excessive itching causes by-and-by inflammation, then swelling, blister forms and suppuration sets in; afterwards clear lymph, then discharge of matter; then scabs and scales will form, turning eventually into a bran-like desquamation; scars have left discolored skin. Case comes nearest to Neligan's *Atlas of Cutaneous Diseases*, Plate 3, Fig. 2.³

Itching on calves, which, on being gently scratched, left a burning sensation; it extended up thighs, and on to the fleshy part of arms below elbows; most towards evening and when warm (15); continued without redness.⁷ (28).

Several patients while under its action complained of numbness and paralytic feeling in inner side of both knees, extending to both big toes.²⁹

FEVER.—Chilly feeling, lasting all day.³ (10 after 1m).

Internal chilliness, with external warmth.³ (Arn., Arsen., Bell., Calc., Cocc., Dig., Hell., Ign., Lach., Nux, Sep., Sil., Thuja). (51).

At 9:30 p. m., sudden chilly sensation, while the lips parch and burn.³ (Arsen.) (17).

[840]. ° Severe chills.¹⁷

Cold and chilly all day, till 4 p. m., when she suddenly became very warm, with flushing of l. side of face.¹ (5).

Very cold for one hour after retiring to bed, preventing sleep.³ (16).

At 4 p. m. felt very cold on entering house after being out of doors all day; cold chills ran down back, and hands as cold as ice; at 6:30 p. m., entire relief after a hearty dinner.³ (12).

* Slight rise of temperature.^{30b}

Intense * fever, on awaking in morning, with perspiration.⁶ (Eupat.)

° Sweats all over.³⁰

° Dry hot skin.²² [mm].

° Fever returning every evening.¹⁹ [mm].

* With diphtheritic throat, chilly, high fever, pains in head, back, and limbs, great restlessness, and extreme prostration.⁶ [In conjunction with symptom 252.]

[850.] ° Skin clammy (in diphtheria).¹⁷ [cm].

° Exhausting sweats after sleep.²⁰ [cm].

° Fever and chills for a few days, and up and down every few hours.¹⁹

SLEEP.—Very sleepy all day long, could scarcely keep awake.¹ (Sulph.) (3, 20, 21).

Very sleepy during evening.¹ (6, 7, 19, 33, 40, 47, 58).

Can hardly keep awake in evening, even when reading something very interesting.¹ (Thuja). (209 to 216).

Goes to sleep in day time, if alone; would like to sleep even when people are around, but will not give up to it.¹ (209 to 216).

Sleep good; dreams pleasant, about statuary.² (4).

Sound sleep fore part of night; after 1 a. m., sleep broken and disturbed; uneasy fitful dreams till morning, the subject not remembered.² (3).

° Drowsy.²² [mm].

[860.] ° Cried out and talked in sleep.²¹ [cm].

° Sleep disturbed by emotional strain.²⁵

* Cannot find any comfortable position in bed; there is no way she can put her hands that they do not bother her; falls asleep at last on her face.¹ (8).

When in bed, the arms seem to be in the way, somehow cannot get them into a comfortable position; on waking the hands are over the head.¹ (Calc., Chin., Coloc., Nux, Plat., Puls., Rheum., Rut., Thuja, Verat.) (209 to 216).

Very restless at *night; *very difficult to get into a comfortable position; generally go to sleep lying on back with hands over head.¹ (June, 1872.)

Sleep broken and very bad.² (10).

Sleep prevented by being very cold, for one hour; with great nervousness (16): awakened in night feeling very chilly, with sharp pain in l. hand, and sometimes in l. arm

as if it was asleep, lasting fifteen minutes.⁴ (9 after 1m).

*Sleep disturbed, very wakeful; limbs very cold all night.⁵ (45).

Began to be very restless at night, even in sleep (3); restlessness most marked when attempting to sleep, could not sleep till late at night (3); rolled and tossed about all night, could not sleep at all on account of uncontrollable feeling of restlessness, had to turn and shift about constantly; the nightly restlessness last till eighth day.^{5a} (3).

Extremely restless at night, rolling and tossing about momentarily, sighing deeply.^{5c} (5).

[870.] All night very restless, tossing about and moaning; next night restless, with hot hands and feet, but slept better than on previous night.^{5b} (2).

°Sleepless and crying continually.⁶

°Sleeps a great deal in daytime, and sleepless and crying all night long.⁶

Dreams of the events of the day, but much magnified.¹ (Bry., Calc.)

Dreams confused.² (2).

Dreams of going to the sea-shore or to the water, many nights in succession.¹

Dreams of pleasant interviews with friends.⁴ (8).

Sleep at night full of sensuous dreams, with conscious emission.¹⁴ (3).

Sensuous dreams at night, but no emission.¹⁴ (4).

Dreams of a very beautiful vision; as if the heavens opened and disclosed scenes of indescribable beauty.¹ (Stann.) (21).

[880.] Continually dreams of eating all night, but does not dream that she is hungry; dreams in connection of walking a great distance.¹

Dreams of eating to excess almost every night; yet during the day not the slightest desire for food, though it tastes good when eating.¹ (April, May, 1872.)

Dreams of seeing nice things to eat, and of having a great desire for them, yet as soon as she eats, is terribly nauseated.¹

Dreams of eating, but everything nauseates her terri-

bly; it makes her sick to think of it, even when awake.' (21).

Dreams of playing ghost and going around to scare folks.¹

Dreams of going home, and always getting into trouble; of going to see people and being disappointed because they were not glad to see her.¹

Dreams that she is naked in public streets, or other places, and feels terribly about it for awhile, and then consoles herself that, as she has an exquisitely beautiful form, it will make no difference.¹

Dreams frequently that she has a child, but that it has no father, and that she is disgraced by it: she never dreams of its birth, only that it is hers some other way.¹

Dreams of traveling great distances, but generally is in trouble, missing trains, boats, and stages.¹

Dreams of going a journey, and was separated from the party, and had to walk a long distance, and arrived at the station just in time to see the train start off.' (*Lach., Sang., Sil.*)

[890.] Dreams of a terrible pain in l. side of chest; felt as if her corsets were broken and sticking into her; the agony was intense when taking them off: woke up exhausted.¹

Distressing dreams about cats.' (*Arsen., Hyom., Mez., Puls.*) (20).

Dreams of vermin, especially bed-bugs, very distressing; there seemed to be multitudes of them.' (*Amm. c., Mur. ac., Nux v., Phosph.*) (21).

Dreamed that she was all one mass of sores inside of her, and that small round fat worms (like cheese maggots) were crawling out of the vulva, and going all over her; she would take them off, yet more would come, and she could feel them crawl out one after the other, just as plain as if it were really the case: on waking the sensation continued, with violent itching of vulva, but was afraid to touch it for fear that the sores in the groin had indeed generated worms.¹

Dreams of a visit from the devil (knew him by the ap

pearance of his body, as seen through a rent in his clothes, which was as a glowing red-hot coal), who urged her to eat and drink divers articles: on her refusing, took her to his anatomical museum, where he had the hands of those who had pledged him, and the hearts of those who had bartered them for wealth, power, and fame.¹ (Kali., Natr. c., Niccol.)

Sleep very much disturbed by dreams; two or three times was witnessing bloodshed; also dreamed he was lost in some old ruins, and could not find his way out.^{2b} (2).

SKIN.—Every scratch gets sore.²²

° On face, hands, neck, and chest, bright scarlet eruption, exactly like scarlatina.²¹ (200).

° Bright scarlet redness on chest and round neck; next day extending all over body except legs, which were, however, covered that night; on this last and next day (fifth and sixth days), when the fever and diphtheria were at their height, the skin in large patches assumed the dark red color bordering on purple, as seen in malignant cases, while the whole body seemed swollen.²¹

[900.] ° Diphtheria with or following scarlatina.^{20 22}

° Ichthyosis, with bran-like desquamation of skin.¹²

GENERALITIES. —* No inclination for the least exertion, would like to do nothing but sleep¹ (209 to 216); ° when awake very irritable, and cries constantly.²⁶

* Much lassitude.² (1).

Tottery when walking, * tired.²⁵ (19).

° Heaviness.²⁵ [cm].

° Profound depression of vitality.⁹

* General weakness and prostration very marked.⁵

° Great exhaustion, with "poisoned" feeling.²⁰

° Profound prostration, to the extent of refusing to make the effort to take a dose of medicine.¹⁶ (19m).

Felt in fine spirits; ran for nearly half a mile without fatigue.⁴ (16 after 1m).

[910.] ° When walking, seems to be walking on air; when lying, does not seem to touch the bed.²² (Asar.,

Chin., Coff., Natr. m., Nux, Op., Rhus, Spig., Stram., Thuja).

Very nervous when trying to sleep.* (Apis, Phos.) (16).

Feeling of great uneasiness during forenoon; very nervous, with trembling sensation through arms and chest.⁴ (7 after 1m).

* Rheumatic pains in joints.**

General feeling of illness all day, but no return of diarrhoea.¹⁴ (6).

Very weak and depressed.¹⁴ (7).

* Has improved remarkably in flesh, and promises to have her bones fairly cushioned with fat; never showed any tendency to fatten before the proving.^{10b}

Went to bed at 8 p. m., from fatigue and indisposition; slept well till 9 a. m.¹⁴ (7).

Felt very unwell.¹⁴ (11).

Woke late, with timid feeling, and inclination to lie longer in bed; better after dressing; remainder of day tolerably comfortable.¹⁴ (12).

[920.] Indisposed all day.¹⁴ (13).

Woke earlier than usual; felt well till 3 p. m.; unwell rest of day.¹⁴ (17).

* Restless, going from rocking-chair to lounge, back and forth.¹⁹ [mm].

Very restless; cannot stay in doors, and when out of doors cannot remain long in any place, runs all over town; feels best when walking in open air.²⁰

* Restless all over, legs, head, and whole body.²⁰ **

* Great restlessness over entire body.*

Restlessness.¹⁹ [mm]. [cm].²¹

Utter inability to lie half a minute in one position.^{20a} (3).

* Left hand bloats and is numb, with trembling, jerking, and fluttering through lungs, and numb pricking sensation all over body, arms, and legs.²⁶

* Aggravation at 5 p. m. (in diphtheria)*

[930]. The symptoms throughout the proving showed periodicity; *worse morning of one day and afternoon of next.¹

° Aggravation of symptoms after sleep.¹⁶ (diphtheria)²⁰
(Kali bich., Lach., Op., Stram., Sulph.)

° General aggravation at 5 p. m. (rheumatism in legs and chest symptoms)¹⁴ [cm].

Feeling as if she had taken cold, but was confident she had not.⁵

In all cases where from 1m to cm have been given, patients invariably notice a languor, a tired, sleepy feeling during day; in fact, a longing to lie down; often this feeling of drowsiness is so overcoming that they get up from one lounge but to fall on their face on another; afterwards usually increased appetite.²⁵

° Symptoms better in evening, moderately quiet at night, but worse from about 4 to 7 a. m. (in diphtheria)⁹ [30].

° On taking the medicine, the pains in limbs, back, and head disappear, while the throat becomes more painful, but looks better.²⁰

° Neuralgia, and acute pains; rheumatism, gout, syphilitic sciatica, sexual debility.²⁵

The pains commence on either side; they go from one side to the other, one side entirely recovering before the other is attacked. (See symptoms 186, 257, 281, 288, 290, 374-5, 547-9, 826.)

° The pains are constantly flying from one part to another.¹⁸ (Puls).

[940]. ° Syphilitic rheumatism, pains shifting; aggravations at 5 p. m. and 7 a. m.¹⁴

° Child prefers to sit up in its mother's arms, though weak.²² [cm].

° Sequelæ of diphtheria. (See symptoms 113, 149, 413-4, 943.)

° Child partially paralysed after diphtheria; could not walk; pain all over, with cough, aphonia, loss of appetite, emaciation.²⁰ [cm].

° Sequelæ of syphilis. (See symptoms 165, 940.)

° The red, shining, glistening appearance is characteristic in any ulceration.¹⁴

° Enlarged glands after scarlatina.¹⁸

° Cold indurations.¹⁸

- ° Useful in scrofula.¹³
- ° Rachitis. (Allopathic authority.)
- [950]. ° Emaciation. ²⁰ ²³

CONCORDANCE.

- (1). Lach., Lyc., Thuja.
- (2). Kali bich., Merc., Natr. s., Nitric ac.
- Follows Lach. well.²⁶
- Follows well when Nitr. ac. seems indicated but fails to act.¹⁴

ADDENDA.

Dr. Boardman reports:

° Sensation of a lump in r. side of throat, with a feeling that she could take hold of it with her fingers and pull it out; accompanied by a very annoying pricking, sticking feeling; constant inclination to swallow saliva, which caused soreness of the throat. [cm].

° Severe throbbing in region of solar plexus; when it became very severe, which it did daily for hours at a time, it would seem to extend or continue upwards to head, when dizziness and lightness of head would supervene, requiring her to lie down at once, otherwise she would fall violently to the floor. [cm].

Dr. H. W. Taylor reports the following symptoms produced by the 200th:

Passage of particles of food into the opening of the posterior nares, lodging and remaining for hours, apparently just above the free border of the soft palate; uvula elongated, and smartly curved with the convexity towards the l. side; the muscular tissue of the l. half of velum pendulum palate was in paretic state; at meals my mind was fixed upon my throat, and I watched for the crumbs of food that, despite all my care, would go up instead of down.

Dr. J. C. Morgan reports:

The characteristic is the erratic disposition of the symptoms.

Dr. C. Pearson reports:

°Throat very much inflamed; tongue heavily coated and dry to the tip; tonsils swollen, l. nearly covered by diphtheritic patch or ulcer; eyes dull and lustreless; voice hoarse and husky; pulse 120; no appetite or thirst; countenance pale and careworn. [2m].

Dr. J. C. Guernsey reports:

°Quinsy; the suppuration ran from l. tonsil to r., then from r. to l., then back again to r.; then both tonsils equally; and again one tonsil would improve and the other grow worse; the whole posterior portion of throat was an œdematous swelling, rising up like an insurmountable barrier; thick tough pieces of diphtheritic membrane were coming away, and new membrane constantly re-forming; the swelling in throat was so large and tense that the mouth could not be closed; tongue was fairly loaded down with a thick heavy coating, yellowish in centre, paler at edges: all drinks returned by the nose, nothing being swallowed; she was very "blue," felt hopeless and quite discouraged; a peculiar rattle in mouth, right along tongue; on attempting to hawk her mouth clear, the mucus rattled along the tongue quickly and continually; utterance was so indistinct as to be unintelligible, and every word she tried to speak was accompanied by this quick and continuous rattle along the tongue. [cm].

Dr. G. H. Carr reports the following:

°Thinks she is looked down on by everybody, and feels insulted thereat. [mm].

°Child cries and screams all the time, especially at night, and will not be pacified in any way.

°Face very red and then suddenly pale.

°Dark brown areola under eyes.

°Headaches, mostly through temples, darting, stabbing, sometimes begin on r. side and sometimes on l.; always going from one side to the other.

°Seems to affect lower lip most, and blisters and fever-sores on lips are amenable to its influence.

°Stomatitis, stomacace, cancrum oris, and nursing sore mouth.

Dr. Carr also has verified by cures the following symptoms:

Nos. 7 (first paragraph), 11, 13, 17 (first and last paragraphs), 20 (first paragraph), 24 (second paragraph), 27, 28, (with "° attacks of rage, cursing and swearing at the slightest provocation"), 36 (with "° cursing and swearing") 38, 39 (with "° and swears like a pirate at every little thing"), 57, 68, 69, 80, 95, 96, 103, 130, 141, 176, 178, 184, 185, 187, 202, 206, 207, 214, 218, 240, 253, 314, 321, 343, 354, 358, 365 (with "° or to both ears"). Also to 133 add "° r. eye in one case."

ADDENDA.

The following have to be added to Dr. Laura Morgan's proving:

Headache first on one side of forehead, then on the other.¹ (13, 14).

Headache in upper forehead.¹ (5 after 40m).

Headache.¹ (25 to 27).

Nearly all this month, at times, a sensation as if there was something over l. eye, seeming as if it could be removed by rubbing finger over it; the sight is very much obscured; at first she would only have it once or twice a day; afterwards it increased, but now she does not have it very much.¹ (Aug. 12.)

To Dr. Bayliss' symptoms add:

°Submaxillary glands swollen.² [1m].

[The names of comparative and corresponding remedies in parentheses are, with a few exceptions, kindly added by Dr. Lippe.

° Indicates a clinical symptom.

* Indicates a verified symptom. This star, if placed elsewhere than at the beginning of a symptom, signifies that the portion of the symptom to which it is attached, from stop to stop, has been verified clinically.

The figures enclosed in parentheses indicate the day of proving in which the symptom occurred.

The figures or letters in brackets, the potency used.]

SURGERY.

SURGICAL NOTES.

J. G. GILCHRIST, M. D., Editor.

REMARKABLE INJURY OF THE FINGER.—M. Thomas, of Tours, has described to the Paris Society of Surgeons a remarkable injury of the third finger which has come under his notice. One of his patients, going home late without his key, wished to climb an iron railing with sharp-pointed tops: when dropping down, he felt himself retained by his third finger, which gave way at last; and, going into his room, he found that his finger was completely stripped of its integuments. A medical man, called at once, found the finger caught on the railing by a ring. The finger appeared complete, but was without the bone. M. Thomas was called an hour after, and reintroduced the bone into the finger. He applied two sutures, and banded the hand. The extremity of the finger became gangrenous. However, the patient had from this attempt the benefit of preserving nearly a phalanx and a half of his finger. M. Thomas has not found any such case on record. (*Med. and Surg. Rep.*, Oct. 23, 1886).

MESSAGE IN FRACTURE.—The method of treating fractures by percussion, elaborated by M. Thomas (*Contributions to Surgery and Medicine*, Part VI), lately noticed in our columns, is adopted, with some modifications abroad. We read (*Med. and Surg. Reporter*, LV, 539), that at a meeting of the Paris Surgical Society, the following discussion occurred:

“A new method of treatment of fractures, particularly of the radius and fibula, was recently brought to the attention of the Societe de Chirurgie by M. Lucas-Champonnière. This consists in immediate and prolonged massage at the seat of fracture, without the application of any splint or other apparatus to secure immobility.”

“M. Champonnière asserts that in many cases this has given very excellent and rapid results. In a recent case, a fracture of the radius occurring to a physician, three days of massage had proven

of such benefit that he was then able to write prescriptions with the injured hand."

"M. Trélat, in the discussion which followed this communication, considered that proper coaptation of the fractured surfaces, with complete immobility, was absolutely necessary for their proper union; massage and all other such methods could only serve later in reducing stiffness about the joint. He considered that three weeks in splints was generally sufficient, but would not by any means leave the fracture without any form of apparatus, as recommended by M. Lucas-Champonnière and by Tilanus, of Amsterdam."

There can be no doubt that much of surgical practice to-day is a mere survival of ancient methods, not from any particular value in the method, but from the natural conservation in medicine, particularly where results are fairly satisfactory. Perhaps there is something more than this, as to the treatment of fractures. It has been the custom for ages to associate the idea of forcible retention of displaced fragments in fracture, with the indications to be fulfilled, notwithstanding we find, on inquiry, that everything but a pure question of mechanics is lost sight of. A carpenter must retain two pieces of wood by mechanism if he wants to unite them by glueing, but a fractured bone must not be so considered. In the case of the carpenter the consequences of extreme force are expended solely on the wood; in the surgeon's case there are other contiguous parts that may be irreparably injured by purely mechanical treatment. The facts are, that in simple fracture the co-ordinating muscles are perfect splints, if reposition of the fragments is perfect, and the callus simply reinforces these to an extent sufficient to prevent displacements unless the disturbing force is considerable. In compound fracture, the conditions are not the same, and yet there is too little attention paid, as a rule, to the value of these natural splints. A perfect reposition of fragments, unless there is much obliquity in the line of fracture, gives perfect retention as long as the muscles are kept quiet; retention, in other words, is easy. If reposition is difficult, or requires much force, or retention can only be secured by firm dressings, the presumption is always that reposition has not

been secured, that the fracture is not properly "set." True, the bone may be *straight*, and no deformity, but the necessity for forcible retention is positive proof that some of the parts are not in proper relation; a muscle is put on the stretch, others relaxed, tissue is between the fragments, or the fractured extremities are not properly adjusted. The result must now be that with a *straight* limb, there is some functional loss threatened. The action of opposing muscles having the tendency to secure retention when the conditions are normal, and re-dispartition when abnormal, the first indication is to consult *position* of the member as furnishing the *desiderata*. The déposit of callus being an essential agency in maintaining apposition, and being to some extent due to the blood supply, *massage* may be of essential benefit. These considerations have been imperfectly understood in the past, and are to-day, by the mass of practitioners; but there are many who fully realize their importance. Some, perhaps, go to the other extreme, and discard dressings of any kind, relying altogether on position and muscular support. It would seem that there is a procedure somewhere between these extremes, an application of retentive apparatus just sufficient to protect the part from accidental disturbance, as bags of sand properly disposed. But there is another objection to the use of splints. The muscles at first rebel against the restraint, and jactitation is a result, which is not only annoying, but may be painful or even sufficient to disarrange the fragments. Later they lose their contractility from enforced confinement, and pseudo-anchylosis results. In homœopathic practice, I firmly believe, *symphytum* affords an eminently valuable aid in promoting the formation of callus and hastening its consolidation, so that massage may be dispensed with. Our practice then, it would seem, would be confined to the simplest retentive apparatus, and the necessity for forcible retention should be considered an indication that the reduction was imperfect.

EXCISION OF THE LARYNX.—*Apropos* of the discussion of the treatment of carcinoma, attention should be directed

to the frequency with which malignant disease of the larynx has been treated by excision, and the remarkable results attained. The number of such cases is now quite large, and a fair proportion has fully recovered, without recurrence. Dr. David Newman, of Glasgow, Surgeon to the Royal Infirmary (*Lancet*, Sept. 1886) gives the notes of a case of this character, interesting, in addition to its general character, from the fact that there had not been the slightest evidence of recurrence after six months; that Irvine's modification of the artificial larynx of Gussenbauer was perfectly satisfactory, both in phonation and ease with which it was worn; and, lastly, the variation in the usual method of operating, of operating from below upwards. The record is of great value as adding one more successful case to the respectable number already on record, and, at this juncture, giving additional testimony in favor of the doctrine of the local origin of carcinoma.

EXCISION OF THE LARYNX.—While extirpation of the larynx was proposed as early as 1833, yet the attempt was not formally made to perform the operation until 1866, when Watson of Edinburgh made it for syphilitic disease, the patient dying of pneumonia in three weeks. In a review of a report by M. Baratoux, in *Le Progress Medicale* for March 27th, and April 10th, 1886, the *Annals of Surgery* (Nov. 1886) summarises the results in 104 cases, by which it seems that the large number of 24 cures out of 83 operations is well authenticated. The article referred to is too comprehensive for satisfactory condensation, the fact above noted being referred to as of value in determining the propriety of operation for carcinoma. Of the 83 cases referred to 69 were cancerous, and 21 cures are recorded, five of them, however, are of too recent occurrence to be very reliable. There were also nine cases of sarcoma, of which two are reported cured. Now if we are to believe all that we are told, *none* of these cases should have recovered; it was a direct violation of the teachings of modern "science." I have yet to hear of a single case of malignant disease of the larynx that was even benefitted by any other method

of treatment. A supplementary list of 14 cases of *partial* excision gives the number of cures at eight, more than half, notwithstanding five of these were for malignant disease, of which two died. The indications are given, as when the morbid action is apparently confined to the larynx; if but a portion of it is involved a partial excision is advised. There is promise of a much larger percentage of cures in the future, as the technique of the operation is improved. Could homœopathic after-treatment be used, inasmuch as a large number of the unsuccessful cures succumb to conditions directly traceable to the operation, there is every reason to believe that the proportion of cures would be much greater.

DOUBLE HERNIA, RADICAL CURE.—Was called, Oct. 4, 1886, to see F. S., age 18, at Belle-Plaine, Ia., who had double oblique inguinal hernia, of a year's standing. Each hernia was large, reducible, but there had been great difficulty in securing a comfortable or effective truss, and much inconvenience was consequently experienced. Assisted by Dr. A. J. Murch, herniotomy was performed, the ring exposed, on both sides, the sac pushed well up, and a cat-gut suture introduced through the pillars, including a fold of the sac. The wounds were closed by points of interrupted suture, a compress applied held in place by a spica bandage, and *Hypericum* given internally. The wounds healed by first intention, and at this writing (November 20th) there is no disposition to descent of the hernia. There were no unpleasant symptoms, from first to last. J. G. G.

NÆVUS.—While the ligature seems to be generally accepted as the best mode of treatment of nævi that are at all pedunculated, or that are of such form, even when sessile, that a ligature may be applied, yet there are many cases in which it is impossible to apply it. Acids, corrosive or astringent, have given very negative results, and remedies, for obvious reasons, have a very limited field, the conditions being chiefly congenital, and therefore representing deviations from the normal structure that present very dif-

ferent conditions from tissue changes. Galvanism has, occasionally been used with admirable results, but for some reason it has never occupied the place in therapeutics that its merits would seem to demand. Mr. Simeon Snell, Sheffield, Eng., Surgeon to the Institution for the Blind (*Lancet*, Sept. 1886, p. 179) gives a *résumé* of five cases of nævus of the orbit, in which electrolysis gave most satisfactory results. The treatment was repeated from three to four times, in each case, at intervals of a week or ten days. The summing up contains a practical hint that may be of service to those who are not familiar with the procedure: "From six to ten cells of the battery will generally suffice * * * *. A sufficient strength should be employed that will decompose water readily, and if this be tested before proceeding with the operation, it affords a simple plan of determining which needle to remove, and which to keep stationary—the one from which the bubbles freely escape will be the one to use in the first manner."

XANTHIUM SPINOSUM IN HYDROPHOBIA.—Some years ago reference was made in our journals to this remedy, but the investigations were not pursued. Whether any experiments were made in this country I have not learned, but certainly in these days of "bacteriology," the following must prove of interest. In the *Russkaia Meditzina*, Dr. Ivan J. Makavëff, of St. Petersburg, describes seven cases where the patients were bitten by rabid animals (four by wolves, three by dogs), and subsequently treated by the internal use of powdered leaves of *Xanthium spinosum*, given in ten-grain doses, three times daily, and by steam baths, taken every other day, for six consecutive weeks. No cauterization of the wounds was made in any of the cases. In two of the patients the treatment commenced several hours after the bite; in two others, on the second day; and in the remaining three, steam baths were resorted to on the day of the accident, but the *Xanthium* powder could be obtained and given only ten days later. In none of the patients hydrophobia made its appearance. Six of them (three were bitten ten years ago; two, nine; one, five; and one two) are still liv-

ing; the seventh, a man, aged 60, died from old age four years after the bite. Two of his companions, who had been attacked by the same rabid wolf, died from hydrophobia in two or three weeks after the accident. During his service in the Kaluga *zemstvo*, the author saw not fewer than 30 cases of hydrophobia. In one of the patients the incubation period lasted ten days; in one, three weeks; in a vast majority, exactly six weeks; in none was it longer. All died on the third day of the disease, in spite of treatment by all possible means (including inhalations of oxygen, which even increased the severity of the symptoms). The author states, also, that he never saw any case of hydrophobia where anything like 'violence' or 'madness' was present, and generally thinks that the violent behavior of hydrophobic patients may be brought about only by 'a rough and irritating nursing.' According to Hager's *Handbuch der Pharmaceutischen Praxis, Ergänz.* Xanthium spinosum was recommended, as a prophylactic against hydrophobia, by Drs. Kostoff and Grzymala, who gave the drug internally, in a daily dose, varying from 50 to 100 grammes, and also applied an infusion to the wounds. Grzymala bases his recommendation on invariably successful results obtained during 20 years' practice. The herb possesses diaphoretic, diuretic, and ptyalogogue properties, increases the temperature of the body, favors the digestion, etc. As Yvon's researches show, it does not contain any alkaloids. (*Lond. Med. Rec.*, Oct.)

SUPRAPUBLIC LITHOTOMY.—Prof. C. M. Thomas reported five cases of epicystotomy with one death, at the recent meeting of the Pennsylvania Homœopathic Medical Society. In this record, as is quite the rule, the death was in no way associated with the operation, being due to renal complications. The list of cases in our branch of the profession is now quite large, and the record of successes is exceedingly gratifying. In the discussion that followed, Dr. Van Lennep stated his belief that a mistake was often made of making too small an incision, whereby, among other dangers, there was apt to be tearing of the tissues.

There can be no question that this is a mistake very common in operations of all kinds. In some instances it may be due to timidity, in others perhaps from faulty teaching. No doubt there are a few instances where a small incision is made from vanity, a desire to show how an operation may be made under difficulties. As to the timidity referred to, certainly it requires more courage to make a secondary incision than it does to make a large one in the beginning; and the vain man does his patient a damage when his incision is so small that he is compelled to stretch, and tear the tissues in the manner that seems unavoidable. Unless blood vessels are exposed to danger, or the scarring would be a prominent blemish, an incision had better be too large than too small. A small incision is liable to require a degree of stretching or laceration that must inevitably impair the vitality of the margins, thus prejudicing prompt repair, as well as furnishing the conditions of septicæmia. There can be no question that it is of incalculable advantage to see the parts operated upon; no matter how the sense of touch is educated it cannot compensate for inability to see. In abdominal sections there is rarely an excuse for short or inadequate incisions; the wound being made in the *linea alba* scarring is of no consequence, and there are no vessels to be dreaded. Perhaps, however, the "occasional surgeon" should be warned against too small an incision in operations on tumors, when dissection of the base is required. Often vessels of importance are wounded and the small opening renders the control of hæmorrhage very difficult, and may even place the patient's life in danger.

CARBUNCLE.—At the same meeting, Dr. W. J. Martin, of Pittsburgh, reported a case of carbuncle in which "the pain was so intense that the patient could not lie down or go to sleep; she walked about the room, and feared she would die or go crazy. The carbuncle was studded with small openings. No pus was discharging. The pains were of a burning, stinging character. *Tarentula cubensis* 12, brought almost magical relief."

CLINICAL MEDICINE.

EPISTAXIS (HÆMORRHAGIA NARIUM).*

EDUARDO FORNIAS, M. D., Philadelphia, Pa.

The site of this bleeding is the mucous lining of the nasal fossæ, and it is one of the most common varieties of hæmorrhage, due probably to the great vascularity and little support of the blood vessels of the part. It may flow anteriorly, from both nostrils, but as a rule only one is the channel of exit; or posteriorly, constituting what is termed "Choanorrhagia." It is produced by an injury, such as a fall or blow, or is the result of an operation, or due to local congestion, brought about by running, coughing and blowing the nose too hard, especially when there is a predisposition to it; or depend upon passive congestion, with disease of the heart or lungs; or upon a medullary growth within the nose; or arise from an impoverished state of the blood, as in scurvy, purpura and anæmia. Frequently it is supplementary to the menses, when it is called vicarious, and even an essential variety is admitted, which occurs spontaneously and is ascribed to the hæmorrhagic diathesis. (Hæmophilia.)

According to Espanet of France, it is often one of the first manifestations of the hæmorrhoidal constitution, and later in years it is usually replaced by hæmorrhoids. There are cases on record in which the blood, after passing posteriorly into the larynx and stomach, has been coughed up or vomited back, giving rise to the belief that the bleeding was of pulmonary or gastric origin.

As a concomitant, epistaxis is sometimes observed in acute pneumonia, either as an early symptom or among the phenomena of the crisis. It is seen in chlorosis, and especially in that variety of anæmia known as Grave's disease. In purpura hæmorrhagica it constitutes the most common bleeding from the free surfaces. We may find it

*Trans. Hom. Med. Society of Pennsylvania.

as a precursory symptom of fatal cerebral hæmorrhages. It is a frequent attendant of severe attacks of whooping cough, and whilst it shows how great is the interference with the circulation, it often becomes a valuable remedy. In measles it occurs as a complication, and in rare cases may be so great as to endanger life. Finally, bleeding from the nose has also been noticed in dengue, diphtheria, erysipelas, influenza, relapsing fever, scarlatina, variola maligna and yellow fever.

An attack of nasal hæmorrhage may occur without any prodromic symptoms, or be preceded by a heaviness of the head (more or less marked), a tickling which provokes rubbing of the nose and sneezing, or by congestive cephalic phenomena, such as heat and redness of the face, injected eyes, violent beating of the temporal and carotid arteries, frontal headache, buzzing in the ears, blurring of the sight, dilated pupils, photophobia, vertigo, and a full, quick, bounding pulse.

The period of life most common for its occurrence is puberty, but no age is exempt from it. Dr. Preston, in an article on nervous hæmorrhages, which he wrote some years ago, asserts that "epistaxis forms the most common hæmorrhage of childhood, and that in a great proportion of cases is simply and perfectly harmless. When it is dependent upon active congestion it is usually arterial, and proves its own remedy; when it is the result of mechanical congestion, or forms one of the developments of the hæmorrhagic diathesis, it is passive and probably venous."

The amount of blood lost varies from 100 to 200 grammes. In certain individuals it recurs frequently, especially in summer, and the flow may be so profuse as to produce syncope. In those who suffer from hæmophilia it may prove fatal in spite of treatment.

The local treatment consists: First, in the removal of the cause, such as foreign bodies, fragments of denuded or dead bones, etc., or in the restoration and retention of displaced parts in their normal position (in case of injury). Second, in diminishing the flow of blood by means of a convenient posture of the body, the recumbent being held by some the

best. (The flow of blood has been arrested by directing the patient to stand up with the head elevated, compressing the nostril, whence the blood flows, with the fingers, raising the corresponding arm perpendicularly, and holding it in this position for about two minutes.) Third, in the dashing of cold water on the face, or its injection into the nostrils, or the injection of styptic cold solutions, in laying a bag of ice on the forehead, or in snuffing up powdered astringents (matico or gallnuts) into the nose. Monsel's solution on pledgets of cotton carried up to the bleeding spots has been used with success, and, if in special cases these means fail, we can resort to the platinum wire loops of the galvano-cautery; and, fourth, in compression, either on the facial artery, where it reaches the *alæ*, or in the carotid, or by plugging, anteriorly or posteriorly, as the case may be.

The plugging of the posterior nares is best effected by passing a Bellocq's canula along the floor of the nose, with the piston drawn out, and after the curved point has projected below the soft palate, to push forward the piston which carries the eyelet into the cavity of the mouth, then thread it and draw out the piston conveying the twine, and in this manner we have got a string passing along the floor of the nose, through the posterior nares, looped around the soft palate and emerging at the mouth. A roll of lint or a piece of sponge, somewhat larger than the opening of the nares, is next attached to the lower part of the cord, twelve or fifteen inches from its extremity, and by gently pulling the upper or nasal part the plug is drawn into the mouth, behind the soft palate and into the posterior nares. The ends of the string should then be secured for withdrawal and the plug allowed to remain a day or two, as required. Bear in mind that "the long retention of the plug in position is followed by great fetor and the free formation of muco-pus, conditions which tend to debilitate the patient." If both nostrils are to be plugged, repeat the operation, and if the anterior and posterior nares, pass a double string, and after attaching the rolls of lint conveniently draw them in opposite directions.

INTERNAL TREATMENT.

Aconite.—This is a valuable remedy, if the approach of the bleeding is attended by marked anxiety and restlessness, indicating that the circulation and nervous system are greatly disturbed, or if such condition should supervene during the attack, especially in young and plethoric individuals. It precedes *Bryonia* or *Nux vom.* if the bleeding recurs from the least stimulating or heating cause, as for instance, wine. [Aconite is never indicated in hæmorrhage when the mind is calm and the patient cool and self-possessed.—ED.]

Amm. carb.—If the epistaxis appears every morning on washing the face, after repeated sneezing, or after dinner, especially if after the flow has ceased a bloody mucus is frequently blown from the nose.

Argent. met.—If preceded by a tickling, crawling sensation in the nose, occurs after dinner, or if the bleeding starts at the least effort, as blowing the nose (*Rhus tox.*).

Arnica.—Nose-bleed from mechanical causes, as blows or falls, copious on every exertion, preceded by tingling, frequently with bruised pain and repeated sneezing (*Amm. c.*); in the morning (*Carbo v.*, *China*, *Bryon.*); after washing the face (*Amm. c.*); caused by cough, with bloodshot eyes. The blood is bright-red or mixed with clots.

Belladonna.—If the patient shows signs of cephalic congestion, such as heat and redness of face, frontal headache, tingling in the nose (*Arn.*); beating of carotids, dilated pupils, vertigo, obscuration of sight or buzzing in the ears (*China*, *Nux v.*), especially if the blood is bright, red and hot, flows freely, even from both nostrils. The bleeding appears during the night, surprises during sleep, awakens and returns sometimes in the morning.

Bryonia.—For vicarious bleeding I do not know a better remedy. It is also indicated if the epistaxis is due to a general state of vascular erethism or congestion; the blood is bright-red, occurs principally in the morning as soon as patient moves about; about 3 A. M. (*Sulph. 3 P. M.*), or at night during sleep, or after being under the rays of an ardent sun.

Calc. ost.—When the blood flows from the right nostril, especially in the morning, with obstructed nose, with disturbed menstruation or fainting spells. Also in scrofulous children, if the bleeding is frequently repeated and without any apparent cause.

Carbo an.—When the bleeding takes place every morning and is preceded by a dull feeling in the head or by vertigo.

Carbo veg.—At night, in the morning, or in bed, especially if before and after every attack the face becomes pale and pulse small, intermittent. Every morning a few drops of blood flow from the nose, but during the rest of the day the bleeding is very profuse and long lasting, repeated several times daily for weeks, and provoked by the least movement. But worst of all, at night or in the forenoon, when it is followed by pain over the chest. Also after debauch (*Nux v.*), in old debilitated people (*Sec.*), and while straining at stool (*Coff.*).

China.—In habitual nose-bleed, especially if it occurs in the morning from 6 to 7 o'clock, and is very often renewed. It is principally indicated when repeated losses of blood have left the patient in a weak, anæmic condition (*Ferr.*), with humming in the ears, pale face and fainting spells (*Calc.*).

Cina.—Indicated when the bleeding from the nose occurs in children who suffer with worms (*Merc.*, *Spig.*). Constant desire to rub, pick or bore into the nose; extreme hunger; ill-humored; grinding the teeth during sleep; enuresis nocturna; crying out in sleep as if delirious; bluish rings around the eyes; pale or blue color around the mouth.

Crocus sat.—Is the remedy for women who menstruate profusely and long and are subject to fainting at the approach of the menses. At the moment of the attack, the forehead becomes bathed with a cold perspiration (*Verat. alb.*). The blood is black, thick and glutinous and hangs from the nose in long strings (*Merc.*). Periodicity and chronicity are characteristic.

Dulcamara.—If the blood is hot and clear, with pressure above the nose, or when it occurs immediately after getting the feet wet.

Erigeron.—When attended by fever, rush of blood to the head and red face. (*Erethites*, like *Erigeron*, is indicated when the primary hæmorrhages are attended by excitement of the circulation and the blood is of a bright-red color.)

Ferrum.—Is the remedy, either for a profuse, repeated bleeding, through one nostril only, or when both nostrils are continually filled with clotted blood, especially in anæmic persons, subject to ebullitions, with an ashy pale face, flushing easily—a kind of pseudo-plethora, who are always cold, even while in bed; emaciated and weak, from continuous losses (China). The blood is light or lumpy, coagulates easily (Merc., Puls.).

Graphites.—When preceded by rush of blood to the head and heat of the face, frequently repeated, in the evening, at night or in the morning, with running coryza, especially in women whose menses are too scanty and too pale, or too late (Puls.), with violent colics.

Hamamelis.—Indicated in vicarious bleeding from the nose, especially in young anæmic girls (Puls.), or when there is hæmoptysis at the same time, due also to a suppression of the menses. The blood is dark, venous, flows slowly, and does not coagulate. The mind is calm, and fullness in the head may be present.

Hydrastis.—If the bleeding is attended by burning rawness and is followed by itching, especially through the left nostril (Rhod.).

Ipecacuanha.—If the bleeding occurs in the course of a continuous or intermittent fever or during whooping-cough (Mur. acid). Also for a profuse epistaxis, of bright red blood, especially if preceded or attended by nausea, or if the face becomes pale, bloated, with blue margins around the sunken eyes.

Kali bich.—I gave this remedy with good success in a case of nose bleed with dry coryza, preceded by pressure and tightness at the root of the nose, and where the blood was thick and of a dark red color. I was led to its use by a persistent tickling high up in the left nostril.

Kali carb.—In periodical nose-bleed, occurring every

morning at 9 o'clock, or when washing the face. (Amm. c.) Also after great loss of blood. (China.)

Mercurius.—When the bleeding is preceded by pressure around the head, as from a band, and the blood coagulates so quickly that it hangs in long dark strings from the nostrils (Croc.). It may occur on coughing (Rhus); during sleep (Bry., Nux v.); or in children complaining of worms (Cina, Spig.).

Millefolium.—In arterial bleeding, flowing without apparent cause. Also when the blood is dark [?], and from upper part of the nose; to eradicate predisposition. Profuse nose-bleed in congestions to the chest and head.

Nux vom.—When preceded or accompanied by frontal headache, red cheeks and other signs of cephalic congestion especially in young persons, and if it occurs in the morning. Also during sleep (Bry., Merc., Verat. alb.); or from suppressed hæmorrhoidal flow, in those advanced in years. At any age; after too high living; abuse of coffee and alcoholic drinks. Debauchers who are irritable and thin. The blood is usually dark.

Pulsatilla.—Is the remedy for young and anæmic females, whose menses are late, scanty, or temporarily suppressed, with a mild and tearful disposition; especially if the epistaxis appears every month, a short time before the arrival of the menses; or if it occurs between noon and midnight. Also indicated in nose-bleed with dry coryza. It resembles *Hamamelis*, but a difference is found in the mental condition and in the character of the blood. Both have dark, venous blood, but in the former it is easily coagulated, while in the latter it is non-coagulable.

Rhus tox.—Is indicated when the bleeding is due to some violent effort, as lifting heavy weights, hard coughing, straining at stool (Carbo v., Phos.), etc., especially if the blood is of a bright-red color and coagulates quickly. It is more profuse at night, takes place in the morning, and recurs on blowing the nose (Lach.), or on stooping (Bry., Nux m.).

Secale cor.—When the blood flows continually, is of a dark color and thin (Crotal., Nit. ac.), with great prostra-

tion and a small, thready pulse, due to previous hæmorrhages. Either in old, decrepit persons and drunkards (Nux v.), or in young, feeble, cachectic women.

Sepia.—If the bleeding occurs during pregnancy, or childbed, or in women suffering from uterine disorders in whom the menses have been absent for some time; especially if brought about by a fall or blow on the nose (Arn.), and frequently recurring at the least touch of the nose.

Sulphur.—When the epistaxis occurs at 3 P. M. (3 A. M. Bry.) with vertigo, and is followed by great soreness of nose to touch; especially if it returns on blowing the nose (Rhus, Lach., Spong.). It is a good remedy against the disposition to nose bleed.

Verat. alb.—Is indicated in the worst conditions, when the face is deathly pale, the body cold and the pulse slow, or intermittent. The blood is black, viscid and tenacious. Right side bleeding; only at night in sleep.

REPERTORY.

- Blood, black and thick:—Croc., Mer., Nux v., Puls.
 thin:—Crot., Ham., Nit. ac., Sec., Sulph. ac.
 tenacious:—Croc., Mer., Sec., Ver. alb.
 dark and non-coagulable:—Ham., Lach.
 easily coagulating:—Croc., Mer., Puls., Rhus.
 light and easily coagulating:—Ferr.
 clotted:—Arn., Bell., Cham., Croc., Ferr., Ipec., Mer.,
 Nit. ac., Nux v., Puls., Rhus., Stram.
 pale:—Lach. (profuse), Led. (long lasting)
 and thin:—Carbo v., Ferr., Graph., Puls., Sulph.
 dark:—Croc., Ham., Kali b., Mill., Nux v., Puls.,
 Ver. alb.
 bright-red:—Acon., Arn., Bell., Bry., Erethites,
 Erig., Ipec., Mill., Rhus.
 hot and red:—Bell.
 hot and clear:—Dul.
 Bleeding, profuse and lasting:—Croc., Carbo v., Ferr., Mill.,
 Mur. ac., Phos., Trill.
 frequent and easy:—Carbo v. (Baryt. c.)
 copious, after every exertion:—Arn.
 slight, relieving headache:—Petr.

- Bleeding profuse, soon ceasing:—Cactus.**
 scanty:—Calad., Clem., Ferr., Lach., Nat. ars., Spong.,
 Sulph., Sulph. ac.
 long lasting:—Led., Mur. ac.
 continuously running:—Sec. (passive)
 violent:—Acon., Arn., Arg. m., Carbo v., China, Croc.,
 Ham., Kali j., Tereb., Trill., Sep., Spig.
 vicarious:—Bry., Lach., Puls. (Ham.)
 through r. nostril:—Calc., Cup., Magn. c., Ver. alb.
 l. nostril:—Amm. m., Hyd., Kali b., Rhod.,
 Tarax. (Rhus glab.)
 both nostrils (with congestion):—Bell.
 habitual, especially in a. m. on rising:—China.
 periodical:—Carbo v., Kali c.
 in young plethoric people:—Acon., Nux v.
 in young girls, with amenorrhœa:—Bry., Ham., Pula.
 in scrofulous children:—Calc., Sil.
 in children with worms:—Cina., Mer., Spig.
 in old people:—Ferr. phos., Sec. (Carbo v).
 anæmic patients:—China, Bry., Ferr., Hyd., Kali c.,
 Puls.
 in the debilitated:—Carbo v., China, Sec., Ver. alb.
 in drunkards:—Hyos., Nux v., Sec.
 in the a. m.:—Amm. c., Arn., Bry., Calc., Canth.,
 Caps., Carbo v., China, Lach., Nit. ac.,
 Nux v., Rhus., Sulph.
 in the afternoon:—Calc. ph., Graph., Puls.
 in the evening:—Ant. c., Ferr., Phos., Puls., Sulph.,
 Sulph. ac.
 at night:—Bell., Carbo v., Graph., Rhus, Ver. alb.
 in bed:—Alce, Caps., Carbo v.
 while sleeping:—Bell., Bry., Nux v., Mer., Puls.,
 Ver. alb.
 every a. m. on washing the face:—Amm. c., Kali c.
 after “ “ —Arn.
 at the same hour:—Carbo v.
 month before menses:—Puls.
 between noon and midnight:—Puls.
 after dinner:—Amm. c., Arg. nit.
 repeated several times daily, for weeks:—Carbo v.

Bleeding at 6 to 7 A. M.:—China.

at 8 A. M.:—Bry.

at 9 A. M.:—Kali c. (periodical)

at 3 P. M.:—Sulph.

on blowing the nose:—Arg. m., Lach., Rhus, Spong.,
Sulph.

on coughing:—Mer., Natr. m., (at night) Rhus.

on sneezing:—Arn., Rumex., Sabad.

on stooping:—Bry., Carbo v., Natr. m., Nux m., Rhus.

while straining at stool:—Coff., Carbo v., Phos., Rhus.

while blowing on wind instruments:—Rhus.

at any bodily effort:—Rhus.

at least stimulating or heating cause:—Acon., Bry.,
Nux. v.

provoked by the least movement:—Carbo v., Rhus.
recurring after wine:—Acon., Nux v.

removing confusion of the head:—Cham.

stops and returns often (during menses):—Nat.
sulph.

in girls who grow too rapidly:—Phos. acid.

soon as patient moves about, after rising A. M.:—Bry.

preceded by tickling in the nose:—Arg. m., Carbo v.,
Lach., Bell., Rhus. (nares, high up, Kali b.)

by tingling:—Arn., Bell., Rhus.

by crawling:—Arg. m., Carbo v.

by itching:—Amm. m.

by sneezing:—Amm. c., Arn., Con., Sabad.

by pressure above the nose:—Bry., Dul.,
Kali b., Ruta.

by dullness of head:—Carbo a.

by pressure around the head:—Mer.

by headache and throbbing:—Bell., Nux v.

by headache and red cheeks:—Nux v.

by hammering headache and flushed face:
—Ferr.

by ebullitions and flushings:—Ferr.

by cephalic congestion:—Acon., Bell.,
China, Croc., Con., Graph., Nux v.

by piercing pain, eyes to root of nose:—Mill.

Bleeding preceded by buzzing in the ears:—Bell, China,
Nux v.

by vertigo:—Bell, Carbo a., Nux v.

by nausea:—Ipec., Nux v.

after debauch:—Carbo v., Nux v.

stimulants:—Acon., Bell., Bry., Nux v.

the abuse of coffee:—Nux v.

being in the rays of the hot sun:—Bry. (Acon.)

being over-heated:—Acon., Bry., Thuja.

a fit of passion:—Ars.

crying:—Nit. ac.

sneezing:—Amm. c., (repeated) Con.

vomiting:—Ars.

headache:—Amm. c.

singing:—Hep., Rhus.

bodily efforts:—Arn., Bry., Carbo v., Rhus,
Sulph.

fatigue:—Carbo v., China, Ferr., Sec.

lifting heavy weights:—Rhus.

a blow:—Arn., Elaps, Sepia (fall on nose).

getting the feet wet:—Dul., Rhus.

with dry coryza:—Kali b., Puls.

running coryza:—Graph.

loss of smell:—Ipec.

obstructed nose:—Ars., Calc., Puls.

frequent sneezing:—Arn. (Amm. c.)

violent sneezing:—Rumex, Sabad.

painful nostrils:—Rumex.

burning rawness of nose:—Hyd.

cold tip of nose:—Lob. (Carbo v.)

heaviness of head:—Coff., Kreos.

headache:—Bell., Bry., Carbo a., Dul., Kreos.,
Nux v.

vertigo:—Bell., Bov., Carbo a., Sulph.

heaviness and throbbing in forehead:—Kreos.

hot head and cold body:—Arn.

beating carotids and dilated pupils:—Bell.

congestion of the head:—Acon., Bell., Bry.,
China, Erig., Ferr., Graph., Nux v.

Bleeding with vascular erethism:—Acon., Bry.

anxiety and restlessness:—Acon.

fear of death:—Acon., Ars.

fever:—Erig.

hard breathing:—Acon., Bell., Bry., Carbo v.,

Ipec., Phos., Puls., Spong., Sulph.

fainting spells:—Calc., China, Croc.

cough and bloodshot eyes:—Arn.

dry cough:—Indigo. (Bell.)

nausea:—Ipec., Ver. alb.

red face:—Bell., Erig., Nux v. (Ferr. flushed face.)

very pale face:—Carbo v., China, Ferr., Ipec.,
Puls., Ver. alb.

cold sweat:—Croc., Ver. alb.

cold sweat and small pulse:—Ver. alb.

great prostration:—Ars., China, Ferr., Ver. alb.

great prostration and drawn features:—Sec.

ebullition and anæmia:—Ferr.

humming in the ears:—Bell., China, Graph., Nux v.

pressure at root of nose:—Dul., Ruta., Kali b.

spasmodic movements:—Mosch.

salivation:—Hyos.

relief of chest and eye symptoms:—Brom.

violent burning of nose:—Led.

hæmoptysis at the same time:—Ham.

disturbed menses:—Bry., Calc., Croc., Lach., Nux
v., Puls., Sab., Sec., Sep., etc.

amenorrhœa:—Bry., Ham., Lach., Puls., Sep.
(Phos.)

scanty menses:—Bry., Graph., Puls., Sec., Sep.

profuse menses:—Acon., Calc., Croc., Sabin.

late, long-lasting and profuse menses:—Ferr.

scanty, short menses, or intermittent flow:—Puls.

during pregnancy:—Coc., Sep.

child bed:—Sep.

continuous or intermittent fever:—Ipec.

typhus or typhoid fever:—Crotal., Lach. (Bry.)

with some relief:—Rhus.

with no relief:—Phos. ac.

Bleeding during diphtheria:—Crotal., Phos. (profuse).
 whooping cough:—Cina, Dros., Mur. ac.,
 Stram. (Ipec.)
 measles:—Puls., Sabad. (Bry. with late rash.)
 endocarditis:—Cact., Spig.
 catarrh:—Kali b., Ipec.
 ulcerative ozæna:—Sang.
 suppressed hæmorrhoidal flow:—Nux v., Sulph.
 climaxis:—Bell., Bry., Ham., Lach., Nux v.,
 Puls., Sep., Sulph., Sulph. ac.
 menses, stopping and returning often:—Nat.
 sulph.
 followed by fluent coryza, with sneezing:—Ant. tart.
 by itching:—Hyd.
 by soreness, in upper nose:—Led.
 by soreness, on touch;—Sulph.
 by pain over the chest:—Carbo v.

We congratulate Drs. Pemberton Dudley, and Bushrod W. James upon the assumption of individual responsibility as Editor and Business Manager, respectively, of *The Hahnemannian*, which takes effect with the first of the year. The Hahnemann Club, by its own showing, has been an indulgent foster-mother to the struggling infant, and, now, having safely reared it to its legal majority, —having placed the journal on a sound basis, and, furthermore, having faith in the ability of Drs. Dudley and James to take up the work and carry it on individually, it has turned the journal over to them. No complaint can in reason be urged against the conduct of this able magazine in times past, for it has uniformly been wide awake and alive to all the advancements made in Homœopathy and collateral sciences; yet, in journalism, as in all other forms of business, too much diversity of opinions or interests is not conducive to the highest success, while a concentration of responsibility upon a few persons materially improves that journal or business; hence, we believe that the future welfare of *The Hahnemannian* under the present able direction, assisted by its corps of enlightened contributors and correspondents, is assured. We certainly wish it well.

Dr. Thomas Skinner's paper on Leucorrhœa as published in the *ADVANCE* for August, 1886, has been translated into Spanish and published in *La Reforma Medica* of Mexico City.

COMMENT AND CRITICISM.

THEN AND NOW.

J. W. DOWLING, M. D., New York.

[In a paper read before the Pennsylvania State Medical Society, in September last, Prof. Dowling put a pointed question to the practitioners of our school. We publish it below with his answer.]

In closing this subject of treatment and with it this paper, I propose asking a pointed question: Are the Homœopaths of to-day as successful in the treatment of disease as were the pioneers of a half century ago, by contrast with the results accomplished by the old school of now and then? Certainly not. If this is conceded the question naturally arises: Why? Many factors will enter into the answer to this question. The first and most cogent reason is undoubtedly the revolution which has taken place in the treatment of disease by members of the old school. All familiar with the history of medicine for the past half century, know in what these changes consist. Far into the period mentioned, the generally conceded irrational, violent, murderous system prevailed. Then came the expectant and now the physiological, largely mixed with the homœopathic system, is adopted by all of the old school who are abreast of the times. Then again, I believe the change, so far as contrast is concerned, is partially owing to the fact that the members of our own school are not, as a rule, as careful in the selection of their simillima; instead of studying the *Materia Medica*, they study the old school journals. Then our improved knowledge of pathology is perhaps another factor, and this in itself, will, to a certain extent excuse the laxity which exists among some of our practitioners, with regard to the selection of their remedies in accordance with the homœopathic law of cure. There are those present who will perhaps disagree with me in the belief that this can, under any circumstances be an excuse, but with some it is hard to reconcile certain supposed pathological laws with the law propounded by the father of our school; the law by which as Homœopaths we profess to be guided.

The temptation to resort to physiological pharmaceuticals, with such is very strong. Another, and by no means the least important factor in the cause of the lessening of the contrast in the results of treatment, so far as the two schools are concerned, is the fact, for it is a fact, that the average Homœopath of to-day is not as careful in the dietetic rules laid down for his patient as was the pioneer. Then, printed rules, general rules, were given to every patient. Certain articles of food and drink were strictly prohibited, in the minds of the patients and too, in that of the physician in many instances, because these articles would antidote the medicines given. On this ground, patients were willing to abstain from tea, coffee, condiments of all kinds, tobacco, alcoholic beverages and palliative drugs. It is a pity that this idea does not prevail at the present time, for although the articles mentioned may not antidote the drugs, they certainly do interfere with the health of the patient, and too frequently are the cause of the very disease we are endeavoring to cure.

As Homœopaths we claim that God has given us a law for the selection of drugs by which all curable diseases may be cured, but has he not also given us laws with regard to diet and habits of life which, if violated, sooner or later lead to disease? Is it rational for us to prescribe in accordance with one divine law, medicines to cure a train of symptoms resulting from the violation of another divine law, while that law is still being violated? Certainly not. In studying the pathogenesis of drugs let us study hygiene and then from positive knowledge lay down our rules and endeavor to see that they are followed. Make our patients follow the good old rule, "eat and drink each day what is necessary to satisfy the requirements of the system," those requirements being merely to replace in the body what is lost by muscular contraction, mental work, &c. And in enforcing those rules upon our patients, do not let us forget that we will be better men, better husbands, better fathers, better christians, better doctors, if we follow them ourselves.

CORRESPONDENCE.

OUR FOREIGN LETTER.

SIR: The idea that Switzerland, and in especial Alpine heights, are in some way, in rivalry with the Riviera, is so deeply rooted that it seems hopeless to attempt to eradicate it. At all events that astute and business-like race, the Swiss, seem to think it necessary to lose no opportunity of decrying and damaging what they suppose to be a dangerous *concourant*. It is not so long since the far-sighted Lucerners gave a public ball for the relief of the sufferers from cholera on the Riviera. When we consider that the riviera at this time was quite free from that terrible malady we must admit that the charitable intention of the Schweitzers is at least *suspect*.

I have just been greatly amused and edified by the perusal of Dr. Tucker Wise's paper read before that learned body, the Harveian Society. According to this luminary the greatest dangers are incurred by subjection to what he calls "the damp frigidity of English bed rooms," and those who value their lives should instantly leave England lest they should catch their deaths "by watching an English blazing fire." Of course, though this is not stated, they should at once start for the Eugadine and place themselves under Dr. Wise's skillful treatment. Those who remember that not more than a couple of years ago this gentleman was located at Nice, and that in those days the climate of that town was superior to all others, will be forced to the conclusion that the learned doctor carries about the best possible climate for every imaginable ailment "à la semelle de son soulier." The announcement of the results of the election of three members for the direct representation of the general practitioners on the medical council, will astonish none. As was expected three nobodies have been selected out of a crowd of illustrious candidates. As has been well remarked "the ignorance and vulgarity of the English general practitioners as shown by the British Medical Association had better remain unrepresented." In-

deed if the medical council entirely represented the herd of general practitioners the first step they would take would be to erase the name of every homœopath from the registry.

I have just received the circular of the executive committee of the International Medical Congress. If under the designation of regular practitioner, homœopaths are included, the arrangements seem liberal enough. I am about to forward to the Secretary a paper on Climatology more as a test than with any idea that it will be accepted.

Cannes is now rapidly filling, and is, if I can judge, by the increased number of patients, who have applied to me for assistance, very much fuller than at the same period last year.

Perfectly unfounded rumors as to the disastrous floods we are suffering from are industriously spread and exaggerated by our Swiss rivals. As a matter of fact since the usual autumnal rains six weeks ago, the weather has been glorious.

ALFRED DRYSDALE.

CANNES, December 6, 1886.

OUR Wichita (Kansas) brethren have had a protracted love-feast—a feast of reason and a flow of soul—on the 15th and 16th days of December last, which, to judge from the newspaper account thereof, now before us, was a decided success and one long to be remembered. The occasion was the gathering together of the local and neighboring and visiting brethren of the craft for the purpose of forming a Homœopathic Medical Society. On the evening of the 15th the social aspect of affairs was entered into with an avidity and an earnestness—(still judging from the newspaper account)—for which Kansas is characteristic,—especially while a large-sized boom is enlivening the city and vicinity. On the 16th an organization was effected—Dr. W. A. Minick delivering the address of welcome. The officers elected are Dr. J. C. Kirkpatrick, of Anthony, President; Dr. L. S. Ordway, of Wichita, Vice-President; Dr. A. Whitlock, of Wichita, Secretary; and Dr. C. K. Wiles, of Winfield, Treasurer. The next meeting will be at Winfield. We wish our Kansas brethren abundant success and God speed.

WANTED.—Hahnemann's Chronic Diseases, Bœnninghausen's Therapeutic Pocket-book, Grauvogl's Text Book. Books must be in good condition. Address H. C. M., office of ADVANCE.

The Medical Advance

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

VOL. XVIII. ANN ARBOR, MICH., JANUARY, 1887.

No. 1.

The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

The date to which subscriptions are paid will be found on the address.

EDITORIAL.

1887. GREETING.—*Le roi est mort, vive le roi!* Another year is numbered with the dead past. Another year lies before us. In the twelvemonth just gone the lines for the majority of our profession have not fallen in pleasant places. The year has been filled with disappointments to many of us; the social and political upheavals have touched our ranks and left their marks in depreciated financial successes and falling off of patronage. A doctor's bill at best is an uncertain quantity viewed in the light of collection; but when the hitherto successful physician is not even given the opportunity to make a bill, then the times are surely out of joint. A number of excellent practitioners have removed from old and established localities to newer places in search of better times, only to find that the hard times are co-extensive with the boundaries of the country. The Angel of Death has been merciful to us. We are called upon to mourn the death of but few markedly prominent exponents of our school; but even these few, who have traversed the lonely road to Eternity, could illy be spared, and their places not readily, if at all, filled.

* * *

The obverse of the medal has somewhat of brightness; the cloud displays a little margin of silver. Notwithstand-

ing the dreary retrospect when viewed individually, collectively the picture stands out very brightly. Note the accession to our ranks of the number of practical laymen, professors and practitioners. The number of graduates from our colleges, while not in the proportion of increase of the past few years, is yet encouraging. New Homœopathic hospitals are either building or contemplated. New schools are projected. Governmental and State aid has been accorded us; in a word, Homœopathy is here to stay.

* * *

To the honest, fair-minded reader, to the worthy Homœopathist who deprecates the strife going on within and without our ranks, it is especially pleasing, on review, to find the spirit of antagonism and aggressiveness so largely in the minority. The spirit of the American Institute, as evidenced at its last session, is that of peace; the attitude of the Hahnemannians is in the same direction. The defense of Homœopathy, which for so many years formed the bulk of our literature, has given way to a better class of reading matter, much more aggressive, yet kindly and liberal, and tending, in the main, to the uplifting and up-building of our Divine Art.

* * *

All this is as it should be. The profession and the practice of medicine should be one of peace. "The first duty of the physician is to heal the sick." It is always a question whether a personal, aggressive, vindictive spirit carried into the practice of medicine, tends to make the unfortunate possessor thereof either socially or financially successful.

* * *

Let us, therefore, leaving the dead issues behind, look to the New Year with peaceful hearts and kindly dispositions; with an ambition to extend and perpetuate the truths of our school in so far as we may; and to give support by precept and example, to the hands of those who are laboring diligently in the same vineyard, so that when the end of the year draweth nigh a large increase in num-

bers, and a wider spread of Homœopathy with its resultant material prosperity may be evidenced.

* * *

We wish our readers and friends a Happy New Year, filled with abundant good cheer and substantial blessings.

* * *

EDITOR ADVANCE: In your next issue will you kindly give me some insight of what to do to fully understand what Homœopathy is, and the best work or works to read in order to become familiar with it. I am a graduate of the University of New York, and student of W. H. VanBuren, M. D., Professor of Anatomy, but am liberally inclined, and want to know the truth of the matter. If I find it better than the system I am at present using, I will accept it. I have been in practice twenty-five years, and, until lately, have always believed Homœopathy to be a humbug. Now, I want to know for myself all about it, and if right I will adopt and practice it. Some plain advice will be thankfully received by

Yours very truly,

REGULAR.

The first prerequisite in the investigation of a scientific question is to completely divest the mind of prejudice and preconceived opinions. This is the first step to take, and, difficult as it is, it must be taken if *truth* be the object of the search and an honest effort is to be made to obtain it. Hering says: "It is the genuine Hahnemannian spirit totally to disregard all theories, even those of our own fabrication, when they are in opposition to the results of pure experience. All theories and hypotheses have no positive weight whatever, only so far as they lead to new experiments, and afford a better survey of the results of those already made."

* * *

One of the chief obstacles for "Regular" to overcome, is the question of dose. But this should not deter him from the attempt to honestly investigate a fact in science, with which belief or unbelief has nothing to do. The amount of drug force or drug material necessary to make a healthy man sick or restore a sick man to health, can only be determined by actual experiment. The enquiry of our correspondent is evidently sincere and honest, and to all

earnest seekers after Truth and Light prompt assistance and encouragement should be given.

* * *

The first works we would recommend are Dunham's "Science of Therapeutics" and "Lectures on *Materia Medica*." These are plain, logical, truthful, practical and scientific, written by a graduate of the College of Physicians and Surgeons of New York, as firm a believer in the truth of Allopathy as ever received a medical degree. He was led to investigate Homœopathy after he had been cured by a homœopathic physician, of a dangerous illness, which had baffled eminent men of his own school. These works will give him an insight into the principles and practice of Similia and also a fair knowledge of the range of action of some of the leading remedies.

* * *

The next work to *study* (not to read, simply) is Hahnemann's *Organon*. This is but a small work, yet it contains not only the philosophy of Homœopathy but minute and careful instruction for the application of the simillimum in the treatment of both acute and chronic disease. This work must be studied as our correspondent studied Euclid when at college; its principles must be mastered ere he can successfully practice Homœopathy. He will find many implicit directions which to him, fresh from the empirical guess-work system of Allopathy, will seem strange, unnecessary, unreasonable and even impossible. To be a successful practitioner he must do it in Hahnemann's way, viz.: the single remedy must be applied on the basis of the "totality of symptoms." This is a system of individualization. The *Organon*, from beginning to end teaches how to treat *the patient*, not *the disease*. In the examination of a patient—the taking of the case—a complete history must be written out. This must include "everything that is changed or abnormal about the patient, which the physician observes by means of sight, hearing and touch"—every symptom, objective and subjective—as laid down in § 84 *et seq.* This once done, a remedy can be selected with scientific accuracy.

To ascertain the sick-making properties of drugs, every remedy is first proven singly on the healthy, and science demands that it be given singly to the sick. The highest success can only be achieved in this way. A neglect of this fundamental rule will certainly lead him to guessing and alternating,—an empiricism as unscientific and unsatisfactory as that from which he is endeavoring to free himself. Not one Homœopath in ten would ever resort to the practice of alternation if he followed the instructions of the Organon for writing out the case. This is the method of Hahnemann, and by it alone can the highest demands of the law be fulfilled.

* * *

After becoming convinced of the truth of the law, and acquiring a fair knowledge of the remedies in Dunham, "Regular" should "burn his bridges," throw away his hypodermic syringe, his Morphine, his Quinine, his palliatives; procure a complete set of remedies (drachm vials) in the thirtieth potency and go to work. The simillimum will always afford prompt relief in curable cases, and is the best possible palliative in those considered incurable, and thus by adhering strictly to the law he will have a success and self-satisfaction hitherto unknown.

OUR EXCHANGES.

The Homœopathic Physician (Phila.) Dec. 1886, presents a continued lecture on "Practical Surgery and Specific Medicine" by Dr. P. P. Wells, in which will be found the usual amount of good and instructive reading matter. It also contains an "Extemporaneous Lecture on Ferrum, by Prof. J. T. Kent, stenographically reported." The lecture is up to the Professor's standard and presents the subject in a clear, concise way. By-the-by, stenographically reported lectures are *usually* extemporaneous, since none but the veriest tryo in shorthand would attempt to follow a rapidly spoken lecture when the Professor held the manuscript, which could be had for the asking. [This one is on you Mr. *Hom. Phys.*] Progressive Homœopathy has an able exponent in Dr. Ad. Lippe, which is a caustic review of the numerically dominant part of the Homœopathic school of to-day. Dr. C. Carleton Smith gives a number of good "Points" for different remedies. Dr. W. S. Gee gives three clinical cases which are deserving of careful perusal for the graphic manner in which they are put before the reader.

St. Nicholas for January, which is issued December 27, is really not so much a New-Year's number as it is a second part of the Christmas number.

The Century for January is one of the most interesting numbers which has yet appeared since the publication of the illustrated history of the Life of Lincoln. The current part relates to Lincoln in Springfield; the first clash with Douglas; the Log Cabin and Hard Cider Campaign; Lincoln's marriage; his relations with the Speeds of Kentucky; the Shields duel; the campaign of 1844; and Lincoln's devotion to Clay. Among the characteristics of the young politician, it is recorded in his own words that he was opposed to "removals to make places for our friends." The paper has a number of interesting illustrations, portraits, and documents.

The Popular Science Monthly for January is unusually rich. Professor W. G. Sumner holds the leading place with a discussion of the question, "What makes the Rich richer, and the Poor poorer?" and gives the answer to it which he has reached. Sir John Lubbock, considers the subject of "Manual Instruction," particularly with reference to English schools, but developing principles which are applicable to our schools too. Mr. Frank P. Crandon writes on "Misgovernment of Great Cities," in an article in which an endeavor is made to expose the source and study the nature of the difficulties with which honest and orderly municipal administration is beset. It is worthy a careful perusal.

The North American Journal of Homœopathy, (N. Y.) Dec, 1886, says: "The title page of our cover has not been, and will not be for sale. Interleaved advertising pages have been refused as an unpardonable annoyance, if not an ethical offense, to our readers. Advertisements have been presented fully on their own face, and as a class have been as free or freer from objection than any of our contemporaries. Subscribers have been presumed to be willing to assume the burden of their own temptations and yet, if any one wishes to spare his brother temptation at his own expense, not our's, we will contract to withdraw as many offending advertisements as he will furnish an equivalent for either in subscriptions, 'legitimate' advertisements, or hard cash." We rise "unanimously" to second that motion. So mote it be!

Magazine of American History for January opens with the initial chapter in its promised series of studies in the rise, progress, and development of journalism in America, the announcement of which has already attracted considerable attention. This chapter, treating of "Pre-Revolutionary Editors," and the "Beginning

of Journalism in America," is intensely absorbing, and is illustrated in the most picturesque manner; the text is from the pen of the Hon. S. G. W. Benjamin, late Minister to Persia, who writes in an easy-flowing, narrative style, the strictest care being given to exact data. The second article of this notable New Year's number is "A Curious Chapter in Vermont's History," by J. L. Payne, who illustrates from the old records at Ottawa the secret negotiations which came near making Vermont a British Province. This magazine is rapidly taking a front rank among our illustrated periodicals.

The Homœopathic World. (London) Dec. 1, 1886, contains an interesting communication from Dr. R. E. Dudgeon on "Fashion in Health Resorts" in which he deprecates the rather prevalent custom among physicians of recommending highly advertised health resorts to their patients without first acquainting themselves with the true value of the place and surroundings: the health resort particularly referred to in the letter is Davos—wherever that may be—and which the doctor believed to be deleterious rather than beneficial to the majority of patients. Dr. C. L. Tuckey gives the indications for Sabadilla in hay-fever: little sneezing, but continual streaming of clear fluid from the nostrils; swelling of nose and eye-lids with redness and inflammation of conjunctivæ; suffering constant but great aggravation in early morning; goes to bed tolerably comfortable, but awakes at 3 A. M. to find eyes entirely closed by swelling of lids and feeling like hot coals; nose swollen, stinging and discharging profusely. This continued for three or four hours; then, exhausted, would relapse into troubled sleep from which he would awake feeling somewhat better, but languid and good for nothing all day.

NEW PUBLICATIONS.

A SYSTEM OF SURGERY by William Tod Helmuth, M. D., Professor of Surgery in the N. Y. Hom. College, etc., etc. Fifth Edition. Enlarged, re-arranged, revised and many parts re-written and much new matter added. Illustrated with 718 wood cuts. 8vo. Pp. 1111. Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1887.

For years Dr. Helmuth's surgery has been the pride of every Homœopath; both practitioner and student have looked to it for guidance and direction as authority in all surgical matters. We had thought it almost impossible to improve the work, but we really think this edition now before us is the best that has appeared. There has been so much new matter added, that any one who now possesses a former edition will almost require this issue in order to be up with the times. Both author and publisher deserve well of the profession. The book should be found in the library of every Homœopathic physician, especially if compelled to do a little surgery on his own account.

PHYSICIANS VISITING LIST, 1887, 36th year of Publication. P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia.

The essential qualities which a good visiting list should possess are compactness and convenience of arrangement. The many years experience of this firm has enabled it to issue one of the most complete pocket memoranda now published. It is arranged for 25, 50, 75, and 100 patients per day or week; inter-leaved and plain, dated and undated. The large size can be bound into two volumes, each volume covering six months. Try it this year and see how you like it. Prices from \$1 to \$3.

KEY-NOTES TO THE MATERIA MEDICA, as Taught by Henry N. Guernsey, M. D., Edited by J. C. Guernsey, A. M., M. D. Philadelphia: Hahnemann Publishing House, 1887.

These key-notes are only what they profess to be, simply guides to the remedy; presenting some of the characteristics or leading features of each remedy, sufficient at least, to "turn the student's mind, when he should engage in practice, in the direction of the proper remedy when prescribing for the sick." Professor Guernsey never taught, or intended to teach, that a prescription should be made on a "key-note," no matter how prominent it might be. These characteristics, so named, were intended to facilitate the search for the remedy which contained the totality of the symptoms of the case for which the simillimum was required. No remedy should be given on the strength of a single symptom, however guiding, and this is strongly insisted upon by the author in all his works as well as in his numerous articles in the current literature of our school.

Many of these "key-notes," are here presented for the first time, and are not to be found elsewhere. Many are almost entirely clinical in character, but have been so often verified at the bedside by one of the ablest prescribers and most accurate and careful observers our school has yet produced, that coming from such an experience they are exceedingly valuable.

Lachesis is an instance: "Where the patient *sleeps into an aggravation*, as in croup; is very well while awake, but as soon as goes to sleep, the croup symptoms appear in great violence; child almost suffocates and the mother or nurse is in consequence afraid to let child go to sleep. Also in convulsions; patient has none while awake, but as soon he is asleep they appear." Again: "In females who never get well from the change of life—'have never felt well since that time;' may have unnatural unwell periods." These are only a few examples of the many that might be given.

There is also a valuable repertory with an index which should be highly prized by every follower of Hahnemann, not only on account of its intrinsic worth, but for its historical associations. "A year or two before his death, Dr. Carroll Dunham presented to Professor Guernsey a copy of Bönninghausen's Therapeutic Pock-

1887

et Book, containing copious addenda, confirmations and additions by both Bönninghausen and himself. These were still further added to by Professor Guernsey, and the whole are now included in this volume." If we are not mistaken this will prove one of our best and most convenient books for office reference. The most serious defect is its brevity as it only contains 267 pp. We could wish there was more of it.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Session, 1886. Edited by General Sec'y. Pittsburgh: Stevenson & Foster, 1886.

There is little to add in the way of comment on this volume of the Transactions beyond what has been said of former issues. It is uniform in size and binding with its predecessors—the steel plates protecting the corners being a happy addition,—and printed in good, fair type. The papers presented to the 39th session have been equally as forcible and instructive as heretofore, and the value of some much enhanced. To compress the immense amount of matter presented to the Institute within the compass of a little less than a thousand pages, evidences consummate skill in the "divine art of boiling down." We have no reason for believing that any of the papers have been dismembered in the process, but we do know that the discussions which ensued, and which were stenographically reported, have fared very poorly in the hands of the Publication Committee. "Wots the good of sayin' your piece in meetin' if you aint took down and printed?" Of the papers contributed it would be making invidious comparisons to speak especially of any one or series of subjects; but the average of the whole is, in our estimation, higher than it has ever been before. The library of the progressive and scientific Homœopath of this century will not be complete without this volume and its several predecessors.

PSYCHOLOGY. By John Dewey, Ph. D., Assistant Professor of Philosophy in Michigan University. New York: Harper & Bros. 1887.

MASSAGE. Principles and Practice of Remedial Treatment by Imparted Motion. By Geo. H. Taylor, M. D. New York: Fowler & Wells, Publishers.

A MANUAL OF ANIMAL VACCINATION. By Dr. E. Warlomont, (Belgium) and translated and edited by Arthur J. Harries, M. D. Philadelphia: John Wyeath & Bros.

THERAPEUTIC METHODS. An Outline of Principles Observed in the Art of Healing. By Jabez P. Dake, A. M., M. D. Boston and Providence: Otis Clapp & Son. 1886.

AMERICAN MEDICINAL PLANTS. By C. F. Millspaugh, M. D., being Fascicle V and last of this series of plant publications. New York and Philadelphia: Boericke & Tafel.

HAND-BOOK OF PRACTICAL MEDICINE. By Dr. Hermann Eichhorst, Professor of Special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. Vol. III. Diseases of the Nerves, Muscles, and Skin. New York: William Wood & Co. 1886.

EDITOR'S TABLE.

M. M. EATON, M. D., has moved into his new office and residence, corner of McMillan Street and Park Avenue, Cincinnati, O. The doctor's rejuvenated health will enable him to stay at his post this winter.

HENRY SHERRY, M. D., has severed his editorial connection with *The Medical Current*, closing his labors with the December number. The associate editor, Dr. W. E. Reed, succeeds to the editorial tripod.

H. L. CLARK, M. D., removes from Fremont, Ohio, to Fairbury, Neb. There are several fine locations in Nebraska for active young homœopathic practitioners, and Dr. Clark will gladly answer any inquiries.

CLAYPOOL.—We are pained to learn of the death of Mrs. Clara D. Claypool, wife of our esteemed friend, Dr. Albert Claypool, of Toledo, Ohio, which occurred December 17, 1886. We extend our deepest sympathy to the doctor in this his hour of affliction.

J. MARTINE KERSHAW, M. D., of St. Louis, Mo., appears as the editor of the St. Louis *Periscope*—October number. We extend our congratulations to the doctor upon his entrance in the journalistic field, and trust he may make as live a journal as his predecessor.

CHARLES MAYER, M. D., of Louisville, Ky., has recently been appointed by Gov. Knott, of Kentucky, as a member of the State Board of Health, thus recognizing our school. We congratulate the doctor, and think our cause will find a vigilant representative in Dr. Mayer.

THE POPE MANUFACTURING CO., Boston, Mass., have just issued *The Columbia Bicycle Calendar*, a truly artistic and elegant work in chromo-lithography and letter-press. Each day of the year is given upon a separate slip, mounted upon a back of heavy board, upon which a handsome allegorical design is presented in oil color effect.

FOR SALE.—A physician in Michigan having a practice of \$2,000 a year in a city of 5,000 population, wishes to sell his office-furniture, horses, buggies, cutters, &c. Nothing charged for goodwill. Address J. J. Mitchell, Halsey's Pharmacy, 29 Lafayette Avenue, Detroit, Mich.

FOR SALE.—A practice in a Michigan town of 2500 inhabitants, in which there has been a Homœopathic representative for the last twenty-five or thirty years. No other physician. Will sell office-furniture and introduce successor. For particulars address N. I. Tibbits, M. D., Lowell, Mich.

A HOMŒOPATHIC PHYSICIAN located in one of the largest cities in northern Texas, owing to ill-health, is desirous of disposing of his practice; will introduce successor thoroughly, and give possession May 1st, prox. Practice now pays from \$6,000 to \$8,000 per annum and can be increased by a good man. For particulars, address this office.

PROF. C. T. LIEBOLD, M. D., one of the foremost oculists of our school, and a pupil of the justly celebrated Von Graefe, died suddenly from apoplexy on November 30, 1886. Prof. Liebold, who was teacher of Ophthalmology in the New York Homœopathic College, was dearly beloved by his friends and intimates, and admired by his pupils.

A NEW TRITURATOR.—Dr. Sherman, of Milwaukee, has invented a new triturator, for which he claims the following points of superiority: 1st. The mortars are of *porcelain*, which is harder and finer-grained than Wedgewood ware, and must therefore deliver finer and cleaner products. 2d. There are no joints nor bearings *above* the mortar; therefore there is no danger of contamination of the medicines by grease, nor by particles of metal or wood. 3d. The *pestles* are made to do the work performed by the *scrapers* in other machines; therefore there is no admixture of iron, horn, ivory, or glass. 4th. The triturator is so constructed that it will pulverize the most intractable substances more quickly and *more thoroughly* than any other machine. 5th. During the process of grinding, the machine is so covered as to prevent contamination from dust. 6th. It does the maximum of work for a given expenditure of time and force, and in thoroughness of trituration and purity of the product is unexcelled by any other machine.

THE HAHNEMANNIAN MONTHLY, (Phila.) Dec. 1886, contains its usual curriculum of good literary and medical cheer. Among this holiday grist we find Ferrum Metallicum and Acetic acid, by Edward Cranch, M. D., Erie, Pa. Some Points in the Treatment of Pneumonia, by Prof. H. Nothnagel, Vienna, translated with other extracts by S. Lilienthal, M. D. [By the way, we noted that one of our exchanges speaks of the translator as "venerable." Will you stand that, Dr.? You were sprightly enough in the Institute last June when you danced all over Dr. Grosvenor's paper on "Sanitation in the Lying-in-Room."]

PUBLISHER'S PAGE.

THIS is the accepted time. Renew your subscription and send us a new years gift of a few new subscribers.

COLDEN'S LIQUID BEEF is composed of the purest extract of beef without any fat, bone, or sinew. Prepared after Liebig's process. It is slow, steady and uniform in its operation, and wherever used is giving very general satisfaction. Dr. W. F. Stewart, of the Marine Hospital, Balto., says: "It is a most excellent invigorator of the system."

A MONTHLY average of 96 pages of bonafida homœopathic reading matter crisp and newsy for an annual subscription of \$3.00. That's what THE ADVANCE is doing.

MELLIN'S FOOD.—Dr. Eustace Smith, of London, physician to the Children's Hospital, and author of "Wasting Diseases of Infants and Children," says: "Mellin's Food is by far the best of any with which I am acquainted. It seems to agree equally well with children whether they are healthy or diseased." The short but emphatic commendation of Mellin's Food by Dr. Eustace Smith is enough to satisfy any one, that the preparation deserves a trial, at least.

THE January No. of the ADVANCE contains 104 pages of information for the profession. Subscribe for it for missionary purposes. It will convert the skeptic.

WELLS, RICHARDSON & Co., publish a re-print from the Transactions of the American Institute of Dr. Peck's article on *The Feeding of Infants* in which he speaks a good word for Lactated Food. See our advertising pages.

KEEP the ball in motion. Get your neighbor-physician to subscribe for the ADVANCE, the largest and cheapest Journal published in the School.

A COMPATIBLE ANTISEPTIC.—Doctor Baxter, of Toronto, Canada, in referring to Antiseptics, thus commends the compound Listerine: "The genial compatibility of Listerine with so many standard remedies of the *Materia Medica* gives it a very wide range of applicability in the treatment of that large class of cases benefited, relieved and cured by the antiseptic treatment. It has served me well in gonorrhœa, catarrh, fistula in ano, and offensive discharges from the ear and uterus. It is the most elegant mouth wash I have ever used, and for dental use must prove invaluable."

THE MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

VOL. XVIII.

ANN ARBOR, FEBRUARY, 1887.

No. 2.

ORIGINAL CONTRIBUTIONS.

THE SEVEN FUNDAMENTALS OF THE ORGANON.

NUMBER THREE.

LEWIS BARNES, M. D., Delaware, O.

Potentization rests upon the idea of a "spirit-like power concealed in drugs," which is able to meet disease as a "morbidly altered spirit-like" energy, restoring health by "their dynamic action upon the vital force."

The efficacy of drugs therefore, consists, not in the *matter* of which it is composed, but in a peculiar immaterial something which lies within it beyond the senses of seeing, hearing, tasting or smelling; beyond the revelations of our microscope or chemical analysis—which operates through the drug, somewhat as love and thought operate through the brain.

Trituration or subdivision, in connection or unison with some other substance, releases the healing virtue of this dynamic power. It may not increase the general force of the drug, except, perhaps, in a few kinds. The healing force, the more delicate and penetrating,—that which is able to go through the finer and perhaps invisible fibrils into the diseased vitality next to the soul, is released or prepared for this purpose. The general, gross, and destructive power is not increased. The drug is not potentized in this way. That poisonous power may be diminished, or

earnest seekers after Truth and Light prompt assistance and encouragement should be given.

* * *

The first works we would recommend are Dunham's "Science of Therapeutics" and "Lectures on *Materia Medica*." These are plain, logical, truthful, practical and scientific, written by a graduate of the College of Physicians and Surgeons of New York, as firm a believer in the truth of Allopathy as ever received a medical degree. He was led to investigate Homœopathy after he had been cured by a homœopathic physician, of a dangerous illness, which had baffled eminent men of his own school. These works will give him an insight into the principles and practice of Similia and also a fair knowledge of the range of action of some of the leading remedies.

* * *

The next work to *study* (not to read, simply) is Hahnemann's *Organon*. This is but a small work, yet it contains not only the philosophy of Homœopathy but minute and careful instruction for the application of the simillimum in the treatment of both acute and chronic disease. This work must be studied as our correspondent studied Euclid when at college; its principles must be mastered ere he can successfully practice Homœopathy. He will find many implicit directions which to him, fresh from the empirical guess-work system of Allopathy, will seem strange, unnecessary, unreasonable and even impossible. To be a successful practitioner he must do it in Hahnemann's way, viz.: the single remedy must be applied on the basis of the "totality of symptoms." This is a system of individualization. The *Organon*, from beginning to end teaches how to treat *the patient*, not *the disease*. In the examination of a patient—the taking of the case—a complete history must be written out. This must include "everything that is changed or abnormal about the patient, which the physician perceives by means of sight, hearing and touch"—*namely*, the physical, objective and subjective—as laid down in the *Organon*. This once done, a remedy can be selected with accuracy.

To ascertain the sick-making properties of drugs, every remedy is first proven singly on the healthy, and science demands that it be given singly to the sick. The highest success can only be achieved in this way. A neglect of this fundamental rule will certainly lead him to guessing and alternating,—an empiricism as unscientific and unsatisfactory as that from which he is endeavoring to free himself. Not one Homœopath in ten would ever resort to the practice of alternation if he followed the instructions of the *Organon* for writing out the case. This is the method of Hahnemann, and by it alone can the highest demands of the law be fulfilled.

* * *

After becoming convinced of the truth of the law, and acquiring a fair knowledge of the remedies in Dunham, "Regular" should "burn his bridges," throw away his hypodermic syringe, his Morphine, his Quinine, his palliatives; procure a complete set of remedies (drachm vials) in the thirtieth potency and go to work. The simillimum will always afford prompt relief in curable cases, and is the best possible palliative in those considered incurable, and thus by adhering strictly to the law he will have a success and self-satisfaction hitherto unknown.

OUR EXCHANGES.

The Homœopathic Physician (Phila.) Dec. 1886, presents a continued lecture on "Practical Surgery and Specific Medicine" by Dr. P. P. Wells, in which will be found the usual amount of good and instructive reading matter. It also contains an "Extemporaneous Lecture on Ferrum, by Prof. J. J. [?]" stenographically reported. The lecture is standard and presents the subject in a clear, concise, and interesting manner. Since none but the veriest tryo in stenography could have written a rapidly spoken lecture which is so well reported, it is a credit to the stenographer, which could be had for the [?].

Progressive Homœopathy (Phila.) Dec. 1886, presents a lecture on "The Homœopathic Treatment of the Acute Diseases of the Lungs," by Ad. Lippe, which is a caustic and valuable contribution to the literature of Homœopathic medicine. It gives a number of good cases, and is well illustrated. W. S. Gee gives three cases of [?] perusal for the graph [?].

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To ascertain the sick-making properties of drugs, every remedy is first proven singly on the healthy, and science demands that it be given singly to the sick. The highest success can only be achieved in this way. A neglect of this fundamental rule will certainly lead him to guessing and alternating,—an empiricism as unscientific and unsatisfactory as that from which he is endeavoring to free himself. Not one Homœopath in ten would ever resort to the practice of alternation if he followed the instructions of the Organon for writing out the case. This is the method of Hahnemann, and by it alone can the highest demands of the law be fulfilled.

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St. Nicholas for January, which is issued December 27, is really not so much a New-Year's number as it is a second part of the Christmas number.

The Century for January is one of the most interesting numbers which has yet appeared since the publication of the illustrated history of the Life of Lincoln. The current part relates to Lincoln in Springfield; the first clash with Douglas; the Log Cabin and Hard Cider Campaign; Lincoln's marriage; his relations with the Speeds of Kentucky; the Shields duel; the campaign of 1844; and Lincoln's devotion to Clay. Among the characteristics of the young politician, it is recorded in his own words that he was opposed to "removals to make places for our friends." The paper has a number of interesting illustrations, portraits, and documents.

The Popular Science Monthly for January is unusually rich. Professor W. G. Sumner holds the leading place with a discussion of the question, "What makes the Rich richer, and the Poor poorer?" and gives the answer to it which he has reached. Sir John Lubbock, considers the subject of "Manual Instruction," particularly with reference to English schools, but developing principles which are applicable to our schools too. Mr. Frank P. Crandon writes on "Misgovernment of Great Cities," in an article in which an endeavor is made to expose the source and study the nature of the difficulties with which honest and orderly municipal administration is beset. It is worthy a careful perusal.

The North American Journal of Homeopathy, (N. Y.) Dec, 1886, says: "The title page of our cover has not been, and will not be for sale. Interleaved advertising pages have been refused as an unpardonable annoyance, if not an ethical offense, to our readers. Advertisements have been presented fully on their own face, and as a class have been as free or freer from objection than any of our contemporaries. Subscribers have been presumed to be willing to assume the burden of their own temptations and yet, if any one wishes to spare his brother temptation at his own expense, not our's, we will contract to withdraw as many offending advertisements as he will furnish an equivalent for either in subscriptions, 'legitimate' advertisements, or hard cash." We rise "unanimously" to second that motion. So mote it be!

Magazine of American History for January opens with the initial chapter in its promised series of studies in the rise, progress, and development of journalism in America, the announcement of which has already attracted considerable attention. This chapter, treating of "Pre-Revolutionary Editors," and the "Beginning

of Journalism in America," is intensely absorbing, and is illustrated in the most picturesque manner; the text is from the pen of the Hon. S. G. W. Benjamin, late Minister to Persia, who writes in an easy-flowing, narrative style, the strictest care being given to exact data. The second article of this notable New Year's number is "A Curious Chapter in Vermont's History," by J. L. Payne, who illustrates from the old records at Ottawa the secret negotiations which came near making Vermont a British Province. This magazine is rapidly taking a front rank among our illustrated periodicals.

The Homœopathic World, (London) Dec. 1, 1886, contains an interesting communication from Dr. R. E. Dudgeon on "Fashion in Health Resorts" in which he deprecates the rather prevalent custom among physicians of recommending highly advertised health resorts to their patients without first acquainting themselves with the true value of the place and surroundings: the health resort particularly referred to in the letter is Davos—wherever that may be—and which the doctor believed to be deleterious rather than beneficial to the majority of patients. Dr. C. L. Tuckey gives the indications for Sabadilla in hay-fever: little sneezing, but continual streaming of clear fluid from the nostrils; swelling of nose and eye-lids with redness and inflammation of conjunctivæ; suffering constant but great aggravation in early morning; goes to bed tolerably comfortable, but awakes at 3 A. M. to find eyes entirely closed by swelling of lids and feeling like hot coals; nose swollen, stinging and discharging profusely. This continued for three or four hours; then, exhausted, would relapse into troubled sleep from which he would awake feeling somewhat better, but languid and good for nothing all day.

NEW PUBLICATIONS.

A SYSTEM OF SURGERY by William Tod Helmuth, M. D., Professor of Surgery in the N. Y. Hom. College, etc., etc. Fifth Edition. Enlarged, re-arranged, revised and many parts re-written and much new matter added. Illustrated with 718 wood cuts. 8vo. Pp. 1111. Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1887.

For years Dr. Helmuth's surgery has been the pride of every Homœopath; both practitioner and student have looked to it for guidance and direction as authority in all surgical matters. We had thought it almost impossible to improve the work, but we really think this edition now before us is the best that has appeared. There has been so much new matter added, that any one who now possesses a former edition will almost require this issue in order to be up with the times. Both author and publisher deserve well of the profession. The book should be found in the library of every Homœopathic physician, especially if compelled to do a little surgery on his own account.

Having collected the above facts, I was shown in to my patient, a man over fifty years of age and very corpulent, with a head and neck like a bull. He was lying motionless on his back. His countenance was livid and cold, especially his cheeks, and his hands were the same. He was pulseless at the wrist, and it was all that I could do to hear the beats of his heart. I heard them and that was all. His respiration was very stertorous and peculiar,—from one to three respirations per minute, and frequently there was an interval of from 35 to 55 seconds of complete silence, interrupted at last by what I shall call a convulsive stertor, lasting eight or ten seconds. Both pupils were contracted to a pin's point. There was complete paralysis of the whole of the left side, and of course, he was perfectly comatose and speechless, and had been so from the first of the attack. On inquiry I found that Bullen's blistering fluid had been freely applied to the nape of the neck, along the spine at various parts, and on both calves, but hitherto *without vesication* after more than twenty-four hours. Of this, more in the sequel. I have seen a great many cases of attempted suicide by means of laudanum; one of them, a woman, had swallowed an ounce and a half of it, and I never saw two cases more alike than this woman and the case which I am now describing.

Prognosis.—I gave a decidedly unfavorable prognosis, and said that the patient was now *in articulo mortis*; but if I were allowed a second opinion, I would endeavor my best to save life.

I sent for the nearest Homœopath, a Hendersonian low-dilutionist, and without informing him of the opinion I had formed, I asked him what poison was most likely to cause such symptoms. He at once said Opium. Agreed! Opium is the remedy. What attenuation? My *confrere* said he had only the 6x in his case, while I had Jenichen's 1m. So we agreed as follows: "I shall sit up all night with the patient or as long as he lives during the night. I shall give him a small powder of Opium 1m. (Jenichen) dry on his tongue, (deglutition was impossible) as often as I think it wise by the symptoms. Should it fail entirely

to relieve his breathing in three doses, I shall give him your Opium 6, as you direct." Agreed, and we parted, to meet again at breakfast time.

All in the house were sent to bed, but his niece and myself. I placed the dose of Opium 1m. on his tongue, lowered the gas, and we sat one on each side of the fireplace. After a quarter of an hour I saw no change, at least it was scarcely perceptible, — so I placed another dose upon his tongue and resumed my seat. Within ten minutes, that is, twenty-five minutes from the first dose, his niece said to me in an audible whisper, "Don't you hear a great change, he is breathing like a child asleep." It was even so, and we let him sleep on till daylight was well set in. I then looked over his face, his wife and niece being present, and I asked him in a clear and distinct voice, "Mr. —, do you know who I am?" He looked at me and smiled with his mouth all on one side and tried to speak, but all his wife could make out was "D" for Doctor, and something like "Kin" which she interpreted as Skinner. From that moment I saw that his life was safe and recovery was possible, and I told the family so. He received no more than the two doses of Opium 1m. (Jenichen). Breakfast time came and my *confrere* called. When the main door was opened the first question which he asked, was, "Is your master alive?" "O, yes!" was the reply, "and he has recognized and spoken to Dr. Skinner." News loses nothing by spreading! We saw the patient together, and the Dr. was surprised. "Did you give him my Opium 6?" "No," I replied, "he only got two doses of Jenichen's 1m. and went off into a natural sleep which has continued until now." Mr. — recognized this other physician, and shortly after the doctor left partook of some bread-pap with relish. *Nota bene.*—To this day I think that I am correct in stating that my *confrere* believes that Jenichen's Opium 1m. had nothing to do with this marvellous recovery, although he confessed patient was *in articulo mortis* when he left the house about 4 A. M., and that life could not be sustained over two hours with his then breathing and general condition.

My *confrere* in bidding me good-day, said, "It is all plain sailing now, there will be a steady convalescence." This gentleman does not believe in Hahnemann's psoric theory any more than he believes in high attenuations. He is only a Hendersonian Homœopath, a modified Allopath, like the majority in this country. With them apoplexy is an acute disease, which comes suddenly and runs a rapid course towards death or recovery, the paralysis, if life is extended, running a slower course--as it depends upon the amount of rupture and extravasation, the lesion in the brain and its reabsorption or restoration to a state of health. This is all very well, but there is a something beyond, a *vis a tergo*, which they dream not of, and which is the *primum mobile* and it has to be reckoned with, unless Nature is sufficient of herself to affect the cure, and she does so, sometimes in spite of the drugging and lowering means adopted to bring about a restoration to health. This morbid invisible factor is no less than psora, and if one cannot or will not believe in it, or try to recognize it in practice, how can they cure it? In this case we have seen what Opium did, because it was the simillimum to the comatose state with stertorous, interrupted and irregular breathing, etc., but as Opium is not one of Hahnemann's antipsorics it cannot cure or remove the tendency to a return of a similar seizure sooner or later. Besides, as we shall see, other medicines, all of them antipsorics, and all of them having the premonitory symptoms of heat of head and vertex, throbbing headaches with rush of blood to the head, relieved by cold sponging or douches, had to follow the Opium, which was now no longer of use. My *confrere* thought that I had now nothing but plain sailing. I knew better, for I knew that I had a well developed psora to deal with in one who had been in vain trying to remove the psoric feelings of prostration of body and depression of mind by means of stimulants, which are "recommended by the faculty" and highly approved of by the patient, but which only go to feed the disease and bring about the final rush of blood to the weakened arteries of the brain, the culmination of which, with the aid of a little worry or ex-

citement of mind, or some unusual bodily effort, such as even straining at stool, is a fit of apoplexy with or without a stroke of paralysis, and which, in Hahnemannian pathology or nosology is only *one symptom* of a very complicated disease which may have been years in developing, as any physician of an enquiring mind can find for himself, by questioning the patients or their more immediate friends. Pathology was not known in Hahnemann's day, of course not, or the science has made such rapid strides that it has left the Master nowhere in the race. From my point of view, and I have been brought up in the teachings of the best schools of pathology, I hesitate not to say that but for the fresh light which I obtained from the study of Hahnemann's great work on "*Chronic Diseases*" and particularly his psoric *doctrine*—because it is no theory but a sound doctrine—I should have been incompetent to follow up this and similar cases to a successful issue. The Master's doctrine of *Chronic Disease* infused altogether a new life into my old school pathology, which leaves the old school centuries behind—I say so, Hendersonians and Eclectics to the contrary notwithstanding.

January 21, 1877.—In the evening of this day I was sent for as my patient was very restless and would turn on to his paralyzed side, when he wanted to get off it again on to his back and could not, and so on, losing his temper and showing it all the more because he could not speak. Thoughts of Aconite, Arsenic, etc., came into my head, but on second thoughts I watched his movements and I saw that he was always groping with his right hand at the back of his neck. He had two female nurses in attendance upon him and a night nurse as well. Two were required to turn him (16 stone). One nurse remarked that he had been doing so with his right arm most of the afternoon and all the evening. It then occurred to me that the 'surfaces where the blisters had been applied, *but which never rose because of the comatose and lifeless state of the patient*, were now rising with returning animation. A signal proof that the marvellous recovery was not due to the handy-work of the old school,—the heroic blistering without effect.

We got him turned over and found this to be the cause. I opened the blister and dressed it with spermaceti ointment on book-muslin, and he soon went to sleep. The other surfaces where *liquor vesicatorius* had been applied did not rise.

January 22, 1877.—Again in the evening this restlessness appeared, and we could make out from his imperfect utterance that the blistered surface was at fault. It was red and raw looking, and from his great weight and the friction on the pillow the dressings had been removed—hence, the distress. I determined that this should not happen again, so I adopted my own old and invaluable allopathic fashion of dressing an *obstinate* blister with a roll of gold-beaters' skin. A piece is cut from the roll the size of the blistered surface, with an inch of margin all around. It is applied to the raw surface and a sponge wrung out of hot water is pressed firmly over it, carefully expelling all the air from between the sore and the artificial covering. I then left him very comfortable and thankful, with nothing to complain of. This would be about 9 or between 9 and 10 P. M.

January 23, 1877.—At 2 A. M. I was called to my patient's bedside, because he was again unconscious. I had an anxious drive to the house, and all the way I was pondering over the various medicines likely to be required. The symptoms, however, were not the same; there was no impairment or change in the breathing, no lividity of the countenance or hands, and no contraction of the pupil. He was simply unconscious, as in some forms of epilepsy or hysteria after the fit. With the fact of the paralysis and the previous history, however, the unconsciousness was a very unwelcome visitor. Having had a very large experience of allopathic counter-irritation or blistering practice, I very quickly arrived at the conclusion that the sudden and complete stoppage of the secretion from the blistered surface by the gold-beaters' skin, which thoroughly stops not only the secretion but the transpiration of any animal miasm, if such there be transpiring,—and it is my opinion that very frequently, if not always, some-

thing more than serum, something more than pus, makes its exit from a blistered surface or from a seton or issue. This may be true or false, but I have seen so much of it, and especially in this case, that I at once removed the gold-beaters' skin by applying a sponge wrung out of hot water. I then sponged the raw surface with milk and water tepid, and dressed with spermaceti ointment spread on book-muslin. I stayed with my patient about half an hour and left him at the end of that time as well as he was at 10 p. m. of the 22d. So much for my having a knowledge of allopathic practice, my patient was saved a lot of unnecessary and futile medication, the chance of losing his life, and I myself was saved in my homeopathic reputation! Be it observed, that up to this point, the case has been managed *with only two doses of medicine*, and it is just possible that one would have done it. I must not forget to remind your readers that this occurred in 1877, while I was "still in the Egyptian darkness of Allopathy."* This is the opinion of one who thinks he ought to know. Here is a question in "the rule of three": If I was floundering in the mud of the Nile in 1884, where was I in 1877? Beyond the Humane Society's best efforts to save me.

All went smoothly until Friday, January 26, 1877. At my morning visit I found that he had had a restless night with marked pyrexia, and the nurses directed my attention to a change in the left lower extremity. It was immensely swollen, nearly three feet in circumference at the upper third of the thigh, and the rest of the limb in proportion; it was bright red, like a boiled lobster, and the radiating heat from it was such that I have never seen or experienced the same before or since. Here was erysipelas and no mistake, and it was in *the left* lower extremity of a psoric subject, with nothing to account for it. On referring to my repertory, I concluded that Sulphur was the remedy, taking the past as well as the present symptoms into account. So I dissolved some Sulphur, mm., (F. C.) in a

**Homœopathic Physician*, November, 1886, page 395; the title of the article, "Boycotting by the Mongrels."

tumbler of cold water, and directed a tablespoonful to be given every two hours until some visible change for the better took place, and then it was to be given every four hours. The only topical measures adopted were dusting the erysipelatous limb with wheaten flour and wrapping it lightly with soft, silken handkerchiefs, which helped to relieve the heat and itching until the Sulphur came into action. At my evening visit the nurses were giving the Sulphur every four hours, and when I called next morning "Richard was himself again," and the Sulphur was stopped. The nurses, who had hitherto seen nothing of the effect of homœopathic medication except from hearsay evidence, were dumbfounded. They thought that the erysipelas was to be "the beginning of the end." One of them had seen more than enough of allopathic practice.

January 27, 1877.—The only fact worth noting was that on entering my patient's dwelling, who should pass me but my old allopathic friend, the consultant, who had prognosticated that his, now my, patient could not, "do what we can," survive twelve o'clock of the 24th of January, 1877. It was now the 27th, and my patient was "all alive and kicking," as the old saying goes. It is also worth noting that from this date the patient's speech showed the first unmistakable sign of improvement, and the left lower extremity became more under the control of his will. Up to this time my visits had been some days as often as three or four in the twenty-four hours; they now came down to one morning and evening. His appetite and "drinkatite," his digestion, assimilation and sleep made steady progress under none other than *Sac lac* every four hours, during which time his speech and the power of standing on the paralyzed limb rapidly improved, and what is more to the point, he had had no more of his headaches with determination of blood to his head. In fact, I thought that my occupation, like Othello's, was about gone or rapidly coming to an end; but it was not so. About February 6, 1877, it was observed that he was frequently restless and ill at ease in the day time, and generally so as the evening advanced or as darkness set in. The nurses said that he dreamed or

saw visions and would frequently awake in a state of terrible alarm, but when they asked him what was the matter, he never replied.

February 7, 1877.—I deferred my morning visit until between one and two o'clock p. m., and just as I entered his bedroom I observed that my patient was in a state of excitement bordering on insanity. It was broad daylight and the Venetian blinds were drawn up. There was no one in the room but myself. My patient, in a state of abject terror, seized hold of an imaginary arm with an iron grasp, and sang out, "Here, nurse, I have got hold of her at last; I have got her by the wrist." His eyes were wide open and there was a distinct look of intelligence in his countenance. I at once went up to him and said, "My dear sir, there is no one in the room but myself; you are grasping nothing—only look!" And he looked and said: "Bless me, am I forever to be mistaken? This same woman seems to haunt my bed, but I have never had the courage to seize her till now. Oh, doctor, let no one enter and I will tell you all about it." There was no mistake—my patient was spectre-haunted, chiefly, if not entirely, by day, and the spectre seemed to him a terrible and visible reality. For the benefit of those of your readers who may be students of Swedenborg, I here transcribe this spectral-siren from the bottomless pit as nearly as possible in the words of my patient: "She has a lean and wasted form, a skeleton of a woman covered with skin. Her features are hideous, especially when she smiles, as if trying to court me. She lies down in bed at my right side without a rag upon her. Her abdomen is sunken in, hollow in the extreme, as if famished, and it is green as if undergoing decomposition. But worst of all to relate, doctor, is her privates. Instead of the external genitals there is a large mass, an irregular-shaped tumor, like a bloody pudding. (His description reminded me exactly of a case of fungus hæmatodes). This horrid, infernal hag, when she comes, fills me with such horror that I feel quite beside myself, and to add to my horror, she takes my hand and lasciviously places it on her cold and bloody genitals. Oh, doc-

tor, if you could only rid me of her presence, I could cry with gratitude, I would pay you any money." By way of consolation, I told him that it would not be my fault if this spectral female annoyed him more, and, whether true or false, because his ideas of time were still rather muddy and confused, he told me this woman had tormented him thus for the last three weeks. The nurses thought that a week was more like the length of time, if even that. Let me add that neither his wife nor his nurses, nor any one but myself knew, and now your readers know, of his spectre-seeing; far less did they know of the anatomy and description of the spectre, which my patient informed me never varied. The materialist believes that this spectre-seeing is all imagination, that it is not a reality. He may change his belief when his own spiritual vision is opened.

Be it understood, that I am far from being clear in my opinion about my patient's having seen this apparition when he was wide awake. On the contrary, he was so frequently drowsy and dozing during the day, that, I feel confident, however much his eyes were open when I saw him, he had been unconsciously enjoying a siesta, and the vividness of his dream awoke him in a state of abject terror. Dream or vision, I make no doubt that my patient's brain was then open to the spiritual world, and it was now my duty to close it.

What was to be the remedy? Some would guess at Opium, Belladonna, Hyoscyamus, Stramonium, and such like, but these are not deep enough in their action to reach or rather to cure such a case, and the more so as none of them cover the totality of the symptoms, as regards time and circumstance.

If we look back it will be remembered that when the blister began to trouble him, the aggravation on two occasions came between 4 and 8 P. M., and on this occasion the spectral illusion came by day sometimes after a siesta, but the nurses, who never knew the real cause of his restlessness and misery, informed me that they had observed it mostly towards evening, about dusk, corresponding to the interval from 4 to 8 P. M. When I took into consideration

the character of his headaches, the frequent rush of blood to his heart and brain, the hot flushes to his head and face, palpitation on the slightest ascent, perspiration on the slightest exertion, with relief by uncovering, great annoyance from flatulence and relief from eructations, and the fact that he had been partial to champagne and brandy, with their usual effects on the liver and other chylopoetic viscera. Lastly, when I considered the good effect of the Sulphur and its close resemblance to Calcareo and Lycopodium, I had no difficulty in spotting Lycopodium as the simillimum. Moreover, I felt strongly supported by the following symptoms in the pathogenesis of Lycopodium: "Hateful images in his fancies during the mid-day nap"; "Dreadful, horrid dreams." *Nightmare.* Most of the dreams of Lycopodium have *vividness and realness*, as a characteristic, as anyone can see for themselves by reading over the pathogenesis in Allen's Cyclopædia.

Before leaving the house I told the nurses to go on as hitherto and that I should not change the medicine until I returned in the evening. This gave me time to make sure of the remedy, by hunting for it. In serious cases, such as apoplexy, paralysis, spectral illusions, and other affections of the brain and mind, it will not do to hurry, or guess or try experiments. The diagnosis of the disease is one thing; it may be wrong or very far from right, but the diagnosis of the remedy cannot be too carefully made and searched for. I called again at 9 P. M., and placed upon my patient's tongue myself a powder of Lycopodium mm., (F. C.) and told the nurses to go on with the usual placebo every four hours. My patient was never again visited by day or by night by this wanton siren, which, he said, "could only have come from the bottomless pit."

From February 7, 1877, he was able to get up daily, and the only difficulty was in dressing himself. His upper extremity was the last to improve, and it was a long time before he could manage to button his shirt without losing his temper, which was none of the mildest at any time.

Within six weeks he was able to take a drive, but never by himself, from fear not only of anything sinister hap-

pening, but in order that he might be kept from his old haunts where he could indulge to any extent. After the single dose of *Lycopodium* he received no more medicine of any kind from me.

Soon after taking my leave of him, he called at my house to ask me to examine his heart, as he felt anxious about it. Beyond a weakness in its action and a faintness as regards the sounds, there was nothing abnormal, and these two points might be accounted for by his obesity. He had lost nothing in flesh from his illness or from my treatment. I advised him to take no strengthening or any kind of medicine, to be careful in his eating, and in particular to avoid stimulants of every kind, coffee and cigars—three items of luxury which I knew he could not resist, and which, I told him, would prove the death of him if he did avoid them *in toto*. I further informed him that as soon as he could arrange his affairs he should take a voyage up the Mediterranean and back, as it would help better than aught else to strengthen his heart and to make him fit for business again. On the 4th of May he and his wife set out for Italy together. A friend of mine who was a fellow passenger, took notes of their coming on board the tender, etc., he with a box of cigars under each arm. At breakfast and tea my patient generally consumed about a pint of strong coffee; at dinner never less than from a half to three-quarters of a pound of beefsteak, with onions galore. He could not speak about the brandy, and he had not the impudence to ask the steward. I have no doubt but that my patient and the steward were very good friends.

“To make a long story short,” there was not one of my directions carried out. He would go ashore at Naples, although I advised him never to leave the ship, as the temperature on land is in general ten degrees (Fahr.) greater than on the sea, and I also informed him that his constitution could never stand the sun’s heat on shore in the Mediterranean. One might as well have given the same advice to “the man in the moon” so far as the chance of being obeyed is concerned. He went ashore with his

wife. He walked about without sunshade, smoked cigars, "perspired like an ox," as the saying is, took off his hat and felt inclined to go it Zulu fashion. At last he felt fairly exhausted and done up; he must have a "pick-me-up." He told his wife so, and she knew well what that meant. She took him into a pharmacy and in French or Italian asked for a stimulant draught for her husband who was feeling very faint and exhausted. An ordinary draught of sal volatile, etc., was handed him, seated on a chair. He drank it off greedily at one gulp, his hand trembling from weakness, and *expired instantly*. So much for a weak, probably fatty, heart and a strong pig-headed will.

In a future paper I may extend my views of the chronic character of cerebral apoplexy; and I may add that if this case was not permanently cured, it was certainly no fault of mine.

DISEASE.

C. T. HARRIS, A. M., M. D., Syracuse, N. Y.

The physician skilled in the art of healing, should at least know something of disease, of what he proposes to cure. What then is disease? Dunglison gives the derivation of the word from the "old French desais an opposite state to that of health consisting in a change either in that of health in the position and structure of the parts or the exercise of one of their functions, or in both." Webster defines the word as any deviation from health or function or structure. The cause of pain or uneasiness, distemper, malady, sickness, [first effect uneasiness] or pain and the ultimate, death. Here a primal cause is recognized, and its *ultima thule*,—death. Hence, disease may be and is a derangement of the vital force, an interruption or derailment of spiritual dynamization,—a disruption of vitality. God breathed into man the breath of life and made him a living soul, (individual); this gave organic life and all the phenomena of life. When spirit-force is weak or derailed, pain, derangement ensues, and distress symptoms are

evolved by spiritual abnormality; that physician, then, is wise who can read these distress words, and make his diagnosis and prognosis in unison with nature's law of cure. Suffering nature exhibits her distress signals, the physician observes them and inquires what remedies will produce similar phenomena. So in sickness, weakened vital or spiritual force is implied by a deranged spiritual agent, and sickness is a sequence of such derailed spiritual dynamis. Spirit the agent, the body the house, if the agent became inactive or absent the house will decay by nature's decomposing laws. If the spirit be not normal, its effects will be destructive; disease then is not a *ponderable entity*, but a spiritual non-metrical entity, amenable only to spiritual law, discernible only to spiritual vision. The effect of disease may be measureable. Not so disease proper. God's spiritual dynamics gave life; its partial withdrawal or interruption produces sickness; and its total obstruction, death. Disease, then, is abnormal vitality or weak spiritual force. Life its full or partial union, and death the separation of organic force. When, then, spiritual and material union are threatened with disruption, distress symptoms are evolved and relief is called for. These symptoms call the physician; and he should be prepared to interpret them. When they say: chilly, skin dry, full, round pulse, sharp or heavy pains, general fever, etc., he prepares Aconite; but when coldness, cramps, vomiting, diarrhoea, with death-like paleness, then they indicate *Veratrum album*. When diarrhoea, general malaise, severe swollen face, gums and glands, then *Mercurius* is called for. This is the law of cure, and all deviations from it are non-homoeopathic.

If the disease is a spiritual aberration, spiritual law demands medicines appropriate to spirit-force, i. e., dynamical, or it must be divested of extraneous matter. Therefore the menstruum should be as free from crudities as possible and yet retain the medicine itself; and, necessarily, it should contain no antagonistic ingredients to retard its action, but should possess nutrient power to be absorbed as food or be eliminated from the system by the emunctories:

medicines, to act genially and forcibly upon spiritual life, must have color discharged, the spores thoroughly broken, or they become irritating, corroding elements reaching as a whole no farther than materialism when they will have to be remanded to the field of surgery to be treated as a mechanical hiatus. Yet, with all of Hahnemann's wise reasoning, his beautiful system of dynamization, we have so-called homœopathic physicians impudently and egotistically claiming his garb because fashionable. We do not wonder then if an allopathic, heteropathic, eneropathic, or eclectic (whose mind is accustomed to the regular bottle of "*all sorts*") exhibits massive and nauseous doses of heterogeneous irresponsibles. But for the self-claimed disciple of "*similia similibus curantur*" this theory will not be received kindly. But let us ask him, if a deficiency of chemical agent produces disease, why will not supplying that element cure—which, it uniformly refuses to do? Again, if sickness and death are caused by deficit of a chemical agent, will the restoration of that lacking element to the cadaver bring back life and health? Let us remember that power is not equal to bulk. The smallest molecule of miasma will sometimes more profoundly affect the corporal man than the most ponderous allopathic bolus (a ponderous similia!). Hence, we vote for infinitesimal doses for vital diseases.

THE SOUTHERN HOMŒOPATHIC ASSOCIATION held its third annual meeting at Tulane, and Greenwald hotels, New Orleans, La., on December 8, 9, and 10 last, there being delegates present from nearly every Southern state. Dr. A. L. Monroe, of Louisville, Ky., President of the Association presided, and delivered his address, briefly reviewing the advancement of Homœopathy throughout the land, and also touching on the antagonism of the old school in the several states. We are glad to note that Dr. F. H. Orme—President of the American Institute—was present and took prominent part, as our last account reported him quite ill. The Bureau of Statistics made a good showing for Homœopathy, and one that must gladden the heart of every true, loving disciple of Hahnemann. Dr. Henry, of Montgomery, Ala., (so the report reaches us) read a paper in the Bureau of *Materia Medica* "which did not meet with the heartiest of approval at the hands of the membership, but a disposition was manifested to allow of a wide degree

of individual views in regard to what is and what is not Homœopathic." [What you been a-doing of, Henry?] A number of good papers were read and the discussions were animated and instructive, and the brethren of the craft had a good time. We note that our good friend and fellow-journalist of the *Southern Journal of Homœopathy*, Dr. C. E. Fisher, took an active and leading part in the proceedings, and his journal was voted the official organ of the Association. So also we find mention of Dr. Crutcher, of Chicago, representing newspaper interests, and Dr. E. A. Guilbert, of the *Medical Call*; Dr. Crutcher's "alcohol" amendment: "That we are opposed to the opiates and alcohol in medical practice, except in cases where the accumulative experience of acute sagacious observers has taught us that they are beneficial," was materially changed before adoption. The social feature was by no means absent, the ladies of the resident physicians vying with each other in the matter of displaying the characteristic southern hospitality. The officers for the ensuing year are Dr. Joseph Jones, San Antonio, President; Dr. W. M. Dake, Nashville, First Vice-President; Dr. E. A. Murphy, New Orleans, Second Vice-President; Dr. C. G. Fellows, New Orleans, Recording Secretary; Dr. C. R. Mayer, St. Martinsville, Corresponding Secretary; and Dr. J. G. Belden, New Orleans, Treasurer. New Orleans was re-chosen for the next session.

SEPIA.—A morbid desire for vinegar. C. Hg.

COUGH excited by beer and relieved by warm drinks:
Nux v., Bry., and Rhus. C. Hg.

CLEMATIS 200th cured a dull pain in hollow tooth which
was alleviated by cold water, or by sucking the tooth.
C. Hg.

CALCAREA PHOS.—The chills run up the back; terrible
muscular jerks in body, which almost throw him out of his
chair; chills strike upwards. C. Hg.

LACHNANTHES in Scarlatina has a stiff neck, drawing
head to one side. Pimples on the face. It also causes a
glare of eyes, and produces a desire to talk,—a flow of
language and the requisite courage to make a speech. The
Indians are in the habit of chewing it (*Lachnanthes tinctora*)
when they meet the white man, to give them a flow
of language. C. Hg.

CLINICAL MEDICINE.

HÆMOPTYSIS (HÆMORRHAGIA PULMONIS).*

EDUARDO FORNIAS, M. D., Philadelphia, Pa.

This is a term usually applied to any hæmorrhage proceeding from the bronchial vessels (bronchial hæmoptysis), or from the pulmonary vessels (pulmonary hæmoptysis), but literally it means *spitting of blood* (from *hema*, blood and *ptysis*, to spit,) without reference to the sources of the bleeding.

Ulceration of the larynx, trachea and bronchi may produce hæmoptysis, but such a lesion in the lungs, causing effusion into the air-cells and into the inter-alveolar and interlobular tissues, is the most common source of the trouble. It may also be due to traumatism, straining, irritant inhalations, pulmonary apoplexy, embolic pneumonia, hæmophilia, hydatids, cardiac troubles, rupture of aneurisms, vicarious menstruations, and it can occur idiopathically, but in a great majority of instances it is of phthisical origin.

Fragility of the vessels and catarrhal tendency are, according to Dr. Carson, not only the two elements of heredity, but also the factors of the acquired predisposition.

The Vienna Hospital reports, running through more than fifteen years and embracing more than 20,000 cases, give as the ages most liable to hæmoptysis those between 18 and 29 years. No statistics as to sex are given.

The symptoms vary with the cause and amount of the bleeding, but usually those preceding the attack are heat and oppression in chest, laborious breathing, trickling sensation behind the sternum, excited action of the heart, dry, titillating cough and sweetish or salty taste. It can also occur without warning, especially if profuse, or without symptoms if scanty.

The blood, as a rule, is of a bright-red color and frothy, but this last characteristic is absent if it is expelled rapidly,

*Trans. Penn. State Society.

or it may lose its florid color and spumous appearance when it is retained for some time in a vomica or dilated bronchus, giving then rise to the belief that it is of gastric origin, as the patient is often scarcely able to tell us whether he vomited or coughed it up. Carson says that "there is sufficient inconstancy in color to prevent its being reliable in distinguishing the special source of the bleeding, though usually the bright color is of bronchial and the dark of pulmonary origin. If bright-red at the onset, it loses some, if not the whole, of its brightness as the attack progresses or is subsiding, sometimes because of retention in the air-passages." Again, pulmonary or bronchial blood may reach the mouth without actual cough and then be spit out, or it may be swallowed and then vomited, or discharged by the bowels, losing entirely its distinctive features, and in such cases we have to depend for diagnosis on the general signs of the disease and on the physical examination of the lungs and heart.

When the hæmorrhage is abundant the patient becomes pale, anxious, tremulous and fainty, but such results are often due to the shock and not to the loss of blood. If a large vessel has been divided the first hæmorrhage may cause fatal syncope. The appearance of shock, increased dyspnœa, a large amount of blood, excited action of the heart and increased new areas of dulness or râles at certain parts of the lung other than the usual sites of phthisical disease should be watched with solicitude.

Spitting of blood is naturally a constant source of alarm to the patient, who believes it always of tubercular origin, when it is so that the bleeding can come from parts connected with the nose, mouth, throat and œsophagus, arising from ulceration, cancer, aneurism, a varicose condition of the œsophageal veins, etc.; hence, the necessity of an accurate diagnosis.

"I have met," says Bennett, of England, "with several cases where supposed pulmonary hæmorrhages really originated in follicular disease of the pharynx and larynx, and, with the supposed phthisical symptoms, was removed by the use of the probang and nitrate of silver solution."

The ejection of blood from the lungs, though, whether in small or large quantities, demands our most solicitous consideration, for whilst in some cases it is a symptom free from danger, in others it is an indication of serious, if not of fatal, disease.

In regard to the diagnosis of hæmoptysis, bleeding from the stomach is the one that obviously claims comparison, as the blood in both troubles has the same channel of exit, and although in exceptional cases the signs are misleading, still the quality and appearance of the blood, its admixtures, the manner of its ejection and the accompaniments are important, even deciding factors.

The principal contrasting signs of these hæmorrhages are:

From the Lungs.

Dyspnœa.
Blood coughed up.
Blood florid, sometimes frothy.
Blood mixed with sputa.

From the Stomach.

Nausea.
Blood vomited.
Blood dark, not frothy.
Blood mixed with food.

The fact that blood from the nose is sometimes swallowed and afterward ejected by vomiting should be borne in mind.

“Hæmoptysis, followed by a persistent cough, and still more if cough preceded its occurrence, is always presumptive evidence of a phthisical affection. Occurring without having been preceded by cough, and when cough does not immediately follow, should suggest the probability of phthisis. In the large proportion of cases under these circumstances it is a forerunner of the diagnostic symptoms and signs of the disease.” (Flint.)

“The physical signs of a slight hæmorrhage from the lungs are very obscure. No information as to the seat or amount of the hæmorrhage is furnished by inspection, palpation or percussion. Auscultation may, however, indicate the spot at which the hæmorrhage occurs, by the presence of moist râles. If the hæmorrhage is profuse and accompanied by pulmonary apoplexy, abundant moist râles will be heard at the seat of the effusion, and they remain audible until coagulation takes place or the effusion is re-

moved. When pulmonary apoplexy occurs, it is usually found in the lower and posterior portions of the lungs. If the nodules are few and small, there will be no positive physical evidences of their situation. When the nodules are large and lie superficially, percussion will give more or less dulness over a limited space corresponding to the extent of the hæmorrhage, and on auscultation there will be a diminution or absence of the respiratory murmur. When the extravasation is situated near a large-sized bronchial tube, bronchial breathing and increased vocal resonance are heard, and there is also increase in the vocal fremitus." (Loomis.)

In cardiac hæmoptysis the symptoms and physical signs of valvular, usually mitral disease in a considerable degree of advancement will exclude phthisical disease.

The prognosis of hæmoptysis, especially of phthisical origin, is not governed by the amount of blood ejected. A small repeated bleeding may have more significance than an occasional large one, and *vice versa*, and as Dr. Carson so well asserts, "the family and personal equation is of more importance than the mere quantity." "We may have a slight hæmoptysis and a large increase of the morbid condition following it, and the reverse, the result depending on the individual tolerance of and susceptibility to reaction." "As in the second stage the reactive elements are more potent, the small hæmorrhages then are less beneficial. They are the index of activity in the destructive lesions, and yet may relieve the accompanying congestion. The easiest appreciable symptom of the progress of the disease is the fever. We may fail to properly interpret physical signs because of want of familiarity with the individual case before us. If besides more fever there be more cough, dyspnœa and debility, the prognosis increases in gravity. These remarks will apply with more force to the large hæmorrhages than to the smaller ones, and are the guides for prognosis in all the clinical forms of hæmoptysis."

A profuse hæmorrhage, then, is sometimes a grave event, and may prove the immediate cause of death, especially if

cavernous, but the bronchorrhagia prior to the formation of cavities is not infrequently followed by a sensation of relief, and as Flint says, the analytical study of a large collection of cases shows that the occurrence of bronchial hæmorrhage does not diminish, but apparently increases, the chances of arrest and tolerance of the disease. This statement, holds the same authority, is true with regard to cases in which the hæmorrhage is often repeated and profuse, as well as to those in which it is slight and infrequent.

Jaccoud, of Paris, also asserts that during the initial stage of phthisis, when the danger rests particularly on the congestive condition which provokes the extension of the lesions, the hæmorrhages can become really critical, and dispel, for a more or less length of time, a threatening inflammation. In such cases, far from being a bad sign, it is on the contrary a salutary phenomenon.

If all this is true, we can well afford to allay the usual apprehensions of the patient by assuring him that the hæmorrhage will be more of a security than a danger, because it is the expression of a local congestion that will be relieved by the discharge.

The accessory treatment consists principally of rest in a cool room, moderate in the milder forms of the trouble, absolute in the graver ones. Quiet surroundings and the avoidance of all emotions are essential. The patient is to receive all possible encouragement and to reach this effectually we should behave with perfect calm and unconcern. Cold drinks, ice to the chest and mucha, and stimulating foot-baths are often serviceable. Astringents or styptics have been discarded as useless, even by old school physicians, but the inhalations of the vapor of the oil of turpentine (place a small quantity in an earthen dish floated on hot water) have been recommended as valuable, especially for prolonged spitting of blood in small quantities for days or weeks.

INTERNAL TREATMENT.

ACALYPHA IND.—In obstinate cases of arterial hæmorrhage, preceded by burning in the chest and accompan-

ied by emaciation, slow fever and small depressed pulse. **The blood is pure bright red* (Acon., Dulc., Rhus.) in the morning, or *dark, clotted* (Arn., Puls.) in the evening. Spitting of blood, brought on by a violent dry cough (Dig., Rhus).

Note.—Dr. Tonner, of Calcutta, was the first to notice this violent, dry cough, followed by spitting of blood after the administration of Acalypha, and since then, it has been used with good results.

ACONITE.—When the attack is preceded or accompanied by symptoms of congestion, such as fulness, burning pain (Bell.), palpitation, and a sensation as if the blood was boiling in the chest and followed by burning feeling under the sternum. The mental condition and *nervous restlessness* furnish additional indications. **The blood is arterial hot, red and frothy, and the least cough* brings on a discharge (Mill.). The recumbent posture brings on relief. It is the remedy for plethoric persons who drink much wine, or for pregnant women, with nocturnal anguish, lamentations and bright-red face.

ARNICA.—In those subject to unusual strain and fatigue, who preternaturally develop their muscular system, as soldiers, miners, and professional athletes. *After a fall or blow* (Ruta). **The blood may be profuse, dark and clotted* (Puls., Ham.), coming with little effort, or it is bright-red, frothy (Acon., Mill.), mixed with mucus (Bell., Opi.). A burning and constriction of chest. Tickling cough under the sternum; laborious breathing and contusive pain in the head, chest and back, when coughing, are additional indications.

BELLADONNA.—Is the remedy for the young and robust, who suffer from congestion of blood to head or chest, or both. **The bloody expectoration is mixed with mucus* (Arn., Opi.), and occurs principally in the morning (Phos., China, Nux v.), leaving a bloody taste (Ipec., China). Attacks of coughing, from tickling in the throat (Arn., Nux v.), bring it on. Especially indicated when there is a *flushed face* (Acon., Opi., Nux v.), throbbing headache, pulsating carotids, sparks before the eyes, stitches in apex

of right lung and a sensation *as if chest were filled with blood*. If with these last symptoms there should be a discharge of bright-red blood, imparting a sense of heat, Belladonna is also the remedy.

CACTUS.—When due to functional disorders of the heart, with marked arterial excitement, convulsive cough, profuse bleeding and a sensation of constriction in the heart, as if an iron hand prevented its normal movements, as if squeezed together (Iod., Arn., Kali c.). Especially indicated if the congestion to the chest hinders patient from lying down in bed (Acon.).

CHINA.—After venesection (Ferr., Ipec., Senecio) or other losses of animal fluids (Ars.), with ringing in the ears, fainting spells, debilitating sweats and constant desire to lie down (Ferr.). Brought on by a dry (Hyos., Ferr., Arn.), violent, racking cough (Ipec., Nux v.), or when the blood comes without cough, as if vomited up (Arn., Ferr., Ipec., Phos.); worse after exercise (Bell., Bry., Ferr.). When it occurs principally in the morning (Bell., Nux v., Phos.). *The blood is bright-red (Acon., Arn., Bell., Dulc., Ferr., Ipec., Mill.); there is a good deal of hoarseness (Phos., Sulph.), pain between the scapulæ (Ars., Ferr.), pallor of the face (Ars., Carbo v., Ferr., Puls.), coldness of the skin and extremities (Ars., Carbo v.), dimness of vision, great debility (Ars., Ferr.), and *a taste of blood in the mouth* (Bell., Ipec.). Such are the leading symptoms for China.

DULCAMARA.—In consumptive and scrofulous patients, sensitive to changes of temperature, with stitches here and there, in the chest. *The blood is bright-red (Acon., China, Ferr., Ipec.), and there is a constant tickling, with desire to cough (Bell.). The attack is provoked by a cold or a loose, protracted cough, and is worse during repose (Rhus tox.).

FERRUM.—Like China indicated after venesection (Ipec., Senecio). Both have *bright-red blood*, but in Ferrum the *bleeding is scanty*. In both *a dry cough brings on the blood*, but the *cough of Ferrum is slight*, while that of China is *violent*. Both have *pallor of face* (Ars.), but

the Ferrum patient *flushes easily*. Both have *great weakness, which necessitates lying down*, but in Ferrum *moving about slowly always gives relief*. Both have *interscapular pain*. Both have *aggravation after exercise*. But Ferrum has marked *heavy breathing* (Ipec.), *unrefreshing sleep, frequent palpitations, great fatigue after talking* (Phos.), and the *attack is more violent at night* (Puls., Rhus., Hyos.).

HAMAMELIS.—*When there is a tickling cough* (Arn., Bell., Nux v.), *with taste of blood* (Bell., China, Ipec.), or of Sulphur. Dull, frontal headache, tightness of chest (Phos.); inability to lie down, on account of hard breathing, from congestion; *fullness in the head and tranquility of mind*. **The blood is venous, raised with little effort* (Ipec.), like a simple, warm current, established from within outwards.

HYOSCYAMUS.—*In persons addicted to spirituous liquors* (Ars., Nux v., Opi.). Especially when the attack is preceded by a dry cough (China, Ferr., Arn.), more violent at night (Ferr., Puls., Rhus, Sec.), and accompanied by spasms. **The blood is bright-red* (as in Ferr., Ipec. and China), mixed with coagula. Long talking exhausts the patient (Ferr.).

IPECACUANHA.—Is one of our most useful remedies in hæmorrhages from the lungs. Like China and Ferrum (with which it has many points of resemblance), it is indicated after *venesection*, especially if the *bleeding is scanty, constituting an expectoration of blood-streaked mucus, or a blood-spitting, from the least effort, without cough, and as if vomited up* (Arn., China, Ferr., Phos.). It is also the remedy when the hæmorrhage is **profuse, of a bright-red color* (Acon., Arn., Bell., China, Dulc., Ferr., Rhus), provoked by a *dry, tickling, racking cough* (China, Nux v.), or even by a *little hawking* (Acon., Ham., Nux v.), worse from the *least exertion* (Bell., China, Ferr.), preceded by a *sense of bubbling in the chest* and accompanied by *nausea, chills, heavy breathing, oppression* (Phos.), *livid face* (Opi.), *small and frequent pulse, anxiety* (Acon.), *debility* (China), *patient cannot utter a word* (Ferr., Phos.), and

a *protracted taste of blood in the mouth* (Bell., China, Ham.). Likewise indicated when the menses are disturbed, or the bleeding occurs at the menstrual period (Puls., Phos., Verat. alb.). Jahr even recommends it after mechanical injuries, and Chargé after exposure to cold and rain.

LEDUM PAL.—Indicated in *rheumatic or gouty individuals*, who are weak from the abuse of Colchicum, or in *pale, delicate women, who are always cold* (Puls., Sep.), especially if they complain of *anxiousness and fainting spells* (China), and there is with them an inward pressure at the left edge of the sternum, with night sweats, palpitations, stitches and congestion to the chest. The attack is worse at night, from wine (Acon.), accompanied by a *hollow, racking, spasmodic cough* (Ipec.), provoked by a tickling in the larynx and trachea, and *the blood is bright-red, foamy and abundant* (Acon., Mill., Ipec., etc.).

MILLEFOLIUM.*—Suitable in suppressed hemorrhoids and menses, as well as in checked lochia, *phthisis*, or after a fall (Arn., Ruta.), especially if there is cough with *frequent spitting of florid blood* (Acon., Dulc., Led., Ipec., etc.); oppression of chest, palpitation, ebullitions, *fine piercing pain and bruised feeling*, worse under the left scapula (Ran. bulb.).

NUX VOMICA.—Is the remedy when there is congestion to the chest (Acon., Arn., Bell., Opi., Phos.), with heat and burning (Arn., Ars., Carbo v.), and the trouble is *provoked by a fit of passion*; in individuals *addicted to strong drinking* (Hyos., Opi.), especially if there should be present a *titillating* (Arn., Bell.), *racking cough* (China, Ipec.); or the blood raised, even after a little hawking (Acon., Ipec., Sulph.). The attack is usually in the morning, and may be due to *suppressed hemorrhoidal flow* (Carbo v., Lyc., Phos., Sulph.) or *debauchery*.

OPIUM.—With Nux v. and Hyos. forms a group for *hæmoptysis in drunkards*. According to Jahr, Hyos. is the remedy when Opi. and Nux v. have been given and

*Erechthites is a rival of Mill. in bright-red epistaxis and in hæmoptysis.—FARRINGTON.

failed to do any good, while *Nux v.* is often suitable after *Opi.* The distinction of *Opium* consists principally in the character of the *blood which is frothy, viscid, thick* (*Arn., Rhus*), mixed with *mucus* (*Arn., Bell.*). It has, besides rush of blood to the chest (*Acon., Arn., Bell., Phos.*), oppression and dyspnoea (*Ferr., Ipec., Phos.*), flushed face (*Acon., Bell., Nux v.*), burning about the heart, feeble voice (*Ars., Bell., Ferr., Phos., Sulph.*), tremor, heat in chest (*Nux v.*) and coldness of the legs (*Ars., Carbo v., China*). (*Lilienthal* gives absence of all pain).

PHOSPHORUS.—Has hæmorrhages from all the outlets of the body, due to its disorganizing effect upon the blood-life. It answers to the *tubercular diathesis, especially in tall, slender or rapidly growing girls, inclined to stoop.* In *hæmoptysis, following suppressed menstruation,* it shares honors with *Pulsatilla.* Its selection does not depend on the quality or color of the blood, but on the manner in which the bleeding occurs. *If the flow is scanty, constituting what is termed blood-spitting, it is usually attended by a dry, tight, fatiguing cough, which may have existed long before the initial discharge, and sometimes intermixed with mucus (Arn., Bell., Opi.). If profuse, it pours out freely, and then ceases for a time.* Occasionally the scanty discharge alternates with a profuse flow, so obstinate, at times, as to cause great debility (*Arn., China*). In such cases it will often arrest and always palliate the work of destruction, which is going on in the lungs, as indicated by the critical discharges. Accompanying symptoms are *oppression, weight, fullness and tension in the chest, hoarseness* (*China, Sulph.*); *palpitations of the heart* (*Acon., Arn., Ars., Bry., Sulph.*) and *intra-scapular cramp.* Periodicity seems to be another leading feature of *Phos.*, the trouble often increasing at the same hour. The attack is principally worse in the morning (*Ars., China, Nux v.*) and after talking (*Ferr.*). (*Lilienthal* gives worse from evening till midnight).

PULSATILLA.—Is to the suppressed catamenial flow what *Nux v.* is to the hemorrhoidal. In these respects *Phos.* is a rival of *Puls., Sulph.* and *Nux v.* *Pulsatilla* is especially

indicated in obstinate cases if **the blood is dark and coagulated* (Arn., Ham.); *coughed out in pieces; after the suppression of the menses* (Ipec., Phos., Verat. alb.). It is the remedy for *timid, weeping women, inclined to grief, with pale face* (Ars., China, Ferr.), anguish and shivering. The attack is at night (Ferr., Hyos., Rhus), and accompanied by pain in the lower part of the chest (Rhus).

RHUS TOX.—Is, next to Arnica, the remedy in traumatism (Ipec., Ruta). Arnica is indicated when the injury is violent enough to produce the rupture of a vessel. Rhus when the exterior violence, causative of the trouble, consists principally of excessive strains, as those required to blow a wind instrument, or lift heavy weights. The attack is more violent at night (Ferr., Hyos., Puls.), and the least mental excitement renews it. It may be accompanied by a *dry, tearing cough* (China, Ipec., Nux v.); hoarseness (China, Phos., Sulph.); heat (Arn., Ars., Carbo. v.), and weakness in the chest (Sulph.), hindering speech (Stann.). The patient must move, because quiet makes dyspnœa worse; in fact, rest aggravates all the symptoms. Pain in the lower part of the chest (Puls.) is another concomitant. **The blood is bright-red* (Acon., Arn., Ars., Bell., China, Ferr., Ipec., Mill.), or *slimy, viscid, thick* (Arn., Opi.).

SULPHUR.—Follows Nux v. when the trouble sets in upon the suppression of the hemorrhoidal flow and the latter has not been sufficient to correct the abnormal departure. It is also suitable after Nux v. or Ars. to prevent relapses. It is especially indicated in chronic cases, when *blood is raised even after a little hawking* (Acon., Ipec., Nux v.); there is a great deal of hoarseness (China, Phos.); *stitches through chest, extending into left scapula; oppressed breathing, with anxiety* (Acon., Ars., Puls.); *soreness and pressure in chest*, as well as heat and weakness (the latter principally when lying down in the evening, or when talking); pain under the sternum (Led.); *palpitations of the heart* (Acon., Arn., Ars., Phos.); and *sweetish taste in the mouth* (Acon., Ars., in throat; Bry., Ipec., Phos., sputa; Plumb., Puls. saliva). Sulphur has also salty sputa (Phos., salty taste; Ars., Bell., China, Hyos., saliva; Nux

v.), which is, like the sweetish taste, a premonitory symptom. Sometimes *the blood is mixed with pus* (Phos.;—mixed with mucus, Arn., Bell., Opi., Phos.), or *a dry, tickling cough*, brings up a dark, bloody sputum.

SPECIAL REMEDIES.

ARSENICUM.—Hæmoptysis consequent upon losses of blood, with *great deal of weakness* (China), *burning heat all over*, dry cough, oppressed breathing, palpitation, intrascapular pain (China, Ferr., Phos.), and salty taste (Bell., Calc., Carbo v., China, Hyos., Nux v., Phos.). In drunkards (Hyos., Nux v., Opi.). From suppressed menses (Phos., Puls., Senecio).

ANT. CRUD.—Hæmoptysis in the aged (Con., Opi.), with *heat and pain in the chest* (Ars., Bry., Carbo v.) especially if there should be present *exhaustive night-sweats* and the patient could not stand the heat of the sun. The attack is worse in summer time and may come after bathing. *A gradually declining cough, ending finally in a mere hacking, is very characteristic.*

ANT. TART.—Indicated when after hæmoptysis there still remains for a long time a *bloody, slimy expectoration*. This drug has also *salty taste, oppressed breathing, fulness, and constriction of chest; rising of warmth from the heart and palpitations.*

BRYONIA.—I have given this remedy three times to a Spanish lady, who had two previous attacks in Barcelona, one every year, making five in all. She told me they always appeared in place of the menses, early in the morning, as soon as she commenced to move about, and that there was a history of consumption in the family. I was led to its use, principally, *by the state of vascular erethism, a chronic, dry, hacking cough and a sharp, stitching pain in the left infra-mammary region, going through shoulder, worse on motion, coughing, or during inspiration* of which she complained when I first saw her. She had, besides a persisting *sweet taste and the blood, which was of a bright-red color, required little effort to be raised.* I could not see a reason why Bryonia would not act here as in vicari-

ous nose-bleed and my conclusion was crowned with the best result, as this lady has had no other attack since 1883. We must also remember that *pleurisy* is the antecedent of many cases of phthisis and hæmoptysis, a symptom which may occur at any period of the trouble.

CARBO VEG.—Has *burning in chest: excited action of the heart; difficult breathing* (Acon., Ars., Ipec., Phos., Sulph.); and *salty taste* (Ars., Bell., China, Nux v.), all premonitory symptoms of hæmoptysis. Its leading feature, however, is the *excessive dyspnœa, with anxiety* (Acon., Ars., Puls., Sulph.), *but no restlessness*. The patient desires to be fanned; must have more air; is hoarse (Phos.); his face is pale, especially before and after every attack; the skin is cold, and he is tormented by violent spells of cough.

CALC. OST.—*Blood-spitting when coughing and even hawking, with roughness and soreness in chest, sweetish taste* (Ipec., Phos., Puls., Stann.), palpitation, anxiety, marked pulsation in the blood vessels (Acon.), and tremulous pulse; especially if there should be stitches in the chest, worse from motion (Bry.), cutting through back, or crawling inter-scapular pain.

COLLINSONIA.—*When the spitting of a thick, dark, coagulated blood* (Arn., Ham., Puls.) *follows the suppression of a similar anal flow*, especially in persons suffering from blind or bleeding piles, with weight in the rectum and obstinate constipation (Nux v., Sulph.). Also when due to cardiac trouble (Cactus).

CONIUM MAC.—*In the aged* (Opi.) *and in those who have the pernicious habit of masturbation*, with trembling of the limbs and sudden loss of strength while walking; especially if they should complain of a dry spot in the larynx, with almost constant irritation to cough and marked hoarseness; or of a very fatiguing, spasmodic, dry cough, worse in the evening, and when lying down, with sharp thrusts through the chest, and evening fever; or of a loose, ineffectual cough, with difficult, bloody, purulent expectoration; short wheezing breathing, and frequent attacks of suffocation.

ELAPS COR.—*Expectoration of dark blood* (Sulph. ac.),

with a feeling of a tearing in the region of the heart, especially if the right lung is affected (Lach., left). Before cough a drop of blood in mouth.

ERGOTIN.—When, after bleeding, the patient complains of acute, sharp, burning pains in chest (Ars.) above the sternum. Palpitation. Ardent fever.

IODIUM.—This drug is very much neglected in hæmoptysis. According to Dr. Farrington, it is a capital remedy when there is tendency to bronchial and pulmonary congestion and hæmorrhage. In Iodium we find, besides the predominant vascular symptoms, impeded breathing, tightness across the chest, dry cough, with stitches and burning in chest, as well as an abundant expectoration of blood-streaked mucus, attended by weakness of the chest. [With an itching of left lung or itching under sternum in centre of chest.—ED.] The salty or sweetish taste is also very marked in this medicine.

KREOSOTE.—No less neglected is also Kreosote, a drug which does not only answer well the tubercular diathesis, but presents such important symptoms as frequent blood-spitting or expectoration of black, coagulated blood; severe, bruised, pressive chest pains; afternoon fever, morning sweat, shortness of breath, oppression and anxious feeling of heaviness in the chest.

LACHESIS.—When the hæmorrhage leaves a *charred straw* sediment, especially in tuberculous patients; after pneumonia, with soreness, burning and weight in chest; stitches in the left chest; *left* lung mostly affected (Elaps., right lung); during climaxis (Sang.).

MYRTUS COM.—Hæmoptysis in tuberculous patients, who complain of stitching pains in upper part of left chest, extending to left shoulder-blade; worse on coughing.

SANG. CAN.—Hæmoptysis during phthisis pulmonalis, with burning and stitches in chest, especially from right side to shoulder; rust-colored sputa (Phos.); night sweats and extreme dyspnoea. In women suffering from amenorrhœa or during or after climaxis.

SENECIO.—In the bleeding of incipient phthisis, with troublesome cough, first dry and then loose; copious ex-

pectoration of yellow mucus, streaked with blood, and a sensation of rawness and soreness in the chest. Also when due to suppression of the menses (Mill., Puls.), or after venesection, with great deal of weakness (Ars., China).

SEPIA.—Hæmoptysis in millers, due to the continuous inhalations of flour dust, especially if the bloody expectoration takes place when lying down, or when coughing; dry, spasmodic cough, excited by tickling in the chest; congestion, weight (more if left side), empty feeling (Stann.), stitches, soreness (in mid-chest), oppression, shortness of breath, excited action of the heart, and a salty taste are additional indications.

STICTA PULM.—Chronic bleeding of a dark color in consumptives, with tickling in the larynx and bronchi; incessant, wearing or racking cough, and pain in the left side below the scapula; or the cough may be loose in the morning, with easy expectoration of bloody mucus, less free during the day, or accompanied by oppression, worse from midnight till morning, and co-existing with splitting, frontal headache and epistaxis.

STANNUM.—Hæmoptysis, with tendency to copious expectoration, and sore or empty feeling in chest. Chest so weak he cannot talk (Rhus.); stitches in chest, knife-like, below the axilla; hoarseness (Carbo v., Phos.), *sweet taste* (Ars., Bry., Ipec.), paroxysmal cough, oppressed breathing, profuse, debilitating sweats, and small, frequent pulse, are all symptoms found under Stannum.

SULPHURIC ACID.—Like Phos., has hæmorrhages from all the outlets of the body, but the blood is *dark* (Crotal.) and *profuse* from the lungs, without vascular erethism. It is especially indicated in consumptives and in broken-down constitutions, subject to mucous discharges. Also in persons who suffer with piles and are enfeebled by repeated losses of blood (China). Gastric complications; dry cough, with soreness between scapulæ, with morning expectoration of dark blood (Elaps.), or of a thin, yellow, blood-streaked mucus, tasting sour; and sensation of great weakness in chest are all indicative of Sulph. acid. Like-

wise the remedy for spitting of blood in climaxis (Lach., Sang.), and after typhus, with cough (Tart. em.).

 REPERTORY.

PREMONITORY SYMPTOMS.

- Constriction in chest:—Acon., Ant. tart., Arn. (R.), Ars., Bell., Bry., Cact., Carbo v., Ferr., Ham., Hyos., Ipec., Kreos., Lach., Nux v., Opi., Plat., Phos., Puls., Sang., Stann., Stram.
- Excited heart:—Acon., Ars., Bell., Bry., Calc., Cact., Carbo v., China, Cocc., Ferr., Ipec., Lach., Nux v., Opi., Phos., Puls., Rhus, Senecio, Sep., Spig., Sulph., Sulph. ac.
- Heat in chest:—Acon., Ars., Bry., Bell., Carbo v., Hyos., Nux v., Opi., Phos., Plat., Puls., Rhus, Sang., Sulph., Sulph. ac.
- Laborious breathing:—Acon., Ant. tart., Arn., Ars., Bell., Bry., Calc., Carbo v., China, Dulc., Ferr., Hyos., Ipec., Kreos., Lach., Led., Nux v., Opi., Phos., Plat., Puls., Rhus, Sang., Sep., Stann., Sulph.
- Oppression:—Acon., Ant. c., Ant. tart., Arn., Ars., Bell., Bry., Cact., China, Con., Crot., Dulc., Ferr., Hyos., Ipec., Kreos., Lach., Mill., Nux v., Opi., Phos., Puls., Rhus, Senecio, Sep., Stann., Sticta., Sulph.
- Salty taste:—Ant. tart., Ars., Bell., Calc., Carbo v., China, Hyos., Nux v., Phos., Sep., Stann., Sulph.
- Sweetish taste:—Acon., Ars., Bry., Calc., Ipec., Phos., Plumb., Puls., Stann., Sulph.
- Tickling in air passages:—Acon., Arn., Calc., Carbo v., Con., Dul., Ferr., Ipec., Lach., Nux v., Phos., Rhus, Senecio, Sep., Sticta, Sulph.
- Tickling under sternum:—Acon., Ipec.
- Violent cough:—Ars., Bell., Cact., Calc., Carbo v., China, Con., Dulc., Hyos., Ipec., Lach., Led., Nux v., Opi., Phos., Puls., Rhus, Sep., Stann., Sulph.

CONCOMITANTS AND SUCCEEDING SYMPTOMS.

- Blood; bright-red (pure):—Acal. (A. M.), Acon., Arn., Bell., Bry., China, Dulc., Erech., Ferr., Hyos., Ipec., Led., Mill., Rhus.

- Blood:** bright-red and frothy:—Acon., Arn., Ipec., Led., Mill.
 clotted:—Acal. (P. M.), Arn., Coll., Croc., Ham.,
 Hyos., (partially), Puls., Rhus.
 and dark:—Arn., Coll., Ham., Puls.
 pale and brown:—Rhus.
 dark:—Acal. (P. M.), Arn., Coll., Elaps., Ham.,
 Kreos., Phos. ac., Plat., Puls., Sticta, Sulph. ac.
 easily coagulating:—Ferr.
 ejected in pieces by cough:—Puls.
 frothy:—Acon., Arn., Ipec., Led., Mill., Opi.
 hot:—Acon., Bell.
 imparting a sense of heat:—Bell.
 in a grumous mass:—Plat.
 leaving a charred straw sediment:—Lach.
 light:—Ferr., (Merc.).
 like a simple warm current:—Ham.
 lumpy:—Croc., Ferr.
- Blood mixed with mucus:**—Arn., Bell., Ipec., Phos., Sen-
 ecio, Sticta, Sulph., Sulph. ac.
 pale, clotted and brown:—Rhus.
 pours out freely and then ceases for a time:—Phos.
 raised with little effort:—Arn., China, Ferr., Ham.,
 Ipec., Phos.
 slimy, viscid and thick:—Arn., Croc., Merc., Opi.,
 Rhus, Sec.
 thick, black and tarry:—Plat.
- Bleeding brought on by a cold:**—Dulc.
 least cough:—Acon., Bry., Mill.
 racking cough:—China, Ipec., Led.,
 Nux v.
 violent cough:—Acal., Arn., Bell.,
 Bry., China, Ipec.
 loose, protracted cough:—Dulc.
 fit of passion:—Nux v.
 an injury:—Arn., Ipec., Ruta.
 little hawking:—Acon., Bry., Ham.,
 Ipec., Nux v., Sulph.
 strain (as blowing, lifting):—Arn.,
 Rhus.

- Bleeding coming, as if vomited up:—Arn., China, Ferr.,
Ipec., Phos.
- dangerous:—Acon., China, Ferr., Ham., Ipec.,
Opi., Phos.
- habitual:—China, Rhus.
- leaving a bloody taste:—Bell., China, Ipec.
- periodical:—Carbo v., Kreos., Phos.
- profuse:—Acon., Arn., Ars., Bell., Carbo v., China,
Croc., Dulc., Ferr., Hyos., Ipec., Led.,
Mill, Nux v., Opi., Phos., Puls., Rhus,
Sulph. ac.
- scanty:—Arn., Bell., Bry., Carbo v., China, Con.,
Dulc., Ferr., Ipec., Phos., Rhus, Sticta,
Sulph.
- without cough:—Arn., China, Ferr., Ham., Ipec.,
Phos.
- when due to heart trouble:—Acon., Cact., Coll.
suppressed hemorrhoidal flow:—
Acon., Carbo v., Coll., Nux v.,
Sulph., Sulph. ac.
- it occurs at the menstrual period:—Bry.,
Ipec., Phos., Puls., Verat. alb.
- the least mental excitement renews it:—
Rhus.
- mental symptoms disappear with the at-
tack:—Plat.
- weakness of chest hinders speech:—Dig.,
Rhus, Stann.
- a bloody, slimy expectoration is left after:—
Ant. tart.
- Bleeding in the aged:—Ant. c., Con., Opi., Carbo v.
- broken down constitutions subject to mucous
discharges:—Sulph. ac.
- chronic cases:—Sticta, Sulph.
- climaxis:—Lach., Sang., Sulph. ac.
- consumptives:—Bry., Dulc., Iod., Kreos., Lach.,
Mill., Myrt., Phos., Sang.,
Stann., Sticta, Sulph. ac.
- debauchers, who are irritable and thin:—Nux v.

- Bleeding in girls, rapidly growing:**—Calc., Phos., Phos. ac.
obstinate cases:—Acal., China, Ipec.
onanists:—Ferr.
overgrown boys, with weak chest:—Iod.
persons addicted to spirituous liquors:—Ars.,
 Hyos., Nux v., Opi.
tall, slender, inclined to stoop:—Phos.
thin, stoop-shouldered:—Sulph.
feeble, cachectic:—Sec., Sulph. ac.
young and robust:—Acon., Bell.
plethoric individuals:—Acon., Arn., Bell., Calc.,
 Ferr., Ign., Nux v., Phos., Sec.
pregnancy:—Acon., Sep.
rheumatic or gouty patients:—Bry., Rhus,
 (Led., after abuse of Colchicum).
traumatism:—Arn., Colch., Ipec., Rhus, Ruta.
vicarious menstruation:—Bry., Ham., Lach.,
 Phos., Puls.
**women, debilitated from exhausting dis-
 charges:**—China.
delicate, chlorotic:—Ferr.
hysterical, mild, easily excited:—Ign.
pale, delicate, always cold:—Led., Puls.,
 Sep.
tall, slender, disposed to stoop:—Phos.
thin, irritable, with dark hair:—Nux v.
thin, feeble, and cachectic:—Sec.
timid, weeping, inclined to grief:—Puls.
weeping, haughty, fault-finding:—Plat.
old women, after the menopause:—China.
- Bleeding preceded by burning in chest:**—Acal., Arn., Ars.,
 Bell. (R.), Bry., Carbo v., Phos.,
 Plat., Puls., Sep., Sulph. (rising
 to face)
by burning in the sternum:—Acon.,
 Ars., Carbo v., Kreos., (from ster-
 num to throat), Phos., Puls., Sang.
by congestive symptoms:—Acon., Bell.,
 Bry., China, Carbo v., Ferr., Nux v.,
 Phos., Puls., Rhus, Sep., Sulph.

Bleeding preceding by a dry cough:—Acon., Arn., Ars., Bell., Bry., China, Ferr., Hyos., Ipec., Nux v., Phos., Puls., Rhus, Sulph.

by fullness in chest:—Acon., Calc., Carbo v., Ferr., Phos., Puls., Sep., Sulph., Sulph. ac.

by palpitation (from plethora):—Acon., Bell., Ferr., Lach., Nux v., Opi., Phos., Sulph.

by a sense of boiling in the chest:—Acon.

bubbling in chest.—Ipec.
dryness in chest:—Ferr.
gurgling at heart:—Bell.

by shooting in sternum:—Bry., Sulph.

Bleeding followed by acute sharp burning pain in chest:—Ergotin.

by burning under sternum:—Acon.

by ebullition:—Mill.

by weakness:—Ars., China.

by a reappearance of mental symptoms:—Plat.

after the abuse of Colchicum:—Led.

bathing:—Ant. c.

debauchery:—Ars., Nux v., Opi.

exposure to cold and rain.—Ipec., Rhus.

effects of (Sequelæ):—Ars., Carbo v., China, Cof., Ign., Sulph.

exhausting discharges:—China.

a fall or blow:—Arn., Mill., Ruta.

masturbation:—Con.

mechanical injuries:—Arn.

strain and fatigue:—Arn., Rhus.

suppressed hemorrhoids:—Carbo v., Coll., Lyc., Mill., Nux v., Phos., Sulph.

icchia:—Mill.

- Bleeding after suppressed menses:**—Ars., Ipec., Mill., Phos., Phos., Puls., Senecio, Verat. alb.
 talking:—Ferr., Phos.
 typhus, with cough:—Ant. tart., Sulph. ac.
 venesection:—Ars., China, Ferr., Ipec., Senecio.
- Bleeding with absence of all pain:**—Opi.
 anguish and shivering:—Puls.
 anxiety:—Acon., Ars., Calc., Led., Puls., Sulph.
 arterial excitement:—Acon., Cact.
 bloody expectoration, (after):—Ant. tart., Bell., Elaps, Sticta, Sulph., Sulph. ac.
 breathing (laborious):—Acon., Arn., Bell., Bry., Carbo v., Ferr., Ipec., Phos., Puls., Spong., Sulph.
 bruised feeling:—Arn., Mill., (worse under l. scapula), Nux v. (in whole system, when touched)
 burning and heat in chest:—Arn., Ars., Bell., Carbo v., Nux v.
 burning about the heart:—Opi.
 burning heat all over:—Ars.
 chills:—Acon., Ars., Ipec., Puls.
 collapse, cold breath, weak pulse:—Carbo v.
 cold legs and heat in chest:—Opi., (Ars.).
 coldness of skin and limbs:—Ars., Carbo v., China.
 congestion to chest:—Acon., Arn., Bell., Cact., Led., Nux v., Opi., Phos.
 constipation (obstinate):—Bry., Coll., Nux v., Opi., Phos., Verat. alb.
 constriction in chest:—Arn., Bell., Ipec., Phos., Sulph.
 of heart:—Arn., Cact., Iod., Kali c., Sulph.
 cough:—Acal., Arn., Bell., Cact., China, Con., Croc., Dros., Dulc., Ferr., Ham., Led., Mill., Nux v., Sec.
 constant, titillating and a dry spot in the larynx:—Actea, Con.

- Bleeding with cough, convulsive:**—Cact., Dros., Led.
 chronic, dry and hacking:—Bry.
 dry:—Arn., Ars., Bell., Bry., China, Ferr.,
 Hyos., Phos., Sulph.
 dry, tight and fatiguing:—Phos.
 dry and tearing:—China, Ipec., Nuxv.,
 Rhus.
 hollow, racking, spasmodic:—Ipec., Led.
 racking:—China, Ipec., Nux v.
 slight:—Ferr.
 tickling:—Arn. (under sternum), Bell.,
 Dulc., Ham., Nux v.
 titillating:—Arn., Bell., Nux v.
 titillating and racking:—Nux v.
 violent:—Acal., Carbo v., China, Dros.
 in violent spells:—Carbo v.
 debility:—Ars., China, Ferr., Ipec., Phos.,
 Verat. alb.
 desire to cough:—Dulc.
 to lie down:—China, Ferr.
 dimness of vision:—China.
 dyspnoea:—Carbo v. (excessive), Ferr., Ipec.,
 Opi., Phos., Sang., Sulph.
 emaciation:—Acal., Ars., Calc., China, Phos.,
 Phos. ac., Sil., Sulph., Sulph. ac.
 empty feeling in chest:—Stann., Sep.
 epistaxis and frontal headache:—Sticta.
 erethism (vascular):—Acon., Bry., (with-
 out it Sulph. ac.)
 face, flushed:—Acon., Bell., Ferr., Nux v.,
 Opi.
 livid:—Ipec., Opi., Verat. alb.
- Bleeding with face, pale:**—Ars., Carbo v., (before and
 after attack), China, Ferr.,
 Puls., Sep., Sil.
 fainting spells:—Calc., China, Croc., Led.
 faintness:—Acon. (on rising), Calc., Croc.,
 Lach.
 fatigue, (great, after talking):—Ferr., Hyos.,
 Ipec., Phos., Stann.

- Bleeding with fear of death:**—Acon., Ars.
fever:—Acal. (slow, small, depressed pulse),
 Con. (P. M.), Ergotin, (ardent)
 Acon. (mental restlessness)
fulness of chest:—Acon., Arn., Bell., Calc.,
 Lach., Opi., Phos., Rhus.,
 Sulph.
 of head:—Acon., Bell., China, Ham.
headache:—Bell. (throbbing), Ham. (dull
 frontal).
heat and burning in chest:—Arn., Ars., Bell.,
 Carbo v., Nux v.
heat (burning all over):—Ars.
heat in chest and cold legs:—Opi., (Ars.)
 and pain in chest:—Ant. c.
 under the sternum:—Acon., Nux v.
 and weakness in chest:—Rhus, Sulph.,
 Sulph. ac.
hoarseness:—Carbo v., China, Con., Phos.,
 Rhus, Sulph.
inability to lie down:—Ham. (from conges-
 tion).
menses (disturbed):—Ars., Bry., Ipec., Mill.,
 Phos., Puls., Senecio,
 Verat. alb.
mind full of apprehensions:—Acon., Ars.
mind (calm):—Ham.
nausea:—Ipec., Nux v., Verat. alb.
night sweats:—Ant. c., Calc., Carbo a., Carbo
 v., China, Ipec., Lach., Led., Nux v.,
 Phos., Phos. ac., Puls., Rhus, Sep., Sil,
 Sulph.
oppression:—Ferr., Ipec., Mill., Opi., Phos.,
 Sulph.
pain, burning:—Acon., Arn., Ars., Bell.,
 Ergotin, Lach.
 in lower chest:—Puls., Rhus, Sec.
 when coughing:—Arn. (contusive),
 Bry., Sec.
 fine, piercing in chest:—Mill.

Bleeding with pain (interscapular):—Ars., Calc., (crawling), China, Ferr., Phos.
 in the sternum:—China, Led., Sulph.
 under the sternum:—Led., Sulph.
 stitching, in L. infra-mammary region:—Bry.
 palpitation:—Acon., Arn., Ars., Calc., China, Ferr., Led., Mill., Phos., Sulph.
 periodical aggravation:—Phos.
 piles:—Coll., Nux v., Sulph., Sulph. ac.
 pressure under sternum:—Acon., Kreos. (inward), Led. (inward, at left edge), Phos. ac., (impeding respiration), Sep. (on upper part as from a weight)
 pulsation of blood-vessels:—Calc.
 pulsating carotids:—Acon., Bell., China.
 under sternum:—China, Sel., Sulph.
 pulse, hard, full, bounding:—Acon., Bell.
 small and frequent:—Ipec.
 tremulous:—Calc.
 weak, slow and intermittent:—
 Carbo v.
 weak, rapid, intermittent:—China.
 relief of chest symptoms:—Brom.
 restlessness, nervous:—Acon., Ars.
 rheumatism, alternating:—Led.
 ringing in the ears:—Bell., China.
 roughness and soreness of chest:—Arn.,
 Calc., Phos.
 a sense as if chest were filled with blood:—
 Bell.
 of emptiness in chest:—Stann.
 of excoriation above sternum:—Phos.
 of heat in the bleeding part:—Sulph.
 of internal ulceration in mid chest:
 —Puls.
 of weight in the bleeding part:—Sep.
 shivering and anguish:—Puls.

- Bleeding with sleep, unrefreshing:—Ferr., (Con.)
 soreness and empty feeling in chest:—Stann.
 and pressure in chest:—Sulph.
 between the scapulæ:—Sulph. ac.
 soreness under sternum:—Led.
 sparks before the eyes:—Bell.
 spasms:—Hyos., Mosch.
 sputa:—Phos., Sang. (rust colored), Ant.
 tar (bloody, slimy), Con. (copious,
 purulent.)
 stitches in chest:—Bell. (apex of R. lung),
 Bry. (through chest to back), Calc.,
 (cutting through back,) Dulc., (here
 and there) Led., Myrt., (upper L.
 chest to back) Sulph. (through chest
 into l. scapula.)
 stitches, dull, through sternum:—Arn.
 stitches under the sternum:—China.
 sweats, debilitating:—Ars., Carbo a., China,
 Ferr., Phos., Phos. ac., Sep.,
 Sil., Sulph., Verat. alb.
 sweats, cold:—Ars., Carbo v., China, Croc.,
 Hyos., Ipec., Sec., Verat. alb.
 sweats, hot:—Bell., Bry., Cham., Lach.,
 Opi., Phos.
 taste of blood, protracted:—Bell., Calc.,
 China, Ham., Ipec.
 taste of sulphur:—Ham.
 tension and weight in chest:—Phos.
 tickling, constant, and desire to cough:—
 Dula.
 in the larynx:—Led., Sticta.
 in supra-sternal fossæ:—Phos. ac.,
 Sil.
 under sternum causing gagging:—
 Lach.
 tightness in chest:—Ham., Ipec., Phos.
 tremors:—Con., Lach., Opi.
 tremulous heart:—Crotalus, Opi.

- Bleeding with voice, feeble:—Ars., Bell., Ferr., Opi.,
Phos., Sulph.
weak chest:—Rhus, Stann., Sulph., Sulph. ac.
weight and tension in chest:—Phos.
- Bleeding worse at night:—Ferr., Hyos., Led., Puls., Rhus,
Sec.
in the morning:—Acal., Ars., Bell., China,
Nux v., Phos., Sulph.
from evening till midnight:—Phos.
from midnight till morning:—Sticta.
in the evening:—Con.
in summer time:—Ant. c.
during rest:—Dulc., Rhus.
from least exertion:—Bell., China, Ferr.,
Ipec.
from wine:—Acon., Led.
after exercise:—Bell., Bry., China, Ferr.
after bathing:—Ant. c.
after talking:—Ferr., Phos.
- For the debility after the arrest of the bleeding:—Ars., China,
Ferr., Ign.
- To prevent relapses:—Ars., Nux v., Sulph.

HOMŒOPATHIC THERAPEUTICS FROM THE PURIST STANDPOINT.

H. P. HOLMES, M. D., Sycamore, Ill.

[This paper was read before the "Chicago Clinical Society" but could not be published in the organ of that Society because it "is not in any sense new, or striking, or suggestive, or comparative as to method or matter. It is a special plea without a practical argument." If the editor had said it was *too homœopathic* for his pages, the explanation would perhaps have been more satisfactory. —ED.]

During my medical practice, extending through a period of over six years, I have not only avoided but disbelieved in high potencies. My only reason for so doing was, that I could not bring myself to expect any benefit to follow the administration of a remedy in the 200th potency. But this question recurred constantly: How can so many of

the leading men of our profession not only base their reputations on a high potency, but stand willing to administer it to a patient, believing and knowing it is the best that can be given. When we say "*they know it is the best,*" we say it, taking into consideration the fact that a large per cent of the men of our school have been practitioners of at least average ability in the old school, and with scarcely an exception have used the low potencies in their practice for years before resorting to the high. We cannot question their intelligence. We cannot question their experience. We cannot doubt their sincerity. If these men were not certain the high potency was better for their patient than the crude drug or its lower potencies they most certainly would not administer it.

This line of thinking leads to the following conclusions: If high potencies were of no use there would be no demand for them. If these men believe in them there must be something in them. If high potencies are of any account they will prove it in a fair trial. Then why not try them? The result of the argument with me was, to purchase in July last, of Boericke & Tafel, fifty of the leading remedies in the 200th potency. Since that time I have had positive proof that the high are sufficient and are not only efficacious but oftentimes better than the lower potencies. While my field for experiment has not been large, have had such good results that I wish to report a few cures.

CASE I.—DYSENTERY. *Mercurius Corr.* July 27, 1886. L. B., male, æt. 27, came to me this morning for treatment for dysentery. Had been up nine times during the night to void, slimy, bloody stools, accompanied by considerable tenesmus. *Mercurius corr.* 200th a dose every two hours until better, then every three hours. In the afternoon the patient reported much better and the next day was all right.

CASE II.—BRONCHOCELE. *Spongia.* Aug. 1, '86. Mrs. C., æt. 31. Has been for several years troubled with enlargement of the thyroid gland. Iodine externally, has held it in check but it returns when the local application is discontinued. It is now so large as to interfere with buttoning

the collar. A drachm vial of No. 25 pellets medicated with Spongia 200th, was given with directions to take five pellets night and morning. This was all the medicine the patient received. Reported the enlargement gone in less than two weeks, and now, at the end of three months it has not returned.

CASE III.—COLIC. *Colocynth*. Oct. 5, '86. Rev. R., æt. 45, and weighing nearly two hundred pounds. Was called in haste with the information that the patient had fainted. Found him in bed writhing and twisting from the pains which he said were sharp and cutting. The pain was in the region of the umbilicus, shifted position frequently and compelled the patient to double up for relief. There had been a profuse movement of the bowels a short time before attended by such severe cutting pains that he had fainted. The stools were thin, brown, fœcal, with traces of green. Here was evidently a splendid indication for a hypodermic injection of Morphine, but *Colocynth* was the true simillimum and not Morphine. A powder of *Colocynth* 200th was given dry on the tongue. This was repeated in twenty minutes and in a few minutes more the patient was sleeping quietly and the cure was complete.

CASE IV.—*Natrum Mur*. Aug. 11, '86. A. S. Has been feverish for several days with slight chills at times. Feels as though he was going to have ague. There is now an unsightly eruption extending entirely around the mouth. The eruption starts as white vesicles and soon forms thick, yellow scabs, commonly called "cold-sores." He comes for treatment for the "cold-sores." A vial of *Natrum Mur*. 200, cured the whole disorder in three days.

I do not wish any one to infer from this that I have become a purist in the extreme, that I believe in a high potency and nothing else. Not that. But I feel that I am cracking the shell of prejudice and by experience based upon fair proof I am compelled to admit the efficacy of high potencies. Like many of the arguments thrown against Homœopathy it might be said these cures were only coincidences. But why let me ask, have coincidences governed the successes of hundreds of our homœopathic

physicians during their entire practice extending through the last three quarters of a century? During this period, bleeding, leeching, blistering, emetics, purgatives, seton and moxa have fallen into disuse, but the single, potentized drug has steadily gained in favor. *Why?* Not because its believers and prescribers are quacks or fools, but because ample experience during this same three quarters of a century has proven it *better than the other methods*. And in regard to the high potency let no one shrug his shoulders and look incredulous but, instead, let him prescribe the true simillimum in a reliable preparation of the 200th or higher potency and watch the result.*

As an argument we might say it would be difficult to tell why a substance imperceptible by any of the senses; a substance having neither form, weight nor color; a substance that could not be seen, felt or recognized by any human sense or chemical reaction could yet have power enough to pick up a house and carry its timbers twenty miles. And yet no one to-day will doubt the power and efficacy of *air* in the form of a cyclone. The *how* and the *why* and the *what* are difficult to decide, but the proof of existence is plain to all. Now you do not expect me to liken a high potency to a cyclone! Yes, in regard to both ends of the argument. It would be hard to prove its reality by any illustration within the scope of credulity, but the proof of its work in any fair trial is just as positive as the work of a cyclone. Do not scoff at it but try it. The one who condemns the efficacy of a high potency without trying it must by all laws of reason be placed side by side with the professor of philosophy at Padua, who argued that it was impossible for Jupiter to have four satellites and yet *would not look through the telescope of Galileo and see them*.

Let us have more writings, more provings and more teachings on high potencies and thoroughly and positively prove the fallacy of the ignorant and prejudiced editorial in the *Medical Record* of Oct. 2, 1886, regarding "the silli-

* To many these facts may not be "new, or striking, or suggestive, or comparative," but to me they are. And I may add the report is truthful and the convictions firmly and honestly held.

ness of attenuations and potentializations * * * * but it is one which the United States is surely" (*not*) "out-growing."

CURES BY DR. HESSE, OF HAMBURG.

Translated by A. McNEIL, M. D., San Francisco, California.

CASE I.—E—, 40 years old, looks healthy; for several years has had a burning in the stomach extending to the throat as a hot cutting pain, worse by eating warm food (cold meat he tolerates considerably better than warm), fat, and from noon till evening. No thirst, much eructation of air tasting of the food eaten; food which disagrees he thus tastes for days; worse when sitting long, better when moving.

Nov. 7. Pulsatilla 6, one drop in the evening.

Nov. 26. He announces himself well.

CASE II.—Mrs. St—, 36 years old. Prosopalgia on the left side, radiating from the neighborhood of the supraorbital nerve to the teeth, zygoma, ear and neck; worse in a warm room, by becoming warm in bed, lying on the left side (?), lying with the head low, at rest, before midnight, by eating warm food; chilliness accompanies the pains. Aversion to fat food, thirst at night, stool constipated for several months,—since her confinement.

Dec. 24, 1885. Pulsatilla 10.

Sept. 22, 1886. She says that she got better immediately after taking the medicine.

CASE III.—Mrs. C—, 31 years old. Pregnant, fifth month; has been tormented for some time by toothache which does not permit her to sleep till after midnight. It is a tearing on the right side, both upper and lower teeth, worse towards evening, by lying with the head low, and by lying on the well side, by eating warm things. During the pains she cannot sit or lie quietly, she must go about and shake her head. She is sensitive to sound and draughts.

Sept. 9, 1886. Pulsatilla 10. Several pellets every hour.

Sept. 21. She reported that she rested quietly and slept the first night.

CASE IV.—Mrs. E—, toothache on the right side, pain going from the teeth into the face; worse in a room, by eating hot food, by lying with the head low, from 3 P. M. till the next morning, better when she presses a cold iron against her face.

Dec. 2, 1885. Pulsatilla 10, pellets, several times during the day.

Dec. 7. She announced considerable improvement.

Bœnninghausen says that Pulsatilla has a conspicuous aggravation by lying on the well side and also from lying on the left side, when the pains are left sided; in this conflict sometimes the one sometimes the other prevails.

CASE V.—Mr. H—, 62 years of age. Five years ago he had dropsy, was given up by the Allopaths, was restored by the late Dr. Göze and remained well until sixteen days ago when his old disease returned and quickly rose to a considerable height, so that now the abdomen and legs are swollen out of shape. From some places on his legs the water runs out. Appetite good; no thirst; passes but little water; after eating, pain in the stomach.

August 16. Rhus tox. 3, one drop three times a day.

August 23. He passes much more water; the swelling has decreased.

August 29. I saw him myself and with the exception of stiffness of the legs his health was perfect, and had been for several days. I gave him some powders of Lycopodium 10.

Symptoms for the selection of Rhus tox. were very scanty (I afterwards discovered that there was sensitiveness to wet, cold weather, and the upper part of the body must be elevated in lying, which belong to other drugs). I was guided to Rhus by a remark of Bœnninghausen in his "Aphorismen des Hippocrates" characteristic for Rhus: "Oedema of the legs with constant profuse spontaneous running of water out of ulcerated places, but which secrete no pus;" afterwards Lycopodium.

CASE VI.—Mr. E—, tailor; aged 37; hair dark; pale and emaciated; complains of tearing in his teeth, left shoulder, and right leg; worse when lying and sitting quiet, better

when moving, in the morning very weak, with losing his thoughts; he lies on the right side (lying on the left and back is uncomfortable). Eruption on the legs, itch particularly when he comes out of the cold into warm air and when sitting long. When sitting his legs were restless; he must move them every minute. Appetite good; stool constipated; the room became too warm easily; disposition, gloomy.

March 17. *Sepia* 10, five powders, one night and morning.

April 3. His complaints after having entirely disappeared return slightly. While taking the *Sepia*, restless sleep, better afterwards. He can now sit and lie down better. Head feels much lighter; disposition more cheerful. *Sepia* 10, a powder every week.

CASE VII.—Mrs. H—, 31, demi-blonde, well-nourished. For some time pressure in the stomach and drawing from the stomach through the right chest into the shoulder; beginning an hour after eating, better by loosening her clothing, and eructation. Appetite good, no thirst, ill-humored, falls asleep with difficulty, sleep with many dreams, after sleep unrefreshed. She tires more easily than formerly; in snowy air feels very disagreeable.

Feb. 5. *Sepia* 10, five powders, one night and morning.

Feb. 10. No more pain in the stomach, only a little in the chest. Better after sleep. *Sac. lac.*

Feb. 13. Considerably improved, and on the 18th well.

CASE VIII.—Herr M—, 31 years old, for four weeks pains in the loins arising from a cold, in wet, cold weather, worse in the morning, in sitting and in the beginning of movement; falls asleep with difficulty; lying on the left side and back unpleasant; mornings dizzy on rising. Sweats very easily, warm room and sitting long disagreeable.

Jan. 21. *Sepia* 10, five powders, one night and morning.

Jan. 24. All the symptoms improved, falls asleep easily, sleeps better, after the first night was more restless. *Sac. lac.*

The choice between *Rhus* and *Sepia* was not difficult resembling Case VI.

CASE IX.—J—, an emaciated, hollow-eyed child of two years; had when in Brazil the last six months seven attacks of fever. He has been here for several weeks and although the fever is not so violent, yet he has it every week for two days. Tired of the Quinine treatment the mother turned to me.

The fever appeared at no definite time of day, but the child was always for an hour before its coming extremely irritable. Then violent chill for an hour which ended with sweat of the occiput. After the paroxysm the child is very weak. During the heat, headache and slumbering with half-open eyes; thirst during the entire attack; after it urging to stool. Eight months ago the child was successfully vaccinated; since then extremely irritable disposition and bad sleep. After going to sleep early, frequent waking with tossing about, always very cross in the morning. Appetite good, thirst moderate, disposition to diarrhoea; frequently the feet are cold. Swelling of the glands in the first year. The fever began after the vaccination.

April 27. Thuja 10, one powder.

There was not another complete paroxysm of fever, only for some days restlessness and hot skin. Appetite, appearance and disposition better. Four weeks after the Thuja was taken purulent discharge from one of the ears with violent pains and febrile movement, then uninterrupted improvement which was sustained by Calc. carb. 10.

CASE X.—Mrs. W—, aetat 40; has had five children, the last eleven weeks ago. Fever had begun on the second day, which continued in defiance of Quinine and Antepyrin. The temperature ran from 39° to 40° Celsus (102 to 104 F.). The paroxysm sets in at 4 p. m. only seldom with chilliness, mostly with dry heat which continues several hours, followed by sweat the entire night. When moving in bed, the sweat leaves and instead dry heat occurs worse by change of position. (Bönninghausen.) In the morning she is cold and chilly, moderate thirst and moderate occipital headache during the heat. She may lie naked during this stage on her back with her head high, feet cold, breath short, stool regular, urine like muddy beer. The allopathic

attendant had declared he could do no more; the case must be left to nature.

March 29. *Lycopodium* 30 in water.

March 30. The heat had disappeared on the second day; she still sweats, but less; appetite better; still some headache; sleeps good. She says her health is very fine (*wunderschön*). Continue the medicine [Why?].

April 7. She gets up.

CASE XI.—Mrs. B—, *ætat* 32, became feverish on the third day after the normal birth of her third child. I was called on the 6th day of her sickness. I treated her four days without benefit with *Belladonna* 30, until I discovered the peculiarities of the fever. It set in at 4 P. M. with a short chill of 10 minutes, then intense heat with but little sweat, violent headache, and pulsating in the temples. The heat continued till the afternoon of the following day, when she feels relatively well till the next afternoon, when the fever again begins. During the heat restless, must have doors and windows open. Much thirst, tongue coated white with red edges, stool at first constipated, but for six days four or five thin stools every day.

September 18, at 4 P. M. the fever was due. Two hours previously I gave *Lycopodium* 30 in water. No fever occurred only that at 4; there was a restless feeling as if it would come, and even so in the night. Thirst and diarrhoea were cut off as it were. The patient got up in a few days. I have administered *Lycopodium* successfully in different diseases, particularly in catarrhal and croupous pneumonia, when the fever had the striking peculiarities as exemplified in the above mentioned cases. In isolated cases that remedy alone sufficed to restore the patients to perfect health, in some other drugs must follow. At the present time I have a young girl under treatment with catarrhal pneumonia in whom intense heat sets in at 4 o'clock in the afternoon with great restlessness and sleeplessness till midnight. *Lycopodium* changed this condition so that the fever stopped immediately. She soon slept and was quiet till 2 A. M. then awoke with cough and sleeplessness till towards morning. *Kali carb.* 30 caused this condition to disappear. *Silicea*

has many symptoms corresponding to sciatica, but is particularly indicated when the pain strikes through the limb when it is hanging free in ascending the stairs.—*Allgem. Hom. Zeitung.*

SULPHUR IN DELIRIUM TREMENS.

C. B. GILBERT, M. D., Washington, D. C.

Mr.—, aged about 45 years, has been subject to sprees (beer mostly) during which he has been twice to the Insane Asylum and many times to a hospital; he was admitted to National Homoeopathic Hospital in November last and was very nervous and tremulous—could not keep his hands still; sweats freely about the head while talking with him; can not keep anything on his stomach but ice-water and that only while it is cold; tongue very thickly coated. Phosphorus was given with prompt relief of the stomach and some improvement of the general condition except sleep. Arsenic given for his nervous restlessness did no good, but Bryonia helped headache which came on the third day. Hyoscyamus given the following night helped him to three hours sleep but his general condition was not improved. He was given by the nurse, another dose of Bryonia in the morning which sent the blood with such a rush to his head that he thought he was gone; a second dose did the same; (query: is Bryonia inimical to Hyoscyamus?) The following night he was rampant but quieted somewhat after daylight; the only complaint that could be elicited was a flush of heat to the face followed by sweat; on this one symptom, so *peculiar* to the case and so *characteristic* of the drug. (See *Organon*, p. 153). A dose of Sulphur 30x trit. was put on his tongue a few minutes past 9 A. M.; at 9:30 he went and sat on his bed (not having been able to keep still since the evening before), before 10 o'clock he was sound asleep and did not wake till 4:20 P. M. when he expressed himself as much better; after taking another powder, which was given through a misunderstanding of instructions, and lying awake ten minutes,

he slept until 8:40 P. M., took another powder and after ten minutes slept till 5 A. M. when he awoke a new being.

To the advocates of the 12x as the superior limit and to those looking for proof as to the action of potentized remedies, this case is respectfully submitted. When the Sulphur was put on his tongue, this *insane* man was rigged up for washing down the floor as he used to the deck at sea; with the counterpane from his bed, wrapped skillfully about him like a breech-cloth and his drawers tied up, he cried "bring on your water! I can do it!" and nothing but delirious talk and actions except when called to himself. The night before he had hallucinations all night and kept two men busy preventing his doing violent mischief. Does any sane man need other proof that Sulphur cured this patient? If any one doubts the potency he can settle it with Boericke & Tafel.

This patient left the hospital with a clearness of the head that he had not experienced for a long time even when sober; he has since been up to see those in charge.

N. B. The above was written before the circular from the New York State Society was received and I make it a part of my answer. But you may pile line upon line and precept upon precept and never convince any one that there is virtue in the 30th potency, until he has followed Hahnemann's directions—try it! but try it *exactly as I did*. There are few persons who are so little conceited that they are willing to acknowledge that any one knows more about what they are doing than themselves, and the doubters must work out their own salvation; all that the New York Society can do is to induce individuals to TRY.

ON THE TREATMENT OF WOUNDS FROM SERPENT-POISON.*

Translated by S. LILIENTHAL, M. D., New York.

The London *Lancet* of January, 1886, contains the following notice:

Bolten, who lived two years at Namaqua, observed that horses or cattle perish there from the bite of the poison-

* By DR. ZIEM, Dantzig, Germany.

ous serpents found in that country, whereas the people suffer only from a slight local inflammation; for as soon as a person is bitten, he cuts out the poisonous gland of the destroyed serpent and drinks its contents, gaining thereby perfect immunity. The inhabitants carry in their pockets the dried gland of poisonous serpents, and when bitten, they make small incisions at that place and insert small pieces of the dried contents of the poison-bag.

Ziem is well acquainted with a gentleman, passing much of his time in Egypt, and studying Ophidians, who was several times bitten by serpents, and always saved by swallowing a few drops of serpent-poison, which he always carries along in a vial. Demonstrating the use of the poison at the college of Alexandria, he irritated a large snake with a stick, and was bitten on the hand, which swelled up terribly in a few seconds. He complained immediately of rapidly-increasing anguish, but happily had consciousness enough left to take out the vial and beg his friends to give him a few drops with brandy. Though carried fainting upon a sofa, he began soon to sweat profusely on the head and other parts of the body; consciousness gradually returned, and after an hour he could be brought home, though weeks passed before he regained his usual strength. That gentleman repeated his demonstrations in several European universities, but he was laughed at because unscientifically he tried to explain it from a homœopathic standpoint.

And still the fact was known in Germany for ages. An old cobbler in Silesia was renowned near and far for his certain cure from the bite of vipers (*Kreutzotter*); and though he took his secret with him to the grave, it was often surmised that he used the venom of snakes, that he extracted from the snakes which he caught for that purpose. So much is certain, that the venom of serpents can be taken internally in a dose which would be a fatal one subcutaneously. For ages people well understood the fact that death may be prevented by sucking out the wound, but it is not so well known that the Greeks and the Romans, and the people living in the middle ages, used dif-

ferent parts of venomous serpents, in decoction, in tinctures, and in triturations, for numerous diseases; and it may be questionable whether the poison is only on the teeth, or also, as it was averred, in the gall-bladder, in the tail and in other parts of the body.

There is a close analogy between serpent-poison and arrow poison (Curare, Woorari). According to experiments of Claude Bernard, Koelliker, L. Herrmann, and others, the doses of Curare, subcutaneously injected, are fatal from paralysis of the respiratory muscles; whereas the same dose, taken internally, is perfectly innocuous; and according to all experience, the meat of animals killed with poisoned arrows can be used without danger. To explain such facts, it was thought that, when absorbed by the subcutaneous cellular tissue, the blood is rapidly flooded by the poison; whereas, when slowly absorbed by the mucous membrane of the stomach, the poison is gradually excreted by the kidneys. Only after ligating the ureters, whereby the venom can accumulate in the blood, or when giving larger doses, death may happen from the internal use of Curare. A similar relation may exist between the subcutaneous and internal reception of the serpent-virus, whereas by subcutaneous application its entrance into the circulation is rapid, probably proving fatal by destruction of the red blood-corpuscles; we find, when taken internally, a powerful compensating excretion through the kidneys. Still, the virus taken internally, in even a small dose, shows its powerful action, for thus it becomes the antidote to the subcutaneous application. We do not know yet how to explain such facts. Perhaps we might suppose that with a sufficient quantity of acid gastric juice, an isomeric combination, an allotropic modification of the virus happens, which possesses the quality to stimulate the activity of the heart, and with it the excretion by the natural filtrating apparatus, the skin and the kidneys.

One point more deserves our consideration. Whereas, according to Bolten, the endermatic application of the dried virus shows its healing power after a serpent-bite, other authorities affirm that this poison absorbed by the smallest

wound of the mucous membrane of the mouth, fauces and stomach does not neutralize the action of the bite—it rather aggravates it—as it thus enters immediately into the circulation. Shomburgh records such a case, where an Indian sucked out with his mouth the wound caused by the bite of a snake, and in less than fifteen minutes he suffered unbearable pains, the soft parts of the head swelled fearfully, and all symptoms of poisoning set in. A carious tooth was the cause of all this suffering.—*Allg. Med. Centr. Zeitung*, 94, 1886.

COMMENTS.

It is, for some minds, so much easier to walk in the crooked path than to follow the straight line, and if our allopathic authorities hate anything in the world more than the word "Homœopathy," we do not know it. Just see how badly they treated that African traveler, because the similarity between the bite of the venomous snake and the antidotal power of the venom of the same or of a similar snake antidoted one another; and still no other explanation holds water. Their very antagonism to the law of similarity proves its truthfulness; but it always took time for truth to become victorious. The old cry of "Crucify him" is still rampant in the allopathic ranks; yet every new fact thus gathered is a nail in their coffin of empiricism, and bye and bye they will be forced to acknowledge that there is a therapeutic law in relation to drug action and that law is the law of similarity.

Whence does that poison-bag in venomous snakes arise, is a question we may well ask, as they deny any poisonous quality to the gall-bladder of such snakes. Must it not be in the circulating medium to be finally deposited for use in the fangs of the mouth? We read in the work of Mr. S. B. Higgins on Ophidians that "every animal poison has its perfect and specific antidote in the gall of the animal or reptile in which that poison is secreted" and though this South American pronouncement has never been refuted, still we would be more satisfied to have it acknowledged by all authorities.

The similarity of the action of Curare to serpent-poison

may perhaps find its explanation in the remark found in Allen IV, p. 37, where we read: "Curare, a South American arrow poison, of variable strength and composition, supposed to be made from different species of *Strychnos*, or of *Cocculus*; by some it is asserted that animal poisons are added. (Serpents' fangs have been found in the imported article). Our authority asserts that a certain kind of toad secretes a poison identical in action with Curare and that the venom of these toads is obtained by some Indians who manufacture Curare."

Higgins (l. c., 213) gives the following synopsis of some of the most noted serpents. Thus of *Crotalus horridus*: "Mental prostration; debility of intellectual faculties, visions, hallucinations, lunacy, illusions of the sense of hearing, deafness, sanguineous congestions, cramps, choking sensations, pains in limbs, skin covered with pustules, coldness with rapid pulse, derangement of the menstrual flow, slight symptoms of hepatitis."

Lachesis trigonocephalus: "Tension in the muscles as though they were too short; sharp, dragging, rheumatic pains in the limbs; intermittent and periodical pains; sufferings accompanied by a fear of suffocation; aggravation and renewal of pains after sleep or some hours after a meal; great physical and mental debility; rapid diminution of strength; fainting fits accompanied by dyspnoea, nausea, cold sweats; vertigo and pallor of the face; access of asphyxia and syncope; attacks like epileptic fits; convulsions with screams and movements of the limbs; before the attacks feet cold, eructations, pallor of the face and vertigo."

In the pathogenesis of Curare, as given by Houatt, we read: "Paroxysms of insanity impelling him to attack himself; fits of ecstasy at night, as if caused by hearing music; dizziness, congestion of blood to the head, with hæmorrhages from mouth, nose and ear; contraction of throat, suffocation; humming and roaring in ears with attacks of deafness; pale, green, cadaverous face; face puffy with sensation of coldness all over it; gums grey, black and bleeding; copious salivation; confused speech; enormous swel-

ling of the liver with dropsy; urine turbid, thick and oily, often blood-streaked; shocks and disordered movements of the limbs; excessive emaciation and prostration with tendency to paralysis; ecchymosis, oozing of blood through the skin, with great restlessness and fear of death; cold and bloody sweat, especially at night."

By such a comparison we plainly demonstrate that in the arrow-poison the active principle is an animal poison, and our allopathic friends will henceforth, better understand, the similarity or identity of the one with the other.

Does such antidotal treatment lead us into isopathy and the defense of nosodes? We believe it and we are glad that it does so. To the pure everything is pure and there is no nastiness in nature, notwithstanding all the fulminations of men who consider themselves the judges of what should be prescribed for the benefit of sufferers and what ought to be prohibited. Is *fel vulpis* and *fel tauri* any better when indicated, than *fel viperi* or of any other snake when indicated. Liberality, though decreed by both sides of our school, will yet prevail and it will be considered a fatal error in a prescriber who fails to prove everything and to hold fast to everything in nature which promises relief.

FORMIC ACID.—Burning pain; burning from washing; renewed burning from cold washing. C. Hg.

TABACUM.—For bad effects from using tobacco (chewing or smoking); also nausea from use of tobacco. Palpitation of heart from chewing or smoking tobacco. C. Hg.

THERIDION has a feeling as if the vertex of head did not belong to her, and as if she could lift it off; it felt as if separated from the rest of the head. C. Hg.

SULPHUR.—Great quantities of colorless urine is a grand characteristic symptom of Sulphur, and should be given high, and afterwards given in water to complete the cure. C. Hg.

SURGERY.

SURGICAL NOTES.

J. G. GILCHRIST, M. D., Editor.

THE MECHANISM OF INDIRECT FRACTURES OF THE SKULL.*
—Dr. Dulles is known to all students of surgery, as a painstaking and conscientious observer, who has contributed much to the development of the chirurgic art. As such, anything from his pen commands attention, and can scarcely fail to reward the reader. On the present occasion we have an elaborate review of the literature of the subject, an analysis of some 119 cases, and "conclusions" based upon the foregoing that will have an important influence in leading to a settlement of many vexed questions. The essay is all this, and more, but at the same time is disfigured by quotations from Greek, Latin, and French, *in the original*. Now, the custom is common; Dr. Dulles is very far from being the only transgressor, yet the present is a good opportunity to enter an objection against the practice. It has an *appearance* of pedantry, to say the least, and as few physicians, even of scholarly attainments, are to be supposed to be familiar with *all* languages, living and dead, let us suggest that we have translations in the future. But to return to the discussion of the subject of fracture of the skull. The theories that have been received with the most favor in modern times are the vibratory, and what is called the "bursting." The first assumed that the skull was put into strong vibration, by a blow, and weaker parts were thereby fractured. The other, that forcible compression reduced the diameter in the direction of the force, and increased the diameter perpendicular thereto, thereby causing a "bursting" of the skull in the direction of elongation. This is the conclusion reached by Dr. Dulles, but I do not find that he fully distinguishes between the kinds of force. For instance, a blow, which

* By Chas. W. Dulles, M. D. Reprinted from the "Transactions of the College of Physicians, of Philadelphia," Feb. 3, 1896. pp. 55, and 14 pages of illustrative cuts.

after all is only an exceedingly *rapid* compression, if received on a thin portion of the skull, as the parietal, would cause a fracture at the point of impact. If the portion receiving the blow were a dense portion of the skull, as the temporal, or occipital protuberance, the weaker portions in connection with these would give way. This is accounted for on well-known surgical principles. Thus a fracture occurs at the point of extension, not compression. Thus a blow would force in, we will say, the occipital protuberance, and thus put upon the stretch the thinner fossa on each side of it, which would give way. In genuine compression, a squeezing force, not of the rapidity that would convert it into a blow, the augmented diameter perpendicular to the direction of compression would naturally cause a separation of the component elements of the bone, fracture or not resulting as cohesion were overcome or not. In either case, the result is practically the same, viz., an expenditure of the force on the weaker parts of the calvarium, namely, the fossæ. This is the conclusion reached by Dr. Dulles, one that I have long maintained. He tells us, on page 51: "The supreme law governing the production of indirect fractures, is that which depends upon the fact that the skull is practically a hollow elastic case, approximately oval in shape, and which may be briefly formulated as follows: When a sufficient force is applied to any curvilinear part of the skull, if this part do not give way immediately, the axis of the skull lying in the same line as that of the applied force is shortened; all the axes lying in planes at right angles to this line are correspondingly lengthened, with a proportional lengthening of their circumferences, and separation of their meridians; so that the direct depressing force is converted into an indirect disruptive force acting at right angles to the direction of the former. The effect is to produce a fissure, or fissures, which will have a general meridional direction." The argument of the learned doctor is supplemented and illustrated by a large number of diagrams and illustrations, and must prove exceedingly convincing.

DISTENSION OF THE RECTUM IN CYSTOTOMIES.—Dr. Robt. F. Weir (*Medical News*, Dec. 4, 1886,) reports a case of suprapubic cystotomy for sarcoma of the bladder, in the course of which he refers to the “splitting” of the rectal mucous coat from over-distension. He draws from his experience the deduction that distension of the rectum is sufficient when ten ounces of fluid is injected into the rubber bag, the distensibility of which he controls by a silk net surrounding the bag. As a matter of fact, my experience—in a few cases, it is true—leads me to conclude that distension can be dispensed with altogether. Of course the bladder is more accessible when raised out of the pelvis in this manner, but is far from being inaccessible when the procedure is omitted. I have been able to raise it sufficiently by traction on the loop of silk which is always inserted. Dr. Weir also refers to the danger of rupture of the bladder from over-distension. He attempts to give some definite instruction as to the amount of fluid necessary, say 300 c.c. in an adult. Unfortunately, many cases requiring cystotomy have a contracted bladder, usually friability being in proportion to the contraction. Hence, no general rules can be formulated; the exigencies of the case determining the amount of fluid to be employed. In one case, where a laparotomy was converted into a laparocystotomy, the bladder was raised out of the pelvis by a sound, and retained by passing a loop of silk through it. The results were satisfactory, so much so that, at present, I am inclined to suggest an abandonment of both rectal and vesical injection. If it is found that the bladder can be reached without these preliminaries, certainly two sources of grave accident may be avoided.

INTUBATION OF THE LARYNX.—The *Medical News* (Dec. 4, 1886,) contains some editorial comments on intubation of the larynx for croup, that are worthy the attention of every medical practitioner. The preferable treatment, as compared to tracheotomy, is unquestionably intubation when the proper conditions exist. At the same time there is great danger from an indiscriminate resort to the pro-

cedure. Thus cases are mentioned in which membranes, in croup, have been pushed down ahead of the tube, and the patient's danger greatly increased; immediate suffocation may occur. Shreds of membrane are, as a rule, easily coughed up and expelled through the tube; occasionally the tube will become occluded by masses of membrane or mucus, or both, and as withdrawal is stated to be more difficult than introduction, should a skilled person not be in attendance, death must result from suffocation. Unquestionably intubation is a great advantage, but equally unquestionably judgment and skill are required on the part of the attendant. The method must take its place in the armament of the practitioner, but must not be recklessly employed in every case of laryngeal obstruction.

THE SURGERY OF THE PANCREAS.*—This monograph is of value not alone to the surgeon; the anatomist and physiologist will find much of interest to them in its pages. It starts out with the comparative anatomy, histology, and physiology of the organ, then gives an account of a number of experiments made on various animals, designed to show its tolerance of injury and the phenomena of repair, as well as the modifications of functions thus produced; next, the narrative of a number of cases of accident in which lesions of the gland in the human subject were conspicuous; giving, finally, a *résumé* of the facts evolved from the preceding discussions, and suggestions of the possibilities of surgical treatment of cyst, tumor, abscess, malignant disease, and direct treatment of accidental lesions. The pamphlet will have a tendency to lead those having an opportunity to attempt heroic methods, and gives a good promise of successful results. The chief difficulty lies in the obscurity of symptoms, an obscurity that will be much lessened by a careful study of the physiology of the pancreas. The author lays great stress upon the appearance of fat in the stools as a diagnostic factor, and with justice. The writer of this notice has twice made

*By N. Senn, M. D. Reprinted from the "Transactions of the American Surgical Association," April, 1886. pp. 129.

diagnosis of pancreatic carcinoma in this way, verified by autopsy in each case, but was not assisted in the treatment thereby. After reading this *brochure* he will be encouraged to attempt direct treatment should opportunity offer.

“THE MEDICAL ASPECT OF SURGERY.”—The above is the title of the *Address in Surgery*, by Frederick Abel Humphrey, at the Brighton meeting of the British Medical Association, in August last. While the paper, as a whole, is of value, and shows much thought, there are portions of it that have a special interest to those of the homœopathic faith in more ways than one. The writer mourns the lack of medical, or rather *therapeutical* knowledge, a lack that is responsible, he tells us, for the *development* of morbid action. He refers, in this connection, to an abscess which is so easily and effectually disposed of by the surgeon, but which would never have existed had means been furnished to arrest the inflammation causing it. Here we may be permitted to plume ourselves upon the possession of the kind of knowledge these gentlemen confessedly lack. Not, it is true, that we can always prevent the development of an abscess, for many circumstances combine to prevent this achievement very often; but that we are often able to abort morbid action, and of the most destructive character at that, few who have opportunities to witness the action of the properly selected and applied remedies will question. There is another branch of the subject, however, which our author introduces as follows: “It is now more than fifty years ago that Sir Wm. Lawrence, in an introductory lecture at St. Bartholomew’s Hospital, said, ‘it is the boast of modern surgery to have greatly diminished the number of operations’. . . . That improved knowledge of which Lawrence boasted, and to which he referred as the cause of lessened operations, has in itself, by the medical aids to surgery it has introduced, been the main cause of their greater frequency and of their increased success.” Now, here is room for argument with those of our faith who have failed to realize the progress of surgical *science* in the past fifty years. I have every

respect for the veterans in homœopathy; they have done more for the development and popularization of our therapeutics than those who came after them. Still, one cannot read many of the criticisms on surgical essays coming from their pens without the conviction that they have not kept pace with the march of events. Their arguments are directed against a state of affairs that no longer exists. Increased knowledge of life and disease has made diagnosis something closely resembling a prophecy; prognosis is almost equally exact; etiology is fast being reduced to something that bears a proper scientific complexion. While the number of operations, and their variety, has greatly increased, we find an almost corresponding improvement in the ratio of mortality. Operations that formerly gave a mortality of sixty per cent., now show one of ten or less. The most careful and conscientious homœopathic prescriber could not make a better showing than this. Many conditions that formerly were universally considered fatal, are either cured now, by surgical measures, or so much improved that the patient's life and comfort are greatly prolonged and improved. Take cancer of the stomach. I have had the privilege of witnessing the practice of some of the masters of our art, and can truthfully say that I have never known of a case in which the diagnosis was undoubted, that did not succumb, and with atrocious suffering to the end of life. I have made attempts myself, under their guidance, and as signally failed. The few cases that have been thought to have been cured, have lacked the element of certainty in diagnosis, and must, for the most part, be reported with the interrogation mark after them. So of carcinoma in general, and hosts of similarly severe morbid conditions. Now, it is the part of honesty to recognize and admit this state of things. Homœopathy loses whenever extravagant claims are made for it, claims of achievements that in the nature of things must be fallacious. Some of us construct a theory of morbid action, and point to it as evidence *pro* or *con* as to the curability of certain forms of disease. We must not forget that the laboratory of the chemist and biologist, the

microscope, spectroscope, and other instruments of precision, have put us in possession of facts that were even unsuspected by our immediate predecessors. There *are* morbid states specifically and demonstrably local, others that later become general. To deny this, is to deny the positive revelations of pure science; it may help us in our *theories*, to deny or ignore these, but the fact remains unaltered. We are not so destitute of substantial claims to consideration that we should hesitate to admit the fallibility of human knowledge, even *homœopathic* knowledge and intelligence. We must bear in mind that even Homœopathy is not finished; to think otherwise would be the height of folly. We *know* what we can do in medicine; we partly know what we can do in surgery. Our medical knowledge puts it in our power to so treat surgical cases, before and after operations, that the most favorable result under old-school medication is contemptible, whether as to preservation of life, or freedom from suffering. For instance, in the past year I have made operations of all kinds, —abdominal sections, cystotomies, herniotomies, and the like, —and on this, the last day of the year, my case-book does not show a single death, and but one in 1885. Is this because I am a brilliant operator, or employ novel and ingenious methods? No! because I am not, and do not. It is simply because I am a Homœopath, as well as a surgeon, and can prevent pain with *Hypericum*, arrest septicæmia with *Arsenicum*, cure urinary suppression with *Apis*, allay fever with *Aconite*; in short, have weapons in my hands: *because* I am a Homœopath, that almost, at times, leads into a dangerous feeling of security. We have ample reason to be proud of our matchless system of therapeutics, and the magnificent results of its application; but nevertheless let us, as honest students and scientists, keep the growth and development of modern science in our minds, and not belittle or disparage all that does not square itself with our ideas of what *ought* to be. In spite of all the argument that may be offered to the contrary, the fact remains, and *as a fact*, that accurate knowledge of certain forms of morbid action, renders it possible to thoroughly,

quickly, painlessly, and durably cure many a case, that otherwise would remain uncured, even unrelieved, or go through weeks or months of torture, to be at the end practically where an operation would have put it long before, with the disadvantage of positive loss from the strain on the vital powers incident to such a course. *Apropos* to the above, Mr. Chas. Symonds, at the October meeting of the Clinical Society, of London, (*Lancet*, November, 1886, p. 368), related the facts in operation for osteo-sarcoma of the scapula, in which the whole bone had been removed. There was no recurrence, and when the patient was last seen, two years and a half afterwards, he had a useful arm, and no signs of any morbid action in the parts. This case is one of hundreds, and is part of a record that goes far to prove that morbid action is local in certain forms and stages. If anything were needed, the discussion on the above report brought out the fact that out of a large number of cases of excisions for malignant disease, the failures occurred when the excisions were partial. The successful cases were those in which the whole of the affected bone was removed.

In the January *ADVANCE* we called attention to a "Remarkable Injury of the Finger" reported by a French surgeon in detail. Now, we find the medical literature is being filled with similar instances from different parts of the country. We give two of these as reported to the *Medical and Surgical Reporter*. The first by Dr. W. B. Clark, of Indianapolis :

"Mack Stout, a clerk twenty years old, was on a box that was on top of a table, trying to let down the store awning. Feeling his support falling, he jumped off to save a fall, when a hook caught his finger-ring. All the flesh and skin were stripped off, some being extruded through the ring at the opening whence a large ornamental stone had been forced. The young man came to my office, but I was not in. He then went to Dr. John Chambers, who amputated close up. I had the care of the case afterward. (These later particulars are given to show that this was no 'hear-

say' case.) Three or four years ago I read in a newspaper of a brakeman jumping off a moving freight train, and catching a heavy finger-ring on a nail, and the finger was torn off."

The second is by Dr. W. H. Parcels, Lewistown, Pa.:

"A few days ago, H. R., a strong, hearty, laboring man, caught three fingers of hand in some machinery. He *yanked* his hand away and came to my office for repairs. Two of the fingers only required amputation. The second was found with first phalanx of bone gone, and with it nearly all of the soft parts up to the hand, leaving the bone in a nude state. He said that there was a "long leader, at least a *foot* in length," torn out with the end of the finger. Assisted by Dr. Ritz, I amputated this finger at the metacarpophalangeal articulation. The following day I was shown the lost finger, which had been found at the place where the accident occurred. Comet-like, the tail was the chief part of it. The flexor tendon had been torn from its attachment to the ulna near the elbow. The hand is now well, and we have had no trouble from the tendon complication, slight tenderness along the inner aspect of the forearm being the only symptom."

These cases, do not cover the matter entirely. The original stated that "M. Thomas was called an hour after, and reintroduced the bone into the finger. He applied two sutures, and bandaged the hand. The extremity of the finger became gangrenous. However, the patient had from this attempt the benefit of preserving nearly a phalanx and a half of his finger."

MOLLUSCUM EPITHELIOLE.—At this meeting, also, Dr. E. M. Gramm, of Philadelphia, reported two remarkable cures of Molluscum: "One of these had lasted a year and a half, but was cured in three weeks by Pulsatilla, the temperament and disposition of the child being the indicating symptoms. The other case, which had lasted six months, was also cured in three weeks by Silicea 30, the indicating symptoms being a tendency to rawness between the toes, cold feet and inability to withstand cold." We are indebted to the report of this meeting given in the *Hahnemannian Monthly* for the above paragraphs.

COMMENT AND CRITICISM.

EDITOR ADVANCE:—The proving of Lac caninum by Laura Morgan, M. D., in recent issues of the ADVANCE causes me to wonder whether a mental tendency to arrange and classify facts, could take in such varied material without voting the universe a phantom. Science embraces two essentials: certain knowledge of the special and universal. Our special and universal knowledge of Lac caninum is, that it is the pabulum *par excellence* on which to fatten pups. No one, made severely sick for seventy-two days can give us clear symptoms, and as Homœopathy depends upon *absolute* knowledge, a mind transcendently off its balance cannot be trusted for reliable symptoms. There is no empiricism more tyrannical than that of unfounded assertions, and that is most assuredly unfounded which cannot be verified always and eternally. Therefore I refuse to accept as true that which cannot be verified in the experience of ordinary intelligence. * * * * * I obtain my Homœopathy from agents tested by the following rule: *That which in poisonous doses produces in the healthy organism certain symptoms, which when found in the sick in similar form, will yield to the administration of non-poisonous doses of the same agent.* * * * * * We are pretty thoroughly convinced that Dr. Morgan was a very sick woman, not through any influence received from Lac caninum, but from diphtheria and rheumatism, followed perhaps by some uterine complications. The intrinsic value of this "note-book" rests exclusively upon the credulity and the utter absence of analytical methods in those who are put to the test of reading it. As our Materia Medica is already glutted with provings of inert agents, may we not, in all sincerity, enter an earnest protest against the adoption of all such bastards as this within the folds of legitimate remedial agents.

D. HAGGART, M. D., Indianapolis.

In his skeptic doubts, Dr. Haggart has our entire sympathy, and we thank him for his frank and earnest protest. But he is not alone. Many others have stood where he now stands and have thought what he now thinks. Prominently among them honest Dr. Watzke, the brave and heroic leader of that band of Austrian provers who doubted the possibility of obtaining reliable symptoms, as reported by Hahnemann, from the potencies of Natrum mur.—a substance in daily use in the crude form on our tables. With his band of devoted followers he put Hahnemann's published record to the experimental test and instead of finding

it incorrect and untrustworthy he verified every symptom. Here is his report:

"I am, alas! I say alas! for I would rather have upheld the large doses which accord with current views—I am compelled to declare myself for the higher dilutions. The physiological experiments made with *Natrum muriaticum*, as well as the great majority of the clinical results attained therewith, speak decisively and distinctly for those preparations. *Several of our most cautious provers* have obtained unquestionable characteristic *Natrum muriaticum* symptoms from them."

This spirit of skepticism and doubt encumbers the progress of our school almost as much as it does the other. If we are unable to explain the *how*, the *why*, the *modus operandi* of the action of a drug, we think we do our duty by ridiculing and promptly rejecting it. Our allopathic brethren are just as skeptical of the action of the third or sixth potency as many of our homœopathic colleagues are of the thirtieth or two hundredth. And it is about as difficult to explain the action of the crude as of the potentized drug. There may be a distinction between the schools in this particular, but there is scarcely a perceptible difference. Skepticism entirely unworthy a true spirit of scientific research is a prominent characteristic of the majority of the members of both. The great difficulty is, we reason backwards; we begin our investigations at the wrong end of the problem. Because we are unable to explain a fact, we decline to investigate it. Do we treat any other problem in the scientific world in the same way? It is astonishing with what freedom we use the telephone or telegraph. Edison has succeeded in sending six messages from each end of a single wire at the same time, and yet neither he nor any one else has been able to explain it. Shall we decline to use these agents until we are able to explain the *how* or the *why*. It is to be sincerely regretted that great inventors who are dealing only with facts, as well as great physicians who are honestly trying to accept facts, do not know everything. Dr. Holcombe says: "I have learned to despair of those men who think from their affections and reason from their prejudices. They are aliens to the true scientific spirit, mere partisans in medicine, their opin-

ions and their prejudices alike of little importance." As professed followers of Hahnemann, let us, in the interests of science, rise above our prejudices and be brave enough to accept a fact for what it is worth.

We are indebted to Professor H. F. Biggar, M. D., of Cleveland, Ohio, for the use of the following letter, which will be of interest to our readers when taken in connection with the article "The Two Tarantulas" as it appeared in our December issue:

"SAN DIEGO, CALIFORNIA, }
December 26, 1886. }

"DEAR DOCTOR: Your favor concerning the 'Mygale Spider' came to hand to-day. * * * * The *Mygale Hentzii* is the true tarantula. The *Cteniza Californica* is the trap-door spider. They are both found here. It is the *Cteniza* that constructs the nest which has heretofore been, and is now, called the tarantula nest, under the mistaken notion that the two species were both tarantulas, one being the male and the other the female.

"I was the first one, I think, to call in question that prevalent opinion, some fifteen years ago. I submitted the question to a naturalist who determined the difference. I first introduced one of each of the two species to each other when the tarantula quickly despatched the spider. The tarantula has longer legs and is more hairy. The spider is smoother and keeps its legs drawn up. The tarantula makes no nest, but makes use of cavities already formed or under stones or rubbish. The spider bores a hole an inch in diameter and about eight inches deep in the hard adobe soil. It lines it with tough webbing and makes a lid skillfully hinged exactly on the level of the surface of the ground. When you attempt to raise the lid by inserting a knife under it, the animal seizes the lid beneath and resists its being raised; when forced open the spider retires quickly to the bottom of the nest, where it is often found with a swarm of young ones. It is not known to bite, nor is the bite poisonous. The tarantulæ will bite in some circumstances, though it is difficult to provoke them to it. There is some danger in the bite.

"Another most interesting object is the tarantula hawk, *Pompilus formosa*. It is a large wasp of the dauber species. Its only object in life seems to be the search for the tarantula, which it stings, and paralyzes, rather than kills, and deposits its egg in its body with a formidable ovipositor, drags it to a secure place of deposit till the following spring, when a young *Pompilus* is hatched

"Very truly yours,

"G. W. BARNES."

EDITOR ADVANCE.—In a recent number of the *Michigan Journal of Homœopathy*, the official organ of our college, is a lecture by Prof. Wood on “puerperal hæmorrhage.” After quoting and indorsing several allopathic authorities, and recommending a hypodermic of ten drops of Ergot, he says:

“You will observe that I have said little or nothing pertaining to the homœopathic treatment of puerperal hæmorrhages. I have done this understandingly, and believe that in so doing I have given you the *very best* Homœopathy attainable. I do not mean to say that the measures recommended are in accordance with the law of *similars*, but as a firm believer in that law I do most unqualifiedly say that I believe its interests and those of humanity will be best subserved by utilizing mechanical or chemical measures in cases removed from the province of its applicability. I know that this practice is considered reprehensible by many of our school, and I can only say to you that you must investigate for yourself and then make your own deductions. I cannot conscientiously recommend the treatment of post partum hæmorrhage by the indicated homœopathic remedy any more than I can recommend the treatment, by the same method, of a severed axillary artery. The cases are analagous, and in both *the* indicated remedy is the closure of the gaping vessels. The various constitutional disturbances incident to the puerperal period, like constitutional disturbances from any other cause, will yield much more rapidly and much more satisfactorily when treated with remedies selected in accordance with the law of similia than when given in accordance with any other law; miracles, however, in an age of stern realities, ought not to be expected from a homœopathic remedy, even when given *very*, VERY high.”

Professor Wood, judging from this lecture, apparently knows little of the homœopathic treatment of internal hæmorrhage, yet while freely quoting many allopathic, totally ignores our homœopathic authors; hence by way of contrast we quote the opinion of Guernsey, the leading text-book in homœopathic colleges in this country:

“The other form of post-partum hæmorrhage, occurring after the delivery of the placenta, is frequently very alarming, and may even be followed by a fatal termination. It is due to atony and relaxation of the uterus, whereby the mouths of the utero-placental sinuses remain open and pour fourth a flood of blood, which continues until firm uterine contraction is secured. * * * * It is evident that prompt and efficient measures are necessary in a case like this, not only with a view of saving life, but with the view also

of saving blood, for a pint of blood saved, and a pint of blood lost to the patient, may make all the difference between a rapid and a tedious convalescence—may make all the difference between a successful and a fatal issue. The most prompt and most efficient measure in such cases, according to my experience and that of a very large number of able homœopathic practitioners, is, to apply that remedy which is homœopathic to the totality of the case. This can be done as quickly as can any other procedure, and will be found efficient even in those cases where the blood flows *pleno rivo* and threatens almost immediate dissolution. The remedies appropriate for such occasions will be found, with their indications, at the end of this chapter; and let me here remark that every practitioner should be as familiar with these indications as with the alphabet, and being so he will stand prepared in such emergencies with an armamentarium equal to the vanquishing of the most dangerous and desperate cases."

May we not ask the question: Was Dr. Wood employed by the regents to teach Homœopathy or to ridicule it? Was he employed to misrepresent Homœopathy? to make our cause the jeer and our students the laughing-stock of the campus? Surely he was not engaged to fill a chair in the old school, for that is already filled by an able man. Is this the outcome of the twenty years' struggle to place the Homœopathic College upon the University campus? Is it for this that the pioneers of Michigan Homœopathy spent so much time and money? If our students are to be taught *everything* but Homœopathy, better take down the sign. Of what benefit to our college is Prof. Wood's "firm belief in the law" if he neither teaches nor practises it? Under such instruction as this our students will know very little about Homœopathy, and that little is as likely to make them infidel as believers. We can have no such enemy as an enemy in our own camp, and the least Prof. Wood can do is to give the remedies recommended in homœopathic text-books, carefully differentiating between them, that the student "may judge for himself."

G. N. BRIGHAM.

[When remonstrated with on this score Prof. Wood pleaded that he "taught what the majority of the homœopathic school believed and practised." When Hahnemann, in 1811, applied for permission to teach Homœ-

opathy in the University of Leipsic, for which he wrote his celebrated thesis "Helleborism of the Ancients," he did it that he might teach Homœopathy. For eight years he taught not "what the majority believed and practised," but the science of therapeutics. The majority are perhaps not much nearer right or the truth than it was in Hahnemann's time. We can no more sow such seeds in teaching Homœopathy and expect true homœopaths as a result, than we can sow whiskey without expecting to reap the legitimate harvest of drunkards. Figs do not grow on thistles.—Ed.]

EDITOR ADVANCE. -Will you allow me through the columns of your journal to call the attention of my professional brethren to the most remarkable publication bearing upon Medical Science which the year 1886 has added to our bibliographical wealth? It is entitled "A Catalogue of Morbific Products, Nosodes and other Remedies. By Samuel Swan, M. D." Then follows the stamp of the International Hahnemannian Association.

In the notes which follow the catalogue, and which in a notice of it would seem to legitimately occupy the place of a preface, we receive in a very small compass very much information,—exceedingly valuable, unless it may prove to be covered by the wise remark of the late Josh Billings, "Its better not to know so *much* than it is to know so many things that *ain't so*."

For example, the following "generalization" first "stated in 1876" is now repeated: "*Morbific matter will cure the disease which produced it, if given in a high potency, even to the person from whom it was obtained.*" Reader, here is wisdom! But why "generalization"? This word reminds us of the acknowledgements condescendingly made by some physicians who would scorn the name of Homœopath, that the homœopathic formula *Similia Similibus Curantur* may and probably does embody a principle in medicine. In other departments of science we do not recognize principles and generalizations as distinguished from *law*! What, then, are we to believe? That, poor Therapeutics, like the unfortunate soul who after death found neither heaven nor hades open to him, is obliged with the gift of a "pail of sulphur and box of matches" to shift for himself, guided by "generalizations" and "principles"; but these *not being law*, become only evidences of the neglect of the Creator, who, after filling the earth with substances acknowledgedly useful in diseased conditions, forgot to make any provision for scientific accuracy in administering them. Shall we believe this? No, certainly not! If "morbific matter

will cure the disease which produced it" and does so according to a regular and infallible law of Nature, Nature's method from the beginning of time and until the end of time,—in short, according to a natural *law*,—then it *is law* (or it is nonsense) and as such should receive the dignity of its title.

And what a law! No more provings needed; no more labors to enrich the *Materia Medica*. Lay aside the volumes of Hahnemann, of Dunham, of von Bönninghausen, of Hering and all other writers on homœopathic therapeutics, living or dead! Peace to thy arduous labors, O, Lippe, and rest ye, Allen, and Cowperthwaite! Nor yet shall be thine the "*Materia Medica of the Future*," O, sapient editors of the "*Cyclopedia*"! The therapist is obsolete. *Vale!* Hail to thee, O, Pathologist! Thou art the Physician. And thrice hail to thee, O, suffering humanity! "Kill thy physician and the fee upon thy foul disease bestow." "Morbific matter *will cure*,"—and that's the end of it.

But, unfortunately, the morbid matters produced by all diseases are not yet known. (Haste thee, with thy microscope, O, Pathologist,—bring, too, thy chemicals, for a sick and suffering world wait upon thee!) It becomes necessary, therefore, for a time, until further investigation and potentization have furnished us the specifics for all, to depend upon "other remedies" in certain "sicknesses." Shall we then, still have to con our Allen, our Hering's Condensed, and our various Repertories? Must we mid "cries and labor-pains" work out the salvation of our patient? Must we still pore over those provings, searching as best we may for the "wheat" in the "chaff" (the latter furnished by Hg., etc.)? Nay, not so, for open this *vade mecum* and there shalt thou find a remedy—a remedy? Nay, many remedies,—remedies single, remedies tandem, remedies three, four—yea, even twelve abreast for that disease *by name* which thou would'st cure. "Proven remedies"? Well, no, but what of that? For they will *cure* or we are learning "many things that ain't so."

Let me quote a few selected here and there, to show how easy are the therapeutics of this new system:

"Ammonium Tartaricum. Pain in the pons varoli. Congestions and headache."

"Antioch Cortex. Obstinate constipation; piles."

"Aqua Sanicula. For seasickness," etc. "Morning sickness in pregnancy."

"Aranea Peluda * * cures and prevents carbuncle."

"Arachis. (Peanut). Indigestion. Dyspepsia."

(That's a sort of Homœopathy of the Ringer brand).

Further we learn that "Bursa Pastoris, for congestions" is "very effective;" where the congestions are found is not mentioned. Possibly it might be useful in the "Caguil Columbiana" patient

who suffers from an "uncontrollable desire for coitus." "Fel Tauri" is a *bully* remedy for a "torpid liver." "Galeopside opens the parts in hard labor." (Should he mention the remedy which shuts 'em some months earlier he would give us the true specific for Dystocia.)

Then too, we find remedies given in combination with names which in themselves are enough to awaken wonder and inspire awe. "Ki-col."—Quinine *and* Colocynth. "Bellpul"—Belladonna *and* Pulsatilla, etc. But these are modest mixtures not rising to the grandeur of the following: "Mixture triplex, Sycot. 10,005, Syph. 10,010, and Medorr. 10,015." There, now, is a remedy for those old sinners, whom the late Dr. N. F. Cook describes as suffering from the effects of their "erotic salaciousness." "If all Luesitic [sic] attacks were uncomplicated with other diseased conditions" we read in the Doctor's notes, "the smallest dose of a mercurial preparation [why not of Luesin?—B.] would cure the case. * * * * So it is with all morbid products. Sickesses are all too complicated to be cured with one remedy." That is why, I suppose, he makes the above mixture and the following as well. "Mixture quadruplex Psor. 10m., Sycot. 10,005, Syph. 10,010, Medorr. 10,015." There! that ought to cure a man whether he has Scrofula, Condylomata, Syphilis or a Clap. It is like the "mixture mysterica," of the "Indian Doctor" which was especially good for very short people who were unable to determine whether they had quinsy or hemorrhoids. But to show how the practice of medicine may be simplified under this new system—it is no less than that—look at this: "Tissue 12 cru." and which is composed of the twelve remedies of the "Bio-chemic treatment" all potentized together. Go to, Schüssler! Thou art beaten hollow at thine own game! And all this to be obtained of the compounder and proprietor for the small sum of ten cents! (Grafts.)

At times the learned Doctor, in his endeavor to be concise, I suppose, is not altogether perspicuous. When he vouches for the curative power of Fel Torcoral in "excruciating pains" one naturally wishes to know where such pains manifested themselves; how Fel Torcoral "gets in its work;" when he advertises "Carbunculus. Swan. Pus from carbuncle on neck; very severe," we naturally want to know what is severe, the carbunculus or the carbuncle or Swan, or the Pus, or the neck. It is a trifle indefinite to the enquiring mind.

"No pent up Utica confines his powers." Not content with having secured the truly "æsthetic" and "culchawed" "Carbo animalis" of Boston, he has invaded and despoiled South America of its "remedy for rheumatism caused by damp earth," the "Conjero." Mexico furnishes her remedy for "the first stages of Phthisis." The Brahmins contribute a "remedy for weakness, etc." and China

one for "deafness." This last is called "Carcharodon Rondelettii" and if it fails to cure a patient of deafness will probably reconcile him to being deaf.

I am painfully aware that I have not done this new system of medicine justice. I have only desired to call attention to it that the labors of the profession might be abridged, and its usefulness increased. I call it a new system of medicine although its author (from his modesty no doubt) does not so name it. I do it advisedly, however. Surely it is not Allopathy, (it is "irregular" if it is anything) it is not Eclecticism, it is not Mind cure, and God knows it is *not* Homœopathy. Indeed, we are surprised to see that he was a member of the American Institute of Homœopathy in 1885, and uses the I. H. A. stamp in 1886! He surely has outgrown that obsolete system of medicine! But of the system. Of course it is as yet, like all new things, somewhat imperfect, and like all grand discoveries it will not be accepted at once in its entirety. I should not be surprised even, if some sacriligious wretch tried to make fun of it. But in its simplicity; in the ease and comfort of its practice is it not what is called in the simple but forcible language of the wild west, a *Bellis Perennis* (Daisy)?

CLARENCE WILLARD BUTLER.

MONTCLAIR, N. J., Dec. 24, 1886.

EDITOR ADVANCE.—I am one of that large class of Homœopaths who would like to see you give both sides a hearing on the question of potency. It is *the* question of the day. B. S. P.

We have in our editorial column opened fire on the skirmish line of this question, and shall continue the fight on this line if it takes—well, several summers.

THE THAYER HOMŒOPATHIC MEDICAL SOCIETY held its quarterly meeting in Jackson, Mich., Jan. 18, 1887. Dr. T. P. Wilson of Ann Arbor, presiding, and Dr. Frank Kraft, of Ann Arbor, Secretary *pro tem*. Dr. Harold B. Wilson presented a paper on Topical Applications in Diseases of the Eye, and Dr. J. C. Wood read some brief notes on Reflex Uterine Pains. An extended notice of both papers and discussions is reserved for our next issue. The next quarterly session will be held at Ann Arbor, April 19, 1887.

PROF. S. LILIENTHAL, New York, has cast his lot with the Hahnemann Medical College of San Francisco, and will hereafter make his home in the city of the Golden Gate. We congratulate our good friend upon his re-entry into College work, a field in which he has been so eminently successful.

The Medical Advance

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

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The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

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EDITORIAL.

DILUTIONISM.—Since Hahnemann first announced his system of therapeutics, our allopathic brethren have, despite the most positive denials and convincing proof to the contrary, persisted in believing Homœopathy and small doses synonymous. And as converts from the dominant school gradually accepted the new doctrine, they clung with a tenacity worthy a better cause to the popular error on the question of dose. Hence the delusion soon became wide spread, if not universal, within the profession that the two wings of which the school is composed were divided only on the question of dose. They were all Homœopaths, all followers of Hahnemann, all believers in the law of the similars, but some were “high” and some were “low dilutionists.”

* * *

Under the exclusive guidance of law there is no such difference; there can be no such distinction. The line of demarkation cannot be drawn on the question of potency. The law of Similia—Homœopathy in itself—is incapable of being thus divided, and the names “high dilutionist” and “low dilutionist” are not only misguiding, misleading, and utterly absurd, but are working irreparable mischief in our ranks. Think of dividing the law of gravitation, the

law of chemical affinity, or any other law of nature in a similar manner. Suppose you divide the science of mathematics on the line of the expert and the dullard. Would it be any more absurd or senseless? No! it cannot be done. Neither can Homœopaths be divided into "high" and "low dilutionists." It has been deplored time and again, by many good and honest men, that we cannot agree on the potency question. Of course we cannot so long as we base our discussions on a phantom, a will-o'-the-wisp, a figment of the brain. There is nothing tangible to discuss. It is purely a matter of experience; and the man who has had experience in one side only, is only prepared for a one-sided discussion.

* * *

The terms "high dilutionist" and "low dilutionist" are based on the supposition that all Homœopaths examine their patients in the same way and select the simillimum in the same manner. This is a great error and the sooner it is corrected,—the sooner we have a proper understanding of it, the sooner will our school be able to comprehend not only the real facts of the case but the true point at issue. This once settled, and a common vantage ground gained, these unseemly wrangles and unnecessary disputes will vanish into thin air and become known only in history. The sooner they are forgotten the sooner will our ranks be united in the interest and for the advancement of the science of therapeutics.

* * *

There is no doubt about there being two kinds of Homœopaths within the school—we might almost say two schools of practice within Homœopathy—but the division is on the *selection of the remedy*, not on the potency. These two, are the symptomalogical as laid down in the Organon by Hahnemann, and the pathological largely introduced by Hempel. The former fulfills all the demands of law and meets fully and completely the requirements of science. It is simple, accurate, and extremely comprehensive; but unfortunately its simplicity is now, and has always been, the great stumbling block in the way of its universal adoption. Its simple

plan completely and entirely does away with guessing or theorizing and consequently with that senseless and unscientific relic of polypharmacy, alternation.

* * *

The first thing required of a physician in the examination of a patient, Hahnemann says, is to "write down everything in precisely the same expressions used by the patient and his attendants." How few professed Homœopaths do it? We venture to say not one in ten. The general excuse given is: "We have not time for that in a large practice. A busy man cannot do it. The physician who follows that rule can not have much to do." Well, we have followed both plans and have come to the conclusion that "a busy man" can do it, and that it is not only the easiest, surest and best but that often "the longest way round is the nearest way home." We have never heard of a man who regretted doing it and doing it honestly and thoroughly, and we have heard many regret that they neglected this simple requirement. First be sure you are right, then go ahead. You cannot be certain when you guess at it. Rufus Choate is reported to have replied when accosted on the street for a legal opinion that "Legal street opinions are not worth ten cents a bushel." It is the same with a medical case; it can rarely be accurate and reliable when taken on the wing.

* * *

If the expected results of an accurate prescription are to be obtained the rules and principles which govern the science must be complied with. The first thing to do is to carefully record the case, that it may be compared with the recorded symptoms of the proven drug. A scientific comparison that fulfils the requirement of law, can be made in no other way. This record making is the most difficult part of a homœopathic prescription and for this very reason is not made once in a hundred times. If the Alpha of a homœopathic prescription be neglected because it is so very difficult, how is the Omega to be successfully attained? Because the Allopath can "prescribe on the fly"—make a guess one way as well as another—there is no reason why the Homœopath should follow the pernicious example.

The latter professes to follow a law of cure; the former declares there is no law to follow.

This plan laid down by the master has been successfully followed by Bœnninghausen, Gross, Hering, Dunham, Guernsey, McManus, Pearson, Lippe, Wells, and a host of others on both sides of the Atlantic, with a clinical success that leaves little to be desired.

◆

OUR EXCHANGES.

“The Emperor of Russia has sent a munificent donation of 40,000 roubles (\$20,000) toward the erection of the proposed Pasteur Hospital in Paris.”—*Exchange*.

If one tithe of the medical stories are true that are credited to the *Russkaga Meditsina*, it is high time that active measures be instituted within the Empire to correct difficulties other than of hydrophobic origin. Is there a week—certainly never more than a month—in which the Medical editor and his readers are not horrified or amazed over the recital of some marvelous, aye, oft-times miraculous case accredited to Russia? Quite recently we clipped the following:

“A Russian physician has reported another case of a human being with a tail. He had been called to the patient on account of her being prevented from walking and sitting by pain in the region of the sacrum. On examination, he found a hairy tail, 45 mm. in length and about 36 mm. wide at the base. The patient's mother had no such appendage, but the grandmother had a larger one than the patient's, and the peculiarity, noticed only in the female line, had been a family secret for several generations. The tail developed between the ages of twelve and seventeen years.”

Placentæ prævia, extra-uterine pregnancies, monstrosity-births,—heaping horror upon horror's head—follow each other from the land of the Nihilist with astonishing rapidity.

Now we read that Dr. Shustoff [Just-Off?] being called to a case of labor, five days *en route*, found a sausage, seventeen inches long, and fourteen inches in circumference, doing duty as an assistant accoucheur, having been introduced per anum “on the recommendation of an old woman of the neighborhood in order to insure the birth of the child by the normal passage.”

Mr. Alexandrowitch, please give us a rest; establish hospitals nearer home with your surplus sestertia.

*

And, while on this astute subject, the paper in the *Peoria Monthly* by Henry W. Roby, M. D., of Topeka, on Pratt's opera-

tion in Rectal Surgery seems eminently apropos. This learned *Æsculapius*, following in the wake of his principal, finds orificial surgery an almost universal panacea. He candidly admits that he always goes in for "bottom facts and fundamental principles." He cites five cases: woman, invalid of seven years, painful constipation and piles; man, overseer, twenty years a dyspeptic; professional party nineteen months in Andersonville, chronic diarrhœa and profound constipation; and a great traveller who has had operations performed in the different capitals of Europe for rectal prolapse; these were speedily and permanently cured by orificial surgery.

*

Not to be behind in this extremity, Dr. I. N. Love, St. Louis, turns the subject carefully over, and proposes vaginal alimentation in place of rectal, by means of "semi-solid masses," "raw-beef," "liquids" and other nutritious aliment. Is the use of the vaginal cavity and adjacent counties for revivifying purposes with "semi-solid masses," "raw-beef" and "liquids" an entirely new invention with Love? We trow not.

*

W. C. COOPER, M. D., in a paper on Pleasant Medication published in the *Chicago Medical Times*, Jan. 1877, pays the following tribute to Hahnemann which, considering the source, is a concession worth noting:

"Whether he founded a true or false system of medicine, Hahnemann was a philosopher. He used his experience and observation and common sense to such purpose that he was driven to a style of medication which is correctly related to human wants and human nature. He learned that the most efficacious drug—if nasty—could not successfully apologize to the insulted gustatory sense. He learned that sense instinct is a sacred verity, which can not be trampled upon without penalty. He learned this: that the greatest measure of success attends that physician who least frequently violates any of the patient's senses. He inducted into the world 'pleasant medication,' and from one little point it has spread through all the schools and all the world. Let us honor him for so much. We can do this without endorsing any of the nebulous vagaries of homœopathy."

Our misguided brother, we greet thee. An thou lookest not a little bit o-u-t, ere thou knowest, thy progressive mind will carry thee a willing captive into the camp of the "nebulous vagaries." Thou art dangerously nigh the line now. We bide thy coming.

Further on he says:

"Mrs. L—, had long been a victim of hysteria. She is as lissome as a willow branch, and airy as a fairy. She is dreamful and poetic in her temperament, and loves the meaningless but musical platitudes of hyperion soarers. I knew this. * * * * *

When introduced to her I began by saying that hers was a peculiar and very rare condition—one which could not exist outside of a fine-fibered, highly-organized physique, conjoined with a mental constitution the most delicate. That convinced her that I was a man of phenomenal sagacity, and it gave her unlimited confidence in me. I told her that psychic tension, dependent upon a disturbed balance in the emotive sphere, which resulted in part from a broken harmony between the uterus and carus' curve, was the pathological sum of her state. She saw it in a minute. I told her I had recently developed a remedy suited precisely to her condition. It was none of those horrid mixtures so frequently resorted to by unreasoning, slash-away routinists, but was a veritable nepenthe, a therapeutic hippocrene, which would waft her back to normality on Holeconian zephyrs. She *knew* I was talking good, sound, common sense, and she was impatient for the medicine. I gave her an ounce of simple elixir, and ordered her to take twenty drops of it every three hours. It cured her promptly. She has since dedicated a brood of syrupy and die-away stanzas to me."

Now, then, what do you think of that for words and words?

*

As was the case with the late lamented Grant, and with many illustrious personages before him, when laid low on the grassy plain of the modern Marathon—lingering disease, so now it has become the fashion to send sage advice and tea, and other precious medicaments to our afflicted President,—the report being current that upwards of 200 cures for rheumatism have been sent him. But his destinies being presided over by the bright-eyed Hebe who also presides over his tea-things, these various cures are carefully sent by her to the office of the private secretary to be by him tested as to their efficacy.

But talking about rheumatism, and great men and remedies, just cast your eye over the following which was clipped by Dr. Haggart of Indianapolis, from an editorial in *The Iron-Clad*, January 8, 1887, published by an old school physician of 35 years experience, highly educated and eminently practical, liberal, bold and fearless:

"The rumors that Gen. Logan was killed by the tincture of Aconite are no doubt true. Aconite is the most absolute brain poison used in medicine. It is a great favorite with many physicians in rheumatism. Aconite is always liable to kill at once. No physician can say what moment it is going to side track upon the brain and ditch the machine. In the hands of the Homœopath it is comparatively harmless, but let your regular herculean Allopath tackle it and the patient is sure to be murdered. Then the disease is said to have attacked the brain and baffled the "skill" of the physician! No agent we are acquainted with is so uncertain in action as Aconite. There is only one thing certain about it, which

is that the first notice it gives of its action is to kill the patient. We have witnessed a number of murders by this infernal drug, administered by "physicians" resolute to be abreast with the times! This class of medicinal men *never* cure a disease whose tendency is to death if not arrested. There is not a doubt that against his protest Logan was dosed with Aconite and Morphine, and that his death was murder."

*

And while on the subject of clippings, we present another from the *Medical World*, kindly sent us by Dr. Howard Crutcher:

"A homœopathic physician of this place is in the habit of prescribing some medicine, which seems to have the curious property of breaking the glass in which it is placed. At least, before his second visit the goblet is found to be broken; whereupon he always informs the family that he forgot to tell them, but that the medicine should have been put in a cup, as it *always* breaks the glass. Then he changes the medicine.

Do you know of any drug which has this effect, or does he simply seize the circumstance of a glass being accidentally broken to mystify his patients, and make them think his remedies are fearfully powerful?
REX."

To this the editor of *The World* replies:

"We know of no drug which has the effect described, and incline to the belief that the last explanation is true. Can any of our readers throw any light on the subject?"

Upon which Dr. Crutcher comments: That homœopathic (?) physician has been practicing an imposition; but why confuse *persons* with *things*? 'The *law of cure* stands alone in its purity and cannot be tarnished by impostors. Its truth or falsity does not depend upon anybody's notion, belief or whim. Individually this party is a fraud, but even in that case not a great deal worse than a good many pretenders who, looking wondrous wise, give prescriptions declared to be of sufficient power to "break" the disease. Perhaps, after all, it may be better to smash "glasses" than "constitutions."

*

Perhaps as pompous and bombastic an article as has recently come under our shears was a narration in the *Medical Brief* of a case of gastrotomy, where "I" removed a case-knife (photographed and engraved in verisimilitude and occupying a full page, criss-cross,) from the stomach of a "smart Aleck" in St. Louis on Nov. 17, 1886. This playful party being "somewhat exhilarated * * intended to close his entertainment by his *chef d'œuvre* of sword-swallowing. * * * He intended to make the knife disappear in his throat and then pull it out with his fingers." After considerable more of dramatic description the knife escapes the control of the "exhilarated" performer and mingles with the beer, sausage,

krout and other things savory and unsavory below, and thereby entails the necessity for a page of minute recital of how "I" was summoned by the "electric current," and what "I" thought, said and did, etc.

You remember, doubtless, how Burke, while addressing the Commons, intent upon making a great and lasting impression, after working himself to a fever heat, suddenly and unexpectedly threw a dagger on the floor; and, also, how this theatrical climax was ruined by a witty opponent who quickly asked, "will the honorable gentleman also oblige us with the fork?"

Well, we had no more than finished supping full with horror on what "I" did with his knife, when to our surprise, in the very next exchange examined, we found the fork. Singular co-incidence that, wasn't it?

The Medical and Surgical Reporter, Philadelphia, Dec. 18, 1886, recounts, in a decidedly pleasanter and less vainglorious vein, how Dr. Polailon on Aug. 24, 1886, presented to the Paris Academy of Medicine, a fork which he had removed from the stomach of a traveling fire-eater, sword-swallower, etc. Both operations resulted in complete success. The remainder of the table cutlery has not yet been heard from.

*

But, talking about fire-eating, sword-swallowing *et id omnes genus*,—have you remarked that very clever bit of legerdemain practiced by our erring contemporary *The New York Medical Times*, (Sept. '86) where, by implication, it skilfully shifts the responsibility for the recent renegade articles, attacking the fair name of Hahnemann and Homœopathy, which appeared in its editorial columns, on one luckless head,—that of David A. Gorton. This later Jonah finds himself called on to stand up and be counted. Perhaps in the eyes of the intelligent and progressive staff of *The New York Medical Times* this exonerates them. Perhaps it does not. Now, we have lain in Abraham's bosom, gone a fishin' with Noah, and were intimate with that other great slinger and singer—David; but who, we wonder, is *this* David? Sir? All right; thanks; we will. Polk & Co. Medical and Surgical Directory. "DAVID A. GORTON, BROOKLYN, [graduate of] HYGEIO-THERAPEUTIC COLLEGE OF NEW YORK, New York City. Chartered 1856. Extinct 1866.

[Foot-note]. *As no list of the diplomas granted by this College could be obtained, all the names of phyticians appearing in the following pages, and represented as being its GRADUATES have not been verified.*"

"When found, make a note of." We have. Off thistles, grapes? Not usually.

NEW PUBLICATIONS.

HOMŒOPATHY IN ITS RELATION TO THE DISEASES OF FEMALES, OR GYNECOLOGY. By Thomas Skinner, M. D. Third Edition; enlarged and revised. London: The Homœopathic Publishing Co., 1886.

This is a monograph of only 80 pp., yet it contains much that should be read and studied by every member of our school. Every Gynecologist should ponder its contents, as the author not only asserts that nearly every disease peculiar to women can be cured by constitutional treatment alone, but he shows them how to do it. If one Homœopath can cure these affections without the use of pessaries, supporters, or local treatment of any kind, surely another can if he follow in his foot-steps. "What one man has done, another can do."

The medical career of the author has been somewhat eventful. Beginning the study of medicine in 1847 as a student of Sir J. Y. Simpson, he captured his gold medal in Gynecology and Obstetrics in 1851-52 and in 1855-56 became his private assistant. Like his preceptor from whom he imbibed a most bitter and senseless hatred of the teachings of Hahnemann, he soon became a second Saul of Tarsus—a Hebrew of the Hebrews—in his out-spoken opposition to and persecution of the followers of Hahnemann. In relation to this he says:

"So far as Sir James Simpson was capable of investigating the works of Hahnemann, he did investigate them in his own peculiar way—no quarter. He examined them only as a *litterateur* and a rival, never as a genuine truth seeker or truth-lover ought to have done. He never tried the practice on the smallest scale, except to ridicule it. Besides, I do not think it possible for any man to teach himself Homœopathy any more than Allopathy, without a master. Indeed, Homœopathy is infinitely the more difficult of the two. If every new truth or discovery were investigated in the manner in which Sir James investigated Homœopathy, no other result could ensue but a wilful closing of our eyes to the truth."

Like many other investigators, the author investigated Homœopathy through the spectacles of Sir James, and for years was entirely satisfied with the results. But in this he is not alone. Something over a quarter of a century ago Prof. Palmer of the University of Michigan, made a similar investigation through these same spectacles of Sir James, and has annually retailed the absurd results to hundreds of young men in his now celebrated lecture "Homœopathy; what is it?" Very rarely has one of these students been found of sufficient independence to throw aside his prejudice and study the truth for truth's sake as he would any other scientific question. The honest enquirer will think and try for himself. So it was with the author. When after many years of Allopathic practice the scales of prejudice had fallen from his eyes and he was permitted to see the beauty and certainty of the law of cure as a guide in therapeutics, he gives the following opinion: "Allopathy at best is entirely a system of empiricism, a mere

system of palliation, but not of cure." While he is entitled to speak *ex-cathedra* on the uncertainties of the practice of Allopathy in general, he gives no uncertain sound on the homœopathic treatment of the diseases of women. We quote a paragraph that our readers may judge for themselves:

"When I found that Hahnemann's mighty discoveries enabled me to treat the diseases of females without the use of mechanical pessaries or props, without local appliances or medication of any kind; without cauterizing or burning the womb, as it is tritely styled, for ulceration of the os or cervix; and without the aid of the vaginal speculum, except as a means of aiding diagnosis when necessary—I at once hailed Homœopathy, as every modest woman must, and as every right-minded physician ought, as that which is wanted in order to roll back the fearful tide of revolting mechanical treatment of the diseases of females now established, and which is the greatest medical scandal of the age."

Taking all in all this treatise is one of the ablest and most enthusiastic exponents of the homœopathic treatment of the "Diseases of Women," (we do not like the word "female") to be found in our literature.

THE REVOLUTION IN MEDICINE. Being the Seventh Hahnemannian Oration delivered Oct. 5, 1886, at the London Homœopathic Hospital. By John H. Clarke, M. D. London: Keene & Ashwell. New York: Bœrlicke & Tafel.

This address is well written. It is historical, argumentative and logical, a fitting companion of, if not fully up to the literary standard of its able predecessors. The author has divided his subject into four parts under the following headings: "Darkness and Dawn"; "The Three-Fold Work"; "The Revolution and The Man—1786 and 1886"; "Our Inheritance." Under these heads he rapidly reviews the condition of the medical art when the Great Reformer appeared on the stage, his labors, his trials, his triumphs; and closes with an eloquent exhortation to his followers "to break down what still remains of the tyranny of Darkness in Medicine and hasten the coming of the perfect Day of Liberty and Light."

THE PRESCRIBER: A Dictionary of the New Therapeutics. By John H. Clarke M. D. Second Edition. London: Keene & Ashwell. New York: Bœrlicke & Tafel.

This is by the author of the Hahnemannian Oration, but as widely different from it in its homœopathic teaching as are the poles asunder. It is intended to facilitate the practice of empiricism by enabling our allopathic brethren to apply the remedies which Phillips, Ringer, Bartholow, and especially Lauder Brunton have appropriated, without credit, from our *Materia Medica*. Its title should have been: "Homœopathy Made Easy." But in that case our modern Allopath would not have bought it, and no Homœopath has any use for it; hence its enticing name, "The Prescriber." In the preface the author says: "In the Index of Diseases and Remedies appended to Dr. Brunton's work on Pharmacology and Therapeutics the author has signified his belief in the New

Therapeutics, by adopting a very large number of remedies formerly unknown to the Old School, though familiar enough to the new. But he has omitted to give the special indications for the new remedies in the diseases for which he says they are useful, and has by this omission rendered his recommendations of them almost valueless. In *The Prescriber* these remedies are set down with precise indications for the special cases in which they will be found curative."

Here is a fair example of the book in the treatment of pneumonia: "At the commencement, before physical signs are pronounced, Acon. 1x one hour. When exudation has already occurred, rusty sputa, Acon. 1., Phos. 2, one hour in alternation. Typhoid pneumonia, great nervous depression; pneumonia coming on during the course of fever, Phos. 2, Ars. 3, one hour in alternation. Pleuro-pneumonia, Bry. 1, Phos. 2, one hour in alternation." The author is lecturer on *Materia Medica* in the London School of Homœopathy, and from this book we are led to infer that this is his teaching and practice of the application of the law of similia. If so, he has failed to grasp the alpha of the science. No wonder the school goes begging for students. There is so little difference between this teaching and the teaching of modern Allopathy, so little from which either practitioner or student can obtain any enthusiasm for his work, that the problem why the school has so few students, is not difficult to solve. The average student can see little difference between the prescribing for the names of diseases by Dr. Clarke or Dr. Brunton, and can learn about as much Homœopathy from one as the other. Our English brethren will always mourn the progress of Homœopathy in their land so long as they advocate such teaching and practice as is taught by this book.

DISEASES OF THE NERVES, MUSCLES AND SKIN, being Vol. III. of Dr. Hermann Eichhorst's *Handbook of Practical Medicine*, and Vol. X. of Wood's *Library of Standard Medical Authors*, 1886. Sold only by subscription. William Wood & Co., New York.

This third volume by Dr. Eichhorst, treating particularly of the nervous system, and illustrated with 157 wood engravings, is uniform in binding and average number of pages with its predecessors in this library, and compares favorably in the matter of arrangement and letter-press. Its value is apparent at a glance through its pages, and we have no doubt it will prove of value to the general practitioner, as well as the specialist.

DISEASES OF THE BLOOD AND NUTRITION, AND INFECTIOUS DISEASES; being Vol. IV. of "A *Handbook of Practical Medicine*," by Dr. Hermann Eichhorst, and Vol. XII. of Wood's *Library for 1886* (completing the set, price of set, \$15.00). Illustrated. New York: William Wood & Co.

Here, is a work that will commend itself as well to the thorough student, as to the knowledge-seeking practitioner. Within the compass of about 400 pages, in clear, readable type abund-

antly illustrated, where illustrations are practicable, the diseases peculiar to the blood and nutrition, as well as Infectious Diseases are handled in a masterly way. We wish to call especial attention to the Infectious Diseases which comprise, we believe, every conceivable kind of disease known to the human species. The literary work is so well done that many of its chapters may be read with as much interest by the layman as by the expert or student.

DISEASES OF THE LUNGS AND PLEURÆ, INCLUDING CONSUMPTION.
By E. Douglas Powell, M. D., London, Fellow of the Royal College of Physicians. Third edition; rewritten and enlarged, with illustrations, including two lithographic plates: being Vol. XI. of Wood's Library for 1886. New York: William Wood & Co.

Divided into thirty-six chapters each devoted to a special form of disease or deformity appertaining to the lung or pleura, the busy workman can rapidly run over such parts of the work as do not specially interest him, and then give his whole time to the chapters and parts particularly desired. The lithographic plates are very natural, and once seen leave a firm impression on the memory. We think the paper and press-work of this volume is superior to any other of the Library series which has preceded it. The busy editor cannot read all his books page by page, but he can very quickly form an opinion of the intrinsic worth of a volume from an hour's cursory study. We deem this a valuable acquisition.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA: Twenty-second Annual Session, 1886. Published by the Society.

This volume of 368 pages is well printed on good paper and well bound; it is a credit to the society and an excellent example of what energy and public spirit can do when well directed. For several years the transactions of the society have been among the most valuable of records from state societies; but we think the volume before us is the best that has yet been issued. Every Homœopathic physician will find some articles in this volume that he can refer to as a text-book. "Hæmorrhages" by the Philadelphia County Homœopathic Medical Society—especially epistaxis and hæmoptysis, with the admirable indications and well arranged repertory by Dr. Fornias is well worth the entire cost of the book. It is one of the best things which has appeared in any State Society's Transactions for many years; so good that we published one in the January *ADVANCE*, and we now publish the other in the present issue. In Dr. Ivin's article on Hay Fever, although he mentions many remedies—and many more are mentioned by the different members of the society during the discussion—no one appears to have given any attention to Psorinum, a drug which in our experience will not only cure the present attack but prevent a return better than all other remedies put together. On the fly-

leaf, opposite the Table of Contents, a memorial page is set apart for Dr. David Cowley, President of the Society, who died October 3d, 1886.

PSYCHOLOGY. By John Dewey, Ph. D., Assistant Professor of Philosophy, University of Michigan. New York: Harper & Bros. Small 8vo. Pp. 426. 1887. Cloth, price, \$1.25.

In the year 1885 a young man, after taking post-graduate work in Johns Hopkins, began active duties in the University of Michigan as assistant professor of philosophy, and soon made his mark as one of the ablest among its able corps of instructors. This volume, written during his first year of college labor is his maiden effort as an author, and, certainly, speaks well for his future usefulness both as a writer and teacher. It is written in vigorous and lucid language; the arrangement of topics both progressive and orderly, and the treatment precise and comprehensive. The writer gives evidence on every page, not only of extensive reading, but of vigorous thinking in his favorite field of philosophical research. He evidently does not belong to those who believe that physiology can do the work of psychology, and he carefully illustrates his psychological facts and arguments in every chapter. Prof. John Watson, Queen's College, Kingston, Ontario, one of the ablest philosophers and psychologists on the continent, says: "Although I cannot quite accept all of Dr. Dewey's results, I have no hesitation in saying that in my opinion this book on psychology is the best text-book on the subject in the English language." Those of our profession who are engaged in physiological or psychological studies, we are confident will find this work of great aid not only to themselves in teaching, but to their students in mastering this most complex of subjects. We heartily commend it.

EDITOR'S TABLE.

THE ARCHIVES OF GYNECOLOGY, OBSTETRICS AND PEDIATRICS, is to be issued as a monthly instead of a bi-monthly, commencing with January, 1887.

DR. T. M. STRONG, Prov. Sec'y of the American Institute of Homœopathy is preparing a general index of the Transactions, and in order to complete the work asks the use of volumes for '44, '45, '46, '47, '49, '50, '51, '52, and '57.

THE HOMŒOPATHIC MED. COLLEGE OF MO. (St. Louis) has organized a fine society, of which C. S. Durand, '87, is President. A first-class exhibition toward the close of the session is a promised feature.

E. L. YOUNG, M. D., senior editor of *Popular Science Monthly*, died January 19, 1887.

S. B. PARSONS, M. D., now located at Arkansas City, Kansas, writes to invite homœopathic physicians to the southwestern portion of Kansas, promising good locations.

DR. APOSTOLI, Paris, sends us copies of several papers prepared by him and presented to the Congrès Français de Chirurgie, in October last. Hope to be able to use them at an early day.

DR. E. B. RANKIN, a former member of the Washington (D. C.) Homœopathic Medical Society, was, on Dec. 7, 1886, expelled by that body for advertising medicines for sale promising to cure diseases known only by name. His license to practice medicine and surgery in the District was also revoked.

MICHIGAN LEGISLATURE.—A bill has been introduced by Mr. Goodrich to authorize the Board of Trustees of the Northern Michigan Asylum for the insane to purchase certain lands and pay for the same. To this we suggest the following rider be added: Provided the Board comply with the law of 1883, enacted for the express purpose of placing this asylum under homœopathic control.

WANTED.—March, July, August, and September Nos., 1885, of *ADVANCE*. Any reader having duplicates or stray copies will please communicate with this office.

ERRATUM.—By an inadvertence, in speaking of Millspaugh's *American Medicinal Plants* in our January issue, we stated that Fascicle V was the last. This was an error; Fascicle VI is yet due.

W. J. BURLEIGH, M. D., has begun a series of lectures on Physical Diagnosis in the Homœopathic Medical College of Mo. at St. Louis, bringing the clinic patients before the class for prescriptions and examinations.

N. Y. STATE HOMŒOPATHIC MEDICAL SOCIETY holds its annual meeting at Albany, February 8th and 9th. An interesting program is promised.

GEO. W. WINTERBURN, M. D., New York, has been succeeded as editor of the *American Homœopathist* by B. F. Underwood, M. D., of Brooklyn, N. Y. We shall miss Bro. Winterburn from our ranks, and trust that his successor may keep the *American Homœopathist* in line.

OBITUARY.

EDWIN A. LODGE, M. D., of Detroit, was born in London, Eng., May 6th, 1822, and removed to this country in early life. He began the study of medicine under Prof. Shotwell, of Cincinnati, in 1842. In 1845 he became a student of Dr. E. A. Atlee and received his degree in 1849. At this time his attention was called to the homœopathic treatment of Asiatic cholera by Drs. Pulte and Ehrman who, he observed, saved many of their cases even in the stage of collapse, an invariably fatal point under allopathic practice. About this time, too, he received a letter from Dr. Altee, who had now removed to Philadelphia, in which he stated his conviction of the superiority of Homœopathy and begged Dr. Lodge to thoroughly examine its claims, which the latter did, evidencing his satisfaction by adopting it in his practice. In 1859 he removed to Detroit, and in 1864 established the *American Homœopathic Observer* which he edited and published with signal success until about a year ago, when failing health compelled him to relinquish the editorial pen. He went South quite recently hoping in the milder climate to recuperate his tired energies and find rest; but, instead, he found a low form of fever which seized upon him and steadily hurried him on his way to Eternity. He died at Detroit Jan. 25th, 1886. He was one of the oldest practising Homœopaths in Detroit.

A. E. SMALL, M. D.—We regret to announce the death of our esteemed friend, Dr. Alvan E. Small, who died of apoplexy at his residence, No. 3319 Rhodes Ave., Chicago, on the 31st day of December last. Dr. Small had passed the usual limit assigned to humanity—three score and ten—but when we met him on Washington street, Chicago, a few weeks ago he was apparently good for many more years of active and useful life. He was 76 years of age, and as teacher, writer, author and practitioner, has done yeoman service in the cause and has earned and will receive an honored name in the homœopathic records of the west.

LUCY MILES, wife of H. R. Arndt, M. D., University of Michigan, died Dec. 14, 1886, aged 37, after a lingering and painful illness.

HON. JOHN S. NEWBERRY, of Detroit, whose last public work of liberality was to donate \$100,000 to the establishment of a free homœopathic hospital in Detroit, died January 2, 1887. He had but just approved the plans for the new hospital, when the summons came to join th' Innumerable Throng. Peace go with thee, generous friend.

THE MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

VOL. XVIII.

ANN ARBOR, MARCH, 1887.

No. 3.

ORIGINAL CONTRIBUTIONS.

THE SEVEN FUNDAMENTALS OF THE ORGANON.

NUMBER THREE: THE HOMŒOPATHIC LAW.

LEWIS BARNES, M. D., Delaware, O.

We come next to the law of similars given in a Latin sentence which, literally rendered, is this: *Similars by similars are cured.*

A disease is to be cured "by administering a medicinal potency chosen exactly in accordance with the similitude of symptoms" (§29). "It is necessary that drugs should possess the power of producing in the human body an artificial disease, *most similar to that which is to be cured*" (§34). They must not, however, be just alike, for "*a weaker dynamic affection is permanently extinguished by a stronger one, if the latter—deviating in kind—is very similar in its manifestations*" (§26).

The truth or falsity of this law should be established in the mind of every physician, in this enquiring age. He should look about him, test the matter by his own observation as well as by that of others, and see how it is; for it is the essential dividing line between our school and all others. It may be important to know how it works, but the first thing is to know whether it is or not. Hahnemann himself makes a labored attempt to explain it—and probably fails. But he says: "A scientific explanation of

its mode of action is of little importance; I therefore place but a slight value upon an attempt at explanation" (§28).

Perhaps the observations that convinced him might not convince every one. They do not convince me. But other observations do. I cannot see convincing similarities in many examples to which he refers. For instance (§46), he speaks of ophthalmia leading to blindness; blindness from tinea capitis, deafness, asthma, swelling of testes, dysentery, swollen and half paralysed arm—all as having been cured by small-pox, because of their similarity to this disease, or because small-pox may have produced them. But (§38) he tells of measles being arrested by an eruption of small-pox, and again resuming its progress when the small-pox had disappeared, because the new disease was dissimilar. But to me small-pox is much more similar to measles than to any of the above named troubles which are said to have been cured through their similarities. I have known a case of measles mistaken for small-pox by a good physician, and ordered to a pest-house. Hahnemann, however, did not discover the law through such cases. He obtained it through other observations, and appealed to these for its confirmation. It is other observations, with certain scientific facts, that convince me.

The law results logically from his doctrine of dynamic force in disease and remedial drugs. We are taught in Roscoe's Chemistry, edition of 1875, eleven years ago, that at least half a dozen different preparations or alkaloids of the cinchona barks have either a right-handed or left-handed action on polarized light; and Foster's Physiology adds at least fifteen other drug substances which act in like manner, showing that their action is electrical. It is fair to conclude, therefore, that such is the action of drugs in general. We know, also, that the action of the vital force in the system is electric; that currents pervade it everywhere. We know that electric powers are positive and negative, and that one cannot exist without the other. These currents are very similar to each other; they *feel* so much alike that no one, by the mere sense of feeling, can tell the difference. And yet if one meets the other the

action of both is suspended. Now, the point is here. If disease is disorderly action in the vital force, according to the Organon, and if (according to the same authority) there is dynamic force in drugs, the power of each being electrical, the positive element of the disorderly vital action will be suspended or annihilated when met by the negative element of the drug force, or when the negative of the vital is met by the positive of the drug. The force of the drug is also annihilated, since by the scientific law both forces are suspended when they so meet. And thus the medicine which cures the disease is rendered harmless in the very act, provided no more is used than is necessary to meet the disease. This may explain the *modus operandi* of that hitherto unexplained problem. But it proves, in a special manner, *the law of similars*, since the two forces, that of the disease and that of the drug, are so very similar. More might be said here, but I am only giving an outline. I have said more on other occasions. The great sagacity of Hahnemann consists in developing this law and building a system of medicine on it before these scientific facts were known.

I see the law in these principles. But I did not see it here first. I saw it forty years ago in the action of ten drugs, the "provings" of which were recorded in a very little book, which I carried with the drug pellets in my pocket, and gave for the ailments of my family, friends and neighbors, according to the similarities of their respective symptoms,—and have seen it in thirty-five years of regular practice since that time. But since, I see it also in the above immutable laws of nature; it looks clearer and more absolute than before; and the genius of Hahnemann who connected it with the dynamic nature of disease and drugs before these corresponding principles were demonstrated, shines with all the more splendor.

I have intimated that Hahnemann's attempt to explain his law is probably a failure. But his explanation does not seem to be generally understood. It is not simply that the drug disease is stronger in itself and, therefore, overcomes the other and then leaves the patient, leaving us to

wonder why, being more powerful, it should not stay there. This view seems to accord with section 29. But a few remarkable words are there inserted which alter the whole case. Thus: "The weaker similar natural disease" is weaker and therefore overcome, because against it is turned "the instinctive vital force, now only *excited to stronger effort* by the drug affection." Then the same vital force, having overcome the disease under the spur of the drug, turns upon that also and overcomes it, partly on account of its naturally "brief duration." It is not so firmly fixed as the disease, and is, therefore, more readily thrown out. I still think the explanation insufficient, but it is very ingenious and remarkable for the state of scientific knowledge in his day. It is the work of a master. He puts it forth, moreover, simply "as the most probable theory, based entirely upon empirical premises." Give him credit and honor for that.

APIUM GRAVEOLENS.*

W. P. WESSELHCEFT, M. D., Boston.

My attention was first called to this remedy by an article in the "Organon" six or seven years ago, in which Dr. Hering suggested celery for an old abscess near the umbilicus—and which cured the abscess.

The following year, in 1880, a young lady patient came under my observation who, when she ate celery or food flavored with celery seed was afflicted with a most troublesome urticaria, always appearing with shuddering in the parts affected, itching intensely, and changing its location with great rapidity.

Previous to the appearance of the eruption she had great distress and pressure in stomach, which was relieved by the appearance of the eruption.

A few months after this observation a widow of 45 years presented herself for relief from a chronic urticaria, accompanied by intense itching, with rapid change of loca-

*Trans. I. H. A.

tion, and a shudder in the parts affected. I gave her *Apium graveolens* in a very high potency and she has never had a return of the trouble, now five years ago. *Mezereum*, *Calcarea carb.*, *Staphisagria* gave her no relief. After *Apium* she had two slighter recurrences, then no more.

The stinging, itching, accompanied by shuddering, and changing its location when allayed, by scratching is characteristic. The left side of the body is mostly affected.

One of my provers, Miss Miner, who had the characteristic backache aggravated by lying and relieved by rising from the bed, two years later had a return of this peculiar backache while nursing in a case of confinement. She attributed it to over exertion, and the pain became so violent that she was about to give up the case and rest. I gave several remedies with only partial relief, when the thought struck me to ask her if she had eaten celery. She told me she had eaten no celery, but that all the soups prepared in the house were strongly flavored with celery seed and she had daily eaten very freely of this soup, sometimes making her dinner chiefly of it. At the same time the peculiar itching of the body returned, but in a much lighter degree than when under the influence of the potentized remedy. I ordered her to stop eating the soup, but not to give up her case. She recovered entirely of the backache in three days, and will probably never eat celery or celery seed again if she knows it.

I have two additional provings of *Apium graveolens* to offer at this meeting. They are in many respects corroborations of the symptoms which were published a year ago with several new ones added.

It will prove a valuable remedy in some chronic and acute affections of the skin; in throbbing headaches aggravated by slightest motion and relieved by rest, especially if the headaches are left-sided; in backaches aggravated by lying and immediately relieved by rising and moving; in sleeplessness when the loss of sleep produces little fatigue; in toothache of the left molars relieved by holding cold water in the mouth; and probably in some cases of otorrhœa with watery discharge from left ear.

NEW PROVING: DAY-BOOK.

Proving by Miss H. C. Swasey, brunette, tall, muscular, aet. 26; nervous temperament. Formerly suffered much pain during first two days of menstruation, during the last year has been in good health.

April 10. Three drops of the 16th centesimal potency in a half tumblerful of water; took every three hours a tablespoonful for 24 hours.

April 11. Dull, hot, thudding headache on left side extending from frontal region through the back of head on that side. Had this several times during the day lasting from half an hour to an hour.

April 14. Took every three or four hours a tablespoonful of the same solution during the day.

April 15. Several attacks during the day of stinging pains extending obliquely from lumbar region through to navel, each attack of brief duration.

April 16. Stinging itching on scalp, leg, and especially on shin; chiefly on the left side.

April 18. Took the same solution three or four times during day without symptoms following.

April 19. At 2 P. M., stinging, itching first in one place then in another, feet, head, face, hands, abdomen, legs. As soon as relieved in one place by scratching it appeared in another. This continued about five hours.

April 20. Took a tablespoonful of the same solution at 1 P. M. At 2 P. M., painful stinging, itching in whole of left leg mostly in calf and shin, relieved by scratching and rubbing, when it would recommence in another place, extending to abdomen and to right leg.

April 22. Thirty or forty pellets of the cm. potency (Swan) divided in one-half tumblerful of water. Took a teaspoonful on going to bed.

April 23. Took a tablespoonful at 7 A. M., 2 P. M., 5 P. M., and 10 P. M. At 8 A. M., slight stinging pains in right side of forehead. 3 P. M., itching in different parts of body, after scratching, changing location, lasted during the afternoon with slight, dull "diffusive" headache.

April 24. Stinging, itching of legs and feet, constantly

changing location. Stinging headache in back of head, more on left side.

April 25, 8 A. M. Stinging headache all over the head; feels as if fine needles were piercing into the brain; continued for two hours. Later it settled in the front of head and continued till she went to bed, with sense of heaviness of head. During last four nights has slept poorly, awoke frequently but soon went to sleep again and is free from pain. Symptoms were at first almost exclusively on left side of body, later became more general.

Proving by Dr. A. L. Kennedy. Light complexion, blue eyes, yellow hair. Is in good health.

April 28. At 2 P. M., 10 drops of the 16th centesimal. At 10 P. M., 10 drops of the same.

April 29. Awoke about 4 A. M. and missed my pillow from under my head; felt about but could not find it; knew I had lain my head upon it on retiring. Got up and struck a light and saw the pillow (as I thought) at the side of the bed by the wall. Blew out my light and lay down again, at the same time reaching for the pillow in the direction where I had seen it lying; *I could not find it* and then arose and again struck a light and saw the pillow lying in an entirely different part of the bed from its former position. Slept well till morning. At 9 A. M., took 10 drops of the same potency. Had two stools, one in morning (usual) and one at 5 P. M. (unusual), both natural. During the day felt soreness of scalp at a point near and to the left of the junction of the sagittal with the coronal suture. Found on examination two or three small pimples, reddish in appearance. At intervals of two or three hours slight transient pains in pit of stomach.

April 30. Retired late (at 1 A. M.) and slept well. Soreness on scalp nearly gone. Felt once or twice only the pain in pit of stomach.

May 4. 10:30 A. M., took 10 drops of the 16th. Increased appetite for lunch at 1 P. M. Very hungry in the evening at 11 P. M. At 11 P. M., took 10 drops of same.

May 5. At 9:30 P. M., took 10 drops of same. Just

previous to this (about 9 P. M.) felt dull pain at apex of heart (have had it before), relieved by pressure and rubbing with the hand. Lasted ten minutes. At 10:15 P. M., while sitting reading, felt the transient pain at pit of stomach.

May 6. At 7:30 P. M., took 10 drops of 16th cent. At 9:30 P. M., while walking slowly in the street, felt the dull pain in region of heart *not* changed or relieved by pressure or rubbing. Lasted half an hour. Passed away after entering my office and sitting down.

May 7. Had a loose stool at 7:30 A. M. At 10 A. M., took 10 drops of the 16th centesimal, and the same at 4 P. M. Felt this evening slight recurrence of the pain in region of heart with an uncomfortable feeling in pit of stomach not amounting to pain. Rumbling in bowels with a feeling as if for stool, passing away with emission of flatus. 11:15 P. M., dull pain in *left* upper molars, relieved by holding cold water in the mouth.

May 17. At 11 P. M., took 10 drops of 16th centesimal and immediately went to bed. In about ten minutes felt pain in cardiac region while lying on back, relieved by turning on right side.

May 18. Slept very well last night, but with very vivid dreams. Awoke and heard clock strike at 4 A. M.; seemed to be wide awake and mind active. Thought of the remedy and wondered if it was the cause of my waking. Was awakened again at 6 A. M. by a slight noise, and did not sleep again. Deafness in both ears (partial) as from a cold or accumulation of cerumen. At 10 A. M. and 6 P. M., took 10 drops of 16th centesimal. At 9 P. M., while sitting quietly in my office, sudden call for stool and a natural stool followed. Immediately after stool dull, frontal headache which was relieved after walking a little in the open air. At 11 P. M., took 10 drops of 16th centesimal.

May 26. Have had partial deafness of both ears since the 18th inst. Took a dose of Pulsatilla four days ago thinking it might relieve. Right ear soon recovered its normal condition, but the *left* has been, and is still, very troublesome. The affection seems to be a congestion of

the middle ear, as the tuning fork held to head is very distinct in left ear. There is an abundant secretion of cerumen. At 6 p. m., took 10 drops of 33rd centesimal. At 8 p. m., strong inclination for stool. Not yielded to, it soon passed away with loud rumbling of wind in bowels. At 11 p. m., took 10 drops of 33d centesimal.

May 27. At 1 p. m., took 10 drops of 33d centesimal.

May 28. For last two nights have had (latter part of night or towards morning) griping pains in abdomen when lying on left side, relieved by lying on right side. Left ear remains about the same as on the 26th. For two days have had less frequent urination with decrease in quantity. A lame, stiff feeling in lumbar region for the past two days. 5 p. m., left ear troubles me much with over secretion of wax. Hardness of hearing, alternating with normal acuteness. Conscious of a *sense of pulsation in ear, but no pain or soreness.*

May 31. For two or three days have had an otorrhœa from left ear. Discharge thin, watery, no pain or soreness, and now very nearly normal hearing. (Have taken no medicine since the 27th inst.)

June 1. Otorrhœa has continued about the same. Is very troublesome. Took a powder of Sulphur cm.

June 2. Otorrhœa much the same. Took another dose of Sulphur cm.

June 3. Very little discharge from ear, hearing better.

June 4. No otorrhœa. Hearing normal.

PROVING OF APIUM VIRUS, CRUDE.*

E. W. SAWYER, M. D., Kokomo, Ind.

W. H. G., age 36. Nineteen years ago was stung by honey-bees, one sting in temple and the other on neck over jugular vein. He went across the room to a glass to pick out the sting, but became blind before he reached it—a thick smoke seeming to hang before his eyes; he was weak and faint, and could not speak loud enough to be heard

*Trans. I. H. A.

across the room; his face was so swollen that he could not open his eyes for two hours,—the face being swelled even with nose, and the swelling white. He went to bed at once.

Half an hour after being stung, camphor and turpentine were put on him; he vomited green, slimy stuff for half an hour, and those who saw him said he would never be paler when dead. He wanted air, and had to be fanned all the time. In two or three hours after he was all right.

Ever since that time eating strawberries causes him to break out all over with an eruption like measles, sometimes in fifteen minutes after eating them; there is also a heaviness across the lower part of the chest as though smothering. Must get into the open air when he has any of these troubles.

After eating the berries he can not scratch enough, or fast enough. It is the worst kind of itching and burning, generally lasting from an hour to an hour and a half, then eruption disappears.

Since the stinging, eating raw onions causes the same feeling across his chest, and he is likewise obliged to get into the open air after eating them because of the suffocative attack.

VERIFICATIONS.*

D. C. McLAREN, M. D., Brantford, Ont.

ACONITE.

MIND.—Fear of death. Anxiety and restlessness after fright—after a fit of rage.

EYE.—Foreign bodies in the eye, both before and after removal, relieves the pain wonderfully.

EAR.—Music unbearable, makes her sad. (Tarantula: Music makes him sick).

APPETITE.—Burning thirst, but everything tastes bitter except water.

ABDOMEN.—The colic forces him to bend double, but this position gives no relief. Greenish diarrhoea with chilliness, though abdomen is hot to the touch.

* Trans. I. H. A.

FEMALE.—Cessation of menses from colic, with *agonizing pain in stomach which is not relieved in any position*; must lie down with it.

PREGNANCY.—Fear of death; says she won't survive the labor. (Never neglect to give Aconite at the slightest appearance of this symptom, it is such a boon to woman.) Agonizing labor; "can't stand another pain."

ARMS.—Numbness of left arm and tingling of fingers, frequently in heart and chest affections; once in a case of cerebral apoplexy following a fit of anger—the man recovered from several attacks but eventually died of cerebral softening.

ACTÆA RACEMOSA.

Is very useful for *false labor pains* a few days or even weeks before term. Shivering at commencement of labor. This remedy has been much abused from its popularity as a producer of easy labor, but it is of no use unless indicated by false labor pains.

ÆTHUSA.

The child vomits milk and curds soon after nursing, then drowsy and weak. *Alarming convulsions*—though already moribund, Æthusa will save the child.

AGARICUS.

Burning itching of the eyes, especially at the angles.

AGNUS CASTUS.

Gonorrhœa and gleet, with relaxed penis and want of desire.

ALUMINA.

Constipation of infants; very useful.

ANTIMONIUM CRUDUM.

Old people and young children. Emptiness in stomach and bowels relieved by eating. Much belching. Corns on soles of feet. In one case it produced a feeling of intoxication, similar to that of alcohol, so that the patient refused to take any more of it. The provings also show

an intolerance of wine. A leading symptom in old people is "stomach weak, digestion easily disturbed."

APIS.

Erysipelas of right arm threatening the head. Child screams out every few minutes during sleep. Constipation, no passage for six days. Apis 200 cured promptly. Burning, stinging pains in the eyes, with profuse burning, stinging tears. Dentition: gums protrude over the coming tooth and look watery. Diphtheria: the membrane is swollen with water and the whole throat has much the same appearance, with burning, stinging pains. Female: ovarian troubles, generally right side; ankles and feet waxy and swollen.

ARNICA.

Both transient and lasting effects of blows, injuries and falls. Give a high potency and let it act for weeks. After concussion, its exhibition should be followed by vomiting. Apoplexy. Toothache in right upper molars. Soreness after filling, and bleeding and pain after extraction. Cough during sleep which does not awaken. Feeling of beaten soreness all over, after hard work, walking or running.

ARSENICUM ALBUM.

Fear of death and agony, a worse and more real fear than that of Aconite; the patient leaves his bed, if strong enough, roams about the house or out of doors at midnight, or tosses wildly on the bed. Wants hot water for hands and feet which are so cold, and cold water to drink for the burning at his stomach. The drink aggravates him and he generally vomits soon. Towards morning is more restful and sleeps some, but is greatly prostrated. Attacks of neuralgia, with swelling of the part. One case, neuralgia of right hand used to waken him at midnight. He would stamp round the house, drinking whiskey and holding the hand in boiling water for a little relief. At 5 o'clock would be able to go back to bed. Arsenicum 200 effected a cure. In retention of urine, Arsenic frequently saves the catheter. Curative effect: brings on the delayed menses.

ARUM TRIPHYLLUM.

Hoarseness remaining after a cold, aggravated by talking or singing.

AURUM METALLICUM.

So weak and nervous from financial troubles that he cried like a child during sleep. Suicidal mood.

BELLADONNA.

Pain in sacrum or low down in back, so bad she could not sit without a pillow. Intolerable bearing-down like labor, causing involuntary micturition. Children wet the bed when allowed too much sugar. (Many of these cases cannot be cured without stopping the use of sugar). "Jarring" aggravates; if in doubt whether to give Belladonna, push the bed suddenly and the patient will cry out; this is always a safe indication.

BERBERIS.

Bubbling feeling in the kidneys and other parts of the body.

BORAX.

Babes: hot head, hot mouth and hot palms; startled by slightest noise, even when asleep. Child cries and clings to nurse or cradle; worse in open air and riding. Borax 200 relieved and Borax mm. (Swan) cured a case of spasms in a child with the indication of grasping or clutching its mother during the seizure.

BRYONIA.

Headache or neuralgia, left side of head and face; better from hard pressure and cold applications; worse, stooping and moving. Head greasy, scalp very tender to touch. Painful tenderness of eyeballs. Colds, rheumatism, diarrhoea, etc., on first warm days.

CALCAREA OSTREARUM.

Has cured for me two cases with the characteristic symptoms: "Fears she is going crazy," and "feels much better when constipated." Easily excited; profuse menses. Cold, damp feet. Easily chilled and takes cold easily. Suppressed hemorrhoids.

CANTHARIS.

Frequent urging to urinate, day and night, with pain at end of penis.

CAPSICUM.

For several days after dinner, water-brash with hot, red cheeks.

CARBO VEGETABILIS.

The patient is exhausted by long sickness; breathing quick and labored; face flushes easily; tongue red and slimy; offensive flatulence and diarrhoea; pain and burning in stomach; belly swollen with flatus; feet and ankles cold to the touch. In badly managed pneumonia or bronchitis, Carbo vegetabilis will cure. In cancers and phthisis it will relieve the suffering and frequently prolong life.

CAUSTICUM.

Cough relieved by a swallow of water. Cough attended by involuntary urination. Epileptic seizures during sleep with involuntary urination.

CINCHONA.

Any and all losses of fluids. Headaches, debility and other complaints from bleeding, from nursing and sexual losses.

COCULUS.

Tingling of the hands and paralytic trembling. Once when administered for a case of impending paralysis it greatly improved the condition of an old hernia the patient had neglected to tell me about. Bad effects of tea drinking.

CUPRUM METALLICUM.

Cramps or spasms beginning in hands and feet and extending to the belly; great suffering, groaning and screaming.

DULCAMARA.

Bad effects of a wetting with aggravation in wet weather. One dose cured a case of left facial paralysis following neuralgia, the eye having remained open continually for eight months. Slight aggravation at first, then in two

weeks improvement began and continued steadily. Red rash with itching, worse in damp weather.

GELSEMIUM.

A painful paralysis of legs; can hardly walk--generally in women and of nervous origin. Shaking and trembling from chill or nervousness, better if some one holds her tightly.

KALI BICHROMICUM.

Headache, preceded by blindness. Left upper maxilla sore and painful, with catarrh or neuralgia. Feeling of plug in anus. Too frequent urging to urinate, with feeling as if a drop remained. After gonorrhœa an occasional stringy discharge.

LILIUM TIGRINUM.

Delayed post partum recovery. Lochia offensive, excoriating and the urine causes great smarting; is very much afraid she won't get well at all.

LYCOPODIUM.

Hair turns grey too early. Headaches worse from 4 to 8 p. m., and chronic constipation, after using cathartics for years. Flatulence and belching without relief; too frequent urination. Red sand in urine. Gall stone, with tenderness over region of liver, and fanning motion of *alæ nasi*. After effects of fevers (also *Psorinum*). Glandular swellings.

NATRUM MURIATICUM.

School girls' headache. Desire for salt (toothache). Cold sores around the mouth. Feeling of a hair on the tongue. Infantile hernia, thin, emaciated, crying, sickly baby, with eruptions on face; found accidentally that it relished salt, and a dose of *Natrum* cured the hernia and made it strong and healthy; soon after it began to show signs of talking. Afraid of robbers at night. Vivid dreams--greatly impressed by them even after waking. Weak back and backaches. Stoops easily, but straightening up is painful. Often the most comfortable position is slightly stooped. Must lie flat on something hard.

NITRIC ACID.

Syphilis. Frequent urination, smelling like a horse's. Black scabs form on the sores on his legs. Chancre on inside of prepuce. Nitric acid 5m., one dose brought on profuse gonorrhœa and cured the case. The man had also infected his wife, who required Sulphur in addition to the Nitric acid to affect a cure.

SEPIA.

Headaches of right side, better lying on painful side, better after sleep, and caused or aggravated by sexual intercourse. Moth patches on chest; yellowness of face, especially forehead and nose.

TABACUM.

Seminal emissions. In one case, failed to cure till the young man stopped the use of tobacco. Tabacum 200th, one dose, then made a great change in his health.

ZINCUM.

Leucorrhœa, with much itching; pain in left ovarian region only relieved by the menstrual flow.

BAPTISIA: FRAGMENTARY PROVING.

C. B. GILBERT, M. D., Washington, D. C.

Miss C——, aged 43. Short; dark hair; large head; mild disposition; intellectual. Subject to menstrual headaches; tender spot in spine between shoulders.

Friday: One teaspoonful of Baptisia tincture in half a glass of water. Result: Sensation of being enlarged in head and limbs; feeling of lightness and strangeness; shuddering, rather than shivering.

Saturday: Awoke feeling better; put one teaspoonful of Baptisia tincture in half a glass of water and took one teaspoonful of the mixture instead of the whole spoonful of the drug, and went to church. Result: Came home with headache and miserable feelings; took no more.

Monday: Headache and miserable feeling on rising; during the day, chills, sore throat (left side), with sharp,

shooting pains; fever, headache, bitter mouth, indigestion; fever grew higher, and she grew sicker all day and night. Took Aconite and Bryonia all night.

Tuesday: Headache on right side when waking, but in general better; throat intensely sore, swollen, and painful to outside pressure. Took Belladonna and Mercury, with good effect. A week later her throat was still a little sore, and she suffered constantly from indigestion. The prescription was that of a New York City eclectic, who was astonished at the result!

HYDRATE OF CHLORAL.*

SAMUEL SWAN, M. D., New York.

(The following notes are from provings, poisonings and clinical experience, and will be useful in showing the direction of the drug's action.)

MENTAL AND SENSORIAL.—Delirious excitement with great debility. Pulse 120, feeble, compressible.

Anæsthesia is produced after passing through a stage of excitability, sometimes continuing for hours.

Entire collapse of nervous energy.

Power of volition lost.

Great emaciation.

Extreme restlessness.

SKIN.—4th day. Bright-red blush, erythematous in aspect, but *permanent under pressure*, over the head and shoulders.

6th day. This blush had pervaded the whole trunk and limbs, and had become mottled with livid patches and deep-red spots.

The lips and buccal mucous membrane had contemporaneously become red and raw-looking; the gums spongy, and the tongue blistered and ulcerated in several places.

9th day. Ulcerations in mouth have become more extensive and distressing.

*Trans. I. H. A.

11th day. Arms of a red color speckled with shreds; white, dead epidermis partially separated from the subjacent cutis.

Lips covered with sordes and dried blood.

15th day. General desquamation, the cutis being raised in thick round patches like blisters, from which the serum had been absorbed, the skin beneath being of a purple color, and in some places yellow.

(After 15 grains daily for 19 days these appeared on the skin.)

19th day. Numerous reddish purple spots or blotches around the left elbow, which, on the 20th day, had enlarged and united with others of a similar kind which had come out on the shoulders and forearm.

21st day. Livid marks broke out on the face, while the left arm had become swollen and indurated, and showed on its red surface a mass of minute points, or stigmata, of a much deeper red, permanent under pressure.

22d day. Purple spots and discolorations, some small and circumscribed; others large, regular in shape on legs, abdomen, and back, being restricted on the latter to a band two inches in breadth, along each side of the vertebral column. With these were great prostration of strength, a tendency to somnolence, weakness and irritability of pulse, rawness of lips which were entirely denuded of their epithelium, and a fissured and deeply coated tongue.

24th day. Spots and discolorations had spread in every direction, less vivid and of a deep purple tinge, with symptoms of pulmonary congestion.

Decubitus after its use. (Reinart.)

Clinical.—Large, greenish colored decubitus at base of spine, disappeared after its use.

Herpes circinnatus in various places after its administration for tetanus. (Helmuth.)

Urticarious eruption—erythema and erysipelas of the face. (B. W. James.)

Acute purpura.

Extensive pruritus of the whole cutaneous surface of the

the upper outlets of the body, during pregnancy. (*British Medical Journal*, Sept. 21, 1872.)

SLEEP.—After 200.—Heavy sleep with loud snoring in any position.

When lying on the back the breathing was stertorous.

After tincture.—Gaping. Snoring.

Tendency to somnolence in chronic poisoning.

Yawning and sighing after Hydrate of Chloral in tetanus. (Helmuth.)

FEVER.—Bright-red erythematous blush all over; with pulse 120.

The temperature of the body is considerably lowered.

HEAD.—After tincture. Headache and restless after the first sleep.

Some frontal headache after 72 grains.

Burning pains in the head and eyeballs.

EYES.—Eyeballs roll up.

Pupils contracted—react to light—case of poisoning.

Injection of conjunctiva, contraction of pupils.

Pupils dilated after 72 grains.

Eyesight becomes dim and weak.

Congestion of the globe.

Swelling of the lids.

Partial paralysis of the lids.

Temporary ptosis.

Burning pains through the eyeballs and head.

NOSE.—Snoring during sleep.

FACE.—Livid marks broke out on face.

After 55 grains. Face flushed.

After 72 grains. Face flushed bright red.

Face pale.

Poisoning.—Paleness of face with great malaise.

Face cyanotic.

Clinical.—Sensation of a hair on nose and cheeks, obliging him to scratch, when it would appear in another place.

Disappeared after Chloral Hydrate.

GUMS.—Are spongy.

MOUTH.—Lips and buccal mucous membranes are red and raw looking.

6th day. Tongue blistered and ulcerated in several places.

Breath fetid.

9th day. Ulceration of mouth more extensive and distressing.

11th day. Lips covered with sordes and dried blood.

22d day. Rawness of lips which had been entirely denuded of epithelium, and fissured.

Deeply fissured and coated tongue.

After 72 grains. Foams at the mouth.

Holds mouth wide open while breathing.

Lividity of lips.

Tongue pressed backward.

Lower jaw hanging down.

Tongue lies far back in the mouth.

STOMACH.—*After 55 grains.* Slight retching.

After 72 grains. Severe retching.

Poisoning. Tendency to vomit and faint.

After 200. Sensation of emptiness in stomach shortly after eating. (Verified.)

ABDOMEN.—*Clinical.* Dropsy of cellular tissue of lower abdomen, extending like a large hard roll all round the body. Relieved and disappeared after Chloral 200.

URINARY ORGANS.—*Clinical.* Urination in bed after its use.

Urine nearly suppressed, passing with great difficulty and pain about a tablespoonful once in 24 hours, of turbid, slimy, bloody urine.

After 200. Frequent, profuse, watery urine, gradually growing dark as Rhine wine.

Complete strangury after Hydrate of Chloral in tetanus. (Helmuth.) Incontinence of urine of six years' standing cured in 15 days—15 grains. Second case cured in five days with one-third grain dose. (*Lancet*, Oct. 26, 1872.)

FEMALE SEXUAL ORGANS.—*After 55 grains.* Meneses which had ceased re-appeared after eight days. Tolerably profuse; light red. Also on each of the two succeeding days.

Clinical.—Anasarca of the vulva which became very large, semi-transparent, and ulcerated on the outer edge of right labia. Relieved after Chloral 200.

CHEST.—It modifies the rhythm of the cardiac impulses, and renders the movement of the diaphragm progressively slower. Respiration difficult, holding the mouth wide open with a rasping, saw-like sound, while breathing.

After poisoning. Collapse and decrease in the frequency of respiration (even as low as four in a minute).

Pulse, in the beginning full, decreasing in frequency, finally again accelerated, small, hardly to be felt.

Clinical.—After 200. Violent palpitation of the heart, with regurgitation and sensation as if it turned over, with very labored action of the lungs, and a sensation as of the fluttering of birds in the chest.

After 200. Sense of weight and oppression on the sternum, at night, making an expiration easier than an inspiration.

Laborious respiration, with occasional deep inspirations and sighing expirations.

Stertorous breathing, with loud snoring during sleep, without regard to position.

When lying on the back the face was flushed, and the expiration was blown through the lips like apoplexy.

Sensation of fulness of the chest, as if all the tissues were hypertrophied.

Respiration sometimes ceases entirely for a moment, the face becomes cyanotic and the tongue lies far back in the mouth. (Relieved by drawing the tongue forward, or turning patient on face so that the tongue falls forward.)

Clinical.—Excessive dyspnoea, and attacks of spasmodic cough.

Violent palpitation of the heart. Could be heard at three feet distance, with extreme dyspnoea, producing a noticeable indrawing of the soft parts of the neck and chest at each inspiration. (Relieved with one dose of 10m dry on tongue.)

Aggravation of pain for about fifteen minutes, and a *sensation of heat in the cardiac region*—not previously experienced. Pain disappeared in half an hour, being much sooner than usual. Failure of the heart's action and death from entire collapse of the nervous energy.

BACK.—*Clinical.* Decubitus, large, greenish spot near lower part of spine.

Decubitus from internal use of Chloral, especially when accompanied with sub-cutaneous injections of Morphine. Also on places exposed to slight pressure.

Erythematous blush on entire trunk and limbs, which ultimately became mottled with livid patches and deep red spots.

Purple spots and discolorations along each side of the vertebral column about two inches in breadth. (After 20 grains three times a day.)

UPPER EXTREMITIES.—5th day. Bright-red erythematous blush permanent under pressure over the chest and shoulders first, then over the entire trunk and limbs.

6th day. The surface became mottled with livid blotches and red spots.

11th day. (See Skin.)

Pains resembling rheumatism in the limbs.

LOWER EXTREMITIES.—Eruption of spots. (See Skin.)

Difficulty of co-ordination.

Weakness of lower extremities.

Cramps in calves.

Clonic contraction of muscles of legs.

Clinical.—While under Chloral during an operation for rupture of perineum, the left leg was spasmodically straightened and rigid, the sole of the foot was arched, the heel and toes pointing downward.

Clinical.—Anasarca of the lower limbs with œdema, inflammation and ulceration of the upper and under surfaces, with black crusts on the ulcers, under which was yellow creamy pus, while from the under side dropped continually ice-cold water. This condition disappeared under the action of Chloral.

Generalities.—Great prostration of strength, a tendency to somnolence.

Weakness and irritability of the pulse with eruption.
(See Skin.)

Feeble doses excite the sensibility.

Large doses progressively diminishes it until complete anæsthesia.

When anæsthesia is produced the patient always passes through a preliminary stage of excitability. This excitement may continue many hours, but will invariably result in anæsthesia.

NOTES ON MATERIA MEDICA.*

E. B. NASH, M. D., Cortland, N. Y.

Last year I reported some observations and verifications on *Pulsatilla*, *Staphisagia*, *Iris*, *Caulophyllum*, *Melilotus*, *Eupatorium purp.*, *Baryta carb.* and *Kali nit.*

Dr. C. C. Smith, in Vol. VI., *Hom. Physician*, offers some notes on *Melilotus*, giving symptoms which he says—"in practice I have thus far found reliable." Thus we accumulate testimony of the value of this remedy. We would add this year the following:

INDIGO.

Daniel Nye, over 70 years of age, a very active, hard working man, gradually gave out and became unable to work, with the following symptoms: Felt very weak; stiffness all over, especially right side, arm and leg. Pain in right hip running down leg. Felt the stiffness and dull aching all over but especially in the right side; all were felt more when beginning to move after resting; can hardly turn over in bed; is so stiff as to be almost helpless. Feels very sad and discouraged. Thinks he is partially paralyzed on right side. Appetite poor; stomach distressed if he eats more than just a little; distress in stomach comes on four or five hours after eating.

*Trans. I. H. A.

The pains in the limbs are decidedly aggravated after every meal.

The last symptom seemed to be peculiar and characteristic. After giving Rhus, Lycopodium and several other remedies, with no good result, diligent search was made for a remedy to cover this peculiar symptom. It was found in the provings of Indigo, Symptom 434, Allen's Encyclopedia. Further comparison found strong resemblances under the same remedy to the other symptoms, but this *one exactly covered*. Indigo cured the man promptly, who was notwithstanding his advanced age, able to resume his business. He had been sick some four or five months.

MOSCHUS.

Mrs. P——, a young married lady, medium size, ruddy complexion, dark hair and blue eyes. Has been subject to frequent attacks of sudden dyspnoea with violent cough. The attacks of dyspnoea were so severe that her friends feared she was dying or would die in some of them. The attack would begin with severe coughing, when the chest would seem to fill with mucus, with great rattling when breathing, causing the dyspnoea, and relief came only after vomiting large quantities of thick mucus. These attacks came on frequently, but were especially and invariably brought on by her going out to walk or ride in the open cold air. Ipecac., Arsenic, Hepar and some other remedies were used but failed to give permanent relief. After a very careful search for the last symptom which seemed peculiar and characteristic, I found under Moschus in Curries' old Jahr, "*cramp-like and suffocating constriction in the chest, especially after taking cold;*" and in Lippe's text-book, "*suffocative spasmodic constrictions of the chest, especially as soon as he becomes cold.*" One powder of the 200 relieved her promptly and permanently.

TARANTULA CUBENSIS.

John Knapp, age 55, dark complexion and hair, blue eyes, spare. While on a visit away from Cortland (his home) was attacked with what his homœopathic doctor there called erysipelas. It was a swelling located just

above the ankle-joint. It was extensively swollen, was very painful, and for a time it was feared he would lose his leg if not his life. Under the care of his physician there he improved slowly until he was able to come home. He tried to hobble about on crutches and perform his duties as night-watchman in a factory, but was soon taken worse and was laid up entirely. The swelling increased, suppurated and when it finally discharged I found quite an extensive caries of the tibia, near the lower end. The swelling and induration of the tissues had extended down over the joint and top of the foot rendering motion almost impossible. The usual remedies such as Hepar, Silicea and several others, that I do not remember now, brought no improvement. On account of the intense and persistent burning pains, and the blue appearance of the skin around the sore, I now put him upon *Tarentula cubensis* 6th, the only preparation I had. The effect was magical. The burning ceased immediately, and the ulcer healed, caries and all, and he has had perfect use of his limb ever since, now three years.

Mary D. Nye, maiden lady, short, stout built, light hair and blue eyes; had a felon upon the first joint of left thumb. With poultices applied before she came to me she walked the floor in agony, especially nights, the pain was so severe. Under *Belladonna*, *Hepar*, and *Silicea*, as they seemed to me indicated the case went on to suppuration. The discharge of pus brought no relief of the pain, but the effect seemed to extend to the palm of the hand which swelled and pointed as if about to break there. The poor girl begged for something to stop the pain and allow her sleep. "it seems as though my hand is on fire," she said, "and worse nights; can not sleep a wink." She was very weak. I gave her *Arsenicum*; no relief. I ought to have been ashamed of myself. The skin as well as the sore was dark bluish except where the poultices had bleached it. I say I ought to have been ashamed of myself after my experience with *Tarantula* in Knapp's case, but that was some time before. Now I thought of it, and gave it in the sixth. Patient went home and slept for the first night in two

weeks, and slept every night after it. The thumb looked as though it must come off at the first joint anyway; but it did not and she soon had a good hand, thumb and all.

PHYTOLACCA DECANDBA.

In Vol. IV, page 35, *Homœopathic Physician*, appeared an article by Wm. J. Guernsey, M. D., entitled: "What I Know about Phytolacca." I wish simply to say that I have several times corroborated his experience with this remedy in the treatment of sciatica. The pain is in the hip, runs down the outside of the thigh, and is aggravated at night and especially after sleeping. I found in one case of mine, where the aggravation of the pain after sleep was so marked, and upon the left side, that I gave Lachesis, but without benefit. I have used it in the cm. (Fincke.). Guernsey used it in the 50m.

VERATRUM VIRIDE.

Mr. Smith. Middle aged, dark hair, eyes and complexion; a hard working grocery-man. After a good night's rest awoke in the morning feeling well, but when he attempted to arise was seized with severe vertigo and had to lie down immediately. This was soon followed by retching and vomiting. The dizziness, nausea, and vomiting were all aggravated by rising up in bed; or turning upon the left side. Substance vomited, simply mucous. Very pale and distressed just before and during the attacks of vomiting. Ipecacuanha and Bryonia brought no amelioration. Veratrum viride 30th in water, a teaspoonful after every vomiting spell, cured. Only vomited once after taking it. This seems to verify symptoms 13, 14, 16, 17, 18, 148, Allen's Encyclopædia.

Markham, aged 35, dark complexion, hair and eyes; phlegmatic temperament, now suffering from secondary syphilis which was contracted about three years ago. All the manifestations have so far been upon the skin, in the throat slightly, and in the bones. All at once these manifestations disappear and his bowels begin to pain him. They become obstinately constipated; he vomits bilious looking matter every few hours. Several remedies have

been used to no purpose. In desperation, thinking that a movement of the bowels would relieve all the troubles he resorts to a dose of castor oil. One or two movements followed but no relief; the suffering remained, and so far as the constipation is concerned, the last state of that man is worse than the first.

After two weeks of this state of things I visited him in the morning. "How did you get along last night?" "Oh, very well until after one short sleep, then the pain was as bad as ever; no rest the remainder of the night." I then learned that he was worse after sleep at any time, day or night. *Lachesis*, 200. The bowels moved every day afterwards. The vomiting ceased, appetite returned, and he was soon better in every respect. The skin symptoms never returned, neither the nodes on the bones; but one testicle that had been swollen before did swell again, and remains so at present, although it is growing gradually softer and smaller.

One year after the above attack there was a return of the vomiting and pains in the bowels with constipation; *Lachesis* did not relieve it. Why? The pains were *not* worse after sleep, but they were very severe, obliging the patient to lie upon his side with limbs drawn up; worse at night and relieved only by hot applications. He described them as clutching or cramping pains. *Arsenicum*, *Colocynthis*, and some other remedies failed; but *Magnesia phos.* 6th relieved the whole business, and it remains relieved to this day.

REMARKS.

The Indigo case looks like the confirmation of a symptom never before confirmed. A more complete repertory would greatly facilitate the selection of the curative remedy, and the choice would oftener fall upon remedies not yet clinically known. The work of verification of remedies, already fairly proven, is a great one, and ought to receive more attention than it does. *Veratrum viride*, one of the most neglected remedies in our *Materia Medica*, is nevertheless a power for good when we come to understand it as we do some of our polychrests.

The Moschus case seems to be a flat contradiction of the opinion of Dr. Hughes that all these strong smelling hys-teric remedies must be given in doses strong enough to smell in order to get their best curative effects.

Tarantula cubensis is certainly a wonderful remedy, and deserves a proving. The metals, salts, animal and insect poisons when subject to our process of development, become the most powerful and efficacious of therapeutic agents.

Some have thought that the Phytolacca must be given internally and applied locally to be efficacious. The more we experiment with and apply it according to law, the more we become convinced that the truly homœopathic agent, no matter what its name, is governed in its best action by the same invariable and fixed principles.

The Lachesis case is another corroboration of that much derided symptom or modality "worse after sleep." For it relieved a condition connected with that peculiarity while it did *not* remove in the same patient, a year later, a similar set of symptoms *not* so connected. The with's, by's, and's, ameliorations, and aggravations are of the greatest importance to the Homœopath, and no therapist *recognizes* it so well as he.

MUSIC: AS IT AFFECTED THE PROVERS.

H. C. MORROW, M. D., Sherman, Texas.

Aconite.—Gayety, with inclination to sing and dance. Music is unbearable; it goes through every limb and makes her sad.

Adelheidsquelle.—Much trilling and tra-la-ing, which formerly she never did.

Agaricus.—Patient sings and talks, but makes no answer when questioned.

Anantherum.—Gay humor, with disposition to laugh and sing.

Apis.—Performed all his antics, singing and dancing.

Asclepius tub.—Dreams of trying to sing political songs in a very loud voice, in spite of spies being present.

Belladonna.—Singing during sleep. Mania, in which the patient was often very merry; sang and shouted.

Cannabis ind.—He hears music of the sweetest and sublimest melody and harmony, and sees bards with their harps, who play as if it were the music of heaven.

Capsicum.—Is jocose and sings.

Carbo veg.—Music, of which he is usually fond, does not interest him the whole day.

Carbon bisulph.—Cheerfulness and inclination to sing.

Causticum.—Peevish, irritable, takes no pleasure in music.

Chamomilla.—Heaviness and fullness of whole body, from playing piano; cannot bear music.

Chloroform.—Sang comic songs; could scarcely be persuaded to leave piano; would have continued playing all night if permitted.

Cicuta.—Aberration of mind, singing and shouting.

Cocculus.—Irresistible inclination to sing and tra-la; a kind of mania.

Copaiba.—Bursts into tears on hearing sound of piano.

Crocus.—Sings involuntarily on hearing even a single note sung; laughs at herself, but soon sings again, in spite of her determination to stop. Sings in sleep.

Cotyledon.—Great liveliness; inclination to sing and be happy.

Cuprum met.—Attacks of craziness with merry singing.

Hydrastis.—Felt happy and wanted to sing.

Hydrophobinum.—Sang more than usual, but did not feel at all merry; singing involuntary.

Hyoscyamus.—At intervals he would sing, and at times he would burst out laughing. Sings amorous and obscene songs.

Hypericum.—Sang in her sleep.

Ignatia.—Fixed ideas, as for example of music and melodies, in the evening before and after lying down. Music agreeable. Insensibility to music.

Kreosote.—Music makes her weep.

Lobelia card.—Disposition to sing while walking.

Lycopodium.—Sadness when hearing distant music.

Mancinella.—Cheerfulness; desire to sing.

Magnetis arc.—Sings in the evening during sleep; wakes by her singing; recollects that she ought not to sing; falls to sleep again, sings a second time and is again waked by her singing.

Marum ver.—Almost irresistible inclination to sing.

Mercurialis.—Lively mood, inclined to sing and laugh.

Merc. jod. flav.—Feels very lively; whistles and sings.

Mercurius sol.—Extremely averse to everything, even music.

Myristica.—Much vexed by a song which keeps running in his head, which he cannot get rid of.

Natrum carb.—Great inclination, and singing to himself, half aloud for several days.

Natrum mur.—Though out of humor all day, constantly obliged to sing and hum.

Natrum sulph.—Music affects her very much; it makes her melancholy and feel like crying, although it was merry, dancing music.

Nux vomica.—Music makes him irritable.

Petiveria.—He laughs and sings all day.

Phosphorus.—Patient became very much confused in mind; sang and cried aloud.

Phosphoric ac.—Singing in sleep.

Platinum.—Involuntary inclination to whistle and sing.

Sabina.—Music intolerable; it penetrated the marrow of her bone.

Salicylic acid.—Patient thought he heard music; the sensation repeatedly woke him from sleep.

Sarracenia.—Dreams of music.

Sepia.—Greatly inclined to sing. Much affected by piano playing.

Spongia.—Irresistible desire to sing with excessive joyousness.

Stramonium.—When others sang she commenced to dance. In a state of mania, shouts with laughter and sings. Delirium. Sang melodies in a perfectly correct manner. Sings and utters obscene things.

Sulphurous acid.—Some were singing and some praying.

Sumbul.—Irritability and agitation from harsh music in the evening.

Tarentula.—Great excitement caused by music. Singing until he becomes hoarse and exhausted. Music charms and pleases; keeps time with his head, trunk and limbs; cheers up, amuses and relieves.

Theridion.—Very joyous; he sings, although internally head is hot.

Thuja.—Weeping, and trembling of the feet, during music. Cannot endure soft, pensive music without spasm of the heart.

Veratrum alb.—She clasps her hands over her head and sings. He sings and trills very joyously at night.

Viola odor.—Aversion to all music, especially the violin.

THE EPIDEMIC REMEDY.*

DR. MED. KUNKEL, Kiel, Germany.

The epidemic remedy is more particularly *Carbo vegetabilis*. Entirely different forms of disease indicate it at present, for example, emetocatharsis, laryngeal catarrh, diphtheria, gastric catarrh. Two cases of diphtheria where the disease had already reached the larynx were quickly cured by this remedy, with profuse secretion of mucus and expectoration of the false membranes. Even without epidemic indication this drug may be indicated in many cases of diphtheria, as it has already repeatedly done me good service in many cases of this disease.—*Allg. Hom. Zeit.*

IN disease, women frequently have the habit of placing their hands over the head in sleep; for this condition several remedies are indicated. The most prominent of which for women is *Pulsatilla*; and for a similar condition in men, *Nux vomica* is the most prominent. When the asthmatic conditions or dyspnoea are combined with the placing of hands under the head, sleeping or waking, then give *Nux vomica*.—H. N. MARTIN.

*Translated by A. McNeil, M. D., San Francisco.

GYNECOLOGY.

LYCOPODIUM.*

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

On the 12th of August, 1881, I was called to see a patient who was suffering with a fibroid tumor of the uterus. I found her aged about forty, some five feet, six inches in height, very thin in flesh, weight less than one hundred pounds, as pallid as a corpse, in form like a woman at full time, unable to stand erect, inclined when standing to support the abdomen with both hands and only able to step by shuffling the feet on the floor. An examination showed a growth on the anterior surface of the uterus fully ten inches in width, extending from the pubis at least four inches above the umbilicus. A history of the case evinced that she had been entirely an invalid for nineteen months, for eighteen of which she had been under the scientific (?) treatment of the old school. During this time her family physician had recognized the condition; pronounced it incurable and beyond the reach of surgery. This opinion was confirmed by several other doctors, the last of whom was the celebrated Dr. Marion Sims. He said to the husband, as he reported to me, that there was no hope for the patient, that all that could be done was to make her as comfortable as possible.

To the question, "Doctor, can you cure that tumor?" I replied: "If I can cure the patient the tumor will disappear. She is not sick because of the tumor, but has the tumor because she is sick." She complained of pains in the abdomen shooting downwards, apparently through the tumor, of entire loss of appetite saying, "I have not been hungry for nineteen months. Nothing tastes good." The bowels were sluggish, menses irregular. I felt disinclined to prescribe but that I should do so was predetermined before calling me. I therefore complied and taking into consideration the complete loss of appetite, sluggish bowels

*Trans. I. H. A.

and the fact that she had been constantly drugged for more than a year and a half, I gave *Nux vomica* 200 in solution once in three hours, and required her to go to bed and remain there *without food* till she was hungry, if it took a month.

August 13 Found her in bed without appetite. She said, "all these months if I take the least food, a teaspoonful of oat-meal, for instance, I am full at once and in a few minutes it is all converted into gas and such a rumbling and roaring of wind you never heard." The shooting pains continued. She got *Lycopodium* 200 once in three hours.

August 14. She was hungry and called for food before breakfast, and took some gruel with relish. The shooting pains went with the first dose of *Lycopodium* and never returned, while already the appetite had come back to stay.

The *Lycopodium* 200 was continued two days when she was put on placebo. Instead of a stay of three weeks, as was the purpose when she came, she remained till the 23d of December, when she returned to her home in New York weighing one hundred and twenty-six pounds, and the tumor so reduced that it was less than five inches in diameter. She did not get rid of the troublesome flatulency till she got a dose of Swan's *Lycopodium* mm. more than a year after my first prescription.

It can be of no profit to any one to follow the treatment of this case through the two and a half years of its continuance it being quite sufficient to say that, while *Lycopodium* was *the* remedy, conditions arose from time to time which called for a new study of the case and were met by the *simillimum* at the time indicated.

During the progress of the case she had two quite considerable attacks of acute illness both of which brought her back to me and were readily overcome by the homœopathically indicated remedy.

The tumor had its pedicle immediately on the middle of the anterior wall of the uterus and, when I last examined it was about the size and shape of the small end of a hen's egg cut in twain at the middle of the long axis, affording a

sort of handle by which I was able to move the organ from side to side and up and down. There was considerable hypertrophy of the whole organ which gradually disappeared after the tumor.

The lady is now in excellent health as she has been ever since the case was dismissed on the first of Jan. 1884. Her present weight is one hundred and fifty-six.

Two important reflections are suggested by this case. The first is the utter folly of feeding when there is no appetite, and second, the wonderful action of the simillimum in a most desperate case.

OVARIAN DROPSY: CURED.

W. H. LEONARD, M. D., Minneapolis, Minn.

Mrs. C. M., aged 59, had been complaining of pain in ovarian region for many months; had been advised to consult her physician, but refused until, after an unusual hard day's work, she was obliged to retire to bed. I was sent for and examined the case very carefully; she had been forty years married, never pregnant, and had enjoyed fair health except when living in a malarial climate (Indiana) when she frequently had intermittent fever. She came to Minnesota in the fifties and has been better ever since. Digital examination disclosed three tumors as noticed by the finger—the right and left ovarian, and, between these, an enlarged and sensitive uterus all filling the uterine cavity, giving a sense to the patient of pressure and pain. This examination, though conducted with utmost care, produced considerable flowing which made me suspect a cancerous condition. She was much depressed and said she should die. However, Lapis albus and a few days' rest brought her to her feet again. Early signs of fluid and increase of size fully determined its character. An expert in ovariectomy was called with the view of an operation. He would not attempt it, regarding it as too unpromising for the patient, telling her she would have to be tapped until her death.

Soon after I drew off about three gallons of thick fluid, and at the end of another year drew off as much more. In the meantime I had read Dr. H. N. Guernsey's brochure on the internal treatment of these cases and determined to try the effects of the properly selected remedy. The character of the pain pointed to Apis; this remedy 40m, three doses, was administered every six hours, followed by a vial of Sac. lac. to be given a dose twice daily. She complained that every time she took the medicine the pain was increased to the extent that she had to lie down. This was encouraging to her as she thought she was "getting good" from the medicine. However, she was prevailed upon to take it only once or twice a week. Two years passed without paracentesis, and the Apis was repeated twice in this time. She frequently requested to have the fluid drawn off because of the inconvenience of carrying it about. Finally she insisted upon its being done for the reason that when she took medicine there was no pain, and also because she was sure that the tumor of right side was gone. The size of this tumor had been quite well ascertained at the last tapping, two years previous, to be about that of a double fist, and of about the same irregularity of shape. Upon this statement I reluctantly drew off the fluid and found her statement to be correct; there was no tumor upon the right side, and but a smaller one upon the left remained. For several months there was but little enlargement and health was excellent. A sudden loss of some dear friends caused such grief as to greatly impair her health, and thereupon she rapidly filled up, but not as large as before. After regaining her usual spirits and fair health, except some symptoms of what she called "dumb ague," I saw no further results in the use of Apis. Sulphur gave her relief from the chronic ague. A few doses of Kali carb. high were used but without result. In about two years she was again relieved of fluid, the left side tumor still remaining; the reaction from these operations was quite prompt under the use of a few doses of China. The last time the reaction was slow; a sallow skin, some mental depression and the old ague cachexy was very apparent. A few doses of

Sulphur high produced a complete renovation. She went about her housework as usual; has no serious enlargement except the movable tumor in left ovarian region. The loss of fluid in all was about fifteen gallons. The lady is now seventy-one years of age, hale and hearty.

DYSMENORRHEA.*

THOMAS SKINNER, M. D., London, Eng.

If there is one form of disease to which girls and women are more subject than another, and which is entirely relievable and almost always curable by Homœopathy, without the aid of opiates, sedatives or stimulants of any kind, it is this terrible scourge of the fair sex—painful menstruation. When one thinks that month after month, and sometimes oftener, and year after year, from the age of puberty till the menopause, a period of something like thirty years, or the best half of a woman's life, a large majority of the sex suffer a perfect martyrdom at almost every menstrual period, and in most cases it is unavoidable and arising from causes unknown to them, being all but invariably constitutional, it is deplorable that so far as the old school of gynæcology is concerned, it has been unable hitherto to afford the sufferers anything beyond temporary relief, and very often not even that, and that much only by the use of opiates and stimulants which have ruined the health and prospects of many a poor girl, if they have not been converted into opium or morphia eaters, inebriates, or inmates of lunatic asylums. The use of opiates and stimulants is not the only objectionable treatment of the Old School and many practitioners of the New. Useless local examinations and explorations are made, even on virgins; mechanical strictures are made out or supposed to exist, or are made by the means used to afford relief, caustics and the like; instruments of all kinds are invented and used for the purpose of dilating imaginary or spasmodic strictures, but all to no purpose. By the use of such means and their

* Skinner's "Homœopathy and Gynæcology."

accompaniments, such as medicated pessaries *per vaginam*, morphia suppositories *per rectum*, and tonics, alteratives and aperients *per orem*, the case is made all the more difficult for the homœopathic physician, as he has not only the natural disease to deal with, but "the disease of the doctor" as well.

It may be well for wives, mothers, adult daughters, and mistresses of young ladies' boarding-schools, to know that every form of painful menstruation is relievable or curable by purely constitutional homœopathic treatment, without local examinations as a rule, and certainly without any kind of local medical or surgical treatment.

CASE I.—ACUTE DYSMENORRHŒA: *Nux vomica*.—A young lady, aged 20, was on the eve of being married, who, ever since her betrothal, had suffered torture at every monthly period. A homœopathic physician had been consulted, but in vain—he could afford the young and lovely girl no relief; on the contrary she got worse and worse at every monthly period, the nearer the time of her marriage approached. At the risk of a rupture with the family physician, I was called in alone, because I refused to meet such a man. Arrived at the house, a loquacious mother button-holed me, and gave me a long "cock-and-bull" medical history of the girl, which I ungraciously interrupted by asking her to conduct me to her daughter, who was then in great agony, as her monthly period began that morning. We entered "the intended's" bedroom, and I had not asked her more than one question when she begged her mother to "leave the room, and take the Doctor with you." She said so in a most impatient unladylike manner, which I fully excused and duly appreciated. In another room the mother began to apologize for her daughter's rudeness, and said: "If you only knew how she suffers, you would make allowance for her violent temper and impatience. Every five or ten minutes she has to get out of bed in order to relieve her bladder and rectum, but she passes nothing, except at times a little wind."

There could be no mistake about the remedy, so I at once ordered a teacup and saucer, a teaspoon, and a jug of

cold water, which was immediately brought. Into the cup I placed a few globules of *Nux vomica* 30 (F. C.) filled up with the cold water; placed the saucer on top to keep out dust, and ordered a teaspoonful to be taken every fifteen minutes, until all pain in the region of the womb is fairly gone, and the irritability of the bladder and rectum has subsided. All pain and irritability left after the third dose. The marriage came off with *éclat*, and she has had no more dysmenorrhœa, so far as I am aware.

Nota Bene.—*Nux vomica* was indicated by the cause of the dysmenorrhœa, the fact of betrothal, and the fact that the dysmenorrhœa got worse and worse the nearer the day approached for her nuptials.

CASE II.—ACUTE DYSMENORRHŒA: *Veratrum album*.—A young lady, aged 23, unmarried, who could not well account for her dysmenorrhœa; but as she was very fond of concerts, balls, dancing parties, late hours, and lawn tennis, I was not surprised at the necessity of her consulting me. Her mother and family are all homœopathic. The mother keeps “a book of the words” and a box of twenty-four polychrest remedies, but for all that and the assistance of the family physician, “a physician practising homœopathically,” she could obtain no relief, except from gin and barley-water hot, hot cloths and bottles, and the usual domestic appliances.

Semeiology.—“Every monthly period lately has begun with intense nausea, ending in vomiting and diarrhœa, with intolerable cramps in the stomach, bowels, and womb, and at times in my legs, as if I had an attack of cholera. I turn very chilly, pale and cold all over, and a cold, clammy sweat breaks out upon my forehead. The feeling all over is death-like, and my suffering is something awful.”

Out of the forty or more remedies in my list corresponding to painful menstruation, there is but one medicine which has induced a similar totality of symptoms in healthy women, and consequently that medicine is the simillimum to the case. Besides covering the totality of the symptoms of my patient, the medicine, *Veratrum album*, has one symptom which is characteristic of it, and

that symptom my patient had, namely, cold, clammy sweat on forehead, with deathly pallor of the face, and nausea. I prescribed *Veratrum album* 200, (F. C.) to be taken dissolved in water on the approach of the above symptoms—a teaspoonful at intervals of one, two or four hours, according to the severity of her suffering, or oftener if need be. As in the former case, so in this; after the third dose there was an end to this patient's form of dysmenorrhœa. Be it observed that in these two cases, although both came under the same name as regards the classification or nomenclature of disease, yet the two are as different as any two things in Nature, and as widely asunder as the two poles, barring the fact that they both have painful menstruation. Suppose we gave the first case *Veratrum album*, and the last one *Nux vomica*, because both medicines correspond to and have often cured dysmenorrhœa, what would be the necessary result? Both medicines would fall upon the patients like "so much water on a duck's back," neither would experience the slightest relief, and the effect upon the patients, if recent converts, would be, that Homœopathy was a fraud. So much for the utter folly of treating the disease homœopathically by name, instead of treating the patient according to the totality of the symptoms, as Hahnemann directs. Instead of Hendersonian-homœopaths, and mothers with "a book of the words" and a box of globules, wondering at their want of success in so treating, the wonder is that they have as much success as they do have; while their want of greater success is simply owing to their own ignorance, and the presumption that they know how to practice Homœopathy better than Hahnemann, its founder.

CASE III.—CHRONIC DYSMENORRHŒA: *Lycopodium*.—(Sixteen years ill.) A lady from the United States has suffered from dysmenorrhœa for sixteen years; in other words, since she began to menstruate. Being an Allopath, she had no confidence in the new school of medicine, until she arrived in London and met a patient of my own, who gave me and Homœopathy a decidedly good character. As she had swallowed gallons of tonics and opiates, and bush-

els of pills, she was happy at the thought of being emancipated from such medical slavery; as she had come to England to see what a change of air would do, and to consult a relative, a leading light in gynæcology in our "gay metropolis," and as she had received no permanent benefit from the allopathic drenching with drugs, nor experienced the slightest relief from the change of air and society, and lastly, as her relative, the medical *savant*, on being consulted, informed her "that she must grin and abide as others of her sex have to do, as he could be of no service to her,"—this from a relative, a professor of Obstetrics and Gynæcology, an hospital and court physician—determined her to consult me "on the sly."

Semeiology.—Monthlies regular, normal in quantity, dark clots and flow. The pain (dysmenorrhœa) comes, as a rule, the day before the flow commences. It is felt to be deep in the pelvis, and is a wrenching pain, as if the womb and vagina would be torn in pieces, and it is accompanied with a boring, sacral backache. The pain forces her to scream, and to prevent her screams from alarming the inmates of the house, she was directed by her American physicians to inhale ether. When bad she is cold, chilly, and perspiring all over, with great pallor of the countenance. She is easier when recumbent, and from hot flannels or external heat; the bachache is relieved by pressure. There is general aggravation from sudden sounds, light and noise of any kind. When the pain is on, she has sometimes experienced relief to it from riding in a wagon.

Appetite good in general, but the first and second days of monthly period she has nausea. During the flow she has total loss of appetite, and if she attempts to eat anything, it is certain to disagree, inducing an intolerable amount of flatulence. Monthly period or no monthly period, her dyspeptic symptoms are always worse after an evening meal—a late dinner, for instance. Before, during and after the flow, she has painful bloating or distension of the abdomen; worse during the flow, with great relief from eructations. She has suffered all her life from habitual constipation, aggravated by every known aperient

and enemata. She suffers always from tender feet, which are icy cold but dry. Mentally, she is low, sad and irritable before the flow, which mental state ceases with the flow, except on awaking, when she is almost always low-spirited. She suffers in general from nervousness—easily excited and still more easily depressed—weepy and sad, and has turns of it periodically, lasting at times for three or four months, when she feels all over a numbness, lifeless, and perfectly indifferent. External objects then seem to her without reality, as if she were in a dream. When low, she desires solitude, is averse to company, and likes to mope alone. She has hot flushes to the face, worse evenings, and always craves for fresh air. Tender-hearted, sensitive feelings, and is easily moved to tears.

The above semeiology is such a correct picture of *Lycopodium* that there is little or no necessity for italicising one sentence or paragraph more than another. The mental and bodily symptoms point to this miracle-working polychrest, *Lycopodium clavatum*, commonly known as Club moss, or Staghorn moss, largely used in adorning our churches at Christmas, and the pollen is only known to Allopaths as a dry subtle powder for preventing their pills from adhering to each other, to hide their bad taste, and to render them easier to swallow, that is to prevent “boggling at a pill.” In theatres the pollen or yellow powder was, and is still used, as also resin and flour, for the production of artificial lightning.

This terrible sufferer, who was given up as hopelessly incurable for sixteen years, was cured by a single dose of *Lycopodium* cm. (F. C.), (that is by the 100,000th centesimal potency), and which needed no repetition, because the entire case was covered by the one medicine. The *Lycopodium* was gathered by myself on my own moor in Inverness-shire, Scotland, and the tincture and subsequent attenuations were made by myself on my own centesimal fluxion attenuator, so that I know exactly what it was which cured my patient.

The single dose created a considerable disturbance of her system for about ten days or so, worse in the mornings

before rising, and at night when first in bed. Her next monthly period came on at the proper time, without bloating or lowness of spirits beforehand, and without suffering of any kind, and she has remained free now for many months. To use her own graphic transatlantic vernacular, she "went straight to heaven on the 3d of May,"—whether or no, she is still in the flesh and well and hearty in the United States.

HOMŒOPATHIC STATISTICS.

In a paper read before the New York County Homœopathic Medical Society, November 13th, 1878, Dr. H. N. Guernsey said: "In allopathic treatment of puerperal fever, phlebitis, phlegmasia alba dolens, etc., the loss within the puerperal month is thirty per cent., or three hundred per thousand. In homœopathic treatment, pure and simple, in the same disorders, only two per cent., or twenty per thousand. In puerperal convulsions (real eclampsia), allopathic treatment has a mortality of twenty-five per cent., or two hundred and fifty per thousand. In homœopathic treatment, pure and simple, we have a loss of only one and a half per cent., or fifteen per thousand. In puerperal hæmorrhages post partum, the allopathic fraternity sustains a loss of sixteen and three-quarters per cent., or one hundred and sixty-six and two-thirds per thousand. The loss from the same disorder under homœopathic treatment, pure and simple, is only one-twentieth of one per cent., that is, one in two thousand. The average mortality from all causes, within the puerperal month, from allopathic treatment is one per cent., or ten per thousand. . . . Our statistics prove beyond question, that our mortality does not reach one-fifth of one per cent., less than two in a thousand."—*Hom. Journal of Obstetrics.*

DIPHTHERIA is in most cases one of our most manageable diseases, only we must use the potentized drug and *very seldom more than one dose* of the true remedy. Too many "vain repetitions" is our besetting evil.—*G. H. Carr.*

CLINICAL MEDICINE.

"DO WE CURE OUR PATIENTS?"—AN ANSWER.*

J. M. YOUNG, M. D., Oakland, Cal.

A member of this society whose agnosticism is only equalled by his erudition has on more than one occasion very emphatically put the above question before us. In answer I will, with your permission, give you from time to time the history and treatment of some unusual, and to me interesting cases that have come under my professional care. They will be all chronic cases in order that the theory of "self-limitation of disease," so loudly indorsed by physicians of opposite schools cannot possibly be appealed to or cited as an agent in producing a modification of morbid symptoms. Furthermore, I will as much as possible, in my statements, avoid all theories as to diagnosis, pathology, etc., leaving your minds free to form what conclusion you may upon such topics, and confine myself to a history of the case and especially to the *healing power of the properly selected remedy.*

HYDRONOSUS PEDIS.

During May, 1885, I was consulted by a patient of mine, Mr. T—, in reference to his son. He stated that he (the son) was very much troubled with sweating feet. The slightest exertion caused a profuse sweat, followed by burning excoriations which were so severe as to remove the cuticle from the spaces between his toes. The family were in limited circumstances and needed the assistance of the son to replenish a too frequently depleted exchequer; but the young man, though industrious, could retain no situation owing to the effluvia of his feet which was of such a sickening character that his fellow craftsmen refused to work with him. On inquiry I learned that every nostrum the market afforded had been applied. The vaunted specific of the monthly quack, and the more pre-

* Read before the Alameda County Homœopathic Medical Society.

tentious but scarcely less meretricious medication of "rationalism" had alike proved ineffectual.

I listened carefully to what my friend said and made up my mind I had a true Silicea case, and I requested the young man to call at my office on the morrow.

The next day the young man presented himself, and before he had spoken half a dozen words I realized that he was not only a sceptic upon Homœopathy but absolutely averse to taking any medicine at all. However, I was extremely patient with him using every art of which I was master to win his confidence, and finally drew the story of his sufferings from him.

About five years previously his feet began to sweat unpleasantly, and they had been steadily growing worse. The slightest exertion caused profuse sweating, especially between the toes. The skin in this region was always more or less raw. At all times there was a bad odor from his feet, but during these exacerbations it became extremely disgusting. (The smell was then so nauseating that I was compelled to open the doors and windows of my office.) Appetite good, in fact, sometimes he was ravenously hungry, especially about *lunch* time. His bowels were costive till about six months ago, when they became somewhat diarrhoeic in character; at present he had at least three movements a day usually immediately after meals, occasionally very *early in the morning*; all passages entirely painless, large, soft and sometimes smelled as his feet did. Usually, very thirsty. He was spare in habit, sandy hair, gray eyes, light complexion, strong and hearty, but did not *want to stand in one position* any length of time. A well developed crop of comedones all over his face, with here and there a pimple. Mind cheerful, save occasional depression owing to his inability to retain any situation. His history failed to supply any account of former disease beyond those incidental to childhood.

I had made up my mind that Sulphur was his remedy, but many of his symptoms were so suggestive of Silicea that I determined to study the case more thoroughly, hence gave him a placebo and told him to call in two days again.

He did so, entering my office with rather a sarcastic grin on his face, said: "Its no use Doctor, your medicine can't reach me. Why, Dr. A. and Dr. W., gave me the strongest kinds of liniment, and pills as big as a marble, and they didn't phase me. If anything I am *worse* than when I was last here." I again ran over his symptoms and prescribed two powders, Sulphur 200, one to be taken then, the other that evening; Sac. lac. night and morning, and report in a week.

One week later he again reported; comedones disappearing; not a pimple on his face. His bowels unaltered till two days ago, since which he has had but one passage daily; normal in volume and consistency. Marked diminution in his thirst. Feet had not sweat nearly as much and although he had joined in a game of base ball, his toes had not become raw or sore. He was quite hopeful. He sat in my office half an hour and although sensible of the odor of his feet I was not compelled to open the windows as on his former visit. Sac. lac. night and morning.

Returned in a week. No comedones, no pimples, no thirst, one normal passage daily since he last saw me. Feet sweat as much as ever, but smell is markedly diminished. Sac. lac. night and morning, to report in a week.

Three or four days afterwards he called on me and stated he had an opportunity to work in a laundry and wished my opinion as to the possible effect upon his feet. I told him to try it and if he found no unpleasant consequences to keep on and report the following week. Prompt on time he called again on his way home from work. No smell, no sweating, beyond what he considered normal (though working in a super-heated atmosphere). He sat with me nearly an hour and I could discover no smell whatever. Giving him a fresh supply of that precious Sac. lac. I dismissed him cured.

I saw the young man to-day (December 1st, 1886) and he reports: "No return of his trouble." Can hold any position he wishes as far as his feet are concerned.

This I claim as a cure. Compare if you please the treatment of this case under the divine law of similia with the

shambling slush-bucket course prescribed and countenanced by the dominant school of medicine. I would rather be the author of such a cure than hold the greatest diploma Allopathy ever dispensed to its most promising acolyte.

SOME CASES ILLUSTRATING THE ACTION OF HIGH POTENCIES.

JOSEPH C. GUERNSEY, M. D., Philadelphia, Pa.

I am a firm believer in, and I strive to be a consistent practitioner of, pure Homœopathy. By this I mean that I prescribe:

(a) As closely as possible for the presenting symptoms according to the law of the similars.

(b) I give the single remedy and, if possible, a single dose.

(c) I try to give the minimum dose.

In pursuing this course it follows that I use the "*high*" and "*highest*" potencies. It is chiefly to the use of these potencies, and the positive results obtained from their use, that I propose to invite your attention.

There are very many honest practitioners in our school who wholly disbelieve in the efficacy of potentized drugs—who openly declare that merely plain water, or sugar, might as well be given to produce a cure, as a high potency. And when cures are reported as being made with high potencies, these honest doubters declare them "mere coincidences,—the cure would have been effected just the same if no medicine [sic] at all had been administered." Permit me to narrate a few of my cases, and to ask how many of them can honestly be ascribed to the law of coincidence.

CASE I.—Many years ago I had as a patient an old woman, who suffered from cancer of the rectum. I summoned, at different times, two of our ablest surgeons in consultation. They assured me that operative measures of any kind were impossible. That the old woman must die in agony. One of them was emphatic with me, and declared positively that I **MUST** treat her on "humanitarian principles," and as her pains became unbearable from their

severity that I must use Morphine, Opium, suppositories, etc., to afford relief. That I would be cruel not to, as pure Homœopathy could not control the suffering she would be compelled to undergo. *Sequel:* She lived many months, during which time I gave her only three remedies, viz., Arsenicum 40m, Conium 70m, Staphisagria 1m. Sometimes one remedy would be called for, and sometimes another, but *at all times*, one of these three remedies would control the pain in a very short time. She "died easy," just as my confrère begged me to allow her to, and she did not get any medicine from me (or any one else) except a few doses of one of the above remedies. Was this a "coincidence"? Would she have gotten along equally as well without any medicine at all?

She often had terrible paroxysms of pain, when her daughter would come to me for "some of that soothing medicine"! I ascertained carefully the nature of her suffering and then sent one of the above remedies in the potēncy indicated, and the pain would rapidly abate. This case was one of the very first in my practice; the patient was a poor, old, colored woman; after her death, the daughter came and paid my bill, "cheerfully and willingly on account of the great good I had done her mother." The amount of the bill was seven dollars—all I dared charge such poor people.

CASE II.—In August of 1885, a young married lady, highly cultured and very intelligent, consulted me. She was nervous, low spirited, slept badly, poor appetite, and had abundance of symptoms. Also, she had been married over three years, and although she and her husband yearned for children, she had never been pregnant. I prescribed most carefully for her symptoms, especially taking into consideration her barren condition. She came regularly to see me, every few weeks, sometimes feeling much better, and sometimes not feeling so well; but always the report was, "I am not yet pregnant"! At her visit to me early in January she said: "Doctor, I think the reason I don't become pregnant is because I can't retain what my husband gives me. The semen always flows right out again. If it

would only stay in I believe I would be all right." Now, here was a starter, sure enough. She had never told me this symptom before,—and I had never heard of it from any one else. I started in on a big hunt in the Symptomen Codex and, under *Natrum carbonicum*, I found: °*Discharge of mucus from the vagina, after an embrace.** I also found the symptom °*Appears to facilitate conception.* (Italics in both quotations mine). As indicated by the cypher (°), both symptoms are clinical, but they were worth everything to me. Further study of *Natrum carb.* revealed many of her symptoms which I had not fully found under any drug I had previously given her. It covered her mental state and constipation exactly. *Sequel:* (a) She became pregnant immediately! (b) That discharge from her vagina after an embrace, almost entirely disappeared. I gave her two doses of *Natrum carb.* a few hours apart, one 4m and the other 50m. Her "unwell" period was due in ten days, but conception kept it away.

Was this a coincidence? She passed through her pregnancy most favorably, and in due time was the happy mother of a fine boy! It is just this kind of a "coincidence" that repays a physician for first obtaining all the symptoms and then carefully locating them under the proper remedy.

CASE III.—I was called last summer to see G—, a little boy, æt., three years. His trouble was diarrhœa. From that time until early in December there was a steady struggle for the ascendancy between that diarrhœa and my remedies, with the diarrhœa in the lead. He would be so much better at times that I thought he was nearly well, when the "pesky thing" would get away from me again. Finally the diarrhœa became very bad, occurring day and night, seven, eleven and thirteen times during the twenty-four hours. And, ye gods, how it did stink! It made his mother and nurse so sick at the stomach that they would vomit. I was willing to take their word for it, and never sampled the odor myself. *Asafœtida 1m* stopped this ter-

* What the "discharge," stated under this symptom, really is, I don't know; it may be mucus, or it may be the semen itself.—J. C. G.

rible smell and eased the diarrhoea, but it soon grew worse, minus the stink. That did not return. The middle of December showed "thin, watery stools; brownish; frequent; gushing out; in the early morning, driving out of bed; ill humor; debility and much desire to lie down," etc. He was a fat, light haired boy. Sulphur he had had lots of, from 200 up to 81m. It would always ameliorate for a while, but not cure him. All these symptoms, with others belonging to him, I found in Bell & Laird, under Kali bichromicum. *Sequel:* This remedy I gave in the cm. potency, in water, every two hours for one day. In less than a week he was well, and has remained so. Was this a coincidence? Did this diarrhoea belong to the "self-limiting" species, and had it run its course at the precise time I gave the Kali bichromicum cm.?

CASE IV.—A woman, *æt.* 30, consulted me for dysmenorrhœa. Since the age of fourteen she had experienced the same monthly history. Menstruates every four weeks; flow begins all right, and no pain is experienced for a few hours. Suddenly she is rolling about on the floor, or else on the bed, in the most terrible agony, uterine cramps, stitching pains all through her, and often she faints entirely away from the dreadful agony. I have prescribed for her last five periods—never prescribed for her before for anything. I hit the nail first time—Pulsatilla 16m., one dose. *Sequel:* Next day she was taken unwell and passed through the whole period for the *first time in her life without one bit of pain or suffering* of any kind. Every month, just before menstruation, I give her one or two doses of Pulsatilla 16m., and she has just passed through her fifth consecutive period wholly free from pain.

Is this mere coincidence? Would she have had no pain without the "bottle-washed" 16m.? I may say of this potency that my late father, H. N. Guernsey, M. D., began using it nearly thirty years ago. The vial has never been replenished, but simply filled up with alcohol when it ran low. What potency it actually is now, after being nearly emptied and then filled up for so many years, I cannot say.

CLINICAL VERIFICATIONS.

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

CASE I.—BRONCHITIS: *Naja tripudians*.—September 30, 1885. Miss H. P.—, subject to severe attacks of bronchitis. The following symptoms, which resulted from a cold, had obstinately continued for several weeks, and were promptly relieved by *Naja* cm., one dose: An aching in the throat, also an intense rawness between the larynx and top of the sternum, *worse after coughing*. The aching was relieved immediately, it was all gone in two hours, and the rawness passed entirely away within a week. These symptoms are to be found scattered in the provings of the remedy as given in *Allen's Encyclopædia*. This patient passed the last winter with entire freedom from the bronchial disease, and from colds as well, an immunity she has not enjoyed in several years.

CASE II.—COUGH: *Magnesia sulph.*—"Hacking cough, caused by tickling in the posterior wall of the pharynx, disturbing sleep at night, the tickling as from adherent mucus, continued even in the morning, especially on inspiration, causing hacking cough." (Hencke, *Allen's Encyclopædia*.) "Very fatiguing, dry cough in the morning after waking; does not permit him to lie down; is obliged to sit up, which affords relief; better after rising, (Nenning, Hartlaub & Trinks,) *Allen's Encyclopædia*."

Mrs. J. E. M.—, dry, hacking cough during the night, almost constant, *relieved by getting upon her feet*. She referred the tickling, which caused the cough, to the back part of her throat. This was her own expression. The previous winter she had a severe attack of bronchitis, and this time the respiratory murmur was indistinct in the upper half of the right lung.

September 18, 1885. Gave *Magnesia sulph.* mm., one dose, which cured the whole case, and there was no further trouble from the cough in a night or two after.

CASE III.—"NASAL CATARRH VOICE": *Kali iod.*—

(Hering). Voice as in catarrh, *Allen's Encyclopædia*, from Hartlaub & Trinks. F. B—, child 7 years old, a croupy subject. All attacks of croup have been characterized by exudation in the larynx, which had only yielded to either Belladonna or Phosphorus. These attacks invariably ended in a catarrh which manifested itself with a nasal discharge accompanied by an obstinate huskiness of the voice, and a nasal sound when speaking. This last condition yielded to one dose of Kali iod. mm., in one night, after several other remedies had been unsuccessfully tried. Another phase of this child's sickness is given in the following case.

CASE IV.—DIPHThERIA: *Lac caninum*.—April, 1886. F. B—, age 7 years; the same patient of the previous case. After an exposure to diphtheria the child for several days did not appear in her usual lively mood, and then finally complained of her throat being sore, which on examination did not show the least sign of disease. There was *tenderness on pressure on the right side*, also in the larynx. There was considerable fever and the pulse rated 110. There was also a marked diphtheritic odor to the breath. Belladonna, one dose, was given in the morning. The next morning the child was about the same, feeling no better and not worse; but now the tenderness on pressure was on the left side, and not on the right. One dose of Belladonna had always before cured this child, when indicated, and once cured it of an inveterate attack of croup. Lachesis cm., one dose, was now given, with the result of the child waking up the next morning in her usual happy mood, singing so that she could be heard all over the house. No tenderness on pressure on either side of the throat, but that condition still existed in the larynx. That day and night passed without trouble, but the next morning the child awoke in giving the alarming croupy cough which always announced the onset of her terrible attacks of croup. She had all the time been carefully kept from draught and there was no exposure in any way. Belladonna had been indicated but failed, except, perhaps, in changing the locality of the disease, which brought about the indi-

cation for Lachesis. The latter remedy was victorious for forty-eight hours, when the disease regained its supremacy. Belladonna and Lachesis had more or less obtained a mastery, but in the end failed. What now to do became a very serious question, because it was a grave case, and which under similar circumstances during former attacks, had never presented any but formidable conditions, which required not only my utmost efforts, but also those of Gregg and others, to control. The breath is tainted with a diphtheritic odor and there is no sign of inflammation or exudation in the throat. There is a marked soreness on touching the larynx, an indication upon which Phosphorus was given in a former attack and which then cured the case. The cough was a dry, hoarse bark, which was so penetrating that it could not be excluded from even the most remote parts of the house when the doors were closed—a cough which foreboded an evil attack, and which had never before yielded except after a studious effort by the best prescribers. It is well to say here that this child had in my experience five or six attacks of croup, always involving the larynx with inflammation and more or less exudation, and that she never had an attack of spasmodic croup. Now what must be done? Belladonna had failed, Lachesis had done wonderfully well for twenty-four hours, therefore shall this remedy be repeated? No! I have learned by experience that the single dose of the dynamic power of the remedies mentioned will often cure severe cases of disease, even of diphtheria, if it is really the remedy for the sickness for which it is given, and if a repetition is required it is often better after another intervening remedy. This, I believe, is the teaching of Gregg, and experience justifies in believing it to be true. But this rule does not hold when the symptoms and conditions have changed, as was the case here. The dose of Lachesis had relieved the symptoms for which it was given, and for twenty-four hours thereafter there was apparently nothing left of the disease; but in forty-eight hours a new complex of symptoms appeared of the same disease for which it was reasonable to doubt that the previous remedy was

still indicated, especially so, also, when it is remembered that the single dose had at all times before cured this patient under the most severe forms of disease, when the right remedy was given. Consequently another remedy must be found to meet the changed form of the disease, and here came in a saying or aphorism, expressed by some one, that "when Belladonna and Lachesis fail when indicated, then turn to Lac caninum," and which is similar to a saying I have often heard among sailors, but which has a different purport, "when Hatteras lets you by, to Bermuda keep an eye." On looking over the provings of this remedy for its indications in this case, we find in the *Organon* (journal) the following symptoms:

"In most cases of diphtheria the throat symptoms begin on the right side."

"Cured many cases of diphtheria and diphtheritic croup."

"Cured membranous croup."

"Throat very sensitive to touch externally."

"Throat worse at one time on right side, and at another on left."

"Inflammation and swelling shift from side to side, generally worse on left."

"Larynx sensitive to pressure."

Upon these symptoms a dose of Lac caninum cm. was given in the morning, forty-eight hours after the Lachesis, with the result that the cough was entirely gone in four hours, and the diphtheritic odor was scarcely perceptible. At 11 o'clock at night of the same day the cough reappeared in a decided manner, when a teaspoonful of the solution of the same remedy and potency was given, which completed the cure, so that there was not a remnant of the disease or a symptom of it the next morning. Therefore, we may well say, "when Belladonna and Lachesis let you by, to Lac caninum keep an eye."

CASES CURED.

JOHN F. MILLER, M. D., New York.

CASE I.—EXOPHTHALMIC BRONCHOCELE: *Natrum mur.*
Definition. Enlargement with vascular turgescence of the

thyroid gland, accompanied by protrusion of the eye-balls, anæmia and palpitation.

The following is the only case of this rather unusual disease which has ever come under my care:

Mr. George C—, aged 35, applied for treatment April 14, 1877. The patient, two years before, had an attack of chills and fever, which were treated, *secundum artem*,—with quinine; the chills being promptly suppressed, but he was never well afterwards.

Palpitation was the most prominent symptom, increased by the least exertion. Slight pain, at times, in region of the heart. Pulse, 120; increased to 130 and 140 by exertion. Eyes bulged out of their sockets, very markedly. He complained very much of a putrid taste, and dry tongue, although, on inspection his tongue was not dry. The thyroid gland noticeably enlarged. There was much anxiety with fluttering of heart. *Natrum mur.* cured this case in about three years. First the eye-balls receded, then the goitre very gradually disappeared. The 200 potency was given first, then the 9m, cm., and 275m. One dose was given then after the improvement ceased, it was repeated—from five to fourteen doses—one every night. I found that the highest potency frequently repeated gave the best results. Considerable time was lost in awaiting the action of the one dose, and this is my experience generally. I have never known any injury from repetition, but have seen suffering prolonged by waiting. The doubt might fairly be raised, whether *Natrum mur.* cured the case or not, because it took so long a time to do it; all I can say is, that the remedy always promptly relieved his sufferings and he would often remain relieved for from two to six weeks. He was able to attend to his business during all of this time. He moved to Texas about four years since, calling on me while on a visit to New York. About one year ago, I ascertained that his old trouble had not returned.

CASE II.—RENAL COLIC: *Opium*.—Mrs. S— sent for me at 2 A. M. in great haste, as she was suffering excruciating pain. I found her in violent colicky pain in the region of right kidney and over the crest of the ilium down to

neck of bladder. Her right hand was clutching the right hypochondrium. Without examining the symptoms minutely, I gave two doses of Belladonna 200, at intervals of five minutes. Getting no relief, gave Berberis 200 the same way. This not helping any, I concluded to pull myself together and treat the case homœopathically and not give remedies for nephralgia, but examine the patient carefully and treat her symptoms. She had been constantly moaning: "Oh! I am so deathly sick at my stomach." There was a death-like pallor of the face, covered with cold sweat. Opium 200, one dose, and she almost instantly went to sleep, and that was the end of the case.

A homœopathic physician had said to me a few weeks before, "Well, if you never use a hypodermic syringe, what would you do in a case of renal colic?" I replied that I would give the indicated remedy. Aghast, he exclaimed, "And let your patient suffer?" He had a similar case about this time which suffered for ten days, notwithstanding or by reason of hypodermic injections, poultices, fomentations *et id omnes genus*.

CASE III.—NASAL CATARRH: *Thuja*.—Mr. R—, for years has had nasal catarrh with distressing burning in posterior nares. Constipated for years. Stools, hard balls, great burning pain during and after stool, from fissure of anus. Had not been able to have a stool for years, without the use of suppositories. Cold, sweaty feet. Gonorrhœa several years ago. *Thuja* mm., one dose. The next and every day since a natural stool without the use of suppositories.

CASE IV.—CHRONIC HEADACHE: *Cadmium*.—November, 1881. Mr. T—, occasionally for fifteen years, and almost constantly for three, has headache, frequently so severe that they would confine him to his bed for several days at a time. They always began in the morning on awakening; were most severe on left side of head; with pulsations in temples and neck. Chilly with headache. Had a partial sunstroke twenty years previously. *Cadmium* 200, in water every two hours during the violent headaches, and once or twice each day at other times, cured him in six weeks. His general health improved and in a few months he was quite a different person.

CLINICAL CASES.

EDWARD RUSHMORE, M. D., Plainfield, N. J.

CASE I.—In the fall of 1884, Mrs. P—, became pregnant, having miscarried in the early months of all her former pregnancies, of which there had been three, but she had not had homœopathic care. She began to have the signs—formerly premonitory with her—of bearing down, with irritability of the bladder and increased urine. These concomitants determined the choice for Sabina, which was given in the 900th potency of Fincke, with prompt relief. She had several attacks like this always yielding quickly to Sabina, and with the later aid of antipsorics for presenting symptoms, mainly nausea and constipation for which Sepia was very beneficial, she went two weeks beyond the computed term of her pregnancy. Her labor was very difficult; the child was asphyxiated and did not respond to attempts to induce respiration by the usual manual methods, but breathed almost instantly when Antimonium tart. 900 was put on its tongue.

The father and mother were first cousins; the child was deformed in one foot and wrist, its breathing remained short and rapid until it died, a little more than twenty-four hours after birth.

An alarming feature of the labor was the complete cessation of expulsive action in the womb after the head was born, and it was a task of great difficulty to remove it with the unaided hand. There was no hæmorrhage, and the mother made a good recovery.

CASE II.—May 1, 1884. Mrs. L—, aged 45, writes that her menses occur every three weeks, sometimes quite painful and profuse. She has a hard tumor in the upper part of the left mamma; the whole breast is exceedingly sore and tender, with pain extending to the left arm and sometimes to the scapula. The symptoms were so few that I asked for more particulars before prescribing; she wrote in reply that the soreness in the mammæ is worse before

the menses, but that there is no swelling. The breast is worse from cold changes in the weather, on lying down at night, and on drawing a deep breath. The menstrual pain is in the pelvis, and is excessive after the flow ceases on the third day.

I sent her one dose of *Calcarea carb.*, 85m. (Fincke)

July 4. She reported the last menses were not so much too early by several days. She had much soreness and pain in the breast and side a few days before the menses, the pain and soreness grew less near the end of the flow. She got no medicine.

August 5th. The menses less painful, but with much weakness; very little pain or soreness in the breast, but there was a slight return of pain in the side after the menses on raising the arm. No medicine.

August 27. The hardness in the breast is nearly gone; only occasionally there is slight drawing in it, and some weakness on lifting heavy weights, but no serious trouble. The menses came in a little over three weeks as usual, were profuse and followed by weakness and pain. She has some rheumatic pains. She received *Calcarea carb. cm.*, (Fincke) one powder.

October 24. She writes that she is well, and that the tumor has entirely disappeared.

CASE III.—Nov. 17, 1885. Miss — sends statement by mail that since bathing at the wrong time four years ago, she suffers monthly great pain as low as possible in the middle and at the left side of the body. The pain lasts about eight days with a sense of suppression. There are five weeks between the menstrual periods. She received *Lachesis*, 50m (Skinner), one dose.

December 15. She writes she had no pain with the last menses, that the effect of the medicine seemed miraculous. Although she has not since reported to me, I believe she has continued well from the fact that other members of the family have been in correspondence with me, putting themselves under my care because of her cure.

CASE IV.—March 22, 1884. Maggie —, aged eighteen. Has the menses very irregularly and scantily, the intervals

varying from six weeks to six months. She has much heat in the face with heaviness in the head; worse in the afternoon. The feet and hands are cold, and the face always full and flushed. The right leg is numb below the knee, and she feels languid, stiff, and heavy throughout the body. The eyes are swelled in the morning and the face looks swelled. The feet swell at times. She received one dose of Sulphur cm. (Skinner)

April 20. There was a slight flow two days last week. There is no numbness in the leg and very little heat in the face. She is sleepy, suffers often at the stomach, and has bearing-down sensations. She received Sulphur dm., (Skinner) one dose.

June 2. Has had the menses, which lasted five days, and were profuse. She feels better than she has felt for three years. No medicine.

June 25. Is wonderfully better. The menses came at the right time, for four days, and freely. The redness is gone from the face, her head feels clear, and she thinks she is all right, except in going several days without a stool. My note-book does not show that I gave any medicine at this time.

July 18. More frequent stools; the menses came again in four weeks. No medicine.

September 29. She went in the water to bathe, which stopped the menses at the beginning, and she feels the old symptoms returning. She received Sulphur mm., (Skinner) one dose.

July 1, 1885. She has been pretty well till lately; now the menses are occasionally two weeks late. She received again Sulphur mm., (Skinner) one dose.

Six months later she was reported as well, stout and rosy, with regular menstruation.

LACHESIS.—The patient always has to urinate after lying down, day or night, especially after sleep; more frequent in the night. Urine has little black spots or flakes like soot floating on it.—*H. N. Martin.*

SOME VETERINARY CASES.

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

"I know that my medicine will work with him."—*Twelfth Night*, II. 3.

"Because it is a blessing that He bestows on beasts."—*Comedy of Errors*, II. 2.

CASE I.—In 1876 I purchased for a good round price, a fine black horse, eight years old, who had, I think, the best constitution and the worst disposition of any that I have ever owned. He had, in pursuance of a seemingly uncontrollable passion for running away, already killed one man and lamed another. Shortly after I bought him a friend who knew the beast well, warned me that I would lose him some time with colic, to attacks of which he was subject in an aggravated form.

Not long after this warning he had a terrible attack of this trouble, and my groom, without consulting me, called the local "Hoss-Doctor" to treat him. These two worked over him all night, giving him the usual horrible drugs which the country veterinary quack considers indispensable, among which may be mentioned gin, ginger, laudanum, sweet spirits of nitre, camphor and capsicum.

He was a pitiable looking animal in the morning, I can assure you. In his writhings he had knocked patches of skin off his hips; his abdomen was contracted; his flanks were sunken; his head usually held so high, hung down and his coat looked rough and dead. It did not seem possible that one night could have made such a change in his appearance. In a few days he was quite himself again, however, and celebrated his recovery by a ninety dollar breakage, in my best buggy.

Not very long after this experience I was driving him in the evening to make some calls, and upon coming out from visiting a patient, I found that he was attacked with one of his colics. The abdomen was puffed out with gas, there were occasional marked muscular contractions, evidently attended with great pain, for he would draw himself up as if about to leap, and he was drenched with perspiration.

Drawing his tongue out of his mouth, I emptied the contents of my Colocynth bottle (200th potency) upon it, and then in melancholy procession we started for home, about a mile distant. I lead the horse and the man walked by his side to prevent his lying down, which he frequently endeavored to do. We had not gone far before the man said, "Doctor, he grows better. The pains are less frequent and last a shorter time." In less than twenty minutes from this dose of Colocynth we were both in the buggy and he continued to improve so rapidly that I finished my round of calls with him, driving him however at a walking pace. I owned him three years after this, and he never had another attack of colic during that time.

CASE II.—My dog, Jan Ridd, a toy terrier (rat-and-tan), about "three-quarter-bred," is subject in common with most of his species to catarrhal conjunctivitis. The objective symptoms are too well known to require recapitulation. I gave him at various times Acon., Bell., Sulph., Staph.: but not until Mrs. Butler noticed that at times when his eyes were most affected he was unusually affectionate, insisting on being near some one, in their lap, if possible; that he was low spirited as evinced by a lack of his usual animation, the drooping head and hanging tail of despondency, did I find the key-note to the remedy for this condition. Since then Puls. has never failed to relieve the local trouble promptly, and to bring back the picked-up ear and wagging tail of happiness. I gave him one dose of the *cm.* (Fincke, graft).

CASE III.—Mr. G—, called at my office in the summer of 1880, knowing my fondness for all canines, to ask me to treat his dog Duke. Duke and his brother were imported in 1879 at an expense which would seem almost fabulous, did I dare tell it you. He was an Irish setter, of pure breed,

"With all his line of Fathers known."

* * * * *

"He could trace his lineage higher
Than the Bourbon dare aspire;
Douglas, Guzman or the Guelph,
Or the O'Brien blood itself."

Duke had what is known as "the distemper," of which his brother had just died.

The following symptoms presented themselves: his eyes and eyelids were red, especially the palpebral conjunctiva, and discharged a watery, green, acrid fluid; there was a greenish, thick, muco-purulent discharge from the nose; he coughed frequently and the cough often ended in gagging; he had no appetite but was thirsty, lapping a little water frequently; the bowels moved often, a dark, loose evacuation passing easily; he was restless, moving almost constantly; the sheath of the penis discharged a thick, greenish matter, and it was swollen and sore to the touch; he was frightfully emaciated and was too weak to stand alone for more than a minute at a time; his temperature (rectal) was 104° F. (normal 98.5°), and auscultation gave the harsh, dry rales of bronchial catarrh.

I gave him a dose of *Nux vom.* 200th, because he had already been taking various drugs administered with well meaning stupidity. The next day I found no change in his condition, and gave him a dose of *Arsenicum*, 102m. (*Fineke*, graft.), and twenty-four hours later the following change had taken place: he was less thirsty and his bowels did not move so often, though the character of the evacuations was unchanged; had voluntarily taken a little milk.

No medicine. The next day he was evidently stronger; the discharge from nose and sheath less, while the eyes were a little improved in appearance. His temperature was 102°. Examination revealed moist rales throughout the whole lung area.

No medicine. This improvement continued for about a week uninterruptedly, at the end of which time he had gained in flesh and strength, and looked better in all ways. The discharges from eyes, nose and sheath were all less, the eyes being markedly better. Temperature 100.2°. The diarrhoea had given place to constipation, with frequent ineffectual urgings to stool. The cough had disappeared entirely. *Sulph. mm.* (*Tafel*), one dose.

From this time Duke was neglected by his attending physician, until some ten days later, when on being called

again I found that the symptoms before enumerated had entirely disappeared, except some slight conjunctivitis; but Duke was unsteady in his gait; his hind legs would frequently give way, letting him fall to the ground. He lacked co-ordinating power, and with a handkerchief tied over his eyes would stagger about like one drunken. His intellect seemed clear, for he recognized his master and even upon being told would make ridiculously futile endeavors to roll over, which he had been taught to do. Under Gelsemium 30m. (Fincke, graft), one dose, and a week later repeated doses of a watery solution of the same for one day, he made a tedious but perfect recovery.

It was a month from the appearance of the paralytic symptoms before he was quite recovered. To-day I have no better friend in Montclair than Mr. G—, unless it be Duke himself, who remembers me kindly and greets me effusively whenever we meet.

CASE IV.—Dandy is a brown horse, 16 hands high, of splendid constitution, far from handsome but serviceable in all work, and he can pace as fast as I care to ride,—no snail's pace I can assure you. In the summer of 1885, suddenly, and with do traceable cause, I found that he was almost unable to swallow. He would take his food greedily, filling his mouth with repeated bites of hay or croppings of grass, but was unable to swallow the bolus, although examination showed that it was well masticated and thoroughly insalivated. He swallowed small quantities of water with difficulty. I called in for diagnosis an educated and skillful D. V. S. He diagnosed spasm of the œsophagus and prescribed *Nux vomica* θ . I was not satisfied with the diagnosis and of course did not give the medicine. After watching Dandy very carefully for some time, and being unable to detect any muscular action in the œsophageal region during his endeavor to swallow, I thought the condition paralytic instead of spasmodic and diagnosed accordingly—"paresis of the muscles of deglutition." For this I prescribed *Causticum* (1500 Jenichen) in water, a dose every two hours. This remedy was chosen because of its noted tendency to produce paralytic conditions of single

muscles or groups of muscles, and because of some clinical experience with it in post-diphtheritic paralysis of the muscles of deglutition. In twelve hours Dandy ate a bran-mash, slowly and with difficulty. The medicine was then discontinued and twenty-four hours later he was indulging his always excellent appetite with hay and oats without apparent difficulty.

CASE V.—Last February I was surprised to have a gentleman offer to sell me his team, a young, handsome and almost perfectly matched pair of chestnut mares, for a ridiculously low price. Indeed the price was so low that I bought them, although not in need of horses, and did so with fear and trembling lest there were some concealed imperfections about them. After owning them for a time, I found out what was the matter. One of them became slightly lame, with tenderness at the crown of the hoof—at the site of an old quarter-crack. I discovered that for the last two springs this quarter-crack had broken out and disabled the mare for some weeks. Bearing in mind Dr. Gregg's cure of a case of quarter-crack by the use of Graphites, I gave one dose of this remedy in the cm. potency (Fincke, graft). In the course of a few days the soreness and lameness had entirely disappeared. I have driven her every day since that time over that most trying of all pavements—the Telford—and she remains sound and well. Meantime, with the first warm weather in April, her mate developed a severely itching pruritus at and about the roots of the tail. Examinations revealed slight elevations as of pimples under the skin, upon and about the roots of the tail. The itching was terrible, I judge, by her frantic endeavors to rub the parts against the stall, and she grew thin, lost appetite and became peevish and snappish. I gave her Sulphur, mm. (Tafel), a dose in water each night, until better. She took four doses, when the groom reported that she seemed better. Without further medication she was entirely relieved in about three weeks; her appetite returned and she has grown sleek, fat and healthy.

I named these horses Aconite and Belladonna when I purchased them (Connie and Belle for short). Had I waited I should have called them Graphites and Sulphur.

SURGERY.

SURGICAL NOTES.

J. G. GILCHRIST, M. D., Iowa City, Ia., Editor.

TENOTOMY.—Some time since Prof. Sayre called attention to the necessity for differentiating between shortened tendons from different causes, as of the utmost value in determining the kind of treatment to be pursued. For some strange reason the mass of the profession failed to thoroughly comprehend his teaching, and as a result many attempts are made to treat deformity of the joints by methods that are impossible as far as good results are concerned. In a late number of the *New England Medical Monthly*, the professor furnishes a very interesting communication on the subject, from which the following is taken:

“The only hope of affording relief in this class of cases is by section of the *contractured* tissues, and this doctrine I have taught for many years. I draw a distinction between a *contracted* and a *contractured* tissue.

“A *contracted* tissue is one that is merely shortened, but which can be elongated by careful, continuous and judiciously applied traction, and therefore does not require to be divided. But a *contractured* tissue is one which has undergone some structural change, and which cannot be elongated unless the tissues are severed or torn, and therefore section in such cases is always necessary. How are we to know whether the tissue is *contracted* or *contractured*.

“If, in any case of club-foot or other deformity from muscular contraction, we stretch the shortened parts to their utmost tension by manual force or otherwise, and while the parts are thus stretched we suddenly add to the tension by pressing with the thumb or finger on the part thus stretched, and it causes a reflex spasm or sudden shivering of the whole body, that muscle-tendon or tissue is *contractured*, and cannot be elongated without severance of its fibres.

“If, on the contrary, when the test is applied as above described, and no *reflex* irritation or muscular spasm is produced, it is evident that the parts are simply *contracted*, and can be further elongated by persistent constant traction, and therefore do not require division.

"This is a very important rule to observe in practice as it will save the surgeon a great deal of valuable time, the patient months of useless and unnecessary torture, and always yield the most satisfactory results.

"I have tested this rule for the past twenty years, by the careful observation of many hundred cases, without a failure in a single instance of its proving correct, and I therefore feel almost justified in laying it down as a law of universal application in all cases of *contractured* tissues."

PENILE URETHRAL FISTULA.—Urinary fistulæ, of all kinds, have given surgeons more trouble, perhaps, than any form of the somewhat minor class of surgical affections, the conditions being such that closure has either been difficult to attain, or cicatricial stricture leaving the patient about as badly off, although in a different way, than he was before. These difficulties have been particularly prominent in fistulæ in the penile portion of the urethra. As long ago as 1870, in his "Handbook of Operative Surgery," Julius von Szymanowski described an operation for this accident, that has been thought to be merely *suggestive*, as he did not speak of having practiced it. Dr. Charles McBurney, of New York, has made it in six instances, the first case in 1876, and the last in 1885, five of them, the latest, being perfectly successful. The report is found in the *Annals of Surgery* for December, 1886. The method is briefly stated, as follows: "In the case of a fistula lying in the long axis of the penis, a straight incision is first made, beginning a short distance in front of, and ending a short distance behind the fistula. The skin on one side of the fistula is then undermined with the knife, and made easily movable. A half oval flap of skin on the other side of the fistula is then cut, 'the epidermis chipped off with scissors,' and dissected up, except at the edge of the fistula. The dissected flap is then to be inverted, pushed under the already lifted skin on the opposite side, held in place by sutures passed through the bottom of the pocket, and the movable skin drawn over it, and also sutured." Dr. McBurney uses a soft catheter, frequently, in preference to tying an instrument in the bladder, as this method was a possible cause for his single failure.

URINARY CALCULI.—A number of cases have been reported in the journals, of various operations for stone in the bladder, sometimes the later history shows a recurrence, and at others the operation is reported as one of a series, large or small, on the same individual. It would seem the fact that such reports are a somewhat severe reflection on the surgical attainments of the operator. Let us look at this a moment. It is true that calculus may be developed in any part of the urinary tract, but the common source of the nucleus is unquestionably in the kidney. Vesical stones are examined, the nucleus recognized, and its source thus made tolerably certain. Now, suppose the nucleus is blood-clot, pus, or foreign material, and the stone single? Why it originated in the bladder, and its removal may very properly be considered a cure. Should the nucleus show a renal origin, however, say uric acid—and the stone is multiple, the removal does *not* promise a cure. In the former case there is not necessarily a morbid state (except as produced by the stone), the condition represents an accident. In the latter there is a morbid action, causative of the stone, lithiasis—and the stone being a simple product, its removal is no guarantee that there will not be a reformation. Now, here is where the want of skill is shown. If the surgeon is a Homœopath, he *should* know that while the operation was imperatively indicated, yet his professional duty requires a cure of the lithiasis. If he is not a Homœopath, he *may* know how this cure is to be effected. So while the non-Homœopath practically confesses his want of knowledge when stone returns in the bladder of a patient he has once “cured,” his deficiency is in a minor degree as compared to the Homœopath who, supposed to be in possession of this knowledge, practically confesses he has neglected to utilize all the resources science affords.

A SYSTEM OF SURGERY, by Wm. Tod Helmuth, M. D.; *Fifth Edition*—Boericke, Philadelphia. This magnificent volume is before me, through the courtesy of the publishers, and it is with some eagerness that I sit down to its

perusal. On the shelves of my study are some of the predecessors of this edition, going back to 1855, and in addition to the evidence of the growth of this department of medicine in our school of therapeutics, they bear testimony to the fact that we have, as a class, stood in the guise of beneficiaries of our distinguished colaborer for thirty-two years. In 1855 Helmuth was our only authority; in 1887, he is again found at the very head of our honorable list of surgical teachers. May he still be there thirty years hence. In binding, paper, and type, the book is a beautiful addition to the library; in matter, it is alike creditable to our school of therapeutics, and to the gifted author—some of the cuts are not of artistic value, perhaps a few are even objectionable. But as a whole, it is a work of which its author may well feel proud, and in which his colleagues can also feel a pride. Still nothing is perfect in human productions, and something by way of criticism can easily be said. The author has the courage of his convictions, and does his fellow-workers full credit whenever he has occasion to refer to them; in addition he has the rare courage to say: "I don't know." Many questions he holds *sub judice*, where not a few unhesitatingly follow with the multitude. Pasteur's theories, the specific character of the gonorrhoeal contagion, and other matters in debate, he withholds a definite and final conclusion, which, to say the least is the part of wisdom. In the Preface he tells us he has written his book for both student and practitioner, and expresses the hope that he has been successful in the attempt. For one, we will answer that he has, to a considerable extent. Let us refer to a few instances where there might be a question of perfect accomplishment. In anæsthesia the subject is exhaustively treated, but there is a very unsatisfactory explanation of the *modus operandi* of the agents. Something of practical value should be given, showing the manner in which the anæsthesia acts on the cerebro-spinal axis, and how insufficient anæsthesia, consequently, may be as dangerous as an over-dose.

Inflammation is treated admirably, as a rule, but no mention is made of the equivalents for pain, swelling and red-

ness, which leaves the subject incomplete. So also in the discussion of heat, the matter is quite inadequately represented, considering the importance of the subject, and widely differing teaching prevalent. In adhering to Cohnheim and Norris, as opposed to the revolutionary teaching of Stricker, he gives a specimen of his courage in opposing a strangely popular doctrine. Still Cohnheim has left the matter a little incomplete, in that the manner of escape of the leucocyte is unsatisfactorily accounted for—others have attempted to supply this knowledge, the writer of this notice among them—and something might easily have been added to the otherwise masterly presentation of this most important topic. I think a mistake has been made in associating repair with inflammation, as the processes are commonly esteemed antagonistic.

Surgical toxæmia is well given, a distinction being made between septicæmia and pyæmia, which is right and proper. Apart from all considerations of pathology, the difference in semeiology is so marked that nothing but the grossest generalization could fail to give them a distinct etiology. Nevertheless the thermographs given are not, it seems to me, characteristic. The great fluctuations, and extreme irregularity in pyæmia, are sharply different from the regular morning rise, and the short range in septicæmia. So with erysipelas, we have a similar thermograph to septicæmia, but the rise is in the afternoon.

Tumors are presented in an orderly systematic manner, but the attempt is made, unsuccessfully in the nature of things, to adopt a single classification. For prognosis, and to establish a line of treatment, the clinical method is needed; for other purposes the anatomical method is valuable. Still there are good reasons for the plan adopted, perhaps in the minds of many far better than could be advanced on the other side of the question.

Some topics do not receive the attention that their importance demands, such as spinal concussion, cerebral localization, and the remote causes and consequences of hernia. Speaking of epulis, also, no mention is made of the relation the tumor sustains to the teeth, as shown by

Salter, in *Holmes Surgery* (IV—p. 338). The writers experience has been identical with the conclusions there presented.

In a somewhat careful examination of this work, the conviction is reached that in spite of some unevenness—elaborate treatment in one case, and too much condensation in another—there is nothing in our literature that can approach it for completeness. It is a book that all who practice surgery will hasten to possess themselves of, and all students will need. We do not need Bryant and Erichsen on our list of text-books now, as for the first time we have a text-book of our own that is as good as any of them.

EXENTERATIO BULBI VS. ENUCLEATION.

R. D. TIPPLE, M. D., Toledo, O.

It is a matter of some surprise to me that so many oculists (and many of them quite eminent) should continue to enucleate rather than eviscerate eyes on every occasion when they are seriously injured or become diseased in such a manner as to threaten the integrity of their fellow eyes, thereby removing from the orbit the principal power of motion, so that when if ever an artificial eye is inserted it will present a fixed and staring appearance, which is always more or less unsightly and unnatural. Whereas evisceration, properly performed, always leaves a good moveable base with a good associated movement for the artificial eye, which when inserted, will present a very natural motion and appearance. Now, everything is accomplished in ordinary cases by evisceration that can possibly be accomplished by enucleation in the way of removing sympathy; sympathetic irritation, or disease and the danger attending the operation is no greater, or even as great, as enucleation. However, there are exceptional cases in which enucleation should be performed: cases when and where we have reason to believe that a foreign body has lodged in the back part of the orbit, also where there are retro-ocular tumors as well as malignant diseases of the

orbit or globe, also in some cases of phthisis bulbi with a high degree of sensitiveness of the stump; but in nearly all other conditions where enucleation has heretofore been performed, evisceration should be preferred. Several melancholic instances have come under my observation during the last two years in which eyes of children and young ladies had been enucleated, when from various diseases of the eye-ball vision had been lost,—for instance, in such conditions as corneal staphyloma, irido-choroiditis, sloughing ulcers of cornea, etc., as well as from mechanical injuries, where no foreign bodies could possibly have penetrated the globe. I consider the removal of the entire eye-ball in such cases a great injustice to the patient, as well as committing an irreparable surgical blunder. Evisceration is performed by abscising an anterior segment of the globe, cutting through the anterior portion of the ciliary body, and wiping out the inside of the ball, leaving nothing but the white sclerotic, with its muscular attachments intact, bringing the edges of the cut sclerotic together with a silk stitch. The reaction is slight in most cases, and in from four to six weeks the orbit will be ready for an artificial eye. I have treated several eyes in this manner during the last three years with the most satisfactory and gratifying results, securing an excellent moveable base in every instance.

ANOTHER VIEW OF EXENTERATIO.

HAROLD B. WILSON, M. D., Ann Arbor, Mich.

The operation of exenteration or evisceration of the eye-ball is comparatively a new operation, and has at different times received the warm support of eminent operators, notably by Alfred Graefe in 1883, but its statistics are not yet extensive enough to warrant its unquestioned adoption. There are certain dangers and circumstances connected with it which Dr. Tipple has not pointed out. First, the hæmorrhage and shock are almost always greater than in enucleation. It has been my experience to see quite severe

symptoms of shock follow the operation, which, though not directly dangerous, were certainly very unpleasant. Next, there is danger of orbital cellulitis from thrombosis, as in a case reported by Knapp in the "Archives of Ophthalmology" for 1885,—a complication which induced that operator at that time, at least, to decline making the operation in any further cases. Further, there may be any of the results to which thrombosis of the choroidal veins could give rise.

Undoubtedly the operation leaves a far better stump for an artificial eye than does enucleation, and it does not wound the lymph channels about the optic nerve; but whether it is as effectual in preventing sympathetic ophthalmia, and whether it is not more dangerous to life, are questions which only a wider experience can determine.

CORRESPONDENCE.

OUR FOREIGN LETTER.

Editor Advance.—*In contraria scinditur vulgus* is an adage as old as Virgil, and is applicable to learned bodies as well as to "crowds." According to Gibbon, an assembly of bishops at Constantinople became so excited over an abstruse point in theology that a pitched battle took place in the council chamber, and numbers of dead and wounded were left on the floor. After allowing for the softening of contemporary manners, much the same episodes seem to occur among the lights of the medical profession with regard to the efficacy of Pasteur's inoculation against hydrophobia. In Paris the medical faculty is, as we should expect, very decidedly hostile to the great *savant*,—he has committed among other offenses, the heinous one against medical ethics of interesting the public. Probably no purely medical subject during the last fifty years has so profoundly appealed to the imagination of the general public. That the hitherto invariably fatal sequence of symptoms should have been successfully arrested by the

inoculation of the very poison which causes them, is dramatic and striking enough to arrest the attention of the most indifferent of the public, who do not stop to inquire how very small is the number of persons ever endangered by bites from mad dogs—probably not one in a million persons estimated to be living. And how very much more useful would be a remedy for such a scourge as consumption, which carries off two-thirds of the persons who die annually from all causes in Great Britain. No man is a prophet in his own country, and this is perhaps why M. Pasteur has met with more virulent criticism from the faculties of Paris than elsewhere. Professor Peter, in an academic address delivered to a crowded meeting of students and practitioners at the Hôpital Necker, after promulgating various theories already sufficiently known to the medical public, among which may be mentioned the old hackneyed one that pneumonia is a general febrile disease with a local lung lesion. To the ordinary mind this view is amply confuted by the fact that pneumonia is neither infectious nor contagious, all known general febrile diseases being either the one or the other, malaria being an example of the infectious variety and scarlatina of the contagious, but the learned Professor, though intolerant of the now fashionable pneumo-coccus with its attendant parasitic theory, is apparently still a follower of Virchow.

“At the present time,” says Prof. Peter, “the whole of pathology is dominated by pathogeny, and this by bacteriology. Bacteria here, bacteria there, bacteria everywhere. Every day we learn with stupefaction that yet another disease is parasitical. There are bacteria to make us feverish in typhoid, others to produce algidity in cholera; some blow hot, others cold.”

The Professor then alludes to methods of treatment founded on these theories: “In pneumonia and phthisis injections are made into the lung without considering that if even one microbe were to escape it would quickly reinfect the whole organism. Anti-rabic inoculations are as irrational in principle and as inefficacious in practice. These so-called anti-rabic inoculations, after having been

proclaimed with *éclat*, have failed lamentably. The mortality from hydrophobia this year has been the same in France as in average years."

Thus does the Professor summarily dispose of M. Pasteur and his theories.

Who's to decide when doctors disagree,
Sound casuists doubt like you and me.

But for my part I do not doubt, as I have studied elsewhere the efficacy of the anti-rabic inoculations; my reason for my faith being founded, not on the statistics hitherto made public, but upon my knowledge of the previous career and achievements of Monsieur Pasteur: there being no debate now as to the success of his inoculations in malignant pustule and chicken-cholera, or in the efficacy of his method of promoting the fermentation of malt liquors. If the principle of injecting the attenuated virus of a disease in order to arrest or prevent it, be sound in one instance it cannot fail in another.

I am not aware how far our American colleagues are conversant with Dr. Dudgeon's pocket sphygmograph. It is now admitted to be the best instrument of its kind and enables the "busy practitioner" to take a tracing of his patient's pulse in exactly two minutes, whereas the old cumbrous machine of Marey took half an hour: moreover, it measures but three inches cubic and is thus readily carried in the pocket. It has the further advantage of cheapness, the price being two guineas (ten dollars), Dr. Dudgeon having steadfastly refused all royalty in order that his colleagues might have every facility for acquiring it. The English general practitioner (allopathic) however found himself in a position of very great embarrassment: he was very anxious to use the instrument, but if he did so he would be obliged to use the inventor's name and call it "Dr. Dudgeon's pocket sphygmograph," and this would be tantamount to admitting that there existed one homoeopathic doctor who was a clever and practical man. It is probable the general practitioner with his usual mule-like obstinacy would have preferred the first horn of his dilemma and deprived himself altogether of the services of this

very useful little instrument had not Dr. Benjamin Ward Richardson, F. R. S., the great hygienist and temperance lecturer, stepped down from heaven to his assistance. The method of operation was simple: a steel yard was substituted for the eccentric wheel of Dr. Dudgeon's instrument and the amended machine was yecept "Dr. Richardson's pocket sphygmograph." To be sure the steel yard is very inconvenient; it projects in such an awkward manner that it is very difficult to put the instrument back into its case without breaking it, and it possesses no advantage whatever over Dr. Dudgeon's eccentric wheel, but the "honor of the profession is saved," and no doubt thousands of its members will now invest in this useful invention to the eternal glory of Dr. Richardson. That Dr. Richardson was conversant with Dr. Dudgeon's sphygmograph is proved by his laudatory notice of it in his own paper, *The Asclepiad*, some years back. I must own to a difficulty in comprehending how Dr. Richardson, who is personally known to me as an otherwise upright man, can reconcile such conduct with his conscience. A. E. Drysdale.

CANNES, Dec., 28, 1886.

COMMENT AND CRITICISM.

Editor Advance.—POST PARTUM HÆMORRHAGE is not a surgical topic, but, according to the ADVANCE, Prof. Wood, of Michigan University finds difficulty in differentiating between a surgical and—well, *obstetrical* hæmorrhage. He says: "I cannot conscientiously recommend the treatment of post partum hæmorrhage by the indicated homœopathic remedy, any more than I can recommend the treatment by the same method, of a severed axillary artery. The cases are ANALOGOUS (!) and in both *the* indicated remedy is the closure of the gaping vessel." Italics mine. Now, was a more extravagant statement ever penned! In *what* respect, in the name of medicine, are these conditions analogous? A severed artery always bleeds; detachment of the placenta rarely causes hæmorrhage of moment. When post partum

hæmorrhage occurs, the sinuses are open because there is failure in the uterus to contract. If these sinuses are to be considered "open vessels" in the sense that a "severed axillary artery" is, why treat them in such an unsurgical manner? Or, why not treat the *artery* by injections of ergot? Evidently the doctor has something to learn yet, *much* to learn, and he might postpone such dogmatic statements until he has had more experience, or a better understanding of the exigencies of the case. To be sure one *can* cure a headache by cutting off the head, but the practice would not be scientific if it is "rational." The clinical experience of the profession is overwhelmingly adverse to this remarkable teaching, and said experience is in strict accord with universally admitted facts. Thus, when post partum hæmorrhage occurs, uterine inertia is at once recognized. The indicated remedy, rarely other than Phosphorus, Ipecac., China, or Belladonna, will cause an immediate contraction and physiological arrest of bleeding. This thousands can bear testimony to. Now, suppose we give Ergot, no matter in what form, why should it act any more promptly than the "indicated remedy"? As a matter of fact, *does* it do so? No! It is a remedy like the others, but its homœopathicity lies in another direction, viz., tonic muscular contraction. Therefore, the primary effect is to cause contraction, proportionate to the energy of the drug, but the secondary or reactionary result is muscular relaxation, paralytic from the former tetanic spasm. Recurrent hæmorrhage, or retention of putrefactive organic material (blood clots, etc.), is the consequence, not only in the uterus, but in the sinuses. By the use of this drug we introduce an agent into the body that we cannot control, and in certain cases perhaps (as has occurred) induce functional disturbances that may give rise to much future trouble. One who is "a firm believer" in the law of cure testifies in a very queer and questionable manner, when he gives Ergot in post partum hæmorrhage, because it is antipathic to a degree. He might say, "as far as I *understand* it," and leave us to suppose his knowledge stops at this point. Neither science nor Homœopathy will bear

witness for him in this case, for his practice is opposed to both. Of course a man must teach what he believes and knows, but this is not a reason for such teaching in a homœopathic college, rather a good one why such a teacher should "make a vacancy." *J. G. Gilchrist, M. D.*

Editor Advance.—HOMŒOPATHY: In reply to Dr. Brigham, February ADVANCE.—According to our understanding of Homœopathy, it is a method of applying medicine for the *cure of disease* and when we attempt to do something else than cure disease we are outside of the sphere of Homœopathy.

Is it a sick uterus or only a tired uterus that we have to deal with after an exhausting labor? If it is not a sick uterus what symptoms have we on which to base a prescription for the hæmorrhage? Any remedy that may be given which is not selected according to the totality of the *symptoms* is not homœopathic no matter what we may call it.

Is not the process of labor from beginning to end a normal or physiological one even when attended with serious hæmorrhage? Now when this hæmorrhage is dangerous the writer does not believe that the higher attenuations which he is accustomed to use for the cure of disease can arrest the gushing torrent, nor does he believe that a remedy can be applied according to the law of similia. As well apply the law to repairing your watch or satisfying your hunger. Such pseudo-Homœopathy will only bring distrust upon the true system.

When Prof. Wood declares his "firm belief in the law"—the law of cure—is it not a sufficient guarantee to the profession that he is loyal to Homœopathy? If he does not put a personality into his teaching, then our students might as well confine their studies to the text books which Dr. Brigham recommends the Professor to follow.

If the good of humanity or Homœopathy were to be sacrificed, which should it be? Dr. Brigham writes as if the former were to be sacrificed for the latter. We do not

believe that this should be or that the reverse ever need to be. We do believe that a hungry stomach, a severed artery and a relaxed and bleeding uterus often need something else than homœopathic treatment and that Homœopathy is not sacrificed by giving suffering humanity the benefit of it.

H. W. Champlin, M. D., Chelsea, Mich.

[Dr. Brigham's objection is that Prof. Wood not only puts his personalities and his text-books into his teaching, but that both personality and text-book are allopathic, and he a professed teacher of Homœopathy in a homœopathic college. Notwithstanding his "firm belief in the law" he totally ignores every homœopathic author and offers a lame apology for his allopathic teaching under the very transparent plea that "I have given you the *very best* Homœopathy attainable." He does not even tell the student that there is a homœopathic treatment, except by inference. In post partum hæmorrhage the mortality under allopathic treatment ("the very best Homœopathy attainable") is 166 per 1000, while under homœopathic treatment, pure and simple, it is only one in 2000 (one-twentieth of one per cent.) Read homœopathic statistics, page 242, and see if this teaching "fills the bill." Post partum or any other hæmorrhage, when sufficiently severe to endanger life, always presents symptoms from which the true prescriber may select the totality; and the remedy so selected will act as promptly as ergot, or any other allopathic expedient, and with infinitely more safety. If the uterus be "tired and exhausted," the safest and speediest method of relief will be found in strict homœopathic treatment with any attenuation. Dr. Champlin's position would be impregnable were it possible to remove the "exhausted" organ from the body and treat it independently.—ED.]

Editor of Advance.—The proving of Lac caninum by Laura Morgan M. D. copied by E. W. Berridge M. D. in the Dec, issue of your readable and deservedly popular *Journal*, has to say the least, power enough to call out the reserved forces of skepticism in my mind, and make me wonder for the time being, whether or not a mental tendency to pick up and classify facts, could ever possibly take in such rarified material and not come to the conclusion that

the universe is a phantom. When I noted the interminable vapourings of a very sick woman, though *not* sick through the agency of a few doses of the 32d centesimal potency of the stuff supposed to be proven, were to be continued I could not refrain from exclaiming O! Lord "give us a rest" at least till the year 1900. A fractional part of the proving of such a symptomalogical leggettee is sufficient to engage the mind of the ordinary practitioner for the next century to come. The busy bread-winners of the profession cannot do other wise than send up prayers to the Great giver of our short lives—that Dr. Berridge will never find time to transfer the remainder of the unsubstantial as well as not substantiated "thin air" contained in Dr. Laura Morgan's note book.—Since science embraces two essential elements—that is certain knowledge of the special and universal, we ought not to be censured if we declare ourselves skeptical concerning those things which no one can classify in the realm of known facts. Our special and universal knowledge of lac canium —is that it is the "stuff" par-excellence with which to fatten pups. It is a matter of history within the memory of the writer, where, in several instances, babies of the human persuasion fattened and thrived upon it. Just after the manner of those celebrated Roman infants Romulus and Remus who drew their lacteal sustinance from a she wolf.—Securing a fact is a concious process, and I am ready to say that no one made severely sick for seventy two days can give us an ag—gregate of clear symptoms: and in as much as the successful practice of Homœopathy depends on *absolute* knowledge it is a dangerous as well as an uncertain sort of transcendentalism to assume that a mind off of balance through either an incidental or an induced severe disease for 72 days can furnish us those facts which become invulnerable adjuncts to our materia medica, and which bestow added respectability upon our school of medicine.

If Dr. Morgan has experienced all of the symptoms enumerated by her from so small a portion of lac canium, the milk of the slut is as dangerous a hydrophobic saliva; but if she has only gathered this unmasterable mass from the ramblings of a disease disordered imagination, she as an imaginationist simply "takes the cake." If the multitudinous array of derangements she has noted can be produced by so exceedingly attenuated quantities as she states she has taken, who will take the time or assume the responsibility of getting this marvelous panicea into shape for a safe remedy in general practice?

I will forfeit three hundred dollars if the same train of symptoms experienced and noted by Dr. Morgan can be reproduced upon any health disinterested woman outside of an insane asylum, either in high or low potencies, or by the pint or quart of lac canium. This sum of money to be equally divided between the

prover, the physician who keeps a daily record of the case and the Medical Advance for publishing the results.

Our materia medica is already glutted with the provings of inert agents, and the gratuitous services of sensational phenomenon seekers have not added either to the brilliancy, the dignity or the durability of our literature. There is no impericism more tyrannical than that of unfounded assertions,—and that is most assurdly unfounded which cannot be verified or reproduced always and eternally. Very oppertunely are we told by you Mr. Editor in your comments upon this proving that “Science does not depend upon faith”—No it does not, and because it does not I refuse to fall back upon the little faith I possess to accept either as a part or as a whole the proving of lac canium furnished your readers from the private note book of Dr. Morgan. Because scientific methods are above all drains on faith and because they know no such things as doubts and uncertainties,—but because they unfold under the canopy of seaching daylight, and scorn to consign facts to note books out of sight of the keenest logical scrutiny, I refuse to accept as true that which cannot be verified in the experience of ordinary intelligence.

Science makes no revelation of any matireal difference between the essentials which compose the lacteal fluid of the female of the canine species and those which enter into the construction of other animal milk,—hence it would not be a far-fetched conclusion, if we accept as true, the frightful procession of symptoms noted by Dr. Morgan, to assume, since she makes no statement to the contrary, that the particular slut which furnished the lacteal supplied for this specified proving, was not overly nice in her habits,—but prowled around *ad-libitum* gorging her dirty stomache with choice bits of *carriion* from which to induce the necessary lactael flow. We have no right to assume further—that Dr. Morgan is not gifted with a highly refined perception of the clean things which should enter the female stomache and go subsequently into lacteal constructions or he would have *shut that slut up* and have given personal supervision to the little vagabonds bill of fare, and thereby perhaps have avoided *that* severe spell of sickness,—O! how *Ad-nauseam*. To come down out of the clouds and rest matters upon a solid basis of good common sense and practical judgement, we must, if we have any tendency at all, to demand the proofs for what we accept, announce ourselves pretty thouroughly convinced that Dr. Morgan was a very sick woman, and that not through any influence exercised from the lac canium. A diagnosis of any other woman simularly afflicted would run somewhat after the following=Diphtheria and Rheumatism. I have no doubt that the two allopathic phisicians were correct in their estimate of the condition of Dr. Morgan's throat in everything excepting their proverbial rapacity for cauterization. Is it not infinitely more

probable that the two physicians, who were presumably in a normal condition mentally and physically and who diagnosed her case as diphtheria, knew a thousand times better what was the matter, than Dr. Morgan did after being intensely sick for twelve days? Following the universal order of testimony the evidence of *two* witnesses is always considered stronger than that of *one*. It is a good thing for the salvation of known facts that the transcendental qualifications of a witness have no power over juries. * * * * Here we have on our hands something which may well startle and astonish scientists the world over, for it transcends phenomena beyond all known methods of demonstration. We all know such a thing is physically inconceivable and at war with all knowledge of the development of physical substances. * * * * Is it at all surprising that Dr. Berridge concluded he had stumbled upon something peculiarly and pre-eminently wonder-stirring when he found Dr. Morgan's note book? It is Dr. Berridge's misfortune in this instance however, that the note book's intrinsic value rests exclusively upon the credulity of, and the utter absence of analytical methods in those who are put to the task of reading it. * * * *

In all sincerity may we not enter an earnest protest against the adoption of all such bastards as lac canium within the folds of legitimate remedial agents. Honest regard for the honor and undoubted certainty and reliability of the principals of our *materia medica* demands its exemption from fathering the illegitimate illusions and delusions of brains up-set in their anxiety for notoriety in the field of startling discovery. Very well do we know that the realm of discovery is exhaustless and just as well do some of us realize that the quintessence of *nothing*, is found when we get our hands on lac canium as an active agent in medicine.

Safe and sure progression will always go on and error in the future as in the past will continue to die of its own inherent weakness—but we have certain knowledge that error is helped on to death with greater speed and more certainty when some brave enough to call a halt comes to the front and fearlessly demands "a reason for the faith that is within us."

D. Haggart, M. D.

INDIANAPOLIS, IND.

[In our February number we gave what we believed to be a fair interpretation of the above paper, having taken the license accorded all editors of pruning down and eliminating objectionable paragraphs, and presenting it in concise and readable language. To this Dr. Haggart objects in terms of severe indignation, insisting upon the FULL publication, adding: "I am quite willing that you or any one

else should make the most adverse criticism upon the entire paper and if I cannot hold my own no one will suffer but myself, I do not think that my literary style will reflect upon the *Advance*." This is our apology for again presenting the above, having now omitted from it only those parts in which the author forgets himself and makes remarks unbecoming a gentleman when referring to a lady. The closing sentence in Dr. Laura Morgan's last proving is a fitting reply to the paper: "I am compelled to swallow my skepticism as to high potencies and accept Lac caninum 200 as a disease-producing drug."—ED.]

Editor Advance.—"SCIENCE" VERSUS DR. HAGGART.—Dr. Haggart says: "Science makes no revelation of any material difference between the essentials which compose the lacteal fluid of the female of the canine species and those which enter into the construction of other animal milk."

Dr. Haggart's rhetoric is as erratic at his knowledge of "science" is erroneous.

Prof. Simon, *Animal Chemistry*, Vol. II, p. 66, says that bitches' milk "is distinguished from every other kind of milk that I have examined, by the immense amount of its solid constituents, and by the nearly total absence of sugar."

Sugar is surely one of the essentials "which enter into the construction" of milk inasmuch as the quantity is found to vary significantly in the milk of different animals.

Moreover the salts in milk are most emphatically "essentials," and we find the following differences in their percentages:

| | |
|------------------|------|
| Asses' Milk..... | 3.4 |
| Human "..... | 4.5 |
| Goats' "..... | 5.8 |
| Ewes' "..... | 6.8 |
| Cows' "..... | 7.2 |
| Bitches' "..... | 15.0 |

It looks as if Dr. Haggart is not authorized to speak for "Science," at least in the matter of milk, and when we find a writer making so reckless an assertion in one instance it is very natural to doubt him in all. *M. D.*

AN OPEN LETTER.

MESSRS. BERICKE & TAFEL—*Gentlemen*.:—My attention has been called to an article in the Publishers' Department of your journal, in which you make contemptuous remarks concerning my work and apply disrespectful epithets to me. Of the latter offense I have nothing to say; but for the sake of pharmaceutical science, I must defend my position in regard to the trituration and the new test. Referring to my recent circular regarding trituration you say: "An enterprising homœopathic pharmacist, who advertises his triturations at about half the price that others charge, hit upon an amusing expedient with which to supercede a careful examination with a good microscope. He states that an off-hand way to determine the true value of a 2x or 3x trituration of a drug insoluble in water, is, by simply dissolving a small quantity in a drachm or two of pure water, and that reflected light could reveal a certain cloudiness occasioned by the suspended particles of the triturated drug. Now, it strikes us that a reliable pharmacist will not sell poorly triturated drugs, hence this test will have to be applied mainly to preparations put forth by the less reputable pharmacists, by the cheap Jacks among them. A man who strives to excel in the cheap prices of his goods will not be over particular about the purity of his milk-sugar or chemicals. And if the former contain but a small portion of what is said to be a common adulterant, *Starch*, his 2x or 3x triturations will admirably respond to the test proposed by this wiseacre among homœopathic pharmacists." The test referred to is thus stated in the circular: "To five grains of the 1x, 2x, or 3x trituration of any 'insoluble' drug, such as *Carbo Vegetabilis*, *Cuprum Metallicum*, *Hepar Sulphuris Calcarium*, or *Mercurius Vivus*, add about a drachm of distilled water in a clean flint-glass vial and agitate until the milk-sugar is dissolved.

If the trituration be good—if the drug be made a medicine—the liquid will have by reflected light, a colored or a *nebulous appearance*. The cloud is caused by the reflection of light from the minute, opaque particles of the drug, which are too small to force their way rapidly through the liquid.

If the trituration be imperfect—if the *drug* be still *crude*—the particles will fall to the bottom of the vial, and the liquid will soon be clear. The condition of permanent suspensibility, called by Hahnemann 'solution' is the goal of trituration."

While I have probably used the microscope in examining triturations, as long and as studiously as you, and while I hold that this instrument is capable of showing what can be learned by no other means, I make the following points in favor of the *Subsidence Test*, which I have briefly described above.

FIRST. The quantity of trituration operated on being at least a hundred times as large as that which can well be displayed on a glass slide, there is much less risk of error from the selection of a particularly good or bad portion of the medicine. It is well-known that there is a great difference in different microscopic fields even on a single slide in case of inferior triturations.

SECOND. The test is particularly useful in making comparisons, because several specimens can be examined simultaneously.

THIRD. The results can be repeatedly verified, by several observers.

FOURTH. Any physician or purchaser can apply this test, at a cost of three cents in money and five minutes time; while not one physician in five has a good microscope, and not one in five hundred will take the trouble to prepare the slides and make the proper arrangements for illumination and measurement.

This last feature of the test makes it distasteful to pharmacists who do not give full time to the work of trituration. Such houses do not want any tests applied.

The microscopic as well as the subsidence test for fineness of drug subdivision, needs to be supplemented by chemical tests, to determine the purity of the medicine, for it is acknowledged by those who have worked longest in the microscopic field, that it is impossible to pronounce positively, from simple inspection, in regard to the composition of exceedingly fine particles. Your insinuation that intentional adulterations are commonly practiced by pharmacists is, I am happy to say, ill-founded. In an examination of sixty triturations obtained in 1886 from fifteen prominent homeopathic pharmacists, not one of the samples was found to contain starch or any other adulterant, which could be supposed to be fraudulent or which could interfere with the subsidence test. Strange as it may seem, not a single sample was absolutely free from foreign matter, and stranger still, the product of a certain house which makes an ado about the quality of milk-sugar, stood in the fourth, or fifth grades as regards purity. This was not a cooked-up examination, for the examiners were kept in absolute ignorance of the source of the individual samples.

You seem to be in discomfort because I sell triturations cheaper than you. The true reason is not that the milk-sugar or the drugs are less pure, not that the drug gets less trituration, for the contrary is true, but that my facilities for trituration are superior, and that I am satisfied with a moderate profit. It is not true, however, that all of my triturations are cheaper than yours, for many of the 1x and 2x of the insolubles, which you sell at ordinary prices, I hold so dear, on account of extra time occupied in their preparation, that I do not offer them for sale at any price.

Now that you have opened fire, I wish to allow the profession to

judge who is right in the claims of superiority of medicinal preparations. To this end, I make the following proposal, the prompt acceptance of which, will indicate that your professions are founded on conviction:

Let samples of your triturations of insoluble drugs and corresponding ones of mine, be submitted for examination to experts in chemistry and microscopy, under conditions which preclude the possibility of collusion. Let the investigation cover both freedom from adulteration and fineness of drug subdivision. In case my preparations fall behind in the greater number of counts, I will pay the cost of the examination, and *vice versa*, you shall do the same.

Yours respectfully,

LEWIS SHERMAN.

MILWAUKEE, WIS.

THE New York State Homœopathic Medical Society had its regular semi-annual session at Albany, February 8th and 9th last. The attendance was good, and much interest evinced in the numerous good papers read by the participants, among whom we may mention Drs. T. F. Allen, Brown, Coburn, Graham, Fulton, Waldo, Gorham, Whellier, Lewis, Colvin, Talcott and others. Dr. H. M. Paine, of Albany, was elected President; Drs. Helmuth, Lee and Gorham, Vice-Presidents. The next semi-annual session will be held at New York, Sept. 20th and 21st, 1887.

TOLEDO, O., INSANE ASYLUM.—We are indebted to Dr. H. E. Beebe for the following official action of the Trustees of the Asylum for the Insane located at Toledo, O., in regard to the appointment of a Homœopathic Medical Superintendent:

WHEREAS: Believing that the homœopathic system of medical treatment, and especially the methods employed by that school in the conduct of Hospitals and Asylums for the Insane in this and other states in point of percentage of annual cures effected, the low percentage of death rate received, the large annual saving in expenses of medical stores as well as the general success in treatment and management of this unfortunate class of patients, to be superior to that of any other school of medicine as now practised in like institutions and under like conditions, therefore,

Resolved: That, acting upon this conviction, the Board does hereby approve the homœopathic system of medicine for the use and treatment of insane patients of the Toledo Asylum and, to that end will, in due time, select and appoint as Medical Superintendent of said institution a learned, skillful and well qualified member of that school.

On motion, the following was substituted:

WHEREAS: The Toledo Asylum for the Insane originated with those who favored the regular school of medicine, and,

WHEREAS: Appropriations for constructing the buildings have, from time to time, been made by the Legislature with the expectation that the Asylum would remain under the care of the friends of said school. Therefore,

Resolved: That this Board of Trustees does not feel warranted in transferring the Toledo Asylum for the Insane to the management of those who are opposed to said allopathic school of medicine.

The Medical Advance

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

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The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

The date to which subscriptions are paid will be found on the address.

EDITORIAL.

THE POTENCY QUESTION.—The two wings of the homœopathic school are not divided by the question of potency, but by the method of selecting the remedy. If the true remedy—the perfect simillimum in a given case—be not selected, is it not most unreasonable to expect it to cure? Does any sane man believe that either a high or low attenuation will compensate the improper selection? Yet if the school be divided into “high and low dilutionists” as they are termed, this is the only logical conclusion, for it is taken for granted that all Homœopaths select the remedy in the same way. This is not only untrue, it is more; it is simply absurd. It is a delusion; a will-o'-the-wisp. There can be no such distinction, and in the name of scientific therapeutics we protest against this false position being allowed to longer exist.

* * *

The two methods of selecting the remedy as practised by the majority of homœopathic physicians, are those represented by Hahnemann, Hering and Dunham on the one hand, and Hempel, Hale and Hughes on the other. The former rely on the purely symptomatological method, based on the totality of the symptoms of each individual case, irrespective of diagnosis or disease, or as expressed in §18

of the Organon: "besides the totality of symptoms, it is impossible to discover any other manifestation by which diseases could express their need of relief." This, Hahnemann maintains, includes all that can be known of the pathology of a case. The latter rely largely on the pathognomonic symptoms—those which go to form the diagnosis—in order to include "the pathology of the case." This, in practice, forms the broad distinction between the two wings of the school; and of this difference Dr. T. F. Allen says:

"The greater the value of a symptom for purposes of diagnosis, the less its value for the selection of the remedy. A clear understanding of this principle is, I believe, of the greatest importance in making a homœopathic prescription; and the difference in practice between physicians who follow this rule and those who reverse it is very marked, and, one may almost say, *radical*."

* * *

For illustration, we give an example from each method. The first is by Dr. Thomas Skinner: "Constipation.—A. B—, wet nurse to a lady, was the subject of very obstinate constipation, the bowels remaining unmoved for days together, and this always so for years past. Copious supply of good milk, which satisfies baby. *Sinking, empty feeling every forenoon at eleven, heat on vertex, hot flushes to the face, fainty turns during the day, feet usually cold, some of the fingers appear dead of a morning, throbbing headaches now and then.* Sulphur mm., one dose cured permanently. See Dr. Biegler's diphtheria case, p. 251.

Any other attenuation of Sulphur might have cured the case, but would any other remedy, in any potency whatever, have done it? Here is the other, the method of Hempel and Hughes. It is by Dr. A. I. Sawyer, one of the leading Homœopaths of Michigan, late Vice President of the American Institute, and appears in the January number of the *Med. Counselor*, the official organ of the Homœopathic College of the University of Michigan.

"If any beginner elects to follow the course indicated in the case I shall now detail, I trust he will not have cause

to regret it," Dr. Sawyer says. We leave our readers to decide:

CASE.—Master Alfred I. Sawyer, aged fifteen years and nearly three months—well built, vigorous and very sprightly—dark hair and eyes, but light, fair skin. Was somewhat troubled with a feeling of chilliness and slight soreness in the throat on the evening of November the 22nd, 1886. Nothing was thought of, or said about it, though his mother put a *compress* on his neck when she put him to bed. When I reached home about ten P. M., she simply said "Allie says his throat hurts him, but I do not think it will amount to anything;" for this reason I did not see or give him anything. On the morning of the 23rd (the next day) I asked him how he was, when he replied, "I am sick," whereupon I took him to the light, looked into his mouth, and was greatly shocked to find a far developed case of what proved to be a most malignant case of diphtheria. I at once put him upon Belladonna 3d and Biniodide of Mercury 2nd, repeated every hour, spraying the throat with a two (2) per cent. glycerine solution of Carbolic acid. This was continued until the morning of the 24th (next day), with the exception that a six per cent. glycerine solution of Permanganate of Potassium was substituted for the Carbolic acid in the night at 1:30 A. M., as the exudation and coating of the fauces and tonsils seemed to increase rapidly, and the fetor had become almost intolerable. This application seemed to act promptly on the fetor and the spreading of the exudation, but it distressed him greatly to have it applied, although the application was made by means of a *de Vibiss spray producer*, and I was obliged to desist for a time. I then substituted a glycerine saturated solution of Boracic acid, applied with the spray producer. He also gargled his throat with lime water (aqua calcis) several times during the day of the 24th. On the morning of the 24th I found the fever much reduced, but the condition of the throat much the same as in the evening before, with the neck greatly swollen, and the breathing heavy and articulation quite indistinct.

I now omitted the Belladonna entirely, and for the Biniodide of Mercury 2d substituted Mercurius cyanatus 6th, dose every two hours, and *returned* to the Permanganate of Potassium spray, but reduced the solution from six to two per cent.; the lime-water gargle was continued. He also took fresh beef juice and fresh cow's milk and alcohol, a tablespoonful in a glass two-thirds full of water, of which he was to have a teaspoonful every two hours (absolute). In the evening a consultation was had with Doctor Newton Baldwin, of Coldwater, Michigan, and Prof. James C. Wood, of the University, upon which it was decided to return to the Biniodide of Mercury 2d, continue the local treatment he was then on, and to put him on the following as nourishment, viz.: one

dessert-spoonful of beef and milk peptonoids once every two hours; and a gill of good cow's milk, with the alcohol continued once every three hours. He had taken a little chicken broth now and then from the first; this was discontinued. During Thursday and Friday (the 25th and 26th), there appeared to be but little change in his condition, except that he seemed somewhat more cheerful, at times, though his strength perceptibly failed, and his breathing became more and more difficult and his articulation more and more indistinct; nevertheless, a change of treatment in any particular was not considered safe, and therefore none was made.

Saturday (the 27th) the swelling of the neck had very perceptibly diminished, and large quantities of diphtheritic and gangrenous membrane were now ejected at each application of the spray, but he complained of being tired and weak, especially when raising him up to feed him or to attend to his throat.

The Permanganate of Potassium now becoming intolerable on account of its irritating the abraded surfaces, causing more or less hæmorrhage each time, it was omitted, and Persulphate of Iron substituted. I used a drachm of the Persulphate of Iron to an ounce of glycerine, applying it once in four hours (mostly with a fine camel's hair pencil), as that appeared less objectionable to the patient than the spray.

Towards evening on Saturday (the 27th) he began to cough; this increased as the hours advanced, and he was more or less delirious upon disturbing him for nourishment or treatment, his sleep being quite heavy. These and other apparent evidences of serious laryngeal invasion induced me to drop the Binioidide of Mercury and to substitute Bichromate of Potassium 3x. Dose every two hours.

We now apprehended serious septicæmia, but were happily spared that dire complication; for on Sunday morning (November 28th), although his throat was nearly closed up with diphtheritic exudation and disorganized tissues, when I used the Per. Sul. of Iron spray, a rotten mass, nearly an inch long and about as wide, came away, affording much relief, the little hero, looking up and with a surprised air, saying, "Papa, I can breathe better now!"

The treatment of yesterday was continued through the day; and in the evening a still larger mass came away, with corresponding relief. After each of the large sloughs came away, the surface bled somewhat; this was promptly arrested by freely applying the Persulphate of Iron solution with a camel's hair pencil. The sloughing continued through the night, large pieces of membrane being ejected. Upon each application to the throat, and on the morning of the 29th (Monday), there was but little, comparatively, remaining; still the surface was very red, sore, and extremely sensitive to the touch.

A teaspoonful of a 1-1000 glycerine solution of Bichloride of Mercury was now put in a glass one-half full of water, with which

he gargled his throat once every two hours—omitting the application of the Persulphate of Iron; with this exception the treatment of yesterday was continued. In the evening the Bichromate of Potassium 3x was ordered given once in three hours through the night, and the Eichloride of Mercury gargle to be used each time before giving him nourishment, which was to be given once every three hours.

Tuesday, November 30th, all was propitious, and treatment continued.

Wednesday, December 1st, still improving; but had no appetite and was weak. Arsenicum album 6x was substituted for the Bichromate of Potassium. Dose once in three hours. The treatment of the day previous was continued through the day, with this exception.

In the evening, however, he did not seem quite as well, throat looked angry, and more coated than in the morning. A gargle of Boracic acid was now substituted for Bichloride of Mercury. A tablespoonful of a saturated solution of glycerine and Boracic acid in a glass one-half full of water. Otherwise the treatment of the day was continued through the night, except that he now had nourishment only once in four hours, and Arsenicum album 6x once in four hours.

Thursday, December 2nd. We now considered him fairly convalescent, although it was two weeks before he had his clothes on, and therefore less exactitude was enforced. However, the Arsenicum 6th, once in four hours, and the Boracic acid gargle before taking nourishment were continued for several days longer on account of great exhaustion and rawness of the throat.

The history of this case would not be complete were I to omit to give the hygienic measures employed to disinfect the premises and the articles used in connection with it.

In the first place, sulphur was freely burned, not only in the little patient's room, but in all the rooms and halls on the first floor, where he was sick. Second, all discharges were passed into a vessel containing a strong solution of sulphate of iron, and thrown into the water-closet, and carried off in a sewer, flooded from a tank above. This process was repeated at each evacuation, liquid or otherwise, without exception, during his sickness.

Third, every cloth he spat upon, was immediately cast into the grate-fire and burned.

Fourth, every instrument, glass, cup, bowl or what-not, used in addition to the above, was either thoroughly disinfected with a strong solution of sulphate of zinc or destroyed immediately after being used.

An additional gratifying circumstance in connection with this case is the fact that no other member of my household has had any symptoms of the disease, notwithstanding my wife and daughter were over him constantly, from the beginning to the ending of his sickness. I attribute this immunity to the disinfectants so freely used, and to the other hygienic precautions practiced.

OUR EXCHANGES.

You remember, don't you, the extract furnished by Dr. Crutcher for the February issue about glass-breaking medicine? Now, read the other side:

EDITOR ADVANCE.—I was greatly amused at Dr. Crutcher's wise (?) remarks on breaking tumblers. I beg leave to state some stubborn facts. Sixteen or eighteen years ago I always used the 200s, placing the No. 10 pellets in a half glass of water and giving repeated doses. (It is almost needless to add that *that* is not my way now.) One season I began to hear this remark: "Your medicine cracked the tumbler last night or this morning." Of course I hooted at the idea and gave a lot of silly explanations—about different temperatures, flaws in the glass, etc. One day I happened to be sitting at a patient's bedside when the nurse had just given a dose and put the goblet (cut-glass and fine facets, old style) back on the mantlepiece; she had barely sat down, when I saw the glass fly into innumerable fragments; the shank and bottom flying off with such force that it struck me quite a blow. Now, I knew just what was in that glass, and by referring to my notes of other cases I found that Phosphorus 200 was the ingredient in every case. So I quit using it in that way, as I found out that some of my best families were afraid of my medicine, arguing that if it would smash a tumbler it might blow off their "belly-buttons." Dr. V., a physician who practiced Allopathy for many years, informs me that he has broken many a tumbler with crude Tartar emetic in water. My advice to Dr. C. is to be quite sure he is right before he goes ahead, for he is certainly in error in this item, to say nothing of laying himself wide open for a case of libel, and if it was me, I'd surely "salt" him.

GALESHURG, ILL.

GEO. H. CARR, M. D.

The following from the *Medical World* seems to substantiate the foregoing:

"I see in the December number, page 425, the question asked: 'what medicine prepared in water in a glass would break it?' Phosphorus I have known many times to break the vessel: the reasons for it I cannot give. * * * R. W. LANCER."

Dr. A. Berghaur (N. Y.) admits a similar experience, but doubts the cause:

"I have practiced this kind of treatment [homœopathic] for twenty years, and up to the last five or six years patients have frequently informed me that a glass, which I knew to be sound, had suddenly cracked when the medicine had been used. In neither case was it the same medicine nor the same potency. At the same time I have experienced that the using of a lamp-chimney, which had not been lighted for days, would without apparent cause crack to pieces, when quietly standing on the mantle-piece. Both occurrences have probably the same cause."

NEXT!

*

"Indecency in Medical Literature" forms the eloquent plaint of an editorial leader in the *New England Medical Gazette* (February):

"If entire cleanness of action, speech, and habits of thought, is demanded by fixed public opinion, of any class of workers in the community it is and should be demanded of physicians. . . . The same [unfitness for existence] should be true of any medical journal publishing indudent jokes whose points lie in allusion to those physiological functions of the human body, or those intimate relations of human life, before which wise delicacy draws the veil that science or morality is at any time free to lift, but which should be held sacred from the prurient fingers

of a bastard humor. Every conscientious physician to whom the honorable reputation of his profession is dear should protest in every fashion open to him, against the publishing in medical journals, and subsequent dissemination by reprint in their contemporaries, of such paragraphs under discussion."

The appeal speaks for itself; here is the other side, from the *Medical World* (February):

"Now and then some one thinks that our correspondents are a little too free in their discussion of certain matters. But it must not be forgotten that topics which could not be mentioned by ordinary men without vulgarity, are matters of daily thought and interest to the physician. Polite society ignores the existence of the anus and the genitalia in ordinary conversation, but to the physician these are matters of constant care and study. Consequently if a little of the spirit of Rabelais crops out in his moments of relaxation, don't blame the doctor as you would another man. Don't ministers ever joke about the way they 'rope in the souls,' or compare their experiences in a humorous way?"

You pays yer money and takes yer choice. As the pious old Methodist lady said: "If you take from me my 'Total Depravity' you take from me all the consolations of religion." One man ariseth and denounceth advertisements in medical journals; another reproveth ye editor because book-reviews are admitted; a third findeth fault because the meetings of societies are chronicled; a fourth must needs have his journal sent him flat, while his neighbor wants it rolled; and, now, cometh the boycott on Indecency. Yea, verily, the lot of an editor is not a happy one.

*

List, oh list to this Macedonian cry from the camp of the Physio-Meds at Indianapolis:

"Yes; November was a little late, December later and now January later still. Why? Didn't have copy. Nobody writing anything. Got nothing to say that is worth saying. At the time copy should have went into the printer's hands had not a page of matter. Came as near as could be of never having another *Journal*. . . The editor consulted with the publisher and the publisher with the editor, and after long waiting—no praying, such a thing could not be thought of under the circumstances—No. 1 was put up, and here it is. If there is nothing more to publish, if all has been collected and preserved that is needful to our profession, there is no longer any use for the publication, and so soon as the profession signifies that it has nothing further to offer, the books will be closed. . . . It has quit begging for copy and can easily quit publication. The profession can take its choice."

Be not hasty, Bro. Hasty, but if the "yarbs"-and-tea fraternity don't respond in fitting numbers, come over to the Homœopaths: you'll find abundance of good interesting reading matter there, and Homœopathy invites to its ranks bright minds from all the schools. Think of this, Bro. Editor. Cut this out and mention this paper.

*

Evidently, however, Bro. Hasty and his school of medicine are not the only sufferers from lack of MSS. As witness the following Hilferuf (cry for help) taken from the *Allg. Hom. Zeitung*, Jan. 18:

"Our readers have certainly observed, doubtlessly to their sorrow, that instead of original matter in the latter times we have been obliged to treat them to selections and translations from other journals. If this continues very much longer it

will seriously impair the usefulness of this journal if not altogether suspend it. We appeal particularly to practitioners for clinical cases cured, and see no reason why they should be less diligent in the matter of reporting their cases than our American, English and French brethren," etc.

*

"Nicotism" is the very practical subject of a well-written paper prepared for and read before the Homœopathic Convention at Basle, and now published by the author, John H. Clarke, M. D., (who is also the editor) in the *Homœopathic World* (London). He says:

"In these days of advanced civilization there are few persons to be met with who are not to a greater or less degree under the influence of some poisonous drug. There seems to be a deep-rooted instinct in the human constitution impelling us to take poison of some kind or another. If the incipient nicotist perseveres in his attempt to accustom himself to the drug he usually succeeds. He will tell us that under the influence of the drug the world looks brighter to him, he is more at peace with all mankind, himself included. But in order to maintain this condition he must be kept constantly saturated with his favorite poison or else the world is all wrong. . . . The survivors of the Greely expedition were all non-smokers with the exception of one, who suffered more severely than any of the rest, and he was only a moderate smoker. Grave disorders chiefly in the eye and heart and the nervous system generally come on in an insidious manner. It also causes a peculiar sore throat in singers. The craving of smokers for alcoholic drinks is remarkable as being in a certain way a preservative instinct. There is a very close analogy between the effects of the two drugs. The digestive disorder that follows a drinking bout is very like the first effects of tobacco. Persons who take no alcohol are less able to resist the effects of tobacco than those who do."

*

Quite a novelty to us was the appearance of the following ad. in the *Allgemeine Hom. Zeitung*, Jan. 7, 1886:

"The only relative of a well-educated, handsome young lady, with prospective substantial fortune, on account of her loneliness—being an orphan—seeks for her a good *partie*, preferably a professor, official, or physician in a large city. Answers directed care of R. M., Nürnberg, will be forwarded directly to the above-named relative, who promises upon honor to treat all such communications in strictest confidence, and to deal truthfully with all applicants. No agents need apply."

Since the strike is off in New York and the embargo on ocean traffic raised, why not go to Nürnberg by next mail, instead of to Texas?

*

California Homœopath (San Francisco), January, 1887, contains a well-written, readable, clinical case of epistaxis by J. M. Young, M. D., of Oakland, Cal. The paper is clearly summed up as follows:

"The boy is scared by a passing train—a restive horse—being left alone at night—punishment at school—a threat of punishment, etc., and immediately the debilitating hemorrhage sets in. Can you ask for a more perfect mental picture of Aconite? I think not. . . . Besides these the careless, alternating, prescriber would be 'bobbing up serenely' amidst a host of other drugs. In the morning the flowers of Faith would bloom upon the flowers of Sulphur. In the evening Disappointment would save her weary quest with *Nux vomica*. The morrow would find 'hope deferred, which maketh the heart sick,' seeking a *simillimum* in *Ipecac.* and *Erigeron* and *Hamamelis*. Rationalism would have plugged the anterior and

posterior nares with pledgets of cotton, soaked in Monsel's solution, or some other styptic, put the patient on tonics and told his parents 'he'd grow out of it.'

He gave Aconite, and subsequently completed the cure with Arnica. [Dr. Young appears in this issue of *ADVANCE* as a contributor.]

*

In the January number of the *Hom. Journal of Obstetrics*, the able editor, Dr. Phil. Porter, in reviewing Dr. Bowditch's now famous monograph on Homœopathy, says:

"The author presents facts—yes, actual facts—that are simply incontrovertible and we accord the writer all honor for his manly and dignified manner of handling this—to him—delicate subject, when he states they are not fighting the principle of Homœopathy or maxims, but they do strenuously object to a physician prescribing expedients or remedies regardless of the law of similia, and then call it Homœopathy. We think he has just grounds for criticism. Query: (1) Is Homœopathy progressing? (2) Are we, as Homœopaths, increasing? (3) What is the difference between a modern Allopath and a modern (so-called) Homœopathist? (4) Is the success from a business standpoint of a so-called homœopathic physician due to the fact of his being a 'Homœopathist' or to his individuality?"

["We stop the press to announce" the following which has no connection with the former, except that it issues from the same pen: "I regard the *ADVANCE* as our best exchange."]

*

"A benevolent lady left \$25,000 to build a public hospital at Springfield, Mass., if an additional \$25,000 could be raised within two years."

To him who waits all things come. At last the Medical Editors and Publishers find a worthy object for their plethoric purses. We trust no profane person (as opposed to secular) will be permitted to add his farthing. Step up, brother journalists. Let us show the rabble populace what we can do when our professional pride—and pocket-book is appealed to. Subscriptions received at this office. Money orders may be sent at our risk. No reduction for clubs.

*

"Should Preachers pay?" is the subject of a well-written paper by Geo. R. West, M. D., Rome, Ga. He states that it is the custom all over the country, among medical men, not to charge any fee for professional services rendered a minister of the gospel or his family, and the object of his paper is to protest against the custom, in the interest (1) of the minister, and (2) of the physician. In behalf of the former because he is thereby enabled to have his choice of physicians, can *demand* attentions, and readily change if he become dissatisfied. Under the present system, if the minister sends when his physician is tired, or the weather happens to be disagreeable, or cold, or wet, or in the night-time, he will stay at home. If the minister be a man of ordinary delicacy and politeness he cannot say "Come to my house," but rather "Please come up if you are not too busy." By accepting for nothing a doctor's ser-

vices, a preacher places himself in the light of a mendicant and must act accordingly. If his salary is not sufficient for his wants, then he should have, besides his profession of preaching, a vocation that would assist in making a living. It is a very awkward thing to demand that the doctor cease his gratuitous visits and then call in another.

In what respect the abolition of this custom will inure to the benefit of the physician requires no extended note. It is self-evident.

*

"A D. V. S. of North Malton, Eng., successfully amputated one of the hind legs, for injury, of a valuable and well-bred short-horn cow, the object being to retain the cow for breeding purposes, while a wooden leg was affixed to the stump. Many will be pleased to hear that the object has been fully achieved; the cow is a mother, and has a fine bull calf running by her side."

A trifle ambiguous, to be sure, as to the chain of reasoning which connects the affixion of a wooden leg to the stump, with the chronicled result; to-wit, "a fine bull calf running by her side."

*

By-the-by we note with astonishment the absence of the medical sea-serpent stories. The season is well advanced; why this dearth? Has no one seen any account this year of the successful taking out, scraping, and replacing of the thoracic duct—either at Chicago or elsewhere?

*

Student life, at best, is a monotonous gad-grind, and doubtlessly requires a vent. Medical students have borne a "hard" reputation the world over; just why this should be so does not appear, nor does it alter the fact. The acme of silliness, to put it mildly, was unquestionably reached at Louisville a little while since, where two incipient medicos had a knock-down in the private box of a theatre, because, forsooth, as a committee from a medical college (?) to present a floral tribute to a favorite actress the one committeeman had neglected in his speech to mention the other committeeman's name.

* *

That clear-cut prescriber and racy contributor, C. W. Butler, M. D., Montclair, N. J., appears in *The Medical Current* (Chicago) Dec., 1886, with some Accidental Cures. The cases mentioned, however, are so succinctly stated, that they will not bear intelligent condensation within the limits of this exchange department; we, therefore, advise the reader to look them up for himself, if for no other reason than "to give to the unsuccessful prescriber in any case, a comfort, a caution and a lesson." "Christian Science," or "Metaphysical Healing," by J. D. Craig, M. D., Chicago, Ill., betrays a singular but commendable familiarity with the Holy Scriptures as well as with Dombey & Son. However, the argument is

well made and the conclusion irresistible as stated: "*There is money in it.*" Dr. W. E. Reed dons the editorial toga with the January issue, and, without desiring or inviting invidious comparisons, we must say that his first-born (although delayed by a wisdom tooth) presents evidence of the true stuff of which good homœopaths are made. Dr. E. A. Ballard, Chicago, comes to the fore with Constitutional Symptoms, depicting the rapid action of Calcarea carb. 700 in a case where Cina seemed indicated, and was given on the presenting symptoms, but failed because of the constitutional dyscrasia, which was promptly removed by Calcarea.

"This case . . . proves the danger of treating the external phases of disease, especially the suppression of these phases which are but the consequences of diseased conditions. It substantiates Hahnemann's dynamic theory of disease, and the rapidly curative action of the high potency of Calcarea proves the power of the dynamized remedy. It teaches us that the constitutional symptoms of some cases—particularly in the treatment of children—rather than the temporary symptoms—should guide us in the selection of the simillimum."

OTHER EXCHANGES RECEIVED.

The Pacific Record.—The Medical and Surgical Reporter.—New York Medical Monthly.—Health Record.—Northwestern Lancet.—So. Cal. Practitioner.—Medical Record.—Journal of Dietetics.—Lancet-Clinic.—Albany Medical Annals.—Ft. Wayne Journal of Medical Sciences.—Western Medical Reporter.—Medical World.—La Reforma Medica.—The Microscope.—American Medical Journal.—Medical Brief.—Rivista Omiopatica.—American Medical Digest.—Atlanta Medical and Surgical Journal.—Buffalo Medical and Surgical Journal.—The Sanitarian.—The Polyclinic.—Journal Cutaneous and Genito-Urinary Diseases.—Peoria Medical Monthly.—St. Louis Medical Journal.—Nashville Journal of Medicine and Surgery.—The Epitome.—The Clinique.—Journal American Medical Association.—Buchanan's Journal of Man.—Eastern Medical Journal.—Homœopathic Review (London).—The Chironian.—The Hahnemannian.—Phys. and Surg. Investigator.—L'Union Homœopathique.—Drugs and Med. of N. A.—Therapeutic Gazette.—London Lancet (Jan.).—Med. Register.

EDITOR'S TABLE.

AMERICAN INSTITUTE OF HOMŒOPATHY.—The next annual meeting will be held at Saratoga, N. Y., commencing June 27th and ending with July 1st, 1887. We sincerely regret that the date has been fixed so late. The commencement exercises of the University of Michigan in all departments occurs June 30th; and as this is the "golden wedding" anniversary will be celebrated in due form. Hence, it will be possible for but few, if any, of the Michigan delegation to be present at Saratoga.

If your paper for State Society is not finished begin its preparation at once.

THE next annual meeting of the Homœopathic Medical Society of Michigan will be held on May 17th and 18th, at Lansing.

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.—The next annual meeting will be held in Cleveland, May 10th and 11th, 1887.

THE 21st Annual Session of the Indiana Institute of Homœopathy will be held at Indianapolis in May next.

BOSTON'S SEMI-CENTENNIAL.—The disciples of Hahnemann in Boston are preparing to celebrate in April next the 50th anniversary of the introduction of Homœopathy into New England by Dr. Samuel Gregg, of Medford, Mass.

MORRIS HALE, M. D., Manager and Medical Superintendent of the Ypsilanti Sanitarium, has resigned to accept the management of the Alma Sanitarium, one of the finest in the state.

Dr. J. G. GUNDLACH, Terrell, Texas, states that he will soon republish his *Sanicula* proving, giving many new and important symptoms with verifications, and asks that all provers and users of the remedy make early report to him—when due credit will be given.

MARRIED.—On January 2d, 1887, L. S. Ordway, M. D., and Mrs. May B. Pearman, M. D., well known physicians and formerly residents of St. Louis, Mo., where both had been professors in the Homœopathic College. Dr. Ordway removed to Wichita, Kansas, last year and has succeeded in establishing a fine practice. Mrs. Ordway, *née* Pearman, has permanently withdrawn from the practice of medicine. Her son, Dr. Van. Pearman, is now associated in partnership with Dr. Ordway.

S. B. WRIGHT, M. D., of Wyandotte, Michigan, died suddenly on Saturday, Dec., 20, 1886. While at Detroit where he went some few weeks before to consult a brother physician, he had a severe hæmorrhage of the lungs; he recovered, however, and was comparatively well until about midnight of the 19th when he had a stroke of paralysis, from which he died early next morning.

WE are pleased to announce that Dr. Wm. T. Miller, 661 Superior Street, Cleveland, Ohio, will open, on March 28th, a summer school of anatomy, descriptive and surgical with dissections; also operative surgery, pathology and uro-chemistry.

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No. 4.

ORIGINAL CONTRIBUTIONS.

THE SEVEN FUNDAMENTALS OF THE ORGANON.

NUMBER FIVE: THE TOTALITIES.

LEWIS BARNES, M. D., Delaware, O.

The disease must be covered by the curative drug. Disease is manifest through the effects it produces. These are the signs, that is, the symptoms. The nature of a drug is also known by its effects. The effects of one must correspond to those of the other, that is, must reach them; otherwise the drug would not touch the disease at all. Hence we read (§18) "that the totality of symptoms can be the *only indication* to guide us in the selection of a remedy." This doctrine is abundantly taught in other places.

There is also a direction for obtaining totalities, which appears to be almost universally overlooked. It can be found in paragraph 102, as follows: In regard to epidemics it is said that "neither the totality and scope of such an epidemic, nor the totality of its symptoms are to be observed upon a single patient," but "by observation of the affections of several patients of different constitutions." This of course covers a large part of acute diseases. Of "miasmatic, chronic diseases," which must cover most of the rest, it is also said (§103): "One patient presents only a portion of the symptoms, while a second and a third, etc., exhibits yet another, which constitutes, as it were, but a

detached fragment of the totality of symptoms." "A complex like this could only be ascertained by examining a *great many* chronic cases." A complete image of the totality can be obtained only in this way; otherwise "it would be impossible to discover the medicines for the homœopathic cure of the entire disease. But having done so, these medicines prove to be the true remedies *for individual cases.*"

How many among us follow these rules? We seem to think, some of us at least, that we are treating the patient, not the disease, and, therefore, that we have nothing to do with any symptoms not found in him. But in my view, supported by a long experience of more than thirty years, this doctrine of the Organon is of paramount importance. If I am treating the patient, and not the disease, I am treating him *for* the disease, not only as it appears in him, but also as manifested in others who suffer from the same epidemic or chronic trouble. The idea of treating patients and not their diseases, in my view, is but a verbal technicality.

Another important matter in connection with totalities may be found in paragraph 153, where we read "that the more *prominent, uncommon, peculiar* features of the case are especially and *almost exclusively* considered and noted." "The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice," because "they are common to every disease and to almost every drug." Now, this is decidedly sensible. We should not rack our brains, and perhaps tear them, in view of things that belong to all diseases, when called to one. What are the symptoms which belong especially to this one—is the matter before us. What is the special group which constitutes this disease in distinction from others? The group is not usually extensive. The symptoms are not many. And the drugs to select from are but few. When Hahnemann selected remedies for that terrible disease, Asiatic cholera, he named *three*. But one of our standard works, one thought worthy to go through edition after edi-

tion, names *thirty-two*, and speaks of almost every symptom that ever appears in any disease. Other standard works appear to designate as many or more, but I have not time now to count them. *When shall we have a standard work that, in describing disease, will just name the group which belongs to that in distinction from others, and the remedies whose "prominent, uncommon, peculiar features" are similar to those of the disease?*

There is a rule (§§212, 22,) for distinguishing the prominent and peculiar features. Thus: "The effect upon the state of mind and disposition is the principal feature of all diseases." "We may then proceed to find a remedy of great similitude, especially with regard to the mental disturbance which it has the power to produce." This corresponds with the fundamental idea that disease belongs to the vital force, that which rises from or lies next to the mind. This doctrine of spirit-like forces crops out everywhere in the Organon. *When will some of our writers cease to look for "key-notes" among unimportant symptoms which do not characterize any disease in particular?* Guided perhaps by the mere manner of expression used by some one in describing a common thing? If our enemies would read and reflect upon the doctrines of the Organon, instead of giving their attention to some of our later works, they would not find so many targets for the shafts of their ridicule. But the style of this work makes it somewhat hard to understand. The sentences are long, parenthetical and otherwise too complicated for the American mind, which is in the habit of thinking straight forward. But patience and reflection can find the buried gold. We are too hasty. We catch hold of something on the outside, or at one end, and run off without knowing what we have really got. Then we distort it, twist it to the shape of our external thoughts, and blunder in using it. We make conclusions without serious investigation under the rigid laws of evidence. We do not open our eyes and take time to see.

I wish it to be understood that I am writing, not so much in special defense of the Organon, as for the purpose of showing what its principles really are. If true, they will

be able to stand in the face of all criticism, adverse or otherwise. And the time seems to have come for a new and rigid investigation from the bottom up. This cannot proceed at random. We must know what we are talking about. But many of our magazine articles are surprisingly faulty in this regard. After getting a clear understanding of what they are, we should test them, not by our theories and reasoning so much as by trial. It will not, and should not, satisfy us to know that others, belonging perhaps to the past generation, have satisfied themselves in regard to the matter. Young America must see for itself. If these principles have stood a proper test heretofore, they can do it again, and should not shrink from the operation. If the former trials have not conformed strictly enough to plain rules of evidence, it is time for new investigations. Let us know for certain whether we stand on a rock, or on quicksands. By all means let us know what it is that we are to either receive or repudiate.

HOMŒOPATHY AND PAIN.

JAMES B. BELL, M. D., Boston, Mass.

As regards the therapeutic treatment of disease, I think we might divide all physicians into two classes, viz.: those who seek to cure, and those who are willing, or even anxious, to palliate; and between these two there is a great fixed gulf, which no man can pass over.

No man can serve these two masters, *palliation* and *cure*; either he must hate the one, or despise the other; so if some of our friends in the American Institute, who now wish to get rid of the name of that of which they long ago got rid of the substance—Homœopathy—let them, by all means, do so, and take their true name of *Palliators*, while the Homœopathists remain, as they always will, the *Curers*. This will put things in the right light, and simplify matters generally. The Palliators can then all consult together without fear of codes, or discipline, or the hated dogma, and the people can know just what kind of

a doctor they wish to employ, and also when they get the right one—if each will be honest and true to his name. And then, also, the patients will not be demanding of the doctor that which he does not profess to do; they will not ask the *Palliator* to cure them, nor expect the *Curer* to give all kinds of temporary relief with drugs.

This view of the case will help us somewhat, I think, in dealing with some difficulties which always have and always will beset our path, and which I propose now to look squarely in the face, and meet them as they should be met; but as the same principles apply to all cases requiring relief, I will apply my remarks only to the most pressing of all, viz., *Pain*, whether medical or surgical in its aspect.

Of course, the principles of Homœopathy remain always the same, and will do so, to the end of time; it is only the art of applying those principles that may always progress, by our combined observation, study, and experiment in the right line; and it is chiefly to encourage our perseverance in this line, and to strengthen especially our younger brethren, that I have chosen this line of thought.

I will not dwell on the painful fact that so large a proportion of our school is unfaithful to its first principles, and daily departing more and more from sound practice. It is enough to mention it, to prove the importance of this topic.

But what are the difficulties?

- (1) People often suffer severely, and must be relieved.
- (2) It is not always easy to get the symptoms accurately.
- (3) It is not always easy to select the proper remedy at the bedside, with few or no books at hand, and amid surrounding confusion and excitement.
- (4) If the prescription has to be changed often, the frequent change of glasses does not strengthen the confidence of the patient and friends.
- (5) If to the pain are added elements of apparent or real danger, the difficulties are increased.
- (6) Some one present may have seen comfortable effects from anodynes, or one and all present may believe in such effects.

(7) The case may be one of mechanical origin, like the passage of a gall-stone, intestinal obstructions, renal colic, where relief cannot wholly come until the cause is removed, except from narcotics or anæsthetics.

(8) Some cases are of inflammatory origin, like rheumatism, gout, carbuncles, boils, felons, where very striking and immediate results of the curative remedy cannot always be expected.

(9) Some are entirely surgical in their character, like the pains after operations, pains and twitchings in stumps, pain of fractures and dislocations.

(10) The required attention, in any given case, in order to treat it properly, may make a very great draft upon our time and strength, and more, perhaps, than the patient may be willing or able to properly remunerate.

(11) The case may be essentially incurable, as cancer, angina pectoris, the gastric crisis and neuralgias of locomotor ataxia, and many others.

(12) After long and patient effort for your patient's relief, he may pass out of your hands and be restored to comparative health, after a time, by the palliative treatment.

Have I made a fair statement of the case? Are not these difficulties rather appalling, especially to the young man who may have to meet them alone and single-handed?

I suppose these considerations should lead us to have charity for our weaker brethren, who have fallen away, and for the Allopath, who knows no better; but they need not shake our confidence, nor our purpose, in the least.

But how shall we meet these difficulties?

First. "The patient must be relieved." Our duty to our patient, to bring him the best that science and art can give, according to our several ability, we fully acknowledge, and we must discharge that first of all by being fully persuaded in our own minds of the absolute truth of all that Hahnemann has written concerning antipathic treatment and palliatives, as well by its reasonableness, as by our own observation and study; and it is also our duty to stand between our patient and the harm which would result from any improper and injurious treatment.

How to get the symptoms: In a severely acute case, it may be best, if the remedy is not at once apparent, to give a dose of sugar of milk immediately, to gain time for observation and questioning. Secure the totality and the characteristics as clearly as possible. With firmness and gentle reassurance, this can usually be done, and if a record is made at once, all the better.

How to get the remedy: If one's own knowledge of the remedies, aided by the repertory, Bœnninghausen's Pocket Book and pocket *Materia Medica*, are not sufficient, by all means go to your office "for a remedy" and study it up if possible. Time spent in this way is no delay. If averse to be seen studying at the bedside, one may easily seem to be taking notes, as, with pencil in hand, he turns the leaves here and there.

To avoid apparent frequent change in the remedy, or too frequent repetition, give teaspoonful doses of *aqua* as often as necessary, while the remedy is given in single doses, dry, on the tongue. When danger threatens, or seems to do so, it will not be difficult to convince sensible people, as a rule, that the danger does not lie in the pain, but in the cause of the pain.

I was once called in consultation, to a neighboring city, to a patient suspected of having strangulated umbilical hernia. She was about fifty, enormously fat, had had stercoraceous vomiting for two or three days, but ceasing when I saw her. Had had severe pain, subdued by very large doses of opium, by the homœopathic (?) physicians in attendance. There was an umbilical hernia, protruding and somewhat discolored, but easily reducible. Intestinal obstruction of some undiscoverable kind was diagnosed, but laparotomy not advised in the condition of the patient and the impossibility of a nearer diagnosis. She died that night, and the post-mortem the next day revealed, as the only cause of death, an intestinal concretion in the small intestine, just filling it, but easily movable each way, and only prevented from passing on, in all probability, by the paralysis of the intestines, caused by the opium.

How to meet the objections of the patient and friends, we will answer a little later.

In cases of mechanical origin, like the above reported, renal colic, gall-stone, and others, there is no reason whatever for departing from the rule of Hahnemann (§ 57), and treating the one symptom of *pain*, by antipathic doses of narcotics. We shall indeed produce quietness, but it may be the quietness of the grave, before we get through; and we shall certainly prolong the sickness, by stopping the movement of the offending body, as in the case cited above. The "anti-spasmodics" are really "paralyzers."

The same objection does not lie against anæsthesia by ether, which may possibly be allowed in a very severe and protracted case, likening it to a surgical operation, although I do not remember having thus used it in my own practice.

The relief in such cases, by the appropriate remedy or remedies, is often, though delayed, most beautiful and satisfactory, and the recovery entire and rapid, and by subsequent treatment rendered permanent. This is the kind of work for the true *Healer*.

In inflammatory cases, the most difficult to deal with, perhaps, are whitlow when deep and severe, but the safety of the member as well as the health of the patient demand the greatest firmness in persisting with the carefully chosen remedies, aided only, when suitable, by heat and moisture.

In surgical cases, what genuine homœopathic surgeon has any need for the "mixed anæsthesia" of morphine and atropia before the ether, or of morphine after operations. How often have we seen the *healing* effect of Arnica high, manifested within a half hour after an operation, by removing the pain entirely; and the other indicated remedies play their part equally well, in all the subsequent painful complications that may arise, and also at the same time expediting the entire recovery.

That patients recover, and sometimes do not do badly, under the opposite treatment, is only a proof of the impartial kindness of Nature, that often protects us from miasms seen and unseen, but we do not therefore seek to be exposed to such poisons; and many other cases certainly do receive much harm, and even die, from those agents, with no corresponding gain. As regards the personal sac-

rifice of comfort and time, we had better resign the case to some one who can, or, if that can not be done, sacrifice everything but our principles and self-respect.

But what if the case be incurable? Does morphine always bring, in such cases, the sweet *Nepenthe*? By no means, but more often new annoyances, while in increasing doses it fails to relieve the original sufferings, besides producing the terrible consequences of the *habit* upon the patient and friends and relatives. The well chosen remedy will often accomplish much in these cases. But what if it does not, and we see this or some one of the other cases pass from our hands? Well, you may have lost a patient, but in the long run you have not lost practice, and you have kept your *manhood*, and, as a general thing, the respect of your patient and that of your allopathic brethren, if not of the half-breeds.

But if you are practising in an intelligent community, you will rarely ever lose the patient; while if you resort to the palliative, and then fail, as you very likely may, some one will soon be chosen to administer it, who better understands it, or is supposed to, and you will only have sold your soul to the devil and got cheated in the price.

It may be that the surgical use of anæsthetics may give some color to the propriety of the use of drug palliatives in painful cases, but the two are not parallel. Pure ether, the only proper anæsthetic, is an evanescent, short-acting agent, without any true drug effect upon the system, and is no more medicinal than alcohol, although, like the latter, its continued use would produce injurious tissue changes. The present popular favorite, Cocaine, may have some slight surgical value, but probably not as much as Theine, while the ill effects are just beginning to appear in the columns of the journals; and as a drug, it must have the same objections applying to all others.

Have I dealt with the subject too much in detail? I only wish that somebody had told *me* all this twenty-five years ago; and so I infer that there are many now who may be strengthened and helped by it, especially if, as I hope, I have expressed your united experience and convictions on these points.

The sum of it all is, that the true Healer must be a *man*, and he comes into the presence of pain full of sympathy and gentleness, but with knowledge, convictions and principles, and he comes to take command like the captain of an ocean steamer in a storm, and his voice is to be obeyed and his instructions listened to, and his doings unquestioned. Or, if some need instructing and encouraging, he is the man to enlighten them, and explain the way, and the dangers and difficulties of any other course.

Time may seem to be long, but it soon passes by, and then grateful smiles upon the faces of all are like the sunshine after the storm, which now seems but a dream of the night, while grateful hands press the strong and faithful one which has guided them safely through the danger and distress.—*Trans. I. H. A.*



IS SIMILIA SIMILIBUS CURANTUR A UNIVERSAL LAW?
AND IS IT RELIABLE IN CASES OF EMERGENCY?

C. H. LAWTON, M. D., Wilmington, Del.

Ninety years have passed since Hahnemann first promulgated the truth of homœopathic law; since that time we, as a profession, have made rapid strides in almost every department of medical science. Our hospitals and colleges and dispensaries are scattered all over this broad continent; our literature abounding in original thought and scientific research is read by thousands of physicians of both hemispheres, but this truth, the very corner stone of Homœopathy, is to-day with a large majority of homœopathic physicians practically in a state of chronic paralysis.

It is deeply to be regretted that there can be found at this late day the shadow of an excuse for discussing a question which should have been settled (and settled forever more than half a century ago); but when physicians professing Homœopathy practically ignore it at the bedside, when men eminent in the profession, whose opinions are accepted as authority, advocate the use of palliative treat-

ment in cases of emergency, is it not time we go back to first principles, and ask ourselves, and each other the question: *Is Similia Similibus Curantur* a universal law? Is it equal to any and every emergency? And if it is are we not culpable when we sing the song of the siren in the ears of our patients, and lull them into *unconsciousness* by administering a hypodermic injection of morphia? We say unconsciousness for it is not sleep any more than it is sleep when a man has been knocked into insensibility.

On May 19th, 1780, known as the dark day in New England, the Connecticut Legislature being in session, so great was the darkness that members became very much alarmed and thought the day of judgment had come; a motion was made to adjourn. At this one of the members arose and said: "Mr. Speaker, it is either the day of judgment or it is not. If it is not, there is no need of adjourning; if it is, I desire to be found doing my duty. I move that candles be brought and that we proceed to business."

We wish to say in this connection, using the same phraseology as the Connecticut gentleman, that this is either a universal law and of divine origin or it is not; if it is not, then all this talk about Homœopathy is an empty farce; if it is, then it is perfect, immutable, eternal.

A distinguished contemporary once said while addressing a body of homœopathic physicians: "Homœopathy is a method, and it is the method of Hahnemann." If this were all, well might we tremble when we stand by the bedside of the sick and dying with no law to guide, no chart to direct our course.

Again he says: "*It is our supreme duty to do what we judge best for our patients irrespective of any creed or system.*" This may be true in part, but it is a dangerous doctrine to advocate without qualification. So long as we work in accordance with law it is all right, but if we go outside of law, it is all wrong.

What would you think of the mariner who, in the face of a storm, threw away his chart and compass, saying: "these things will do very well in fair weather, but now I

must use my judgment; I must do the very best I can for that which is intrusted to my care"? You would say: that man is not a responsible being, and his judgment is not to be trusted. But we do this very thing when we put our judgment in opposition to the law of similia.

I might quote from eminent allopathic as well as homœopathic authorities facts and incidents showing their belief in the universality of this principle; but I will not take up too much of your time relating individual experiences; we all have them.

Allopathic physicians sometimes unwittingly practice Homœopathy; and when they *cure* their patients, *always*. Send for an allopathic physician to treat a frozen limb. What does he do, plunge it into a hot bath? No! This would be fatal; he applies cold to cold, and cures his patient according to the law Similia Similibus Curantur. Send for him in case of a bad burn, and what does he do—plunge the parts into cold water? No! This would be bad practice; he makes applications that are heating in their nature, and cures by the same law. And so through the whole category; heat to heat, cold to cold, emetics for sick stomach, counter irritants for inflammation, and recently they have discovered that "Ipecac. will cure inflammatory diarrhœa where there is bloody mucus, a condition that it is often known to produce."

Later still, M. Pasteur, in his investigations, has discovered (?) that he is able to cure hydrophobia by injections of the same poison that causes the disease. Although in the light of homœopathic law this cannot be looked upon as a discovery, the value of these experiments cannot be over-estimated. He has pushed his investigations and researches to a successful issue, and has had the energy, and courage, and faith, to apply the results to the treatment and cure of this terrible disease. For this he deserves the gratitude of the whole civilized world, and will be remembered as a benefactor of his race. In speaking of his method of experimenting, he says: "I first take the poison from the brain of a mad dog; with this I vaccinate a rabbit, which will die within fourteen days; and this gives

me the poison for a second rabbit, which is vaccinated in the same way. I continue this practice until I have reached the twentieth or twenty-fifth. From these up to the fiftieth the rabbit will die in eight days, and after the fiftieth the animal will become mad within seven days."

These experiments demonstrate three principles: *First*, the truth of homœopathic law. The *second* he claims for himself. He says: "This procedure enables me to determine the most important feature of the treatment, viz., the duration of the period of incubation." *Third*, it proves that the farther we remove our remedies from the crude material, the nearer we approach a point where force is developed, and consequently obtain a more prompt and energetic action.

All who have used the potentized remedies give their united testimony to the fact that they act more promptly than the tinctures or low attenuations, but the writer, we believe, was the first to offer a scientific explanation of this phenomenon, (Transactions American Institute, 1880, p. 217,) and later in our article on "Therapeutic Force," (*North American Journal of Homœopathy*, Feb., 1881.)

We have said that Allopathists practice Homœopathy; true, but with this difference: their cures are founded on experiment, and every new cure is to them a new discovery; while we have a law, that, if faithfully adhered to, is an infallible guide. We may be made sick at one time by the same diet that at another time will cure.

A case from practice: An infant three months old had had colic from its birth; the usual remedies had all been exhausted. One day, while talking with the mother about her habits, we asked if she had a craving for any particular article of diet. She said: "Yes, I would give the world for a good mess of cabbage, but I don't dare to eat it on account of the baby." Here, we said, is the homœopathic remedy; cabbage will cause colic in a healthy babe; it should cure it in one that has it; besides there is evidently a demand in the system (that of the mother) for some element of nutrition contained in the cabbage. We said: "Madam, you may eat all the cabbage you want, and we

will take care of the baby." She ate the cabbage, and the baby was cured without any further medication.

A case from observation illustrating the fact that the operation of this law is not confined to the treatment of physical ailments, but is adapted to abnormal mental conditions as well. A lad, the son of a friend, fancied he could have things more to his liking if he should leave home; following out this idea, he one day informed his mother that, if he could not be better suited at home he would run away. His mother said: "My son, you need never run away; whenever you want to leave home let me know, and I will pack your clothes." The boy was cured, and cured according to the law of Similia.

A gentleman came to me to get medicine for malaria. After prescribing for him, he said: "Doctor, I'm in a bad fix; it is important that I should go down country tomorrow to attend to some business, but it is in a malarial district and I am afraid to go." I said: "I think you can go with safety; and more than that, I think it will do you good." He looked at me a moment as though he doubted my sanity; then, seeing I was in earnest, said: "I will go." He went; staid a week, and came back well; cured homœopathically.

There is probably not a homœopathic physician living who does not believe in this law to a greater or less extent. We, therefore, have the aggregate testimony of thousands to prove its existence; but many practice Homœopathy in the same way that some professing Christians live their religion. They believe in Christianity; they think they have been converted; they go to the house of God, and hear the gospel preached every Sunday; but they do not put their religion to practical test in every-day life. So it is with these half-and-half Homœopaths. They have graduated at a reputable college, they attend all the society meetings, and think they are pretty good Homœopaths, but they fail to make Homœopathy their sheet anchor in every-day practice, and in an emergency are ready to "strike colors" and "sell their birth-right for a mess of pottage."

This brings us to the second division of our subject, viz: Is this law reliable, and is it equal to any and every emergency?

To a purely logical mind this proposition would be self-evident. We would say: this law is reliable, because it is a law; and a law because it is reliable. When we have discovered a fixed principle, it matters not to what department of this universe we turn our attention; so long as we act in conformity with that principle, we can make mistakes only through an imperfect knowledge in applying it.

God never made an imperfect law, or one that was inconsistent with itself. It matters not whether it is the falling of an apple or a descending snow-flake; whether Niagara voicing in thunder tones nature's grandest oratorio, or a dew-drop trembling on a tiny blade of grass; the operation of the law of gravitation shows the same uniformity in all its manifestations. So, as we have seen with our law *Similia Similibus Curantur*, it matters not whether we prescribe medicine, or establish rules of diet, or utilize Hydropathy, or recommend atmospheric changes; with the same beauty and harmony this law prevails through all these operations.

A case from practice: Mrs. A—, aged 30 years, gave birth to a still-born infant. The history of the case showed that it had been dead several weeks. Labor was natural, progressed favorably; in a short time she was delivered without any serious complications, and had it not been for an appearance of exhaustion, and a general relaxation of the muscular fibre, I would have felt very comfortable. Suddenly the patient, summoning us to the bedside, said: "Doctor, won't you call mother to put something more under me? I am flooding so that I am afraid it will go through the bed on the floor." "Is it so bad as that?" we asked. She said: "Yes; it seems as though it was pouring from me in jets." There was an anxious expression of the face, which was also very pale; fingers cold; pulse quick and small; respiration slow and feeble. I took it all in at a glance. I had a case of post partum hæmorrhage and collapse. This was an emergency, gentlemen,

but Homœopathy was equal to it; we felt sure of our remedy, it was well indicated, and we immediately gave a dose of Ipecac. 30th dry on the tongue and called for water. We then grasped the uterus and endeavored to excite contraction. In the meantime water had been brought, into which we put a suitable quantity of the same remedy. As soon as this was dissolved we gave a second dose, still continuing the manipulations. In a few minutes she said: "Doctor, I am better." The flow was rapidly decreasing and in ten minutes was no more than normal. We waited half an hour and, as there seemed to be no disposition to a return of the hæmorrhage, was preparing to leave, when she said: "Doctor, I *must* change my position, I'm all cramped up." In that case, we said, you had better be moved before we go. She was moved (only about an inch) but it brought on a return of the hæmorrhage almost as bad as at first. This time we did nothing but give the medicine; one dose of the 30th in water, and in a short time it was perfectly controlled. We are aware, gentlemen, that while we, who have tested over and over again the efficacy of our potentized remedies, can accept this report without qualification, there are those who will be slow to believe. Not that they would accuse us of telling an untruth, but they would think our zeal for the cause had led us into error.

But this was not an isolated case, although the worst, it was by no means our first experience; had it been we might well have paled before the awful responsibility that was thrust upon us.

With your permission we will cite one more case: Mrs. B—, 24 years of age; anemic; condition characterized by great prostration. She had been an invalid for a long time. At the time of which we are about to speak we were visiting her daily. One night she was taken with profuse hæmorrhage, but (as she afterward said to us) "as it was just time for my monthly sickness I did not feel alarmed, and knowing you would be here the first thing in the morning, did not think it would be worth while to send for you in the night." We were called, however, very early in the

morning; found her completely exhausted from loss of blood, and still bleeding profusely. In this case we depended entirely on the homœopathic remedy. Ipecac. was indicated, and we gave it in the 30th potency; in fifteen minutes from the time we entered the house the hæmorrhage was controlled, and in half an hour we left her comparatively comfortable.

Just here we will take the liberty to turn aside and make a few remarks on *the size of the dose*. These quick results cannot reasonably be expected from medicines given in any other than the potentized form. There is as much difference between the operation of a drug potentized, and a drug in its crude state, or in the low attenuations, as there is between a message sent by mail and a communication made by telephone. One may be just as reliable as the other, if we have the time to wait; but suppose a patient is dying at the other end of the line; we would say make the quickest time possible. We know that medicine given homœopathically produces at first a temporary aggravation, and relieves by the secondary effect or reaction; this all will admit. Now the *larger* the dose the *greater* and more severe will be the aggravation; it will, therefore, be comparatively longer before we get the reaction; and when we speak of a large dose of medicine given homœopathically we are not thinking of teaspoonsful, or even drop doses, but of the relative number of molecules in a given dose.

As we have said before, the farther we carry our medicines from the crude material the more nearly we approach a point where force is developed. This force *must be developed somewhere*. Anything taken into the stomach in its crude state, whether nutritive, or medicinal, is a foreign body, until separated by digestion into nutritious and innutritious elements, if food; or if medicine into medicinal or non-medicinal elements, and thus prepared for assimilation.

Again, if medicine be given in its crude state, this principle must be developed before we get the primary effect of the drug, or in other words, *before we get the homœopathic aggravation*. We are not only losing valuable

time, but we are putting extra work on an already over-taxed vital organism, and in addition to this we have provoked an unnecessary, and perhaps fatal aggravation.

Suppose, now, we give a potentized remedy, or one in which the active principle has been already developed by trituration of succussion, what will be the gain?

First: There will be no loss of time.

Second: There will be no unnecessary expenditure of vital force.

Third: There will be the least possible aggravation.

Fourth: Reaction and prompt relief will follow almost immediately.

This is no cunningly devised fable, but as we believe, it is one of the grandest truths ever vouchsafed to suffering humanity.

To the physician who will adopt it as his rule and guide in practice, it will be a strength and shield and an exceeding great reward; to the suffering it is the angel of hope, than whom there is no surer earthly friend; it has borne the test of experience and come out pure gold. Hahnemann, Gross, Bœnninghausen, Dunham, Hering and Guernsey have died in the faith, and they touched the highest point in all their greatness when they made the successful application of this principle to the law of Similia. But they have left a rich legacy in trust to those who remain. Dare we accept it? "To do is to succeed—our fight is waged in Heaven's approving sight—the smile of God is victory!"

One more question: Are we not culpable if we ignore, or neglect, or refuse to investigate this great truth? Let our own souls bear witness.

CASES OF CHRONIC DISEASE—CURED.

THOMAS SKINNER, M. D., London, England.

I.

APOPLEXY WITH PARALYSIS.—*Lycopodium*.—As in my previous case of apoplexy with paralysis, so with this one, I lie under the peculiar disadvantage of having had the full

notes of the case stolen along with a black leather bag, Simmon's cough repertory with copious notes of my own, *et cetera*. Nevertheless, from my visiting list I am enabled to give the dates and the medicines administered, and from my excellent memory I can give all the other details.

April 19, 1880.—I was called to see an elderly gentleman residing about two or three miles from my house (I then resided in Liverpool). I had never before seen or even heard of the gentleman, and I was not at all sure whether or not I should respond to the call. It was a young servant girl who came for me in a cab, and she could not say whether her master and mistress were Homœopathsists or not. She was simply directed to bring Dr. Skinner or Dr. Hayward. When asked what was wrong, she said, that her mistress told her to say that it was a fit of a serious kind requiring immediate assistance. Off I went in the cab, and, on entering the vestibule, to my agreeable surprise I espied a colossal bust of Samuel Hahnemann. As I knew nothing whatever of the family, it was some consolation and encouragement to think that they were admirers, and most likely believers in the Master. When introduced to my patient, I found that he also was colossal in all his proportions; tall, very stout, bull-necked, and quite a subject for an apoplectic seizure. He lay on the floor perfectly helpless and speechless, having some control over his lower extremities and head, put none over his upper extremities, which were as completely paralyzed as his tongue. His mouth was drawn on one side, but I cannot say which. The hour of the attack was about 6 P. M., and I would be at my patient's side about 7:30 P. M. His age was about 60 years. He was neither comatose nor was his breathing stertorous, and yet there was great difficulty in getting him to understand anything—being more stupid and dazed than insensible. His pulse and heart were about normal, or if anything hurried, and his face was flushed. I found him on a temporary bed made on the floor, and propped up somewhat with bolsters and pillows, a very wise arrangement which I did not disturb. With nothing but women in the house and only one man (myself) the

bare idea of carrying 225 or 230 pounds up stairs to the bedroom, reconciled all to the existing arrangement.

Diagnosis of the remedy.—This being but my second case of apoplexy with paralysis since adopting Homœopathy, and being a total stranger to the family, I felt anything but at home, and, as the symptoms did not afford me sufficient light to enable me to decide upon the remedy, I asked a few questions of my patient's wife. I asked her if she had ever observed anything wrong with her husband's manner or state of health lately? Was he given to the inordinate use of stimulants of any kind, including malt liquor? Was his temper violent, or had he given vent to a fit of rage or passion immediately before the attack, or any unusual mental or bodily excitement? Lastly, was he liable to headaches, with determination of blood to the head? To the first three questions she gave a direct negative, but to the last—the headaches with determination of blood to the head—she said: "Now, doctor, you have hit it! For the last six months at least, every, or almost every night or evening, my husband has suffered a martyrdom from such headaches, and he had one of them when he dropped down paralyzed and insensible." I then asked her if she had ever noted the time when the headaches came and went? "Yes," she replied, "I have invariably observed that they come at 6 p. m. and that my husband has generally felt better of them *before* going to bed, and that would be about 10 p. m. Sometimes they have lasted an hour or more after he has been in bed." Does his face flush when he has one, as it is now? She replied, "always!" Can any one doubt the *simillimum* in this case?

Having only a case of medicines of thirties with me, I dissolved Lycopodium 30 (F. C.) in a teacupful of cold water, and directed that a teaspoonful should be given every two hours until I saw him again next morning. Having some doubt as to my patient's power of deglutition, I gave the first dose myself, and he swallowed it easily.

When I saw him next morning, I was informed that he had passed a pleasant night, and that he had slept so naturally and so well that the attendants had only an oppor-

tunity of administering two more doses after I left. I then directed a dose to be given every four hours. After the first dose of *Lycopodium* 30 (F. C.) he had no more of his headaches with flushing of his face and a strong determination of blood to his head at 6 P. M., which he had had nightly for the last six months, and one of which he had when he was seized with his first attack of apoplexy with paralysis. Within forty-eight hours, he was able to sit up and even to converse with us, and that, too, at the very time when one of his evening headaches was due; and, in about six weeks, he was not only able to be up and dress himself, but the hands and arms which at the time of the attack were perfectly powerless, and all but without feeling, were so far restored that he was now able to button his shirt himself, a hitherto impossible act. With the exception of *Æsculus* 30 (F. C.) on one occasion, and *Pulsatilla* 30 (F. C.) on another, for an attack of piles, *Lycopodium* is entitled to all the credit.

Remarks.—There are “physicians practising homœopathically,” who, if called to such a case, would treat what they consider or what they call the disease, the fit, the apoplectic seizure, the paralysis, and anything but the patient. There are those who, if called to such a case, would think of medicines which have induced, probably in gigantic poisonous doses, the pathological phenomena of cerebral apoplexy,—which, be it remembered, may be the effect of endless morbid agencies. Such physicians might as well try to raise the dead, as imagine that by such coarse means they can arrive at the *simillimum* in any case of the kind. No! they have to get at *the corresponding morbid factor of the effect*, and not the corresponding effect. The corresponding effect, the apoplexy, the comatose condition, the loss of power, is much the same in all cases; but the state of health preceding the attack, the conditions of the head, of the cephalic or cerebral and the general circulation, as regards both time and circumstance, will afford much better scope for finding or differentiating the remedy, the *simillimum* to the case. *Psora* may have been the cause of some atheromatous degeneration of the cerebral arteries

in this case. Of this we have no evidence; but of the determination of blood to the head we can have no doubt whatever. Very many of our polychrest medicines have this symptom; for instance, Amylum nit., Belladonna, Calcare, Glonoine, Opium, Sulphur, and a host of others; but I know of only one polychrest remedy which has headache with rush of blood to the head and hot flushing of the face regularly every evening at 6 o'clock. Further, Lycopodium, in my estimation, is only second to Sulphur as an antipsoric and as a polychrest remedy, so that it may also correspond to the other morbid factor in cerebral apoplexy, the atheroma. Lastly, I found out afterwards that my patient was a retired, close-fisted, trading Quaker. So that there was no wonder the Lycopodium acted so satisfactorily and so well.

I enter fully into these details, because it has come to my knowledge, in my reading and otherwise, that "physicians practising homeopathically" have failed to hit the *simillimum* in cases of apoplexy, and in consequence have had recourse to leeching, cupping, blistering, and administering Bromide of Potassium, *et cetera*, in the sacred name of Hahnemann and Homœopathy—a practice which does more harm to Homœopathy in the eyes of the public, of the old school, and of ourselves, than we seem to be aware of, so common is the practice. Our first duty, then, is to look for *the cause* of the mischief—the morbid factor—and *not the effect*. The remote cause being a constitutional dyscrasia, psora, scrofula, atheroma, it is not always easy to spot, but the immediately exciting cause can generally be got by asking a few questions of intelligent friends or members of the family, as in this case. Suppose, now, that I had failed to select the Lycopodium? What would have been the most likely termination of the case? Next night, or the next again, there would have been a return of the headache, with hot flushes and congestion of the brain, or determination of blood to the head, with increased pressure on the diseased coats of the vessels, or on the part already ruptured. The consequence would have been a decided augmentation of the mischief, and sooner or later

death. If the "physician or physicians practising homoeopathically" got their *congé*, and an old-school physician was called over their heads, they would have had themselves to blame. Antiphlogistic treatment is adopted, which may stave off the mischief for a while, to return with augmented force when the system is all the weaker. The last stage of that man is worse than the first; and so on until he goes at last "over to the majority,"—a step which cannot at any time be far off.

When does the cause follow the effect? Do you give it up? When "*the physician* practising homoeopathically" follows his patient to the grave!

In conclusion: Treating the cause or causes of disease—those causes which are come-at-able and removable—is very different from trying to remove the effect. We cannot remove the rupture in the vessel or in the cerebral substance, but it is almost always in our power to put an end to the determination of blood to the head which is almost invariably the immediately-exciting cause of apoplexy. In the same fashion he or she who treats a case of prolapsus uteri, which is *an effect* of one or more morbid factors, instead of the bearing-down, which was or is *the cause* of the prolapsus and of its persistence, may imagine himself or herself to be a most "scientific" physician and gynecologist; but, if this case proves anything, it proves that many physicians place the cart before the horse, and wonder why the cart of Hahnemann stands still. Let them reverse the order, and they will find that the fault was their own, that they had been guided by old-school pathology and practice instead of the infinitely more enlightened ideas of the Master. I will just add, that in these two cases of apoplexy published in this journal, I think I have proved to the satisfaction of most that apoplexy is a chronic affection, and that the most successful homoeopathic treatment must be guided by the past history and symptoms, as well as by the present, if not more so.

SURGERY.

SURGICAL NOTES.

J. G. GILCHRIST, M. D., Iowa City, Ia., EDITOR.

RHINOPLASTY.—Prof. König (Göttingen), gives a new method for securing the osseous framework of the nose. It is (*Ann. Surg.* 1887, Jan.) thus condensed: “First the soft parts are made mobile by a transverse cut through the most sunken (saddle) portion of the nose. If this normal part is then drawn down into its normal position, a broad gaping defect appears. This is first bridged over by cutting a three-fourths to one and one-half centimetres wide oblong flap from the forehead, perpendicularly upwards from the bridge of the nose. This flap includes skin, periosteum and cortical layer of frontal bone—the latter being cut around by a chisel. The whole is then loosened by following down through the diploe the exact width of the flap; at its lower end, first at the beginning of the nose, it is bent straight over downwards in front. This brings the skin side of the flap to face the interior of the nose and leaves the bone exposed; of course the stage of this flap has been so calculated that it just covers the above mentioned defect. At its free end it is so sewed to the apex that the (external) cutaneous border of the latter remains free. To this free edge of skin, as well as around the defect, he now sews a cover flap, taken laterally from the forehead.” Later he says, as of course: “Some little corrections may still be necessary about the root of the nose.” His four cases were successfully treated.

HARE-LIP AND CLEFT PALATE.—Two years ago I operated for hare-lip in the case of an infant of three months, where there was an extensive fissure of hard and soft palate. For some potent reasons the palatal fissure was not touched. Some months afterwards the cleft palate was found cured, a result attributed to *Calcarea phos.*, which had been given. In a paper on the *Mortality, etc.*, following such operations

Hoffa (*Ann. Surg.* Jan., 1887) is quoted: "As an evidence of operating early he cites a case where the lip was treated, and at the end of three years the previously existing alveolar and anterior palatal fissure had completely healed out." Hence it would appear that good homœopathic treatment might materially hasten repair in such cases.

URETHRAL STRICTURE AND ELECTROLYSIS.—Dr. Robert Newman, New York (*N. Y. Med. Record*, Sept. 25, 1886), gives a very readable article on the above subject, summing up with the statement: "Electrolysis cannot fail, but operators may and do." The writer has often been tempted to make the same statement, in view of the uniform success, attending his operations, but hesitated for prudential reasons. Dr. Newman gives a series of rules for the application of this potent agent, not necessary to reproduce here, and the frequent failures reported to me invariably have shown a neglect of one of them. Thus, one reporter used the positive pole in the urethra; another used oil on the electrode; another used an old-fashioned "electro-magnetic machine," and so on. Text-books on medical electricity are now sufficiently numerous to render it unnecessary to give the technique of such a simple procedure.

SERPENT VENOM.—A number of articles have appeared lately, in various journals, many of them simply short items of news, on the subject of snake-venom. The conviction seems to be gradually gaining ground, that the specific toxicity of serpent-poison has been very greatly over-estimated, and, indeed, some observers go so far as to deny any specific character to the venom of American serpents, whatever may be the case with those of India. Unquestionably lives are lost in this country from snake-bites, but the number compared to the whole number bitten is insignificant. More than that, the few fatal cases that have fallen under the observation of competent witnesses, rarely give evidence of acute infection, and present symptoms of great diversity. Were serpent-venom what it is popularly supposed to be, we should have symptoms immediately ap-

pearing, and of a uniform character. We must bear in mind that the greater number of cases reported as found in the secular press are of a sensational character, without any verification, or possibility of verification very often, and should therefore be excluded from consideration by professional readers. The few cases reported by army surgeons, and those of similar authority, show that the death of those bitten by serpents on our Western plains, is due to either septicæmia, tetanus, or some depraved habit of body, induced by exposure, intemperance, or syphilis, that renders them abnormally sensitive to morbid influences. In fact, analyses that have been made, from time to time, of the venom of our serpents has failed to discover in the specimens anything not found in many normal secretions. Thus we find the poison of the cobra resembles, to use no stronger word, the mammalian pancreatic secretion; that of the crotalus can scarcely be distinguished from the saliva. Now, it is well known that the secretions of an organism may be toxic when out of their proper relation; as urine in the peritoneum, bile similarly out of place, saliva in areolar tissue, blood in serous cavities, and the like. In serpent-venom we have first—assuming the physical characters to be as stated—a putrefactive organic substance amply competent to set up septic difficulties, with the additional circumstance of its being out of its proper tissue relation.

A NEW EAR ELECTRODE.

JAMES A. CAMPBELL, M. D., St. Louis, Mo.

The value of electricity in the treatment of tissue and nerve diseases, in different parts of the body, will surely be conceded without argument. And yet similar pathological conditions may exist in and about the ear, and they are almost universally treated with remedies other than electricity.

The difficulties which stand in the way of a convenient method of applying electricity in diseases of the ear, de-

pending largely upon the lack of a suitable electrode, properly adapted for the purpose, has, in my opinion, been the principal reason why this valuable agent has fallen into disuse for this purpose in the medical profession at large; and this likewise explains why it is pronounced against or ignored by many aurists.

The cumbersome nature of the electrodes heretofore offered presents many hindrances to their use. A vulcanite ear speculum through which runs the metal prong of an electrode, is the apparatus most frequently pictured. To use this instrument, the ear is filled with water and then the electrode is introduced, and connection is made by bringing the opposite pole in contact with some other part of the body. If any one has or will experiment with this form of instrument, he will fully appreciate the point made above concerning lack of convenience.

Knowing the value of electricity and appreciating the disadvantages in the methods of applying it in ear diseases, I have devised for my own use, and take pleasure in presenting to this Association, an ear electrode, which I think fills the required demand.

It is simple in form, convenient in arrangement, and last, but not least, is inexpensive. It consists of two curved movable arms passing through a small hard rubber block; they are by this means separated, and by this means also are readily adjustable to any head, by means of two binding screws. The upper ends of these insulated rods terminate in sockets with binding screws, to which the conducting cords of any battery may be attached, thus permitting the use of the two currents, the positive on one side and the negative on the other, which may be readily reversed. The lower ends of the electrodes terminate in small olive-shaped metal bulbs, which may be of different sizes. The whole electrode thus described weighs but 1½ ounces. When it is properly adjusted, it is retained in position, with gentle force, by its own elasticity.

The local effect of the metal bulbs of the electrode may be modified by covering them with thin chamois skin, or

even with a small piece of ordinary cotton flannel, slightly moistened.

The class of diseases in which I have used this electrode with great satisfaction to myself and patients, is as follows:

Chronic hypertrophy of the outer canal. Irritation and subacute inflammation of the cartilaginous tissues near the orifice. Diseases of the ceruminous glands, giving the outer ear a dry, itching sensation and causing a diminished or perverted wax secretion. Chronic otitis media catarrhalis, which has been pronounced incurable, has been improved by this instrument. It is useful likewise in deafness of nervous origin. It has greatly benefitted different forms of tinnitus aurium, depending upon any of the above complications.

The question may be asked, what form of electricity is best adapted to the treatment of ear diseases? In answer I will give my own experience in the use of this electrode.

In all hyperplastic or inflammatory conditions, characterized by thickening or infiltration of tissue, I have found most benefit from galvanism.

In some cases, where we can determine that the defect depends upon innervation or irritation of the small muscles of the middle ear, then the faradic current is of more service; for instance, in paresis, paralysis, or spasm of the stapedius, tensor or laxator tympani.

A farther obstacle in the way of successful use of electricity is the time required for its regular and systematic application, especially is this so in the chronic forms, where months of use may be necessary. With this electrode and any suitable battery the patient may easily be instructed as to its use, so that he can readily apply it at home, suiting his own convenience.

It is to be remembered that only the weakest currents of electricity should be used on the eyes and ears. It is taken for granted that every one presuming to use electricity will be informed on the modes and methods beforehand.—

Trans. American Institute.

SUPPRESSION AND METASTASIS.—THE BASTINADO AS
A REMEDY FOR ASPHYXIA.—CIDER VINEGAR AS A
LOCAL ANTIDOTE TO CARBOLIC ACID.

EDMUND CARLETON, M. D., New York.

SUPPRESSION AND METASTASIS.

The prevailing medical practice of to-day consists largely in the suppression of the outward manifestations of diseases, in consequence of which the patients are made worse instead of better. Their maladies are not cured; but rather are driven to a place less favorable to the individual than the original. The customary practice of surgeons is especially flagrant in this particular. They habitually choose to obliterate the pile or the ulcer by means of local applications, and have no patience with those who would cure by means of the constitutional remedy.

Against such practices is raised the constant protest of pure Homœopathy. Our pioneer workers in the cause did their duty, and great was their reward. But *facilis est descensus Averni*; and now the average, professed homœopathic physician is seen suppressing his cases of intermittent fever with Quinine; while his surgical brother in the new school out-Herods Herod in his drenchings with strong drug solutions—alleged antiseptic applications—his large doses of narcotics and other medicines, his readiness to cut a consumptive patient's anal fistula, and the like. A well-known oculist, professing Homœopathy, has sent his circular to the profession, telling them that they need not take time to find the similar remedy to a case of inflammation of the visual apparatus, because that inflammation can be speedily reduced by the application of cracked ice in a bag to the affected part. He advises the use of ice for inflammation in place of the remedy which is similar to the individual aggregation of symptoms.

Our Association repudiates unhomœopathic teaching and practice, by formal resolution. We believe that our cause is endangered more by false followers than by natural foes. People seeing failures to cure at the hands of untrue

Homœopaths get false notions of what Homœopathy really is, and consider it in no wise superior to Allopathy. Believing that the interests of truth require a thorough ventilation of the subject chosen, "Suppression and Metastasis," I ask your individual expression of views upon it in all its bearings.

Not long after the ice-bag was prescribed for inflammations of intra-orbital tissues, a well known eye specialist of New York related in my hearing the particulars of a case where he had used the ice-bag and quickly restored an eye. Immediately afterwards, cerebro-spinal meningitis appeared, which he could not control, and death ensued a few days later. The sad part of the tale is, that the physician could not see any connection between the suppressed eye and the spinal affections. He is professor of ophthalmology in one of our homœopathic colleges. If the blind [teacher] lead the blind [students], shall they not both fall into the ditch?

A case of epilepsy came under my notice about two years ago, which so far has proved intractable. The subject of this disease had suffered much with piles, and insisted upon having them obliterated by operation. Otherwise his health had been good. His wish was gratified. The piles were removed, and epilepsy followed in a few months. Another gentleman whom I knew had a weak chest for which appropriate treatment was instituted. Improvement followed, and fistula in ano succeeded, thus illustrating the fact that changes of locality which occur during the process of *cure*, are to *less vital* parts. This was intolerable to the patient, and he sought help from a professor of surgery in a homœopathic college, who cut the fistula and pocketed the fee. For the sake of making history complete, let me add what you already suspect, that the undertaker received his fee in due time. The Professor had suppressed the healthy transferring process, by which the lungs were being relieved at the temporary expense of a non-vital part, and had produced a metastasis to the lungs; which illustrates the fact that an improper cure, that is, a cure by local means, is never a real *cure* but a

suppression, and always results in *metastasis* to a more vital part, much to the damage of the subject of the change.

Another professor of surgery in another homœopathic college lays medicine aside altogether, apparently, and would discredit our glorious heritage of precept and example, which has demonstrated the superiority of Homœopathy to everything else for the cure of the maladies which he names. In fifty-two short lines he teaches that the fissured anterior nares should be incised or cauterized; that labial irritations should be operated upon; that a long uvula should be amputated; that hypertrophied tonsils should be cut away; that the remedy for nocturnal emissions is urethral dilatation; and that enlarged prostates, chronic orchitis, and chronic epididymitis should be cured by passing sounds. But his worst heresy comes last. To him the rectum is a choice morsel. Gynæcologists have coined money out of the vagina and cervix; in fact they have coined so much money that people are beginning to understand the trick; so he applies at the next door and finds it profitable. This gentleman, to use the language of the vendor of a new patent appliance, "meets a long-felt want." Before him nobody has written up the grievances of the long-suffering rectum. He styles it "the one most neglected, most abused, yet most influential in its action upon the general health and tonicity of the human organism." Hear that, ye followers of Hahnemann, and hang your heads! He says: "I have seen surgical treatment of the rectum clear a tongue that was chronically coated, in six hours after the operation. I have seen it cure rapidly and permanently an acne of the lips and tip of the nose. I have seen it take pallor from the mouth and restore an even color to the face. I have seen it cure inveterate catarrh, relieve obstinate constipation, cure headache, spasmodic urethral stricture, cough, uterine congestion, leucorrhœa, and other troubles too numerous to mention. I know, and so can anyone know who will investigate for himself, that rectal conditions influence waste and repair more than any other one point of the system, and that no chronic case is thoroughly examined without rectal explor-

ation, and it is my duty to make you all surgeons to the extent of teaching you what to look for." And a little farther on he specifies "piles, prolapsus, fissure, ulcer, pockets and papillæ." That is a pretty wide sweep. Of course you have been in the habit of curing the aforesaid maladies, and the individuals having them at the same time, with the similar remedy. But that is too old foggy; besides you can make money faster the other way. After such an eye-opener, doubtless you will consider it your duty to put every man, woman and child that applies to you, upon a convenient perch, gravely insert a rectal speculum (you must get the proper instruments of the inventor) and take an asinine view upwards. Let no one escape. You might miss of seeing something.

We have the satisfaction of knowing that Homœopathy has proved to be more efficient than all these miserable processes; furthermore, we cure cases of vaginismus and other affections just as bad with the similar remedy, after our voluble friends have completely failed with their methods. While writing this paper, a patient applied to me for treatment of urethral irritation, who has had speculation, dilatation and all the rest, in vain, showing the hollowness of the specialist's claim. Some of you will recollect an extraordinarily bad case of abscess of the perineum, the cure of which I detailed before the Central New York Homœopathic Society some time ago. Since that I have seen two cases of complete fistula in ano in phthisical patients, cured entirely with homœopathic treatment, the general health of both patients improving meantime. To multiply instances and details to you would be superfluous. But there is danger to the sincere follower of Hahnemann, that in the conduct of a case to a successful issue, he may incautiously change the direction of drug action when making a new selection of remedy, to his own discomfiture and the detriment of his patient. Eternal vigilance is the price of liberty and of successful homœopathic practice as well. The following history is in point:

W. D. O'B.—, aged seventy-one, sent by Dr. Alice Campbell, applied Nov. 6th, 1885, for relief of a very bad

cystitis, which kept him running to the water closet almost constantly. He was of old school antecedents, and his catheter life had begun in 1884. His bladder had been systematically washed out by an old school physician, without benefit. I found the following additional symptoms: when the urine has stood a short time, a tough, jelly-like, light colored sediment is deposited; painful pressing about bladder and urethra, with discharge of a few drops of urine; scalding pain during micturition; a short time before, had passed a gray, friable calculus; milk crust in infancy, suppressed with tar soap. I gave a few pellets of *Dulcamara* cm. (Fincke), and sugar to follow; homœopathic diet and regimen; all local measures to be stopped.

Improvement began in a few hours, and continued without interruption until a natural state of the urine and bladder was observed, a few weeks afterwards. He did not even have to rise once in the night, but slept through, without interruption.

Under date of January 13th, 1886, I find the following entry in my case book. "As soon as the bladder was *quite well*, the lower one-half of both legs became covered with a rough, red eruption, slightly scaly, dry, itching terribly; scratching is followed by burning. With some misgiving, I put a few pellets of Sulphur cm. (Fincke), on the tongue, and nothing more."

Why did I have any misgiving? The cure was progressing favorably, the eruption appeared to be similar to that produced by Sulphur, and his infantile eruption had been suppressed. That made a pretty strong case for Sulphur, I thought. But my hesitation arose from remembering the rule *not to repeat or change the remedy, while improvement is going on, even though new symptoms appear*. I was honestly in doubt, but my decision was faulty. My desire to meet the psoric constitution was too great. Previous to the inflammation of the bladder, most likely Sulphur would have been very appropriate, but at the time it was given it *worked in the wrong direction*, though otherwise a good homœopathic prescription.

But to resume the narrative. I quote from his letter

written nine days after taking Sulphur, January 22d, 1886. "The powder you administered to me nine days since, had the effect of driving away the rash and the swelling from my legs and feet within six days; but whilst this was taking place, a tendency to a little of the original trouble began to appear. I now find it necessary to seek relief every three and a half hours, and have some heat in the urethra." Then I knew that I had made a mistake and produced a metastasis. I saw but one thing to do, and that was to give another dose of Dulcamara, which I did, of the strength originally employed. In four days improvement recommenced, and this time progressed slowly. Not until March, 1886, did I feel like saying that a complete cure had been established. Meantime the legs had given considerable trouble, but not so much as before, and it had tapered off gradually. As late as May, 1886, he noticed irritation in the soles of the feet, occasionally. He enjoys a sense of freedom from restraint, and indulges freely in tea, coffee and the pleasures of the table generally, so far without visible effect. In the interests of pure experiment, I am letting him run, so that I can observe the result¹.

Before leaving the subject in your hands, allow me to express the opinion that generally it is best to get the diagnosis only of a specialist, in a special case, if the treatment of it is to be medical, unless the one consulted is known to be a tried and true Homœopath. I have had some experience in such matters, and find that my prescriptions based upon all the symptoms, improve the particular lesion for which the specialist had been consulted, faster than those which had but the narrow field of applicability. I recollect very well a relative who consulted nearly every prominent oculist in a large city, wore their glasses and took their medicine. His eyes grew steadily worse. I found that the doctors were noticing only the eyes, and, in the main, only their physical signs, to the neglect of the more important, subjective symptoms. Looking at the whole case, the proper remedy was suggested at once, and complete recovery soon followed its administration. A lad whom I knew, was accidentally hit in the eye with a sand

bag. Destructive ulceration followed. A homœopathic specialist made no progress with the case. He gave most attention to the morbid anatomy. Then the family doctor selected the *simillimum* to the whole case, easily enough, and it cured promptly.

Until homœopathic specialists learn to take their cases properly and prescribe for the totality of the symptoms according to the law of similia, instead of considering the morbid anatomy of a part and prescribing for it—a disease by name and a remedy for it—we should be careful how we subject our patients to the dangers of suppression and metastasis, or the inconvenience, suffering and expense of an unnecessarily retarded recovery. Our prosperity and the cause of Homœopathy are also affected unfavorably at the same time, when we recommend treatment at the hands of such men.

THE BASTINADO AS A REMEDY FOR ASPHYXIA.

At the New York Medical College and Hospital for Women, Session 1884-5, I believe, I was operating before the class upon an etherized woman. Suddenly the patient exhibited alarming symptoms. Respiration ceased and the heart's action became imperceptible. Artificial respiration, subcutaneous injections of brandy, and electricity failed to restore signs of life, and I feared that she was really dead. It suddenly occurred to me to try the bastinado. I had seen police officers apply their clubs to the soles of stupid drunkards with lively effect, and it may be that my inspiration came from that source. At any rate, it did not take long to get a shoe from one of the internes and pound vigorously with it upon the bare soles of the patient. In about thirty seconds I noticed a scowl, followed by a shrinking movement of the leg which was most interested at the moment, and then a sigh. A few more blows, and respiration was established. The operation was then finished without incident.

It so happened, that shortly after the above occurrence, I was operating upon an etherized man in the amphitheatre

of Ward's Island Homœopathic Hospital, before an audience of physicians and students. We then had an experience similar to the one related. All the usual restoratives failed, and the bastinado was quickly successful.

I have since tested this procedure in a number of cases of asphyxia of the new born, with excellent results.

CIDER VINEGAR AS A LOCAL ANTIDOTE TO CARBOLIC ACID.

A few years ago, I was making laboratory experiments with pure Carbolie acid, when by an accident about two ounces of the pure acid was suddenly dashed upon my hands. A stream of water followed as soon as it could be obtained, but it was useless. The usual result followed quickly—white skin and paralysis of the nerves of sensation wherever the acid had touched. Inasmuch as no antidote was known, I resolved to be a philosopher and let time work recovery. But the fumes of Carbolie acid are very disagreeable to me, and there being some cider vinegar in the kitchen, that was suggested to my mind as likely to furnish a tolerable substitute in the way of odor. So upon the hands it went. To my amazement, the white color began to leave, and in a few minutes, by using vinegar freely, the natural color and function of the members were fully restored.

This chemical action has since been verified upon others—upon the skin only, to my knowledge. Would it not be well to try it upon the mucous membrane, if occasion offers? I do not know of vinegar having been employed internally for this purpose. Some one will ask if the Acetic acid of the shops has the same action. My answer is, I do not know; I have not tried it.—*Trans. I. H. A.*

WHAT experience has failed to teach old-school surgeons, God's providence taught Hahnemann, and he taught us: that every form of malignant disease is not local but general in its nature; not material but dynamic in origin; and may be cured by the rightly selected and rightly managed dynamic means.—*P. P. Wells.*

CLINICAL MEDICINE.

CLINICAL CASES.

WM. S. GEE, M. D., Chicago, Ill.

CARBUNCLE—*Lachesis*. Mr. C—, æt. 35, American, presented himself at the office on March 22, 1886.

He stated that for some time he had been running down, having suffered from languor and loss of appetite for several weeks. His sleep had been disturbed for more than a month and what sleep he had did not refresh him. For some days he had been annoyed by a pain in the back of the neck which was for a time of an intermittent character and which he chose to designate as neuralgia. This pain increased in severity and became continuous, accompanied by a new development in the form of a pimple. Later this pimple grew and after "coming to a head" had the top of it rubbed off during sleep. This abrasion did not relieve the annoyance but seemingly aggravated the condition, for soon the pimple swelled to the size of a small tea-cup, became hard, and sensitive to touch. The glands under the ear enlarged and became hard and painful. The swelling was accompanied by fever and a deep and painful throbbing. His latest occupation was walking the floor and a day's work was not limited to eight hours. He had for three days and nights applied flaxseed poultices but found no solace in them. A carbuncle was next to nothing when on some one else but he found it exceeding unpleasant company when alone with it. The poultice was removed not to be replaced. The nursing process had par-boiled the covering and removed the superficial integument leaving the whole summit of the tumor exposed. It was covered with a greenish gluey coating. The prominence gradually declined until at the base the larger portion of the back of the neck seemed to center. The enlargement was still very *hard, bluish, exceedingly sensitive* and was slowly undergoing desquamation, the result of the cooking process. He complained of *throbbing and burning* be-

neath the surface. He was weak, pale, and gave the appearance of one undergoing a severe fit of sickness. He dreaded the future and repeated his request with emphasis that he did not want it cut open at that time. Near the tumor were several large scars left from predecessors, the last of which he said was poulticed four weeks and necessitated a vacation from business for six weeks. This appeared to be a trouble that would not "get well of itself" immediately and was rapidly growing worse, in fact, and, all things considered, gave an excellent opportunity to test a high potency. We need not take the word of another when there are so many opportunities to verify or falsify his statements. We believe what we hear *and see* rather than what we only hear.

The ordinary course of a carbuncle of that magnitude under routine allopathic or quasi-homoeopathic treatment was not difficult to foretell. How many of us have been content with equal success with our first cases? The remedy was clearly indicated and was one which had relieved the same trouble in low potencies *and had the credit given.*

Perhaps the man who will not be "convinced against his will" will offer the same excuse as that given by one of the scientific (?) a short time ago. A friend of mine said to him: "Doctor, if you had a case of post partum hæmorrhage with Ipecac. symptoms and should give Ipecac. 3x and the flow should promptly cease, would you think the remedy cured the case?"

"Oh, yes, certainly there could be no reasonable doubt of it." "Well, I had a case last night and gave Ipecac. 200 with that result."

"Oh, well,—Doctor,—you know those cases often bleed to fainting and stop of their own accord." A new dollar potency of Lachesis had reached me and it was labeled 8m (millionth)—an excellent opportunity to give it guardedly and to see whether there was any Lachesis in it.

A powder of it was put on his tongue with instructions to take it and one of Sac. lac. every hour until night, and if easier no more medicine until morning. He was also given a

powder of the old reliable Lachesis cm. made by Guernsey I think, which so many of us have tested, to take if the former did not relieve. He reported two days afterward, still alive! He had walked the floor as before until 3 A. M. when he thought he would venture to take the reserved powder. The poultice had been substituted by plain absorbent cotton. He reported that within *fifteen minutes after taking* the powder he lay down and was much surprised to find that he could even lie with the sore spot next to the pillow. Soon he dropped to sleep. When he awoke in the morning "it was killed" as he described it, and had given him no further pain. He went on with his business and lost no time. The sensitiveness had disappeared and with it the throbbing and burning. The color was changed and a healthy discharge was established. Really the *effect* as well as the preparation of the medicine almost equalled "mind-cure." Five days later he reported again saying he had had no more suffering from the foreigner and that "yesterday" he removed the core which was larger than the cork in an ounce bottle, to which he pointed. The evidence was not wanting as there was a large hole left which would have admitted the end of the little finger for some distance. He made a very rapid and perfect recovery and required no further medication.

HOMŒOPATHIC PROPHYLACTICS.

WM. JEFFERSON GUERNSEY, M. D., Philadelphia, Pa.

Preventive treatment is always a venture and its result a conjecture, and it is well, on account of this uncertainty to so inform your patient. A failure to protect after administering a prophylactic with too much assurance of success, would be decidedly embarrassing to the physician, and really cast a slur upon the entire system of cure. It is best, therefore, to prescribe such remedies *cum grano salis*, at least so far as the declaration to the patient is concerned. Notwithstanding all this, the results with some drugs have been satisfactory enough to warrant a further investigation, if not a general use.

There is probably no preventive more certain in its action than Baryta carb. For those who suffer from *some* throat trouble, be it common angina faucium, diphtheria, or tonsilitis after every, even slight cold. Three or four doses of the 50m. several hours apart, will enable the patient to withstand any reasonable exposure. Its action is not of long duration at first, and needs repeating every few weeks for most of a season. After that it can be gradually dispensed with. It has never failed me, and it would require pretty strong contra-evidence now to make me give it up.

The action of Diphtherinum as a preventive can never be positively ascertained, but the absence of failures, so far as I know, is noteworthy.

Phosphorus 19m. or cm., two doses twenty-four hours apart, has enabled many a child to go an entire winter without croup—an affection which had previously been an oft-repeated occurrence. Perhaps the freedom from this trouble in those formerly subject to it, had been but a coincidence, but I do not believe it.

Several remedies have been suggested for the prevention of variola. So much confidence have I in Melandrinum that I have not vaccinated my own children, but trust to the merits of this nosode. For a long time I gave it to every alternate case of vaccination, and my record shows that of those cases not one "took," though the operation was repeated a second time in each instance; while in those not taking the one little dose, a small percentage failed. As a prophylactic of small-pox I give one powder every twenty-four hours for a week, and advise the patient to come for more if a case of the dread disease is heard of after a year. At all events it is a perfectly harmless remedy, and who dare so speak of vaccination?

Lachesis, Camphor, and Sulphur have been spoken of for prevention of cholera.

Eupatorium purp. for intermittent fever.

Graphites for erysipelas.

Hepar for herpes.

Sulphur for chilblain.

Calcareo mur., *Berberis*, *Silicea*, and Sulphur for those subject to boils and fearing their return.

Ledum, *Hypericum*, and *Arnica* are relied upon to prevent lock-jaw.

For one who walks stooped and must therefore suffer with dyspepsia, a dose of Sulphur will "straighten him up," and ward off such an attack.

Gelsemium has many times prevented soldiers from having diarrhœa from agitation or fear before a battle, and will act as well in freeing from an attack of that kind persons who cannot endure even slight excitement without it (ladies on a shopping expedition, etc.).

Some farmers suffer from apoplectic symptoms during harvest. A few powders of *Glonoine 45m.* have relieved a number of such cases for me very promptly and perhaps prevented sun-stroke. At all events it cured the farmer's fear of it. (I cannot refrain from referring just here to the cork helmet hat, or tourist's hat, for men compelled to work in the sun. The cork is a non-conductor of heat, is light in weight, and if the hat is rightly made, it will stand off from the head, allowing an open space—save a few rests—fully a quarter inch clear around the entire rim for ventilation.)

We all believe that labor is lightened by administering from time to time, during gestation, whatever remedy may be indicated, but are reluctant to pin our faith too firmly to the virtue of any one remedy; but such a startling array of data has recently been given me in favor of *Cimicifuga*, by Dr. E. S. Breyfogle, of San Francisco, while visiting me, that I shall not fail to adopt his plan for a time at least. His success has been so satisfactory with this remedy that he refuses to accept a case of confinement unless he can treat them in the following manner—and he states that some patients who are regularly attended by Allopaths, and who engage them for that event, come to him for "that medicine." He gives a dose every night for a week during the first week of the seventh and ninth months. The first stage of labor is almost dispensed with and the

birth of the child so quick and easy as to be quite noticeable to all concerned.

Who of us would not rather trust to a few doses of Lysin than take a trip to Paris? It is but a question of potency.

In conclusion let me refer to miscarriage: Kali carb. for prevention at the second and third months. Sabina for third month, and Sepia for seventh month, have answered well in patients prone to this misfortune in previous pregnancies.--*Trans. I. H. A.*

HOMŒOPATHIC CURES.

E. W. BERRIDGE, M. D., London, England.

CASE I.--OBSTINATE CONSTIPATION: *Magnesia muriatica*--

It is a common accusation against Homœopathy that it has no remedies for constipation; and this accusation is often substantiated by the inconsistent practice of certain pretended Homœopaths, who maintain that where there is obstruction purgatives must be resorted to, and accordingly resort to them in all "obstinate" cases, to save themselves the trouble of searching the *Materia Medica* for the *simillimum*. How groundless is this charge of incompetency against Homœopathy let the following case show:

October 7th, 1881. A lady, aged forty-five, consulted me. She had been constipated for some years; for the last six months it had been distressing, with great feeling of fullness after eating, rumbling in bowels, and discharge of flatus. For the last two months the constipation has been very much worse. During stool there is pain in rectum like labor-pains; it is as if the rectum and vagina were strained open, with pain in urethra, and involuntary expulsion of urine even if she had urinated a short time previously; the pain makes her set her teeth, and want to pull on something, with involuntary crying out, however much she tries to restrain it, just as in labor; the anus also feels torn, with intense burning and smarting as from a deep fissure; the smarting and burning last for two hours after stool, causing faintness and weakness, so that she must lie

down; at times the stool will neither advance nor recede, and when unable to expel it she has to push it back; it is rather white (which is usual with her), otherwise is normal. On a former occasion I had given her Nitric acid mm. (Fincke) for an attack of constipation with different symptoms, and because it relieved her then she took two doses now, but without result. This was more than three weeks ago, since which she has endured the suffering without taking medicine till she could see me.

In Lippe's Repertory, p. 133, I found, "Constipation with distended abdomen, Belladonna, Magnesia muriatica;" and a reference to the *Materia Medica* showed that the latter corresponded best, having most of the patient's symptoms, though not expressed so strongly. I gave her one dose of Magnesia muriatica cm. (Swan).

October 8th. Had a difficult stool, but without pain. The distention and flatulence disappeared and did not return.

October 9th. No stool (her bowels normally act only on alternate days).

October 10th. Some return of the difficulty and smarting during stool. Dissolved a few globules in water and gave five doses in the course of twenty-four hours. This gave prompt relief; she had two other stools the same day, the first softer and the last loose, with some griping in abdomen.

October 18th. Some return of the difficulty, with intense burning for thirty minutes after stool. Gave one dose.

December 1st. Has been quite well ever since.

Comments.—(1) The fact that Nitric acid, which had relieved a former attack with different symptoms, now failed, proves that the Homœopathist must never select the remedy on pathological grounds. Every case must be strictly individualized and the remedy chosen according to the symptoms of the patient at the time, and not because it may have formerly relieved the same or some other patient suffering from the same pathological condition to which for the sake of convenience we give a generic nosological de-

signation. *Magnesia muriatica* will by no means cure every case of constipation, but only those where it is indicated by the totality of the symptoms. Pathological prescribing ignores these minute differences, is a mere burlesque of Homœopathy, and greatly inferior to it in results, as statistics demonstrate.

(2) The constipation, which was the oldest symptom, was the last to disappear. This disappearance of the symptoms *in the inverse order* of their appearance is the test of a permanent cure; if they disappear in any other order the remedy was not truly homœopathic, and its effect will be found to be merely palliative and temporary.

(3) The pain was relieved *before* the constipation. If relief of pain precedes the removal of the mechanical cause which produced it, it is a true cure; if the reverse, it is only a natural recovery.

(4) When after an accurately-selected remedy has ceased to act, and the symptoms return, it is never advisable to repeat the remedy without a careful examination of the patient. Most commonly some new symptoms arise, almost always indicating a fresh medicine. Hence the criminal folly of giving patients prescriptions in chronic disease for them to take *ad libitum*. When, however, the returning symptoms are unchanged, or only differ in intensity, the same remedy may have to be repeated; but in these cases it is best to give a different potency, or to dissolve the same in water and give it in divided doses.—*Trans. I. H. A.*

A CASE OF PSORINUM.

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

CASE I.—In November, 1883, I was in the country on my way to the railway station with only twenty minutes to train time, when I was called to see Mrs. M—, aged 72 years. I found her enormously distended with dropsy, sitting in a big chair where she had sat some nine weeks, because unable to lie down from the dyspnoea which oc-

curred as soon as she assumed a recumbent position. She was full of water, even to the face and upper extremities. Her legs from the instep to above the crest of the ilium and the arms from the wrists to the elbows were covered with a dirty, scaly eruption, so that there was not the smallest patch of sound skin to be seen, and itched so violently, especially at night, that she could not avoid scratching, but yet got no relief till the scratching caused blood to flow. She had, for about a year, been constantly under old school, so-called *scientific* (?) treatment, and had been tormented with numerous and various external applications, one of which was the covering of the eruption with a coating of tar. This was all I had time to learn. The aggravation at night with amelioration from scratching till the blood flows, so characteristic of *Psorinum*, decided the prescription, and hastily putting up a powder of Fincke's *Psorinum* 52m. with six of *Sac. lac.*, and directing the first to be dissolved in four spoonfuls of water and given in four doses, a half hour between doses, and the other powders one every night, I ran for the train, having told the patient that I hoped to mitigate the dreadful itching, but promising her nothing, as I had not the slightest hope of any cure in the case.

A week later I had a letter saying the patient was much better and requesting another prescription. I sent *Sac. lac.* which was repeated twice, at intervals of a week, when two days after the last sending I was called again to the same place, and, while visiting my patient, in came the old lady tripping and dancing like a girl, saying: "How do you do, doctor? I am very well indeed, I thank you, very well indeed," and sat down by me to show me her legs. The eruption was all gone except a small patch on one ankle, and the dropsy had disappeared entirely. At the end of that week I had a letter requesting me to send more powders; and the week following another saying that the patch on the ankle was spreading a little. I sent her a repetition of the *Psorinum* and six blanks, which ended the case. I heard from her in April last (1886) as entirely well, and having had no sickness since I saw her.—*Trans. I. H. A.*

CLINICAL CASES.

W. J. MARTIN, M. D., Pittsburgh, Pa.

CASE I.—WEAK DILATED HEART: *Iodide of Arsenic*.—An old gentleman, aged 65 years, had been ailing for more than a year, but had never consulted any physician, taking sometimes some patent nostrums.

When I was called to him his condition was as follows: No appetite, tongue and mouth foul and slimy, breathing wheezing, cough, dyspnoea, very great difficulty in ascending steps, cannot lie down, must sit up all night, smothers when trying to lie down. Heart enlarged and its action very irregular, weak and tumultuous, the pulse cannot be counted; sometimes there will be three or four regular beats, then a period of irregular beating, then a few regular beats, and so on. The urine very scanty and black as coffee; feet, ankles, and legs to the knees were very much swollen.

The man had always been a hard drinker, though probably hardly ever drunk; one of the steady drinkers. I did not think I would be able to improve his condition much, and the fact that he has recovered a very fair degree of health is my reason for giving the treatment of this case.

He has now a good appetite, passes a normal quantity and quality of urine. The swelling of the limbs is all gone except a little about the ankles. He can lie down in bed and sleep good all night, and his heart beats 72 good regular beats every minute (when he does not exert himself).

The treatment was first *Nux vomica* for a few days, then he was put on *Digitalis*, ten drops in a glass half full of water, a dose every two hours. After taking this for three days and getting worse all the time, I changed it to *Iodide of Arsenic* 3x, one grain (equivalent to 1-1000 of a grain of the crude drug) every two hours. Improvement set in very soon, and continued, his present condition being as I have described.

CASE II.—CARBUNCLE: *Tarantula Cubensis*.—I was called to see a lady, aged about 36, who said she had been suffer-

ing for a week with something like a boil on the side of her chest, that the pain had been so intense for two nights that she could neither sleep nor stay in bed; she walked about and feared she would die or go crazy if the pain continued much longer; nothing she had applied or taken had the least effect in mollifying her suffering. The location of the sore and the woman's modesty had caused her to suffer so long before calling for help from a physician, that, when I tell you the remedy prescribed, and from which she received almost magical relief, you may wonder, as I did, what the self-styled regular (?) physician would have done in the way of relieving this most painful case. On examination I found that her boil was a veritable carbuncle, as large around its base as a silver dollar, elevated like a small mountain, the top of which was studded with small openings. No pus discharging, pains intense, burning and stinging, extending to the mamma and down the arm, and she had not one moment's sleep for over forty-eight hours. *Tarantula cubensis*¹², a dose of six No. 30 pellets, every hour, was prescribed, and a cold slippery-elm poultice applied. After the third dose of the medicine her pain was noticeably less, and she slept all night. The pain got less and less till there was only soreness when touched on the affected part. Pus formed in the carbuncle and the center sloughed out, the opening thus made rapidly closed up, and the whole trouble was over in two weeks from the time of taking the first dose of the *Tarantula*. No other medicines were prescribed.

CASE III.—COUGH: *Manganum met.*—A lady consulted me last spring for a cough with which she had been troubled all winter. It was a dry, almost constant cough, with irritation under the sternum, and aggravation from talking, laughing, walking, and deep inspiration. She said she had taken a great deal of Phosphorus, which she purchased at the homœopathic pharmacy, and that it always helped her but did not entirely cure her. I gave Phosphorus³⁰⁰. In a week she reported no better. On closer questioning to get more symptoms, she gave me this peculiar and important one: *her cough is always better when*

lying down; it will stop when she lies down, and not trouble her again till she gets up.

I had read several years ago, in the *Hahnemannian Monthly*, a little article from the pen of the late Professor Farrington, giving the cure of a cough with this unusual symptom, by Manganum met., and I had not forgotten it. I gave my patient the Manganum met.¹⁸, a dose every four hours, with the happiest result. When she called again her cough was better, and has never returned.

CASE IV.—DIARRHŒA: *Hyoscyamus*.—Mrs. R——, was recently confined. Having had a hard labor, and being a weak, nervous person, she was in bed for several weeks. The third week she was able to be up and move about some, when she was suddenly and unexpectedly, and without any apparent cause, taken with a diarrhœa. The stools were involuntary, unconscious, painless, yellowish, watery. After taking a few doses of *Hyoscyamus*¹⁹ she had no more diarrhœa, and went on to a good recovery.

CASE V.—PERSISTENT VOMITING: *Magnesia phos.*—About the first of February I was called to see W. F——, a lad about ten years of age, who had been suffering for some time with vomiting his food. Immediately after eating, sometimes while at the table, he will have to go out and throw up, or, as he says, “spit up” what he has eaten. Little or no nausea present. Good appetite, relishes his food, and wants to eat often. The mother could ascribe no cause but the probable one, that of eating much candy, of which he was very fond, during the Christmas holidays, had injured his stomach. On this clue I prescribed Sulphur²⁰, which I had found in other cases to be generally sufficient to cure cases of stomach derangement from eating sweetmeats. In this case, however, it had no effect. I repeated the prescription, and the report was, on:

Feb. 10. Spits up food immediately after eating; craves sugar. Argentum nit.²¹

Feb. 14. Still vomits; also has diarrhœa. Arsenic.²²

Feb. 16. Diarrhœa better; sour vomiting. Calcarea carb.

Feb. 18. Still vomits. Phosphorus.²⁰⁰

Feb. 21. Since taking the Phosphorus the vomiting has ceased. Sac. lac.

Feb. 25. Vomiting returned. Phosphorus.²⁰⁰

March 1. Still vomits; aggravation after milk. Kali carb.

March 10. Still vomits. Ferrum phosphoricum.¹²

March 24. Spits up food as badly as ever, and has pain in stomach. Magnesia phos.¹²

March 29. Much improved. Magnesia phos.¹²

He continued on this remedy for a number of weeks, getting better and remaining better.

DISCUSSION.

Dr. Aug. Korndorfer said that, in listening to the paper read by Dr. Martin, he was much interested in his relation of the case treated by Manganum metallicum. Manganum aceticum is generally considered to be the most active preparation of Manganese, which we usually employ, its action being very similar to the metallicum. The one symptom that Dr. Martin mentioned, relief from lying down, is not the only key-note of the remedy. One which Dr. Korndorfer had used with admirable results was: rheumatic pains, with localized erythematous spots, which are extremely painful, lasting sometimes for two, three or four hours, and sometimes for days. These spots vary in size from that of a pea to that of a dollar. They do not appear in any specialized location. They are found over various portions of the limbs, but more frequently over the fore-arms and hands. These spots appear to involve the skin and deeper tissues, at times, so severely as to resemble a dermatocellulitis. This symptom he had found very characteristic in lung cases accompanied by rheumatoid pains.

In regard to the manner of reporting cases in clinical medicine, Dr. Korndorfer said that, in a large majority of the cases, there was but little stress laid on the homœopathic curative treatment. He hoped that the profession would lay more stress on the key-note symptoms indicating drugs, and not on long-drawn-out reports of cases. The bringing forward of characteristics of remedies in our

meetings is becoming almost obsolete. Another thing is the growing tendency in our society meetings toward the introduction of palliative measures instead of the curative treatment. Dr. Korndorfer then exhibited a little medicine case that he had brought with him for the purpose of presenting it to the College to be placed in the museum. The case was gotten up in imitation of a book, and the vials it contained were extremely small. It was stocked with drugs in the thirtieth potency. It was this case, Dr. Korndorfer said, that had suggested to him the propriety of his remarks. There is a tendency in our school to deprecate small doses, as though Homœopathy had been built up by big doses instead of the little ones. It was the little doses that won the field for us. The case which he exhibited was a domestic case, and was given to one of Dr. Korndorfer's patients, many years ago, by old Dr. Jeanes, who gave us so many grand characteristics, so many great central symptoms of our remedies. He was not ashamed of the little doses. The bottles in the case are so small that the patient could readily swallow them entire. Dr. Jeanes made the family, to whom he gave this medicine case, strong Homœopaths in all its branches.

Dr. Korndorfer expressed the hope that the time would come when physicians will give us more characteristics than they are doing now. He had brought this little case to our college museum simply to show how it was that we won our battles. That case was gotten up in Germany when it was an offense to practice Homœopathy. The cases of homœopathic medicine were made in imitation of books; thus they could rest on the shelves of a book-case without any danger of detection. At that time, homœopathic physicians often practiced on the border line between two districts. When the officers of one district entered the front door, the physician escaped by stepping out the back door into the other. When Homœopathy gained its most brilliant victories, physicians were using these little cases containing these little globules. Dr. Jeanes was one of the men who established the Homœopathic College of Pennsylvania. He was the man through

whom the Hon. Charles Brown was led to secure the charter for the original institution. He was the man who was instrumental in making many of us physicians. That man cured thousands of patients in the years of his practice. In conclusion, Dr. Korndörfer apologized for consuming the time of the society in considering this matter.

Dr. David Cowley asked if there were any confirmations with the microscope of the efficacy of these small doses.

Dr. Korndörfer said that, to Dr. Cowley's question, he would make the same reply as was once made by old Lawyer Brown. In 1849—perhaps earlier than that—a meeting was held at the office of Dr. Hering, to devise means for the advancement of Homœopathy. A number of patrons of the system were present, and among them was Lawyer Brown. The lawyer never said a word until his opinion was asked by Dr. Hering, when he replied: "Gentlemen, cure your patients, you need no other advertisement; failing in that, all other things will do but little good." So, Dr. Korndörfer said, the cure of cases is worth more than all the investigations with the microscope. The microscope tells us a truth, but it tells us an uncertain truth. It tells us of the character of pathological products. There it is invaluable. It tells us that in given triturations it fails to discern medicine. *It tells us that it fails.* It does not tell us that there is no medicine there; it does not tell us that there is no power of subdivision. The microscope has been misleading, because it has led thousands to believe the dynamic theory to be false, or to believe in it as a theory that is standing on the brink of overthrow. When the microscope is applied to the examination of our drug attenuations, it is wrongly used; the only instrument that we can apply here is the human organism. The speaker then proceeded to make a few remarks on hæmorrhage. He once treated a case to which he would call the attention of the Society. A gentleman occupied in the purchasing department of a large business learned, very unexpectedly, from his partner, that his business was bankrupt. The shock was so great that he became greatly excited, rushed up and down stairs once or twice, and then into the parlor

when he had the most distressing attack of hæmatemesis that Dr. Korndœrfer ever attended. The blood clot on the floor covered a space of a square yard. He prescribed for the case, and the hæmorrhage was controlled without the use of iron or other stypic remedies. He had several hæmorrhages in the course of the evening, but no severe ones after taking the medicine. Because of the pale face, utter prostration, with coldness, almost Hippocratic appearance of the face, Cinchona was given. According to Dr. Hering's suggestion, that Cinchona in these cases was most efficacious in the mother tincture, he (Dr. Korndœrfer) put a few drops of that preparation in a glass one-half full of water, and had the patient take of it every five minutes. It was astonishing to see how quickly it relieved. Now, another peculiarity of this case was that it illustrated most thoroughly the "Hahnemannian alternation" (which is not alternation of the routine type). Cinchona was given with relief. Shortly afterwards the patient developed the most intense nausea, with paleness of the face and blueness of the mouth. These symptoms pointed to Ipecac.; so that remedy was given in the thirtieth potency, also with prompt, good result. About six or eight hours after that, there came a dark venous hæmorrhage from the stomach, accompanied by great soreness in the region of the stomach, with sore feeling all over the body. Hamamelis, low, was given. Entire improvement of all the soreness followed, the hæmorrhage was checked, and the patient was comfortable. The case went on until the next morning, when another collapsed state set in. The same bright blood was brought up, with that thorough collapse, cold sweat, coldness of the entire body, and drawn up, pinched features. All the Cinchona symptoms had returned, so Cinchona was given again, and it acted like magic. About one or two o'clock he again had the nausea. Ipecac. was again given, with immediate relief. In the evening, there again came that intense soreness, and again Hamamelis was given. In the morning, again came the bright blood from the mouth, and down went the patient. He received Cinchona this time also. Thus he received these three

remedies in alternation. After he had recovered from the hæmorrhages, he received antipsoric treatment. The alternation that was carried out in this case, Dr. Korndærfer said, was the characteristic "Hahnemannian alternation"; it was the alternation that Hahnemann taught in his *Organon*.

Dr. Korndærfer also said that he would like to hear from other physicians characteristic symptoms on which remedies are prescribed. He once reported a use of Aconite illustrated by one symptom. He was called to see a case of insanity. The patient had been insane for weeks, and the one central idea of the patient was expressed thus: "If I could only think with my head I would be all right, but I have to do my thinking with my stomach." There being no other remedy having that symptom but Aconite, that remedy was given, and with the result of curing the case. That symptom is one which Hughes speaks of as being valueless, for it had been experienced by the prover but once, and he could not reproduce it.

Dr. Bushrod W. James referred to the effect of Homœopathy on old school physicians, many of whom are carrying with them in their daily rounds little pocket-cases containing parvules, tablets, etc.

Dr. Hugh Pitcairn said that he had recently treated a case which was interesting, because, notwithstanding the most careful study, he was unable to help the patient. A lady in the sixth month of her pregnancy developed the most violent insomnia. Failing to find the indicated remedy, he resorted to dilatation of the os uteri and other makeshifts, but without benefit. One day he discovered the patient eating camphor. The other symptoms besides the insomnia were twitching of the limbs, and, as soon as she lay down, great drowsiness.

Dr. Clarence Bartlett asked if it were possible for the symptoms in this case to have resulted from the use of camphor. He had recently read of a case in which large doses of camphor had produced insanity and death.

Dr. Pitcairn replied that he did not think the camphor the cause of the trouble, for the symptoms appeared before the patient began to eat the drug.

Dr. Bartlett asked if it was not possible for the patient to have deceived Dr. Pitcairn.

Dr. Pitcairn replied that he saw the patient so frequently that he would have detected its odor about her sooner if such had been the case.

Dr. Korndærfer asked what remedy cured the case.

Dr. Pitcairn replied that he did not cure it. He brought on labor at the eighth month.

Dr. T. S. Dunning asked if she obtained sleep then.

Dr. Pitcairn replied that she obtained sleep at once.

Dr. Dunning remarked that if the insomnia came from the camphor, relief would not have been obtained by the premature labor.

Dr. Pitcairn thought the same as did Dr. Dunning.

Dr. Cowley suggested Kali bromatum.

Dr. Pitcairn said he had tried that.

Dr. Korndærfer suggested that in such cases *Tarantula cubensis* would prove to be a most efficient remedy. He now had a patient who had been suffering for quite a while with uterine symptoms, and who, about eight weeks ago, was suffering from that intense sleeplessness and excitability at night. After reviewing all the symptoms carefully, he was led to believe that the insomnia and excitability were reflected from the uterine condition. He gave *Tarantula cubensis*¹². Within four hours after taking the first dose, she was in a comfortable sleep. She slept very comfortably for four hours during the first night. The next night, she slept six hours. Since that time, there have been four or five occasions on which she has had this same nervous trouble, and *Tarantula* has always brought about an immediate good result.—*Trans. Pœm. Society.*

A FEW VETERINARY CASES.

JOHN V. ALLEN, M. D., Frankford, Phtla.

I read with pleasure in the March number of the *ADVANCE*, a few cases from my friend Dr. Butler, in which he illustrates the action of high potencies in veterinary practice. Now, I would like to mention, through your valuable

journal, my experience in treating my horses homœopathically when sick, so that the "hoss doctor, with ginger, laudanum, sweet spirits of nitre, camphor and capsicum," as our friend calls him, may be expunged from our notice.

CASE I.—COLIC: *Colocynth*.—One morning in August last, as I was about to enter my carriage after visiting a patient, my attention was drawn by the groom to the "off horse," who told me that Charlie (the horse's name) was suffering with colic; he was drawn up, so to speak, like a knot, and attempted several times to lie down. We drove on a side street and I administered one dose of *Colocynth* 50m. dry on the tongue, and removed him from the pole that he might be walked up and down the street; seeing that he continued to get worse, I thought "there's no place like home," and had him put in harness again and slowly, after giving another dose of *Colocynth* 50m., we wandered that way; several times he attempted to lie down while being driven home, but was urged to continue by the application of a long "persuasion." When we arrived home, only six blocks away, he was drenching with sweat, and to all appearances completely exhausted; I now dropped some *Colocynth* 50m. in water, and gave a teaspoonful every five or ten minutes; after the third dose the cramps had entirely disappeared, and I discontinued the medicine. He was very weak for a few days but rallied without any more medicine. Now what would have become of my "Charlie" if the "hoss doctor" had been called? "Bone-yards" only know, as they have profited by his professional skill.

CASE II.—DIARRHŒA: *Bryonia*.—"Frank," the horse driven on the near side, does not escape being dosed with homœopathic potencies, but never to my knowledge has he been attacked with colic; but is subject to a diarrhœa in warm weather and on changing of warm to cool days, or *vice versa*. Every time he would start after having stopped, a thin, yellowish, watery paste would be seen on and sometimes over the dasher. One dose of *Bryonia* cm. always constipates him until another change of weather brings on another attack.

Many times have I cured stiffness of the limbs after exposure to draught while being heated, with one or two doses of *Rhus tox. cm.*, and *Arnica* 30th potency always relieves soreness of the feet after pounding over our paved streets.

CASE III.—COLIC: *Chamomilla*.—My friend, Dr. Wm. J. Guernsey, once had a grey horse which was subject to colic, especially after being teased. He was cross and crabbed and always out of humor. One dose of *Chamomilla* 45m. always cured him, and (the Doctor says) altered his disposition so that he almost cried on being spoken to.

CASE IV.—COLIC: *Colocynth*.—One more case of colic and I will have finished. Three years ago I owned a sorrel horse who was always very healthy. One morning, near noon, when I came home to dinner (having walked this morning for exercise and left the horse in the stable), my attention was called by the groom to see the horse who was suffering with colic. He said: "This horse has been suffering for the past hour and a half, and I was going to send for a 'hoss doctor,' as we thought he would die if relief did not come soon." At this moment the dinner bell rang, and I responded by saying that I would be in, in fifteen minutes. Every symptom pointed to *Colocynth*, which I gave in water, in the 30th potency, and in less than fifteen minutes I was eating my dinner, and so was the sorrel. The first and only teaspoonful of "bottle washed" imagination cured him.

A PLEA FOR UNADULTERATED HOMŒOPATHY.

SAMUEL LILIENTHAL, M. D., San Francisco, Cal.

In No. 5 of the *Allgemeine Hom. Zeitung* we find the following pertinent remarks:

"I acknowledge with some feelings of sorrow that in your editorial for the new year I find a panegyric of *Natrum salicylicum* which will be hailed with joy by every faithful allopathic heart. I envy the physician who always succeeded with this drug. I am far from denying its cura-

tive power in acute articular rheumatisms; but it certainly does fail in many cases, as can be shown from allopathic sources. I am astonished to hear an homœopathic physician acknowledge, that *Natrum salicylicum* is preferable to many a drug selected according to the principle of *Similia Similibus Curantur*, for from a long experience I am convinced that grave cases of acute articular rheumatism can be cured by our homœopathic remedies, and no cardiac affection remains; and many members of our school bear witness to such an experience in their own practice. But we must not limit our studies to four or five drugs, as Aconite, Bryonia, Pulsatilla or Rhus. We must individualize in every case and conscientiously act in relation to the potency and the repetition of the drug. You know very well, my dear old friend, that I am not a purist, but I am thoroughly convinced, that we possess an inexhaustible mine in our *Materia Medica* where we find in nearly every case the needful for the restoration of health. We homœopathic physicians ought to be very careful in the use of remedies which are the fashion of the old school, or else we render ourselves liable to the just censure that under the cover of a little Homœopathy we treat our patients according to the fashion of the old school."

Such warning voices may be sometimes necessary for our welfare, inasmuch as the false prophets in our school become more and more outspoken against those who try to follow more closely the precepts of Hahnemann. Thus we find in the February number of *l'Art Medical* an article translated from the *Criterio Medico* "Homœopathes et Hahnemanniens," where Dr. Pinella names Hahnemann as the very physician who introduced sectarianism in medicine and no wonder that there are now several sects of homœopathic physicians, who accept the essence of his doctrine, but do not swear obedience to every sentence he ever wrote. We all believe in the *Organon*, but the majority of our school stand by the first edition of 1810 and throws overboard the excrescences of the fifth edition, whereas the Hahnemannians accept only the latter as the testament of the master.

Primitive Homœopathy is a therapeutic reform and nothing else, whereas the Homœopathy of the fifth edition is a reform in physiology, pathology and therapeutics. To believe that every Homœopath must be an ultra-Hahnemannian is a great and prejudicial mistake. There is no need of believing in infinitesimals or in the psora theory. The law of similitude and weak doses is the criterion to the name of a Homœopath and thus we do not infringe on classical therapeutics.

Dr. Jousset does not endorse his Spanish colleague and insists on infinitesimals as in some cases their action is far more advantageous than ponderable. (We may refer the reader to Jousset's *Leçons Cliniques*, Vol. II., 19th and 29th lectures.)

In the January number of the *Medical Counsellor*, Dr. A. I. Sawyer, of Michigan, makes a furious and unprovoked attack upon all physicians who advocate and practice the giving of *Lac caninum* in diphtheria, and that too in the proportion of one drop to a hundred thousand or million of water. When we take Dr. Sawyer's treatment of his case as a sample of his general practice, we see him follow a general routine, treating diphtheria *lege artis* internally and externally and pushing his drugs in quick alternation and repetition. We miss the strict individualization as laid down in the fifth edition, and only too many of our physicians sail in the same boat, and the worthy doctor finds himself fully justified by the remarks of our colleagues, as found in the *Transactions of the American Institute for 1886*, p. 345, and some of us, old fogies perhaps, will still agree with Dr. Whipple, when he had the courage to announce in that assembly that correct homœopathic treatment is superior to anything our opponents have to offer, in this as in all other diseases. If Dr. Sawyer would only have individualized his case of diphtheria, he would soon have learned from the proving of *Lac caninum* that there was hardly a symptom in his son's case, which called for *Lac caninum*. When the Lacs are indicated, we see the nervous system especially affected, and hence in overwhelming sepsis we must look for other drugs, and just in this dis-

ease it is of value to study out the difference between Lachesis, Naja, Crotalus and Apis. But it is so much easier to go by routine than to individualize the patient, the diseased state and the drug.

At one of the meetings of the New York County Medical Society some physicians were loud in their defense of the hypodermic injection of Morphia or Morphine and Atropine, and thought it might be excusable in extreme cases; then that beautiful sentence in the Lord's prayer arose before us: "Lead us not into temptation, but deliver us from all evil." And there is no greater evil for physician and patient than to allow the latter to rule the former, and the price paid for such palliative treatment is often a high one. Quinine and Morphine still play a far too important part with physicians, who style themselves adherents of Homœopathy, and here the French school under Jousset has undermined the purity of homœopathic treatment. But we are successful, and our large clientele is a proof that they are satisfied with mixed treatment. The old school with their physiological therapeutics is also often eminently successful, and *natura sanat* is one of God's blessings in spite of divers doctoring.

The old school has its eyes on us and watches us and enjoys our back-sliding, and though you might be allowed to enter their fold, you must take a backseat, if you were or are tainted with homœopathic ideas. Though they rob our roost under the guise of substitutive medicine, though they pilfer right and left from our *Materia Medica* without giving us credit for it, still the name and fame of Homœopathy is a stench in their nostrils, and the old cry of "Crucify Hahnemann and his doctrines" is yet not quite obsolete.

Let us therefore remain true to Homœopathy and to ourselves. A little firmness with our patients will convince them that we feel with them all their pains, but with a little patience from their side we heal them in toto, without exposing them to further attacks. Homœopathy may be a hard task-master, requiring close application and differentiation; alas! we too often find it not to pay, for such pa-

tients recover far more quickly than those under routine or allopathic treatment, which allows a nice round sum for the doctor, and if the patient is satisfied to suffer and to pay for it, whose business is it to grumble and complain?

◆

ILEUS.

L. B. WELLS, M. D., Utica, N. Y.

Mr. E. D. B——, age 50, strong, muscular frame, six feet high.

About midnight without any apparent cause was attacked with a severe pain in the left iliac region, with vomiting, first of the contents of the stomach, and then stercoraceous matter, which did not relieve the pain. Various remedies were given without satisfactory results. We made careful inquiry as to the nature of his case and diagnosed it one of intussusception. He said he would try an experiment. Several bedquilts were folded and placed lengthwise of the middle of the bed and he then placed himself on the bed, face down, head hanging one side of the bed and feet at the other. He then made a most powerful exertion with his left leg, extending it as high as possible with an outward effort.

As he described it, he said "he felt a kind of snap in the affected part and relief was instantaneous."

No return of the trouble, now two years since its occurrence.

◆

CURE OR "COINCIDENCE"—WHICH?

S. MILLS FOWLER, M. D., St. Augustine, Fla.

Charley J——, colored, a railroad train hand, exposed to all kinds of weather, at irregular hours, both day and night, came into my office (in De Land) March 24, 1886, with the following history: Had always been well and healthy, with no history of venereal disorder, till some weeks before; after having "intercourse" with a stranger, a pimple showed itself on the penis, which in a few days developed

a "sore." The sore he *cured* (?) by applying blue-stone (Cuprum sulph.). He now applies for treatment and relief from a swelling in the left inguinal region, about the size of an English walnut, very hard, painful, and exquisitely sensitive; it is inflamed and causes lameness of the left side from the shoulder to the ankle. There is constant fever and aching, but the pains are worse at night.

The diagnosis is plain. No one will question the assertion that these symptoms were those indicating an invasion of the general system by the syphilitic poison; or a development of constitutional syphilis. Some may "take issue" with the last statement, claiming that syphilis is constitutional *before* the development of the initial chancre. I am not prepared to dispute the question. I thought here was a chance to test the *single potentized* remedy, under *unfavorable* circumstances, and with some misgivings I selected Mercurius viv., 200, and administered *one dose* at the time in the office, and gave him a drachm vial of No. 60 pellets, one to be taken at a time, before each meal and at bedtime. The pellets were not medicated. Charley was in the office about ten minutes after taking the Mercurius viv., and after he had got out to the walk in front, he came back to the door and said: "Doctor, I feel better; the pain is all going." About two weeks after, Charley came (or sent) for another bottle of pellets, which he received, but *nothing else*. That one dose of Mercurius viv., 200, is all the medicine he took; the fever subsided, the pain and aching ceased, the swelling in the groin disappeared, and Charley was *cured*,—or was it "coincidence?"

I saw him repeatedly thereafter and up to a few days ago he had had no return of *any kind of sickness*.

TWO CURES.

GEO. H. CARR, M. D., Galesburg, Ill.

The following cases are uncommon, and as they illustrate the only way of cure, I send them. Perhaps they may be of interest or benefit to some one.

CASE I.—LARYNGITIS: *Aconite*.—On November 28, at 2 A. M., I was called to see a young woman who was reported "dying." I found her lying on her back, head raised high, face bloated immensely, total loss of voice, and a continuous, hoarse, croupy cough, dry and very painful. Pulse 150, full and hard, but at irregular intervals it would become so thready it was almost impossible to distinguish the pulsations. It felt more like a fine wire jerking than anything else. This would last a few minutes and then the hard bounding pulse would reappear. She had been having a severe cold for a week, but had paid no attention to it. At 8 P. M., November 27, was seized with a violent chill, beginning in feet and ankles and extending to chest. This lasted four hours, and I saw her during the fever following. Breathing irregular, sometimes very hard and panting, sometimes almost imperceptible. "Great restlessness and tossing," and "sure she was dying," or else stupid and comatose, with hands and arms twitching involuntarily. I prescribed *Aconite*, dmm., one dose in a half glass water, one teaspoonful every half hour, giving it myself. At 4 A. M. she fell asleep and slept seven hours, having taken four doses. I gave her *Sac. lac.* till evening when the very great aggravation from motion caused me to give one dose of *Bryonia*, dmm, dry on tongue. Next evening she was up and dressed and felt perfectly well, and has remained so. Before I gave the *Bryonia* the pulse was normal. Here was a violent disease-form entirely obviated by a timely use of the remedy, and nothing else, external or otherwise, and that inside of twenty-four hours. No other method of practice can show better results.

CASE II.—GOITRE: *Niccolum*.—A case of goitre in a young woman presented the following symptoms: At times sore throat, with soreness more on outside of throat and face, worse right side. Had had this trouble all her life. *Niccolum*, cmm, two doses, at six week intervals, reduced the goitre at the rate of half an inch in measure round neck every eight days, until it is now hardly perceptible, and in a few more days will be among the things that were.

VERIFICATION OF AMBRA GRISEA.

E. FORNIAS, M. D., Philadelphia, Pa.

Three times have I given this remedy to different persons in nearly the same condition and with the best results.

CONSTIPATION: *Frequent ineffectual urging as in Nuxvomica, but attended by much anxiety at stool and a sense of marked coldness in the abdomen, the patients being put to a great distress by the presence of others in the room, where they were confined.*

Two cases occurred after labor and the third in an old gentleman who suffered besides with colic and asthma. Seldom are we able to cover symptoms so well.

THE USE OF REPERTORIES.

[The following discussion on the Use of Repertories and other books of reference at the bedside, in the treatment of the sick, occurred at the last session of the International Hahnemannian Association, at the close of Dr. Bell's admirable paper on "Homœopathy and Pain," as found in another portion of this issue.]

Dr. Sawyer: Dr. Bell recommends the giving of a placebo and going to the office and reading up the case. That will do very well in the city; but in a country practice, when you are liable to be twenty or thirty miles from home, it is not so practical. I carry my repertory with me and study it at the bedside.

Dr. Brown reported a case where Cocaine had been used and he had had bad experience with getting the sight back again. The oculist himself had some doubt about the sight being restored. As to the looking up of symptoms at the bedside: We allow the minister a month or six weeks to write his sermon; the lawyer gets a month or several of them to collect and arrange his case; but if the physician looks into a book he is considered an ignoramus; "he ought to know everything beforehand." A man that can prescribe off-hand, and prescribe for fifty patients a day,

is not a man whom I want to treat me or any friend of mine. Study your case; wait till you are sure of the right remedy—is not only the best for patient, but safest for physician. Hahnemann was right.

Dr. Ballard: If we go to a lawyer for advice, he goes to his books before he gives it. I think the physician has the same right to look up his authorities as the lawyer. I scarcely ever give advice in my office without looking into my books and I very frequently do so at the bedside. I distinctly tell my patients that if they are ashamed to have me study, all right. I believe that pain in all diseases, even those that are incurable, may be relieved by the homœopathic remedy, or so greatly modified that the person can be made comfortable, more so, indeed, than when under drug effect. This is especially true in regard to acute cases: the pain will immediately yield to the homœopathic remedy, I believe, in all cases better than it will to morphine and other drugs. I have seen the most intense torturing pain relieved by the homœopathic remedy.

Dr. Brown: Speaking of pain in the article just read, I have this to offer in testimony of Homœopathy and the good it has done. I have gained many families from single doses—from single prescriptions to relieve pain—where the patient has had positive relief in from one to twelve hours. I have gained more by such single prescriptions than by long treatment of patients. It is in chronic diseases where it requires months to get rid of the pain. About a month ago I was called to a young man of twenty-two, at a store. I found him sitting in his chair doubled up, with his arms hanging over the back, suffering intense agony. The proprietor said to me: "Can't you relieve him?" He told me that he had taken morphine to still the pain, and was on his way home, but couldn't get any farther. I gave him a tincture tablet of Colocynth and left him. When I returned in about half an hour he was about, attending to his business. The next day he came to me and reported that he was all right. It will help you to get patients when they know that you can cure their pain without leaving bad effects.

Dr. D. S. Smith being present was invited to participate in the discussion. He said: I have been greatly interested in listening to the speakers on this occasion, as I am always, when Homœopathy is the subject. I have had similar experiences with our remedies, and were I to rehearse the doings and results of my past years it would weary you with the sameness. I simply want to say that I can bear testimony to the value of Homœopathy in the alleviation and cure of pain.

Dr. Wesselhoëft: In the matter of looking at books. In my experience of men—and I have seen a good many Homœopaths, good and bad—I find that the more they know, and the older they grow, the more careful they are in their prescriptions and the more universally they appeal to the repertory and to the *Materia Medica*. Young men are very apt to feel a delicacy about looking at a book in the presence of a patient, and I don't wonder they do; the general prejudice is so great that a young man had better retire, as it stands at present, behind a curtain or to another room, where he can study. I remember when I was a young man, or a good deal younger than I am now, I was called to a case in Connecticut, and I had taken my books with me. They were very much astonished that they had so young a man as a consulting physician. I made the examination as carefully as I could, but I was not clear of my remedy. I didn't dare to take my books out before that case, but I said to the other physician, "I want to see you in a room where we can talk quietly together." We went upstairs. I didn't want to talk to him at all; I wanted to get a chance to open my books and find a remedy. As years go on and as our reputation and success increase, the confidence the people have in our intelligence increases also, and we do not need to do that. Five years ago, when in London, I remember seeing Dr. Wilson called to a neighbor, an old lady, who had had some sudden attack; he excused himself and said he would return in a little while. Then he went to his book-case and took out his *Symptomen.Codex* and repertory, and started off with them under his arm. When he returned I said: "That is

grand; I am glad to see you do that. Do Homœopaths in England all do that?" "Do they? Not one of them does it. They ridicule me, and caricature me, as much as they possibly can, but I do it nevertheless, and I do some things they can't do."

Dr. Schmitt: In regard to taking books along, I felt in the first years that I couldn't do it. But now I never go to a patient unless I carry my Hering's *Materia Medica* (abridged) and Lippe's *Repertory* and Bell's book on *Diarrhœa* with me. I find now that my patients don't seem to be satisfied unless I take my books out; they think they are not treated right. I think also in surgery, internal remedies will rectify matters for which we very often use external remedies, especially in unhealthy granulations of wounds. I have very often found that *Argentum nit.* given in high potencies (I generally use the thousandth) will stop that, if the granulation is pale and has a kind of white coating on it—a white coating very similar to that you find when you apply *Argentum nit.* locally to a granulation. On this indication I have used it.

Dr. Rushmore: I would like to add a word of testimony for carrying books. I learned Homœopathy from Dr. Bayard. He was an old man when I heard of Homœopathy. He was carrying books and I began the practice of Homœopathy under his direction, and the first visit, I think, that I made to a patient I carried my *repertory* and *Materia Medica*, and I have continued to carry that book to this day, with the addition of other books of later date. It was against me at first, but that has passed away.

VERIFICATIONS.

G. W. SHERBINO, M. D., Abilene, Tex.

CASE V.—INANITION. *Sanicula*. Marie and Lucile, twins, age nine months, have been fed since birth on condensed milk. For a month or two have been troubled with *diarrhœa*, and losing flesh. From the appearance of the children and

from the present indications I concluded that mal-nutrition was present, and from my experience, there would be trouble ahead. The disease is extremely difficult to manage, especially in this hot climate, with bottle fed babies. The children were generally worse in the day time, but for the last week Marie had high fever every night, and was restless and sleepless. She was also much worse in every way than her sister; seemed sleepy but could not sleep; would start and twitch in her sleep as if frightened, especially when first falling asleep. For this condition Belladonna 200 did good service, but in a week's time she again appeared to be losing ground. On waking she would rub her nose and eyes with her hand; wanted to be rocked all the time; would gag and seemed sick at her stomach; turned white around the mouth; was very irritable; did not want to be touched; would not let me examine her pulse. She now became worse at night, especially after midnight, drinking every few minutes, but a small quantity at a time, which she would again throw up almost as soon as it reached the stomach. To-day her mother says that the stools look green, like the scum of a frog pond, and are very offensive. Sometimes the stools would show blood-streaks in them, and then again particles that looked like undigested food. The child looks old, dirty and greasy, and has a brownish tinge. Small boils on the head and back that do not mature. The head sweats at night, wetting the pillows.

Lucile also is losing flesh, and the mother thinks she will soon be as bad as Marie if the disease is not checked. The symptoms are much the same as Marie, although not so fully developed. The first time I was called to the family, some weeks previously, was to prescribe for an erythema of the anus and buttocks, for which an old school physician had been using ointments. One dose of Sulphur cured as by magic.

Now things began to look discouraging; family became restless and would not wait much longer. Kind friends advised them to give those babies something to put them to sleep. Oh! how tempting; because for months no one in the house had had any rest. The children now seemed

better during the day, but kicked and screamed all night. A few doses of Jalapa gave us temporary relief, and secured a few nights rest to the worn out mother and nurse.

The remedies used during these anxious weeks were Arsenicum. Antimonium crud., Belladonna, Chamomilla, Calcarea, Cina, Coffea, Magnesia carb., Pulsatilla, Podophyllum, all in the 200 attenuation.

Present condition—Marie; stools were passing every half hour, yellowish green, and contained large lumps of curd, smelling like rotten cheese. After feeding, both children would vomit large lumps of curd similar to those passed. The mother says they wanted to nurse (the bottle) all the time, and the emaciation was rapidly progressing. At this time Dr. J. G. Gundlach of St. Louis arrived to help me, and I took him to see these cases. For the peculiar combination of symptoms, he prescribed Sanicula (a mineral spring water) that had developed very similar conditions in his proving. In 24 hours there was a complete change in all the symptoms for the better. The nervous irritability, the nightly fever, the horrible odor of the stools, the vomiting of curdled milk were all changed, and a rapid and permanent convalescence followed.

CANTHARIS: HOMŒOPATHIC TO BURNS AND SCALDS.

W. L. MORGAN, M. D., Baltimore, Md.

About once a year we see going the rounds of the press, an account of some newly discovered cure for burns and scalds, but none of them have ever, to my knowledge, said anything about the simillimum or homœopathic cure. I have not seen that any of their remedies have any homœopathic relation to such conditions in any way. In many of our works on *Materia Medica* and *Therapeutics*, *Cantharis* is referred to in lists of remedies that may be thought of in the treatment of burns and scalds. Hence, I wish to call the attention of the profession to *Cantharis* *as the true* and *perhaps the only true simillimum*. Take two patients, one with a fresh scald and the other with a

fresh fly blister; they look alike, and the sensible symptoms are alike. Treat them with the same wilted cabbage leaves, or other dressing, and they will maintain the same similarity to the end. This is so well known to the profession that further description is unnecessary. Yet it appears to have been overlooked by many homœopathic physicians. I have used it for nearly twenty years with the most perfect success.

I use from half a drachm to a drachm of the tincture to a pint of water, bathe the burn freely with a soft cloth saturated with this solution, and give the 30 every hour. The relief is perfect and immediate, and by continuing the bath from half an hour to an hour the cure is permanent. It should then be followed by the same dressing used in healing fly-blisters. I may also mention that this treatment is homœopathic to the urinary organs and no urinary troubles ever attend burns when treated in this way. I will give one case in verification.

Geo. B—, colored, aged 35; fireman. Was scalded by the bursting of a boiler; his face, hands, arms and thighs were all deeply scalded, in many places the cuticle slipped off. I saw him half an hour after the accident. I took a wash-basin of water and tincture of *Cantharis*, q. s., used such rags as I could get in the factory, saturated them with the solution and applied to the denuded surfaces, which instantly relieved the suffering. I then went to his home with him and had him placed in bed, and re-applied the same dressing, and directed his wife to keep the cloths saturated with the solution. I called the next day and found him resting perfectly easy. He said he had slept well and enjoyed his breakfast. All the denuded surface was throwing off large quantities of healthy pus which continued for several days, to remove which I directed to lay thin cloths of linen gently on it and to raise them without slipping so as to avoid injuring the new and delicate tissues, which worked well. I then directed lard and mutton tallow, equal parts melted, and dipped with a feather as fast as the exudation of pus would allow it to adhere, to protect the new cuticle and prevent scabbing or cicatrix. In three

weeks a new white skin had formed, which the sunlight soon changed to black. He rejoiced in his good luck, that he had suffered no pain, had no urinary trouble and had eaten his meals regularly.

I hope the above will be sufficient to call the attention of the readers of the *ADVANCE* to Cantharis as the true homoeopathic remedy for burns and scalds, and that from the same relation it may be used with good effect for frost-bite and stricture of the urethra. I have used it in the 30 for stricture, where a catheter could not avail, with perfect success, relieving within an hour. It is indicated and is a very prompt remedy in many vesical complaints. I seldom use it lower than 30, and often get better results from 200 or m. Let any one who has a burn to treat, try it. I am sure he will not regret it when he sees the fearful agonies of the sufferer relieved at once.

WEeping SINEW.—Aug. 24, '84. Miss M—, has weeping sinew on the back of the left wrist, often as large as a filbert, and larger, she thinks, from lifting. There is in it an aching, which is worse when the tumor is growing larger or smaller, at which time the wrist is also stiff. She received *Silicea c.m.* (Fincke), ten powders, as she is going away to college, and is to take one every week.

April 25, 1885. Her mother says the tumor did not trouble her for a long time. Now she perceives it. *Silicea cm.* (Skinner), ten powders, with directions to take one every five days, was sent her. Since then, there has been no mention of the tumor.

About six months after this time, the father asked me for a package of those powders, for an allopathic physician in New York, who had expressed his disbelief in the power of medicine to affect such a condition. I gave him some powders of a high potency, and some weeks later the physician himself wrote me, asking what I had sent him. He had used the powders in several cases, and in three of them there was marked improvement; but he said he was not yet satisfied that the powders were the cause of it.—*Dr. E. Rushmore: Trans. I. H. A.*

GYNECOLOGY.

THE EVILS OF EARLY MARRIAGES.

At what age is it best to marry, is a question often discussed. Political economists, social economists, philanthropists and ordinary politicians have all, in turn, wrestled with it, oftener to be thrown themselves than to reach any safe or practical general conclusion. The gay, the young and the careless have also at all times given this question some thought in their serious moments, however few, with the object of reaching a sound and useful conclusion for their future benefit. Various answers have been given it, corresponding with diverse tastes and conditions invoked, forbidding the enunciation of any acceptable general rule for popular observance. The hot, heedless temper of youth will answer—marry whenever you fall in love, see a mate you can admire, or can support a wife; kindred advice being given the members of the opposite sex. But the serious and calculating observers will recommend persons under thirty extreme care in the choice of partners, so as to avoid regrets and poverty in the future, with all their wearing, demoralizing effects. The ardent, amorous suitors do not always relish the prudent and often well-meant counsel of their grave and thoughtful elders in wedlock to distrust first or hasty impressions, and to sit down and seriously count the cost of maintaining a wife, with, in the course of a few years, a progeny also.

How natural it is, however, for the single to disregard such admonitions, and to reply that it is easy to be wise after the event—that their elders did not act upon such advice from their seniors, and that they will take their chances in matrimony like their friends and predecessors. Marriage, then comes with its sobering, disenchanting influences, and in the case of the working classes, with its trying cares and labors, only to impress upon them such lessons of wisdom as they despised a few years before, while inspiring them, in their turn, with the desire to warn and lecture the new generation around them, designing

also to enter the connubial state. So human experience continues to make the same old round, with no probability of any variation.

In itself no enlightened thinker can speak slightingly of marriage, which is a divine institution, as well as one sanctioned by all human experience as necessary to the welfare and progress of the community. But the right time for this compact, in the general case, is a matter still in dispute, with no great prospect of an early settlement. The reformers who would prefer delay till the parties reach thirty years, have a difficult case to sustain. Impulsive, ambitious youths, proud of the favorable notice of the opposite sex, often consider themselves men at 18, and as fit as people 20 years older, to support partners and discharge all the other duties of matrimony. On physiological and mental grounds, not to speak of economical ones, a man should not marry before he be close upon 30 years of age, or even a little older. On the average, before this time of life, the physical and mental organs are not sufficiently developed to ensure the procreation of healthy children, sound in body and mind, with the faculties of each properly developed and balanced. The parents must be not simply healthy, in the common acceptation of the term, but must have lived long enough to secure, by adequate nourishment and exercise, the due development of their various organs and faculties. Many, if not the majority of the births of the deaf and dumb, the weak-minded and insane, are the fruits of early marriage, which should, therefore, meet with every legitimate opposition. The criminal classes, also, it is held by some thinkers, spring largely from such unions, which, on this as well as on other grounds, are inimical to society.

Now British statistics of population, marriage, crime, etc., which have long been carefully collected and published, show plainly that the age of marriage influences public manners, and the number, character and vigor of the offspring. In England and Wales, according to recent census returns, the mean age of first marriages is 25.7 for the male and 24.3 for the female, the mean age of all marriages

being 26 years for males and 25 for females. Of first marriages eight in ten are between the ages of 20 and 30. In France the mean age of first marriages is 29.9 for males, and 24.8 for females. The marriages of minors, or persons under 21, have increased steadily since 1841. Nearly three times as many female minors marry as male. With regard to the United States the foreign-born population marries at an earlier age than the native American, producing larger families. This remark applies particularly to the Irish and French Canadian elements which have always been remarkable for these habits.

Ecclesiastical authorities favor early marriages for the reason that it is, in their estimation, the best protective against immorality and the injury of health. It is a pity, however, that other safeguards can not be found available for the protection of the masses without this resort to an early change of state. When we glance at the changes of moral, physical and mental deterioration of the offspring of those early marriages, we find a question admitting of various treatment and not easy of settlement. The main point to respect is the proper rearing and instruction of children, involving the steady and effective discouragement of all vicious influences.

I need not discuss the various causes, plain or obscure, near or remote, material or psychological, which influence the character of the children born, though from atavism downwards, I admit the operation of more than a few. The health of the parents, previously, the state of their minds and tempers, their contentment or discontentment, their hopes or fears—these and other considerations have to be dealt with in the handling of this question. Results from more than one of these conditions need to be expected in more or less measure, according to circumstances. But there is satisfaction in the knowledge that unpleasant and deleterious effects may, with intelligent care for the young, and the timely use of the meliorative agencies of civilization, be greatly overcome, if not wholly banished before the period of majority. Immense good to the race is being thus effected every day, despite the increased temptations

to which it is yearly exposed. The greater cleanliness the better feeding and education of the people, with the healthier condition of the towns and cities, the whole aided by improved medical treatment, go far to account for the great reduction or counteraction of the evils of early marriage.

In America where the climate is dryer and warmer in summer than that of Great Britain and the other countries of Northern Europe, the human constitution attains to maturity somewhat earlier than in the latter, the signs of old age, too, appearing earlier than in the old world. Americans also have less of that bright, healthy color in the cheeks and sparkle in the eyes than their British kindred. No very long residence in these States being sufficient to banish or materially reduce these enviable attractions. It is taking an unwarrantable pessimistic view of the matter, however, to conclude that the future American will be hairless and toothless, and otherwise deficient even in his prime. I contend that by better attention to the laws of health, including due physical exercise—by the avoidance of excesses at the table and the bar-room, and particularly by the avoidance of mental strain and worry—Americans may gradually improve their physique, and with it those mental powers so highly valued in our most advanced communities.

We have besides to deplore unnatural practices hurtful to both mothers and children. If comparatively free from certain mischievous foreign vices and follies, it should be our determination not to wink at local immoralities, not to

“Compound for sins we are inclined to,

By damning those we have no mind to.”

In fine it should be our ambition to lead the world no less in the region of physical and moral improvement than in the domain of material growth and development, our achievements in which are the worthy theme of universal admiration.—*Prosper Bender, M. D., Boston, Mass.*

NATRUM CARBONICUM IN STERILITY.

WM. JEFFERSON GUERNSEY, M. D., Philadelphia, Pa.

It is interesting to note a corroboration by another of a symptom for which you had once successfully prescribed

without further assurance of success than the faith that is in you; and I was much pleased to read in the March number of the *MEDICAL ADVANCE* (p. 248), in an article by Dr. Joseph C. Guernsey, an account of a cure of sterility by *Natrum carb.*, which had been administered upon the indication: "Discharge of mucus from the vagina, after an embrace."

Several years ago a patient, who had been led to the hymeneal altar at the blushing age of 38, called, after some months had elapsed, to state that she and her husband, though both particularly anxious for offspring, feared that they would never have that wish gratified. I sought in vain for an indication for some remedy, but if ever a woman existed totally devoid of "aches and pains," it was she. Finally she modestly stated that she thought the entire emission from her husband escaped from her, immediately after cohabitation, and that every effort made by assuming different positions, had failed to aid in its retention. To this fact she attributed her misfortune. While I did not for a moment suppose that the discharge of *apparently* all the seminal fluid from her could prevent conception; and though I did not deny her tenet in the matter, I did attach great importance to the symptom, as an indication for some remedy (I did not know what), that seemed certain would have a favorable action upon her sterile condition *solely* because it suited this *peculiar*, and only symptom of which she complained. I promised to send a prescription the next day and at once instituted a vigorous search for the simillimum. The following is all I could find:

Lippe's Repertory, p. 158, "Leucorrhœa after coition, *Natrum carb.*"

Eggert's Uterine and Vaginal Discharges, p. 191, "Fluor albus after coition, *Natrum carb.* and *Sepia.*"

Minton's Uterine Therapeutics, p. 531, "Leucorrhœa after coition, *Natrum carb.* and *Sepia.*"

Allen's Register, p. 1261, "Vaginal Discharges (Leucorrhœa) after coition, *Cannabis sat.*"

Cannabis sat. is mentioned in Allen's Encyclopædia, Vol. II, in symptom 288—"a good deal of leucorrhœa after

an embrace." This was produced in the wife of Dr. Schreter under a proving with the tincture. It is not given in any other work in my possession. It could not be found under *Sepia* in any *Materia Medica* and *Natrum carb.* only by Jahr in his "Symptomen Codex," as stated by Dr. J. C. Guernsey. Whether the discharge was seminal or mucoid, I cared not. Feeling particular confidence in Lippe's Repertory, I selected *Natrum carb.* 50m. and sent it to her.

My record does not state whether she menstruated again, but I know that I attended her in confinement within a year, and she had an easier time than her age would intimate.

[In some notes taken in a clinic of Dr. H. Noah Martin, Hahnemann Medical College, Phila., Feb. 23, 1870, occurs the following: "NATRUM CARB.: Women complain of having a discharge per vaginam after connection. *Natrum carb.* promotes a tendency to having children."—Ed.]

If sure of his remedy the physician need have no more cause to feel anxious about a case of diphtheria than of simple coryza.—*W. J. Guernsey, M. D.*

AURUM.—Frequent attacks of anguish about the heart, with tremulous fearfulness; palpitation, with great agony. (*Spongia.*) Strong beating of heart, with anxiety and congestion to the head, after metrorrhagia; also after exertion. When riding or walking, palpitation compels him to stop. (*Sil.*) Palpitation; with irregular, intermittent pulse; short breathing. Pain in region of heart; extends down left arm to fingers. Pains wander from joint to joint, and finally become fixed in the heart; must sit upright; feels as though heart ceased and then suddenly gave one hard thump. (*Sepia.*) Pulse small, but accelerated. Weak pulse, cardiac asthma, mental depression; great debility. Corpulency; fat about the heart; apprehensiveness, full of fear; a mere noise at the door makes him anxious. Great anguish, coming from the præcordial region, driving him from place to place; palpitation. Eructations of gas relieve attacks of palpitation.—*C. Hg.*

CORRESPONDENCE.

OUR FOREIGN LETTER.

EDITOR ADVANCE.—Prof. Peter, to whom I alluded in a former letter as a violent adversary of M. Pasteur and all his works, has just had an opportunity which he has eagerly seized and made the most of, of not only denying the efficacy of the inoculation but of proving (in his own opinion) that they have been the cause of death in at least two instances. Not many months ago a man in England was bitten by a mad cat and was sent over to Paris to be treated to the requisite number of inoculations. Sometime after returning to England he was seized with paralytic symptoms, being unable to swallow, and finally expiring with phenomena which, though they resembled those of hydrophobia, were not sufficiently marked to enable his medical attendants to form a decided diagnosis. Now we hear of a carter named Reveillac, 20 years of age, living in Paris, who was bitten on the finger by a dog declared mad by a veterinary. Two days after he was treated by M. Pasteur after his intensive method, but after twelve days he was attacked by steadily increasing pains at the spots where he had been inoculated. General uneasiness and weakness followed, and next day he could not leave his bedroom and could scarcely eat; the day after he took to his bed, had spasms in the throat preventing him from swallowing liquids and could only give utterance to occasional exclamations of: "*Oh, ce chien!*" On the following day he expired, foaming at the mouth. M. Peter declared the symptoms to indicate not ordinary hydrophobia but the *paralysie rabies*, from which the rabbit furnishing the vaccine died.

In other cases the inoculations are stated to be ineffectual for good or evil. Prince Laghit sent word to the Academy of Medicine that ten Russian soldiers bitten by a dog had returned from Paris where they had undergone the treatment and were quite well, *as also was the dog*, and the Prince hinted that the soldiers had simply procured a visit to Paris free of expense. All this must be dis-

heartening to M. Pasteur but he will not flinch under it, and those who are aware of his past achievements will not have their belief shaken in him by malicious misrepresentations and the sneers of the envious.

The comparative frequency of abnormal longevity is much discussed, some asserting that even to attain the age of 100 is an occurrence of extreme rarity, and that old Parr was simply a man so old that all his friends, and relatives, and everyone who knew anything reliable about him had died, and that the coast was thus clear to him to assert that his age was anything he liked to put it at. It is, however, absolutely proved by the certificates of the Vienna poor-house that an old woman named Magdalene Ponza, who receives the magnificent sum of one dollar and a half a month from the parish, has now entered her 112th year, and there is apparently no reason why she should ever die. Perhaps it is possible for people once past the normal length of human life to acquire so inveterate a habit of living that only a very severe illness can cut them off. Magdalene Ponza was born in the reign of Maria Theresa when Louis XVI. was on the French throne, and Napoleon was but six years old, and the Independence of the United States was still undeclared. She lost her last tooth thirty years ago, but has an excellent appetite, eating minced meat and drinking beer, and hobbling round her room with the help of a stick.

There existed at one time an old-fashioned notion that when a patient confided himself to the charge of a medical man, it was tacitly understood that the disease or complaint discovered was a secret between him and his attendant. Nowadays all this seems to have been changed; any doctor who is fortunate enough to secure a patient of any public standing or notoriety eagerly seizes on the occasion of widely advertising himself by publishing his patient's condition to all the world. It can hardly be pleasant to the friends of Lord Iddesleigh to have the whole world told that their much honored relative was probably killed by his political colleagues, and judging from the considerate character of the late statesman, he would have been the

last person to wish such a stigma to be cast upon Lord Salisbury. Yet, if Dr. Mortimer Granville's statements have any meaning at all, his lordship was better three weeks ago than he had been a year before, and it was the mental agitation consequent upon his being shunted about from one office to another, and finally ousted altogether, which killed him.

Up to a week ago Cannes has been unusually cold, though clear and dry; hard frosts occurred every night and sheets of ice were seen on the road, a phenomenon greatly astonishing the natives who have not seen such a state of things for forty years. The orange trees and olives, however, though requiring a warm climate, seem able at a pinch to resist several degrees of frost—indeed, I believe it takes ten degrees to seriously damage them, unless under special conditions. I remember on one occasion, a shower of rain which completely saturated the bark of all the trees, was followed by a severe frost with the result that many of them were completely split up and destroyed. This year, however, no harm has been done, and roses have been in full bloom during the whole period of frost. At present nothing could be conceived more lovely than the surrounding scenery; the sky is cloudless and the sea without a ripple, and both of that exquisite shade of blue which I am told is seen only on the shores of the Mediterranean.

An attempt has been made to organize a medical association in Cannes in order to put pressure on the municipal authorities with a view to improving the system of drainage. At present the system adopted is that of a hermetically sealed cesspool, which is emptied into pneumatic carts and disposed of by the authorities. This plan is, I believe, quite safe if properly carried out, but it gives rise to unsavory odors and disgusts English people who are accustomed to the more elaborate system of drain pipes. The medical men wish to force the municipality to allow a company to lay down the mains, connect them with every house and carry the drainage far out in the sea. The funds for this outlay are to be provided by a tax on every householder.

With their usual liberality the medical association has excluded my homœopathic colleagues and myself; some practical joker at the last meeting submitted a proposition that the veterinaries and druggists should be admitted as members and this proposal, to the astonishment of the mover himself, was eagerly acceded to and carried. The next meeting, however, considered that excess of zeal had made it ridiculous, and rescinded the measure.

ALFRED DRYSDALE.

CANNES, Feb., 1887.

COMMENT AND CRITICISM.

Editor Advance:—I was a graduate in medicine before the days of hermaphrodite medical magazines had dawned. Then it was not a difficulty to distinguish a homœopathic from an old school journal; to-day that endeavor necessitates much wiping of my spectacles, and even then isn't always a success.

In the olden times my monthly medical journal brought me a full mental meal. After reading it I was worth more to each patient, because I was qualified to *do* more. I could not, of course, descant learnedly to the horrified parents concerning the "Hystero-epilepsy" of their devil-torn daughter; but I could cast out that devil, although I did not know its double-barreled name. When sharply pushed by an inquisitive parent, *after* the recovery, I doubtless called the trouble *epilepsy*; but what a sin against "Science" it was to call a disease by the wrong name! Does the having cured the patient atone for that? Not with "Science"; but a patient that has got both a correct diagnosis *and* an uncured "hystero-epilepsy" might be more lenient in judgment. It was very likely that, in the joy of my heart, I sent a report of my case to my favorite journal, giving "the symptoms" (all the case had in it for me) as fully as I could discern them, and then the treatment. Then every reader went to his *Materia Medica* (just as I had done) and found my reasons and *the* reasons for the remedy used. And then every reader got

up from that search just so much the stronger for having made it. That is the way we grew in the old days, and that is the distinguishing feature of the old journals—less diagnosis and more cures.

But I mustn't brag over the old journals—they are "played out." They are as Aristotle and Pliny to Cuvier and Buffon. The genius of Mill, Spencer and Darwin is dominant, and ours is the day of the Gospel of Mud and the Apotheosis of Slime.

A young "Professor," so "previous" that the print of the nails of his seat in the class-room are yet fresh on his nates, can take my favorite old journal and tear its "cases" to tatters. He can demonstrate to gaping students that my "case" wasn't *epilepsy*, and that my remedy didn't cure it because he can't find the indicating symptoms in the spic-and-span-new *Cyclopædia of Drug Pathogenesis*. He can show that I was wholly unacquainted with "Pathology," and thereby deduce that I didn't take it into account, and, therefore, conclude that my ministrations did nothing more than enable me to collect my fees. And then he caps it all with talking of *his* "experience."

Such an one a while ago announced the "greenness of his gosling-hood" (I borrow the phrase from Dr. S. A. Jones) by declaring, from pathological considerations, that homœopathic remedies are of no use in post partum hæmorrhage. All of which he backed by his "experience"—thereby declaring the practical value of that limited article.

I for one am glad to turn from our latter-day medical magazines to the old journals and the old books. In them I find that doctors used to rely on their God-given senses instead of microscopes, thermometers, sphygmographs and the whole paraphernalia of modern "Science." Your microscope deludes even the adept; your thermometer is constantly deviating from molecular changes in the glass; and your sphygmograph can give you a dozen different tracings in as many minutes from the same case. Your "pathology" is very largely the outcome from the use of such apparatus, and what, pray, is its actual value? *Every age will write its own pathology. It will change from age*

to age. *What suits one decade will be discarded in another. Why build on the sand?* Study it so as to keep abreast with the time; but hold it at its fluctuating value, knowing that it will depreciate on your hands. If you make it "the one thing needful," your "experience" will tell a sorry tale.

It was while browsing in some of these older books that I found the occasioning cause of this brief paper, and it was only to quote a short paragraph or two from these books that I put pen to paper. Marshall Hall says in his chapter on "The Croup-like Convulsion":

"I may observe that this is one of the cases in which the morbid anatomy has *mised* us. Important as the *pathological anatomy* is, there is a *living pathology*, more important still."—"Diseases of the Nervous System," p. 184. London: 1841.

It is exactly this "living pathology" that I am afraid our modern "Science" does not apprehend. Nor will it be apprehended until the physician recognizes always and everywhere the supreme value of symptoms.

"Think what symptoms are. They are not mere signs of the disease, but they are direct emanations from it; not things in themselves nugatory but eminently real. They are natural sensations unduly exalted or unduly depressed or variously changed or perverted. They are natural functions hurt, hindered or abolished. So that a man may often with stricter propriety be said to be ill of his symptoms than to be ill of his disease; and, what is more, to die of his symptoms than to die of his disease."—*Latham*, "Diseases of the Heart," Vol. II, p. 363. London: 1846.

Surely, it will pay young Homœopaths to read the older books and to study the old journals.

J. DUNN BROWN, M. D.

PROPOSED MEDICAL LEGISLATION.

The following bill introduced into the Michigan Legislature March 3, has not been extensively circulated among the profession:

To provide for the registration of physicians and surgeons—and to protect the people of the State of Michigan from empiricism and quackery, and to repeal act No. 167 of the session laws of 1883, entitled "An act to promote public health."

SECTION 1. *The People of the State of Michigan enact*, That it shall be the duty of the governor to appoint, within ten days after this bill shall become operative, a board of medical examiners, to consist of eleven members, whose duty it shall be to examine all persons applying for examination in accordance with this act, and to keep a book or register in which the names of all physicians practicing in this State shall be kept, together with his or her post-office address, and a statement as to the manner of his or her compliance with the requirements of this act.

SEC. 2. The board shall consist of an examiner in anatomy who shall be appointed for two years, an examiner in physiology who shall be appointed for four years, an examiner in chemistry who shall be appointed for two years, an examiner in surgery who shall be appointed for four years, an examiner in obstetrics who shall be appointed for two years, an examiner in practice of regular medicine who shall be appointed for four years, an examiner in homœopathic materia medica who shall be appointed for two years, an examiner in homœopathic practice of medicine who shall be appointed for four years, an examiner in eclectic materia medica who shall be appointed for two years, an examiner in eclectic practice of medicine who shall be appointed for four years, an examiner in public medicine and hygiene who shall be appointed for four years; and all appointments after the first term shall be for the period of four years; and their official terms of office shall expire on the 30th day of June. The examiners in anatomy, physiology, chemistry, surgery, obstetrics, and regular practice, shall consist of regular physicians known to the governor, by repute, to be especially efficient in these several branches. In like manner the examiners in homœopathic practice and materia medica shall consist of those known to the governor, by repute, to be especially efficient in those respective branches. And in like manner the examiners in eclectic medicine and practice shall be appointed from those known to the governor, by repute, to be especially efficient in these branches. The examiner in State medicine and hygiene shall be appointed by the governor from among those known to him, by repute, to be devoting special attention to the subjects belonging to this department of medicine.

SEC 3. They shall choose from their number a president, a secretary and a treasurer, and shall keep at all times, open for inspection, a record of their meetings and actions as a board. The secretary shall make an annual report to the Governor of the transactions of the board, with its by-laws and rules as then existing. The board shall meet in Lansing and organize within thirty days after this bill shall take effect, and continue in session until all applicants presenting themselves for examination shall be examined, and such other business transacted as may then come before the

board. They shall meet again for a like purpose on the first Tuesday in January, 1888, and in like manner on the first Tuesday of January and July of each and every year. They shall also hold such special meetings as the president may call. A majority of the board shall constitute a quorum for the transaction of business and may select some member then present to examine in any branch not represented by the regular appointee at such meeting.

SEC. 4. Any person who has for ten years or for a longer time preceding the organization of aforesaid board, been engaged in the practice of midwifery, medicine or surgery in this State, shall, upon forwarding to the secretary of said examining board, a sworn statement of the time he or she has followed the occupation of midwife, physician, or surgeon, together with a statement of his or her qualifications, and if a graduate in medicine, the college from which he or she graduated, and also a statement of the system of medicine by which he or she practices, shall receive from the secretary of the board a certificate stating the manner in which the holder has complied with this act, and that he or she is, under its provisions entitled to practice the department of medicine and surgery and according to the system he or she has heretofore practiced. For such certificate the holder shall pay into the treasury of the board the sum of two (2) dollars: *Provided however*, that upon complaint upon oath being made by any reputable citizen of the State that any person, naming him or her, is engaged in the practice of medicine and surgery in any of its branches and that such person is not, as the affiant verily believes, properly qualified under the provisions of this act, and containing the further statement that the affiant knows, or has good reason to believe, and does believe that said person removed to this State in order to escape the operation of the law against quackery or empiricism in force in the state, territory, or country from which such person removed, said board shall issue a citation directed to the person named in the affidavit, citing him or her to appear before said board at a time and place to be mentioned in said citation, and to submit to an examination under the provisions of this act. Which citation shall be personally served upon said person at least ten days before the day mentioned therein for the appearance before said board. Upon the appearance of such person before said board, or upon some day to which the same may be adjourned, said board shall proceed to examine into the charges contained in such affidavit and in case they shall ascertain that said person so charged did remove to this State with a view to escape the operation of any law against quackery or empiricism, they shall then proceed to examine into the qualifications of such persons to continue the practice of medicine and surgery in any of its branches, and in case they find him or her totally unfit, they shall so certify, and thereafter such person shall be prohibited from the practice of medicine and surgery within this State.

and in case such person shall be found qualified under any of the provisions of this act, said board shall so certify and give to such person the proper certificate, agreeable to the provisions of this act.

SEC. 5. No person practicing a limited department of medicine, or by an exclusive system, and permitted by such certificate to continue in such limited practice, or exclusive system, shall engage in more general practice, or practice by any other system, without examination in such additional branches as required to comply with the full conditions imposed by this act on those beginning such system of practice in this State, on or after the organization of the aforesaid board. Any violation of the section shall be punished by the penalty imposed upon those practicing without complying with any of the provisions of this act.

SEC. 6. Every person receiving a certificate from the secretary of the said board conferring the right upon the holder to practice medicine in this State shall have the same recorded in the office of the county clerk of the county in which he resides, and the record shall be indorsed thereon. For such record he shall pay the clerk a fee of one dollar, and the clerk shall keep a book, at all times open for public inspection, in which he shall keep such record. Such certificate, so recorded, shall entitle the holder to practice the department of medicine and surgery, and according to the system therein named, in the State of Michigan, and shall not be revoked except for immoral or dishonorable conduct: *Provided*, The holder thereof, in case of his removing to any other county of this State shall procure a certified copy of his certificate from the clerk of the county from which he removes, and duly record it in the office of the clerk of the county to which he removes. The secretary of the board shall receive a fee of two dollars for such certificate, which he shall pay into the treasury of the board.

SEC. 7. Any person desiring to commence the practice of medicine or surgery in this State on or after the organization of the aforesaid board shall, upon presenting evidence of a good moral character and a medical diploma from any school requiring as a condition of graduation, attendance upon two full lecture courses of at least six months each, and having a standard of examination recognized by the board as equal to that of the medical schools connected with that of the State University, and making affidavit that he or she is the person named in the diploma, and that he or she is lawfully possessed of the same, shall receive from the secretary of the board a certificate entitling him or her to practice medicine and surgery under the conditions imposed by section six of this act. Such diploma may be presented to the board in person, by proxy or otherwise, and the affidavit may be taken by any person authorized to administer oaths, and the secretary of the board shall issue the certificate to such applicant, on the receipt of such

diploma and affidavit, whether the same is presented in person or otherwise, and said secretary shall receive as a fee for all such certificates the sum of two dollars which he shall pay into the treasury of the board.

SEC. 8. All persons not having been engaged in the practice of medicine for a period of ten years prior to the passage of this act, who desire to practice regular medicine in this State, on or after the organization of the aforesaid board, and who do not possess a diploma from some accredited regular school of medicine, shall appear personally and be examined by the examiners in anatomy, physiology, chemistry, surgery, obstetrics, regular practice, and state medicine and hygiene, and on passing a satisfactory examination, the secretary shall grant a certificate for the same, which certificate shall entitle the holder to practice medicine and surgery in the State of Michigan under the conditions provided in section six of this act.

SEC. 9. Any candidate not having been engaged in the actual practice of medicine for a period of ten years prior to the passage of this act desiring to continue the practice of homœopathic medicine and surgery in this State, and who does not possess a diploma from some accredited college, shall appear personally and pass an examination before this board in anatomy, physiology, chemistry, state medicine, and hygiene, surgery other than medical, obstetrics other than medical, by the examiners in these respective branches, and upon passing a satisfactory examination before these examiners and a satisfactory examination in homœopathic *Materia Medica* theory and practice before the examiners in such branches, they shall receive a certificate from the secretary of the board, which certificate shall entitle them to practice as homœopathic physicians and surgeons, under the conditions imposed by section six of this act.

SEC. 10. Any candidate not having been engaged in the actual practice of medicine for ten years prior to the passage of this act, desiring to continue the practice of medicine according to the eclectic system in this State, and not possessing a diploma from an accredited school of medicine, shall appear personally and pass an examination before said board in anatomy, physiology, chemistry, surgery other than medical, obstetrics other than medical, state medicine and hygiene, and in eclectic medicine and practice by the respective examiners on these branches, and upon passing a satisfactory examination shall receive a certificate from the secretary of the board, entitling them to practice as eclectic physicians in the State of Michigan under the provisions of section six of this act.

SEC. 11. Any person not having been engaged in the actual practice of medicine for ten years prior to the passage of this act, desiring to commence practice by any other system than those

heretofore named, in this State, shall appear personally, and pass an examination before said board, in anatomy, physiology, chemistry, state medicine and hygiene, obstetrics other than medical, and surgery other than medical by the respective examiners, and upon passing a satisfactory examination in these branches and receiving a vote of the majority of the board, shall receive a certificate from the secretary of the board, entitling him or her to practice as a physician or surgeon with such other title as correctly represents his or her system, subject to the provisions of section six of this act.

SEC. 12. No itinerate vender of any drug or nostrum, who shall in any way profess to treat, or prescribe for diseases or injury, shall be allowed to pursue his or her calling without complying with the provisions of section eleven of this act.

SEC. 13. No person of good moral character shall be refused a certificate to practice by reason of any disagreement or refusal to comply with the medical ethics adopted by any medical society whatever, provided his or her acts conform to common ethical principles.

SEC. 14. The secretary shall receive from each candidate for examination a fee of five dollars, and this and all other fees shall be paid in advance, and shall go into the treasury of the board, and from this fund the members of the board shall receive pay for their services, at a rate not exceeding three dollars a day and reimbursement for expenses.

SEC. 15. Any person practicing medicine or surgery in this State, any itinerate practitioner, peddler, or person attempting to treat or prescribe for diseases, or deformity, without complying with the provisions of this act, shall be punished by a fine of not less than fifty dollars, nor more than five hundred dollars, or imprisonment in the county jail of not less than thirty days, nor more than one year, or by both such fine and imprisonment at the discretion of the court. For each and every offense, and every person attempting to use as his or her own a forged diploma, or certificate or the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of felony and upon conviction shall be subject to such fine and imprisonment as are made and provided by the statute of this State for the crime of forgery. But nothing in this act shall be construed to prohibit students from prescribing under the immediate supervision of their preceptors, or to prohibit gratuitous services in case of emergency, and this act shall not apply to commissioned surgeons of the United States army or navy.

SEC. 16. Act number one hundred and sixty-seven of the session laws of eighteen hundred and eighty-three entitled "An act to promote public health," is hereby repealed.

POST PARTUM HÆMORRHAGE.

EDITOR ADVANCE: Life is too short and art too long to permit my making a separate reply to each of the three distinguished critics who take exceptions to my published lecture on the treatment of post partum hæmorrhage. I refer to the venerable Dr. Brigham, to Prof. J. G. Gilchrist, and to the responsible editor of the ADVANCE. The first critic charges me with being "an enemy in our own camp"; the second most graciously advises me to "make a vacancy" for the good of the cause; and you, Mr. Editor, in estimating the fruits of such teaching, deem it appropriate to refer to the somewhat threadbare biblical metaphor, "figs do not grow on thistles."

To economize both time and space, I beg leave to formulate the alleged objectionable features into a series of charges, replying to them *seriatim*.

(a) I am accused of being utterly ignorant of the homœopathic treatment of internal hæmorrhage, and "while quoting freely from many allopathic authors," I "totally ignore those of our own school." (Brigham, Allen).

To meet this charge, I am willing to modify my language, quote at length, and make free use of the inverted comma. I would then necessarily address my class somewhat after this fashion: "I am aware, ladies and gentlemen, that this practice is considered reprehensible by many of our school; but I can only say to you that you must *investigate for yourselves and make your deductions*"—my exact language. However, I wish to quote for you from the several homœopathic text-books on Obstetrics now in print, in order to prove that while the majority of obstetrical authors of our school have an unlimited faith in the efficacy of Homœopathy in dealing with morbid conditions, they do not deem it wise to rely upon the indicated remedy in dealing with an alarming post partum hæmorrhage. Marsden, in his excellent monograph on "Practical Midwifery," published in 1879, after recommending most of the various expedients enumerated by me, as indeed do the great majority of the modern writers upon the subject, has this to say:* "Before closing my remarks, do I owe an apology for having so largely recommended mechanical, chemical and physiological appliances? If so, it has ever been my wish to give a reason for the faith that is within me, such as ought to be sufficient to satisfy any candid mind. Some, I know, profess to treat successfully all hæmorrhages by simple medication—by remedies perhaps of the fortieth or hundred thousandth dilution. As I wish publicly to question no man's assertion, although there is, perhaps, no truth better established than that such assertions are

* Marsden's "Practical Midwifery," page 193.

sometimes incorrect, I would simply say that all are not equally skillful in selecting remedies, and, of course, not equally successful in their employment, I readily admit that a diseased condition may be an important factor in hæmorrhage, *but when this is the case, that disease* is, perhaps, mostly of a chronic character, and not likely to respond to a remedy with sufficient promptness to save the patient's life. This should be the great object of a physician's aims, no matter by what means attained.

"If called to a man whose femoral artery had been severed and his life blood flowing rapidly away, the idea of medication would probably hardly occur to us. Common sense would suggest other means of arrest. The case of a woman flooding after labor is not so unlike unto this as not to suggest similar means of relief.

"I must say, however, that by far the larger number of hæmorrhages I have encountered have ceased after medical treatment and *the simpler adjuvant means* [italics mine] and when I am convinced that medicine alone will answer in every case, I will be among the first to use it to the exclusion of all other means."

I next quote from Richardson:* "There is to the practitioner of obstetrics, perhaps, in the whole list of accidents that are liable to occur in the lying-in room, nothing more appalling than those terrible cases of flooding after labor, in which the woman's life is quietly, speedily and surely ebbing away, as is indicated by the deathly pallor, the cold, hurried breath, the clammy, waxen skin, the intermittent and sometimes absent pulse, and the rapidly recurring and sometimes continuous fits of fainting, from which she only recovers long enough to make a few gasps, utter a sharp, feeble, hardly audible sentence, and again lapses into a swoon that not infrequently, alas, closes the scene of her earthly career. It is in such cases that all see the necessity of a clear-witted, cool-headed medical attendant, who has at his command and possesses the courage to apply, without delay, all or any means that may be brought to bear in benefitting or saving his patient. Since the internal remedies that are indicated in hæmorrhage are given on page 444, and as I am speaking only of those dangerous cases *in which there is usually no time to be frittered away in waiting for the action of internal medicines*, [italics mine] I shall only, with the exception of Ergot, notice the local expedients."

[Do we fritter away time waiting for the action of internal medicine in cholera, yellow fever or pneumonia?--ED.]

This author, ladies and gentlemen, is not favorably impressed with the action of Ergot in post partum hæmorrhage, but endorses the use of cold, electricity and the injection of per-sulphate of iron into the uterus.

The latest and one of the very best works in our school, or any

*"A System of Obstetrics."

other, is that of Dr. Leavitt.* On page 496, under the head of "Hæmorrhage of the Second Degree Following Delivery," is a paragraph which reads as follows: "The medical treatment of such an accident ought to be regarded as subsidiary to the mechanical, and yet must not be despised. The special indications for the remedies will be given at the end of the chapter. There can be no reasonable doubt of the efficacy of the closely affiliated remedy in regulating the disturbed vital action, and thereby subduing post partum hæmorrhage; but in view of the extreme liability to error in one's choice of remedies, and with the certainty with which other measures can be employed, the latter should first be applied, and then reinforced, if necessary, by the former."

Dr. Leavitt recommends all of the expedients which I have given you, and his list of internal homœopathic remedies consists of Ipecac, Belladonna, Sabina, Secale, Crocus and Pulsatilla.

I next quote the last paragraph of the chapter on post partum hæmorrhage in Guernsey's voluminous and, in many particulars, most admirable work on obstetrics:† "The use of cold or hot injections, pieces of ice within the vagina and uterus, pouring cold or hot water from a height upon the abdomen, and other similar measures for arresting the hæmorrhage, all of which are recommended by old school authorities are doubtless of more or less efficiency; and the homœopathic practitioner would be justified in their use IF the similar remedies failed to produce a prompt and satisfactory arrest of the flooding; BUT THESE DO NOT FAIL WHEN INTELLIGENTLY SELECTED AND APPLIED, AND A RESORT TO THEM IS AVOIDED AND A RELIANCE ON THEM CONDEMNED, A PRIORI, BY THOSE ONLY WHO HAVE MORE FAITH IN THE ABOVE MENTIONED APPLIANCES, OR WHOSE FAITH IN THE LAW OF CURE BECOMES FAINT WHEN THEY ARE IN THE PRESENCE OF A POST PARTUM HÆMORRHAGE." [Small caps ours.—ED.]

In all candor, Mr. Editor, supposing that I were attempting in my lecture to meet the fastidious taste of yourself and Dr. Brigham, are the assertions contained in the first charge sustained by the facts? Of the four homœopathic text-books on obstetrics now in print, three will unquestionably bear me out in my recommendations, while Dr. Guernsey, as is shown by the above quotation, does not after all consider the expedients recommended so terribly heretical. To the fact that Dr. Guernsey and his followers prefer the indicated remedy, I referred in language as free from dogmatism as I knew how to use, adjuring the students "to investigate for themselves and make their own deductions," just as I, at another time, referred to Dr. Guernsey's theory of conception, in

* Leavitt, "The Science and Art of Obstetrics," 1883.

† Third edition, page 405. Space forbids me quoting the lengthy paragraph given by Dr. Brigham in the February number of the *ADVANCE*.—J. C. W.

which I do not believe and therefore will not teach. All authorities recommend the homœopathic remedies for the morbid conditions giving rise to post partum hæmorrhage, and occurring in connection with the puerperal state, as I did in my exasperating lecture; but none, Guernsey excepted, recommend internal homœopathic remedies in treating dangerous post partum hæmorrhages, and even Guernsey displays far more tolerance and liberality in the treatment advised than do my critics. I trust you will not consider me unfair in not making quotations from the little elementary work on "Homœopathic Obstetrics" by Croserio, translated into English in 1858, and written some time before that date. I dare say, Mr. Editor, that you and your fellow critics will find some consolation in it, for the internal administration of Pulsatilla is recommended both for "Prolapse of the Umbilical Cord" and rectifying the mal-position of the fœtus.

(b) I have made the "extraordinary statement" that "I cannot conscientiously recommend the treatment of post partum hæmorrhage with the indicated homœopathic remedy, any more than I can recommend the treatment by the same method of a severed axillary artery." In order to further emphasize the simile so far as the treatment is concerned, I added, "the cases are analogous, and in both *the* indicated remedy is the closure of the gaping vessels." (Gilchrist).

Prof. Gilchrist has evidently looked very hard for some cause of complaint and his charge is so flimsy and childish, at the same time so uncalled for, as to be almost beneath notice. One with a "spleen unriled" would hardly have understood from my language that I meant to infer that a post partum hæmorrhage and a bleeding axillary artery were one and the same. I used the word analogous in connection with bleeding placental sinuses and a bleeding axillary artery, desiring to emphasize the fact that in so far as the treatment is concerned, the indications are to stop the bleeding by closing the gaping vessels. Since quoting from Marsden, I am almost afraid the reader will consider me guilty of plagiarism, for it seems that he, too, has penned a similar "extravagant statement," using for his analogy the femoral instead of the axillary artery.

(c) In very ambiguous English, I am informed "that neither science nor Homœopathy"—my allegiance to the latter has always led me to associate it with the former—"will bear witness for me in my statement that Ergot is antipathic in post partum hæmorrhage"; and that "by the use of the drug we introduce an agent into the body that we cannot control, and in certain cases perhaps (as has occurred) induces functional disturbances that may give rise to much further trouble." (Gilchrist).

Will Prof. Gilchrist be good enough to demonstrate, by the teachings of reliable therapists, that Ergot does not act antipathically in post partum hæmorrhage when the uterus is in an

atonic condition? In other words, is it not quite as necessary to give Ergot in full doses when the womb is in this condition, as it is necessary to give it in homœopathic doses in order to relieve the "tetanic spasms" of the unstripped muscular fibre of that organ? Had the Professor not committed himself to this view of its action in his uncalled for tirade against me, he might have sought refuge under the teachings of those men in our school who can only see the *one* side of all questions. If the position taken by me is correct, then why, as a teacher and a practitioner of obstetrics, have I not as good a right to utilize the action of the drug as has Prof. Gilchrist to use morphia in his surgical practice to annul pain? In neither instance is the practice homœopathic; in both, the best interests of the patient are subserved, from the accomplishment of which no *true* physician will permit either pathy or dogma to swerve him. Again, will Prof. Gilchrist discard the use of chloroform in his practice because it is in some respects a "*dangerous drug*"? The use of Ergot, when intelligently prescribed, is much less dangerous than is chloroform, but when men are bound to find cause for criticism, they will manage to do so by drawing on their imagination, and at the risk of showing a woeful lack of familiarity with the subject discussed.

(d) Statistics prove that the mortality in post partum hæmorrhage is 166 in 1,000 under allopathic treatment, while under homœopathic treatment, *pure and simple*, it is only one in 2,000. (Allen).

It is a well known fact that statistics will prove almost anything under the sun. Your statistics are, however, for several other reasons utterly untrustworthy. In the first place, should I ask you to prove that we have on record two thousand *bona fide* cases of post partum hæmorrhage treated homœopathically, and of which number nine hundred and ninety-nine recovered, I think you would find it an exceedingly onerous task. Whence were these statistics obtained? Certainly not from mortuary reports, because with a record of this kind it would require another six thousand years to start even a third rate cemetery. Nevertheless, for the sake of argument, I will admit their authenticity, at the same time insisting upon your vouching for the statement that the treatment was in *all* cases "pure and simple," *i. e.*, entire reliance being placed upon the indicated remedy. That this latter statement—the "pure and simple" treatment had in these cases—will prove quite as difficult of proof as the first, is probable from the fact that three of the four homœopathic authors whom I have cited do not recommend this "pure and simple" treatment. On the other hand, should you wish to simply prove by your statistics

*See *Medical Counselor*, Vol. VII, p. 56, "At the Confessional," by J. G. Gilchrist, M. D.

that the Homœopath is better prepared to deal successfully with the morbid phenomena giving rise to or following in the train of post partum hæmorrhage than is his brother of the other school, I will not take issue with you. In the first instance, unless you can furnish the proof I have a right to demand, your evidence goes for naught in your condemnation of my teaching; in the second, you are simply proving what I stated in my lecture, and what I believe to be true.

(e) By my teachings I have grossly misrepresented Homœopathy and have made of "our cause a jeer, and our students the laughing stock of the campus," and that because I do teach what I believe, is the only reason why I "should make a vacancy." (Brigham, Gilchrist).

Poor students!!! How Prof. Gilchrist's heart must bleed when he contemplates their humiliation!! His interest in the department is mingled with a pathos that is really touching. One is almost led to believe that he was a student of the department during its early history, instead of an instructor. Such, however, was not the case. On the contrary, I was the student and he the instructor, and I know from personal experience how keenly a student smarts under the consciousness of incompetency on the part of his teacher. I well remember how dense was the cloud of humiliation which rested upon the homœopathic students when the Professor of Surgery on the other side of the campus demonstrated to the classes of both departments that the indicated remedy in urethral fistulæ was urethrotomy, and did this with brilliant success, after our Lecturer on Surgery had failed in bringing about a cure with *Silicea 200*. Nor shall I soon forget how the same cloud hovered over the department, causing both faculty and students to hide their faces with mortification, when the Professor of Ophthalmology, in the department of Medicine and Surgery, excited jeers and yells of derision from the students of that department, as he exhibited a matured cataract which our Lecturer on Surgery, after his own fashion, *had been absorbing* with *Sulphur 200*. Sir, these instances demonstrate that Lecturer's "firm belief in the law" and similar cases will be brought forth if necessary. Suffice it to say that "my belief" did not come through that channel. That I possess "a firm belief in the law of similars," intelligently applied, is an assertion which I need not make before those familiar with my teaching and with my practice, and none others are capable of judging. And should I be compelled "to make a vacancy," it will be a great consolation to know that I have not covered myself with shame and my students with ridicule by endeavoring to perform urethrotomy with *Silicea 200*, or to extract a fully matured cataract with *Sulphur 200*.

In conclusion, I wish to enter my earnest protest against the insinuation that I teach "what the majority of the school believed

and practiced," thus leaving the impression that to please the majority is my sole and only purpose. It is not strange that you have misquoted me, for it would indeed require a most extraordinary memory to correctly remember a conversation transpiring nearly a year ago. What I said was this: First, I gave the treatment of post partum hæmorrhage as I did because I thought it the proper and best one; second, I believe that the great majority of earnest, busy, and successful homœopathic practitioners will endorse the measures recommended. Until convinced to the contrary, or until other measures are demonstrated, this will continue to be my teaching, so long as I am granted the privilege of lecturing on obstetrics.

J. C. Wood.

Objection has been made that Dr. Brigham's criticism was not printed until several months after his death. In his paper he used personalities which we could not publish. During the subsequent correspondence the session of the American Institute occurred; and on our return, Dr. Brigham was dead. This was the chief reason for delay. The statistics to which we referred are from a monograph by Dr. Guernsey, compiled from answers to a series of questions sent to the homœopathic profession several years ago. The Allopaths make the same objections to our statistics of Asiatic cholera as Dr. Wood does to those of post partum hæmorrhage. It is not necessary to have 2,000 deaths, nor a cemetery filled, in order to obtain a percentage.

To Dr. Wood it is not a self-evident proposition that a homœopathic college should teach Homœopathy. To his colleagues in the "regular" school it is an occasion for righteous contempt that a so-called "homœopathic" college does not teach Homœopathy. Nor are these the only corollaries to the title "homœopathic," for to not teach Homœopathy in the homœopathic college of the University of Michigan is a breach of trust to the people; is to palm a pretence upon the Board of Regents; is to deceive the preceptors who patronize it; and to the matriculates is a swindle.

That is the position of the *ADVANCE* expressed, it is hoped, is not "ambiguous English," and as applicable, it is believed, to "Dover's powder" as to the "treatment of post partum hæmorrhage."

In Dr. Wood's attempted defense of his non-homœopathic teaching, he cites three authors—homœopathic *by title*—who, like himself, admit their inability to treat post partum hæmorrhage homœopathically—so quoting on the principle, no doubt, that “misery loves company.” He even affirms that the “great majority” of busy, earnest and successful homœopathic practitioners will endorse the measures recommended. Unhappy Dr. Wood! The “great majority” was against Columbus; against Galileo; against Harvey; against Hahnemann; where is the “great majority” now? Unfortunate Dr. Wood, whose mathematics teaches that he has only to add enough wrongs to make at last a right—a sort of Plutonic arithmetic that has gone through many editions. As a physiologist, Dr. Wood ought to know that one positive experiment outweighs ten thousand that are negative. We are content to put the experience of a Guernsey against the sneer of a tyro and any number of quasi-homœopathic authors. With an impressive theatricality Dr. Wood declares, “that I possess a ‘firm belief in the law of similars’ intelligently applied, is an assertion which I need not make before those familiar with my teaching and my practice, and none others are capable of judging.” Indeed! Guernsey demonstrates the law of similars, “intelligently applied.” Why does Dr. Wood cite Marsden, Richardson, Leavitt and the “great majority”? Is it to prove *his* “firm belief”? And why doesn't Dr. Wood make the intelligent application? Wordsworth was once boasting that he could have written Shakespeare's plays if he had a mind to. “You s-s-see,” stammered Lamb, “all he l-l-lacked was the m-m-mind.” *Verb. sap.*

If the ADVANCE cared to take Dr. Wood's measure as a teacher it would point to his finding an analogy between a severed axillary artery and a patulous uterine sinus. Surely he knows that the uterine sinus is opened as a physiological process—as part of a natural function; that it is closed as a physiological process—as part of a natural function in a *natural labor*. Sometimes it is not closed and then there is a pathological element amenable to the law of similars or

that law is not a law. Is there anything physiological in a severed axillary artery? Is there any analogy between the accident of a traumatic injury and the discharge of a function? Perhaps the University of Michigan is the fittest place for a teacher who sees in a severed artery and a uterine sinus *only a hole*. It is just such a teacher who says: "I have made the 'extraordinary statement' that I cannot conscientiously recommend the treatment of post partum hæmorrhage with the indicated remedy any more than I can recommend the treatment by the same method of a severed axillary artery." Poor fellow! When, in this world, did these two conditions require the same method?

In the discharge of his duty as a professed teacher of Homœopathy, Dr. Wood should have said to his class: "Ladies and gentlemen, I cannot intelligently apply the law of similars in the treatment of post partum hæmorrhage; my knowledge doesn't reach far enough, and from want of knowledge my faith fails. I can, however, give you the homœopathic treatment that Dr. Guernsey, in an extensive practice, has found sufficient." *Then* the ADVANCE would have held up his hands; as it is, it can only condemn him as a false witness convicted by his own confession.

Perhaps on the occasion of Dr. Wood's homœopathic (?) lecture on post partum hæmorrhage some old school students were present as visitors. How must his shameless surrender of the law of similars have impressed them! Guernsey, Hering, Dunham,—all dead, hushed in inexorable silence, eloquent lips forever sealed. And this modern teacher had not one word for *their* testimony to the sufficiency of the law of similars. *He* could not conscientiously recommend the treatment of post partum hæmorrhage with the indicated remedy. Dunham had no hesitation in making such a recommendation to his students and in living up to his recommendations in a practice as successful as any quoted by Dr. Wood. Readers at a distance may deprecate such plain language, but when the ADVANCE sees Homœopathy betrayed in the house of its friends, it knows no choice of words.

The Medical Advance

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

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The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

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EDITORIAL.

THE attention of our readers is called to the medical bill recently introduced into the Michigan legislature and found in full on another page of this issue. The present act, in operation in this State, is a poor apology for State supervision, and could easily have been more comprehensive in its provisions had it not been for the supreme selfishness of its advocates. This same arrogant and dictatorial spirit on the part of the allopathic majority and the utter ignoring of the rights of the minority again crops out in this bill, and several amendments will have to be made before it will be acceptable or before it can become law.

Section I empowers the governor to appoint a board of examiners. The Homœopaths of Michigan have had an example of gubernatorial appointments which is so vivid in their memories that they will not care to repeat the experiment on a larger scale this year. In the celebrated "Asylum steal" about a year ago the governor was honorable (?) enough to appoint an allopathic board of trustees to carry out the provisions of a homœopathic law. No! Let the board of examiners be elected by the profession and thus place the bill outside the political arena. Furthermore, as graduates from all colleges are eligible and may become candidates for examination, no member of the

faculty of a Michigan College should be on the board of examiners, thus placing all candidates on an absolute equality before the board.

Section II provides that the examiners in anatomy, physiology, chemistry, surgery, obstetrics and regular practice shall consist of regular (?) physicians, thus giving the Allopathic school six and the homœopathic and eclectic schools each two examiners. Let the branches common to all schools, anatomy, physiology, chemistry, surgery (other than medical) obstetrics (other than medical) and hygiene be equally divided thus giving each school four examiners, so that no school could have an overwhelming majority on the board. Then let each applicant be known by a number instead of his or her name and candidates would pass or be rejected on their merits, not on the favoritism or prejudice of the examiners.

* * *

MEDICAL EDUCATION.—As nearly all our colleges have now completed their work for 1886-87, would it not be advisable in the interest of the profession, before issuing their curricula for the coming session, to take a careful survey of the field and see if uniformity as to time of study and matriculation examination cannot be agreed upon. Why should not a four years graded course, of six months each, be made compulsory on all? The profession, we are convinced, is prepared to sustain them in this step. The time is short enough, certainly, for a complete mastery of the many branches now demanded of an educated medical man. The attempt to teach all that is now required in two courses of lectures of four and a half or five months each, results in cramming not teaching. Should we boast of our colleges being abreast of the times while they adhere to the antiquated methods of twenty-five or fifty years ago? Double or treble the fees, if necessary, to meet the increased expense, but give us colleges we can be proud of and graduates of whom we are not ashamed and for whom we are not compelled to offer apologies. The time demands and the profession requires *quality*, rather than *numbers*. Consult the following table from Polk's Direc-

tory and then say whether it be *more* doctors or *better* ones, that we want to-day.

Physicians in the United States and Canada, showing the number in each State and Territory. The portion relating to the United States is computed from the Census of 1880.

| Name of State. | No. of Inhabitants. | No. of Physicians. | Name of State. | No. of Inhabitants. | No. of Physicians. |
|----------------|---------------------|--------------------|----------------|---------------------|--------------------|
| Alabama..... | 1,262,505 | 1,552 813 | New Jersey.. | 1,131,116 | 1,595 709 |
| Arizona..... | 40,440 | 71 570 | New Mexico | 119,565 | 80 1,494 |
| Arkansas..... | 802,525 | 1,892 424 | New York... | 5,082,871 | 9,272 548 |
| California.... | 1,036,298 | 2,148 482 | N. Carolina... | 1,399,750 | 1,360 1,029 |
| Colorado..... | 194,327 | 570 341 | Ohio..... | 3,198,062 | 6,393 502 |
| Connecticut. | 537,454 | 952 575 | Oregon..... | 174,768 | 495 353 |
| Dakota..... | 135,177 | 212 642 | Penn..... | 4,282,891 | 7,042 608 |
| Delaware..... | 146,608 | 217 675 | Rhode Is..... | 276,531 | 396 698 |
| Dis. of Col... | 177,824 | 423 419 | S. Carolina... | 995,577 | 919 1,084 |
| Florida..... | 269,493 | 374 720 | Tennessee.... | 1,542,359 | 2,688 574 |
| Georgia..... | 1,542,180 | 1,995 770 | Texas..... | 1,592,574 | 3,003 530 |
| Idaho..... | 32,610 | 51 640 | Utah..... | 143,963 | 139 1,035 |
| Illinois..... | 3,077,871 | 5,899 522 | Vermont..... | 332,286 | 659 504 |
| Indiana..... | 1,978,301 | 4,993 396 | Virginia..... | 1,512,565 | 1,898 796 |
| Iowa..... | 1,624,615 | 3,035 535 | Wash. T..... | 75,120 | 152 494 |
| Kansas..... | 996,096 | 1,964 507 | West Vir..... | 618,457 | 939 658 |
| Kentucky..... | 1,648,690 | 2,985 551 | Wisconsin.... | 1,315,497 | 1,549 849 |
| Louisiana... | 939,946 | 1,033 909 | Wyoming.... | 20,789 | 30 693 |
| Maine..... | 650,741 | 879 741 | Total | 50,155,783 | 85,671 585 |
| Maryland..... | 934,943 | 2,845 329 | CANADA. | | |
| Massachus... | 1,783,085 | 2,845 623 | Manitoba.... | 65,954 | 65 1,140 |
| Michigan..... | 1,636,937 | 2,924 560 | New Bruns.. | 321,129 | 275 1,167 |
| Minnesota... | 750,473 | 914 854 | Ontario..... | 1,913,460 | 1,700 1,125 |
| Mississippi... | 1,131,597 | 1,682 673 | Quebec..... | 1,358,469 | 1,051 1,292 |
| Missouri..... | 2,168,380 | 4,550 476 | Nova Scotia. | 440,885 | 298 1,479 |
| Montana..... | 39,159 | 77 568 | Total | 4,099,877 | 3,389 1,210 |
| Nebraska..... | 452,402 | 878 521 | | | |
| Nevada..... | 62,266 | 134 464 | | | |
| New Hamp.. | 346,991 | 610 567 | | | |

Physicians in United States, 83,239 Males; 2,432 Females. Total, 85,671.

And finally, do not forget, that Homœopathic colleges were founded to teach Homœopathy. They should not teach everything else, except how to cure the sick.

* * *

"E PUE SI MUOVE!"—Galileo was right: the world does move! The "allopaths" can no more check the onward march of Homœopathy, than could the persecutors of

Galileo prevent the diurnal revolutions of the earth. When it was proposed, in the interests of common justice, to teach Homœopathy in the University of Michigan, the allopathic faculty blustered and threatened to resign in a body; but it proved the usual *ridiculus mus*; only one man stepped out, and he an emeritus. Then the American Medical Association—that aggregation of wisdom and unity (?) took the matter in hand and placed a conditional boycott on the University and its graduates should the allopathic professors assist in any wise in graduating Homœopaths. However, the excommunication of this delectable body—which has recently (St. Louis) been split up the back on the question of ethics—seems not to disturb the Regents to any great extent, as may be judged from the following extract from a daily paper:

“The board of Regents at this [March] session has had presented to it a memorial requesting certain changes in methods so that the allopathic professors, who lecture also to homœopathic students, shall be obliged to notify the homœopathic faculty at the beginning of each semester what they will lecture and quiz on during the term, and also compelling them to sign certificates passing their branches; for instance, both sets of students attend lectures in anatomy, physiology, chemistry and histology, and the professors who lecture refuse to sign the certificates of the Homœopaths, on the ground that it would be against medical ethics to assist in graduating Homœopaths. Members of the regular faculty threaten to resign their professorships rather than sign the certificates.

The board finally amended section seven of the rules relating to examinations so as to read: “Every professor of both the regular and homœopathic departments, when a student has finished his work and passed his examination, shall file with the president official notice of such examination and he shall notify the dean of the department of which the student shall be a member.” Is it now in order for the resignations to come?

OUR EXCHANGES.

All the original papers of the *Physicians and Surgeons Investigator* of February being devoted to the disorders and conditions peculiar to women, it seems to use that a less general title would be appropriate for that number of the journal.

The editor is not pleased with the proposed sectional plan for the next Institute:

"*First*—Because it fails to remedy the primary fault, *i. e.*, a surplussage of text-book essays.

"*Second*—Because *all* of the members of the Institute are interested and anxious to hear *all* that is good and new in every bureau represented. . . . We have annually presented for our intellectual pabulum a feast largely composed of *marron glace*, with the choice now offered of having our chestnuts served in separate apartments or at a common table! Why not reform it altogether? [Which? The apartments, the chestnuts, the *marron glace*, or the intellectual pabulum?] Has not the American Institute of Homœopathy reached such a position of strength and dignity as will warrant a demand for original investigation on the part of its membership? Dare we not reject the text-book essays and require from the oldest national medical society in the country the best work of its best minds? There would be no crowding of bureaux. The discussions would be thoughtful and considerate. Ambitious writers, anxious for the bubble reputation, would then give place to earnest conscientious workers, and every new truth developed would add to the influence and importance of the Institute."

Who is competent to decide what is "original investigation" and what is not? Who shall say which are and which are not "text-book essays?" To whom would you delegate the delicate duty of saying who are and who are not "conscientious workers?" Who are the "ambitious writers, anxious for the bubble reputation?" Where will you find this man, or these men, or this Board? Among the Seniors? Among the Juniors? In the east or in the west? Or where? Would you expect a Helmuth to have his paper sat upon in the "Crown's quest" fashion by a chairman on Surgery who may be in no wise his equal? Would you, Bro. *shears*, sit calmly by and have your paper dismembered, probably discarded entirely, on the dictum of one man, who happened to preside in the chair of your bureau? Who will judge the judges? How have advanced ideas fared at the hands of cotemporaries? Let history answer.

The exchange editor lays violent hands on the Transactions of the Institute. In the matter of typographical errors the editor ought to extend the point of charity, for it is so easy to err in that regard, as the paragraph quoted above will show.

The critique ends as follows:

"With these modifications, the book would be of value to all who possess it. Without them, it will hold its rank with other 'Pub. Docs.' and with them be used to press autumn leaves, which in this case is thoroughly homœopathic."

As a "filler" we find that

"—*Podophyllum 5x* trituration is a sovereign remedy for sterility, according to Dr. J. H. Henry, of Montgomery, Ala."

Did you say that, Brer. Henry?

*

In an editorial "Concerning *Lac Caninum*" the *New England Medical Gazette* for March rather rabidly attacks us for giving so much space in a former issue to this proving. Did you never hear, Mr. Editor, that a sneer is not an argument? What have you

proven in your five pages of rhetorical pyrotechnics? Nothing, save that you drive an eloquent but empty quill. It reads more like one of the old-time attacks of the old school. We say that *Lac caninum* *does* what it is credited with doing. We cite you the names of thirty-seven creditable members of the profession who have tried it. *You* have never tried it. What do *you* know about it? Who can refute a sneer?

"The Numerous and Flagrant Typographical Errors in the Recent Volume of the Transactions of the North [sic] American Institute" is not a bad typographical error, eh? Carry the news to long-suffering Burgher.

*

The *Minnesota Med. Monthly* comes to our table hyphenated—Feb.-Mar. Thanks for flattering notice of *ADVANCE*. Original matter all out? You publish several rather ancient chestnuts. The "Cancer cure" discussion was published in the *ADVANCE* and no where else. Honor to whom honor is due, especially when it is due to us. You kept the good wine to the close of the feast. The last paper, on Toothache in Horses is splendid.

*

We shall miss, but not forget, that sparkling school journal—*The Chironian*, when it is laid in the dry dock until the next editors materialize from the autumn class. Who, by the way, is doing the Lime-Kiln-Club work of this journal? The pretended report of the Thirteenth Annual Session of the American Society of Rational Practitioners is really a very clever bit of satire. The Jan. number has "A Sulphuric Acid Case," by Dr. Clarence W. Butler. His comparison of this remedy with *Nux vomica* and *Gelsemium* stamps it worthy of a bodily translation into our note books. His description of the "plaintiff" is unique:

"Joe M—, a spare small man, 50 years old, but looking older, pale-faced, watery-eyed, a hard worker in his youth and an idle man ever since, now a hostler in a country hotel. . . . He averages from twenty to thirty drinks a day . . . from which it becomes evident that Joe is an intemperate man. He generally takes two or three large drinks at the landlord's expense before breakfast, and during the rest of the day drinks with every one who asks him. Since he brings his average up to twenty or thirty drinks, it would look as if Joe was not friendless altogether; also as if the hotel was doing a good bar trade. He says he feels like sheol every morning. (Joe spells it with an h.)"

"A Plea for the Student" voices the wrongs of that much abused individual in a graphic albeit truthful fashion. After reciting a number of grievances the letter continues:

"The comprehensiveness of the course cannot be denied, but when we consider the number of subjects taught and figure out the time, minus vacation, in which they are supposed to be mastered, I think we will be inclined to drop the claim of thoroughness. . . . The poor student drives his fountain pen with vigor to get it all down in his note book; but can any rational man expect him to get it down in memory? There is indeed a call for a society for the prevention of cruelty to medical students. This is not an educational system—a leading out of the map. It is a

cramming process, a pouring into a reservoir, and the fact holds good in metaphysics, as in physics, that you cannot put more than a pint into a pint measure. It overflows. Nor is that all; it has a tendency to discourage a man who is ambitious and feels he cannot do it all, and he plods along through the course with a tired brain, and goes out, knowing a very very little about many subjects, and lacking the energy and confidence in himself, which he should feel to be successful."

It might be well to remember in dealing with the student that even he has rights which the Professors must respect; that "the spurs should be put on him, not into him," as Dr. Wells so patly states it.

The remarks of Prof. Jas. A. Campbell, of the St. Louis school, to a former class—about holiday time—is worthy of reproduction. He said:

"Gentlemen, do not make the mistake of supposing that your graduation rests solely on an ability to pass the final examination. Your examination began with the first lecture from the desk. I know, as should every teacher, that the anxiety and apprehension, and the cramming of a weary brain for weeks in anticipation of the dread ordeal, does not, nay will not, permit the student to appear at his best at such a time. Parrot-like excellence will not have great weight with the faculty."

Words fitly spoken—were they not?

Another happy trait of Prof. Campbell's was to encourage the students to quizz him, thus clearing up doubtful points. His quiet dignity and frankness saved him from the catastrophe which overtook a Professor at New York, we believe, who said, looking at his watch: "I have a few minutes left; I will be happy to answer any question." Asked a student: "What time is it, Professor?"

Or, to make another digression:

"And now," concluded the revivalist, "if there is any one here who wants to ask any question, let him be heard." "I would like to know," said an old bald-headed sinner rising in a back seat, "how many marbles have been dropped on my head by them scallawags in the gallery. I'm no pavement."

*

The Hahnemannian for February opens with an original contribution; "Do the White Globules of the Blood Migrate during Inflammation?" Suppose they do, what of it? Is that suggestive in any way of better treatment for inflammation, or will it still be necessary to give the simillimum? Dr. Bartlett's learned and labored paper on One Hundred and Twelve Cases of Chorea does not give us any clue to the curing of chorea. Does it ever occur to Dr. Bartlett that statistical writings, while evidence of much skill and labor, are sometimes read, but more frequently skipped by the reader? Dr. B.'s official position places him where he can delve in statistics to his heart's content. But—we have spoken.

Dr. J. P. Dake does not like the proposed sectional plan of the next Institute. Did Dr. Dake ever assent to anything the Institute or anybody else ever did without first objecting to it? In this paper Dr. Dake does not clearly define any better method but confines himself to a number of dreary platitudes—chestnuts rather—about what they ought to say and do. He says:

"It is my deliberate conviction after a long and close observation of Institute work that the members gathered from all parts of America at our annual sessions are more pleased and profited by a sharp, quick exchange of views."

Yes, exactly. We remember two such "sharp, quick exchanges of views." One, when Cowperthwaite, lashed into fury by the half hour talk of allopathic treatment of diphtheria, sprang to his feet and denounced the procedure. And the other when Chairman Pratt brought in a report very glaringly directed to the exclusion of young men from the Institute. If the "scientific-social" idea is to dominate, will he tell us why it is necessary for the Institute to move from place to place? Why not settle down somewhere, hire a hotel and minimize expense? Is not the constant moving of the Institute done in order to give the busy doctor a holiday amid scenes of natural beauty as well as giving him an opportunity of listening to the objections and discussions of Dr. Dake and *confreres*? If only one paper is to be published and the other members simply be discussers, and, if, as in the present volume, the stenographer fails to report the discussion, then what is the use of Mr. Busy Doctor going to the expense of travelling to a great distance and losing time from his practice? Another view not to be overlooked is this, that the education of the doctor unlike that of his brother professional, the lawyer, is not to be ready with his "mouth-piece," but rather to keep it closed. And what to him may seem very clear in the quiet of his study, would be chaos worse confounded if he endeavored to speak "extemporaneously" in the presence of 500 members. No, we do not think that Dr. Dake's is any better than the sectional plan.

*

We confess to a little disappointment on looking through *The Physicians and Surgeons Investigator* (March 15) to find that the promised matter of interest to members of the I. H. A. dwindled into a critique on the representative head of the I. H. A. and a few words from the author of isopathic pharmacy. All this we knew before. Therefore, in the name of the Prophet—chestnuts!

*

"M. D." writes a masterly critique in the *Clinical Review* (Mar.) in which he "wipes up the floor" with Dr. Sawyer's Diphtheria Case. He says:

"Diphtheria is indeed a dreaded scourge and in itself fatal enough, without a super-added maltreatment. It is this wretched application of drugs, 'distasteful,' 'irritating,' and 'intolerable' that makes diphtheria so unnecessarily dangerous, and that helps to fill so many graves with infant forms. But in this case reported the boy got well! What does that prove? A man coming off alive from a battlefield is not likely to recommend shot and shell as preservative of life. . . . If a well child had been subjected to treatment like that reported, he would assuredly have been made sick. It is not cooling to an intelligent man's blood, to have the report of such a case hurled at him, loaded with such epithets as 'wild unreasoning fanatic,' 'incubus,' 'insane,' 'lost to all finer instincts of humanity,' 'tomfoolery,' 'incomparable fanaticism,' or even '*astoticles indifference*,' which must be something bad or the

gentleman would not have used it. It is possible that a report like that, needed such billingsgate buttressing; and the reporter is a greater adept in that sort of language than he is in homœopathic *Materia Medica*, unquestionably. . . . To be sure, he was backed up by two doctors, but when we ascertain that both of them had been students in his office, we do not wonder they were as like as three peas in a pod."

Dr. C. L. Cleveland publishes by request his lecture "on a new method of study of *Materia Medica*—illustrated by *Bryonia*," which is an excellent presentation of the subject. We shall look forward with interest to the completion of the remedy.

*

In the *Homœopathic Physician* for March in "Homœopathy in our Colleges," Dr. G. W. Sherbino of Abilene, Texas, makes several good points; but in doing so scores some college rather savagely. After citing a number of cases of pseudo-homœopathy he asks:

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

Yes, very true, dear brother: but—. Will you tell us in confidence *where* to send the boys? Where is there ONE college in this country that teaches Homœopathy as you want it taught? Possibly your article had two points to it; first, to decry one college, and the second, to boom another. Had you been present at the I. H. A. meeting at Saratoga last June you would have been witness to a similar attempt, *i. e.*, booming one college at the expense of all the rest; but it was so palpable a mistake that it was quickly laid on the table, and the participants erased it from the proceedings. When you find a college, medical, legal, literary, or for that matter anything else in this little world of ours that is absolutely good and perfect, drop us a postal card.

*

So you're "laying for" us, are you Mr. *Hom. Phys.* Well, lay all you want, but do it a little more expeditiously than this lay, and have a care lest the lay prove the output of a cockatrice. We gave the d—l his due—or attempted to—on the "tryo" blunder before the ink was dry on the entire issue, but too late for correction. We had written it from memory the same as your correspondent after two months' "laying," with the aid of a dictionary discovered it should be written. But the d—l held the "revise" over our heads and threatened to explode a mine under us if we "opened" out on him. However the mistake is on us and our children. This lay with its multiple "screamers" [exclamation points] indicates a new order of literary architecture in the pages of the *Hom. Phys.* Glad there's some fun in you, Bro. James. Lay on.

*

In a paper on Hot Water Retrojection in gonorrhœa in the *Southern California Practitioner* for February, Dr. W. E. Reed

speaks frequently and learnedly concerning the "spicket" of a vessel containing the hot water.

*

The Medical Record is deeply concerned about Homœopathy:

"The dean of a homœopathic medical college in this city is reported to have bought another hypodermic syringe recently. This is not what Hahnemann taught; it is not homœopathic."

Well, who said it was?

*

The following from the *Medical Record* [oh, yes, we have *some* other exchanges] will speak for itself; it is trifle saw-toothed on Bro. Dudley, but possibly he can see therein "an unexpected compliment":

"We have read with great profit the last issue of *The Hahnemannian Monthly*, a journal devoted presumably to the propagation of homœopathy and the homœopathic practice. The six original articles with which the issue opens are striking illustrations of how little homœopathy there may be in the practice aforesaid. The first treats of fatty heart, and the treatment advised is mainly hygienic—'symptoms as they arise should be treated with the properly selected homœopathic remedy,' but it is admitted that the prognosis is bad, *i. e.*, the remedies are futile. The next article is devoted to showing the value of boroglyceride in certain surgical affections. The third article is on climate and phthisis, the fourth describes how the writer gave a three-drachm vial of Atropin, ten drachms, to a patient with singultus, until the throat was dry and the pupils dilated. He next gave one-fifth of a grain of Pilocarpin, then Lachesis, then Nux vomica, then Ignatia, then Hyoscyanus, and then Gelsemium in one minim doses. At the end of three months the patient was well, despite the polytherapy. The last communication is upon Belladonna, Agaricus, and Borax, and reads a good deal like the jargon of dogmatic therapeutics. The perusal of the articles above referred to leads one to ask how much of the real Hahnemannism there is nowadays among the readers of our valuable contemporary. There is certainly more climate, pilocarpin, and strong nerves and narcotics than anything else in the last issue."

Would it not be safer, easier, more consistent and honest for homœopathic writers and homœopathic journals to "stick to their text," be true to their colors, and not be subjected to such charges of inconsistency in the vain attempt to find something tangible in allopathic science?

NEW PUBLICATIONS.

OXYGEN IN THERAPEUTICS. A treatise explaining the apparatus, material-chemicals and processes used in the preparation of Oxygen; its administration and effects, illustrated by clinical experience. C. E. Ehinger, M. D., Chicago: W. A. Chatterton & Co. Pp. 187; price \$1.00.

In January, 1886, the first of a series of articles on this subject by the author appeared in the *Medical Current*, and out of these the present volume has grown. It is an unpretentious volume; no claim is made of an exhaustive treatise on Oxygen. It is simple, plain and practical, the object being to furnish information and the minute details necessary for the use of Oxygen as a therapeutic

agent. It is divided into two parts: the first treats of the preparation and the apparatus necessary for generating, storing and administering Oxygen; the second part consists of clinical cases illustrating its use. It is dedicated to "my wife, Ella M. Ehinger, to whose valued assistance in this as in all my undertakings, I owe so much." This, by the way, is a departure in the right direction and commends the work to the profession.

TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION. Held at Basle, August, 1886. London: E. Gould & Son. Pp. 276.

This convention, and the consequent volume of proceedings are largely due to the indefatigable labors of the secretary Dr. Hughes. As the articles are published in English, French and German, some disadvantage will be experienced by the American subscribers or readers not conversant with these languages as many of the more valuable statistical papers will not be so easily accessible. When the convention assembles in this country in 1891 we hope to see a larger attendance and more papers read, and also to have every one printed in English.

AMERICAN MEDICINAL PLANTS. By Millspaugh. New York and Philadelphia: Boericke & Tafel. Fascicle V. Containing Nos. 21 to 25.

In the "Publisher's Announcement" is the following: "The work will be issued in six fascicles, at \$5.00 each, giving thirty plates with descriptive text, at a time. . . . Fascicle VI is already well in hand, and will be completed before next spring." As spring is ushered in with this month, we trust soon to be able to congratulate both author and publisher on the completion of this great work. A homœopathic library can scarcely be said to be complete without it.

PRINCIPLES OF HYGIENE FOR THE SCHOOL AND THE HOME: Together with so much of Anatomy and Physiology as is necessary to the correct teaching of the subject. By Ezra M. Hunt, A. M., M. D., Tenth President of the American Public Health Association. 12mo., 400 pp. Cloth, illustrated. New York and Chicago: Ivison, Blakeman, Taylor & Co., 1886.

This is an attempt to introduce hygiene into the home and the public school; hence the work occupies at present a comparatively new field. In fact, it may be considered a pioneer in this much neglected science. The author is a well known Sanitarian and one of the most active members of the American Public Health Association. The author claims to give only so much Anatomy and Physiology as is necessary for an intelligent understanding of the art of preserving health; a knowledge of hygiene being considered of greater practical importance than an extended course on these branches. Hence much of the teaching of Anatomy and Physiology is necessarily elementary in character.

"In other words, the care and preservation of health is not made

an incident in a treatise on Anatomy and Physiology, but is here, for the first time in a school book, elevated to its true place of primary and not of secondary importance."

The matter is well arranged and practical in its scope and the work is a step in the right direction. Such a book is very much needed in our public schools, where the teaching of practical hygiene is usually conspicuous by its absence; and we trust the efforts of the publishers to introduce it will meet with the success it deserves. We heartily commend the work.

MESSAGE: The Principles and Practice of Remedial Treatment by imparted motion. By Geo. H. Taylor, M. D., New York: Fowler and Wells.

Of this subject Dr. Taylor gives the following definition: "Massage is the transmission of energy in the form of motion, or of motion with pressure, from whatever source derived, to the organism or its parts—which energy, blending with physiological processes, shall aid in carrying them forward to perfection, that is, to the condition called health." And how to apply this in the treatment of the sick and to apply it successfully, is what Dr. Taylor teaches in this volume. Several chapters are devoted to the conditions essential for massage and to special processes applicable to the whole body. It certainly forms a valuable adjunct in the treatment of many chronic affections, and this book deserves and will repay a careful study.

THE FUNCTIONS OF THE BRAIN. By David Ferrier, M. D., LL. D., F. R. S. Second edition: Re-written and enlarged, with numerous illustrations. Cloth: pp. 498. New York: G. P. Putnam's Sons.

To the enterprise of this publishing firm the profession is under many and lasting obligations, for their recent valuable contributions to the study of the nervous system. To Psychiatry, by Meynert; Brain Rest, by Corning; The Blot upon the Brain, by Ireland; The Influence of the Sympathetic on Disease, by Fox; and Neuralgia and the Diseases that Resemble it, by Anstie, they have now added Ferrier's splendid volume on the Functions of the Brain.

Its thirteen chapters have the following headings: Structure of the cerebro-spinal centres; functions of the spinal cord; functions of the medulla oblongata; functions of the mesencephalon and cerebellum; function of the optic lobes; function of the cerebellum: function of the cerebrum; phenomena of electrical irritation of the cerebral hemispheres; the hemispheres considered physiologically—the sensory centres, the motor centres; functions of the basal ganglia; the hemispheres considered psychologically and cerebral and cranio-cerebral topography. Chapter VIII, on the phenomena of electrical irritation, is alone worth the price of the entire work, and should be read by every student who is making a special study of the functions of the brain, and especially by every

practitioner who is making a specialty of mental and nervous diseases. Also, a careful study of this work would probably deter many from the indiscriminate and reckless use of strong currents of electricity in the attempt to relieve certain forms of supposed paralysis, for instance, Aphasia. Here, "the inability to speak is not due to paralysis of the muscles of articulation—for these are employed both in mastication and deglutition—but to disease of the brain in the region of the posterior extremity of the third left frontal convolution, where it abuts on the fissure of Sylvius, and overlaps the island of Reil." Numerous instances of a similar character of treating erroneous pathology might be cited, from which a knowledge of the advances in the direction of this work might save many useful lives. No library on diseases of the nervous system is complete without it.

THERAPEUTIC METHODS: An outline of Principles observed in the Art of Healing. By Jabez P. Dake, A. M., M. D., Boston: Otis Clapp & Son. Octavo, pp. 126, 1886.

It is needless to say that any work from an author so well known in our school as Dr. Dake, must meet with favorable comment from his numerous friends and admirers, not only in this country but in Europe. And in one respect, at least, they will not be disappointed, for the author has furnished a readable book, and, especially for our friends of the dominant school, much that will be new.

In his attempt to classify the various therapeutic methods the author thus outlines the scope of the work. In the Preface he says:

"Any one who ministers to the relief of the sick by remedial measures is a therapist, however educated, and acting upon whatever theory, and with whatever means of cure. * * * Whatever agencies or operations are resorted to, varying the conditions of the sick for the restoration of health, whether medicinal, chemical or mechanical—whether drugs, water, air, movements or mental impressions—not usual or necessary in states of health, should come within the pale of therapeutics, and be subject to some recognized principles."

There is nothing new or startling in this formula and it fairly embraces the subject matter, which is discussed in details.

The "History of Therapeutic Methods" he divides into six periods, as follows:

First:—Teachings of Pythagoras and Hippocrates.

Second:—Asclepiades, Themison, Athenæus, Celsus, Agathinus, and Galen.

Third:—Vesalius, Eustachus, Paracelsus, Van Helmont, and Harvey.

Fourth:—Bacon, Sydenham, Stahl, Hoffman, and Boerhaave.

Fifth:—Von Haller, Roger, Cullen, and Brown.

Sixth:—Hahnemann, Ling and Priessnitz.

The relationship of drugs to disease is treated of under four heads: The antipathic, allopathic, isopathic, and homœopathic

methods. Similia, also, is treated of under the following heads: The sphere; the rational; the alleged exceptions to; the value of; the condition of therapeutics without; and the clinical proofs of Similia. To this is appended comparative statistics of cholera, yellow fever and pneumonia.

On page 49 the author says, "symptoms constitute the language of disease and appear in two classes:

Subjective symptoms are those told us by the patient, and consist of abnormal sensations, emotions, thoughts, and desires.

Objective symptoms are those which we may observe by our senses, or discover by the aid of various diagnostic means.

Much has been said as to the comparative value of these two classes of symptoms, the majority of writers placing a much higher estimate upon the importance of the objective. Where we are able to obtain symptoms of but the one class for our guidance, we must all prefer the objective."

This is equivalent to saying that it is as easy to treat a deaf mute or a horse as an intelligent person, when the objective symptoms are preferred to the subjective. Our allopathic brethren and "the majority of writers" may prefer the objective symptoms, but we do not think the author justified in saying that, "when we are able to obtain symptoms of but the one class for our guidance, we must all prefer the objective." Hahnemann's teachings are thus reversed, for he says we are to place our chief reliance on the mental symptoms, for they, especially are guiding. Dr. Dake offers his usual objection to the unreliability of the *Materia Medica* and our unscientific method of making provings, but this was to have been expected. We fear his ideal will never be reached. We congratulate the publishers on this splendid specimen of the printer's art; in its mechanical execution it leaves little to be desired. We wish we could say as much of the contents. But alas! we find nothing new, nothing practical, nothing that will be of value to the busy man in his daily conflict with disease in its multitudinous forms.

FORTY-SEVENTH ANNUAL REPORT of the Supt. of Public Instruction of the State of Michigan for the year 1885. Lansing: Thorp & Godfrey, State Printers and Binders. 1886.

THE LAWS OF GENERATION, Sexuality and Conception. By H. M. Gourrier, M. D. (Paris). Translated and edited by Franklin D. Pierce, M. D., Union Springs, N. Y.: Hygeia Publishing Co.

BOOKS AND PAMPHLETS RECEIVED.

On Certain Mooted Points in Gynæcology, by Thos. Addis Emmet, M. D., Surgeon to the Woman's Hospital of the state of New York.

Pabula Neonatorum, A Guide to the Feeding of Infants, by George B. Peck, A. M., M. D. Reprinted from the Transactions of the American Institute of Homœopathy for 1886.

Outbreak of Yellow Fever at Biloxi, Miss., and its Relation to Inter-State Notification.

Dr. Thomas Taylor's Reply to "Science," Relating to the Crystals of Butter, Animal Fats, and Oleomargarine.

Annual Report of the Commissioner of Pensions to the Secretary of the Interior for the year ended June 30, 1886.

Relation of Quarantine to Shipping Interests, by Joseph Holt, M. D., President, Board of Health, State of Louisiana.

The Relative Influences of Maternal and Wet-Nursing on Mother and Child, by Joseph Edcil Winters, M. D., New York.

The Exploration, Excavation, and Illumination of the Interior of Bones in any part of the Body, by Milton Josiah Roberts, M. D.

Is Electrolysis a Failure in the Treatment of Urethral Strictures, by Robert Newman, M. D., New York. Reprinted from *The Medical Record*.

A Lecture on Homœopathy before the Members of the Boylston Medical Society (of Harvard Med. School), by C. Wesselhœft, M. D. Third Edition.

Laryngology and its Cognate Branches in America; also, *The Simplest and Most Efficient Treatment of Diphtheria,* by W. H. Daly, M. D., Pittsburgh, Pa.

An Epidemic of Malaria in Eastern Massachusetts, by Zabdiel B. Adams, M. D., of Framingham. Read at the Annual Meeting of the Mass. Med. Society.

Medical Ethics of the Use and Abuse of Alcohol, by Henry C. Houghton, M. D. An Address delivered before the Hom. Med. Soc. of the State of New York.

Certain Hereditary and Psychological Phenomena in Inebriety, by T. D. Crothers, M. D., Supt. of Walnut Lodge, Hartford, Conn. Reprinted from *The Alienist and Neurologist*.

Our Homes: The Choice of a Site, with reference to Convenience, Sanitary Conditions and Æsthetic Environments, by H. E. Beebe, M. D., of Sidney, O. Reprinted from the Transactions.

Hereditary Insanity, by S. Lillenthal, M. D. Also, by the same author, *Etiology of Tuberculosis,* both being reprints from the Transactions of the American Institute of Homœopathy for 1886.

Homœopathic League Tracts. No. 7: *Testimony of Opponents in Favor of Homœopathy and its Founder;* No. 8: *Influence of Homœopathy on Ordinary Practice;* and No. 9: *Allopathy Judged by its Professors.*

Operations on the Drum-Head for Impaired Hearing; with Fourteen Cases, by Seth S. Bishop, M. D., of Chicago. Also, by the same author, *Cocaine in Hay-Fever;* both reprinted from the Journal of the American Medical Association.

EDITOR'S TABLE.

J. H. HOAG, M. D., removes from Pinckney, Mich., to Cash City, Clark Co., Kansas.

DR. ANNE C. HOWLAND's present office address is 36 north 19th St., Philadelphia, Pa.

S. S. SALISBURY, M. D., has removed from Washington, C. H. Ohio to Los Angeles, Cal.

THE 19th Annual meeting of the Homœopathic Medical Society of Kansas, will be held at Wyandotte, May 4th and 5th next.

E. A. FISHER, M. D., is one of the District physicians of the City of Buffalo, N. Y., having charge of the east side—homœopathic district.

THE Twenty-Eighth Annual Commencement Exercises of the Hom. Med. College of Missouri, was held at Pickwick Hall, St. Louis, March 17, 1887.

O. B. MOSS, M. D., Kansas City, Mo., called at this office while spending a day or two in the city. The Doctor is just recovering from a severe illness but will soon resume practice.

DRS. D. H. BECKWITH and H. E. Beebe were the only homœopathic representatives at the recent Ohio Sanitary Convention. They were treated with the utmost courtesy and respect.

THE THAYER HOM. MED. SOCIETY will hold its next quarterly meeting in the City Hall, Ann Arbor, at 11 A. M., April 19, 1887. Several valuable papers are to be read and a large attendance is expected.

HAHNEMANN MEDICAL COLLEGE, SAN FRANCISCO.—The Fourth Annual Announcement (1887) of this Western pioneer college, has just been received, and its bill of fare is an inviting one. To its already well known faculty, many of whom have acquired a national reputation, has now been added the veteran Lillenthal. In this case New York's loss is San Francisco's gain. The peculiarity of the college is that its session is held during the summer months, thus enabling many students who might be prevented from pursuing their studies during a winter course in the Eastern colleges to attend here. The standard of both matriculation and graduation is high, the three years' graded course of six months each and the clinical advantages offered, ought to place the school well in the vanguard. The next regular course of lectures begins May 3, 1887.

DR. J. A. TOMHAGEN has removed to Sloan's Valley, Ky.

DRS. KOIER and Crutcher, of Chicago, have opened offices in Parker's Building, corner Madison and Halsted streets.

DR. T. J. CROWE was the successful contestant for the Miller prize in the recent examination at the Hom. Med. College of Mo. (St. Louis).

THE vacancy occasioned in the faculty of the Hahnemann Medical College and Hospital, Chicago, by the death of the late Dr. A. E. Small has been filled by the election of Dr. D. S. Smith as President.

DR. C. J. HARRIS and Mrs. Dr. M. J. Harris, of Syracuse, N. Y., have recently had a narrow escape from suffocation in a burning building where they had their offices. A little over two years ago they were burned out at her paternal home.

IT is important for all members of the Michigan State Society to remember that the next annual meeting will be holden at Lansing, May 17 and 18. Every member of every bureau is expected to contribute a paper. If you have not already prepared your essay, do so at once. Delays are dangerous.

REMOVAL.—We are pleased to announce that Dr. J. W. Dowling of New York, has purchased for his future residence the house No. 6 East 43 Street near Fifth Avenue, being the residence formerly occupied by Henry Clews, banker, and will move into his new quarters on May 1st, prox. We congratulate the Doctor on this flattering evidence of his well-deserved success.

THE HOMOEOPATHIC AID ASSOCIATION held at Chicago in January, elected the following directors: A. L. Sweet, C. C. Haskins, W. B. Morgan, Geo. W. Woodbury, W. H. Leonard, Jas. D. Craig, M. J. McGrath, T. C. Duncan and Jas. G. Gilchrist. The officers are: President, A. L. Sweet; vice-Presidents, Geo. W. Woodbury and W. H. Leonard; Secretary, M. J. McGrath; Treasurer, S. P. Hedges; Medical Director, T. C. Duncan.

ST. NICHOLAS for April. "The Story of the Merrimac and the Monitor," the first of General Adam Badeau's "War Stories for Boys and Girls," with its graphic descriptions and spirited illustrations, is one of the prominent features of the April St. Nicholas. Another, but of a more peaceful type, is a charming article on "Harrow-on-the-Hill," number three of the "Four Great English Schools," which Mr. and Mrs. Pennell's graceful pencil and pen are making so attractive to American boys and girls.

LISTERINE.—The Lambert Pharmacal Co. has just made “the great effort” of its life in issuing a large well printed pamphlet of unquestionable authorities on the scientific value of **LISTERINE** as a safe and valuable antiseptic. The microscopic experiments (**Listerine** under the microscope) showing its power in “prevention of bacteria,” “putrefaction in organic solutions,” “lactic fermentation of milk” etc., are very valuable. Write for a copy to 116 Olive st., St. Louis, Mo.

THE MAGAZINE OF AMERICAN HISTORY, for March, is a spirited spring number. Perhaps historical themes excel all others in freshness, if well treated. At all events, every article in the current issue of this popular periodical brings to light something new and engaging. “Fredericksburg First and Last,” by Moncure D. Conway, is an exceptionally charming historical sketch of the beginnings of one of the most interesting old towns in Virginia, and fills the post of honor to the number as the opening illustrated chapter.

THE POPULAR SCIENCE MONTHLY for April contains many articles in which every reader will be interested. Dr. William A. Hammond, than whom no man is more competent to form a correct opinion, draws, in the opening article, on “Brain-Forcing in Childhood,” a vivid picture of the evils of the book-cramming process which prevails too much in all our schools, and pleads for fewer studies, more direct contacts with Nature, and less of the intervention of books. This paper should be read by every educator and every parent. It is practical and instructive.

THE CENTURY, for April. Mark Twain appears in this number in a new role—that of a humorous critic of the methods of popular education, in an article entitled “English as She is Taught.” This paper consists mainly of extracts from a volume which is yet to be printed, consisting of answers which have been given to examinations in public schools.

The paper in the War Series is this month contributed by General D. H. Hill, and deals with “Chickamauga,—the Great Battle of the West.” It is fully illustrated with maps and with portraits of Bragg, Thomas, Brannan, Bushrod, Johnson, Lytle, Granger, Hindman, and Garfield, and with drawings of Lee and Gordon’s Mills, Alexander’s Bridge, Crawfish Springs, the Ross and Snodgrass houses, and with other pictures relating to the campaign. Gen. Hill who commanded a Confederate corps in this battle was a mess-mate at Corpus Christi in 1845 with Generals Bragg, Thomas and Reynolds. Gen. Rosecrans, who commanded the Union army, will contribute to the May Century an account of the campaign against Bragg. These historical sketches do not seem to abate in interest. Keep them up.

THE MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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No. 5.

ORIGINAL CONTRIBUTIONS.

THE SEVEN FUNDAMENTALS OF THE ORGANON.

NUMBER SIX: DRUG PROVING AND MATERIA MEDICA.

LEWIS BARNES, M. D., Delaware, O.

The curative effect of drugs, their special symptoms as compared with each other, must be ascertained by trial. Healthy persons must take them in different potencies or degrees of strength, and see what effects they produce. But how can they know what comes from a drug instead of something else, something in food, or drink, changes in the weather, state of the mind, etc., etc.? The Organon would have kept us from much redundancy and confusion, if we had followed its rules, particularly this one: "We should not consider the proving of a drug complete until all provers, after repeated trials, cease to perceive new symptoms from the drug, and until they begin to observe upon themselves mostly symptoms like those already experienced by others," (§135). "Repeated trials." "Mostly symptoms like those experienced already by different persons." But how is our Materia Medica composed.

Take a specimen. There is a "proving" now before me in one of our best publications. Six medical students, under the direction of a professor, are employed upon a new drug. They do not know what they are taking, or what

potency. Each one writes the result in his or her own case. What is the aggregate?

Seventy-two symptoms are noted and recorded, eight only were experienced by more than one prover; seven of these by only two, the one remaining by four. Sixty-four, therefore, were felt by one alone of the six, while five recognized nothing of them. How does this correspond with the doctrine of the Organon, that provings are not reliable unless the provers observe upon themselves symptoms "mostly" like those experienced by others? In the case before us there was but one symptom felt by a majority of the six. And yet all these seventy-two symptoms are recorded as a part of our *Materia Medica*.

And this is the way it appears to have been made up. This is how it fills so many great volumes. This is why we can learn so little definitely from it. The followers and companions of Hahnemann probably began to wander in this way. He might have done so to some extent himself, but if he did, it was contrary to his own teaching all the same.

Take the doctrines of the Organon together, that the symptoms which deserve attention are almost wholly the prominent, uncommon, peculiar ones, and that of these the principal features are such as affect the mind and disposition,—and that in proving a drug these particular symptoms should be found in a variety of persons under circumstances which as far as possible preclude the idea of their coming from anything else, and build a *Materia Medica* on these principles and we shall have such a one as the Organon calls for. Apply them to our present conglomeration and how much of it would be left? Such a one as that remnant would be we must and shall have some time in the future. If any person thinks I am "cranky" on this matter, let him take notice that I am just following the Organon.

Some twenty years ago I published a few articles on the redundancy and confusions of our *Materia Medica*, and re-examined a few drugs on the following plan: I proceeded through the copious records of poisonings, "provings,"

practice, etc., recording for each drug the first symptom discovered, which could not probably have resulted from any other cause, or which so directly followed that all reasonable doubts were removed. When another symptom was found, if it appeared on due consideration to be but a different form of expression for the same thing, it was passed over; but if really something else, it was recorded. So I passed through the record in Jahr's symptomatology, Teste, Hale, Hempel, and all the standard works then out. And I called upon the profession to name any well established symptom which was not fairly included in my record. None was named. And the record was surprisingly short. I published a few of these, three or four perhaps; do not now remember how many. But I went through the whole *Materia Medica*, as it then stood, for my own profit, and it has been my chief text-book (in manuscript) ever since. It would not make a book of more than two or three hundred pages. It cost me more than a year's labor. I would rewrite it with such additions as have since been made in new works, but am too old, dilapidated and lazy for such a task. Other hands must do the required work, with more knowledge, and perhaps on a better plan. Something must be done. The profession must be brought back, or onward, to such a *Materia Medica* as can stand upon the principles of the *Organon*.

REPORTS FROM THE FRENCH JOURNALS.

BY DR. HEGEWALD.

Translated by A. McNEIL, M. D., San Francisco, Cal.

In the *Bibliothèque Homœopathique*, Dr. Paschal, formerly surgeon of the French navy gives a long report of the action of drugs at a distance. This subject has already been discussed in Nos. 21 and 22 of the 111th volume of the *Allg. Hom. Zeitung*. So that it is unnecessary to repeat that long article. Our readers remember well the experiments which those medical professors, Drs. Bourru and Burot made before the Medical Congress at Grenoble with remedies at a distance from the subjects upon whom

the experiments were made, and the surprising results obtained from the sensitive ones. The Allopathic gentlemen present expressed themselves in the language of Duplang as convinced "*against their wills.*" For Homœopaths, as our colleague Buchmann had already made similar experiments with high potencies, there was nothing surprising therein. At the Grenoble Congress certain drugs were held at a distance of five to ten centimeters from the subjects experimented upon and the most surprising results were obtained. Only to mention one example; Codein, at the above mentioned distances from the subjects caused sleep with snoring, and on awaking a feeling of coldness with retching. Digitalin, brought in the neighborhood of the soles of the feet, produced efforts to vomit. (We refer to volume XVI page 862 of the ADVANCE for the full reports of the experiments.)

It only need be added that Drs. Bourru and Burot have published a pamphlet concerning the experiments and the results with the title "Action à distance des substances toxiques et medicamentenses" and that Bergeron wrote a thesis on graduation on the subject. Its title "La grande histerie ches l'homme" and it contains what we have referred to. These facts are of importance to Homœopathy as in the present state of science these are as little to be explained as the action of the higher potencies of our remedies. Science owes us an answer: nevertheless experience at the sick-bed shows by its *results* that this *action* exists and cannot be denied away. Machts nach, Hahnemann said on a similar occasion, but Machts recht nach ("Imitate, but imitate exactly").

The time to make concessions to Homœopathy has come and in order to obtain them from the Allopaths it is not necessary to go over to the enemies camp, bag and baggage as the New York Secessionists (Hill & Co.) have done. No, that is not the way; we are soundly convinced that the allopathic Bastile cannot long resist the assault of the reform movement of our time. Even those who are placed as guards of that Bastile say things now which indicate that the resistance against the storming party can-

not long continue. When a professor like Amador of Montpellier says from his chair to the students in enthusiastic language which sounds like a prophecy, "practically Homœopathy is a method to be added to other existing methods, but this method surpasses the others. It is a shorter and more direct road on which one progresses more rapidly with the same opportunity." * * * Homœopathy is not in as bad plight as many think. She will celebrate her resurrection and so much the more when it proves as Professor Amador yet adds: "It is only on account of the failure of vitalism of Montpellier as to the means of evolving from medicinal substances the living forces which they contain, that prevented her (Montpellier) from finding the complete truth and thus taking from Germany this great glory; Hahnemann accomplished this by the great principle of the attenuation of substances." [Let Hughes and Dake take notice. *Trans.*] Professor Dopler of Prague, long ago showed how by trituration of medicinal substances that the inherent force was liberated out of its condition of aggregation, and new, unexpected manifestations of power revealed. The short-sighted opponent of Homœopathy does not know this or rather will not know it.

It may be here permitted to refer to the fact that the celebrated ophthalmologist and aural surgeon, Dr. de Kaersmacker of Brussels is publishing a series of extremely interesting articles in the *Revue Homœopathique Belge*, on ophthalmology. He mentions among other things that he has succeeded in his practice in curing suppurative choroiditis with *Silicea*, and with *Rhus* a glaucoma with papillar atrophy. *Mercurius cor.*, *Belladonna* and *Sulphur* did him distinguished service in infiltration of the cornea and parenchymatous keratitis; *Bellad.* and *Pulsat.* helped him out of a great difficulty in a case of *Morbus Basedowii*. We look with great interest for the continuation of these articles.

CASE I.—COLD SWEAT: *Arsenicum*. A lady, aged 45, has suffered for two years from such profuse cold sweats that she must change her underclothing four or five times a day.

Her hair was continually as wet as if it had just been taken out of the water. There were neither menstrual disturbances nor hysteria present. The allopathic treatment employed had not improved her condition. Although the cold sweat appeared to indicate *Veratrum alb.*, yet on account of the great weakness, thirst, etc., Dr. Anken gave *Arsenicum 6*, with the result that in some weeks she was as good as cured.

Possibly a gross abuse of Salicylic acid was the cause of the entire disease. Dr. Meschlin remarked that *Arsenicum* is the best antidote of Salicylic acid.

CASE II.—CHRONIC DIARRHŒA: *Sulphur*. Dr. Siegrist related the following case in evidence that high potencies act longer and more thoroughly than low. A gentleman between forty and fifty years old suffered from an obstinate chronic diarrhœa, aggravated particularly after midnight. The desire for a stool always attacked him suddenly, so that he must immediately spring out of bed. The patient, who was well acquainted with a number of allopathic physicians and was treated by them with particular interest and notwithstanding had received no real benefit, on the contrary his general condition became continually more depressed. With Homœopathy he soon had better results. *Sulphur 200* removed the diarrhœa on the third day and in a short time he was entirely cured.

After he began homœopathic treatment his urine was examined by an Allopath, and as he found therein a large quantity of indican he concluded that there were copious masses of bacteria in the intestines and ordered a large portion of calomel. As the patient had previously had sad experience with that drug, he preferred, to his advantage, to continue with his homœopathic treatment.

CASE III.—CHRONIC DIARRHŒA: *Silicea*. Colleague Meschlin had had a severe case of chronic diarrhœa in himself. No remedy helped his condition, in course of time it became a precarious one. Then a careful study of his case in the *Materia Medica* led him to choose *Silicea*, of which he took a single dose of several drops in the 12th potency. The effect was surprising. First there was an

aggravation, as tearing abdominal pains set in, but there soon followed a complete cure. But, however, he suffered for several years from a bad constipation, dizziness, in short an entire series of Silicea symptoms. He has several times seen Silicea in the lower potencies cause constipation and this experience has caused him to use only the 30th and 200th.

CASE IV.—INSANITY: *Zinc oxyde*, by Dr. Bartl. A woman of 46, became insane after violent anger. She fancied she was persecuted by her neighbors and that the devil in person was lying in wait for her. She turned against any one who tried to dissuade her from these thoughts. Her cheeks were a dirty, dark-red, her face was sunken, dizzy, walk very uncertain, constipated stool, and the urine contained a brickdust sediment. She received Zinc oxyde, and on the second day she was better, so that in a short time she was cured. [It is just as difficult to explain the action of a low as of a high potency, of the crude as of the potentized drug.—ED.]

—◆—

A CASE OF CEREBRAL PARESIS, OF SIX YEARS' DURATION, CURED.

E. W. BERRIDGE, M. D., London, England.

1874, July 17. Mr. Samuel L., aged 44. Had been ill for six years, could not sleep or carry on his profession—a lawyer. Was treated allopathically. After a sea voyage got much better, but since the end of April has been getting worse, and has had to leave his business again. He then consulted Dr. Skinner who advised him to place himself under my treatment.

Present state.—Bodily and mental depression. Stiffness of legs on walking. Constantly inclined to stoop forward. Desires to be alone. Forgets names, and what he is about to do. Absence of mind when reading. After diarrhoea has headache on vertex. Deafness, especially of right ear. Appetite irregular; eats no meat, only eggs and farinaceous food; no coffee or tea. The mental depression is relieved by passing much urine. Tongue pale brown. Pulse

feeble. For last three weeks, and previously, twitching of arms and legs. At times has had shivering over body after urination. After urination things appear brighter, and lighter, and clearer, both mentally and physically. Is subject to diarrhoea of ingesta, sometimes frothy.

Diagnosis of remedy.—The rule which Hahnemann lays down for our guidance is to select the remedy which corresponds best to *the totality of the symptoms* (*Organon* §§ 7, 18, etc.), and whatever may be the medicine, or whatever our theory as to the nature of the “disease,” to give that medicine and that alone; always individualizing each case, and treating it just as if no other case had ever existed, remembering that as Homœopathists we treat *patients*, not *diseases*. Yet there are many cases where we cannot find a remedy corresponding to the *totality* of the symptoms. Hahnemann has not left us in the dark here; he says we are to be guided chiefly by those symptoms which are *characteristic* (*Organon* § 153); that is, those which individualize the case from others of a similar nature, and those which individualize one medicine from another. From this it follows that though a diagnosis of the nature of the disease should always be carefully made, as both the prognosis, and the hygienic and dietetic treatment depend upon it, yet the selection of the homœopathic remedy is totally independent of such diagnosis, for the simple reason that those symptoms which we call diagnostic of the disease (*i. e.*, which enable us for the sake of convenience to classify cases) are just those which are common to nearly every case, and from their general character common to a large number of remedies.

Again, Hahnemann teaches us that the mental symptoms are of more diagnostic value in the selection of the remedy than those of the body. (*Organon* §§ 210, 211, 213). Again, the symptoms which are the most recent are, *cæteris paribus*, of more value than the earlier. (See *Chronic Diseases*, Vol. I., pp. 171-2). Again, it is obvious that, *cæteris paribus*, the most *severe* symptom of the case is of more importance than those which are comparatively trivial. Lastly, I would venture to suggest, from my own observa-

tions, that in periodical diseases, the *initial* symptom of the attack will be found of more diagnostic value for the selection of the remedy than the subsequent ones. Dr. C. Lippe confirms this view with regard to ague. (*U. S. Medical Investigator*, Vol. IV., p. 353.) Applying these rules in the above case, I first examined the mental symptoms, and commenced with that one which seems the most peculiar, viz., *relief of the depression after urination*. This symptom, according to my MS. Head Repertory, is found under Eugenia Jambos. The same repertory also gives it under *Desire for Solitude*, with sixty-four others. Eugenia does not possess the symptoms, *loss of memory* or *absence of mind*, but, on the other hand, it has the *brightness of objects after urination* (see p. 238 of my Eye Repertory), and also *shivering after urination*. (For all these symptoms see 2, 3, 24, and 120 of Allen's *Mat. Med.*) Eugenia, therefore, corresponded best to the most peculiar symptoms, and the patient was ordered a dose of 30th potency night and morning.

August 11. Sleeps better. Appetite much better, and regular. Diarrhoea returned at times, sometimes watery, sometimes soft, with darker lumps in it; only once of ingesta. Spirits better. Still easily fatigued, inclined to stoop, and legs stiff. Heartburn. Less aversion to company, or absence of mind when reading. Memory still bad. Not much headache. Deafness unchanged. Very little twitching of arms and legs. *All the urinary symptoms gone*. Tongue clean. When writing, forms the letters better than he could. Eugenia Jambos 200 (Leipzig) night and morning.

October 3. Has had no medicine for three weeks. Has been much better, steadily improving; has had two relapses of diarrhoea, one while taking the medicine and the other afterwards, but since the last relapse has felt better than ever. Now he sleeps better; appetite natural; diarrhoea gone; feels stronger and in better spirits; not easily fatigued; legs less stiff; does not stoop nearly so much; less heartburn; less aversion to company; memory still bad, especially for names; less deaf; writes very much

better; pulse stronger; tongue slightly coated; no twitching or urinary symptoms; not much headache. *Stop medicine.*

November 17. Only two or three very slight attacks of diarrhoea. Sleep more natural. Appetite fair. Shortly after last visit, till two weeks ago, had low spirits, irritability, dislike for company, and stiffness of limbs; this has now all passed off. Not nearly so much stooping, not even during the above mentioned relapse. Heartburn bad at times. Memory better. Headache bad at times, better now. Deafness was worse during the last relapse, better now. Writing is firmer. Can read better; ideas clearer when writing a letter. Feels decidedly better than when I first saw him.

December 29. Has been engaged in legal studies, and can attend to them fairly. Only one slight attack of diarrhoea. Sleep good. Appetite variable, usually fair. No lowness of spirits till the last few days, and then very slight. Legs stiff on exercise. No stooping. Heartburn, memory, headache, and depression better. Writing firmer. Power of thinking and understanding better; he understands a book which he reads, formerly he could not recollect what he had read. Feels stronger.

1875, February 4. Can exercise his brain *very* much better. No more diarrhoea; bowels better than they have been for ten months. Digestion better, can eat meat with impunity every two or three days. Sleep and spirits good. Pain in joints and finger nails. *Pain in finger nails as if the nail had been forced up from the quick.* *Sloops rather more.* *More easily fatigued on walking.* Frequent urination. Less heartburn. Memory much better. Very little headache. Less deaf. Writing firmer. Understanding better.

Note.—Here a new problem had to be solved; some of the symptoms had increased, and a new one had arisen. Should the medicine be repeated, or still allowed to act, or a new one be selected? This problem must be decided in each individual case by the general condition of the patient. New symptoms may arise from two causes: (1) symptoms

directly caused by the medicine, and (2) symptoms belonging to the patient, excited or aggravated by the action of the medicine in the system. In the first case, obviously no new medicine should be given, unless the symptoms *imperatively* demand immediate relief, which is often then obtained by giving the same medicine in a much higher potency. In the second case, aggravation of the existing symptoms, occurring at intervals of days or weeks, is what is almost always met with in the chronic patients, and should not be interfered with by any change of treatment; the stirring up of old symptoms, which had not been noticed lately, is a favorable sign, and shows that the medicine is attacking the disease in its inmost recesses, and gives hope of its thorough eradication. (*Chronic Diseases*, Vol. I, p. 150.) The rule, then, is simply this: if the general state of the patient is improving, give no more medicine of any kind; but if the general state is worse, or if these new symptoms persist, the patient not improving after waiting a sufficient time, then select a new remedy, *being guided chiefly by the new symptoms*. It rarely happens that the same remedy is of use again, and if it is repeated it is best to give a higher potency, otherwise aggravation of the symptoms may occur.

As the patient was generally better, no medicine was given.

March 17. Memory and power of thinking better. Sleep not so good. Pain in nails gone; had very little more after last visit. *Heartburn returned. Stoops still from feeling of weakness in the stomach.* Not much headache; working does not cause it. Less deafness. Sight better. Still easily fatigued on walking. Writing firmer. *Diarrhœa worse. Diarrhœa alternates with constipation; the costive stools are dark green, gradually becoming paler, and then the diarrhœa comes on, sometimes pale, or black-green, or frothy.* He felt cold from a journey after his last visit, and has had the diarrhœa ever since.

Note.—The new symptom of the nails had disappeared, and the change for the worse was a recurrence of old symptoms, while in other respects the patient was better.

The former problem now recurred. The *persistence* of this state of relapse indicated that the medicine had ceased to act; while the non-occurrence of any absolutely *new* symptoms pointed to a repetition of the same remedy. Not being able to procure a higher potency than that previously used, I gave him Eugenia Jambos 200 (Leipzig) night and morning for three weeks.

April 19. Reports by letter that the bowels remained natural after the first dose; still has the sinking at stomach; digestion better, can eat meat; appetite and sleep good. Eugenia Jambos night and morning for three weeks.

August 28. Improved from last medicine, and can do work fairly. *Now he takes little interest in things in which he used to.* Some depression at times. Stiffness of legs on walking very much better, but not quite gone. Slightly inclined to stoop at times. Less desire for solitude. Memory better, but variable; *still forgets names.* A little absence of mind on reading. A week or more ago, diarrhoea returned, but less than before; had to evacuate before he had finished dressing and after food: *first part of stool felt hard, then loose; some of the fæces lumpy and some loose.* *During and after stool, heat in rectum.* Deafness of right ear. Appetite poor. After food cannot think well. Pain in forehead relieved by urination, when he also feels brighter mentally. On the whole, feels very much better, bodily and mentally.

Note.—The same problem is here repeated, but the solution is different. Although the patient said he felt generally better, yet he had a new mental symptom, *indifference to what formerly interested him.* Added to this, the loss of memory *for names* still persisted, though in other respects it was better. The diarrhoea, also, was of a different character. The *indifference* was of too general a character to be in itself diagnostic, though a symptom which must be covered by the medicine given. Under *Loss of memory for names*, my MS. Repertory gives Anac. (Bell.), Chlor., Croc., Flour. ac., Glon., Guiac., Limulus., Lycop., Merc., Oleand., Puls., Quiniæ sulph., Rhus, Stram., Sulph.

Under *Stools: lumpy and liquid*, it gives Ant.cr., Con.,

Lycop., Sulph. ac. This reduces the number to Lycopodium, which is found also under *Stool: hard, then soft, and Heat in rectum during and after stool; also under Indifference.*

I accordingly gave him Lycopodium cm. (Fincke) night and morning for about a month.

October 6. Reports by letter as follows: For about a week after last visit felt better and stronger, both mentally and physically, than he had ever been since he first consulted me; then he relapsed, feeling depressed, weak, heavy, and easily fatigued, mentally and physically, with more or less indigestion and general disturbance; but still was not so bad in any respect as he frequently had been during such attacks on previous occasions. A fortnight ago began to improve, and since then he has been much better in every way, and has done more actual continuous and general business in a way more satisfactory to himself than he had been able to do during the same time since he was taken ill. Has passed, and continues to pass, great quantities of urine, which was the first sign of improvement. Appetite and sleep better, and can take exercise without great fatigue. The most noticeable thing is that he is more troubled to remember names than ever, though this has been better during last three or four days.

Note.—The patient's state was clearly improving, in spite of the aggravation of the loss of memory. *No medicine was therefore given.*

November 29. Reports by letter: Has had no return of his usual low, wretched attacks, except once to a very slight degree. Is now in the regular swing of business, and attends to anything at any time, and does not feel any bad results from contentious matters which used to excite and irritate him greatly. At the end of a week's work he requires rest, but a day or two of change of scene and fresh air is sufficient to restore him and bring back his impaired faculty of sleeping; loss of sleep and a certain degree of restlessness, which comes on after a more than usually hard spell for a few days, being the strongest sign that he needs change and rest. Appetite good; as a rule,

sleeps well; is cheerful; memory better, and is altogether as capable of business as most men; but still without care feels he would relapse.

1876, January 20. Depression quite gone. Memory very much better, but still *some* deficiency for names. Has attended to the entire business for two months, and has done it well; even continual mental exertion does not bring on the old pain. Feels mentally and bodily tired after two or three hours' mental work, but this is much less than formerly. Mind stronger; can comprehend as well as ever, but cannot continue so long. Sleep and appetite good. Occasionally frequent desire for urination, with weight in bladder if he does not relieve himself. Takes an interest in business. Very seldom has stiffness of legs on walking; can walk well and quickly. Much less stooping. No desire for solitude, nor absence of mind when reading. Diarrhoea very much slighter; the heat in rectum very seldom. Deafness of right ear much less, scarcely any difference between the two. As a rule, can think well after food. Feels generally better since last report.

March 3. Still better and stronger in every way; more fitted for business; less easily tired. Mental depression at times, but slight. Memory nearly perfect. Used to have sinking at stomach, as if he wanted food after an hour or two's mental work; this has gone. Requires less sleep. Urinary symptoms very much better, and less often. Very seldom has stiffness of legs on walking. Stooping nearly gone. No diarrhoea. Deafness quite gone.

May 14. Has not been so well, with disinclination to work, and undigested food passing away, but much better for two or three weeks. Has been subject to headaches, on right or left side, or both, relieved by food. Heartburn with the undigested stools. *Urine cloudy, brick-dust sediment, after standing.* Memory much better, *at times* deficient with regard to names. At times depressed, dislike for work and company. When out of health, *wakes irritable and inclined to find fault.*

Note.—The patient was evidently relapsing, and important new symptoms had arisen. Under *Ill-humor on*

waking, my MS. Repertory gives Agar., Ant. t., Arsen., Bell., Berb., Carb. an., Caust., Cham., Cupr. ac., Juniph., Kali., Lycop., Merc. bin., Magnet. austr., Natr. s., Petr., Puls., Sulph. ac. Of these Lycop., Nat. s., and Puls., have *brick-dust sediment in urine*; Lycop. and Puls. have *loss of memory for names*; and of these two only Lycop. has *fault-finding*. By this process of eliminating medicine after medicine, Lycop. was found to be the simillimum, and was given in the mm. potency (Boericke's), night and morning for four weeks.

About a year afterwards reported that he had been at work as usual for many months; can do a hard day's work with impunity, and the only symptom he suffers from is occasional slight heartburn.

Comments.—(1) It was about two years before this patient fully recovered, though an improvement was speedily manifested. Hahnemann says (*Chronic Diseases*, Vol. I, p. 173): "A great chronic disease may be cured in the space of one or two years, provided it has not been mismanaged by allopathic treatment to the extent of having become incurable. One or two years ought to be considered a short treatment. In young robust persons, half this time is sufficient; in older people, on the contrary, this period has to be considerably prolonged, in spite of the greatest care on the part of the doctor, and the strictest obedience on the part of the patient." Many patients are dissatisfied at not being cured of chronic ailments in a few weeks; others, again, leave off the treatment as soon as they are relieved of what they consider the most troublesome symptoms. Both are in error; *relief* is soon obtained when the simillimum is given, but time is required to thoroughly eradicate the constitutional taint, and unless that is done, the patient is sure to relapse, perhaps in after years, when a cure is more difficult.

It should be noticed that in this case allopathic treatment, combined with rest and voyaging, only relieved temporarily, the patient relapsing as soon as he resumed his work; homœopathic treatment cured him *permanently*, and enabled him to attend to his business with impunity.

(2) It has been stated that in brain diseases large doses (*i. e.*, the mother tinctures and lowest dilutions) are necessary. The above case, which is only one out of many similar ones which I have treated, shows the fallacy of this statement.

(3) The *repetition* of the dose is one of the most perplexing problems of the beginner. Hahnemann's latest practice (evidenced by the statements of Bönninghausen and Croserio) was as a rule either to give one dose, or to repeat the dose daily till an effect was produced, and then let it act undisturbed. It has been stated that in acute cases the dose should be repeated more frequently than in chronic cases. Hahnemann says (*Chronic Diseases*, Vol. I, p. 155) that, generally, the more chronic the disease, the longer the duration of the action of the medicine, and *vice versa*; but while there are cases of chronic disease which seem to require frequent repetition of the dose, there are also numerous cases on record where a single dose of a high potency has cured the most acute attack. I believe that if a *simillimum to the entire state of the patient* is found, one dose of a high potency is sufficient, either in chronic or acute cases; but when the medicine does not *fully* correspond, as may often happen through the deficiencies of even our large *Materia Medica*, the dose may have to be repeated, the want of a *complete* similarity hindering the curative action of the drug; and in *these* cases the more acute the disease, the more frequent must be the repetition, because the action of the drug then becomes more speedily exhausted, unless it is sufficiently homœopathic to subdue the disease at once. This view is in accordance with the teaching of Hahnemann, who says (*Organon*, § 246, note): "In pure syphilitic diseases I have generally found a *single dose* of metallic Mercury 30 sufficient; and yet not unfrequently *two or three such doses were requisite*, given at intervals of six or eight days, *when the very least complication with psora was perceptible.*" The co-existence of psora, to which Mercury was not homœopathic, hindered its action, and therefore the dose had to be repeated. In a chronic case in which I commenced

with Arnica cm. (Swan), I had to repeat the dose for a time, the improvement ceasing as soon as it was discontinued; and in an acute case of neuralgia, I had to give Kali in a high potency, *every five minutes*, during the paroxysms, before I could subdue it; but in each case other medicines were afterwards indicated, showing that neither the Arnica nor the Kali were *completely* adapted to the patient's state. On the other hand, I have frequently cured both chronic and acute cases with a single dose. I am of opinion that in the case which forms the subject of this paper, the dose was unnecessarily repeated, and that the aggravation which occurred after Lycopodium might have been avoided. One thing is certain, that when once the curative effect has well set in, we should *let the medicine act undisturbed till its effect has entirely ceased*, and even then wait and see whether the patient, after remaining stationary, or after relapsing for a short time, does not again improve, an event which very frequently happens in chronic cases. Even if the improvement continues a year or more, let the medicine act undisturbed without change or repetition, and a perfect and permanent cure awaits the patient.

About ten years afterwards he consulted me for acute bronchitis, and informed me that he had remained cured of his chronic symptoms. Through the death of his partner, he had now to attend to the whole of his large business, but he did it without trouble. He said the only thing he could not now do as formerly was to write one letter and dictate another at the same time.

CASES OF CHRONIC DISEASE, CURED: A MIRACLE!

THOMAS SKINNER, M. D., London, England.

Tumors over ten pounds in weight, removed from a cow by constitutional treatment; without the slightest local, surgical, or mechanical aid of any kind. *Nitric acid*.

Last autumn (1886) when I was residing in Invernesshire, Scotland, enjoying my summer holiday, I was fish-

ing for salmon in the river Glass near Struy in Strathglass, when I was met by John Maclellan, Deer Forester to Lord Lovat of Beaufort Castle, Beanly. Maclellan had learned from my Gillie and others that I was "a doctor," and, *nolens volens*, he persisted on my looking at a young cow of his which was "sair hadden." I informed him that although I owned to being "a doctor," I did not consider myself skilled in the diseases of cattle. Nevertheless, for want of a better I agreed to see the animal, a heifer, which was expected to calve about the first week of March, 1887. She was well formed, but her coat was somewhat dry and staring. About her eyes and head, as well as on other parts of her body there were patches of what I should say resembled very much *lepra vulgaris*, deprived of hair and covered with white mother-of-pearl looking scales. Along the mesial line of her abdomen, from the ensiform cartilage to the as yet undeveloped udder, there was pendant an enormous mass, hanging as it were from a mesentery, and reaching within a few inches of the ground, the animal being on its feet. The growth was subdivided into large and small tumors, all more or less connected; a few as large almost as the foetal head at the ninth month, whilst others varied from the size of a small orange to that of a walnut.

I have said that the general configuration was as if the whole were suspended by a mesentery, and I now add that it was fissured or divided into a great many lobes of various sizes, and more or less flattened in consequence of the pressure of the animal's body when recumbent. It was the opinion of Maclellan, the owner of the cow, that the weight of "the warts," as he called the growth or excrescence, would be *over ten pounds*. Maclellan has had hundreds of salmon on his line and has banked almost as many, besides, being in the custom of weighing deer—if he is not a good judge of the weight of living matter by its bulk, I wonder who is. Several others who saw the cow with me, were of the same opinion, and I quite agree with them. Before concluding the physical description of the growth or growths I must not forget to state that along the mesenteric root or peduncle of the growth there were blood-ves-

sels as large as my thumb; in other words, I should say that they were not less than three quarters of an inch in diameter (skin included), and I was informed by Maclellan that whenever the cow lay down, what between the movements of her hind feet and legs and the weight and pressure of her own body on some part or other of the growth, whenever she rose, the parts were covered with blood which would drip from her. Doubtless, some of the vessels were strained and ruptured. Further, the growth was painful or sensitive to touch, at least the animal resented interference by handling. Maclellan wrote me on the 17th December, last, sending three small pieces of the tumor that were all but coming off, only hanging by a tag. I examined them carefully. They were dry and withered and as hard as horn. (The reader will please to remember that the growth when I first saw it was comparatively soft and pliant, though the more dependent parts were hard with coagulated blood.) With a pair of bone pliers, and a sharp knife I was enabled to make dry sections for examination with the naked eye, with a quarter inch lens, and by means of the microscope. One piece was allowed to soak in water with a little carbolated meth. spirit, and this was dissected. The specimens were so dried up, it is impossible to say whether specific cancer cells were or had ever been present, but there were abundance of epithelial cells, corrugated blood corpuscles, and fibrous texture, any quantity. The microscopic examination was less satisfactory than that of the unaided eye and the scalpel. A section could hardly be made anywhere without revealing the remains of a blood-vessel filled with coagulated blood. In the small specimens sent me I cannot say whether they are veins or arteries, but I am inclined to think, from the thickness of the walls alone and the whiteness of them, as well as the red color of the coagulum, that they were at one time arteries feeding the growth. Judged by the naked eye the calibre of the shrunken vessel is that of a crow quill. The tumor or pieces sent were about the size of a large chestnut. The free loss of blood when the animal rose after lying down is thus accounted for, and whether

the growth was or was not malignant (I think it may have been) it was certainly *very vascular*, and rapid in its growth. It might be called a warty or epithelial growth in a cow, but in a man it would be worthy of a much more dignified title.

One very remarkable observation I made on a round vessel or ligament which entered the structure of one of the tumors. It was perfectly round, the thickness of a crow's quill and about half an inch long. The outer skin, so to speak, was somewhat brittle and like the rest of the tumor perfectly dry. In handling this *ligamentum teres*, or whatever it was, the outer skin broke and revealed an inner substance which was identical in color, consistence, and elasticity with a thread of pure India rubber. It admitted of being extended twice or thrice its own length several times before it broke, and it always returned to its previous length and thickness after having been stretched. It was not "yellow elastic tissue" but it might be brown or black elastic tissue. All the other structures were as hard and non-elastic as horn. When I made the acquaintance of my patient, the tumor had not ceased growing, and it was as bad in every respect as it ever had been. So much for the disease, now for the

TREATMENT AND DIAGNOSIS OF THE REMEDY.

I informed the owner that I had no medicine with me, but that I should send the remedy to him next day by post. Arrived at Bearnock Lodge, I turned up my Bönninghausen, and I found that Nitric acid stood second to none in his estimation as corresponding to condylomata, or warty excrescences, and to large ones in particular. In Lippe's *Materia Medica* I found that Nitric acid has decided painfulness to touch or pressure of diseased parts. In my own experience, it stands at the top of the tree as a genuine antisycotic and antisymphilitic remedy, a sort of Mercurius and Thuja rolled into one. In Allen, Vol. VII, p. 37, I found under Nitric acid, *Scaly skin over the whole face*. Profuse bleeding from an ulcer on dressing it. Lastly, on turning up Raue's *Retrospect for 1871*, I found a short but

succinct account of a case of *large warts* on the back of the hands for four years. The least friction produced *laceration; deep rhagades, always bleeding and stopped with difficulty.* Nitric acid 30, 200 and 1m. cured by Dr. Gaillard, (A. J. H. M. M.) All things considered, I felt that if any medicine was indicated and likely to give a good account of the tumors, whether benign or malignant, Nitric acid was that medicine.

September 17, 1886. On this day I mailed to Mr. John Macleannan, the owner of the heifer, eight powders of Nitric acid 50m. (F. C.) in the same dose as I should give to a baby mouse or to a full grown Asiatic elephant, bigger than "Jumbo" or "Lady Alice." One was to be given dry on the cow's tongue or anywhere on the mucous membrane within her lips, and the dose was to be repeated night and morning while the powders lasted, namely, four days. Everything in the form of washes, liniments, lotions, ointments, and all local "make-believes and rubbish" were directed to be eschewed not only as useless but positively harmful. I begged that the tumor or growth should in no manner or way be meddled with, not even laving it with tepid water by way of cleanliness. The eight doses were administered as directed in the four days, and this is all the medicine, or medical or surgical interference which the animal got from me or from any one. The only means advised by the local "vets" was removal by the cautery, but when they saw the calibre and ramifications of the feeding vessels, they declined to tackle the case. So I understood, or no doubt they would have done it.

Course and Termination.—About ten days after the first dose I again visited the river Glass in quest of salmon, and being close to Crevelan I went in search of my patient. At last I saw her browsing on the banks of my lowest salmon pool. I gave my rod to my Gillie while I advanced towards the cow in order to get a closer examination of her, and if possible, to feel the tumor and see by her behavior whether it was painful when handled. The patches of scaly lepra were gone, and her coat was smoother, flatter, and not nearly so staring; it was almost glossy. The tumor seemed to me

cleaner, as if there had been less bleeding, and if anything, the blood-vessels which coursed along the root of the growth were apparently smaller. I approached the animal slowly, so as not to alarm her, and when I was about a yard from her left shoulder and a little behind, I stooped down and tried to feel the nearest part to me of the growth, keeping my eye at the same time on "Crummie's" eye. Down went "Crummie's" head, with her horns in a direction which meant mischief, and with a pair of eyes "looking daggers." Discretion being the better part of valor, I beat a hasty retreat down the steep bank of the river and all but into the water. "Crummie" stood at the top, no doubt thinking that she had given her physician a lesson he was likely to profit by. I resumed my fishing and never saw my lady-patient again. This much I was certain of, the cow was in much better condition, and the disease, "the abnormal nutrition" had received a decided check.

I left Invernessshire for the South about the first week in October, and not having seen the animal since, a few extracts from Mr. Macleennan's letters will suffice.

"October 18, 1886. *Sir.*—Your very kind letter I received last night. I am sure I cannot express to you my thanks for your kindness. My cow is getting better every day, and though the warts are not off her altogether, it is very likely that they will fall off before long without more medicine. There is a great improvement in the cow since she got the medicine, and although the warts are not off her, it is cleaning about them.

[Signed] JOHN MACLENNAN."

"December 3, 1886. *Sir.*—** About one third of the warts have still to fall off, but it may take some time, probably a month. The spots about the cow's eyes were all right soon after she got your medicine. **

[Signed] JOHN MACLENNAN."

"December 17, 1886. *Sir.*—I inclose three bits of warts which were just about to fall off. There is not a big wart on her now. ** When the cow was at her worst, [that is when I saw her] the weight on the cow's belly would be over ten pounds at any rate.

[Signed] JOHN MACLENNAN."

"February 2, 1886. *Sir.*—This is to let you know that the warts are all off the cow now.

[Signed] JOHN MACLENNAN."

Not the least important event "in this strange eventful history" is the following information:

"March 8, 1887. *Sir*.—The cow which was bad with the warts calved two days ago, and the calf is as sound as a young deer. You can publish the case and cure with my name and address. As I do not now intend to sell the cow, I hope you will see her when you return to Invernessshire this summer. I remain, thanking you for your great kindness. Yours most obediently,

[Signed] JOHN MACLENNAN, Deer Forester."

Comments.—Comment is superfluous, yet a word or two is indicated. I have titled this case "A MIRACLE" and I now give my reasons for so doing. What is a miracle?

(a) It is anything which excites wonder, astonishment and admiration in the mind of the beholder or listener.

(b) It also signifies, a sensible suspension or controlment of, or deviation from the known laws of nature. In other words, the term "miracle" is one denoting our *ignorance* of some higher law with which we are *unacquainted*, and which has held in suspension or controlment one or more of the ordinary laws of Nature, with which we are acquainted. All miracles come under both of the above definitions. Am I then a "Miracle-monger?" God forbid! because, according to our best Dictionarians a Miracle-monger is an "impostor who pretends to work miracles." I am no such pretender, but I have wrought a miracle in the eyes of those who are ignorant of the higher law of therapeutics given to all who are free to think for themselves, by God, through his servant Samuel Hahnemann.

To Allopaths and Hendersonian-Homœopaths, and all such as do not believe in the law of Similia Similibus Curantur, and in the Dynamization of Medicines as a necessary corollary to that law, SUCH CURES IN A COW, who, we have good reason to believe, does not usually consult any kind of physician or surgeon, nor has she any choice; a cow being an animal destitute of such knowledge, destitute of these marvellous therapeutic powers, faith, hope, or confidence; an animal, who, instead of thanking her physician as her owner has done, mistakes him for an enemy, and

causes him to run for dear life, and even to take the water if need be. I say, to Allopaths and Hendersonian-Homœopaths, such cures in a cow from eight doses of the fifty-thousandth centesimal attenuation of Nitric acid must be "a miracle," or "a happy coincidence" as the leading Hendersonian-Homœopath in Liverpool reckoned *all my cures*. Miracle or no miracle, it affords the Hendersonians a nut to crack, and they will find that a steam-hammer of the greatest known horse-power is incapable of abrading it, far less of cracking it.

PRACTICAL TONGUE DEPRESSORS.

Allow me to refer to tongue depressors. Just repeat to yourself the "golden rule" and see if your verdict would not be in favor of a separate one for each examination. But that would be expensive. Would it? Send to your nearest planing mill or sash and door factory and order several hundred of bass or poplar measuring about five inches in length $\times \frac{3}{4}$ in. wide $\times \frac{1}{8}$ in. thick, and you will have something neat and far better than anything made of metal, for it will adhere slightly to the tongue and enable you to draw it forward while depressing it. As soon as used drop it in the waste-basket or spittoon that your patient can see that it has been *discarded*. Of course these are intended for office use particularly, but if not averse to loading yourself down with a few for each "trip" they can be made of service at the bed-side as well. The cost of this venture is too insignificant for consideration and I know by many remarks that have been made about them that their use pleases the patients.—*W. J. Guernsey, M. D.*

DIET IN DIPHTHERIA.

When asked concerning diet in cases of diphtheria, I generally say, if the patient desires any food or drink, give it, but otherwise await the call of nature. The less a patient with this disease is bothered, either with drugs, food or unnecessary attention, the better.—*W. J. Guernsey, M. D.*

SURGERY.

SURGICAL NOTES.

J. G. GILCHRIST, M. D., Iowa City, Ia., EDITOR.

SECALE IN POST PARTUM HÆMORRHAGE.—Prof. J. C. Wood, in the last number of the *ADVANCE* has a defense (sadly needed), of his much criticised utterance on post partum hæmorrhage, and asks some questions that should be answered. He also quite unnecessarily, it would seem, revives some old “processes” in Michigan University; unnecessary because every story has two sides, and these are no exceptions to the rule. At the same time both sides of these controversies have long ago been told, and probably nothing could be said to-day that would change the opinions long ago formed by the adherents of either party. Presuming that Dr. Wood has “blushed” himself out of his stock in blushes, on the occasion of the disgraceful affair alluded to, I will generously refrain from any attempt to call on him for an acknowledgement of such bankruptcy, but must say that he *should* blush, just this once more, and not for my misdeeds, implied or expressed. Once in my life, and only once, I gave Morphia in a case of recurrent carcinoma, but,—the doctor will do me the justice to recall—with an avowed penitence afterwards, publicly expressed. Almost daily I use anæsthesia, but for an object not in any sense analogous to his use of Secale. If I knew of a better and safer agent, I would not use chloroform; but I do not. Still, all this is not to the point. Neither is *tu quoque*, or recrimination, argument. I must first ask the doctor what would *seem* to be a pertinent question, before attempting to answer his query, viz: “Did you ever use Belledonna, Ipecac., or Phosphorus, for puerperal hæmorrhage? If so, did you fail? If you have *not*, are you authorized to speak with authority on the subject?” These preliminaries disposed of, I can now answer the doctor’s query by simply stating my position on the Secale question, premising that the conviction has been reached experimentally. Can he say as much on the other side?

A remedy given in a toxical dose, will produce certain conditions that later give place to purely reactionary ones. Now this is a truism; we are all familiar with hundreds of examples. What is the primary action of *Secale*? Tonic contraction of involuntary muscles. What the secondary? Why, parietic relaxation of the same. In his large experience of say ten years, has the doctor never seen uterine sub-involution in *secale* cases? Has he never read of cataract, asthenopia, cardiac abnormalities, uterine dislocations, varix or aneurism, as remote sequelæ to ergotism? If he has not, it is either because he has little experience, or defective appreciation. Certainly all cases treated with ergot do not give such a later history, at least in a marked degree, but *even* a "regular" and "rationalist" has more than once called attention to such possibilities. The action of ergot is not, as is well known, expended on the uterine fibres; all involuntary fibres in the organism are more or less affected. The tonic almost tetanic spasm is surely followed by a corresponding relaxation, and the later effects or consequences are proportionate to the size of the dose, the energy of its action, the vital resistance of the patient, or the subsequent treatment of the case. This is the sum and substance of my objection to ergot, for the purposes indicated by Dr. Wood, and none can successfully argue that they are not sufficient to forbid such employment, if other agencies can be found not possessing such objectionable properties. Now *here* is the point. I use chloroform *because* neither myself nor others know of anything better and safer to take its place. Dr. Wood uses ergot when hosts of others, older, more experienced men at that, have told him of a better way. There is a slight difference here, is there not doctor? I presume the doctor has heard of China, Elaps, Carbo veg., and so on for epistaxis, probably has used one or all of them. Why on earth did he use such "unscientific" methods in a hæmorrhage? In a *hæmorrhage*, my dear sir! a condition analogous to that from a "severed axillary artery"! Now, my dear sir, I have no quarrel with a private practitioner's views; I may regret his short-comings, but cannot presume to school

him. But a public teacher of homoeopathic medicine cannot hope to go unrebuked, when he teaches and publishes doctrines that are directly opposed to the teachings and practice of his medical faith. I am often called upon to "blush" for professional errors of all kinds, sins of omission and commission; not for the occurrences more than hinted at by the doctor—for the narrative is tinged by his bias so that I do not recognize the "totality" of the case. But I do most sincerely acknowledge that my work in Michigan University was a lamentable failure in one particular, and for this I "blush,"—namely, that it bore such poor fruit in the case of the doctor himself. The fruit is all right, and very good up to the point of scientific therapeutics, and there—well, I beg *his* pardon, and that of the profession. I did my best, but either the soil was not suitable, or he fell under antidotal or "incompatible" influences outside of his college-faith; I think that is the secret of the whole matter.

P. S.—By the way, does Dr. Wood treat "severed" axillary arteries, and other "analogous" accidents, with Ergot? If not, *why* not? Or, if analogy is the criterion, why not ligature open uterine sinuses?

ANNALS OF SURGERY.—Our readers are doubtless aware of the fact that there is a journal with the above name, many, it is hoped, have a more intimate acquaintance with it. It is not often that it is thought necessary to refer to cotemporaries so particularly, but the admirable manner in which this journal is edited, the variety and worth of its contributions, to say nothing of the standing and character of its corps of contributors, certainly combine to make it one of the most valuable and unique publications of the day. Messrs. J. H. Chambers & Co., of St. Louis, Mo., the enterprising publishers, have a right to claim and should receive the hearty support of all who are in any sense interested in surgery, and this should be a very large number. We have been indebted to it for so much of the very first importance that it seems a duty to direct the attention of our colleagues to it in this somewhat pointed manner.

CARCINOMA.—From time immemorial wonderful stories are told of the “marvelous” results in the treatment of carcinoma by various common “yarbs.” One of those oftener heard of is sheep-sorrel, and it certainly would seem that it has a relationship to some forms of the malady. The last story comes from the *Cincinnati Gazette*, but is not told in a way to give it any value to surgical practitioners. Reference to it is made here for the purpose of securing, if possible, some clinical experience, as there must be quite a number of physicians who have some knowledge of its use.

PATELLAR FRACTURES.—The difficulties attending the treatment of fractures of the patella are well known to be considerable, in fact, failure is expected, as a rule, as far as perfect repair is concerned. Dr. Wm. Macewen, of Glasgow, (*Annals of Surgery*, March, 1887) has written a most elaborate paper on the subject, in which he denies any difficulty in approximating the fragments, or insufficiency in blood supply, showing that the chief difficulty is the interposition of fragments of the torn capsule between the fractured surfaces. Without cuts it is almost impossible to give the conditions understandingly; briefly they are as follows: When a fracture of the patella occurs from muscular contraction, the common cause, the capsule and pre-patellar structures are stretched, after the bone gives way, of course, and when they finally yield, being elastic, one end, usually the proximal, is much longer than the other, and falls down between the fragments of the bone, like a curtain. This necessarily interferes with union. When the fracture is direct, the capsule and other tissues are divided on the line of the fracture, as a rule, and thus repair is speedy and good. A number of cases are given, by way of illustration, and the treatment laid down. Thus in fractures from direct violence, the “classical” methods of treatment are to be pursued, less force being needed to preserve co-aptation than is popularly believed. When muscular contraction is the cause the part is opened by an incision, and the torn tissue removed from between the

fragments of bone, or excised as may be thought best. The results obtained in all the cases reported was most satisfactory. The same considerations obtained in fractures of the olecranon.

MIGRATION OF LEUCOCYTES.—Dr. Wm. A. Haman, of Reading, Pa., has an exceedingly readable article, on the above subject, in the February *Hahnemannian*, in which the teachings of Cohnheim, Morris, and Burdon-Sanderson are objected to on the ground that he has failed to corroborate them in his own experiments. He thinks that these observers have mistaken "free peritoneal and vascular cells fixed to the membrane by their viscosity and dessication prior to inflammatory effusion." The doctor has evidently given the subject careful and intelligent study, and his opinions, based as they are on positive experiment, are certainly entitled to consideration. Nevertheless they are so revolutionary in character, that we may be pardoned if we ask time and a second, third, or even fourth series of experiments before we accept them. It may be premised that nothing is so frequently misinterpreted as the revelations of the microscope; the field of observation is so exceedingly minute, and the sources of error so numerous, that masters in the art are careful to avoid dogmatism. We all know, from our experience with "test objects," that quality of glasses, light, focussing, eye-pieces, and many details of mere manipulation, have very much to do with results obtained. Stricker thinks he sees a rapid return to embryonic conditions in connective tissue cells, where Cohnheim and others assert migration of a blood-cell. Woodward, in a series of micro-photographs on the "Histology of the Blood-vessels," shows us a leucocyte "free" in the tissues. All observers, since Cohnheim, have thought their results have harmonized with his, excepting that the cells have sometimes been given a different origin; that is, a migratory cell has been described over and over again. I myself have been so fortunate as to see the same phenomena. Now may it not be the case, that the conditions under which Dr. Haman has conducted his

experiments, have not been favorable to the results obtained by others, and thus he has been led to erroneous conclusions? For instance, merely an increase of vascular tension will not give escape of the leucocyte, for the change of position is secured by the leucocyte itself. A simple hyperæmia is not in any sense an inflammation. I assume, to digress for a moment; that the leucocyte does escape from the vessel, first, because I am confident I have *seen* it, and, secondly, because the pathognomonic sign of inflammation is the appearance of leucocytes in the exudate. Now, to return, while in the current of the blood, as far as my observation goes, the leucocyte does not exhibit any amoeboid properties; it is carried along in the stream of the blood and manifests no inherent vitality. But take it out of the blood, under favorable conditions, and these amoeboid characters appear. They also appear if inflammation is set up, making a distinction between this state and one of simple hyperæmia. Until more time is afforded for a series of experiments, I am of the opinion that the doctrine of migration must stand. This is an age of progress, it is true, but progress must not become iconoclastic. The doctor is to be complimented upon his treatment of the subject thus far, and yet his paper reads somewhat as though he were an enthusiast (not a bad thing in itself), and enthusiasts in microscopy are continually moving on dangerous ground. The doctor will therefore pardon the criticism that refuses to accept his novel doctrine, particularly when the doctrine modestly calls upon one to discredit the evidences of his senses, and on what may, without offense, be considered insufficient testimony. Before dropping the subject, however, a word should be said with reference to a possible explanation for the phenomena the doctor does find. He thinks that the appearance of lymphoid corpuscles on the mesentery of the animal under his observation were not derived from the blood, at least in the sense that the wandering leucocyte is supposed to be. The testimony in support of this theory is not at all convincing. It must be remembered, that the "chemico-pathological process" we call inflammation first appears to

radically change the ordinary characteristics of the white body, not only within the vessels, but also after it leaves them. When such a cell becomes migratory, it seems to excite in formed cells (connective tissue), with which it comes into contact, renewed activity, and they undergo fissure, segmentation, and the like, precisely as in original germinal matter. Furthermore, this renewed vitality does not stop here, but other cells, by contact with these rejuvenated ones, take on similar activity, and so we have another characteristic of this process of inflammation, viz., pseudo-growth. The cells the doctor refers to may very properly be considered revived (if the term is allowed) cells, and not pressed into service in other characters. The fact that they are on the surface of the mesentery, at all events, is certainly insufficient ground for denying their connection with the blood in the sense followers of Cohnheim assume. But, let us "wait for further developments."

CONIUM.—Cancer of the breast has been cured with this remedy, given in two doses of 1000th potency, repeated once in four weeks.—*C. Hg.*

MAGNESIA MUR. is the best remedy, given internally, for children with congenital scrotal hernia. For inguinal hernia, Nux vomica and Opium are the two best remedies.—*C. Hg.*

TRICHINOSIS.—Fiedler observed, that intestinal trichinæ and embryos shrink to unrecognizable masses under the influence of even 2 to 3 times diluted Glycerine. Clysmata of Glycerine ought to be given at the same time, and the whole preceded by a laxant. Merkel gave to a man, who the day before ate a piece of sausage containing trichinæ, 300 grammes Infusion Sennæ comp., and followed this the next day by fifteen spoonfuls Glycerine, and again 150 grammes; all of which only produced thirst and some dryness in the throat. This man remained well, while other persons, who ate from the same pork, became dangerously sick.—*D. Archiv f. Klin. Med., 36, 1886.*

OBSTETRICS.**AFTER PAINS.**

G. H. PATCHEN, M. D., New York City.

After pains may be defined, as the pains that accompany contractions of the womb that are continued after the foetus and membranes are expelled. Although usually not very severe they sometimes form a very distressing complication of the trials of the lying-in chamber, and I have known them to be more dreaded by the pregnant woman than the actual pains of labor. They should be regarded as of pathological origin, or if you please, a pathological condition accompanying a physiological process. The physiological process is the contractions of the uterus in its efforts to return to its normal size and condition after the enlargement and other changes due to pregnancy, and there is no physiological reason why this process of involution should be a painful one. All physiological processes are painless. The powerful action of the heart in lifting and distributing the current of the blood with its many pounds of pressure, continues night and day without causing, even for a moment, a thought of its presence.

The varied processes of digestion by which our food is churned and dissolved into a suitable form and consistency to enter the current of the circulation, is carried on without causing a single instant of pain or discomfort, and even the laborious act of defecation is completed without annoyance or fatigue. The process of labor and its subsequent phenomena should form no exception to this universal rule.

We must seek, then, the cause of this painful condition in some abnormal state of the uterus and its appendages or surrounding organs. In fact, when we consider the intimate sympathetic nervous relations of the uterus with nearly every other prominent organ of the body, I am not sure that we will not be obliged to agree with Dr. Guernsey, who considers the cause to be "any abnormal condition of the vital force."

The fact that after-pains scarcely, if ever, follow first labors, but occur with more or less severity after each succeeding one is significant when we endeavor to trace their course and, in my opinion, throws a great deal of light upon the subject.

In primipara the muscular fibres of the womb and abdomen are in a condition to more readily contract, being put upon the stretch for the first time, and the whole muscular system is free from the feebleness and relaxation which subsequent labors induce. The uterus during the process of involution, after each confinement, never returns to its original size or entirely regains the firmness of its muscular fibre, and the abdominal muscles are affected in a similar way, as the pendulous abdomens of most multiparæ testify. It is the experience of many physicians that the stronger the woman is, muscularly, the less liable she will be to suffer from this cause.

But while laxity and weakness of the muscular fibre of the uterus and abdomen is the chief cause of the suffering under discussion, and is especially the cause of disparity of suffering between the primipara and multipara, there are others that require to be briefly considered; a narrow pelvis or any other condition that renders a labor tedious and exhausts the general vitality and weakens the supply of nervous energy to the uterus, may be a cause. Tight bandaging either before or after delivery, presence of clots, local congestions, injuries to the cervix, previous displacements, the rheumatic or neuralgic dyscrasiæ, and sometimes the shock to the uterus occasioned by mental excitement of various kinds. All these and others perhaps must be considered as causes. The prevention of after-pains requires a knowledge of all the resources to be derived from all the departments of medical science.

Hygiene will probably furnish the most. From the fact that a perfectly healthy woman will have a normal labor, and that a normal labor will entail no painful sequelæ, it follows that any measure that will place the pregnant woman in the best possible condition of health will act as a preventive.

Proper food, fresh air and sunlight, suitable methods of dress, such as shall cause no compression upon any part of the body so as to obstruct the free passage of the blood to any part of the system, and sufficient exercise to give tone and strength to the muscles are necessary and should not be neglected.

Of all these, I think exercise is the most important and best calculated to accomplish the object we have in view, yet it is the very thing that the patient is most apt to neglect.

From a false modesty, she is inclined, especially in the latter months of pregnancy, to retire from the street, the walk and the drive, to her own apartments, and there too often in quiet indolence await her day of trial; whereas every day spent in this manner, only adds to the suffering she is sure to endure at the appointed time. There is nothing that will develop and harden muscle equal to exercise, (the more active the better) in the open air and sunlight.

Muscles with weak relaxed fibre, contract slowly, unequally and spasmodically, therefore painfully. When there is firm and even abdominal contraction over a womb equally firm and evenly contracted, no pain will be experienced, no matter how firm and rigid the contraction may be.

The duties of ordinary household work are best calculated to promote the physical interests of the pregnant woman, as they require the exercise especially of the muscles of the abdomen and back that are so necessary to give them strength. In cases where this plan for any reason is objectionable, suitable gymnastic exercises should be substituted. Dr. J. D. Craig, of Chicago, favors the use of the health-lift by all pregnant women who lack muscular strength, and reports excellent results from its use. When we have the patient in charge from the beginning of pregnancy, the practical measures already referred to will accomplish much. In addition we can make use of the appropriate constitutional remedies that will be of great benefit in removing dyscrasiæ, and other pathological conditions.

It happens often that we are called too late to make use of either of these methods. But, however late we may be called, there is still much we can do to afford relief.

Dewees offers the following rules for the prevention of after pains:

1st. Do not rupture the membrane before the neck is completely dilated.

2nd. After the head is born make no traction but allow the uterus to expel the shoulders and trunk.

3rd. Do not extract the placenta until the womb is thoroughly contracted.

4th. After the placenta is delivered, excite the womb so as to oblige the muscular fibres to contract as much as possible.

Leishman says: "Nothing does so much to prevent their being severe as pressure outside upon the womb during the expulsion of the child and placenta, thereby producing firm contraction."

Efforts to deliver the placenta should be such as will tend to produce firm contraction, which will expel it without leaving a clot. When much traction is made upon the cord the placental vessels are no doubt frequently torn, thus assisting in the formation of clots.

The method advised by Credè is undoubtedly the best.

In all cases as far as possible seek to remove the cause. If these are blood clots within the uterine cavity, causing irritation and irregular uterine contraction, remove them by the hand, or by placing the patient over the vessel, or by injections of hot water. Relieve obstructed bowels or distended bladder if necessary, and see that a proper position of the womb is maintained by the best postural treatment of the patient. When all mechanical impediments are removed select the appropriate remedy according to the totality of the symptoms and you will very seldom be disappointed with the result.

A great number of remedies will be required in different cases. The most frequently indicated are perhaps *Caulophyllum*, *Xanthoxylum*, *Belladonna*, *Chamomilla*, *Gelsemium* and *Nux vomica*. In selecting a remedy you will

often find that the remedy or remedies most suitable to the peculiar pains experienced during labor are the best. Guernsey says: "In selecting a remedy, her mental symptoms should take a higher indicative rank than her pains. Succeeding next in importance is the character of the lochia; next the kind of pain or their peculiar sensations; next the modalities and so on. All combining to make a perfect picture or manifestation of the abnormal condition or state of the vital force."

In desperate cases if our best efforts, to find the similar remedy fail, I should not hesitate to resort to such palliation as chloroform and its kind afford. But with earnest endeavor these occasions will occur exceedingly seldom.

Guernsey says: "When I comply exactly with the law of cure as taught by Hahnemann, I never fail of curing or relieving the sick. This is my reason for adopting this course in the treatment of what are called after-pains as well as of all other kinds of sickness."

MULTIPLE BIRTHS.—Dr. R. O. Chambers, of Bentonville, Ark., sends the following: "An extraordinary case of multiple births occurred in this county a few days ago. A Mrs. Freeman was delivered of five children at one birth, all doing well at last accounts. Nearly three years ago this same woman was delivered of four children at one birth, only two of them being now alive. Tell Dr. Ellis not to be uneasy about the 'falling away of the Puritan stock' in Arkansas. Boston rules do not obtain here."

CALADIUM is similar to *Lycopodium*; patient wants to lie down always; amelioration from sweat (opposite to *Mercury*); amelioration after short sleep (opposite to *Lachesis*). Perspiration attracts the flies. The genitals relaxed, and perspire. Patient afraid to go to sleep, and don't know why. Itching of vulva, with burning.—*H. N. Martin.*

ABUM TRIPHYLLUM.—Child has headache, puts hand on back of head and cries; a raw spot appears on the lip, corners of mouth, or on nose, emitting one drop of blood. The urine is scanty. This raw spot may occur on the hand, when the child bores and digs at it.—*C. Hg.*

CORRESPONDENCE.

OUR FOREIGN LETTER.

Editor Advance.—Writing at the present time from Cannes, it is difficult to avoid that all-absorbing topic, the recent earthquake. The great desirability of variety both in food and in subjects, occupying the thoughts, is never so strongly evident as on occasions like the present, when one idea seems incessantly present in all minds. The effect medically upon my patients is little short of deplorable: the insomnias suffered by many are alone sufficient to reduce the strongest constitutions.

On the fateful Wednesday, I was awakened at five minutes to six by sensations which made me imagine I was again at sea; the lamp by my bedside was rocking violently to and fro; jugs were rattling, bed-curtains swaying from side to side, etc. As soon as I was sufficiently awake to know where I was, I knew from former experiences of the same kind that an earthquake was "going forward," and I seized my watch to note how long the phenomena would last. The time which elapsed till the cessation of the movement was 25 seconds, but, of course, I had lost some time before I began to count. The rocking of the earth was accompanied by a rushing, crackling sound not unlike the sound of a train passing through a tunnel. There were two subsequent minor shocks.

So little impression had the occurrence created on my mind, that I had entirely forgotten the circumstance, and was at first very much astonished at the state of mind in which I found my patients. Most of them, even those who were bed-ridden, were camped out in the gardens of their villas or hotels, and in a state of the greatest agitation and alarm, calling for the administration of Ignatia. There has been, in fact, not the slightest cause for alarm here. Apparently not a stone has been loosened in the whole town; but fear is increasing, and it is impossible to reassure panic-stricken people. In the hotels, where large numbers of persons are collected without occupation, panic

was general, a single nervous person often being sufficient to infect a whole hotel-full of people. Later in the day terrible accounts began to arrive of the state of affairs in Mentone, which is only thirty miles off. These stories for some reason were, however, discredited, and it was not till the arrival of my cook from that place that I knew that the truth was, if anything, understated. The newspapers here are quite unreliable, being specially "prepared" by government officials before they are allowed to be distributed, and anything calculated to create alarm carefully erased. It is certain that this system has the very reverse effect of what is contemplated; for the people, finding by experience that the journals are unreliable, naturally trust to oral communications for information, and these are of course always much exaggerated. We were, therefore, very glad to get some information from an eye-witness. Our cook had been telegraphed for to go to Turin the week previous, to see her dying mother, and passed Tuesday night, on her return journey, at Mentone. The following morning at six she had already stepped out of bed, but had not had time to put on any other clothing than her skirt, when she felt a slight earth-shock, to which she paid no attention. Very shortly after, however, the walls began to rock violently and the rafters to crack, and great flakes of plaster to fall around her. Under these circumstances she lost no time in hurrying down into the street, and she had barely escaped from the house before it came down. One hundred and fifty houses were completely destroyed, including the villa I inhabited when I resided at Mentone some years ago. The mayor of Mentone immediately summoned a detachment of soldiers, who were drawn up around the entrance to the streets; and at the same time a proclamation was issued absolutely prohibiting any one to enter a house. The result, though at first sight lamentable, was, I suppose, salutary; for it is remarkable that no single person has lost his life. Invalids were carried out on mattresses, and were obliged to spend the following night in the open air. The scene at the railway station was terrible. So great was the pressure of the crowd, that those next the

line were precipitated upon it, and would have been crushed had not the train arriving been stopped at some little distance before entering the station. A detachment of soldiers had to be drawn up at the edge of the platform to prevent a recurrence of this episode.

At Nice a curious incident occurred showing how entirely people were occupied with the idea of escaping as speedily as possible. Madame Christine Nillson, the great cantatrice, was lodging at the house of the *receveur des contributions* (tax gatherer) when the shock occurred. She at once seized her jewel case and made her way to the station where she deposited the case on a bench while she procured her ticket. It was only after she had arrived at Paris that she recollected that she had forgotten her jewels, value 450,000 francs (£18,000 or 90,000 dollars). She at once went to the chief of police at Nice and three days after they had been left there, the jewels were found untouched, such was the pre-occupation of every body.

The *Times* very unkindly accuses *all* the English doctors at Mentone of running away—a surgeon on board a yacht which happened to be in the harbor at the time being alone available for medical assistance. Really, if the houses begin to fall down about one's ears it is difficult to see what wiser course could suggest itself but to run away, especially if all one's patients have run away to begin with. As a matter of fact there are now no visitors left in Mentone to attend, and the indigenous inhabitants are well looked after by the native doctors.

Cannes is now, if possible, in a still more flourishing condition than it was before: all the hotels are full to overflowing and it is extremely difficult to get a night's lodging. This is due to the stoppage of the departures for Italy combined with the continued arrival of visitors from England and Paris. The month of March has been ushered in by glorious weather; the almond trees and the mimoses are in full bloom, and everything looking its best under the brilliant sun. Medical men on the Riviera have been much interested in a new method of treating consumptives introduced by Dr. Bergeon of Lyons. Carbonic acid gas

is allowed to bubble through water impregnated with sulphuretted hydrogen, and is then injected into the rectum of the patient. The carbonic acid gas is thus able to absorb sulphuretted hydrogen and acts as a vehicle carrying it to the veins and lacteals of the intestines and ultimately to the lung tissue. So thoroughly does the gas permeate the lungs that the patients breath smells strongly of sulphuretted hydrogen in a very few minutes. This is all very fine and the brilliant results reported by Dr. Bergeon are no doubt quite genuine, but considering that the total amount of sulphuretted hydrogen consumed at each sitting is about equivalent to $\frac{1}{1000}$ of a grain of solid Hepar sulphuris we cannot see the advantage of the process over the homœopathic administration of Hepar sulphuris which I have seen produce such satisfactory results in lung diseases. It must likewise be admitted that the daily injection of gases per rectum is intensely distasteful to English patients whatever may be the feelings of French patients and if the much desired result of making the breath smell of Sulphuretted hydrogen can be obtained by the simple method of administering Hepar sulphuris by the mouth so much the better. Hepar is of course sulphide of lime, but in the blood it is decomposed. I have succeeded in making the breath smell of sulphuretted hydrogen by giving very minute quantities of Hepar. The reason, of course, why our allopathic confrères prepare all the cumbrous details and indelicacies of rectal administration is that the fact of the very minute dose *really administered is in this way disguised*. It is popularly reported that one of the hotel proprietors assured a visitor who had announced her intention of leaving in consequence of the earthquake that "it should not occur again." If such a thing was really said it is probable that the proprietor was guiltless of anything but a grammatical error. Even Scotchmen and Irishmen, to say nothing of foreigners frequently say should instead of would.

A. E. DRYSDALE, M. D.

MATERIA MEDICA.

PROVINGS OF LAC CANINUM.*

H. W. TAYLOR, M. D., Terre Haute, Ind.

In the *MEDICAL ADVANCE*, December, 1878, Dr. Taylor gave a few of the symptoms. The following record is from the more detailed account sent by Dr. Taylor to Dr. Swan.

First Proving.—H. W. Taylor, M. D., proved the 200th (Swan); repetition of doses not stated.

Passage of particles of food into opening of posterior nares, lodging and remaining for hours, apparently just above free border of soft palate: uvula elongated and smartly curved, with the convexity towards left side; the muscular tissue of left half of velum pendulum palati was in a paretic state; at meals my mind was fixed upon my throat, and I watched for the crumbs of food that, despite all my care, would go up instead of down.

Second Proving.—Mrs. E. P. Taylor, aged 41, brunette, above average height, full figure, strong, weight 140 pounds, health excellent; nursing a baby six months old.

August 21st, 1878. Took six doses of 200th (Swan).

September 1st. Ditto.

September 2d. About twelve doses. First symptoms appeared next night. All symptoms subsided by about September 8th. In previous winter had malignant diphtheria, with the same symptoms except the hypogastric pains and palmar itching.

September 2d (third day). Began to be very restless at night, even in sleep; restlessness most marked when attempting to sleep; could not sleep till late at night; rolled and tossed about all night; could not sleep at all on account of uncontrollable feeling of restlessness; had to turn and shift about constantly; utter inability to lie half a minute in one position. The nightly restlessness lasted till the eighth day. Palms and soles burning hot. Sighing frequently. Very sharp, constant, distressing pain in bladder,

* Compiled for *THE ADVANCE* by E. W. Berridge, M. D.

with frequent uncontrollable urging and tenesmus; emptying bladder does not help, though it seems as if it would. This pain lasted fifteen hours, gradually diminishing as it passed away. Throat feels dry, husky, as if scalded by hot fluid.

September 3d (fourth day). Great dryness of tonsils during the night, preceded during the day by large collections of mucus in throat. Dryness and hurting of throat peculiar; felt like she did when she had diphtheria last winter.

September 4th (fifth day). Palms grew hotter, and finally itched so frightfully that she could do nothing but sit and grind them together; under their thick cuticle were numerous dark-red maculæ, as if an exanthem were about developing, and were only held in check by the horny epithelium. Palms are abnormally hot to touch. Yesterday her voice was perceptibly roughened, as if about to become hoarse. Dark-red angry streaks of capillaries flashing upwards along faces of anterior pillars of fauces; the whole pharynx and fauces grew dark-red and tumid; right pillar covered with a dark-red eruption; left tonsil has a small amount of swelling, and just above it, on the soft palate near the outer third of the arch, is a small round yellowish spot, about a line in diameter, looking like the beginning of a diphtheritic patch. Great dryness of throat, with secretions of thick, viscid saliva in throat, so tough and tenacious that it must be wiped away with a handkerchief, since it cannot be expectorated.

September 5th (sixth day). Spot on left pillar of fauces larger, showing clearly that it is a true degeneration of epithelium, and identical with the pathological process in diphtheria. She feels precisely as she did when she had diphtheria last winter. Left nostril becomes first dry, and afterwards discharges a thin, ichorous fluid, excoriating the nostril.

September 6th (seventh day). All symptoms gradually subsiding.

September 7th (eighth day). No symptoms, except the burning of palms, the nightly restlessness, and soreness of

throat. Patch has disappeared, leaving reddened surface denuded of epithelium.

Third Proving.—September 4th. The baby, a fat little boy, white as snow, with black eyes and hair, has been extremely restless at night, rolling and tossing about momentarily, sighing deeply. Supposed to be cutting teeth, but have not seen him so restless before, even when having fever from his teeth.

Fourth Proving.—Grace Taylor, aged 7; fair, tall, slender, bony. Had membranous diphtheritic croup when a year old, leaving to this day enlarged tonsils and cervical glands. Had diphtheria last winter.

Took fifteen to twenty doses of 200th (Swan), September 2d, 1878. Symptoms commenced September 3d, ceasing by September 7th.

September 3d (second day). In morning complained of smarting and burning in throat, and refused to take any more medicine. Through the day made many and loud complaints about throat. At night very restless, tossing about, moaning, groaning during sleep. Woke frequently in night to urinate, and complained of great vesical tenesmus, with sharp steady pain that made her weep and complain almost all night.

September 4th (third day). Burning in throat; pharyngeal inflammation, and rapid development on posterior surface of left tonsil of a large, thick, yellowish patch, precisely similar in every particular to the appearance presented in her attack of malignant diphtheria last winter, as detailed in the *Observer*. [Acute pharyngitis, face flushed, and full bounding pulse. Burning, smarting pain in throat, with a ropy, slimy, greenish-yellow offensive discharge, and later a pearly white membrane covering the entire pharyngeal cavity.—*Observer*, June, 1878.] Pulse rose to 100°, with slight rise of temperature. Tongue coated whitish-gray, having an underlying bluish look. At night was restless, with hot hands and feet, but slept better than on previous night.

September 5th (fourth day). Symptoms same, but less severe, gradually passing away till two days afterwards,

when all had disappeared, without any reappearance two months later. Since then she has improved remarkably in flesh, and promises to have her bones fairly enshrined with fat. She had never shown any tendency to fatness previous to the proving.

I am compelled to swallow my skepticism as to high potencies, and accept *Lac caninum* 200 as a disease-producing drug. [In the March issue this sentence was erroneously credited to Dr. Morgan.—Ed.]

SARSAPARILLA: TWO NEW SYMPTOMS.

E. W. BERRIDGE, M. D., London, England.

In the *American Observer*, 1875, Vol. XII, p. 305, I published a proving on myself, made with repeated doses of Sarsaparilla 1600 (Jenichen). Among its symptoms were the following:

(a) When sitting on the seat, after stool, had a desire to urinate, but could not; afterwards, when standing, could urinate freely.

(b) Testicles and spermatic cords ache, and are tender to touch; the cords are much swollen, with a dragging-downwards feeling in them.

(c) Subsequently, I gave to a lady, about 40 years old, one dose of Sarsaparilla cm. (Fincke). In seven days, having quite forgotten that she had taken it, the following symptom (which was quite new to her) occurred: The urine only dribbles away when sitting; the bladder, when in that posture, feeling bent forwards upon itself; on standing, the urine passes freely. This lasted three or four days.

Swelling of spermatic cords, is found under Arnica, Berberis, Cinchona, Kali, Phosphorus, Phosphoric acid, Pulsatilla, Sarsaparilla, and Spongia.

Urine only passed when sitting, belongs to Causticum and Zinc.

Urine only passed when standing, is under Alumina and Sarsaparilla.

Urine only passed when on all-fours, belongs to Pareira.
Clinical Confirmations.—(1) Mr. —, has noticed, for

nine months, a swelling of spermatic cords; when swollen, they ache, and are painful to touch. He has noticed this four times in the last three weeks. These symptoms occur when sexually excited by being in the company of women. I prescribed one dose of Sarsaparilla cm. (Fincke). In five days the cords were well, and the same circumstances no longer affected them. This symptom I have verified in another case.

(2) Mr. A. C—, suffering from chronic gleet, complained of the following symptoms: For some time inability to urinate when sitting; for a shorter period the testes had hung down, were heavy, and the spermatic cords swollen. I gave him one dose of Sarsaparilla cm. (Fincke), which removed all these symptoms; those of the sexual organs, which were the most recent, disappearing first, according to Hahnemann's law. ("Chronic Diseases," Vol. I, pp. 171-2.) The gleet itself required further treatment.

(3) Mrs. M—, August 24th. For seven weeks had suffered from difficult urination when sitting; better when standing, leaning forward; worse for the last ten days. I gave one dose of Sarsaparilla cm. (Fincke), which cured her at once. About the middle of October it returned slightly, for one day; passed off without medicine, and, when last heard of (second week in November), there had been no return.

It has been asserted that Sarsaparilla is one of those medicines which *must* be given in large doses. The above cases prove the error of this statement. Sarsaparilla, like all other medicines, will cure in a high potency, *provided* it is a simillimum to the symptoms of the individual patient.

LAC CANINUM: A CASE.

J. A. WAKEMAN, M. D., Centralia, Ill.

Reading Dr. Haggart's article, on this substance, in the *ADVANCE*, called to mind one most alarming case of diphtheria when all remedies used exercised only a *palliative* influence, not being the *truly homœopathic simillimum*. As quickly as possible, I procured and gave Lac caninum

200th, which cleared the exudation all off, leaving a deep excavation. In twelve hours I had no further trouble with the case. Characteristic indication: "Ulcers shine like silver gloss." Had been a *Lac caninum* case all through, going from *side to side*, but croupy symptoms not well marked. Paralytic symptoms strongly marked. As soon as he *went to sleep* would *stop breathing*, and only kept him alive by keeping him awake; apparently respiration was kept up by voluntary effort. This condition lasted twenty-four hours.

HALLUCINATION: STRAMONIUM.

FRANK KRAFT, M. D., Ann Arbor, Mich.

In the fall of 1885 I received a letter from Kansas to the effect, briefly, that the writer—an unmarried lady of about 23—was troubled with a singular hallucination, viz., that upon retiring to bed at night, as soon as the light was extinguished, and before she had been asleep, a cat seemed to jump on her bed and stealthily creep towards her face. When this occurred for the first few nights, she was very much frightened and called for help, only to find, when lights were brought, that nothing was there. Not desirous of seeming "flighty," she tried to reason herself out of the notion of "cats"; but at times the hallucination was so real that in spite of her best endeavors she would wait for the gradual approach of the "cat" to her face when she would strike at the intruder, only to find, what she knew to be a fact, that there was no "cat" there. The lady was in apparent good health, performing the usual routine duties of the house, and not seemingly troubled with ailments other than those common to a healthy woman. This was all the information I had to work upon. After considerable study and looking over old notes, I found in *Stramonium*—a lecture and "talk" given me by good friend and preceptor, Dr. B. H. Wilcox, of St. Louis, this line: "Whenever he is left alone in the dark he imagines that cats and dogs are jumping at him from all directions." This was the nearest

I could get to the actual symptoms with the means then at hand. I sent the lady a few doses of Stramonium. I learned in a subsequent visit to Kansas that the "cats" vanished almost immediately upon taking the first dose, and had not returned. In questioning her further I learned *then* that she had had other unmistakable symptoms for Stramonium which had also disappeared with the feline visitant. Query: Did I have the "three-legged stool" for this prescription; was I prescribing on the "key-note" system; or was it a mere "co-incidence" or how?

SALICYLIC ACID: A PROVING.

C. L. REINKE, Lititz, Pa.

The following proving was made with the 10th centesimal attenuation, in six successive drop doses, and the symptoms noted were observed during a period of about 10 days. I prepared the remedy myself over a year ago.

Previous to testing the remedy my general health had been good, although I have suffered slightly from bleeding hemorrhoids. Hair and skin dark, and as long as I can remember have been very poor in flesh. During the past seven years have not been so long confined to the house or so disabled from duty as has been the case on account of this proving.

Mind.—Rather despondent; disposed to regard things in a gloomy light, even during the intervals between the acute symptoms.

Head.—On the third day, after rising, a drawing pain in the forehead and above it, deep within.

Pain in the left side of the head, above the left ear, extending forward to the temple, as if bruised; aggravated by pressure.

Heat on the left side of the face.

Heat in the face is principally in the right cheek.

Throbbing on the top of the head. The head feels heavy and dizzy.

Application of even the cold hands seems to aggravate the heat.

Headache as from congestion; fullness of blood to the head.

Bruised feeling at a spot behind the right ear, painful to the touch.

Pain in the left side of the head, extending to the vertex.

Drawing, pressing pains over the whole top of the head (fifth day), nervous headache, the head being cool, followed by nausea and vomiting of bile, which gives partial relief. (The deafness increases during this paroxysm).

Soreness in the region of the left temple (sixth day).

Eighth day: Boring pain deep into the right eye-brow; shifting pains in the head; at the base of the brain on the left side; in the left cheek bone; in the left jaw bone; with dizziness, chilliness and increased action of the heart.

Drawing in the muscles of the face. (N. B.—The prover has only artificial teeth, but has had no pain in jaws since removal of teeth several years ago).

Rheumatic pains and stiffness at the articulation, in the left lower jaw, lasting several days.

The glands under the left lower jaw are painful to the touch.

Eyes.—Slight inflammation of the left eye.

Ears and Hearing.—Dullness of hearing in both ears for a time; then only in the left; with stoppage of the latter, partly relieved by smelling camphor.

The left ear looks as if chapped by frost, although the weather is not cold.

Feeling as if something were passing from the left ear into the throat, with an aching sensation in the latter.

Inflammation of the left ear, followed for days by a discharge of mucus, not offensive, but much like coryza, with a sound at times as of the rustling of paper, and with a throbbing or pulsation in the ear, keeping time with an irregular pulse, and accompanied by a sounding as of escaping steam.

Blowing the nose violently causes a crashing sound in the inflamed ear.

The ear feels and looks as if it had been frozen.

The discharge from the left ear becomes thicker (tenth day), and is accompanied by itching inwardly.

Disposition constantly to remove the mucus by boring, which gives relief.

After having finished the proving the left ear seemed as if effected with erysipelas, and it is still somewhat stopped up and deaf, with the peculiarity that while musical notes of a low tone sound correctly in the well (right) ear, the higher notes sound flat in the left. When I whistled a tune this was particularly manifest.

At night, when lying down, the ear seemed worse and discharged more; there is little or no discharge now (April 9, 1887) in the day time, and it is getting well. *Pulsatilla* 2000 and *Carbo an.* 2000 have especially given relief. *Belladonna* relieved the erysipelatous redness and swelling.

Nose.—Feeling as if it were broken (8th day).

Mouth.—Burning on the tongue; it feels as if excoriated. Successive sharp stitches in the throat, on the left side.

Gastric Symptoms, Stomach and Bowels.—Loss of appetite.

Bread does not taste good; no relish for sweets; acids seem too strong; craving for wine and for salt. Digestion not particularly disturbed otherwise.

Constipation; stool only every two or three days; chiefly composed of small, knotty fæces.

After stool, burning in the rectum and anus.

Old hemorrhoidal troubles that had not been felt for some years again manifest themselves.

Urinary Organs.—Retarded, and scanty flow of urine, which is somewhat turbid. When discharged it scatters.

Chest and Lungs.—Pressure on the chest, first on one side, then on the other.

Oppressed breathing; disposition to draw a long breath.

Violent beating of the heart.

Irregular heart-beat (first day).

Rheumatic pain in lower intercostal muscles of the right side.

Back.—On the sixth day stiffness in the small of the back, on the right side, extending to the thigh.

Bruised feeling at the base of the spine, on the left side.

Extremities.—Within a quarter of an hour after the first dose, rheumatic drawing in the left hip-joint and also in the left shoulder.

About an hour later similar pains in the right thigh and in the left arm, extending into the palm of the hand.

Bruised feeling in the muscles of the left arm; drawing pain in the left arm and leg.

Sleep.—Disturbed sleep at night, with vivid, fantastic dreams.

Lascivious dream, followed by another several nights after, which was accompanied by a profuse seminal discharge.

Much drowsiness for several days. On the ninth day, falling asleep in my chair after dinner (stewed oysters) have strange, wild dreams, and awaken in a fright, with a feeling of a weight on the top of the head, and nervous agitation.

Fever.—On the fifth day of the proving, general chilliness, with heat in the head, coming on in the afternoon and continuing until night. These symptoms were observed for several days following.

Skin.—The hands become rough and chapped, although not exposed to cold air, and the skin in general seems dry and scaly.

Sallowness of complexion, with sunken eyes.

General symptoms.—Feeling of inward warmth and quickening soon after taking the drug.

Tingling and a sense of nervous excitement all over.

Feeling of general debility and indisposition to exercise.

Rheumatic pains in various parts of the body; pain in the parts as if bruised; increased by pressure.

Some of the more troublesome symptoms were relieved by Camphor, Ferrum, and Veratrum album. The prover feels satisfied that Salicylic acid may prove one of the most valuable of our remedies for headaches of the type usually called nervous, and for inflammatory affections of the ear.

CHININUM SULPHURICUM.

 E. W. SAWYER, M. D., Kokomo, Ind.

Eleven years ago, I learned from my cook that her brother could not take the smallest particle of Quinine without a profuse flow of blood with his urine, sometimes within half an hour, and always unattended with pain. He was sixteen years old, and of slight build. This experiment was repeated several times when attempting to "break ague" with Quinine.

About a year later, Mrs. E—, aged about sixty years, of nervo-bilious temperament, under medium size, a farmer's wife, tough and wiry, came for treatment of bloody urine, unattended with pain or uneasiness in the urinary sphere. She had been for months under "Hygienist" treatment, with no benefit, and was becoming so weak from loss of blood that friends were alarmed, and called me in. Careful examination revealed no stone or morbid growth in the bladder. She had walked a couple of miles over slippery roads just previous to the commencement of the hæmorrhage; and surmising that she had strained herself, causing the flow of blood, I gave a few drops of *Rhus tox. cc.*, *Hamamelis 1x*, *Erigeron can. 1x*, *China 1x*, and *Ferr. mur. 2x*, in the order named, giving each a fair trial, but with no benefit. Her friends became discouraged, as did her physician. Remembering the effect of Quinine on the youth above spoken of, as a last resort I gave her nine doses of Quinine, 1-16th of a grain, three to be taken daily. Result, prompt and permanent cure.

 ARSENICUM ALBUM.

 J. A. WAKEMAN, M. D., Centralia, Ill.

Morning aggravation of all acid remedies.

Evening aggravation in all alkalies.

Acids act on the left; alkalies on the right side.

Electro-negatives, the left side; electro-positives, the right.

Pains and anguish driving him out of bed at night; pains relieved by motion and by warmth. Petechial spots cover the whole surface of the body and limbs, in some cases of typhoid fevers.

Moral Symptoms—Gloomy, melancholy mood. Religious melancholy, with over-estimation of his strength while in bed; rises and falls. See this often in protracted cases of fevers.

Anasarca, succeeding scarlet fever, one of our best remedies. *Helleborus niger* often follows well.

Coldness and blueness of the skin; also in chlorosis, and the peculiar cachectic condition that we often see after protracted cases of intermittent fever, where the countenance has a puffed and transparent appearance.

Crusty, spreading and burning ulcers, sometimes seen on the head, face and neck of young children. Hartmann, in his "Chronic Diseases," describes a peculiar disease under the head of *crusta serpigiosa*, always located on the neck of young children, in the folds of the flesh of those who are fleshy, with white and tender skin, where long cracks form very deep and some cases look as though the head would crack off, accompanied by intolerable itching and a profuse discharge of yellow serum, an ounce or more in bad cases every day, and may continue for months. Arsenicum 30 or 200 has a charming effect in these cases, and, if it does not cure, makes so great an improvement that a dose or two of Sulphur high removes all remaining symptoms.

Black blisters, burning and painful.

Carbuncles and foul ulcers on the legs.

Jerking of the limbs, often of the whole body, when on the point of falling asleep.

Palpitation of the heart and hurried breathing on first lying down in bed; the 200 cures it.

Frightful dreams of thunder-storms, black waters, fire and apprehensions.

One of our best remedies in intermittent fever.

Chill from 12 noon to 3 P. M., but the nearer one o'clock the better. Chill may come between eleven and twelve

noon, but when it comes at eleven o'clock, *Natrum mur.* is usually the best remedy. Here I always give the 200 and am not often disappointed. It has a wide range of symptoms in this affection, and must be carefully studied.

Putrid scarlet fever; many cases cannot be successfully treated without it. A case where patient discharged most fetid pus from the mouth, nose and ears, with every appearance of approaching death, cured by this remedy below the 30th.

In abdominal typhus it is of great importance. The indications for its use in this disease, as given by Laurie, are so explicit, and have been so frequently verified by myself and others, that I feel justified in transcribing them:

“This is decidedly one of the most important remedies in abdominal typhus, especially in the second and third stages, sometimes restoring the patient when almost beyond the reach of hope, and renovating the vital spark. The chief indications for its employment are: extreme prostration of strength, falling of the lower jaw, open mouth, dull and glassy eyes, bitter taste, inclination to vomit, pressure and aching at the scrobiculus cordis, pain in the cœcal region, bursting headache, giddiness, violent or low muttering delirium, sopor, tympanitis, burning hot skin, thirst, parched, cracked and sometimes blackish looking tongue, and colliquative diarrhœa, pulse scarcely perceptible and intermittent.”

I also wish to transcribe from my case book the contents of a letter written by Samuel Hahnemann to E. Staph, dated Leipsic, January 24, 1814, in which he speaks of a typhoid form of fever that was then prevalent, and gives the following analysis of the symptoms and conditions which call for the use of this remedy:

1. Continual thirst in which the patient only wets his lips, but cannot drink much.
2. Has cold hands and feet.
3. Overestimates his strength, venturing to get out of bed, and then sinking down to the floor.
4. When he is continually anxious to get from one bed into another.
5. Does not know what to do with himself, on account of anxiety, mostly in the third hour of the night.
6. In which case when he closes his eyes, and otherwise, he sees

persons and events before his eyes of neither a fearful or even anxious character, but merely imaginary.

7. The patient is faint-hearted, inclines to weep, and fears death.

8. Sudden spells of suffocation befall him, particularly in the evening when lying down, with or without cough.

9. Or he struggles with frequent sickness or squeamishness.

In such cases wonders are effected by a single globule of the decillionth. You may rest assured of that.

The above analysis of the symptoms of this troublesome disease, I consider too important, to not be known by every physician who treats these cases.

This is a valuable remedy in some cases of phthisis pulmonalis and hæmoptysis, but when there are frequent hæmorrhages it is dangerous if continued too long.

Useful in small-pox, when the pustules turn dark, and fill up with blood, with burning pain and worse at night.

As characteristic; *objects look green*; no other remedy has it; and another characteristic indication for its use, is, the great prostration which follows even a *slight* discharge from the bowels, in dysentery and diarrhoea.

Puffiness of the face in the first stages of disease, and the sunken features in later stages.

Have seen the black vomit in typhoid fevers controlled by it.

Cutting pains in the urethra, two or three days after parturition, are promptly relieved by it. Useful in bronchitis, bronchial catarrh, and also in influenza, often the only remedy indicated. Cures some cases of asthma, and benefits almost all cases.

When rheumatism is translated to the heart, giving rise to alarming symptoms, it is, either before or after the use of Aconite, one of our most reliable medicines.

In diarrhoeas attended with emesis, the stools and vomiting are apt to be simultaneous, requiring two vessels, often witnessed in cholera and cholera morbus.

In cholera, it is indicated by a burning pain in the epigastric region, aggravated by eating or drinking anything; vomits after drinking, insatiable thirst for ice, or ice cold water, sunken features, suppression of urine, cold wrinkled surface, dry, or bathed with a profuse cold perspiration,

patient cold as death and complains that he is *burning up, face, ears, and breath* cold, pulseless or nearly so, and not even a tear can be shed, so perfectly are all secretions suspended.

Good in cystitis, with burning pain at the commencement of urination, discharge cloudy, blood and pus, with great fear.

Metritis with a thick, yellow, corroding discharge, irritating all surfaces it comes in contact with; restlessness, lancinating, burning pains and dragging-aching distress in the hypogastric region; redness and hardness of the uterus, where we often find in patients who have borne children, hyperplasia and sub-involution, with or without abrasions, but if abrasions are present they have a peculiar *straw-berry* appearance; the Iodide of Arsenic 3x trit. three doses per day for ten days or two weeks, has always done my patients much good, started the process of recuperation that ended in a perfect restoration of health.

Sciatica when the burning pain follows the tract of the nerve is often promptly relieved.

In Anthrax it is useful, as indeed it is in a great many skin diseases.

Punctured wounds made with blunt instruments, parts contiguous are hard, swollen and nearly black, burning pain, no suppuration, but discharge dark and sanious, with threatening gangrene, it is a blessed remedy.

A young lady fell upon the up-turned teeth of a garden rake when two or three entered between trochanter major and tuberosity of the ischium, and after five days presented all the above symptoms with foul discharge and gangrene already present. The 30th removed all alarming symptoms in one day.

COCAINE POISONING.

S. LILIENTHAL, M. D., San Francisco.

Mannheim injected hypodermically into the arm of an old nervous lady, suffering from occipital neuralgia and whooping-cough, one decigramme Cocaine mur., without

effect. Next day two decigrammes, followed after about an hour by malaise and anguish; pupils contracted; two hours later the pupils dilated and reacted to light. The carotids beat heavily, palpitation, desire to urinate, increased micturition. Mobility and sensibility normal, only a sensation of heaviness. The worst symptom was a want of breath; respiration irregular, sometimes stopping; difficulty of swallowing, dryness of throat, and agrypnia lasted for thirty hours. Two days later, patient could undertake to travel for a change of air, but she had another attack in two days, and another one in four days, till full improvement set in.—*Centralbl. f. Nervenheilth*, 15, 1886.

Allen, Vol. III, Symptoms 106 and 107: Widens the pupils and lessens the sensitiveness to light.

155: Dryness of mouth on waking; still dry (154th day).

172: Sensation of dryness in throat.

189: Difficulty of swallowing, with great swelling of uvula.

290: Frequent desire to urinate, with increased micturition.

324: Difficulty in breathing, with palpitation of the heart and a not unpleasant weariness of the whole body.

328: Incessant dyspnoea, a pressure upon the whole chest, with constant desire to take a deep breath, as if thereby something could be breathed away.

410: A kind of numbness, with a feeling of serenity and indolence.

PULSATILLA, when the woman lies with her hands on abdomen.

SULPHUR.—Dr. Martin cured two cases, in which the child dropped its head on the left shoulder every day at 4 P. M., which remained in this position until the following morning.

LAUROCERASUS.—Patient has sensation as though the heart would turn over, causing him to gasp for breath; better when lying down. Sensation as though a heavy load would drop from the pit of the stomach to the back.—*H. N. Martin, M. D.*

CLINICAL MEDICINE.

SOME HEADACHES.

D. C. McLAREN, M. D., Brantford, Ont.

CASE I. *Sepia*.—The following chronic congestive headache of several years' standing was cured promptly, after many bungling attempts, by simply analyzing the case, somewhat as follows:

Right-sided headache: Ars., Caps., Cham., Cic., Coff., Col., Nux v., Puls., Sep., Spong., Sang., Sil., Spig.

Worse stooping: Acon., Alum, Asar., Bar. c., Bell., Berb., Borax, Bry., Calc., Calc. ph., Camph., Chel., Cic., Col., Cycl., Dig., Dros., Ferr., Gels., Glon., Hell., Hep., Ign., Kali c., Kreos., Lach., Laur., Natr. s., Nux v., Petr., Phos., Plat., Puls., Rheum., *Rhus*, Sang., Senna, Seneg., *Sepia*, Sil., Spig., Staph., Sulph. ac., Thuja, Ver. alb.

Pressure, relieves: Amm. c., Apis, Bell., Bry., Cinnab., Con., Glon., Guaj., Meny., Nicc., Nux v., Par., Puls., Sep., Spig., Stann., Staph., Sulph., Ver. alb.

Fullness of head and neck: Acon., Ambr., Arn., Aur., Bell., Borax, Cann., Cham., Ferr., Iod., Kali c., Lach., Lyd., Mgn. c., Mang., Millef., Mosch., Nit. ac., Nux v., Opi., Phos., Sep., Sil., Spong., Stram., Sulph., Tab., Thuja.

Relief from lying on affected side: *Bry.*, Calc., Cham., Col., Puls., *Sep.*

Better after sleep: Ars., Calad., Colch., Nux v., *Phos.*, *Sep.*, Sang., Lac. can.

Aggravated by coition: *Agar.*, Bov., Calad., Calc., China, Kali, Natr. c., Petr., Selen., *Sep.*

It pays well to analyze a case thoroughly and cure it promptly; for, the simillimum once found, does the work a thousand times better than any number of partially similar remedies. The curative in the above case was *Sepia*, and its careless administration taught me a lesson. The first dose brought prompt relief; but, determined to make thorough work, several doses were given, in water. This was followed by a dull pain in the occiput, which lasted upwards of a week. Now I give *Sepia* in a single dose, and let it act for months.

CASE II. *Ferrum*.—During a recent cold, for which I had taken Phosphorus a day or two before, I was awakened at 4 A. M. by a severe headache in vertex, forehead and temples. Had been aware of it in my sleep from 12 P. M. onwards, I should judge; but at four o'clock it drove me out of bed. It was better sitting quietly upright, and was not aggravated by walking around; but lying down, or even reclining, was intolerable. I migrated down stairs, and after a short study of Hering's Condensed, took a dose of Ferrum, and was able to go to bed and to sleep by five o'clock, awaking at 8 A. M. entirely free from any trace of headache.

CASE III. *The Sequence*.—I have been recently much impressed by the following statement of Hering's: "*In most cases the last medicine employed, allopathically or homœopathically, forms the main indication for the next choice.*" In my former ignorance of that truth, I failed to cure many chronic cases, which I knew at the time I ought to be able to cure. For example, a case fresh from allopathic medication with Mercury, Iodine, and especially the Iodide of Potassium, would require Hepar; just as another, drugged with cathartics, should first be given Nux. This is the a, b, c of Homœopathy; but what the next step should be, is almost entirely overlooked and unappreciated. How many Homœopaths stop to think that, having given Hepar, this alone forms an indication for less than half a dozen related remedies; and in the great majority of cases a careful search and comparison of symptoms will restrict the choice to one of these. Again, having given Nux, the next choice is, in nine cases out of ten, restricted to Sulphur, the tenth being Lycopodium.

The following is one of the first chronic cases I have attempted to treat according to the foregoing rule: A lady of 35 has had severe headaches ever since seven years of age. Has them once a week, the worst one being just before the catamenia, with a pretty bad one the week after. They last the best part of two days, and, after violent bilious vomiting, she gets better. The menstrual period is generally a day or two early, too profuse, and lasts too long.

Always poor appetite, except the day before a headache, when she eats better. Generally wakes up with pain on vertex, which soon settles in right side, and feels like a boring at the back of the eye; the next headache is frequently on the left side, but the right predominates. Hard pressure relieves, and she lies on the aching side; cold aggravates. Slight relief from heat; wants to lie perfectly quiet in the dark, and cannot bear to be touched. After the severe vomiting, appetite returns, and as soon as she is able to keep food down, the headache goes off. For some years has had to take physic, in one form or another, once or twice a week, to move her bowels.

Began the treatment with *Nux vomica*, followed in a fortnight by *Sulphur*. This was followed by an aggravation; she had three severe headaches in ten days, and said she never suffered so much before. Besides this, she had a bad headache every morning, which passed off in three or four hours; but as the bowels began to move naturally, she was encouraged to continue. She also reported some annoyance from *ascarides*. Having begun the case the last week of December, about February 15th I gave a dose of *Calcareo*, and no medicine since (March 15). She improves steadily; the headaches are less frequent, a little less severe, do not last so long, and the vomiting is very much better. Also, to her surprise, she now has an easy stool almost every day, and altogether life is less of a burden to her. I hope to report a perfect cure of this case in a few months; though, to be sure, there may be nothing instructive about it, save the sequence of remedies.

SOME HARD CASES: CURED.

W. H. STOVER, M. D., Tiffin, Ohio.

CASE I.—EXOPHTHALMIC GOITRE: *Spongia*.—Mrs. Dunn, aged about 26, light hair, blue eyes, well developed physically, strong, healthy and a hard worker—a farmer's wife, had a goitre make its appearance which enlarged slowly and in the course of time affected her eyes, they being nearly double their natural size when I saw her. The

swelling impeded the circulation to such an extent that she was unable to work, and most of the time had to remain in a recumbent position. She had been in the hands of two very prominent Allopaths for a long time who treated her principally with electricity, and with *Digitalis* attempted to control the circulation. All her troubles kept growing worse under their treatment, when on July 19, 1881, I was called to take charge of the case. She was unable to be up only for a short time, had constant headache with vertigo, pulse slow, probably from the effects of the *Digitalis*. The tumor was the largest of the kind I ever saw, protruded even with the chin or nearly so, and had constant sharp prickling pains through it. Her eyes were very large, lids retracted and a staring look that was frightful, with an indescribable tired or aching feeling in globes which could only be relieved by pressing on the balls and drawing the lids down with the fingers and holding them. The pains in the eyes were of the same character as in the tumor. She received *Spongia tosta* 3x, in water. Improvement set in after the first dose and she was discharged cured in seventeen days. About one month after I had taken charge of the case I was approached by one of the aforesaid Allopaths (an old gray-headed man of forty years practice and who was the recognized authority here among them) with the remark: "Good morning Doctor! How is Mrs. Dunn?" I told him she was well. A look of astonishment stole over the doctor's face, "Ah!" he exclaimed and walked away rubbing his chin, something new evidently coming through his mind.

CASE II.—EPILEPSY: *Pulsatilla*.—Miss K. L.—, a stout lady of 35 years, had epileptic attacks for twenty years, and had been under treatment all that time. An eclectic physician succeeded in stopping them for about one year, when they returned with renewed severity, and were a perfect picture of epileptic fits, the only difference being that these fits never occurred in day time, always at night. The peculiarity of these attacks was that they were invariably preceded with pain in the dorsum of the left foot, which she described as a cramp. Just as sure as this pain in the

foot made its appearance during the day, she was certain of having a fit the following night. Menstruation was irregular, painful, flow dark-colored. Pulsatilla 6x cured; had only one fit after commencing to take it. All this occurred eighteen years ago. The lady married as soon as she was assured of the permanent cure of her complaint. See how many bright years might have been added to this lady's life had she received homœopathic treatment twenty years sooner.

CASE III.—BRONCHIAL ASTHMA: *Arsenicum*.—Plummer Shipley, a boy of 12 years, had been subject to bronchial attacks complicated with severe attacks of asthma. Had always been under allopathic treatment. During the last attack which occurred in Feb. 1883, he became so bad that there seemed to be no hope of relief. An old lady present suggested a trial of Homœopathy. The physician in attendance spoke up sharply: "No use trying that humbug, it is an utter impossibility for Homœopathy to reach a case of this kind." The suggestion fell flat; but within twenty-four hours it bore fruit, when I was sent for. The boy was extremely restless, much debilitated, had lost considerable flesh, fingers and lips blue, hands, feet and face cold, great thirst, constant tormenting cough, and it seemed he must give up; the effort to breathe was so great that his parents thought he could not live much longer. I gave him one powder of *Arsenicum* 3x dry on the tongue, and in less than five minutes he fell asleep and that was the last of that sickness, notwithstanding the prognosis of my allopathic predecessor.

CASE IV.—DIPHTHERIA FOLLOWING SCARLET FEVER: *Lac caninum*.—Eddie Burdett, six years old, had scarlet fever with the rest of the children in the family, four in number. All recovered promptly but this little boy. The attack was quite violent, fever ran high, was delirious and had to be watched constantly to keep him in bed; eruption bright red, eyes red, face very red, throat sore, skin moist. *Belladonna* kept matters under control till the eruption began to disappear, fever and delirium had passed away, and we all thought a few days more would be the end of it.

The boy was left alone for a little while by his mother who went into the kitchen to prepare dinner. The little fellow got out of bed, went into the kitchen and wanted something to eat, took cold and had a bad attack of diphtheria; throat full of phlegm and much discharge from the nose; no fever. Kali bich. 200, in water, was given. No better next day; throat completely covered with false membrane, with blackish looking spots here and there, breath very offensive. Lachesis 30th. Worse next day, but as I could see nothing better than the Lachesis I continued it for twenty-four hours longer, and the black spots disappeared; otherwise the boy was getting worse fast. On the third day after commencing the Lachesis, on examining the throat I found it filled with a substance that looked like what the Germans call "Smear Kase;" throat, tongue, roof of mouth, gums and cheeks lined completely with the substance; mouth and throat filled with loose particles. The boy coughed a lot of it into my face while making the examination. It had a horrible odor. What was to be done now I did not know. After reviewing a number of remedies in my mind it occurred to me that Lac. caninum had a curdy deposit in throat. I had never used the remedy but having received some of it a few days before, I went to my office and got it and gave the boy a powder of the sixth trit. dry on the tongue, and left orders to repeat the remedy every hour till better. When I called at noon the boy was on the high road to recovery; by night there was no more deposit in the throat.

NOTES OF INTERESTING CLINICAL CASES.

CHARLES MOHR, M. D., Philadelphia, Pa.

CASE I.—CHRONIC BRIGHT'S DISEASE.—My case-book contains notes of two interesting cases of Bright's disease in which I observed, during the uræmia prior to death, a symptom I had not before met with, nor which, so far as I know, has been recorded in any published treatise. The first case was that of a woman, aged 30 years, who died January 15, 1886. Two days previous to death the urine

was entirely suppressed, the catheter failing to remove more than a few drops from the bladder during the whole forty-eight hours. This period was attended with copious general sweats, drying soon, and leaving the cutaneous surface, from head to foot, covered with crystals of salt. The woman literally looked, after each sweat, as if she had been salted down.

The second case was that of a man, aged 34 years, who died May 16, 1886, in whom a similar phenomenon was witnessed, although the secretion of urine was not so entirely suppressed, and the sweat-solids were only deposited upon the skin of the abdomen.

CASE II.—SCIATICA: *Colocynth*.—A shoemaker had had a right-sided sciatica with lameness for eight years. Various treatments had been employed unavailingly. He finally applied for treatment at the clinics of the Hahnemann College, his position, while awaiting attention, suggesting the curative remedy. He was sitting on a chair, leaning forward, and pressing his hands firmly into the abdomen, as if to relieve pain. Investigation then revealed the fact that prior to each exacerbation of the sciatica—tenderness along the track of the nerve and lameness were constantly experienced—he would have a spell of severe colic, only relieved by the position in which I saw him. A few powders of *Colocynth* 8000 were surprisingly quick and effectual in affording relief. Three years later he came to me with a return of his neuralgia, attended by the same colic, when *Colocynth* 3x relieved him as quickly and effectually as the higher potency had done. Eight years later I treated this patient for a slight gastric disturbance, at which time he told me that he had been entirely free from colic and sciatica since I last prescribed *Colocynth* 3x.

CASE III.—SCIATICA: *Thuja*.—A young married woman, of social standing, had sciatica three years. The exacerbations became more and more severe, until she was compelled to seek her bed, to which she had been confined some weeks when I was called to see her. The painful leg, the left, was atrophied. I treated her several weeks without any effect, and was about to give up the case, as

my predecessors (two allopaths and two homœopaths) had done, in disgust, when I concluded to make one last, desperate effort to find a remedy. I investigated the case *de novo*, inquiring into every detail of her ailments since childhood, into her habits of life, etc., and finally, not without tears and blushes of shame, she admitted having contracted a gonorrhœa which had been treated and cured (?) by her then medical attendant with injections. *The first twinges of her sciatica were felt when she was pronounced cured of the venereal disease.* My course seemed clear then, and on August 3, 1883, I gave Thuja 3, with relief of pain in a few days. On August 17 the remedy was repeated and again on August 27, the result being a complete cure. I saw this patient at Atlantic City this summer in most excellent health.

CASE IV.—COCCYGODYNIA: *Fluoric Acid*.—Neuralgia of the coccygeal nerves often proves a troublesome affection, especially as I have found it in subjects of a rheumatic tendency. I merely, in this place, wish to call attention to Fluoric acid as a remedy. I have found it to cure men and women when there was excessive aching in the region of the coccyx, and moreover in cases where Rhus tox., Ruta and Silicea seemed indicated, doing some good, perhaps, but not effecting a cure.

CASE V.—CHOREA: *Veratrum Viride*.—An interesting case was that of one of our city physicians, who consulted me June 2, 1884. His case is best described in his own words: "When little past twenty-one years of age I found myself indeed a wreck, due to two years of hard labor, coupled with great mental anxiety and insufficient sleep. Immediately after this break-down I suffered from heat-stroke. Shortly after the general break-down, and aggravated after the heat-stroke, I noticed the following symptoms: great exhaustion after physical or mental effort, depression of spirits, inability to co-ordinate muscular movements, particularly of the lower extremities. If I observed persons watching me, my movements would become exceedingly awkward, and I would almost lose control of myself. Have never been troubled with seminal

emissions to any extent. Sexual organs slightly impaired, but not to an extent to occasion any inconvenience. Bowels always regular. From the time of break-down, twelve years ago, have lived a very systematic life, husbanding my vitality in every way possible, but the awkward, choreic movements were getting worse and worse, until you prescribed for me, when they seemed to yield almost magically to the treatment."

The remedy I employed in this confrère's case was *Veratrum viride* 1x, an inconsiderable number of doses being required.

TYPHOID FEVER.—I have a record of several cases treated and cured with *Belladonna*, a remedy considered by some as inadmissible in enteric fever, but which I have found extremely useful, even in grave cases, as the two I here note show.

CASE VI.—*Belladonna*.—Mrs. M——, æt. 37 years, had typhoid fever in January, 1883. Was four months pregnant at the time. For three successive nights was wildly delirious; would cry out suddenly, as if in pain, saying "my back will break," and after making expulsive efforts, would declare that her baby would soon be born. *Belladonna* 3x controlled the fever and lessened the delirium as soon as it was given. The patient made a good recovery and went to term, giving birth to a healthy female child.

CASE VII.—*Belladonna*.—Mrs. B——, æt. 26 years, who had given birth to a first child on September 30, 1885, began to sicken with enteric fever in the beginning of the following November. On November 20 the fever had reached its acme, with an evening temperature of 104° F. The case progressed as most cases of pronounced typhoids do until December 20, when the temperature registered normal in the evening for the first time. Convalescence seemed well established, the temperature varying from 96° to 98° F. in the morning and from 97.6° to 98.4° F. in the evening until December 30, when she complained of chilliness and malaise, with a morning temperature of 99° F. and an evening temperature of 99.8° F. On the succeeding two days the temperature was as follows: December

31, morning 100° F., evening 102.2° F.; January 1, morning 100.6° F., evening 103° F. Later in the evening of January 1 she cried out suddenly with pain, her face betokened great anxiety, and was beaded with sweat, and her nurse believed her dying. I was summoned, reaching the house about 1 A. M., when I found the abdomen distended, tense and resistant, respirations 46, pulse 140 and weak, symptoms certainly simulating perforation. Prescribed Belladonna 1x, which was followed in a few hours by improvement in the respiration and pulse, and although the temperature twenty hours later was 104.8° F., and the abdomen was still tense, and now quite tender to even slight touch, I continued the remedy and had the gratification of seeing the case improve day by day, re-convalescence beginning January 16, when the temperature, for the first time since the relapse, fell to the normal point. This patient, except to suffer with some deafness—the deafness during her fever, by the way, being complete—has made a good recovery. I found much difficulty, however, during her convalescence, to get her to take food, so that she was extremely emaciated for weeks, and I succeeded in nourishing her first by the use of Wells, Richardson & Co.'s lactated food, which I found applicable also to her babe, the little thing threatening to succumb to marasmus.

CASE VIII.—PERTUSSIS: *Argentum nit.*—On July 6th, 1882, I was called to see Virgilio G—, son of Dr. G—. This child had been suffering with pertussis for five weeks. Nothing of an alarming character was observed by Dr. G. about the sickness of the little fellow until the night of June 28th, when he began to have fainting spells after each paroxysm of cough. The father then gave Bryonia θ in water every two hours without result. Patient now shows uncontrollable temper, and his anger gives rise to frequent paroxysms of cough, with difficulty of breathing before and after the paroxysm. Anacardium 3x was given in water every two hours for two days without effect. Patient emaciating fast, cough paroxysms of longer duration, during which he becomes black in the face and rigid. Cuprum 3x a dose every few hours for two days was also

ineffectual. From this time until I was summoned the child was very sick, for in addition to the continuous paroxysms of cough and the resultant vomiting, there were extreme debility and emaciation, and there were chills in forenoon, with a decided increase in temperature between 3 and 4 o'clock P. M. I found the tongue thickly coated, bad smell from the mouth, sordes on teeth, no appetite for food, but great craving for sugar or candy, can retain nothing if forced to eat, cough paroxysms number twelve to fifteen in twenty-four hours, worse after midnight, and is unable to sleep. The physical signs were those of lung disintegration. Prognosis unfavorable. Prescribed *Argentum nitricum* 6x, of which he received a powder at 7 P. M. and a second at 10 P. M. On the following day, July 7th, I was surprised and pleased to find that he had slept continuously after the second powder from 11 P. M. until 5 A. M. Encouraged by this result, I gave three more powders of *Argentum nitricum* 6x, at intervals of four hours; these were followed by a still more decided improvement, which continued until health was fully restored. After he could take food cod liver oil was prescribed, and continued during the fall and winter.

CASE IX.—PROGRESSIVE ANÆMIA: *Argentum nit.*—Some years ago I treated a case of anæmia, which threatened to prove pernicious, and which I refer to here only to show the value of *Argentum nitricum* in mal-nutrition when there is a great craving for sweets. The case was that of a middle-aged, unmarried woman, who was amenorrhœic, had a bloodless face, suffered with fever paroxysms, and was losing flesh to an alarming extent. Her physician, an Allopath, during a period of eight months had exhausted all his measures for relief, and then consented to have her apply to a Homœopathist. When consulted I learned that she had great hunger for candy or sugar, loathed all other food, and was satisfied only when her one craving was satisfied, although the sweets showed a tendency to provoke diarrhœa. A careful examination revealed no organic disease, and hence I gave *Argentum nitr.* 6x, with every assurance that it would do good, and I was not mistaken, for

week after week witnessed improvement. Pulsatilla re-established the menses, and in a few months her lost flesh had been regained, much to the astonishment of the Allopath, who declared there must be something in Homoeopathy after all.

CASE X.—SEXUAL DEBILITY: *Phosphorus*.—Among my patients have been many young men, who have been worried to the verge of despair by the belief that they had spermatorrhœa, because, forsooth, some doctor had found spermatozoa in the urine, a perfectly normal condition in most cases. Others have been driven to despair, almost, because the results of early masturbation had been entirely too much magnified. Some have been made unhappy, and perhaps wrecked morally by the mischievous advice sometimes given young men, even by physicians, to try their sexual ability, if there had been any question about it, by intercourse; advice resulting many times in the degradation of a young, and heretofore innocent woman, or in the besmirching of a young man's physical being, as well as of his morality, by contracting a loathsome disease, if, as is quite likely, he tries his powers on a harlot. I am led to these reflections because quite recently a young school teacher, aged 22 years, was sent to me by his friend and physician for advice and treatment, his story being that when quite young he had masturbated; when 16 years old, the reading of a book—one of that class of pernicious trash on sexual subjects with which the market is flooded—made him fear that his former bad habit had permanently injured him, and induced him to consult a physician, who gave him Phosphorus pills, and advised him, after a few weeks, to seek out a woman with whom to try if his supposed sexual disability had been removed by the treatment! Failure was the result, as one might well expect, but his medical *abuser* continued the same hellish advice. Again sexual intercourse was attempted, and again proved a failure. Almost despairing, the young man drifted from one doctor to another to get advice little worth having, or the treatment with aphrodisiacs and the same advice to test his capabilities he had got in the first place. Placing himself

last under the care of a Homœopathist, who treated him for some months without any result, he had about come to the conclusion that his case was a hopeless one, and with extreme solicitude came to me with a note from this physician, telling me what remedies had been used, and asking me to help the case if it were possible. I found the patient a very intelligent young man, and fortunately, the bad advice of some former physicians had not robbed him of his innate sense of decency. I inquired closely into his habits, and found that for several months past they had been perfectly correct. When I inquired into his diet I found the key to his whole trouble—an inordinate desire for table salt, which he would eat in large quantities. I therefore issued an edict against salt, encouraged him all I could, advised him to read Acton's work on *The Reproductive Organs* (a book every young man should read), and prescribed twelve powders of Phosphorus 3x, one to be taken night and morning. I cautioned him, as I do all such unmarried young men, against seeking sexual indulgence, reminding him that if he had an emission or two every few weeks, without being followed by languor or other bad feeling, and if he had morning erections, he could rest assured that no test of sexual ability was required. The result of treatment thus far is shown by this letter, dated September 21st: "Please send me further treatment. Have had one emission with dream, which is unusual, not having occurred in two years. Have had several strong erections before arising in the morning, but not two days in succession. On the whole, there is decided improvement. I have read Acton with great profit. The work is that of a master." Now I feel assured that on *placebo* the young man will continue to improve until he has thoroughly recovered.—*Penn. Soc.*

PRESCRIBING FORNICATION.

An eminent Cincinnati evangelist recently said: "The doctors of this country have said to many a young man: 'You can't be virtuous and be healthy.' Is there a doctor here that ever said that to a young man? If there is I want to look him in the face and tell him, 'You are a liar

of the deepest dye.' My daughter, your daughter, has the same constitution as your boy, and I dare you by all the power of the Bible to walk up to my daughter and tell her she cannot be virtuous and be healthy! What does the doctor say to you old married men? Does he tell you that you can't be virtuous and be healthy?" To this the *Lancet and Clinic* indignantly replies that "the doctors of this country do not give any such advice as the evangelist asserts." We trust and believe that the great majority do not, but we fear that a small majority do; and we venture to say that the importation of European morals, along with European science and pseudo-science, has had something to do with it. In a blind scientific study of the "case," the doctor may forget sometimes that he owes a duty to society as well as to his patient.—*N. Y. Med. Record.*

POLYNEURITIS FROM ARSENIC-POISONING.—Patient swallowed by mistake a piece of arsenious acid of about 0.25. The symptoms of gastroenteritis were followed after a week by *paralysis*, at first of the upper, and then of the lower extremities. Transitory œdema of the legs. Painful sensations in extremities, with considerable anæsthesia; nearly total motory paralysis. Tendon and cutaneous reflexes abolished. After a few weeks, atrophy of muscles, with severe, long-continuing painfulness in all extremities and considerably diminished response of the paralyzed muscles to both currents. Baths, electricity, and hypodermic injections of Strychnine cured him in five months.—*H. K. W.*, 33, 1886. (*Trans. by S. Lilienthal.*)

HEPAR.—Dr. Hering was called to see a woman suffering with a firm, hard, solid swelling or lump just above the right hip. The swelling was as hard as stone. She passed pus in the urine, and suffered great pain while urinating. She had been given up as a hopeless and incurable case, by two of the most eminent surgeons of Philadelphia, who said she had abscess of the bladder. Dr. Hering found that the lump was painted with Iodine; he, therefore, gave one dose of Hepar, to antidote the effects of the Iodine painting and the internal allopathic remedies she had taken, although the general symptoms did not clearly indicate Hepar. A few days afterwards the husband reported that the woman was much better, and that the lump was going down.

COMMENT AND CRITICISM.

DISCRETION.

Respectfully dedicated to J. C. W. by SACCHARUM LACTIS. M. D.

You evolve a mighty thought,
 Immutable, eternal;
 And being rather young
 And, perhaps, a little vernal,
 You write it in an article
 And send it to a journal.

Thus the Editor (*loquitur*):
 "This thing is rather sloppy;"
 When up comes the devil,
 Yelling out for "copy."
 "Here, take this thing and print it,—
 Most anything to stop ye!"

Then rises up the Critic,
 Who sapient and sage is,
 Teeming through his brain
 The wisdom of the ages,
 And "cuts you all to pieces"
 In the opposition pages.

Now, if you're rather young
 And don't know any better,
 Or want to keep your "creditor"
 At balance with your "debtor,"
 Why, write an explanation
 In a long and prosy letter.

But if you're somewhat older
 And your skin a little tougher,
 Don't notice him at all,—
 You'll only "catch it" rougher;
 But wait until *he* writes,—then
 "Go for" the "old duffer."

Editor Advance.—In the January number you gave some advice to an inquiring Regular. I heartily endorse it all but the last paragraph. That does not correctly embody the sentiment of the majority of Homœopathists. In fact, the bulk of the homœopathic profession has, against its will, become convinced beyond a doubt, that such doctrine is untenable and false, and that its further advocacy is discreditable to real Homœopathy. That last paragraph should have read something as follows:

"After becoming convinced of the truth of the law, and acquiring a fair knowledge of the remedies in Dunham, 'Regular' should continue to completely divest his mind of prejudice and preconceived opinions; he should respect the divine, immutable law enough to perceive that there may be some limit to the sphere of its applicability; he should recognize that it is only one of a great number of natural laws and that there is nothing magical or supernatural about it. It may be true, that the simillimum will always afford prompt relief in curable cases; but it is certainly true that neither 'Regular' nor any other mortal, however credulous, will always be able to find that simillimum, and common sense and humanity demand that he do not throw away his hypodermic syringe, morphine, quinine, and other palliatives, but keep and judiciously use them with the assurance that he is conforming to laws of nature that are as undeniable as that of similia. The true physician does not 'burn his bridges behind him'; he does not make himself a slave to any theory, nor pretend to shut his eyes to common every-day truths, but tries to pursue a course in accordance with common sense; and this common sense of the people, including most homœopathic physicians, declares that the physician who never uses crude drugs, or drugs on other than homœopathic indications, is often negligent, sometimes criminally negligent, of his duty."

ST. LOUIS, MO.

W. B. MORGAN, M. D.

Wendell Phillips once said: "Ask yourself if there be any element of right or wrong in a question. If so, take your part with the perfect and abstract right and trust in God to see that it shall prove expedient." If the law of cure be a law of nature, it must be right, and if it be worth practising at all it is worth doing well. Truth and error do not mix any better than oil and water. Perfection is not demanded of any man. All that the law requires of any one is a strict compliance with its demands; nothing more, nothing less. If we do not *try* to select the simillimum,—if when we meet a difficult case we return to our palliatives, we will never perfect ourselves or our science or can never hope to master the *Materia Medica*. What man has done, man can do. "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime."

Editor Advance.—In reply to the criticism by Dr. Wilson of my article on "Exenteratio Bulbi" in the March number, I have this to say: I have performed the operation eighteen times during

the last three years with uniformly good results, without even the slightest symptoms of orbital cellulitis or any other untoward effect. I am aware that Knapp and others have had some little unpleasant experience in a case or two which I consider an exception rather than a rule. It is true that cellulitis may result from the operation, also may result from enucleation, strabotomy, etc., but in my judgment the thrombosis, embolus, etc., resulting from an obliteration of the choroideal vessels contributes but little to the unfavorable results referred to. The excessive hæmorrhage, shock, etc., referred to by my friend, Dr. Wilson, has not been sufficient in my cases to excite the slightest apprehension. The advantage gained by the operation more than compensates for the risk, if there is any more than there is in an enucleation (which I doubt) if the proper after-treatment is pursued, which consists of the internal administration of Aconite, Rhus, Hepar, Sulphur or other indicated remedies, with Calendula externally.

R. D. TIPPLE, M. D.

Editor Advance.—I do not wonder that Dr. Haggart was somewhat disgusted with the proving of Lac caninum, and especially so with Dr. Laura Morgan's part of the proving.

Turning to the January number, page 5, we read that, having previously taken other doses of Lac caninum, "On June 21st (1871 is the year given) she took one dose of 75m. Symptoms ceased, with menstruation on July 23rd; and on 29th and 30th, she took one dose each day of cm. From these doses symptoms continued, usually at menses, till January, 1873, and then ceased."

Is it reasonable to ask your readers to attach any importance to such symptoms, elicited from two doses of cm. and continuing for a period of *seventeen* months. When symptoms are elicited in this manner, of what use can they be to us at the bed side? My credulity has been taxed quite a number of times since I have been reading homœopathic provings, but never to such an extent as in this case.

Again we read: "On January 23d, 1873, for an *oppression and sense of suffocation in chest*, similar to what she had experienced on the 6th day of proving, she took one dose of 10m, which relieved, etc." To me it would seem just as much in accord with homœopathic practice, to take

a quarter of a grain of morphia to cure symptoms produced by the 1m. of the same drug as it would to cure with the 10m symptoms produced by the cm. of *Lac caninum*. For several years I have been trying to make myself believe, that, in order to cure the sick, a much higher potency should be used than that which was used in producing similar symptoms in provers, and it strikes me that this rule would apply to Dr. Morgan's case as well. Perhaps it is on account of my crudity but I confess I see no need of using such high potencies in provings. My first instructions were received from Dr. Haggart who was the first to plainly point out to me the reality of the homœopathic law of cure and I was such a willing convert, that I think I can now truly claim to believe in higher potencies than the Doctor himself. Yet with all my willingness and anxiety to learn Homœopathy, I must say that this proving of *Lac caninum* is too much for me. *The dose is too large.*

Since I have expressed myself as being not in favor of the use of high potencies in provings, I desire to call your attention to a method by which this may possibly be put to a test. The *Medical Counselor*, July 15, 1882, contains an extract from an address by the President of the Hom. Med. Society of Michigan, (1882). It is entitled "Dr. Jæger's studies in Neural Analysis," and the Professors experiments were no doubt made with the Sphygmograph as we read that, "The pulse waves vary in length, height and shape." [The experiments were with Hipp's chronoscope, and we hope soon to publish some interesting experiments in this line.—Ed.]

From these experiments it was ascertained that the 4m (Fincke) decimal potency of salt "gave all the formerly noted characteristic effects of this substance." It was also shown that the effects differed from alcohol and that the 5000th could not be distinguished from alcohol. Other substances were also tested.

From his experiments Prof. Jæger further ascertained that "the mother tincture and homœopathic attenuations of the same (15th potency was used) hold to each other antagonistic relations and show readily that they also anti-

dote each other * * * * If irritability has been lowered by inhaling the mother tincture, immediate inhalation of the 15th potency brings irritability back to its former quantity and quality, and vice versa." This is stated of a number of drugs, and if it be true, and susceptible of proof, why need we wrangle over the 12th potency? And again if true, why do not the professors of *Materia Medica* in homœopathic colleges demonstrate the truth of it to their students and make their teachings conform to it, and then go on and make further experiments in a similar manner so that homœopathic colleges shall be such in fact. Then let there be an end (forever) of this farce of teaching Eclecticism in a homœopathic school. True Eclecticism, as taught by the Scudder school in Cincinnati, is much better and more pleasant than the old method. Yet any one who has tried Homœopathy only a few years, can testify that a thorough knowledge and application of it is far better than the best Eclecticism. And it is just because we do not study hard enough that we do not become thorough in it. But excuse me from the study of any such provings as that of *Lac caninum* in the January number. I regard at least a good part of it as being entirely worthless to me.

E. G. GRAHN, M. D.

NEW TRENTON, IND.

[As objections appear to be the order of the day, here is another by Dr. A. I. Sawyer, given in the introduction to his case of diphtheria, which we published in a recent issue:

"Of course we have here, as there ever have been in all departments of science or art, wild, unreasoning fanatics, who are a stumbling block to, and an incubus upon, the particular field they assume to represent or speak for. For instance, there are those who advocate, and practice, the giving of dog's milk (*Lac caninum*) as a remedy in this foul and deadly scourge, and that, too, in the proportion of one drop to a hundred thousand or million of water.

While it may be possible to imagine one so far lost to all the finer instincts of humanity, even while not really insane, as to be capable of quietly sitting by, and with an air of solemnity and assumed professional dignity, practicing such tom-foolery upon an ignorant but trusting neighbor's child until death relieves the little sufferer and thus closes the ridiculous but melancholy scene;

yet, it is quite impossible to believe any one not actually bereft of reason, so possessed of a stoical indifference, not to call it by any worse name, as to be willing to practice such incomparable fanaticism upon his own flesh and blood. And yet, we are told that such is the fact, and that such physical and mental monstrosities do really exist."

First, in the name of Science, we enter our protest against the use of improper terms. We do not dilute a remedy "in the proportion of one drop to a hundred thousand or million of water" to increase its force or power; we *potentize* it. The same objections offered to Lac caninum by Drs. Sawyer, Haggart, Grahn, and the editorial trio of the *Era*, *Counselor*, and *N. E. Medical Gazette*, may be offered to Alumina, Calcarea, Carbo veg., Graphites, Lycopodium, Sepia, Silicea, and every remedy in the *Materia Medica* which in its crude form is inert. In fact, the Allopath offers the same objections, viz., "I can't see the drug"; "I have never tried it"; "I can't understand it"; "I don't know how it acts"; hence, "I can't and I won't believe it," to every vegetable remedy in the *Materia Medica* when used in the third centesimal potency. In what particular does "I don't believe" affect a scientific question? Dr. Taylor was as sceptical as any man could be; but like an honest man he put the potency to the practical test, and published the result to the world (see page 451). All that Hahnemann asked for his discovery, and all that science now demands, is to put these questions to the test of practical experience and publish the failures to the world. Fortunately, or unfortunately, it does not require a very large amount of gray matter to offer an objection; and although we have been repeating these facts to our allopathic brethren for nearly a century, still they neglect the experiment, repeat the objection, and many men in our ranks are prone to follow in their footsteps.]

Editor Advance. -The greater part of the success achieved by our homœopathic physicians is due to their indefatigable research and strict adherence to the only *true* principles of Homœopathy, as found recorded by Hahnemann in his *Organon*. The true Homœopath *never* alternates remedies and most of our journals will not report a case claimed to have been cured by such treat-

ment—still it is taught in some of the colleges, I am told. The true Homœopath will give a single dose and that *one*, high. Is that taught in any college? If so, where is the college? In other words, I wish to ask the patrons of this excellent journal, to direct me to a *genuine, unadulterated* homœopathic college, either in this or the old country. I am very desirous of finding one. Why is it a fact that our homœopathic physicians will allow such a state of things to exist? The *best* is the *cheapest*. Why not have the best? It would be a blessing to Homœopathy, the student, the people, the world.

Upon our fidelity to those God-given principles left us by Hahnemann, depends the success of Homœopathy. Gentlemen of the profession, must this state of things *always* exist? If so, Homœopathy will retrograde in spite of fate. It must advance or retreat. Can it not be advanced in the line of colleges?

AN INQUIRING STUDENT.

Editor Advance.—Dr. P. P. Wells, in his paper concerning the introduction of the Organon into the curricula of our colleges, pertinently asks, “‘Vere is the vind to come from?’”; and says, in effect, that the difficulty arises from the fact that we have no teachers who do not, themselves, need to be taught.

Perhaps this is so; if so, is it not time that *some* of our Professors set about learning what is taught in the Organon? It is certainly time they did something toward remedying the evil; but they cannot do this by sitting still and waiting for some one else to “raise the wind?” Would it not be better for them to make an honest effort to raise the wind for themselves? Which is more likely to succeed: he that waits “for something to turn up,” or he that sets about turning up something for himself?

If we can not “raise the wind” as Homœopaths, we should be heartily ashamed. If we have not sufficient material among the physicians of our school to make *one* good, respectable Professor of the Principles of Homœopathy for each of our medical colleges, it is time we withdrew into our shells like turtles, and held our peace. Students are given so much work to do during the college course, that they have little time to devote to a branch of study which the faculty does not deem of sufficient importance to be embraced in the curriculum.

Do the Allopaths omit the principles of Allopathy from their curricula? Most assuredly not; and because of this they are exerting an evil influence over our students, which we make little effort to resist or counteract. Is it any wonder that there are so many so-called “mongrels” among us? There is about as much sense in putting a child, who does not know his letters, to reading Milton, as in putting a man to practising Homœopathy when he

is ignorant of its principles. In either case the subject *may* come out all right, but, the chances are that the child who begins with his a, b, c, and the Homœopath who begins with the foundation principles of his science will achieve greater success than the others, who get the "cart before the horse."

FREDERICK HOOKER, M. D.

OAK PARK, ILL.

Dr. Hooker's remonstrance has been an oft-told tale in these pages. Dr. Wells made an eloquent appeal to the members of the I. H. A., at Saratoga last June, to take this matter in hand and see that students are properly instructed before sending them to college, and then selecting *only* such college as is *au fait* on this question. The query arose at that time, as it had been frequently voiced in these columns, and is now the subject of the Student's letter in the ADVANCE: *Where* is the Organon taught in a progressive, systematic way as a part of the college course, and not simply as a "filler" for some idle hour on a rainy afternoon? *Where* is the Professor, who, as a part of his teaching, illustrates clinically before his class what he teaches concerning the Organon? There are, it is quite true, several colleges who advertise *one* lecture each week on the Institutes of Homœopathy; in other words *one hour* per week for the inculcation of those principles without which, as we all admit, a Homœopath cannot be a Homœopath. But is the hour always faithfully filled? Granting, however, that the hour is faithfully observed, how is the Organon to be taught? It stands to reason that some regular course should be pursued for its study; for the Organon, with its classically beautiful and concise, albeit oftentimes ambiguous language, and its crystalized principles, can no more be mastered at sight than a page of Sanscrit, or a leaf from a Chinese bible. It requires careful, patient, painstaking induction and exposition from a master mind; and the giving of a lecture now and then, at the close of the day, when the students are fagged out or half-asleep, does not seem to be the best plan; neither does it seem possible of accomplishment by thundering the sublime truths of the Organon in the John-Knox fashion before a class of timid or ignorant students. Several eminent

teachers, instead of doing the whole work before the class, select a few students, who meet by appointment somewhere, elsewhere than in the college building, and are there "initiated." This smacks of favoritism. There should be no need to speak the truth behind the arras, and then only in a low breath. If the Organon is worthy of being taught, let it be made part and parcel of the college curriculum obligatory on all to pass an examination upon this as much as upon the collateral branches. We have abundant material for filling every chair in a homœopathic school; but there must be a union of forces to effect any purpose. Let these teachers who are imbued with the proper spirit and endowed with the necessary knowledge give all they have to the *whole* class, and not simply to those who are already fairly well grounded in the faith. By using honest argument, freed from tirades on the old school and on members in our own not using *OUR* potency, the seed *may* fall upon stony places for the nonce, but in after-life, when more mature judgment draws apace, away from the narrow-minded preceptor or prejudiced companions, the seed will prove to have taken root and in time ripen into a tree of surpassing strength, fair to look upon, and fruitful for good.

REPERTORIES AT THE BEDSIDE.—Permit me to correct an error in my friend Dr. Wesselhœft's quotation at p. 362 of *ADVANCE*. He quotes Dr. Wilson as saying that besides himself, "not one" of professed English Homœopaths carried a repertory to the bedside. During the quarter of a century that I have studied Homœopathy I have invariably done so, and should as soon think of leaving my pocket-case behind as my repertory. I use Lippe's *doubly* interleaved, and full of additions. Unless the physician refers to his books (except in the simplest cases) he can not practice Homœopathy, and the sooner we teach this to the people the better.

E. W. BERRIDGE, M. D.

The Medical Advance

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

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The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

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EDITORIAL.

SOCIETIES FOR 1887.—During May the annual meetings of several of our State Societies occur, and in June the national conventions are held at Saratoga and Long Branch. The resultant labors of the profession as found in the papers presented are intended to mark the progress of the school in this country. Are these yearly volumes of proceedings true indices of the advancement of Homœopathy? If so, is Homœopathy progressing (?) forwards or backwards? In order to answer this question intelligently a brief retrospect of the work of 1886 must be taken. From it we may learn whither we are drifting. We are making history rapidly. But is the quality such that we shall be proud to bequeath it to our successors? Would it pass muster before such masters of the art as Hahnemann, Benninghausen, Hering and Dunham?

* * *

While nearly every State Society has held its annual meetings, so far as we know only Massachusetts, New York, Ohio and Pennsylvania, have published their transactions. In addition to these the American Institute contributed a volume of 938, and the Hahnemannian Association one of 400 pages. In the amount of work represented, these volumes are very creditable; but in the all-important field of

Materia Medica—the distinctive feature on which depends the true progress of Homœopathy, the corner stone, in fact, of our school—they are not very laudable. Compare the ponderous volume of the American Institute with its 938 pages, seven and a half of which are devoted to a fragmentary proving of *Lilium tig.*, with the original work in the earlier volumes. As our contemporary, the *N. A. Journal*, says: “A few of the articles are so markedly distinguished by the absence of anything homœopathic, that the bewildered reader involuntarily turns to the title page to reassure himself that he is reading the transactions of a homœopathic body.” That there should have been any occasion for such a criticism, all true Homœopaths will sincerely regret; yet can any one read the volume and have any doubt of its entire truth and justness?

* * *

Of the remaining volumes, Ohio has a brief proving of *Sanguinaria nitrate* by the veteran Owens, but neither Massachusetts, New York, nor Pennsylvania, has presented any original work. This has not been for want of men or material, for there are several hundred remedies with only a partial proving, and men and women enough to do it, if the enthusiasm and zeal which characterized the pioneers of the Institute were present. That it can be done, the records of the Hahnemannian Association amply demonstrate; for of its 400 pages, 145 are devoted to *Materia Medica*, and of these, 35 are new and original provings. What would be the result if the State Societies and the American Institute produced an amount of homœopathic work proportionate to their membership?

* * *

Much adverse criticism—some just and some unjust—on the defective proof reading or unnecessary *errata* in some of these volumes, has been made. No doubt many an article has been sadly marred by typographical errors, but a careful review of all the facts will at least divide the responsibility between author and editor. Driven with professional labor, the preparation of the paper is postponed until the last day, and then so hurriedly prepared and so

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horridly written that the author can scarcely read it. However, after a struggle it is read, turned over to the secretary to decipher and expected to appear in print without an error. The "t's" are not crossed and look exactly like the "l's;" the "i's" are not dotted and cannot be distinguished from the "e's;" the "n's" and "u's" are precisely similar; some sentences begin with a capital but more do not; and punctuation, orthography and English are respectfully referred to the type-setter. If the author would either write legibly or pay some struggling student to use a type-writer for a few hours, there would be less errors made and less cause for expending malediction on the head of the innocent, long-suffering and unpaid secretary. Try it this year and see how it works. Prepare your paper carefully, see that the spelling and punctuation are correct, that the paper says what you intended to say, and our word for it there will be less fault found with the editor and printer.

MEDICAL COUNSELOR.—The February number, which has just come to hand, contains an editorial "On the beauty of minding one's business." In the main this seems directed at the *ADVANCE*, but we are not quite sure, as the critic verifies what Talleyrand said, "that language is used to conceal our thoughts." Or perhaps Sunset Cox's story is more applicable: A rather weak-kneed writer who had been savagely handled by critics, submitted a paper to a friend. "This is an elegant paper, handsomely written, but I don't see any point to it." "That's it exactly," responded the enthusiastic author, "that's it exactly. I don't want to make a point; for as sure as I do they'll catch me on it."

We quote one or two of the most perspicuous sentences:

"And if our colleague has done what lies in his power to keep from this now prosperous department such students as he thought he could influence; if he has with a greed at once painful and amusing watched each and every opportunity to annoy and to belittle those connected with the school; if he has labored in season and out of season to stirr [*sic*] up discord and trouble; if he has strained many a point for the sake of preventing what he never-

theless is unable to prevent, i. e. the continuous prosperity of this college on the line of work marked out in the fall of 1886; with all this, it is still right and proper to remember" etc.

Or, stated briefly:

if he has done;
 if he has with a greed;
 if he has labored;
 if he has strained;

then "with all this"—done, greed,
 labor, and straining—"it is still right."

"The writer honestly believes that nothing in the world can possibly border more closely upon the actually silly than does the publication of provings (?) made by administering to a sick person an infinitesimal attenuation of the milk of a bitch."

"The writer honestly believes that a fraction of a drop of the 100,000 attenuation of such a fluid, *if it ever had been prepared*, could by no means set up health-disturbing action in the human organism."

Oh, but that's nothing, dear Mr. *Editor*; we only judge "in proportion to the measure of light" given us. You see you can't help it—you weren't built that way. Your "honest belief" that there is no knowledge beyond your range is a little short-sighted—not to call it egotistical, but it is a fashionable failing with the "great majority."

Ah, what a calamity would have been averted at the dawn of creation (Mosaic cosmogony) had you been substituted for our over-credulous maternal ancestor! Then we would still be browsing in fields Elysian, living on vegetable diet, no thought for the morrow, no sweat flecking our corrugated brow, no labor entailed on us, either physical, mental, or—female; for your "honest belief" would have rejected all further knowledge.

"The one lesson to be drawn is this: let us all mind our own business, and not disturb the peace of our neighbors."

Let's see, wasn't it Jeff. Davis who wanted to be let alone? Isn't it generally the detected culprit, or he who fears detection, who clamors for peace?

"Let our contemporary for once be advised by us, truly, if he will mind his business" and teach Homœopathy in the University of Michigan, instead of the hybrid produc-

tion which has caused that school to become a by-word among homœopathic colleges, "for a brief [why not a long?] six months he will loose [*sic*] in neither wisdom nor happiness."

As for the fling at Dr. Biegler, it is too insignificant to notice. His practice is too well known to need defense.

To quote more from the diarrhœic style of this etymological blacksmith, would subject us to our present criticism of verbosity and aimlessness.

In conclusion, Messieurs Editor-Professors, your *laissez-faire* policy will not down. Do not forget that the Homœopaths of Michigan have a *right* to know what you are doing to earn the money which they pay you; and, if your modesty does not suggest it, your common sense should dictate that your own nondescript publication is not the place for such exhibit. Furthermore, it is our business to see that a truthful report gets abroad of the teachings and doings of a public institution supported by public money, one professing to hold the mirror up to Hahne-mann. And, depend upon it, we shall rap you over the knuckles every opportunity we get until you make it a homœopathic school in the best sense of that word, and not simply a *Dover's Powder* annex to the concern on the other side of the campus.

NEW PUBLICATIONS.

ETUDES DE THÉRAPEUTIQUE EXPERIMENTALE. Par ANTOINE DE STÖRCH.
Traduit par le Dr H. Piedvache, Librairie J. B. Baillière et fils, Paris, France.

No subject can be more interesting to the thoughtful and progressive physician than the history of those happy discoveries and brilliant deductions to which not only the science of medicine but the world is so vastly indebted within the last couple of centuries. What food for thought, what reason for astonishment have we not presented by the wonderful success of some enquiring, experimenting intellects, contrasted with the not less astonishing failures of others, within a hair's breadth of success! Happy accidents have also a place in the records of medical development, the bulk of the credit therefor being, however, due to those acute observers of diseases, those profound thinkers and self-sacrificing experimenters who have brought the science of therapeutics to its present advanced and most promising position.

When so much ground had been won by certain investigators, with so much reason to expect further fruit, how puzzling is it to have to mark that trifling omission, that missing link necessary to the completion of a long chain of previous discoveries!

In this field what illustrations have we not of that variety of intellect, that imperfect development of faculties requisite to the connection of cause with effect, through the different channels of knowledge and operations of logic! No facts impress us more in this 19th century, however, than the wonderful forwardness of the ablest philosophical ancients, some of whom, in the infancy of our race, so far as learning is concerned, reached the very border land of some of those discoveries so generally regarded as the especial achievements and glory of the 18th and 19th centuries. The study of those facts, and of the stages through which the science of medicine has passed in all lands and ages is a most instructive no less than a most suggestive exercise, from which the greatest advantages to humanity may yet be derived. It should prove a check to hasty assumption and dogmatism, as well as a stimulus to further researches in those arts and sciences sacred to the protection and healing of humanity.

The above reflections have been suggested by my perusal of the above work. These studies were originally written in Latin and are to-day difficult of access. Dr. Piedvache has rendered a great service to the profession in presenting it with such important contributions; and his translation is the work of a scholar and an accomplished physician. From these studies Hahnemann drew his inspirations and conclusions, and it is, therefore, well that we should be familiar with them. Hahnemann's medical acumen enabled him to appreciate the immense importance of the ideas thrown out by Hippocrates, Paracelsus, Van Helmont, de Stahl, de Störch, etc., and from them he evolved those sublime laws which have so greatly benefitted humanity. Störch in his daily practice, illustrated the law of similars, but he did not know how fully to utilize its numerous and useful applications. Repeatedly we find him on the border land of the discovery of the law, and in the light of our present knowledge, his want of perspicacity seems truly astonishing; but he lacked the genius to perceive the whole extent and possibility of its application, as well as the ability to deduct from this law the conclusions which crowned Hahnemann's discoveries. Störch generally gave but one medicine at a time and in small doses, and although he was frequently witnessing medicinal aggravations yet the idea of further attenuating his medicines does not enter his mind. He may be considered one of the precursors of the school of experimental study of the effects of medicines upon animals, with the view of applying them to the ills that human flesh is heir to. His mistake was to continue the administration of medicines long after the patient was to all appear-

ances cured. He often expresses astonishment over the beneficial effects of small doses of medicine, but, unlike Hahnemann, he does not continue his investigations further in the endeavor to ascertain how small a dose could secure the desired result.

Dr. Piedvache's explanatory and analytical remarks are invaluable, considerably enhancing the value of the book. He writes besides in a refined diction, showing much medical knowledge, which adds greatly to its worth. Every one interested in *Materia Medica*—and who is not in our school?—should immediately procure a copy of this work. I have found hints throughout the text that I consider of great value.

PROSPER BENDER, M. D.

BOSTON, MASS.

CYCLOPEDIA OF OBSTETRICS AND GYNECOLOGY. Anatomy of the Internal and external Genitals, menstruation and fecundation, normal Pregnancy and Labor. Being Vol. I of a practical treatise on Obstetrics by Dr. A. Charpentier, Paris. Translated by E. H. Grandin, M. D. IN FOUR VOLUMES: 287 fine wood engravings and four colored plates. New York: Wm. Wood & Co. Cloth. Pp. 509, 1887.

For several years the author has been at the head of the Obstetric Clinic at the School of Medicine, and adjunct to the Chairs of Obstetrics held by Professors Pajot and Depaul at Paris; he was also sufficiently familiar with both the German and English languages to read in the original all obstetric works issued in these languages for the last twenty years, hence has become familiar with the theories, opinions and practice of the chief obstetricians of Europe and America and as well prepared as an ardent student can be to issue a standard work on Obstetrics.

Dr. Grandin the Editor, under whose supervision the translation has been effected, is Obstetric Surgeon to the New York Maternity Hospital and Instructor in Gynecology at the New York Polyclinic, hence any notes or additions from his pen will be a valuable acquisition to any volume. And lastly, the four volumes are to be issued by the well known publishing house of Wm. Wood & Co., a sufficient guarantee that nothing will be left undone in the mechanical execution as this handsome book of 509 pages abundantly proves.

The Editor says in the Preface: "Charpentier's work on Obstetrics is the most complete in any language, and is a faithful and unbiased mirror of the theories and of the practice of the most renowned obstetricians of the world." If Vol. I of this great work is a fair sample, we think this praise not extravagant, as in illustration and description it is both original and complete. We had thought it almost impossible to improve on some of the standard works which we already have; but this Cyclopædia promises not only to surpass anything now in print but to become the obstetrical work of reference in America as it is in France. As it is issued in separate volumes it can be readily acquired by nearly every stu-

dent and practitioner. The first volume contains all the subjects on the title page and closes with "The care of the new born Infant."

VOL. II. *The Pathology of Pregnancy*, in which the author elaborately treats of the effect of the various diseases upon pregnancy and of pregnancy upon diseases, and arrives at the following conclusion: "Pregnancy, indeed, does not protect women from any disease, absolutely, and epidemic diseases, whether essentially or sporadic, attack, without distinction, the gravid and the non-gravid." This is not in accord with the opinion held by the profession generally, but the facts here presented appear to warrant the author's conclusion.

The remainder of the volume is devoted to the diseases of the ovum and its membranes; the diseases of the foetus; miscarriage, its causes, phenomena, prevention and treatment, and closes with a chapter, well illustrated, on extra-uterine pregnancy, in which the complication, the opinions, the explanations and conclusions of the various authors are given and some valuable statistics added. No obstetric library is complete without it, and if you are adding to your present works of reference, the best is always the cheapest.

EDITOR'S TABLE.

DR. W. T. BRANSTRUP has been appointed a member of the Topeka (Kansas) Board of Health. A worthy appointment.

THE VISITOR.—In his search for "other worlds to conquer" the editor has decided to include Michigan in his directory. Success.

DR. A. R. WHEELER has been elected mayor of the city, or president of the village of St. Louis, Michigan. We extend our congratulations.

THE PERISCOPE.—We regret to announce the discontinuance of publication of this lively western journal. We shall miss it from our sanctum.

HAHNEMANNIAN ASSOCIATION.—The next annual meeting of the Hahnemannian Association will be held at the Ocean House, Long Branch, June 21, 22, 23, and 24, 1887.

THE THAYER HOMŒOPATHIC MEDICAL SOCIETY met at Ann Arbor, Michigan, April 19, quite a number of physicians being in attendance. Owing, however, to the lateness of the meeting, Dr. T. P. Wilson's excellent paper on Cocaine and its Uses, with discussions, will not appear until our next issue.

THE WISCONSIN HOMŒOPATHIC MEDICAL SOCIETY meets at Waukesha, Wednesday, June 22, 1887. A good attendance, and papers and discussions of interest are expected.

W. J. BURLEIGH, M. D., is now located at 2305 Washington Ave., St. Louis, Mo. Dr. Burleigh was graduated from Hahnemann College during Prof. Farrington's term of lecturing.

PARTNERSHIP DISSOLUTION.—Drs. Mayer & Monroe, of Louisville, Ky., have resumed their individual practice and solicit the same generous support, individually, which had been accorded them as a firm.

HOMŒOPATHY IN WISCONSIN.—The State Board of Supervision of Charities and Reform of Wisconsin, have placed the State Home for Dependent Children, situated at Sparta, under the care of a Homœopath.

HOMŒOPATHY IN ALABAMA.—Dr. J. H. Henry, Montgomery, in concert with members of his own, and the Eclectic school, is busily at work on the Legislature for proper recognition. We wish all possible success.

DEAD.—We are pained to announce the death of Dr. E. W. Chambers of Bentonville, Ark., on September 7th, 1886, at the age of 54. Dr. Chambers had been an old-time Allopath, but came within the fold of Homœopathy in 1870.

CLEVELAND HOMŒOPATHIC COLLEGE.—A new college building is now being agitated. We trust this agitation will continue until it bears fruit. Cleveland now has one of the finest hospital buildings in the country and deserves a new college building.

THE Annual meeting of the Alumni Association of the Chicago Homœopathic Medical College was held at the Grand Pacific Hotel, Chicago, Feb. 23, 1887. The following officers were elected for the ensuing year: President, W. F. Knoll, M. D.; Vice President, H. W. Danforth, M. D.; Secretary, W. M. Stearns, M. D.; Treasurer, S. N. Schneider, M. D.

SURGICAL BUREAU, I. H. A.—In a letter received from Dr. E. Carleton, New York, he calls attention to what must have been patent to each member, that the Surgical Bureau has hitherto not had the support it deserves. Cases of Surgical Diseases cured homœopathically have been sent to other bureaus. Dr. Carleton desires the members to come prepared to make it interesting by reading their own papers and discussing others.

OBITUARY.

TRIBUTE TO THE MEMORY OF PETER BAKER, M. D., who died February 19th, 1887, æt. 69, of disease of the heart.—Peter Baker was born in Baltimore, Maryland, April 6th, 1818, where he resided until 1839. In that year he went to Cincinnati, Ohio. Here he resided about two years. In 1841 he removed to Memphis, Tenn.; there studied and practiced botanic medicine. In 1845 he was married to Rebecca A. Wiley, who, with two children, a son and daughter, both residents of this city, survive him.

Dr. Baker removed from Memphis to Warsaw, Ill., in 1854, and engaged in mercantile business. During his residence here he held several offices of public trust. In 1860 he commenced the study of Homœopathy; in the autumn of 1862, went to Chicago and attended Hahnemann Medical College. In the spring of 1863 moved to Whitewater, Wis., practiced his profession during the summer, returned to Hahnemann College in the autumn, and graduated in the spring of 1864. He then located in Monmouth, Ill. Here he had a large practice, much of which was in the country. In the fall of 1867 he was thrown from his buggy, fracturing his right leg. After six weeks he was so far recovered as to resume practice with the aid of crutches. During the severity of the winter he contracted a cold, in consequence of which erysipelas attacked the site of the wound, rendering rest imperative.

About this time much was being said about Kansas City. Some friends here persuaded him to visit them. He did so. After remaining about a month, his health was much improved, and through their solicitations he was induced to open an office. His practice began here in May, 1868. At this time but one other homœopathic physician was here.

Dr. Baker, by his persistent devotion to his profession, his consistent life, his unassuming manners, and kindly relations towards his colleagues and his patrons, soon found himself with a large practice, which continued to increase with the growth of the city. He did not relinquish his work until December 22d, 1886, about two months prior to his death.

Dr. Baker did more to popularize Homœopathy in Kansas City than any other man. To his influence and success in practice, Homœopathy is largely indebted for its present advanced position in this community. His practice, in consonance with his character, was honest; his dealings with his patients, open and candid. He practiced Homœopathy in its purity; none could charge him with mongrelism. His name and his successful cures are intimately associated in the minds of the people with Similia Similibus, and widely known in Illinois, Missouri, Kansas, and adjoining states. He gave his life to the cause he loved. As a man and a physician he leaves a spotless name, an example worthy of imitation. He goes hence without an enemy, and with the respect of a whole community. Thus closed the career of a successful physician, a good man, and an exemplary citizen. W. D. FOSTER.

KANSAS CITY, MO., February 22, 1887.

PUBLISHER'S PAGE.

OUR EXCHANGES.—Owing to the fact that for several months past the *ADVANCE* has in each issue published a larger journal than is "nominated in the bond," the May number has been restricted to 90 pages. And in order not to delay more important papers, "Our Exchanges" have been held over this month.

THE use of BOVININE is becoming more and more general among physicians. It is one of the best raw foods in the world. Keeps in any climate. Does not become putrid. Builds up the system after severe surgical operations. Contains no medicaments whatever.

FOR SALE.—In the State of New York, in one of the cities on the Hudson, a good homœopathic practice. Good will and office for sale at a low figure. For information address O. A. SWART, Margaretville, N. Y.

To speak well of MELLIN'S FOOD is like carrying coal to Newcastle. It is deservedly popular. It may be used from the first, and is always well digested. A sample will be sent free to any physician desiring it.

FOR SALE.—In a northern Michigan town (Lower Peninsula), 1,800 inhabitants, with a large rural district adjacent, a practice worth \$2,000 a year. Surgery and Obstetrics a specialty. This town is one of the most popular summer resorts in the State. Satisfactory reasons for selling. Will introduce successor. Reasonable terms. Address MEDICAL ADVANCE.

In PABULA NEONATORUM (an interesting paper by Dr. George B. Peck, A. M., read before the Am. Inst., 1886,) the author favorably recommends the LACTATED FOOD of Wells, Richardson & Co. It is a well written article, and treats of a worthy addition to the physician's armamentarium.

BABYHOOD is as welcome a visitor to our table as any of the larger and higher-priced journals. It continues to be interesting and instructive.

FOR SALE.—A practice, with average annual income since 1880 of \$3,200. City of 8,000 inhabitants. No other Homœopath within forty miles. Will introduce successor. Address THE ADVANCE.

WANTED.—A young man (recent graduate) desires to associate himself with a busy practitioner, on salary or percentage. Is studious, competent, and willing. Address MEDICAL ADVANCE.

THE *ADVANCE* is mailed regularly on the first of every month. If any of our readers do not receive it during the first week of the month, we will consider it a favor to be promptly notified.

THE MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

VOL. XVIII.

ANN ARBOR, JUNE, 1887.

No. 6.

ORIGINAL CONTRIBUTIONS.

THE SEVEN FUNDAMENTALS OF THE ORGANON.

NUMBER SEVEN: POTENCIES.

LEWIS BARNES, M. D., Delaware, O.

No question among us has been more "vexed" than the proper attenuation or potency to be used in practice or in provings. We have a rule, however, in the Organon which, as far as practice is concerned, ought to stop our wranglings, in the abstract at least. It is "that this dose, immediately after having been taken, is capable of causing a slight intensification of symptoms of the similar natural disease;" that, "after having been taken, they will merely produce an almost imperceptible aggravation," (§§ 279, 280); "a slight aggravation resembling the original disease so closely, that the patient actually considers it as such," (§157)—must think himself a little worse. If the patient cannot detect this, perhaps the physician can do so (§ 254, 255).

The problem "is neither to be solved by theoretical conjecture, nor by sophistic reasoning. Pure experiments, and accurate observation alone can solve the question" (§ 278). If the 1st, 2nd, 3rd, 3000th, or any other potency will do this, it is the proper one to be used. It is evidence that the right drug has been selected, because it has reached

the seat of the disease; the right potency is found since it is a little more than equal to its enemy, and not strong enough to hurt the patient after spending force enough to overcome the malady. How many of us follow this rule? Would it not be better to do it than to wrangle over the proper potency?

The same law should be applied to provings. I have, in a former article, referred to the fact that no proving is complete and reliable until after repeated trials upon different persons, they experience "mostly symptoms like those experienced by others" (§ 135). Different potencies are to be used by persons who do not know what they are taking, and hence do not know what to look for. Nor should they see the records of each other while the proving is going on; for, when the attention of a susceptible person is called to certain symptoms he is likely to feel them. One of the strongest minded men and greatest writers of the Catholic Church in America, as I was told by his brother, gave up the study of medicine because he had every disease he read about. I can myself get up symptoms in various parts of my body, or aggravate those already there, by turning my attention thereto. Such influences as these, which affect all persons more or less, show how careful we should be in our provings, not only in excluding all material, but also all mental agencies, which might affect the result, and how repeatedly and extensively symptoms should be repeated, especially in the higher potencies, before they are recorded in our text-books. Should they not be so evident that susceptible persons who are familiar with them could detect their presence in drugs or potencies from which they spring and could select those which produce them from among those which do not—which are blank? Does not all this follow from the fact that the problem is to be solved by "pure experiments" alone? If any theorists among us refuse to abide by such tests, does it not indicate that they are afraid of the result? They tell us perhaps that the matter in regard to their favorite potencies has been settled already. If so, why fear to test it again? Some among us may have seen no such

records, and may be anxious to see them. I would not insinuate that our informants design to misrepresent, but think that perhaps they are mistaken, and that a matter so important should be proved over, and over, and over. If any drug cannot bear these *Organonic* tests, it should be rejected; if it can, it should be received, no matter what the potency. We cannot have a reliable *Materia Medica* until we have one founded on the strictest laws of evidence.

Like testing should be applied to alleged healing effects of medicine upon the sick. Experience is our only criterion. The law of similars itself was discovered in this way. It was concluded, that since cure followed medicine of like symptoms so generally, they must stand together in the relation of cause and effect. So if cures follow a given drug, or given potency, with similar frequency, a like conclusion must be drawn. But the fact that in a single case, or in a few or even many cases, a medicine is taken and the patient gets well, is not conclusive. The cure may have resulted from some other drug if more than one has been administered; or from the stopping of other and perhaps heroic treatment; or from a change of diet, or good nursing; the encouraging presence of a favorite physician; some other mental and powerful influence; the self-limitation of disease—or some other potent influence. All these must be taken into the account, and if in cases where they are carefully and intelligently excluded, the patient recovers much sooner than the common limitation of his disease would warrant, it will do to count one for the remedy. But to settle the matter many such results must be obtained. They must be common. They must be far more than the failures. A hundred cases reported in our journals—one here, one there, another and another somewhere else, until the sum is made up—are not very convincing, since we are not told how many failures have occurred at those particular places. Experience is our teacher, but it should be extensive and carefully sifted.

Nor will any number of cases fulfill the demand of the *Organon* unless the totality of symptoms has been covered,—not indeed of ordinary symptoms which are common to

most diseases, but of those which are prominent and peculiar to the diseases treated, which come from the disease and not from the prostrations or other inconveniences which may result from it—due regard being also paid to the most important of the characteristic symptoms, those which affect the mind and disposition. When all this is done we have reliable evidence, and according to the Organon, not till then. When shall we come up to the fundamentals of the system we profess to follow? When will the published articles of our most prominent men correspond with the clearly expressed doctrines of the Organon? What can be said of our "Clinical Reports!" Let us take one example. Here is one from a man of no less reputation than Dr. Skinner of London, England. He is called to a large fleshy man, who is lying "more stupid and dazed than insensible,"—"neither comatose, nor was his breathing stertorous;" and yet the case is headed "Apoplexy and Paralysis." "His face was flushed." He was subject to severe headaches, and "had one of them when he dropped paralyzed and insensible," though somehow he was more *dazed* than insensible, and breathed all right. Where was the apoplexy, and where was the paralysis? There is one symptom more; he was subject of late to rush of blood to the head, and this appeared "invariably at 6 P. M." It was in one of these rushes that he fell down. And the Doctor asks, "Can any one doubt the *simillimum* in this case?" And I would ask, who, according to the Organon and the Materia Medica as it stood at Hahnemann's death, would select the remedy that Dr. S. did? It was Lycopodium. How does he make it cover the case? He disregards "the fit, the apoplectic seizure, the paralysis." Why? Are they not symptoms—prominent at that? But what does he regard? What is left now? Nothing but the headache from "determination of blood to the head." But many other drugs have this symptom; for instance, Amylum nit., Belladonna, Calcareea, Glonoine, Opium, Sulphur, and a host of others." Why, then, take Lycopodium in preference to any of these? Simply because he knows no other one which has this par-

ticular symptom "regularly every evening at 6 o'clock." Well, let us look into "Hull's Jahr," containing a summary of all the provings of Hahnemann and his more immediate followers. We find nothing about regularity at 6 o'clock P. M., but we find "rush of blood to the head *early in the morning, on waking.*" Where now is the special call for *Lycopodium*?

Several more things might be said about this case as reported, but I have desired to touch it at the vital point only; should not have referred to it at all had it not come from such a prominent source. If such men give us clinics like this, what can we expect from the mass of our writers? Just about what we find, that is, a flood of cases which greatly try the patience of a thinking man who undertakes to read them.

MALARIA.

E. R. EGGLESTON, M. D., Mt. Vernon, O.

To satisfy the modern ideas of etiology the causes of disease must have dimensions. No disease can obtrude itself upon professional notice without expressly stating the length, breadth and thickness of its cause. The age of progress faces itself backward, and, contrary to the laws of development and life, whereby the most perfect individuals of any species survive best and longest, declares that the laws of evolution change ends with results, and that the unfittest survives; the most fittest is at the mercy of the most unfittest; perfected tissue succumbs to protoplasm!

The subject of this paper forms no exception to the rule, for the biological convenience, *Bacillus Malariae*, which explains all or nothing, and nothing if not all, enters the problem. And yet this factor, with all the certainty which its discovery and adoption should bring, proves only to be "another head upon which uneasy sets a crown," for it, also, as a prime requisite to its activity, must find within the human body conditions suitable to its propagation; so the question recurs, *What is Malaria?* After mathemati-

cal and optical science have given it a material existence, there is still the cry, *What is Malaria?* Dr. Sternberg in summing up for the American Public Health Association the present state of knowledge on the subject finds difficulty in practically substantiating microbial responsibility, and while believing that there must be a biological factor anyhow, is led, in effect, to ask at last, *What is Malaria?*

Some peculiar modifications of heat and moisture certainly, and vegetable decomposition possibly, are constant predisponents to the so-called malarial fevers. To say broadly that these are causes states only an indefinite generalization—an observation. Neither degrees nor alternations of heat with cold; neither relative degrees of atmospheric humidity, nor rise or fall of ground water, nor rapid or slow evaporation; neither height nor depth of clay or rock subsoil; nor geological formations, nor chemical constituents of the soil have been admitted as possible controlling or modifying elements. These fevers are strictly local in character, hence averages of heat for regions are valueless; they prevail from the pole to the equator, hence no invariably high degree of heat is essential; they constantly appear in districts high or low when soil is newly opened, and as constantly disappear in the same districts after years of cultivation, hence neither constant altitude nor superficial conditions develop their characteristics.

But may it not be that there are relations among physical forces and processes which may determine their invasion? Water, or rather the evaporation of water, is a constant possible factor of cause, because it may fail to bear an exact proportion to the prevailing degree of heat; stagnant water and potable water highly charged with organic matter, always depressing agents, and nearly always present, are other possible factors, while yet they bear no more constant relation to malarial fevers than to dysentery. Again, rainfall has such relations to the matter as does, also, ground water, as well as to each other, as to possibly determine the characteristics of all other elements,—of which the recent progress in New England of malarial fevers, in epidemic form, is a marked example. The gases

resulting from decomposition of organic matter must contribute to the intensity of morbid processes in general, from the fact of their power to degrade the functions of animal bodies, and so they become important, but that they act in any other manner as causes, is doubtful.

While it may be admitted that under the strictest limitations germs may gain an etiological standing in some diseases, I believe that in this case there is not a shred of unquestionable evidence to show that there is a *bacillus malarie* at all, nor, if shown, that it has anything whatever to do with the disease, as either cause, concomitant or resultant—the explanation is complete without it.

Admitting, then, the alternations of heat with cold, its inequalities, its power to vaporize and diffuse water, and its relation to organic and inorganic decompositions, as well as the vicissitudes of rainfall and ground water, the whole matter resolves itself into questions of relations and results.

The subject conveniently divides itself into:

1. The atmosphere, and what it contains.
2. The earth, and what it contains.
3. How earth and air produce malaria.

Besides containing organic and inorganic solids, various vapors and gases, in minute and irregular quantities, there are found in the atmosphere three invisible substances:—carbonic acid, ozone, and vapor of water, and with these we have chiefly to do.

Carbon is the framework or base of a large number of compounds. Decomposition by oxydation of organic substances is as universal as organized material to decompose, and a first and familiar result is the evolution of carbonic oxide and carbonic acid, or as now termed, carbon monoxide and carbon dioxide. Through the agency of a single force carbon decomposes a large number of oxygenized compounds, but in view of such decompositions two conditions of the bodies must be regarded, one in which the oxygen is firmly held, while in the other it is more or less loosely retained, with the singular result that one or other oxide is formed according as greater or less force is used

to accomplish the transformation. The transforming force is heat, the lower degrees only being necessary to develop the more common carbonic acid, while the higher degrees are necessary for the development of carbonic oxide. More than this, the oxide itself is resolved into the acid by heat, taking another atom of oxygen, or the acid into the oxide, giving up the atom of oxygen and doubling its volume. Carbonic oxide, also, under the influence of sunlight, forms phosgene gas by direct combination with chlorine.

Carbonic acid, or carbon dioxide, is present in normal air in the proportion of about four parts per ten thousand, by volume, and in such proportion is within the healthful limit; but if it reaches the proportion of one part per thousand, unhealthful action supervenes. It is furnished by all kinds of combustion, by air-breathing animals, by decomposing animal and vegetable substances, and by chemical action. Under ordinary atmospheric pressure water dissolves its volume of carbonic acid; expanded by heat more is dissolved, which is liberated in cooling. And here let me emphasize the fact that the last named characteristic is pre-eminently a condition in all malarial situations, and accounts for the greater activity of the causes during night exposure.

Of scarcely less importance is the facility with which carbon unites with hydrogen, forming compounds known as hydrocarbons. Instead of union with oxygen to form an oxide or anhydride, an atom of carbon may take four atoms of hydrogen, resulting in the light carburetted hydrogen, methyl, or marsh gas. This transformation freely occurs in swamps and low marshy places in the decomposition of vegetable matter, and continues through a number of compounds, an homologous series, the marsh gas, or methyl-hydride series, the members of which are hydrocarbons whose constant common difference is one atom of carbon and two atoms of hydrogen. This series, more or less complete, should be present in all situations where vegetable decomposition is going on rapidly, and results from excessive evolution of hydrogen and non-absorption

of carbonic acid. How it becomes possible for carbon to become the controlling factor of so many transformations is explained upon the ground that it, as well as oxygen, may become allotropic, and that the changes are made in the presence, if not actually in consequence of, widely varying degrees and sudden alternations of heat and cold, different intensities of light, and the eccentricities of electric tension. For us the particularly interesting feature about these changes is that the effects of their results upon animal bodies are, without exception, loss of vigor, depravation of tissues and functions, and less power of resistance to morbid forces.

Ozone is the allotropic form of oxygen, that is, "a form in which the element itself is so changed as to have new properties." Its origin is a matter of rare interest, and has been made the subject of extended investigation at many able hands. It appears, after admitting all its relations with temperature, atmospheric pressure, humidity, evaporation, condensation, altitude, and the movement of cyclones, that the following pretty fairly indicates its chief source: It is evolved under the action of free atmospheric electricity. If there is little or no free electricity in the air, then little or no metamorphosis of oxygen takes place. Under defined conditions ozone is generated; under others, equally defined, it is not only not generated but that found present is decomposed to furnish electrical force demanded by other physical operations. It appears to be true that carbonic acid and ozone are destructive each of the other; at least, where there is an excess of carbonic acid there is no ozone, and where there is ozone there is no excess of carbonic acid. This action probably transpires through a new arrangement or liberation of atoms of oxygen, which enters into the composition of both. In malarial districts the hydrocarbons are, or are likely to be, excessive, because the conditions which produce them are in active operation; while the amount of ozone present is proportionally reduced or absent.

Watery vapor is constantly present in the air. During the day, in the sunlight of the hot season, evaporation is

very rapid, and the water so raised is diffused or dissipated so rapidly that no accumulation appears on objects, which would indicate to our senses what is going on. At night, however, sunlight and heat being withdrawn and evaporation still going on, mist and dew are indices of the quantity of water raised, it remaining near the surface undiffused as fog, or being precipitated as dew. It is a well known fact that the power possessed by water of absorption and solution of both gaseous and solid materials is something enormous. Gases evolved by decomposition of matter on or in the earth are rapidly diffused in the atmosphere, more so the more free it is of watery vapor, and less so the more water it contains. It seems fair to conclude, then, that the results of decomposition are held near the surface of the earth, are localized, will occupy, fill, or overflow the borders of depressions of the surface, all on account of the power of vaporized water to imprison them, the greater specific gravity of the loaded atmosphere which holds them down, and the withdrawal of the only force which can overcome gravitation and disperse them—the heat of the sun.

What the earth contains is complementary of the preceding. Geologists describe three external layers, soil, sub-soil, and bed-rock. Comparing localities, their nature varies greatly, as between humus, clay, sand, gravel, drift, boulders, broken and solid rock, as well as depth, composition and permeability. Everywhere, without regard to quality, these layers contain air, gases, water and organic matter, all of which are characterized by remarkable un-stableness, depending upon such causes as variable temperature, atmospheric pressure, quality of soil, organic and chemical decompositions. Ground air is continuous with the atmosphere, and penetrates to the variable zone of ground water, and is a factor in nearly all of the decompositions which take place beneath the surface, its character being thereby changed. That which first attracts attention is loss of oxygen, which occurs in the decay or oxydation of carbonaceous substances, entering into combination with carbon to form carbonic acid. In agricul-

tural soils it is found to be reduced by about one-half, while carbonic acid is proportionally increased. Carbonic acid in ground air stands next in importance. In situations where organic decompositions are free and rapid, its evolution is enormous. According to observations in various localities and at different seasons of the year, it is found in the proportion of from 3 to 107 parts per 1000, by volume; greater at times when decomposition is most rapid, and least when decomposition is slowest, corresponding exactly with the natural history of malarial fevers. All this becomes more emphatic when it becomes known that the air of deserts, where vegetable matter is entirely absent, is precisely alike, above and below the surface, alike as regards oxygen, nitrogen, and carbonic acid.

These facts are abundantly substantiated by the investigations of Pettenkofer, Surgeon Griffiths, of Washington, and Prof. Nichols, of Massachusetts Institute of Technology, who included in his experiments tests for carbonic acid, hydrogen, and marsh-gas, which were all found, in some instances, in comparatively large quantities; by Eulenberg, who has stated that carbonic oxide is found among the products of decomposing organic matter; by Boussingault, who asserts that carbonic oxide and marsh-gas are given out by the leaves of certain plants, especially by water-plants, under the influence of sunlight; and by Kedzie, who even suggests that carbonic oxide may be a potent factor in the miasmatic exhalations from marshes, and that it may be found among the gasses of certain foul waters.

Such are a portion of the facts upon which rest the dependencies. Earth and air have each contributed to the result, which is characteristic and constant, so constant, indeed, that it may always be predicated of like conditions. Thus:

1. Exposure to an atmosphere saturated with moisture;—itself depressing to animal life.
2. An atmosphere that has retained the products of decomposition beyond a certain limit, that is, in excess;—depressing also, with the further result of deprivation of the solids and fluids of the body.

3. An atmosphere excessively heated and chilled at regular intervals by presence or absence of sunlight, by reason of an extra-humid condition of earth and air;—depressing still, with the addition of rythmical movements of chill and heat.

4. An atmosphere deprived of ozone;—depressing again, because the healthful stimulus of respiration and circulation is cut off, as well as the protection afforded by its power to neutralize or destroy noxious substances.

Such is the genesis of malarial fever. No extraordinary, undemonstrable, microscopic, microbial monstrosity enters into the necessities of the situation.

So, in conclusion, do the elements, "fire, air, earth, and water," present themselves as factors in the production of disease. At this time no scheme presents the mutual dependencies of the natural forces consecutively, nor even partially, and certainly not consecutively, but the time is coming when the unwritten belief in their importance will become statements of fact, and the mystifying allusions in writings to "atmospheric influences" will become systematic and scientific.—*Ohio State Society.*

PHYSICIANS' HYGIENE.*

P. DIEDERICH, M. D., Wyandotte, Kansas.

Hygiene is considered only a part of medicine, but the time will come, sooner, perhaps, than we think, when medicine will be called a branch of hygiene.

More hygiene and less medicine is the drift of our age; and, verily, this is progressing in the right direction. Those physicians who cling to their *Materia Medica* and neglect hygiene soon find themselves in the rear, while the front is occupied by those who prescribe hygiene to all and medicine to but few. The day is not far distant when persons of intelligence will consider it far better to pay their physicians to keep them well than to cure them after they are sick.

* Kansas State Hom. Med. Society, Session of 1887.

Preserving health and preventing disease will be the principal work of the physician of the future; restoring health and curing disease only a secondary part of his labors. Every vocation and station in life has particular dangers, requiring constant vigilance for the maintenance of health and the warding off of disease.

The dangers to physicians arise mainly from exposure and contagion: exposure to the inclemency of the weather and exposure to contagious diseases. To respond to calls at the most unseasonable hours, in all kinds of weather, is no slight task, and the health of many physicians is impaired, in some but temporarily, while others are permanently injured in consequence of imperfect protection against the severity of the weather. Hence, be careful and let charity commence at home. Be always prepared for the ever recurring changes in the weather, and do not dig your own grave, when you hurry to relieve the suffering and sickness of others.

Exposure to the severity of the weather is but slight compared with the danger from exposure to malignant miasm or contagion. Through all history miasm and contagion have been the greatest enemies of the human race. Sanitary laws and hygienic measures were directed against these gigantic furies of man; but the day is far distant when history will not repeat itself and when epidemic and contagious diseases shall recur no more.

The immunity of physicians from contagion in general I look upon as a particular gift of Providence; but, alas, exceptions to the rule are numerous and sad. Legion is the number of those physicians who have fallen victims to the same disease, which they combatted victoriously in others.

Every hint appertaining to regimen advising us to fortify ourselves against contagion is well worthy of consideration and should be stored in our memory for use at any time.

Remember the following hints: "Never enter a sick room in a moment of perspiration, as the moment you become cool your pores absorb. Do not approach conta-

gious diseases with an empty stomach, nor sit between the sick and the fire."

The use of disinfectants and antiseptics should be familiar to every physician: and he who neglects his duties in this regard ought to be charged with malpractice. Sulphur, chlorine, carbolic acid, copperas, etc., heat and pure fresh air are powerful agents to destroy the germs of disease. "Every physician owes it to himself, his family and his patients, to leave nothing undone that may lessen his chances of personal infection, or of his being a carrier of diseases to others."

Medicinal preventives against contagion have been recommended to some extent, but their importance, especially to the physician in *every* contagious disease, has to my knowledge not been brought forcibly enough before the profession.

"The homœopathic rule applies not only in the use of remedies for the sick, but likewise in the use of agents for the prevention of sickness in the healthy. This fact has been shown with great clearness during the prevalence of cholera, and is of too great importance ever to be forgotten or misunderstood. Without an effort at argument here, this proposition is submitted, that so long as the institution of a similar pathological condition is necessary for the removal of one already existing, a successful prophylactic must have the power to institute in the healthy organism a condition similar to that to be prevented. Vaccination for small-pox, Belladonna for scarlatina, and Camphor and Cuprum for Asiatic cholera afford good examples. Whether the prevention comes from the exhaustion or molecular change of a stored material, or a tissue, the presence and original state of which constitutes susceptibility in the individual, or whether a special power of resistance is aroused or developed, or a degree of tolerance effected whereby the germs or morbid influences are made harmless, it is clear that that state is similar to the one effected by the disease to be guarded against."

Commenting on this, I submit the following:

1. The principle of medicines as prophylactics against

contagion is as true and as general as the law of similia itself. Every contagion has prophylactic as well as curative remedies in our *Materia Medica*. The physicians of the old and of the eclectic schools are entirely at sea in regard to the science of prophylactic remedies. They may administer drugs to kill the bacteria, bacillæ and other microscopic individuals, believing that the cause of the disease has been annihilated; but it is a delusion, and a prevention without preventing. Common sense tells us there is something prior to these little beings, and what it is and how they can be made harmless are questions still unanswered. The microscope and crucible reveal wonderful things, but the origin of diseases still lies shrouded in mystery.

2. Homœopathy, the Excelsior in Therapeutics, is not less so in prophylactics, and the law of similia also contains the clue to the selection of the proper prophylactic remedy. In every contagious disease the specific preventive agent is that remedy which has the most striking similarity with the symptoms and pathological conditions created by the contagion. And if the totality of the medicinal symptoms corresponds closely with the totality of the disease symptoms, we are almost sure of the right preventive, and never should hesitate to administer it.

Now if the symptoms of the epidemic or contagious disease change, (and, like everything else under the sun, they do change,) then we must not prescribe the usual and customary preventive, because it does not fit the case and will prove worthless. For instance, Camphor and Cuprum were often prophylactics in cholera, but sometimes Veratrum alb. or Arsenicum were more characteristic of the disease, and in all of these cases there was no perceptible preventive power in either Camphor or Cuprum.

Here the question may be asked, is vaccination *always* a preventive of small-pox? Vaccination has proved itself truly prophylactic so often that up to date it cannot be superseded by any other more effective preventive. The cow-pox virus is still the best simillimum against the variola poison; but if small-pox ever manifests a train of

symptoms different from cow-pox, we will discard vaccination and substitute something that has the characteristic symptoms of the change in the disease, when it will again be the true prophylactic.

3. To insure the preventive qualities of any remedy, it is paramount to administer it in doses sufficiently strong and repeatedly until it makes a perceptible impression on the healthy system. The physician very often and unexpectedly encounters malignant contagion, and in such cases remembering the old adage, "an ounce of prevention is worth a pound of cure," should take a well indicated preventive himself.

In conclusion, I say that dietary and other hygienic regimen can never be wholly dispensed with. All medicinal preventives are unavailing, and, in fact, the whole prophylactic system collapses readily without due attention to diet and regimen; every man, woman and child must obey the laws of hygiene or else suffer the penalty of transgression.

COCAINE AND ITS USES.

T. P. WILSON, M. D., Ann Arbor, Mich.

Four years ago (1883), a lady called to consult regarding her eye. An examination revealed a chronic inflammation of the left lachrymal sac. As a result, she suffered from constant lachrymation of that eye and a muco-purulent discharge from the sac. The case was simple enough and of a type found with great frequency in most communities. The first question then was: Can it be cured? With some reservation, this could be answered in the affirmative. The surgeon of experience in this particular difficulty, realizes full well, that every such case, however uncomplicated it may be, is subject to certain contingences. The results obtained under the best skill may be classed under three heads: (1) Perfect cures; (2) partial cures; (3) Failures. These results largely depend upon the amount and character of tissue changes, which have been established in the parts by the prolonged inflammation. Upon this point I

need not add anything further, except to say, that the operator can better classify the results of a given case after he has treated it than before.

The second question propounded by our patient was: How can it be cured? By an operation. Will it disfigure the eye? No, not in the least. Is the operation a painful one? "Aye, there's the rub." I replied, that the operation could not well be done under an anæsthetic, and so there was no escape from the pain which might be well termed severe. Our patient was far from robust and was timid and nervous to a high degree. She considered the case and finally concluded to indefinitely postpone it.

Recently this same patient again presented herself. She said that, for four years, she had been constantly annoyed by her weeping eye and, not until now, had she been able to bring her courage to the sticking point. She was "now provided with fortitude and handkerchiefs," and she would try and go through the ordeal. I placed her at once in the operating chair and put upon the punctum a quantity of Cocaine powder. This of course rapidly melted in the tears and the most of it passed into the lachrymal sac. In less than a minute's time, I passed a needle into the canaliculus and distended the punctum. I then put on more Cocaine and, after another moment, I put in a short blunt hook which is bent at right angle and, by holding the lid firmly against the face, I was able to over-stretch the parts so largely, that I found no trouble in passing in the scissors and slitting open the canaliculus. A little bleeding followed and, after its cessation, I crowded into the sac a considerable quantity (the size of a kernel of wheat) of the powdered Cocaine. After two or three minutes, I passed a No. 8 probe through the stricture into the nose. The second day after, I put Cocaine into the sac and syringed it out and probed it.

"I understood you to say this is a painful operation," she said, "certainly I have felt very little." "Four years ago," I replied, "it was, in most respects, the most painful operation in ocular surgery. Chloroform and ether would help us in almost all cases except this. In an operation

for stricture of the nasal duct, the patient had to 'grin and bear it.' To-day we hold an agent, which, in its sphere, is quite the peer of any other anæsthetic."

In common with others, I shared at the outset a large amount of timidity and doubt in the use of Cocaine. Good and evil in this world are so intricately joined, that we can seldom avoid the latter in our enjoyment of the former. The power to do well, carries with it the possibility of doing ill. We can never see a patient under the control of chloroform, without realizing, how near he is to a state of death. And we know too well, how many a luckless mortal has slipped through that door, most unexpectedly, into the great unknown.

So far as I know, Cocaine has done its work well, and without danger, except through the ignorance of the operator. If its work were to be confined to the rendering of operations for strictures of the nasal duct painless, it would be worthy of a high place in our armory; but I am satisfied that, while it is already made applicable to a large number of operations, not a tithe of its scope is yet developed. It is my belief, that it, or some similar agent, will, in a few years, render general anæsthesia almost entirely unnecessary. There seems to be no tissue which it cannot render insensible. Within from ten to thirty seconds, its work is often complete, and the parts may be cut, burned, or torn apart, without pain.

First, we need to banish all needless fears of its toxicological properties, where used in proper quantity, and in the right method. Then, secondly, we need the right instruments to apply it thoroughly just where it is required. Such instruments undoubtedly are yet to be invented.

Dr. Corning (*Medical Record*) suggests a method of producing local anæsthesia by an instrument for making multiple punctures of the skin, upon which is placed Cocaine solution, and a galvanic current, by means of a sponge, is then passed through the parts. This is but the beginning of devices by which this agent may be successfully applied.

To-day, in making a capital operation, we anæsthetize the

entire patient, making all parts of his body insensible and incurring a great risk, when we need to have only a small part anæsthetized. A track through the tissues, less than a thirty-second of an inch in width, would generally suffice. And there is no question that Cocaine will do it, if it can be brought into contact with the parts. The rapidity of its action is simply astonishing. It will precede the knife so quickly as to make but little delay in the operation. The other day, by the help of Cocaine, I laid a big toe quite widely open, searching for a needle, and without delay or pain. I could give many other instances, but I will add this only, to what I have said:

A standard four per cent. solution has been quite uniformly recommended, and generally used. First, because it was thought safest to use it at this uniform strength; and, secondly, because it could be most easily applied in this form. For a considerable while, I have dissolved a small portion in water, without regard to percentage of drug. As Cocaine is now cheap, it may be used with freedom as regards expense. Of late, however, I have found it, in most cases, much better to apply the drug dry, and let it dissolve directly upon the parts. This localizes and intensifies its action. I do not know that it has ever been applied in this way and absorbed into the circulation, or produced constitutional symptoms.

As we are now performing strabismus, cataract, nasal stricture, and almost all other operations under the action of Cocaine, and without pain, so, I believe, we may as easily amputate a leg, remove many tumors, reduce dislocations, adjust fractures, and make many such operations under the anæsthetic action of the same agent. We need some new instruments of application, undoubtedly; but the agent we certainly have, waiting at our hand and able to do its work.—*Thayer Hom. Med. Society.*

HOMŒOPATHIC TINCTURES.

L. H. WITTE, Cleveland, O.

The author of this paper holds that the preparation of tinctures should be in accordance with the instructions of

Hahnemann and the views held by physicians; and, moreover, by physicians who do not make merchandise of medicine. But, instead of the physician instructing the pharmacist, it is the pharmacist who instructs the physician. It will be made evident that such a course simply leads to plans and processes favorable to better profits to the pharmacist, not necessarily to better preparations for the physician.

Tinctures were prepared according to certain methods and potentized by using *one* part of the tincture to nine or ninety-nine, according to scale used, of alcohol; or, in case the tincture became cloudy upon the addition of alcohol, enough water was used, instead of a portion of the alcohol, so as to render the tincture clear again. The method of preparing tinctures and the proportion used in potentizing them remained unchanged until about eighteen years ago, when a certain Wilmar Schwabe, in Germany, who had a conscience tough enough to undertake the management of homœopathic medicine in an allopathic drug store; nevertheless, that conscience was altogether too tender to endure the keeping of homœopathic medicines in the same cases with allopathic. The exposure, in an allopathic drug store, during the act of preparing, was perfectly innocent, but keeping the article, after it was prepared, in a tightly closed bottle within a few inches of some allopathic medicine, was just intolerable, and, as his allopathic brethren could not see the matter in this light, he started a *shop* of his own. It appears that he did not have the qualifications of a pharmacist and that hence his establishment was a *shop*, not a *pharmacy*. Be this as it may, after he started his *shop* he announced that the methods of preparing tinctures, and the proportion used in potentizing them, was all wrong, and that they must be prepared and be potentized according to certain rules, and these rules were accordingly laid down. By these rules, which were perfectly arbitrary, tinctures possessed *strengths* according to the manner of preparing them, and two, three, six, etc., times as much as what had been, up to his time, the unquestioned amount, had, according to his *ipse dixit*, to be used.

The effect of following his instructions was to use two, three, six, etc., times as much as the quantity required by rules then in vogue. But when physicians who buy their tinctures from pharmacists, use two, three, six, etc., times as much, it must be evident that the pharmacists sell two, three, six, etc., times as much.

Leaving out the particulars of the, mostly his, (original) manner of preparing tinctures, and giving only the proportion used, the following table gives his *strengths*:

| | | |
|--|------------|----------------|
| One part of drug to one of alcohol, | strength = | $\frac{1}{2}$ |
| Three parts of drug to two of alcohol, | " = | $\frac{1}{2}$ |
| Equal parts of drug, alcohol and water, | " = | $\frac{1}{3}$ |
| One part of drug to two of alcohol, | " = | $\frac{1}{4}$ |
| One part of drug to five of alcohol, | " = | $\frac{1}{6}$ |
| Two parts of drug to nine of alcohol, | " = | $\frac{1}{6}$ |
| One part of drug to nine of water, | " = | $\frac{1}{10}$ |
| One part of drug to enough alcohol and water to make ten parts, | " = | $\frac{1}{10}$ |

If any one wishes to use this conglomeration of nonsense the right and liberty to do so should be perfectly unrestricted, while those who do not wish to use it should not be obliged to do so. This excrescence was introduced into the United States a number of years ago and urged by pharmacists for adoption, and there are now many physicians under the impression that they *must* be governed by it.

The apostles of this new creed sacrifice, without compunction, strength or quality; but their own methods are always in accordance with the making of it difficult, troublesome or unprofitable for the physician to prepare his own tinctures. When trouble can be saved, it not being available to the physician, then trouble is saved. When trouble, of little consequence to them but of much consequence to the physician, can be imposed, then it is imposed. When a tincture is sold it is a matter of utmost importance that two, three, six, etc., parts be used in place of the *one part* formerly unquestioned; but when the upholders of this scheme themselves use a tincture, then the rule does not hold good.

The matter of the foregoing paragraphs may not be cor-

rectly understood, but it is not the design at present to explain more fully.

The action of alcohol has the tendency to disturb the constituent particles of the drug, and this disturbance is not confined to one action; it is influenced by temperature, so that a tincture at 40° is not necessarily the same when it reaches 50° or 60°, and this disturbance is the greater as the strength of the tincture approaches saturation. Now, as uniformity is of great importance and strength of but little, it is suggested that tinctures be made weak rather than strong, and containing only alcohol enough for them to be, and keep, in proper condition. As *quality* is of prime importance it is suggested that the use of the press and the chopping board be forbidden.

Furthermore, it is suggested that the root or plant, without being cut up, be placed in a jar, made of glass or earthenware, with the requisite quantity of alcohol and water, and, after allowing it to stand a prolonged period, to drain the water off. This process could be performed by any physician and the pharmacist would feel compelled to faithfully carry out the instruction, as otherwise the difference in the character between his product and that of the physician might be awkward to explain. As it is, character attained in a tincture by a bad proceeding was claimed by the makers to be a test of *superiority!*

Finally, it is suggested that in making a tincture the use of a jar which has been used for some other tincture be forbidden. If a physician is willing to use a jar for a second drug, that is a matter between him and his patient; but the pharmacist should not have liberty to compromise the purity of his productions in such manner.

A SCRAP OF HISTORY.

A friend kindly sends us this relic of the past. It is taken from the *Dublin Medical Press*, and was published in the *Boston Courier* of June 21st, 1844. As a genuine specimen of professional liberality (?), fair and honest dealing, we commend it to our allopathic contemporaries in

whose columns a similar spirit of bigotry and intolerance is to be found to-day:

DEATH OF THE INVENTOR OF HOMŒOPATHY.

It appears that old Hahnemann, the inventor of the Homœopathy humbug, is dead, having protracted his existence, by infinitesimal doses of nothing, to eighty-eight years, greatly to the consolation and edification of the patrons and patronesses of quacks and quackery. The newspapers give the following account of his life and adventures:

"Dr. Hahnemann was born in 1755, at Meissen, of poor parents, and owed his education to the great aptitude for learning he gave evidence of at the little school where he was first placed. He was received doctor in physic at Heidelberg in 1781, and discovered in 1790 the new system which he afterwards designated Homœopathy. He continued until 1820 his experiments and researches on his new system, and then published the results of his labors, under the title of *Matière Medicale Pure*. In 1829 he published his *Theory of Chronic Diseases and their Remedies*, of which he gave a second edition in 1840. To those works must be added his *Organon de l'Art de Guérir*, which ran through five editions. He also published nearly 200 dissertations on different medical subjects; and he did all this whilst occupied with patients, which took up from ten to twelve hours a day. He had the satisfaction of seeing his system, after half a century's existence, spread over every part of the globe; and just before his death he learned that Homœopathy was about to have a chair at the University of Vienna, and hospitals in all the Austrian States, at Berlin, and at London.

"He owed his education to his great aptitude for learning." What a prodigiously fine little fellow! But this is the history of all the heroes who have had their lives written. When some of his disciples come to compose his eulogium at large, we shall certainly have it recorded, that when a mere infant he built his mud pies of a most enduring mortar, composed of a pinch of lime to a heap of road scrapings, and that his great delight was to poison his grandmother's ducks by stirring the water of the pond with the brass ferule on the end of his grandpapa's walking staff. "He was received doctor in physic at Heidelberg," says the *Commerce*, which does not surprise us, seeing that this same Heidelberg is, we believe, one of the diploma shops of Germany, where gentlemen who "go up the Rhine" for High Dutch medical honors rejoice to find them. But above all things he "*discovered*" in 1790 the "new system," which he afterwards designated Homœopathy, and a notable discovery it was for him and his disciples, enabling them to carry on a system of cheating with homicide, in defiance of the laws, and without fear of God or man. It was not, how-

ever, a new discovery, but a verification of a long-established truth, that there is no absurdity or wickedness too great or extravagant for the credulous multitude to adopt; no form of iniquitous quackery, which, if plausibly and boldly put forward, will not secure its devotees and patrons. There were, and probably are, among the dealers in this form of imposture, some feeble-minded creatures, incapable of distinguishing the most obvious truth from the most palpable falsehood, who believe, or persuade themselves that they believe, what they assert to be true respecting this "system"; but the great majority of them know well that the success of their schemes rests upon the fact, which every one admits, that diseases are neither necessarily fatal nor necessarily permanent, but, on the contrary, that the greater portion of them disappear as they came, without our being able to assign a reason, and that the business of the physician is very often merely to look on and watch the progress of the mischief, reserving his remedies until necessity demands them. Instead, however, of honestly and fairly admitting this, these mean, unprincipled fellows invent a plausible lie, and tell the sufferer from some trivial malady that they, not nature, cure them, and that the same remedy which is thus successful in one, is successful in all cases; a position which compels them to resort to a course still more criminal and culpable. To establish their "system," they are driven to the obvious alternative of relying on it exclusively, or occasionally resorting to some other—a course which would shake confidence in its universal applicability, and so spoil the speculation. They therefore boldly undertake to arrest the most formidable diseases by the same trumpety remedies with which they pretend to have cured trivial maladies, and the consequence is, that in so doing, they are the cause of much loss of life and permanent injury of health. This, however, seems neither to give nor cause them any trouble. Death has no terrors for them, provided the "system" works, and the money comes in. That men should be found so wicked and abandoned is nothing wonderful; but that such practices should be tolerated by civilized nations, is surprising. The case is simply this: A man is attacked by disease, the treatment of which is well understood, and its cure from such treatment all but certain; a person pretending to cure this disease by other means is called in, and instead of adopting the proper treatment, subjects the sufferer to a process which he knows well is not so efficacious, or indeed efficacious at all, and the man dies. The question now arises as to the cause of death, and with it the question whether it is lawful to be accessory to this death by thus withholding the means of preventing it? no matter whether or not it is the "system," or, in other words, the trade or calling of the party accused. That a man so acting is guilty of manslaughter, culpable homicide, or even murder, we have no doubt; and that certain folk, who ride in their coaches,

and live in fine houses, on the wages of their iniquities in this way, should be expiating their crimes in Australia, we have also no doubt; but, circumstances alter cases, and criminals, patronized by silly lords and conceited ladies, are not to be treated like vulgar felons. Oh! but then, says the recorder of old Hahnemann's merits, he continued his "experiments for thirty years," and then "published" the results of his labors in a book which ran through five editions. What a convincing proof of the truth of his "system"! The book was, in fact, his advertisement, and the five editions part and parcel of his stock in trade. But he had the satisfaction to learn, just before his death, that Homœopathy was about to "have a chair" at the University of Vienna, and hospitals in all the Austrian States, and at Berlin, which may, for aught we know to the contrary, be the case, seeing that the countries which afford the Mesmers, and Hahnemanns, and the Priessnitzs, are very likely to erect asylums for the victims of their impostures. In fact, the Germans are a dreaming, credulous people, simple, sincere, and generally honest; but of all the people in the world they are the last from whom we would select a committee to inquire into the truth of Homœopathy, Hydropathy, or animal magnetism, or indeed of any other pathy which has vague surmises and unproved assertions for its foundation, and flimsy theories for its support. There is also to be a "chair" in London, says the biographer; and nothing is more probable; if anything was to be gained by it, we believe that a chair might be found in London for any professor of any branch of industry.—*Dublin Medical Press.*

BILLROTH AND ESMARCH ON THE STUDY OF LATIN AND GREEK FOR THOSE INTENDING TO STUDY MEDICINE.—Professor Billroth has written a letter upon the above subject to Herr V. Pirquet. Billroth states that he entirely agrees with the already expressed views of Professor Esmarch, viz., "that medical language is so filled with Latin and Greek words that some knowledge of these languages is absolutely necessary for medical students; and nothing shows the parvenu more plainly than his use of foreign words of which he does not understand the meaning. Although Latin and Greek are no longer the international languages of the learned, they help to make scientific men of different nationalities understand each other, and to-day all new scientific terminology is still formed from the Greek." Billroth thinks it would be sufficient for the student to study Latin and Greek grammar, and read in Latin, Cæsar, some of Cicero, Ovid and Virgil; in Greek, Xenophon and Homer. Professor Esmarch's views coincide with those of Billroth.—*New York Medical Record.*

OBSTETRICS.

MEDDLESOME MIDWIFERY.*

H. A. BARBER, M. D., Kansas City, Mo.

"Meddlesome Midwifery is bad." Perhaps no proposition in obstetrics is supported by a stronger array of testimony. Every obstetrical writer whether of ancient or modern times has in the most unmistakable terms expressed his condemnation of it. But there is one thing that I believe has been quite as common as to cry out against Meddlesome Midwifery and that is to practice it. There can be no doubt but that every one who has practiced the obstetric art has been to a greater or less extent guilty of it. And if we could see all the painful results that have proceeded from unwarranted meddling with natural labor our estimate of the good accomplished by the average accoucheur would be much diminished.

I know full well that there is much for the judicious physician to do even in a case of normal labor; and that the moral effect, on the patient of his presence is often very great. Yet I am convinced that all the good he does is in very many instances overbalanced by the mischief of meddling.

It is the purpose of this paper to point out some of the ways in which Meddlesome Midwifery is bad.

Early in the period of gestation the physician is often given an opportunity to interfere with Nature's processes either by enforcing a restricted diet or by the use of medicines to prepare the patient for the ordeal of confinement. "Parturition without pain" is a taking cry and in recent years is being vigorously sounded over the land.

Without presuming to discuss the theory of this system of diet I will only say that the gist of it is to restrict the pregnant woman to a diet so deficient in bone making elements that her child shall be born as near as may be with-

* Read before the Kansas City Homœopathic Medical Society, April 4th, 1887.

out skull and bony frame work. Luckily for the infants it proves nearly a failure as to practical results or bones in babies would be a thing of the past. How it makes one's gorge rise to think of the sloppy little jelly fishes held in form by bandage and plaster and carried about on chips. But I say that my own observation and the testimony of others leads to the conclusion that the promise of the theory has not been realized in practice. I have seen most difficult and tedious natural labor completed by the forceps where this diet plan had been most vigorously carried out, and have never in any instance where its results have come under my observation or been reported by competent and candid observers seen any reason to commend it.

Who then is justified in inviting the harm to both mother and child that might justly be expected to result from such an insufficient diet at such a time. Proper hygienic relations should be taught the pregnant woman and as far as possible insisted upon, but no starvation.

As to the plan of giving medicine as a preparation for labor I will say but a word. It has had a few advocates for many years, but I believe fewer now than formerly. It cannot be shown that the results are such as to justify it. It seems to me that the proper run of the matter is this: If the patient is sick the proper treatment, medicinal or otherwise, will benefit her, and put her in better condition for approaching labor. If she is not sick she cannot be benefitted by medicine; and who is prepared to say that she and her child will not be injured by it. I am not one of those who believe that medicine, even when given in homoeopathic doses "will do no harm if it does no good," and I hold that the giving of drugs except when clearly indicated by conditions of disease cannot be too strongly condemned.

This much for the preparation for labor. Now let us look at some of the mischief that may be done after confinement begins.. I have some acquaintance with a practitioner who once, yes more than once, entered the parturient chamber and finding a patient apparently in great pain with anxious friends gathered around, took it for

granted that labor had set in, made an examination and found the head presenting, told the patient that she was going through all right and directed the attendants to make all necessary preparation; and after waiting several hours witnessed the cessation of all the pain and the breaking up of the party. Of course this sort of meddling rather reflects upon the doctor, as it only causes the patient a few hours of anxiety and a degree of disappointment that she has accomplished nothing. The doctor should know enough to tell such patients that they only have false pains; that labor has not yet begun and advise them to get up and dismiss the subject. But it is where labor has begun and is tedious and slow and the medical man doesn't dare go away and feels like he couldn't stay, that he is likely to meddle with the natural processes to the detriment of his patient. The os uteri refuses to dilate and the efforts made by the doctor to make it dilate are in my judgment a fruitful source of mischief. My experience has led me to believe that tardy dilatation is not always because the os is unyielding, but because the pains are not effective. It will be found by placing the finger against the head of the child during a pain, that the pressure exerted upon the os is too slight to dilate it, though it be ever so yielding. It will be seen then that any direct means to effect dilatation under such circumstances must prove futile. Of course I recognize the fact that natural labor is often protracted and rendered difficult by an abnormally rigid and unyielding state of the os uteri, but I believe that the means made use of to effect relaxation are quite as unprofitable in this case as in the one above referred to, besides I am persuaded that in either case they are followed by damaging results. The means I shall notice are the giving of medicines and the attempt to expand the opening by manipulation. Old school physicians used to bleed freely and frequently for this difficulty. I believe this is rarely done now.

Botanics brought forward *Lobelia* as an opener of stubborn wombs, and Eclectics added *Gelsemium*. I believe, Homœopaths are much given to the use of the latter

remedy. Now I hold that no relaxation will come from either of these drugs unless they are given in doses that are dangerously large, and I am not sure but even then the os uteri would be the last part of the patient to relax. Gelsemium does harm by retarding the pains as opium does, and I believe that when given in large doses it increases the danger from hæmorrhage. Perhaps still greater damage results from the manipulating process; which consists in attempting to stretch the mouth of the womb with the fingers. I believe this is often so roughly done as to cause abrasions of the mucous surface which as labor goes on lead to laceration and afterwards to fissure of the cervix. Moreover, as it is about impossible to reach the posterior lip of the os and exert any pressure backwards, the finger is hooked into the anterior lip and by persistent pulling forward the head is pulled out of position—thus converting a case that would have been natural and easy into one difficult and protracted, and possibly attended with the most unhappy results. Let the os uteri open in its own good time, especially as we probably have no means that will hurry it.

Meddling with the membranes to the extent of rupturing them with the hope of hastening labor is another way by which considerable damage is often done. Students are sometimes taught (I know I was) that tough membranes or a failure of the membranes to rupture at the proper time is a frequent cause of protracted labor. I plead guilty to having done considerable damage in this regard. The bag of waters is a safe and comparatively speedy agent to open the cervix, the bare and hard head of the child is slow to effect dilatation and apt to lacerate the os. Women would be the gainers were the rule, never to rupture the membranes under any circumstances, laid down.

I believe most physicians are in the habit of doing something they call supporting the perineum. I also believe that very few think it does any good, I am convinced that it often does harm. The usual procedure of pressing upon the perineum or with the fingers in the rectum pressing upon the child's head if it be done just as the occiput has

glided under the pubic arch may be well enough, but if in his anxiety to save the perineum the doctor begins his support before the head has passed under the pubic bone, it can easily be seen that labor may be retarded indefinitely by holding the head up above the public arch and possibly the strength of the patient worn out by fruitless pains. But we will suppose the child is born, let us look for a moment at the third stage of labor. I believe this is almost invariably meddled with, and often to the great detriment of the patient. Nature is quite as competent to complete the third stage as the second or first, and any decided interference here is just as improper as in either of the other stages. If nothing is done more than the usual pressure over the womb to excite contractions and hurry the expulsion of the placenta, perhaps no harm results. But what is often done is this; very soon after the birth of the child the doctor takes hold of the cord and pulls. Now, if the placenta happens to be down in the vagina, he may get it, if he is strong and has patience; but if it is up in the womb he will pull it down flatwise across the mouth of the womb, like a button across a button hole, and if he pulls with any considerable force he may bring the womb down and lead to a permanent prolapsus or procidentia; or if the placenta should be attached to the fundus he may invert the womb.

One of the hardest lessons the young accoucheur has to learn is to resist the importunities of patient and friends, to do something where there is absolutely nothing to do; and when we see how slow they are to learn it, and what a considerable number never learn it, we may well question whether on the whole in cases of natural labor, the average doctor is really of any advantage.

[There is no *one* remedy in our *Materia Medica* that will, in every case, produce "Parturition without Pain"; but there are many, which, if given on their symptomatic indications, will wonderfully ameliorate the pangs of labor. Few pregnant women are free from some abnormal mental or physical conditions—symptoms—and these are the only true guides for homœopathic medication; and these, properly interpreted, will relieve.—ED.]

CORRESPONDENCE.

OUR FOREIGN LETTER.

The oracle has at length delivered itself,—in other words Dr. Lauder Brunton has taken up the challenge thrown down by Dr. Dudgeon. We need not call attention to the keen eye to business which induced the talented Professor to put his reply in the preface of the new edition of his *Materia Medica* instead of the columns of the journal in which the challenge was given. The reply itself is calculated to make self-respecting human beings commit suicide in despair at belonging to a race which owns specimens capable of such meanness and narrow selfishness. The measure of the fight which Prof. Brunton has sustained may be estimated by the care and completeness with which he disparages and “damns with faint praise” the sources of the only meritorious ingredients of his book. Let us, however, not be too severe in our condemnation, for which of us is certain that he would not have saved himself in a similar manner from a similarly desperate situation.

We have on our side the consciousness of justice and truth which will, we may hope, outweigh in all manly minds, the honors and emoluments of the sacred College of Physicians as well as the puffs of medical trade's organs and the pecuniary benefits of fifth and eighth editions. Nevertheless those who have at heart the best interests of the medical profession cannot but regret that the great schism has been rendered wider than ever, for no honest medical man cognizant with the facts will accept the statement that “the system which Hahnemann founded has done great service by teaching the curative power of unaided nature” as a sufficient acknowledgement of its merits or as sufficient amends for the unmerited abuse and ridicule with which it has been treated; while Dr. Brunton distinctly reverts to the old tone of vulgar misrepresentation when he says: “It is the falsity of the claim which Homœopathy makes, to be in possession, if not of the uni-

versal panacea at least of the only true rule of practice that makes Homœopathy a system of quackery."

It is of course useless to remark that Homœopathy never has laid claim to be in possession of a universal panacea—that certain diseases such as cancer have always been recognized as incurable; further, that there can only be one law governing therapeutics, just the same as there is one law of gravity, one law governing the propagation of light and sound, etc. Again it is perfectly obvious to every candid mind that even if the homœopathic law was as Dr. Brunton states entirely baseless, it would not even then be a system of quackery any more than all the now admittedly false theories, such as the Brownian, etc., which have undoubtedly cost numbers of people their lives, were systems of quackery. Absence of candor and desire to arrogate to oneself the credit belonging to others, are far more the diagnostic signs of a quack than belief in any particular theory, and these Dr. Brunton himself possesses in great perfection in spite of his fellowship of the College of Physicians and other emblems of orthodoxy. He may, however, rest assured that the fame of Hahnemann, the great and beneficent reformer in medicine, whose courage and genius gave the death blow to bleeding and the prevailing Allopathy, will long survive that of himself and all Ringers, Philips, Bartholows, and Murrells who think they now fill a large space of the world's canvass.

Actæon hunted to death by his own dogs, "the biter bit" and "the tables turned" have always been received with immense relish, so even those who have no particular interest in Homœopathy may feel pleased at the unexpected issue of the Margaret St. Infirmary embroglio. At this useful institution it seems there were, among a staff of nine, two medical men, Dr. Marsh and Dr. Jagielsky, who had for some years been quietly treating the wards intrusted to their own care after the homœopathic method; this, it is needless to say, was exceedingly distasteful to their confrères who seemed to think that not only was such practice unsound but that it, in some way, interfered with the success of their own treatment in their own wards.

Why they supported the anomaly so long we are not informed, but at the beginning of this year the seven orthodox members of the staff at a general meeting of the subscribers and governors moved that "Drs. Marsh and Jagielsky should resign." As an amendment to this motion, Dr. Dudgeon, who was a governor, moved that "the meeting proceed to the order of the day," and oh! *lamentabile, regnum!* the amendment was carried. The sacred seven had now of course a great and infallible measure open to them which would not fail to bring, not only the recalcitrant physicians, but the whole body of governors and subscribers on their knees before them—obviously they had only to offer to resign and every one would be brought to their senses. This, of course, they did, but the *codum* didn't *solvit in favilla* as they expected; on the contrary, their resignations were accepted and seven others elected in their place, some of whom were Homœopaths.

MAGNESIA SULPH.—I have frequently verified the symptom illustrated in Gregg's Repertory, where he delineates the pains of Magnesia sulph. flying from the chest, beginning with a dry cough; I have frequently relieved persons that thought they were going into consumption. I have in mind a dozen cases that I thought were rapidly approaching consumption that were permanently and speedily relieved by a few doses.—*Dr. Mahlon Preston in I. H. A.*

NAJA IN ASTHMA.—I was subject for fifteen years to severe attacks of asthma, and I never found a remedy to touch it until I found Naja. I have since found that it is one of the most important remedies with which to control hay fever and autumnal catarrh, and the symptoms which seem to indicate it are first a flow of water from the nose, which is continuous for a few minutes, and is followed by intense sneezing, after which there is freedom in breathing; but after a continued recurrence of this same condition for a few days there follows dryness in the lungs, great difficulty of breathing, worse on lying down; the asthma from the difficult breathing is relieved by rising and sitting in an erect position. In my case, and in several others, Naja has always relieved it in a short time. I have always used it in the 30th potency.—*Ibid.*

MATERIA MEDICA.**AURUM METALLICUM.**

A LECTURE BY PROF. E. A. FARRINGTON, M. D.

Aurum Metallicum or gold foil has a somewhat limited though well-defined range of action. What strikes us as of central importance in its symptomatology is hyperæmia. This is displayed as an orgasm of blood all over the body, but worse toward head and chest. Quite in keeping with the plethora, and associated therewith, is an agitated condition of the nervous system. The prover is over-sensitive to pain, even thinking of pains induces an imagination that they are present. Trembling with excitation. These two sets of symptoms of circulation and nerves do not indicate that gold is a sthenic remedy, suited to the full-blooded, strong, vigorous, but rather the opposite; those who are weak, nervous, and trembling, whom both mental and physical labor exhausts. The plethora is apparent only.

Further, gold attacks the bones causing caries; and the glands, especially those of the neck and inguinal regions; after the abuse of mercury; also the testes, ovaries, liver and kidneys.

Head.—In regard to plethora, we find gold indicated in cerebral hyperæmia with roaring in head and ears; sparks before the eyes.

Head feels bruised.

Ideas confused; worse from mental exertion and in early morning.

Face bloated and glossy.

Eyes.—Eyes prominent as in heart disease.

Tension in the eyes and feeling of blood pressing the optic nerve.

Sclerotica red; sees everything double; horizontal half-sight.

These symptoms suggest gold in glaucoma and in congestion of the retina from overwork. In glaucoma its suggestion is only theoretical.

In retinal congestion compare Belladonna, Glonoinum, Sulphur, etc.

In syphilitic iritis, especially after Mercury, with soreness around the eyes as if in the bones, worse from touch. Compare Asafœtida, (which lacks sensitiveness to touch,) Mercurius and Nitricum acidum.

In scrofulous ophthalmia with pannus, trachoma, etc., there must be also profuse lachrymation, scalding, eyes sensitive to touch, great vascularity.

Nose.—The nose is congested and has a red, knobby tip, such as we find in scrofula and after the abuse of alcohol. The tissues are swollen and the nostrils are crusty, sore, with a fetid discharge, and caries of the nasal bones. Useful in scrofula, syphilis and mercurialization.

Throat and Ears.—Connected with these symptoms are those of the throat and ears. Congestions here, too, are a prominent symptom, running of the ears, over-sensitive to noises, mastoid process carious with boring pain and obstinate, fetid otorrhœa. (Compare Capsicum, Nitricum acidum, Silicea and Hepar.) Parotid glands sore as if contused, tonsils red, swollen, caries of the hard palate, boring pain; all after syphilis and mercurial salivation. Aurum mur. long given, causes salivation, fever and profuse sweats with abundant urination. The Aurum fever differs from Mercury in the absence of tender ulcerated gums.

Heart.—Coming next to the heart, we find evidences of hypertrophy and of incipient angina pectoris. Aurum is frequently needed in the treatment of enlarged heart.

Heart beat accelerated; occasionally heart seems to stop beating, then begins with a violent thud.

Exertion causes violent beating, with weight over sternum and fullness of the chest almost to bursting.

Anguish driving him from place to place. (Compare Arsenic.)

Full of fear, a slight noise fills him with apprehension.

Anger or other violent emotion excites his heart, and he is easily excited to anger.

Congestive asthma, worse mornings and in wet, warm air.

Liver.—Consecutive to heart diseases are congestions of liver and kidneys. Here gold may be needed. Burning heat and cutting in the liver. Ascites as a result. Ascites with cirrhotic liver is said to have yielded to gold. Now, in any of these instances, as well as those to follow, the deciding symptoms may be a peculiar mental state; melancholy, a sort of hypochondriasis impelling the patient to suicide.

Longing for death. This powerful symptom is not confined to purely mental diseases, as insanity, or mania, but also belongs to other ailments, especially when accompanied by the hyperæmia I have been describing.

Male Genital Organs.—The genital organs suffer. There are too frequent erections. Orchitis, especially of right testicle; a chronic sarcocele of syphilitic origin.

Female Genital Organs.—In the female organs we find Aurum causing congestion of the uterus, which becomes prolapsed from its increased weight, a result of chronic congestion, provoked very probably by a hyperæmia. The ordinary remedies for prolapsus would not relieve such a case, because prolapsus is not the main characteristic. The cause of the prolapsus is the overweight of the organ, not relaxation of the ligaments or weakness of the system.

Induration, enlargement and prolapsus of the uterus.

There is another salt of gold which has been successfully substituted for Aurum met. and that is Aurum muriaticum natronatum. This has been used in the 2d and 3d potencies for a prolapsed and indurated uterus, and a discharge very difficult to cure.

When Aurum is the remedy you always find a preponderance of the mental symptoms. The woman is melancholic and has a suicidal impulse.

Osseous System.—Next we have to study Aurum in its action on the bones. This will be discussed in a few words.

Periostitis.

It is useful in caries of the cranial bones, caries of the nasal bones, palatine bones and of the septum of the nose, particularly after the abuse of mercury, whether the case

be syphilitic or not. It acts well in broken down patients suffering from abuse of mercury or syphilis. Constitutional syphilis, bones are affected, ophthalmia, etc. Another class of symptoms illustrating the indurating property of the gold, is its tendency to cause hypertrophy of cellular tissue as shown by the action of gold on the nose, as in the knobby nose referred to above.

Antidotes.—Aurum is antidoted by Belladonna, Hepar and Mercurius. In rare cases of poisoning with chloride of gold use eggs, albumen, milk, etc., as in corrosive sublimate poisoning.

AURUM METALLICUM.

JOHN V. ALLEN, M. D., Frankford, Phlla.

In studying the mental symptoms of Aurum our attention is especially drawn to the melancholy produced; so great is this mental depression caused by Aurum that the patient seeks suicide, attempting this as a relief to his temporary condition as he is so full of apprehension and fear that a mere noise at the door makes him anxious.

The bony structures of the head are very characteristically affected by Aurum; we have exostoses on the head with boring pains, worse from touch; the skull bones are painful as if broken and are worse on lying down.

Its affinity for the eye is such as to entitle it to careful study in diseases of that organ; in pannus and ulceration of the cornea, we have pains from without inward, worse from pressure. [Asafoetida in this condition, has pains from within outward and better from rest and pressure.] There are many optical illusions; objects appear as if divided horizontally; sees only half of an object; things appear double or mixed up; fiery sparks before the eyes, and the bones around the eyes feel bruised.

Caries of the mastoid process will call for Aurum when the pains are of a boring character, worse at night and especially if we have the Mercurio-syphilitic history.

It should be one of the first remedies consulted in ozæna

with excessively fetid discharge and caries of the nasal bones, soreness to touch and thick greenish-yellow secretions.

Now, Aurum is not limited in its action to the nasal bones; there may be a necrosed condition of any bone throughout the body. In tertiary forms of syphilis when we have caries of hard palate, with boring pains, fetid discharge, swelling of parotid gland with salivation, then we have a charm in Aurum metallicum.

In angina pectoris, hypertrophy, and cardiac diseases following rheumatism, our characteristic heart symptom, viz.; the heart seems to stop beating for a while, and then goes on again with a tremendous thud—will help to decide.

So far as I have been able to find, the parietic symptoms of Aurum are limited, but I will cite one case of paralysis to show its efficacy in this disease when indicated.

Mrs. J. D—, age 31 years, commenced about July 1st, 1886, to complain of pains and weakness along the spinal cord, which gradually increased until she was unable to rise or stand, and it was not long before the lower limbs lost their power to support the body or even to be moved by the patient; the arms and hands finally became involved and she was rendered unable to even feed herself; the left arm showed the first signs of paralysis, with wrist-drop and immobility of the fingers. This condition gradually extended to the other side, with very little or no pain except that which was of a migratory character, there being numbness and tingling in the limbs.

Several remedies were given with little or no benefit, viz.: Sepia 45m., Sulphur cm., Nux vom. 1m. Bryonia cm. and Rhus tox. cm. in single doses when apparently indicated. I was at sea to know what to give that would cure. As this patient had formerly been treated by old school physicians, and had seldom before taken Homœopathic remedies, I was anxious for a favorable result.

One day while examining the case, she told me that her "knee-caps felt very cold and only her knee-caps;" as this was a very peculiar symptom for her, it led me to study it in Allen's symptom register. Aurum metallicum was the

only remedy given with this symptom. I searched the provings of Aurum but could find no other similar symptoms; but as this was the only peculiar symptom in the case I decided to give Aurum. This I did in the 2m potency, ten powders, one powder every three hours, followed by Sac. lac. for one week. On my next visit, one week after giving Aurum, I was surprised to learn that she was able to walk across the room; improvement continued, and all the symptoms gradually disappeared. The patient has been for the past six months able to attend to her usual household duties.

PENTHORUM SEDOIDES.

D. B. MORROW, M. D., St. Louis, Mo.

When we reflect that our knowledge of *Materia Medica* is obtained by modern scientific methods—by experiment and verification—and that the prevision of the homœopathic experimenter* is the touch-stone of the truth of the law of the similars, we may almost feel surprise that the “regular” school of medicine is so slow to accept the truths explained in the *Organon* of Hahnemann, and the rich store of practical results garnered in the homœopathic *Materia Medica*. But when we consider the psychological manifestations of this class of the *genus homo* and perceive the estimate he places upon *respectability*, we see at once they are more concerned about who teaches a truth than they are about the truth itself. If a Ringer or Bartholow, or even the immaculate Lauder Brunton teach it to them, and thus make it respectable and orthodox, they have no difficulty in accepting it, though the only claim to science these men may have is the compilation of the labors of other people.

Other reasons must be sought for the neglect of a homœopathically proved remedy, and are found in the great wealth of our armamentarium for most diseases; but whilst some of our patients baffle our earnest efforts to relieve them, new remedies should be added and old ones reprovved and

more thoroughly studied and verified until the practice of Homœopathy is reduced to certitude.

Twelve years since *Penthorum sedoides* was proved by a single experimenter. The day book was published in the *MEDICAL ADVANCE* (Vol. III, page 367 and Vol. IV, page 88) and in the *Eclectic Medical Journal*, January, 1876, "for what they are worth," which was very little in the estimation of Eclectics. However, Eclectics are the only physicians who have used *Penthorum*. Have not seen a homœopathic verification reported, and have only seen it mentioned by one writer. Allen placed it in his *Encyclopædia* and Hale gave it a page in his *Therapeutics of New Remedies*. Without knowing the name of the substance proved, the *prevision* was that it is a remedy for nasal and bronchial catarrhs and for renal and vesical diseases. The secondary symptoms indicate its use in chronic hemorrhoids, constipation and impotence. The prover, having the true medical idea that merit should be sought and not trumpeted, waited for verifications, and still waits. Several Eclectic physicians after using it pronounced it "a great catarrh remedy," "the best catarrh remedy," etc., but using it for a name and not upon symptomatic indications, soon shelved it. They used it topically and internally at the same time.

Dr. Tillson cured his wife of "dyspepsia of the bowels" and some female irregularities of long standing, for which the prover prescribed, with benefit to the patient, *Lycopodium*; and Dr. Scudder, with the patient before him the same day prescribed *Carbo veg.* and *Nitrate of Bismuth*. The condition was one of alternate constipation and looseness of bowels with a great deal of *borborygmus*. This symptom was produced in prover on two occasions.

Prover cured a severe acute flowing coryza, headache, vertigo and cough, with sticking pains throughout chest, heaviness and trembling of lower limbs; pulse 110. *Penthorum* 3x, in pellets, quickly cured.

Miss P—, a blonde of 17, had a severe cough of several weeks' duration; worse from talking or singing. Frothy, greenish sputa. *Pulsatilla* and afterwards Phos-

phorus were given without benefit. *Penthorum* soon cured. This patient was prejudiced against Homœopathy, and exposed herself to cold to prevent a cure, but had to acknowledge herself beaten.

In the prover it produced a general malaise, headache, weakness of limbs and inability to attend to business, a feeling as though he must give up and be sick. I have promptly relieved several patients having these symptoms with *Penthorum*. It produces a soreness throughout the chest, with a severe dry cough, "as though I would cough my insides out," worse in the morning. Have speedily cured several such coughs with it.

A decrepit old lady of 75, a great sufferer from eczema for 12 years; cured her the previous winter of a distressing asthma—probably caused by suppressed eczema—with Sulphur 5m. Was now paretic on right side, for which Phosphorus was given. Had a loose, continual, rattling cough, caused by tickling about bifurcation of bronchi, with raising of a great deal of thick, frothy, greenish sputa. Phosphorus did not help the cough. *Penthorum* tincture, in pellets, soon removed it entirely.

In the prover it produced increased flow of urine, with soreness of vesica, and burning along course of urethra, while passing urine. Recently palliated a case in a woman with continual inclination to void urine, with burning during and after passing. Later the urine had smell of violets for which *Copaivæ* was given, with entire relief.

The object of this paper is to call attention to the fact that the only proving of *Penthorum* was made on scientific principles, as these verifications demonstrate. If the pathogenesis is carefully studied, it will be seen to meet all the conditions of "common colds," or acute catarrhs, so prevalent in all sections of North America; from the symptoms of chill, malaise, headache, soreness, cough, coryza, dry and flowing, with their secondary consequences of disturbed digestion, constipation, debility, etc.; and it will probably cure any or all of these conditions when indicated by correspondence to the pathogenesis.

A medicine having such a catarrhal range is probably a

remedy for female troubles equal to Pulsatilla or Calcarea, and is worthy a careful proving by women. It cures where antipsoric medicines have failed, and possibly may possess antipsoric properties.

[For the benefit of those who have not access to the original proving, we append it herewith.—Ed.]

Authorities.—1, Dr. D. B. Morrow, U. S. Med. Inves., N. S., 3, p. 565 (*Eclectic Med. Jour.*, 1875), effects of tincture, doses of 10 drops, and after one hour 20 drops; on second day 40 drops; third day 60 drops at 9 A. M., and 50 drops at 1 P. M.; 1 a, same, effects of 100 drops; 2, Dr. Scudder took 20 drops (“a young man took same dose and had similar effects”).

Mind.—During both provings the mind was dull and exceedingly discouraged and desponding, everything wrong but dinner,¹ ^{1a}.—Reading interfered with because of mental dullness (second day),¹.—Mind became so dull I gave up reading and lay upon the lounge (third day),¹.

Head.—On closing my eyes felt like I was floating; vertigo (third day),¹.—Headache continued, could not read; went to hear Boutwell, followed his argument with difficulty, was much annoyed by the little noises made by the audience (second day),¹.—Headache came on again (third day),¹.—(When commencing the proving, had a dull, heavy headache, with heat and soreness in the sacrum; this was cured), (third day),¹.—An unpleasant heavy pain in the forehead, about the edge of the hair (after four hours),².—Catarrhal aching in forehead,^{1a}.—[10.] The fulness in the sinciput became an ache, as though a weight pressed down upon it (second day),¹.—Itching of the hairy scalp (second day),¹.

Eye and Ear.—The inner superior tarsal border of both palpebra itched and burned (third day),¹.—A full sensation in supraorbital region (a hearty supper), (first day),¹.—Ringing and singing in both ears.^{1a}.

Nose.—*Discharges from nares thick, pus-like, streaked with blood, and an odor as if from an open sore (third day),¹.—*A peculiar wet feeling in my nares as though a violent coryza would set in, which did not; the secretion

from the nose became thickened and pus-like, but not increased. Wet feeling in trachea and bronchia, passing from above downward, as if a coryza would set in, followed by a slight feeling of constriction, which passed from above down through the chest (first day),¹.—*The catarrhal feeling repeated itself (third day),¹.—Nose felt stuffed, as if swollen (second day),¹.—Sense of fullness of the nose and ears (after four hours),².—[20.] A secondary symptom, a drawing or contractile feeling of the muscles of the side of the nose affected with catarrh,^{1a}.—Itching in the nares,^{1a}.

Mouth.—Prickling-burning sensation on the tongue, as though scalded (first day),¹.—Increased flow of saliva (first day),¹.—The bloody sputa continues,^{1a}.

Throat.—The posterior nares feel raw, as if denuded of epithelium,^{1a}.

Stomach.—Appetite increased (third day),¹.—Eruptions and dejections of little collections of odorless flatus expelled with force (second day),¹.—An unpleasant sensation of disgust and nausea, lasting for three hours, but not interfering with the following meal, which was eaten with greater relish,².—Soreness in epigastrium; this symptom appeared at first, not recorded because thought idiopathic,^{1a}.

Abdomen.—[30.] Borborygmus (second day),¹.—Parietes of abdomen felt thickened (second night),¹.—A clawing, uneasy sensation about the umbilicus, which gradually passed to lower bowel (second day),¹.—Twitching of muscles in abdomen (second day),¹.

Rectum and Anus.—A crawling sensation in lower rectum as though a worm tried to escape (second day),¹.—Burning in rectum at stool, continuing through afternoon,^{1a}.—Itching of anus; hemorrhoids, with aching in sacrum and in sacro-iliac symphysis (some weeks after proving),^{1a}.

Stool.—Semi-fluid evacuation of the bowels next morning, having been somewhat constipated,².—Some weeks after proving, suffered from constipation, an atonic condition of the bowels and rectum,^{1a}.—Was costive when com-

mencing proving; had two natural stools from yesterday's medicine (third day),¹.

Urinary Organs.—[40.] A dull aching in kidneys (third day),¹.—The bladder became sore to pressure (third day),¹.—Urine still increased in flow, with burning along the urethra when micturating (third day),¹.—Urine clear, passed more frequently (second day),¹.—Urine actively acid, as shown by litmus; no cloud on boiling; threw down a sediment with Sulph. acid, Ammonia, and Argent. nitricum and Nitric acid, when boiled; the next day after the dose it was alkaline, as shown by litmus, and only precipitated with Argent. nitricum; slightly cloudy, with caloric; unloaded, but increased in quantity,^{1a}.

Sexual Organs.—Sexual orgasm (second night),¹.—Erythismus of the sexual system, almost a satyriasis; a slight varicocele of long standing was apparently cured (some weeks after proving); this condition was succeeded by a corresponding depression of sexual function, approaching impotency, after months of time returning to the normal condition,^{1a}.

Respiratory Organs.—In the morning a cough seemed to come from deep in the chest, with soreness throughout the chest (third day),¹.

Chest.—Slight feeling of constriction, which passed from above down through the chest, followed the wet feeling in trachea and bronchia (first day),¹.

Pulse.—[50.] Pulse regular at 58 (first day),¹.

Neck and Back.—Aching through basilar region, from back to front,^{1a}.—The aching in sacral region reappeared, but subsided as the medicine was eliminated,^{1a}.—Aching in sacrum and in sacro-iliac symphysis, with the itching of anus, hemorrhoids,^{1a}.—(When commencing the proving, had heat and soreness in the sacrum, with a dull, heavy headache; this was cured), (third day),¹.

Extremities.—Arm went to sleep (numb), (second night),¹.—Hand felt swollen (second night),¹.—A trembling feeling of legs for several days, with soreness of knees,¹.—While on the lounge the muscles of the leg were suddenly contracted, jerking up the foot as in stepping; in

a moment the right one performed the same manoeuvre (third day),¹.

Skin.—A long-cured impetiginous eczema reappeared on both legs,^{1a}.—[60.] A few hot prickings in the skin (second and third days),¹.—Itching of face and forehead,^{1a}.—The itchings repeated themselves (third day),¹.

Sleep and Fever.—Fantastic dreams (second night),¹.—Voluptuous dreams and increased sexual desire, sympathetic with urinary excitement,^{1a}.—A very few cold chills rushed in succession up the spinal column (first day),¹.

LACHESIS AND SABADILLA.

Dr. Carleton Smith, in the *Homœopathic Physician* for May, and Dr. J. T. Kent, in a former issue of the same journal, call attention to the similarity of action of these remedies in throat troubles. Dr. Smith says:

“It is within a comparatively short period of time that I became acquainted with the fact of the close similarity of the more special symptoms of the two drugs, *Lachesis* and *Sabadilla*.

“Often have I been called upon to treat cases of chronic sore throat where the trouble recurred repeatedly, at short intervals, in all seasons; invariably locating itself in the left side, and spreading to the right; and yet which failed to be any more than temporarily benefitted by *Lachesis*, though administered in all potencies. Having become acquainted with the close similarity existing between these remedies, I was at once struck by the fact that *Sabadilla*, as well as *Lachesis*, has as a leading symptom sore throat beginning on the left side and spreading gradually to the right. Here, said I to myself, is, perhaps, the remedy for the *Lachesis* sore throat when it is met with in a chronic form, wherein *Lachesis* only acts palliatively in so many instances, or, in other words, improves, but does not hold the case. Following out this line of thought, and putting the drug to the test, I am thus far encouraged to believe that what, at this juncture, may perhaps be termed an

inference, will very shortly be written down as an undeniable homœopathic fact.”

For the benefit of our readers we make the following differentiation.—ED.

LACHESIS.

MIND.—Melancholy; great sadness and anxiety, worse mornings on waking.

TONGUE.—Difficult to protrude; trembles when protruded or catches behind the teeth; swollen, coated white; dry, red, cracked at tip; red tip, brown centre; mapped; blisters on or about the tip.

TASTE.—Sour; everything turns sour or tastes sour.

SALIVA.—Abundant; tenacious; bad odor from mouth.

THROAT.—Affections, especially acute, begin on the left side and spread to the right.

Pain worse when swallowing saliva, less from liquids, and even relieved by solids; when swallowing, the liquids escape through the nose.

Feeling of a lump in throat; on swallowing, the lump descends but returns at once; suffocative sensation, worse awaking from sleep.

Uvula elongated; fauces purplish, swollen or ulcerated.

Constriction of the throat, feels as if tied; worse from the least external pressure.

BREATHING.—Slow, difficult, whistling; constriction of the chest.

SABADILLA.

MIND.—Melancholy; from deep seated abdominal irritation.

TONGUE.—Sore, coated thick yellow; white in centre; cannot protrude, with sore throat; pain in tongue extends down throat; feels sore, as if full of blisters.

TASTE.—Bitter; sweet; lost.

SALIVA.—Copious; jelly-like; sweetish, collects in mouth; cannot swallow saliva on account of pain, must spit it out.

THROAT.—Affections, especially chronic, begin on the left side and spread to the right.

Pain and stitches in throat *only* when swallowing; continual desire to swallow, deeply cutting pains, whole body writhes.

Feeling of a foreign body in throat which he must swallow, but can't; is constant when swallowing and when not swallowing.

Sensation of a skin hanging loosely in throat; obliged to swallow over it.

Sensation of constriction of throat and œsophagus, as after an acid drink.

BREATHING.—Shortness of breath; wheezing; narrowness of chest.

PERIODICITY.—Complaints return every spring; every fourteen days, but not at same hour.

SKIN.—Intolerable itching, relieved by plunging parts in ice-cold water.

AGGRAVATION.—Warm food or drinks; external pressure; after sleeping; pain worse when swallowing liquids than solids.

PERIODICITY.—Complaints worse every fourth day; return at precisely same hour.

SKIN.—Red spots and stripes, more marked in the cold.

AGGRAVATION.—From cold food or drinks, can swallow warm food more easily; liquids swallowed easier than solids; cannot swallow saliva.

WHY SUCH DIFFERENT SYMPTOMS FROM THE SAME
DRUG ON DIFFERENT PERSONS?

LEWIS BARNES, M. D., Delaware, Ohio.

My attention is called to this question by a proving of *Apium graveolens* as recorded in the *ADVANCE* of April, 1886, and March, 1887, by W. P. Wesselhoeft, M. D. The proving was made by three persons, two females, and one male. The different records do not conflict with each other, but are as different as if caused by different agencies. I do not dispute their correctness, or deny that the effects come from the drug. But why so different? Why do different systems respond so variously to the same influence? Would they do so if all were really in good health? Or has our cumbersome *Materia Medica* become so, in a great measure at least, on account of different responses which must come from natural differences in the human organism? If this is the case, can our *Materia Medica* ever be completed?

Corresponding facts may be of interest. I have made medical electricity a sort of specialty for the last ten years, and have watched the effect upon hundreds of persons in all states of health and disease. The facts I refer to are these: certain points of the human system, aside from those which are naturally more sensitive to the current, are peculiarly so—in accordance with special conditions of strength, weakness, or disease. The abnormal points respond so manifestly that we may find them almost

infallibly in this way, even when no particular symptoms have indicated their existence. They can be found in many persons who seem to be in health, who are at least ordinarily sound. But very few are really so; I sometimes think almost none. We are not made on the plan of the deacons "one hoss shay," equally sound and strong everywhere, so that all parts will fail together.

Now the diseased or weak spots, under an appropriate current, respond in certain forms of greater or less pain, but perhaps no two subjects will describe the pain in the same way. It may be felt as dull, sharp, drawing, aching, etc., or, as our colored friends would say, a simple "misery." All such varieties result from the same faradic current from the same machine, driven by the same battery. The force of this matter lies in the fact that different systems respond differently to the same agent, and hence perhaps there may be as many different symptoms from a drug as there are different persons.

Another fact is worthy of notice. A current of electricity will not pass directly through the system from the positive to the negative electrode. It is liable to go in a round about way. It seems to follow a diseased or weakened route. For instance, I had one electrode on the lumbar region and the other on the sternum. The patient felt the influence very strongly in the whole left arm and in the left lung (which was diseased). Another patient, a lady, when one pole was at the lower spine and the other at the lower abdomen, felt the current powerfully through the whole of the left limb. She had once had milk leg of which I knew nothing, and which she had not thought about, supposing it had been for a long time well. Such facts indicate that as many whole groups of symptoms may arise from the same agent as there may be different provers in different states of soundness as to constitution or vital force.

When, therefore, may we expect to have a completed *Materia Medica*?

CLINICAL MEDICINE.

TYPHOID FEVER, SIMULATING CEREBRO-SPINAL
MENINGITIS.

Translated by S. LILIENTHAL, M. D., San Francisco.

Professor Bernhardt cites the interesting observation of Dr. Curshmann, who treated a young man of about 30 years, complaining at first of chills, backache and abdominal pains, followed by a total paraplegia of the lower extremities, with intact position of the bladder and rectum. Fever runs high, spleen swollen (no exanthema), great painfulness of the spinal column to percussion and pressure upon the spinous process. At a later stage the upper extremities participated in the paralysis, as also the parts innervated by the medulla oblongata. The patient died, and the autopsy showed infiltrations and on some parts ulceration of Peyer's glands in the lower part of the ileum and caecal valve. A microscopic examination demonstrated on the anterior and posterior parts and on the lateral columns (white substance) of the cervical medulla the characteristic bacilli of typhoid fever, which were also present in the spleen.

Curshmann considers this complication belonging to the second period of typhoid fever, already described by eminent authors, and thus well known; but we find hardly any mention made of cases where exquisite typhoid fevers *begin* with the symptoms of cerebro-spinal irritation, and then, without developing any further, allow the typhoid symptoms to run their regular course. Among 150 cases Curshmann saw five cases setting in with headache, painful stiff-neck, stiffness of the whole back, considerable cutaneous and muscular hyperæsthesia. The best essay on the early appearance of these cerebro-spinal symptoms was published by Dr. E. Fritz, where he writes:

"The spinal column shows in many cases of typhoid fever more or less decided functional disturbances at different stages of the disease. During the *prodromal stage* and at the beginning of the first week of the disease, the

symptoms are still light: pain in the sacral region, paresis of the lower extremities, cutaneous and muscular hyperæsthesia, pains in occiput, neck and back, and considerable pain on pressure of the process spinosi. These symptoms continue to the *middle or end of the first week*, and may then disappear, but they may also prevail during the whole course of the disease. Even in autopsies of the most exquisite cases not a trace of myelitis or meningitis could be found, and only in a few some congestion of the spinal membranes could be made out. In most cases there were no visible material lesions of the cord or of its membranes. We do not deal, therefore, with accidental complications, and it is justifiable to call such typhoid cases special ones; as others, designated as cerebral forms, those cases where cerebral disturbances prevailed."

With hyperæsthesia cases of paræsthesia and anæsthesia, with paralytic states, spastic and tetanic symptoms were also observed, and even bulbar manifestations are recorded. All these spinal symptoms during typhoid fever are particularly observed in children, women, anæmic and debilitated patients. Let me report one case.

June 4th, a girl of 14 years entered the clinic for nervous diseases. She had enjoyed perfect health up to the last days of May, when she complained of severe headache and chills, followed by burning heat. Soon severe pain in the occiput, neck and spinal column set in, radiating to the upper extremities and into the abdomen. The skin of the lower extremities became very sensitive to pressure. Status præsens showed high fever, T. 40.4°, pulse 120, respiration 36; sensorium clear; head bent forward and to the left, and it was very painful to have it turned. Pains very severe in neck and spine down to the sacrum; occipital pains; sensation of constriction in the chest, and pains in lower extremities. The mouth could not be opened on account of pains in the masticatory joints. Abdomen not tympanitic nor drawn in, and very sensitive to pressure in the groins. *Diarrhœic stools several times daily*; no exanthema. Pressure on cervical and dorsal vertebræ very sensitive; also pressure on the shoulder and knee-joint. Even

a slight touch of the skin of the abdomen and lower limbs was very painful; percussion of the head not painful. Off and on, decided attacks of dyspnoea.

June 8th (probably 13th day of disease). Enormous sensitiveness to pressure on the cervical vertebræ, on the joints, abdominal walls and lower extremities. Even a most tender touch of both sides around the process spinosi made her scream out. *Roseola spots* over chest and abdomen; continued high fever; *abdomen tympanitic*; *diarrhoea continues*.

June 13th. Pain and stiffness of neck continue, also hyperæsthesia of the skin and of the muscles of the extremities; only the lumbar region around the process spinosi is still sensitive.

June 14th (19th day). Cutaneous and muscular hyperæsthesia decreases; high fever continues; sensorium rather dull; gurgling and pain on pressure in the ileo-cæcal region; diarrhoea; *pulse dicrotic*; *sudamina* on abdomen.

June 20th. Remission of fever. Temperature normal on June 27th. No diarrhoea, appetite returning, and discharged cured July 10th.—*Berl. Med. Wochenschrift*, 50, 1886.

[What Curshmann and Bernhardt complain about their authors—that none of them mentions the symptoms of spinal meningitis as complicating typhoid fever—we might say the same of the writers of our own school, for neither Baer, Kafka, Jousset, nor our Raue or Kippax, mentions it. We may well wonder at it, as cerebro-spinal meningitis is well known as spotted fever, which is also a zymotic or bacterial or bacillary affection, and differs only in the parts affected. We gratefully acknowledge every point of instruction in pathology which is so liberally worked out by the old school; but in the case cited above not a word is said about therapeutics. Probably the treatment was only expectant or antipyretic; but at any rate, the totality of symptoms in such and similar cases gives us clear indications.

Raue, in his treatment of typhoid fever, mentions, under Gelsemium: Stage of invasion, with sense of ex-

treme prostration; trembling from weakness; muscles refuse to obey the will; pulse slow, but greatly accelerated by lifting or turning the patient; *severe pains in back, head and limbs*; chilliness, cold hands and feet; head feels as big as a bushel; vertigo; *blind spells*; iliac tenderness.

Gelsemium and Cicuta are my sheet-anchors in the treatment of spotted fever and spinal meningitis, but I found that they only act well in the mother-tincture and repeated doses. We agree here with Richard Hughes, who remarks ("Pharmacodynamics," 4th edition, p. 493,) that Gelsemium suits fevers where the patient's condition is rather torpid and heavy; the pulse not very rapid, inclined to be full and soft; the main symptoms are those of languor and oppression, with dark crimson face and dull pains in head, back and limbs; the head feeling large and full. In just such cases, where our diagnosis is doubtful whether we deal with an incipient typhoid or with a spotted fever, Gelsemium will find its place as covering at that stage both pathological states, whereas Cicuta, with its tetanic symptoms, can only find a place in fully developed spotted fever or even in idiopathic spinal meningitis, but hardly ever in typhoid fever, except these tetanic symptoms indicate it, as cramp in cervical muscles, with inability to move the head after it has been turned in any direction; tension and soreness of the muscles, with retracted head; violent sudden jerks through the head, arms and legs; strangling when attempt is made even to swallow.

Though Gelsemium suits the prodromal and initial stage of both fevers, and often needs no other remedy for a cure, still in other cases that much-disputed drug, Baptisia, might come in well, especially when we meet from the start a higher degree of adynamia—we nearly said, sepsis. We read here: heavy pain at the base of brain, with lameness and drawing in cervical muscles; dull, bruised feeling in occiput; face sallow or flushed, dusky; back and hips very stiff, ache severely; sharp, darting pains in different parts of the extremities; great prostration and restlessness; livid spots over body and limbs, not elevated, of irregular shape, size of pea up to bean, without any sensation.

In many cases I fully agree with Wolf, who in his monograph on Apis finds this drug indicated in every stage of typhoid fever where the symptoms tally. We might even go a step farther, and may find it the remedy in spotted fever, though effusion has not yet taken place. Among its meningeal symptoms we read of dull pain in occiput, worse from shaking the head; chronic meningitis, with considerable cephalic disturbance and symptoms indicating threatening if not actual serous effusion into the arachnoid cavity; sense of stiffness in neck and back; *spinal meningitis*, attended with a sense of suffocation, as if they could never breathe again; great weakness of whole back, and sensation of stiffness; stinging, burning eruptions, sensitive to the slightest touch; numerous spots of little elevations all over the body, red or purplish.

Agaricus is too much neglected in both pathological states under consideration; for the guiding symptoms give us, under Amanita: dullness almost amounting to idiocy; heaviness; drawing and tension, especially towards the nape of the neck; twitching of cervical muscles; stiff neck; violent shooting, burning pain deep in the spine, worse when stooping; violent shocks starting from one of the lower vertebræ; tearing in limbs, worse in rest and sitting, better in motion; burning, itching eruption, in blotches. In relation to typhoid fever the desire for alcoholic stimulants, (which are well borne) is a valuable key-note, over-exertion reduced the vital strength, and the *vis medicatrix* begs us to rouse up the waning powers; the constant delirium and tremulousness, are here signs of poor blood and exhausted nerves, and Agaricus plus brandy may become our guardian angels.

Thus we might keep on and revel in the luxurious wealth of our *Materia Medica*. Pathology has earned many laurels, but still it gropes too often in the dark and leaves the physician to decide the doubtful point; it may be for the weal or for the woe of the patient. The law of Similia allows no doubtful point; either the drug covers the symptoms of the disease, or it does not. The old Kentuckian hit the nail on the head, when he said: Be sure you are right, and then go ahead.]

APHONIA: DULCAMARA.

J. J. STURGES, M. D., Olathe, Kas.

Mrs. C—, age 45, suffering from a severe cold, accompanied with almost complete aphonia. In questioning her I found it necessary to place my ear almost in contact with her mouth in order to understand what she said, and so tiresome was it to speak, even in a whisper, that after every query she would motion to me to desist until she could regain her breath. An examination of her throat revealed considerable inflammation of the pharyngeal walls, darkish red in color, the uvula elongated and swollen, but no enlargement of the tonsils whatever. She complained of a good deal of discomfort upon swallowing either liquids or solids, though the latter occasioned the most distress. Though thirsty she wanted but a sip at a time, but she wanted it often. When this symptom was elicited I was almost afraid to venture another question for fear she might spoil this Arsenic case. Sure enough in answer to my question as to whether she felt generally better or worse after midnight she was unreasonable enough to feel *better*. But as I had decided that Arsenic was to be her remedy, such a small matter as her being better in the after part of the night should not deter me from administering that drug. (How often do we fail in just this particular—deciding beforehand that a certain remedy is going to be indicated, and then straining every point to make it fit, though contrary symptoms show its unsuitableness.) Well, I gave her Arsenic 6, a few drops in a half glass of water, a teaspoonful of the solution every two hours, and left, rather intimating that I should find her improved upon my visit in the morning. But I did not; on the contrary she was worse, and as my only hope now was that Arsenic was “getting in” its aggravation I changed to the 30th and continued as before. That evening found matters much the same. I changed to Phosphorus because she was tall and slim; of a dark complexion, and complained of a slight pressure on the chest; also because Phosphorus is a “good” remedy for aphonia, so are Causticum, Carbo veg., Belladonna, and

many others, and she got them evening after evening, as I called and found her no better, until finally I detected an expression in her eye that said as plainly as though her voice had been restored to her—"unless things change for the better pretty soon, I'll have to try some one else." Pretty well discouraged myself by this time, I concluded there was nothing to do but review the case *ab initio*. My very first question revealed the remedy. "Have you any idea how you caught cold in the first place?" (Of course this should have been the first, or one of the first questions put to my patient upon my first visit, but somehow or other I overlooked it.) "Yes, I have an idea that the whole trouble originated from our sleeping over the cellar, which had three feet of water in it. Mr. C—— had the water all pumped out after I was taken sick, and our bed room moved to another part of the house, but it does not seem to have done any good." Here was light. *Dulcamara* is not a remedy for aphonia, *per se*, but for conditions engendered by living in damp, moist places it stands without a peer. I dissolved a few pellets of *Dulcamara* 3x in a little water, and ordered a dose every two hours, promising to call the following evening. The following morning I had fairly got my office opened up when the little daughter of Mrs. C——, called and said, "You needn't come this evening unless we send for you; mamma is lots better, she can *talk* now." And she has continued to talk ever since.

[Hahnemann's advice in *Organon* § 84 *et seq.*, to carefully write down the symptoms of the case before prescribing for it, has been verified by Hering, Dunham and hundreds of others, as wise, safe and practical. It has been said by Dunham that the case once well taken is half cured, *i. e.*, the most difficult part of the task is accomplished. But our modern Homœopath is "too busy" to practice Homœopathy. He has not time to "take the case" and the patient is compelled to take the chances. Does it not pay both physician and patient "to make haste slowly"? The true follower of Hahnemann and Dunham takes Crocket's advice: "Be sure you are right, then go ahead." Had the doctor taken the simple precaution, when

in doubt, to have given the patient *Sac. lac.* until he could have consulted authorities, he would have saved time and not be compelled to make this reparation. It often pays to publish a failure.—Ed.]

AN OBSCURE (?) CASE.

J. K. PERKINS, M. D., Boston, Mass.

A little girl three and a half years of age, had been troubled with a discharge from her ear since six months old, otherwise in excellent health. Her parents consulted Dr. J. O. Green, aurist, of Boston, who, after examination, said that both tympani were perforated and total deafness would probably ensue. However, he succeeded in about ten weeks in healing the ears, relieving the discharge, and pronounced them cured. I was present when he pronounced them cured, and ventured to ask him if it were wise to suddenly check such a copious discharge; that he certainly had not relieved the system of the cause; but he thought differently. His treatment consisted simply in inflating the ears and applying a powder locally, no internal remedy. As soon as discharge was checked, a stomach and bowel trouble began, which, after a time, was controlled. She apparently remained well until August 28th last, when she was taken with vomiting, diarrhoea, and severe convulsions; next two days somewhat better, but diarrhoea continued for several days, and was subsequently checked. An occasional slight convulsion occurred between which she was apparently herself again. Now a stupor gradually set in from which, however, she could be aroused. Bromide and Pepsin were given, then a large dose of castor oil, and an offensive tar-like passage followed. Soon after, continuous nausea, occasional vomiting; constant pain in head; eyes closed; when open either rolling upwards or turning in. The convulsions now occurred principally on left side, or were worse on left side. On Saturday the stupor became more profound; neither nourishment nor medicine could be given until the follow-

ing Thursday, when she died. Dr. Bancroft of the New Hampshire Insane Asylum, Concord, called in consultation, and approved of treatment, but considered it a very obscure case, and asked for an autopsy, which was not granted. He thought the ear trouble possibly the cause, resulting in abscess in base of brain. The attending physician attributed the trouble to intestinal origin. Had the suppression of the discharge from the ear nothing to do with the unfortunate termination? Would not the proper constitutional treatment of this child have restored her to health?

VERIFICATIONS:

E. G. GRAHN, M. D., New Trenton, Ind.

CASE I.—HERPES: *Petroleum*.—Annie M——, aged 14, blonde, consulted me last spring, for so-called “tetter” of the left hand, two years’ duration, treated with all kinds of topical applications. Thumb and index finger were exempt from the eruption, which affected both surfaces of the hand, which was moist, with rather thick crusts under some of which was considerable pus. There were also fissures here and there, but the most annoying feature was a continuous itching and burning sensation—due, perhaps, to the irritating character of the moisture which was constantly oozing from the affected parts; and always made worse when put in water.

Petroleum 3x, a dose every night, was given. Saw patient after two doses had been taken. Hands were much worse, which I regarded as an aggravation, and discontinued the remedy for a week, and then gave an occasional dose of *Petroleum* 6x, with prompt and permanent relief.

CASE II.—HEADACHE: *Kalmia latifolia*.—Miss M. F——, aged eighteen, came for relief from a severe headache which began in occiput and went over to forehead; *comes on with sunrise, gets worse towards noon and declines as the sun sets*. *Kalmia latifolia* 2x, two drops on two drachms of pellets, two pellets every half hour or hour

while pain was severe, gave prompt relief. Exposure to the sun brought on another attack a few weeks later, which was promptly relieved by *Kalmia*.

EYE THERAPEUTICS: INCIPIENT CATARACT CURED.

E. S. EVANS, M. D., Columbus, O.

During the spring of 1885, A. N. Saunders of Guysville, O., applied to me for relief from dimness of vision. Sight had been failing for the past three months. V. R. †; L. †½. Sees better after sundown. Ophthalmoscopic examination found incipient cataract; so pronounced by other oculists besides myself. Patient, a farmer, of a very nervous temperament. Upon inquiry found that he was an excessive user of tobacco, also ate large quantities of sugar during the day; carried sugar in his pockets. Said he had never had enough sugar. I, like many others, thought there was no remedy for cataract, but thought there would be no harm to try him. Stopped the use of sugar and tobacco. Gave him *Nux vom.* ʒ0 three times per day, for one month. At the end of the month he reported. There was a slight improvement. Sensation of a black body hanging over the sight. *Aurum met. cc.* once per day for a month. Sight improved; V. L. †½.

June 10. Reported better, but still had a green halo or shade over everything; objects at a distance seemed to be covered by a thin mist, a haziness; could see better by a dim light after the sun went down; after stooping had a glimmering before the eyes. *Phosphorus cm.* at night for fifteen days, followed by *Sac. lac.* for fifteen days. At his next visit he said: "My eye is well." Continued *Phosphorus cm.* every other day for the past two months. V. at this time †½ in both eyes. This shows that incipient cataract can be cured by giving the indicated remedy. [Or prohibiting the use of tobacco.—ED.]

EXENTERATIO BULBI.

During the past year I have performed the operation four times, with entire success, leaving a perfect stamp for an artificial eye. The beauty of this operation is, a good movement for the artificial eye.

WAS IT THE SIMILLIMUM?

J. A. WHITMAN, M. D., Beaufort, S. C.

A young woman came into my office with what seemed to be chorea. I asked her some questions but received no response; found the Larynx involved also. Not being able to obtain any information from her I then questioned the man that came with her; but he knew nothing of her case. This necessitated treatment from purely objective symptoms. I watched her closely for some time, in which contraction of the vocal cords took place producing a crowing sound, then it would abate for a time, then go on again, at the same time the convulsion would increase and diminish; this had been going on for four days, night and day. The first question I mentally propounded was, what will relieve the quickest? It occurred to me that this is similar to electric shocks, and electricity will either make it better or aggravate it; my opinion was, better. I placed the sponges in the palm of each hand (with as much power as I could stand) when it produced a contraction of the muscles and they did not relax until I took away one of the sponges; the convulsion did not start again immediately. I then went over the various muscles involved (using the Faradic current) and in a half hours' time she was able to give me a history of her case. It seems that about a week before, she changed her flannels, took cold, and an eruption came out, which was suppressed, and feeling sick she walked home, a few miles; but a short distance before reaching home a lump rose in her throat upon which she began to twitch about the upper portion of the body. It continued to grow worse until she could not talk, and that kept up until she came to me. I gave her *Nux vomica* in tincture internally and sent her home. When the man that came with her returned for her, he was dumbfounded, thought I had been doing something supernatural, and was hardly willing to take her into the carriage with him. This was the quickest cure of clonic convulsion I have ever known. I hope it may be of interest to some of the readers of the *ADVANCE*.

HAY FEVER OR POLLEN POISONING.*

J. E. JONES, M. D., West Chester, Pa.

The name given to this disease was first applied to it in England, where it is more prevalent than in any other country; so-called on account of its making its disagreeable sensations felt yearly in the latter part of May, just when the hay is ripening. Latterly this name has extended in application to all the catarrhal colds and irritations of the exposed mucous membranes which have a periodic beginning.

Other names have been given the trouble, such as Autumnal catarrh, Hay asthma, Periodic rhinitis, Vasomotor-rhinitis and latterly one prominent author announces it as an ulcer of the posterior nares; hence basing his treatment to do away with the *result* and not the *cause* of this disease.

The pathology of this affection was for a long time in obscurity, but within the last decade much light has been developed, and with this knowledge comes a correct comprehension of the pathological changes that have taken place. The text books will give the structural changes, hence we need not consume valuable time going over the familiar ground.

The cause of this disease is now almost universally conceded to be the poisoning of the exposed mucous membranes by the contact of certain pollens of various plants, carried by the air and deposited upon their surfaces. These grains of pollen are deposited on the eyes, nose and mouth of every one, but do not alike poison all, hence it is evident that there must be a peculiar condition of the system, an idiosyncrasy, which in certain cases permits the poisoning to take place, and in others equally exposed, it does not irritate.

In the same individual, at one time, there is no perceptible effect from a continued exposure, when at another

* Medical Society of Chester and Delaware Counties, Pa.

time the most violent symptoms are produced, and ever after the least exposure increases the susceptibility.

To illustrate, one needs but to call to mind the many cases of *Rhus* poisoning constantly presenting themselves. Many have for years come in contact with the *Rhus* vine with no unpleasant result, when all at once, with no more exposure than formally, the patient becomes poisoned by it, and ever after, even the air blowing from off the vine will produce the most distressing symptoms; and so susceptible become the mucous surfaces and even the skin, that a single grain of the *Rhus* pollen will become a centre of irritation resulting in the most violent pathological changes.

There must be a change in the system to permit this. A case in point: A gentleman, while in early life resided on a farm and worked as usual with all farmers' sons, in every capacity, and thousands of times was exposed to the pollens of all the weeds and corn, with impunity. For twenty odd years this continued, until after joining the army; once, while bivouacing in a corn field, during the rebellion, he became violently stuffed up, as he thought, with a terrible cold; and ever after, at the same time of the year, he was taken with the same symptoms when very slightly exposed to the even distant emanations of a corn field. Now he had had the same exposure numberless times before, but never was his system in the idiosyncratic condition to take the poison until that memorable night. While the pollen is the cause, there must be a constitutional diathesis to permit the entrance or absorption of the poison. Hence, Hay fever should not be called a fever, any more than we should say *Rhus* fever for the *Rhus* poisoning. It would be preferable to say Pollen poisoning.

The character of the pollen causing this poisoning has been most thoroughly demonstrated by Dr. Charles H. Blackley, of London, England. His elaborate article in the *British Journal of Homœopathy* during the years 1872-73 are well worthy of a diligent perusal. By this careful research, sparing neither pains nor expense, he has proved that chiefly the graminaceæ are the supplying plants. The

Pollen poisoning of June, in this country, usually comes from the timothy; but a few other grasses supply that which is needed. With others the perfume or pollen of roses will bring on a decided attack. Often what will poison one, will not affect another, and those who are affected in June are free from the August infection. The Autumn attack is mostly attributed to the pollen of corn or the rag weed, one or both.

To rehearse the symptoms is needless, as our text books supply them liberally.

What is the treatment? To go over all that is used by our old school co-laborers would be a waste of time, as the remedies are endless in number, and those that a few years ago were lauded to the skies, are now cast away.

The treatment may be divided into sections.

First.—That for palliation.

Second.—That for cure. (I mean by "A Cure" the change of diathesis whereby the pollen can be deposited but does not poison.)

By palliation let it be understood to mean the stoppage of the attack, by going to places where the pollen cannot reach the patient. Also what will enable the sufferer to remain at home and attend to business, through the attack. Being in the open air as little as possible, and avoiding draughts of strong damp air or wind, which carry the pollen in large quantities. Remaining in the house will save some cases wholly from suffering, but not many. After being out, the washing of all the mucous membranes frequently with hot water; plugs of cotton or wool in the nares wet with water and glycerine; the bathing of the exposed mucous surfaces with cosmoline and washing it off frequently with hot water; the wearing of a cover to the face and hat like a veil, being wet with dilute glycerine, to catch the pollen; the washing with a weak solution of bicarbonate of soda; or a decoction of sweet fern. The spray of cocaine (a two per cent solution) is one of the most soothing applications that can be made, but lasts only a short time.

Thousands of varied solutions have been highly com-

mended to relieve the terrible suffering, but the base of them all will be found in their efficacy to either kill the pollen or the mucous membrane, or wash the deposit from the exposed surfaces. For a time the wearing of amber beads was highly lauded, and thousands of strings were put about the necks of suffering patients. Mostly the effect was only that of amusement to the patient for the time being, giving the consolation of doing something. So we might go on *ad infinitum* for they are "legion." All these are only trying to correct the pathological changes that have taken place, as the result of the poisoning. What is wanted, is the change of the whole constitution of a patient, whereby the diathesis, which permits the poisoning, shall be so altered that it will be as before the system was poisoned at all, and create in it a condition that will not be liable to the evil influences from the contact of the pollen.

That this can be done, is proved by a case under my own care: A lady, raised on a farm, was most terribly poisoned by the pollen of the middle of August; from early life she had been so afflicted. While residing on the farm she continued to grow worse year by year, and then moved to the town, hoping to get rid of the affection. No abatement was the result, unless she went to a place where the pollen could not reach her. After many years, avoiding the contact with the pollen did not give any permanent relief, when, if she was, from any cause required to remain at home, it would return. At first she was under allopathic care; then she used the various washes and cigars; but finally, coming under homœopathic remedies, at the same time continuing the avoidance of the pollen exposure, after several years of diligent treatment, she can now remain at home, *and not suffer at all during the whole season.*

This, gentlemen, is a *cure of "Pollen Poisoning."*

The simple mitigation of the distressing symptoms, for the time being, to return again when the cause is again present, is not a cure, it is simply palliation.

I verily believe if we would treat our cases as we would any other constitutional disease, and not as a local trouble,

we would be able in a short time to obtain the mastery of the diathesis which permits the poisoning.

To do this is our only hope; should not treat the case during the attack, but in the interim of the attacks, to alter the condition of the system that permits it.

What of the medical treatment, to cure the diathesis which permits the poisoning?

I can mention but a few remedies.

First on the list stands Sanguinaria; used in the tincture, or the powdered root, or the salt, Sanguinaria nitrate. Its reputation stands high, and frequent are the records of its good work. In fact many believe that, if a few attacks can be averted by getting away from the poison, and taking Sanguinaria at times throughout the year, a few seasons will entirely dissipate the disposition. The characteristics which indicate the case as being one to be cured by Sanguinaria are not only those of the poisoned mucous membrane, but should be looked for in the head and stomach symptoms. Headache, giddiness, whizzing in the ears, with nausea, craving of various things to eat, salivation, empty, faint feeling in the stomach. In my experience it has been of great service by merely smelling the powdered root, and by taking the 3x attenuation morning and evening for a considerable time before the attack comes on, or morning and evening throughout the year.

The next remedy most successful is Natrum arsenicosum. This prompt and most searching medicine can go far in the cure of the predisposing cause of this poisoning. Besides the burning which is so characteristic of this disease, it has scores of other symptoms which show it to be favorable to many cases.

Next comes Aralia, with its continued wheezing and suffocation, with inability to lie down, raw throughout the chest, with scanty expectoration.

Cuprum aceticum, if persevered with, cures many a case. Its nightly aggravation, burning excoriation, violent cough in paroxysms, fear of suffocation, burning pains, tough tenacious phlegm, etc.

Ammonia bromide 3x, in cases where the usual attendant

symptoms are accompanied with a violent tickling cough. It, also, has more than a mere palliation; there is a changing of the diathesis.

But this communication is too long already, so let it be cut short by reminding you of *Ant. tart.*, *Arum tri.*, *Apis*, *Sabadilla*, *Grindelia*, *Benzoic acid*, *Naphthalin*, *Stannum*, *Sulphur*, *Lobelia*, *Ipecac.*, etc., etc.

[“While the pollen is the cause, there must be a constitutional diathesis to permit the entrance or absorption of the poison.” This is what Hahnemann teaches in the “*Organon*” and “*Chronic Diseases*,” and is just as true of *Intermittent Fever*, *Yellow Fever*, *Scarlatina*, *Diphtheria*, and many other affections, as it is of *Hay Fever*; and Dr. Jones deserves the thanks of his colleagues for his practical suggestion. We would add, that in our experience, *Psorinum*, Hahnemann’s great anti-psoric, is more frequently indicated to eradicate this constitutional diathesis than any other remedy. Its great characteristic, “when the indicated remedy fails to relieve or permanently improve,” is often met with.—Ed.]

PATENT MEDICINES.

C. M. BABCOCK, M. D., Columbus, Wis.

I have had in mind for several years some ideas respecting the uses and abuses of patent medicines, and concerning the effect, general and special, upon the people at large. I feel that the qualified physician, or rather the great body of qualified physicians, has a duty to perform from which they are constantly shrinking. Physicians are the honored and accredited custodians (if I may be allowed the word) of the public health, and the best judges of the many influences, internal, external and “infernal” which affect the health and lives of our people; consequently, are the proper persons to take up the question of patent medicines and put a stamp of approval or disapproval upon them. In my opinion it is rank nonsense to neglect so palpable a duty for fear of censure from the ultra esthetic codists.

K*

Heretofore it has been the custom of practitioners to discountenance the use of patent medicines, but the disadvantage of being charged with interested feelings has robbed the physician of much of his usefulness respecting this particular question; it, therefore, becomes important that the profession as a body assume the responsibilities of the case.

The proprietors of patent medicines are deriving an enormous annual revenue from the people, without giving them anything like value received for their money. The system of advertising with long strings of testimonials is, as a rule, dishonest and misleading. Go behind the scenes and find the patent medicine man giving the clergyman, or the merchant, or man or woman of supposed influence, medicines free of charge. The trouble in most instances being transitory in nature, disappears while the person is taking the medicine; then comes the agent with his *prepared testimonial*, and the dupe being under obligation for several dollars' worth of medicines, feels in duty bound to give return in advertising. Many testimonials are false in all particulars, and many reputable names are appended to bogus recommendations. The bogus-medicine men will hasten to bring forward the very person who signed the testimonial; but even this "clincher" fades away when we remember that now *the witness is prepared* instead of the testimonial. Occasionally a person ill of a chronic malady may obtain relief, from the use of some nostrum; but the number cured or benefited, compared with the vast multitude humbugged, is few indeed.

Mr. M——, one of my patients at this time, found himself suffering with what he concluded was kidney trouble. He began to read up almanacs and other drug-store literature, until he was fully persuaded that a certain kidney cure would be a safe and speedy road to health; he purchased a bottle; his bladder and bowels were evacuated beautifully, and for a time he felt better; he was sure he had struck just the thing. If an agent of the concern pushing that particular medicine had happened around just then, he might have obtained a *bona fide testimonial*

that would have warmed the cockles of his heart. Mr. M——, however, began to notice that he did not improve very fast after all; yet, mindful of the testimonials reciting how Mr. So-and-So, bedridden for so many years, had taken a hundred and twenty-six bottles of the "safe and speedy" cure, he pressed on, enduring the pains of his disease as well as the annoyance of the everlasting stuff he was so faithfully taking. When he had taken twenty-five bottles (at a dollar a bottle), he concluded to see a physician, and let the remaining hundred and one bottles still continue to ornament the druggist's shelves, while the hundred and one dollars they would cost him should ornament his pocket-book. The physician pronounced his trouble rheumatic, and gave approved treatment, and in a short time rendered him comfortable. He paid the physician seven dollars.

Would it not be proper to have a committee take and publish testimony of this kind, in almanac form, and let the people have both stories? Thousands of such experiences are waiting to be told; the people should have this information. Drug-stores are the official stations and depots of the legion of nostrums. Druggists receive forty to sixty per cent. commission or profit on patent medicines; they are vitally interested in recommending patent medicines, and they do recommend them, solely as respects their commissions. It is not twelve months since a prominent druggist told me that the *quality* of a patent medicine did not cut any figure in its sale; *that* depended altogether on the *amount of advertising!*

The people should be informed that the medical profession has a thousand times the brains, the experience, the opportunities, and the honesty that is possessed by the comparatively small body of dealers who make up the patent medicine class; further, that every drug in every nostrum is used, when necessary, by the profession; and that to recommend any drug or fixed formula for the cure of a long enumeration of diseases, is fraudulent. The patent medicine business is as false and conscienceless as lotteries, and gives about the same results. Thus far there

has been no uncovering of the failures, coming to consumers of patent nostrums. A little light shed in will be useful. It is to be deprecated that many people will continue to buy nostrums; but the fools are still numerous. It is difficult to state at once what manner of proceeding would best subserve the purpose. I would be glad to receive communications upon the subject, with a view to obtaining the sentiment of the profession in the matter. The question of organization for work will come up naturally if a responsive feeling is shown by individual physicians.

VERIFICATIONS.

H. M. BRODERICK, M. D., Decatur, Mich.

CASE I.—DYSPNŒA: *Lobelia*.—Was called Nov. 1st to see a young lady, 18 years of age. She had been under old-school treatment for two years. Found her complaining of labored breathing, with a sense of tightness across the chest, compelling her to take deep inspirations, and on doing so she experienced pain in region of heart. Pulse full and very rapid; cough after each deep inspiration; can not lie down on account of oppression and pain; twitching of the muscles of the face. Menses never regularly established; would run several weeks over normal time, then last but one day. Prescribed *Lobelia* inf. 3x., five drops in a glass of water until better. Next day was informed that she went to bed after second dose, which was all she took, until time for next menses, when I repeated the remedy and left a dose to be taken just before succeeding menstrual period. She never had another attack, menstruation is normal, and she is now in perfect health.

CASE II.—SICK HEADACHE: *Iris versicolor*.—Case occurred in a lawyer. He complained of severe throbbing pain all over the head and especially in either temple, had been vomiting all day, watery, sour fluid, preceded by colic pains in bowels. Subject to sick headaches. Eyes red and watery; is hoarse after vomiting. Left him 6 pel-

lets, No. 30, of Iris ver., 3x and went home to read up. Came back in an hour determined to continue Iris. Found him more comfortable; had taken two doses. Remained an hour with him, giving him another dose. At my departure he was asleep and he rested all night. Met him on the street next morning and he wanted a box of those sugar pills to keep on hand.

SOCIETIES.

OHIO.

One of the pleasantest and perhaps most profitable medical meetings ever attended by us was the twenty-third annual session of the Homœopathic Medical Society of the State of Ohio, at Cleveland, on May 10th and 11th. A large and enthusiastic assemblage of physicians attended from all parts of the state and, with but one exception, the entire proceeding was marked with a degree of unanimity and apparent desire to enjoy themselves, rarely witnessed at such meetings. The Skillman had been selected for headquarters by the committee and the excellent service was a sufficient guarantee of the wisdom of allowing the committee to arrange the details. Promptly at the hour announced President Claypool called the meeting to order. After prayer by the venerable Bishop Bedell, Secretary Walton read his report, to the effect that his expenses had been \$37.10.

Dr. Pomeroy read the treasurer's report, showing that he had received from all sources during the year \$332, and had expended \$257.10, leaving a balance in the treasury of \$74.90.

Mayor Babcock then welcomed the physicians present to the hospitalities of Cleveland, which was eloquently responded to by Dr. J. A. Gann, of Wooster. An effort made to change the annual meeting day to the fourth Tuesday in May, was lost.

The President's address was listened to with marked attention. It was replete with good suggestions concern-

ing the welfare of the Society, and during its reading and at the conclusion, he was frequently applauded. Dr. Buck offered a resolution creating a permanent bureau of *Materia Medica*, as proposed in President Claypool's address.

The Bureau of Legislation and Statistics being called, Dr. Beckwith reported orally that the bureau had nothing of importance to recite.

Sanitary Science was reported upon by Dr. Beckwith, with a paper on Adulteration of Foods. Dr. Owens of Cincinnati, then presented a paper on Sanitary Dietetics.

Dr. Ashmun, sanitary officer of Cleveland, was invited to address the meeting, and in a pleasant and instructive way spoke, at some length, of the sanitary arrangements and conditions of Cleveland.

Dr. Eggleston read *Malaria* (which appears on another page of this issue).

Dr. Biggar, of Cleveland, by request, addressed the meeting on Hospitals and their Sanitation.

The afternoon session was opened by reading a telegram from the President of the Indiana Institute and a letter from the President of the Texas State Society, sending congratulations.

The Bureau of Clinical Medicine was opened by a paper on Intrinsic Occlusion of the Bowel, with Autopsy, by Dr. A. S. Hayden. This was followed by Cases Cured, by Dr. T. E. Wells. Dr. Griste had been unable to prepare a paper on the subject assigned him, but would read a few cases from practice. One of these being a cure of vomiting of pregnancy, made by using the Cucurbita. On being questioned on what authority the Doctor had used this remedy, he answered that he had seen it described in the *ADVANCE*, which was corroborated by others.

Dr. Gaylord read a paper on Sclerosis, handling the subject admirably. Dr. Sturtevant read, for the information of the members present, a letter from an absent physician, who claimed that he had a live animal in his stomach. It was suggested that the writer be recommended to see Dr. Sapp.

Bureau of Insanity next called. A paper by Dr. Barnes

on Insanity, was presented. Dr. Buck, of Cincinnati, read a paper on Concepts of Insanity, which elicited a lively discussion in which a number of members participated.

Dr. Beebe read, Why we ought to know more of Mental and Nervous Diseases. After which the bureau closed.

Bureau of Materia Medica called. Dr. Rockwell read a humorous sketch, in rhyme, on Constipation. He was followed by Dr. C. F. Cushing with Hypnotism, in which a question arose as to hydrophobia, which was responded to by Dr. Owens, who stated that he had been bitten by a rabid dog, but through exercise of will power had escaped the alleged horrors of the disease. Mrs. F. A. Waddell, of Wauseon, read a paper entitled Verification of a Few Symptoms, and presented the verifications in good shape. Dr. H. C. Allen succeeded this lady and read his paper on Sulphur: its Prophylactic and Therapeutic use in Diphtheria. An attempt was made by some facetious member to entangle the Doctor on the potency question, but it failed of success, the answer being "potency has very little to do with it; it is a question of remedy first." The question of Diphtheria being touched upon, a spirited discussion arose and a number of opinions were elicited concerning its best treatment. Dr. Cleveland closed the bureau by reading a paper on The Selection of the Remedy.

In the evening the resident members tender their visiting brethren a banquet at the Skillman, which was served in creditable style, there being present upwards of 200 participants. Dr. Beckwith presided as toastmaster, the toasts being responded to by Drs. Owens, Claypool, Beebe, Cleveland, Buck, and the Rev. Mr. Leavitt.

The second day's proceedings opened a little tardily, owing to the lateness of the hour when the banquet adjourned, but the members came in smiling and prepared for another hard day's work. The Bureau of Anatomy and Physiology was opened by Dr. McCormick, of Cincinnati, presenting his views, in a masterly paper, on The Study of Anatomy.

The Necrologist's report was made by Dr. Beckwith, who reported the death of but one member (Dr. Taylor) of the Society during the past year.

The Bureau of Gynecology being called several papers were read by title and referred to the publication committee. Dr. J. C. Wood, of the Michigan University, read, by invitation, his operation of Vaginal Hysterectomy. The paper was well prepared and elicited marked attention; it was complimented by the President and discussed by Dr. Biggar and others.

The committee on President's address then presented its report, which was accepted. Bureau of Pædology read a number of papers by title; Dr. Crank, of Cincinnati, presenting a volunteer paper on Cod Liver Oil in the treatment of Infants and Young Children. This, also, was vigorously discussed.

Dr. W. B. Croft of Medina, read a paper on the Phenomena and Management of Labor, which was discussed at length. Other papers were also read, when the Bureau of Ophthalmology was called. Drs. Viets and Sterling each presented excellent papers—the latter on Some Recent Brain Surgery. Dr. McDermot addressed the Society on Iritis.

Owing to the lateness of the hour the Bureau of Surgery was read almost entirely by title and thus considerable of interest was necessarily omitted.

The following new members were elected during this session: H. D. Champlin, Cleveland; A. E. Stepfield, Doylston; E. H. Jewitt, Cleveland; R. D. Tipple, Toledo; W. H. Kirkland, Massillon; Geo. Zimmermann, Fremont; E. R. Freeman, Wapakoneta; Lena E. Hitchcock, Geneva; Alice M. Tracy, Urbana; J. Deetrick, Youngstown; S. L. Thorpe, Cleveland; R. B. Carter, Akron; J. W. Rockwell, Akron; Mary A. Gault, E. G. Rust, J. P. Hershberger, W. C. Hastings, Abner Ford, F. Martin, Orfa D. Baldwin.

Drs. Allen, Schneider, and Van Norman were appointed a committee to suggest names for a permanent bureau of *Materia Medica*. The election of officers next coming in order the following were selected:

Dr. N. Schneider, President; Dr. E. R. Eggleston, First Vice-President; Dr. J. A. Gann, Second Vice-President; Dr. C. E. Walton, Secretary; Dr. M. P. Hunt, Assistant Secretary; Dr. H. Ponteroy, Treasurer; and Dr. D. H.

Beckwith as Necrologist. Permanent Bureau of *Materia Medica*, Dr. H. C. Allen, four years; Dr. C. L. Cleveland, three years; Dr. J. P. Hershberger, two years.

Delaware, Ohio, is selected for the next meeting. Dr. Biggar was appointed a delegate to the British Homœopathic Congress and the retiring President was appointed delegate to the State Sanitary Science meeting, to be held in February next, at Toledo.

Dr. Frank Kraft, of Ann Arbor, acted as the official stenographer of the convention.

MICHIGAN

The eighteenth annual session of the Homœopathic Medical Society convened at Lansing on Tuesday, May 17, Governor Luce delivering the address of welcome. Socially, the meeting was a success; medically, it was a lamentable failure. It was only too evident at the morning session that "some one had blundered." Owing to sickness in their families, neither the Secretary nor Treasurer was present. For the same reason, we presume, the announcement or program which should have been issued months before, was only received by the members the week before the meeting; and this was the first intimation that many of the chairmen of the Bureaus had of their appointment. The consequence was, they had not time to organize their respective Bureaus, or even to prepare a paper. The Bureaus of Physiology, Microscopy and Histology, Registration and Statistics, Theory and Practice, *Materia Medica*, and Mental and Nervous Diseases, presented apologies only. Papers were read by Drs. Cooper, Obetz, Brown, Grant, Wood, McLachlan, and Hartson, and some of them discussed; and there were fifty-two members present. The majority of the members were evidently "on the make." They expected some one to prepare a paper for their edification—expected to receive something for nothing—and, as usual in such cases, were disappointed. The meeting proves conclusively that a successful medical society needs a head, and that head consists of active, ener-

getic officers, who not only *know* but are willing to *do* their duty. There is an abundance of material in Michigan out of which a first-class medical society may be organized and some good work done; and we trust, for the honor of the profession, that the society will "pull itself together" and see that the work is done. This kind of work is a farce.

Let the officers take a hint from the New York State Society, which has already issued its program for the annual meeting in February, 1888, and promptly issue its announcement for the coming session. Then if every member on every bureau will do his duty, we will have a session in 1888 that will amply compensate for the disappointments of 1887.

We regret to be compelled to write this humiliating fact; but the sooner the profession in Michigan looks this question fairly in the face, the sooner we may have a working society.

IOWA.

The eighteenth annual meeting of the Hahnemann Medical Association of Iowa was held in Des Moines, May 24, 25 and 26. It was the best attended meeting the Association ever held, and, better still, the papers were excellent and the discussions animated, full and instructive. The society seems to have received new life, and its prospects are brighter than ever. Many times was the expression heard, "This is a genuine homœopathic meeting." All branches of the profession received attention, as did also our pharmacies, for whose benefit the following was unanimously adopted:

Resolved. That this Association deprecates the action of our homœopathic pharmacists in turning their pharmacies into general manufactories of all classes of drugs and combinations of the same. Also in causing a lack of confidence in their preparations by palming off on the profession tinctures and attenuations made from the dry plant as being made from recent importations of the green plant. And that we resent as an insult the attempt to teach the profession *Materia Medica*, by sending out circulars assuming to give us the action and use of drugs for specific purposes.

The following officers were chosen: President, C. H. Cogswell, M. D., Cedar Rapids; vice president, A. P. Hanchett, M. D., Council Bluffs; secretary, Geo. Royal, M. D., Des Moines; treasurer, S. E. Nixon, M. D., Burlington; university committee, J. E. King, M. D., Eldora, B. Banton, M. D., Waterloo, Fred Becker, M. D., Clermont.

GEO. ROYAL, Secretary.

MISSOURI.

The Missouri Institute of Homœopathy held its eleventh annual session at St. Louis, in the parlors of the Lindell Hotel. Dr. J. Martine Kershaw addressed the assembled physicians, extending them a hearty welcome.

The first paper read was one by Dr. W. D. Foster, of Kansas City, treating of penetrating wounds of the abdomen, classifying them as among the most difficult for the surgeon's skill.

Dr. Moses T. Runnels, also of Kansas City, in an accurate diagnosis of uterine disease, thought that the novice, after a sufficient practice in the study of the diseases of women, would be able to do with his fingers what before he could do only in an imperfect manner with instruments. The theory of many gynecologists, that nearly all the diseases of women had their origin in the uterus, did not hold good in practice.

Dr. Kershaw's paper on backaches in school girls and young women was a very able one. He condemned dancing as generally carried on, stating that a delicate girl would often dance thirty miles in an evening.

The recital of the blacksmith's case by Dr. W. B. Morgan, of St. Louis, attracted much attention from its graphic description of an almost miraculous resuscitation of an apparently moribund patient.

The treatment of diphtheria, whenever broached in any of our meetings, seems to be a red flag—inciting heated and acrimonious discussions. This state of affairs in part prevailed at the Institute.

Dr. Kershaw advocated what seemed to others a treat-

ment partaking in much of the heroic. A number of the members participated in the discussion, the general conclusion being that there was no specific for the disease in question, and that no two members treated it alike.

New members elected were: C. J. Luyties, Jesse M. Fair, W. L. Reed, Amanda J. Rockwell, Miss J. W. Jenny, Mrs. Eva G. Condon, Mrs. S. F. Badger, H. R. Winchett, Mrs. Helen P. Phillips, C. Louis Carrier, and D. B. Morrow.

"Malposition of the Heart," by Dr. L. J. Olmstead, of Kansas City, was the first paper of the afternoon session. Miss Cushman, of Kansas City, followed with an able paper on the "Action of Nitric Acid on the Nervous System." Dr. H. M. Westover, of St. Joseph, presented two papers, one on "Diabetes Mellitus," and the other on "Injuries of the Lids." Dr. Wm. D. Foster spoke of "Cocaine and Its Disappointment to Him." Dr. Jas. A. Campbell, of St. Louis, offered a paper on "Injuries of the Ciliary Region, Conjunctivæ and Cornea." Instead of giving elaborate descriptions of the innumerable signs and symptoms belonging to the different injuries, he presented the Institute with three illustrative cases which contained the epitomized history and methods of treatment usual in such cases, his spirited descriptions being listened to with marked attention. Dr. F. F. Cassidy, of Kansas City, followed with "Injuries to the Iris."

The reception tendered to the Institute by Dr. Kershaw was the usual elegant affair for which the host is celebrated. Dr. Campbell, unfortunately, met with a family bereavement a few days prior to the session which tended to absent him from some portions of the sessions.

The second day's proceedings were opened by Dr. E. T. Brady, of Kansas City, Drs. F. A. Bishop and L. E. Whitney, of Hannibal, following with instructive papers. After a discourse on dentition by Dr. W. A. Edmonds, of St. Louis, Dr. G. S. Walker gave a description of the climate of Southern California. The paper of Dr. W. J. Harris, of St. Louis, on the "Sanitary Conditions of School Houses and School Life," was an elaborate exposition of the theme. Among the remaining papers presented was

one on "Post Partum Hæmorrhage," by Dr. H. T. Wilcox, of St. Louis; one by Dr. J. H. Kimball, of Pierce City, on the "Use of Water in Obstetrical Practice"; one by Dr. Thorne on "Traumatic Epilepsy," and one by Dr. Morrow on "Somnambulism." After Drs. Richardson and Parsons had read interesting papers, the election of officers for the ensuing year was proceeded with as follows: Dr. S. B. Parsons, St. Louis, president; Dr. F. F. Cassidy, Kansas City, vice-president; Dr. M. T. Runnels, Kansas City, secretary.

KANSAS.

The Kansas Homœopathic Medical Society which met at Wyandotte, on May 4 and 5, was a pronounced success, both in the attendance and in interesting papers presented. We regret that we have not been favored with a more detailed account of the proceedings. Place of next meeting is Wichita, Kansas.

The following are the officers for 1887-8: P. Diederich, M. D., Wyandotte, Kansas, president; A. P. Forster, M. D., Fort Scott, Kansas, vice president; I. T. Elliott, M. D., Wyandotte, Kansas, recording secretary; H. W. Roby, M. D., Topeka, Kansas, corresponding secretary; U. M. Griffin, M. D., Girard, Kansas, treasurer.

THAYER SOCIETY.

The quarterly session of the Thayer Homœopathic Medical Society was held in the Council Chamber, Ann Arbor, on April 19, 1887. Present: President Jones, Secretary Brown, Drs. T. P. and H. B. Wilson, McLachlan, Allen, Pratt, Adams, Kraft, Obetz, Wood and Chase. The regular order being closed, Dr. T. P. Wilson read a paper on "Cocaine and its Uses," found on page 516.

Dr. McLachlan desired to know whether Cocaine would ever take the place of another favorite anæsthetic—whisky?

Dr. H. B. Wilson: We have in atropine and eserine two drugs whose action upon the eyes is widely different. The

strange fact is that atropine combines with cocaine and will intensify its action—especially the dilatation. Cocaine by itself will produce dilatation. I use a quarter of a grain of cocaine to three or four of atropine—may be half a grain or equal parts.

Dr. Wood desired to know the toxicological effects of the drug and what to do to counteract them.

Dr. T. P. Wilson: I did say that I had never seen any toxicological effects from its use, and I have used it very frequently; but I have seen some cases reported where large quantities had been improperly employed. I believe when it is taken as morphine is, taken by what are known as cocaine eaters, that it produces an intense mental exhilaration. There is a very strong tide of pleasure running through the system under its effects. I do not know what its reactive effects are, but I would suppose them to be the immediate opposite; the danger seems to be from paralysis of the heart. I have used it with marked success in an alveolar abscess, passing the dry powder to the root of the tooth, adding more of the powder as the preceding quantity was absorbed.

Dr. Obetz: Do you also use it on the integument?

Dr. T. P. Wilson: Yes; but you must scrape your cuticle so as to get an absorbing surface.

Dr. Obetz: The only case of excessive use of the drug which I have seen in the journals was that of a case in which 22 grains had been taken by the mouth, and only a little excitement followed.

Dr. Brown had seen in the last year and a half a number of operations performed by Dr. Mott, of New York, with cocaine by injecting it around the base of the tumors and also in the side; he had seen plastic operations about the mouth and operations for necrosed bone, and in almost all of these cases ten grain solutions were used; he had found, however, by experience that a four per cent. will do as well.

Dr. McLachlan: Dr. Wilson says that the only difficulty is in applying it to the skin, in which case it is necessary

to abrade the surface; why may not the hypodermic injection be substituted?

Dr. Wilson: That wouldn't be entirely painless.

Dr. McLachlan: It seems to me there is no doubt that the use of cocaine will be enlarged before many years. I have not used it very extensively in my practice, but when I have it seemed to have very uncertain effects. I think that by hypodermic injections it would answer every purpose, and I see no reason why it could not be so used; introducing it directly into the circulation, I think, would produce toxicological effects.

Dr. Allen read a paper on "Cocaine Poisoning," prepared by Dr. Lilienthal.

Dr. Adams: In a case of prosopalgia I have known it used in ten minim doses; I was disposed to try it in five minim doses, but did not make a success with the hypodermic use of the five minims, so I do not know what dose my patient got, but in fifteen minutes, before I left her, she had begun to feel a great uneasiness about the stomach; thought she would vomit and supposed it was a dose of medicine given by the stomach; other symptoms soon followed, pain in the occiput and pressure throughout the head, pulse 132 and very irregular. I staid with the patient probably an hour before she was relieved of the worst symptoms, and they did not all disappear even by the next day.

Dr. Wilson: If you take a hypodermic injection of the drug into the tissue you don't know where the drug is going except in the tissue. It might easily be caught up by the veins and carried into the capillary circulation. But dry on the abraded cuticle, rubbed in as far as it will penetrate, then followed by the knife and another application of the dry cocaine seems to me to be the safer plan.

Dr. Wood: I have been afraid to use cocaine in gynecological surgery; I have not had very much experience with it. I have read, however, of a number of instances where the results have been anything but pleasant. I think it was one of the New York professors who came not very long ago to the clinic and gave this caution: "Never

use cocaine hypodermically. We have no way as yet of controlling the toxicological effects." This professor said he had been using cocaine quite extensively and had had some bad effects from it. In fissure of the anus, there you already have an abraded surface, I would suppose Dr. Wilson's recommendation would do well. I have used it in urethral inflammation by taking a little swab of cotton and applying the cocaine in that way. But I have never felt safe in using it.

Dr. Brown: By using cocaine upon the eye-ball I have seen less satisfactory results follow.

The next meeting will be held at Albion on the third Tuesday in July.

THE INDIANA INSTITUTE OF HOMŒOPATHY held its twentieth annual session at Indianapolis on May 24th and 25th, 1887. The meeting was well attended, despite the binding Inter-State Commerce clause, and the future of honest Homœopathy in that State assured. We have not been favored with a minute account of its proceedings up to the hour of going to press, but hope at an early day to receive a full report.

THE THIRTIETH POTENCY.—Dr. Eisbein, City Physician for the Fourth District of Buffalo, N. Y., had been suspended because of an accusation that in giving the 30th attenuation he had been criminally neglectful of a little patient. The City Chemist to whom a number of powders, homœopathically prepared, had been submitted, reported among other facts, that:

"Portions of each of the samples have been submitted to analysis, and a careful application of the known reagents fails to reveal the presence of any vegetable alkaloid. It must be noted, however, that preparations of the vegetable remedies are capable of being reduced to an exceedingly fine degree of dilution, and also that there is a limit to the delicacy of all chemical tests. Obviously it is therefore impossible to predicate the absolute absence of vegetable medicines, though if present they do not exist in sufficient quantity to be detected by the most delicate reagents. Special tests have been applied for the detection of Belladonna, but the chemical reagents and experiments upon the lower animal and the human subject show that this drug is not present in sufficient quantity to affect the animal economy."

Dr. A. R. Wright, testified at the examination that homœopathic medicines were generally prepared with sugar of milk, but cane-sugar was sometimes used. Homœopathic doctors used from the first to the thirtieth attenuation and some went higher. He was unable to say whether an analysis after the sixth attenuation would discover medicine, but he knew that the thirtieth was tasteless. Upon motion the charges were dismissed whereupon Dr. Eisbein tendered his resignation.

The Medical Advance

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

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The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

The date to which subscriptions are paid will be found on the address.

EDITORIAL.

DIPHTHERIA.—On page 287 of our March issue we republished from the *Counselor* a case of diphtheria by Dr. A. I. Sawyer, in which the patient—his own son—recovered from a severe attack, despite of rather than because of, the medical treatment. We refer to it again, not that the treatment is in any sense homœopathic but because of the high professional standing of the author, Dr. Sawyer being one of the leading Homœopaths of Michigan and ex-vice President of the American Institute. In a recent letter the author says: "In a case of typical diphtheria, I have never seen *any* difference in the *totality of the symptoms.*" And this statement, no doubt entirely honest, is the true cause of the empirical method of treating this "dreaded scourge," so largely and so unthinkingly adopted by the majority of those who sail under the banner of similia. At the recent meeting of the Missouri State Society members bemoaned the fact "that, as yet, we had no specific for diphtheria." Of course we have not, and we never will have. The law of the similars does not furnish specifics for diphtheria or any other disease, and so long as our physicians continue to practice allopathic empiricism, even with homœopathic remedies, they must expect to meet with allopathic success.

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And now, on page 36 of the March issue of the *Southern Journal* is an article from the pen of one of the representative Homœopaths of the South, Dr. W. H. Holcombe of New Orleans, more objectionable if possible than Dr. Sawyer's. Dr. Holcombe is perhaps one of the best known men in the profession, the author of "How I Became a Homœopath," that brightest and most convincing of all our missionary monographs; and how any man could so convincingly illustrate the *theory* of similia and make such a farce of its practice, is beyond comprehension. Such a difference between theory and practice, can only be accounted for by early education. When such medical authorities advocate empiricism and call it homœopathic treatment, is it any wonder that young men are inclined to follow their example? Dr. Holcombe divides the cases into "mild, severe and malignant," and here are a few specimens of "how not to do it," to prove that "the law does not apply in this disease" or "we have not the suitable means to apply it."

"The middle class, including the severe cases, is a good and fair field for the testing of the power of therapeutic methods, and of the relative value of individual remedies. Has the Homœopathic school here anything certain and positive to teach? Can we approach the treatment of Diphtheria, as we approach Croup, Pneumonia, Pleurisy, Erysipelas, Scarlet Fever, etc., with a strong confidence, a confidence born of repeated successes, and fortified by a consciousness of scientific precision in our work? Alas! No! In these dangerous and tedious cases we have tried so many remedies and resorted to so many measures, that when our patient finally recovers we cannot tell whether he owes his life to the struggles of nature or to the efforts of the physician."

Most certainly the homœopathic law has here something "positive," not only to "teach" but to practice. Diphtheria is just as certainly approached and just as successfully managed as pneumonia, pleurisy, etc. The law is not made for *diseases*, but for *patients*, and failures do not occur in consequence of a defective law, but because it is misunderstood and misapplied. The original error is made in the interpretation of it. If Dr. Holcombe should lose a few cases of pneumonia or pleurisy would he say: "we have not the suitable means to apply it?" No! it is the

interpreter who is at fault when he violates the first principles of his science by guessing at, and then prescribing for, the pathological condition met with in diphtheria. Is it not the height of absurdity to say *a law* of cure is applicable to scarlet fever but not to diphtheria? Is it any wonder our allopathic friends accuse us of hypocrisy when we talk about a law of nature being applicable in one disease and not in another; when we abandon our remedies and resort to the topical treatment and empirical measures which they know are so unsuccessful? Does Dr. Holcombe treat other natural laws—gravitation and chemical affinity—in the same way? Dr. Holcombe says: “we have tried so many remedies and resorted to so many measures,” and this is just what Dr. Sawyer did in the case reported; yet no true Homœopath ever “tries a remedy.” Every true follower of Hahnemann has the means of *knowing*; hence never should “try” a remedy. It is our scientific (?) friends of the other schools who are forever “trying” expedients in Diphtheria.

“The true cause of uncertainty and comparative inefficiency of our practice in Diphtheria lies in the fact that we are not able to make any exact application of the Homœopathic law. The fever of a constitutional, contagious disease, characterized by specific organic lesions, is not Homœopathically covered by Aconite, Belladonna, Gelsemium, Veratrum Viride, or any of our exceedingly valuable remedies against fever without such organic lesions. Nor are our remedies, which produce fibrinous exudations, not contagious, truly Homœopathic to exudations which are undoubtedly contagious.”

We do not think any man in America (Oliver Wendell Holmes excepted) could crowd as many absurd statements concerning the homœopathic treatment of Diphtheria, into three sentences. What are we to expect from the rank and file, if the leaders are guilty of such inexcusable ignorance? If Dr. Holcombe expects “to make any exact application of the law” and do it in this way, he will always find it defective. All such treatment is empiric, nothing more, nothing less; and the use of the homœopathic remedy in this manner will not make it homœopathic treatment. So long as our practitioners seek for a remedy with

which to combat the pathological lesions of Diphtheria, irrespective of the symptoms of the patient, so long as they fail to "see any difference in the totality of the symptoms in a typical case of Diphtheria" just so long will they find the law only partially operative in its treatment. Would it not be wiser to cease throwing stones at our brethren of the dominant school while we live in glass houses; to cease accusing them of "ignorance of the homœopathic law" until we can remove "the beam from our own eye?" In a recent editorial the *Medical Register* reads us a lecture on the practical abandonment of the Homœopathy of Hahnemann and quotes as follows from Jousset, whom it considers one of the first Homœopaths of Europe: "Hahnemann and his pupils pretended that Homœopathy was the whole of therapeutics. This is a complete misconception of the case. * * * The fact is, that it cannot take the place of palliative medicine; nor of surgical medication; nor of antidotal medication, etc., etc." If any Allopath can give a more unhomœopathic definition of Homœopathy we would like to see it in print. And yet he is an author of so-called homœopathic text-books. When our authors and writers are guilty of such unpardonable errors, and publish their failures to the world as the failures of Homœopathy, does it not seem as if there was something "rotten in Denmark." We shall discuss the treatment next month.

* * *

OH, THE PITY OF IT, IAGO.—That bright and newsy old school journal *The Medical Register*, under the caption of "A sign of the Times" presents a series of statements concerning Homœopathy (?) which are none the less painful because true. It says: "The true homœopaths, those who pin their faith solely on Hahnemann, and who believe that with him the medical art reached the last possibility of development, are few in number and rapidly becoming fewer. The others have no right to the name of homœopaths, because by using any agents their judgment approves of, they stand upon the same ground as the regular physician."

Alas, how true, save in one particular. The number of

Hahnemannians—for that is the intent of the paragraph—is not “rapidly becoming fewer,” on the contrary, the evidence is very cheering all along the line that the number is steadily augmenting. Month by month as we scan our homœopathic exchanges, as we listen to the lectures from the desk, and the discussions in the medical bodies; as we note the kind of enquiries directed to this, and doubtlessly to other journals, concerning Hahnemannian literature, we are led to the encouraging fact that there is a steady tendency Hahnemann-wise,—a tendency to the single remedy and that well potentized.

Again it says: “In the homœopathic journals we see but little of the former’s [Hahnemannians’] work. The ‘proving’s’ are done; and, there now remains but to separate that mountain of chaff from the infinitesimal atom of grain. * * * There is but a homœopathic amount of homœopathy in the homœopathic journals.”

Quite recently, too, the *Medical Record* “held up” *The Hahnemannian* for its want of Homœopathy. Whither is this tending? Have the journals outgrown Homœopathy? Back files of the *New England Medical Gazette* and of *The Hahnemannian* give a different class of reading matter from that in the current volumes ably as they are edited. Have they progressed?

Happily the allopathic New Zealander is a little too precipitate about sitting on the ruins of the homœopathic London bridge to sketch the ruins of the homœopathic metropolis, and the *Register* is reckoning without its host if it expects to survive “the approaching extinction of this exclusive school.” Still there is a grave moral to the editorial which it will be well for the warring clans in our school to apply.

OUR EXCHANGES.

The New York Medical Times for May presents a readable paper on “Instinct in Medicine” quoted from M. Delaunay in *Gaillard’s Med. Journal*, maintaining that animals instinctively choose such food as is best suited to them, and blames medical men for not paying sufficient respect to the likes and dislikes of their patients.

It states that women are more often hungry than men and do not like the same kind of food; that children, as a rule, do not like meat until they are about five years of age; that mammals suckle their young, keep them clean, wean them at the proper time, and educate them; in fact, that man may take a lesson in hygiene from the lower animals. The paper is very interesting especially in its description of how animals take care of themselves when sick or wounded.

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Dr. H. K. Bennett, President of the Mass. Surg. and Gynecological Society among other good things in his address (*in N. E. Med. Gazette*) says:

"Let this constant clashing and denunciation by members of those who differ from them, be done away with, and, on the contrary, let them use their best endeavors to prove all things, and hold fast to those which prove to be true."

So say we all of us! Dr. Bennett delivers a good address.

*

Dr. C. B. Gilbert, (Washington) contributes a little jewel to the *N. E. Med. Gazette* on Taraxacum.

"The following symptoms of Taraxacum have been confirmed in one case. A man sixty years old, medium height, iron-gray hair, stout; had syphilis twenty-five years ago, and now has a squamous eruption on scalp, worse on occiput, and slightly on forearms; gloomy mood; tongue coated white, except on a strip on the right side of the back of the tongue, which looked raw (the coating all peeled off, and left a red surface); bitter taste rises into the mouth from the oesophagus; butter tasted so badly that he had stopped eating it (thought his wife had been cheated in buying it). The following clinical symptom may be added: viz., turning raw feeling all down the oesophagus. After taking the remedy the stools became free and almost black, since which he has felt better than for a year."

*

The Medical and Surgical Reporter, quotes from *The Medical Age* a little note on the "Decadence of Homœopathy" to the effect that

"A prominent publisher of a regular medical book sells more books proportionally to the homœopaths than to regular physicians. The fact is but an addition to the accumulating evidence of decadence of homœopathy as a system of therapeutics. The number of consistent homœopaths whom the public regard as such is rapidly growing beautifully smaller, and the time is not far distant when only cranks and men who sail under the name as the pirate sails under the flag of an honest merchantman will fly the legend homœopathy on their shingles."

A good deal of truth in that, isn't there? But what a delicious lot of rot about the "decadence." How he must have hugged himself with joy when he had evolved that mighty thought! "Pleased with a rattle, tickled with a straw." Perhaps he is already constructing the obituary. Come out of your stygian gloom, and dismiss Charon for the nonce. Postpone the funeral. Joy still reigns supreme, for as yet the corpse walketh the street, and seemeth exceedingly lusty. No flowers.

The Medical Current for May 18, 1887, contains a solution by "Uncle" Samuel Lillenthal of a Therapeutic problem as follows:

"In Guiding Symptoms, IV, 442, we find the stools of copalva: diarrhoea, copious, watery, involuntary stools; worse in morning, colic relieved by bending double; white, loose, mucus stools in the morning, coming away in masses; chronic diarrhoea with or without fever; antidoted by Bell., Colocynth, Mercurius, Sulphur. Of these he had Mercurius and Sulphur; though we might think of *Calcareo iodata* or *Calcareo arsenica* for we find in the latter: very painful shooting, cutting jerk across abdomen going from right to left, still we must give the preceding gonorrhoea some consideration and my mind reverted to *petroleum* or *Thuja*. The agg. by loss of a meal hints to the former, which also has: awakened early morning by urgent desire for stool, which is gushing, watery; sharp, colicky, cutting pains below the navel; chronic diarrhoea, worse during the day; gonorrhoea. *Thuja* is a grand remedy for sequelae of gonorrhoea and it has: diarrhoea after breakfast; stool pale, yellow, watery, expelled forcibly with much noisy flatus."

The lecture on Iritis by Prof. C. H. Vilas in the same number is a superb one and worthy of careful study.

*

Nashville Journal of Medicine and Surgery for April has an article with the novel title of "Medical Bills, and How to Collect Them," by J. R. Harwell, M. D.

"Medicine is regarded as a profession more than a business; so that physicians are looked upon as humanitarians whose philanthropy prompts them to the conflict with disease and death rather than as business men avariciously grasping for filthy lucre * * * 'Theoretically the physician, like the clergyman, is a philanthropist, and is actuated in the practice of his profession solely by the desire of doing good to his fellow-man, and possibly also his love of science for science sake. But candor compels us to assert that in neither case is theory strictly in accord with fact. * * * As a rule, the minister takes the church that offers him the largest salary, and the physician charges as high a fee as the circumstances of his patient, or the nature of the services rendered, will warrant.'

But theorize as we may, we find that the physician is a human being—not an angel; that he is subject to the same frailties and infirmities that afflict other men—that he has a stomach becomes hungry, and, like his fellows, has to be fed—that comfort demands a house to shelter him from the storm—that the staid conventionalities of human society make the wearing of clothes imperative, and unfortunately his family partakes of his nature, and must be fed, clothed, and housed. So that we cannot entirely divest our profession of the fact that it is a business as well as a profession, and are sometimes made to realize the truth of the heathen maxim, 'Charity begins at home.'"

Briefly stated:

Never charge an exorbitant fee. Present bill on the first of each month, for health is ungrateful: small bills are easier paid than large ones; and this will rid the physician of dead beats. Never itemize a bill unless requested, as it entails useless labor and subjects to criticism. Charge all alike, then, if a humanitarian, make donations to the poor. Make out your bill in full and receipt it on payment of half; the patient will take this as a compliment and no one will be injured. "Never refuse to see patients because they are poor; they are God's people." Good practice often comes through their influence. "The young members of the profession are especially liable to fall into this error [of lowering the price] under the belief that 'a nimble sixpence is better than a slow shilling.'" People generally select a doctor because they prefer him and not because he charges less. Don't be a "cheap doctor." It is rarely good policy to sue a debtor, but is sometimes necessary.

NEW PUBLICATIONS.

A **CYCLOPÆDIA OF DRUG PATHOGENESY.** Edited by Richard Hughes, M. D., and J. P. Dake, M. D. Part V. Cautaris—Chromium. Octavo, pp. 192. London: E. Goult & Son. New York: Bœricke & Tafel, 1887.

A full review in July issue.

TRANSACTIONS OF THE MASS HOMCEOPATHIC MEDICAL SOCIETY. Vol. IX, 1886.

This volume of 185 pages, though not so large as some former years, is a model of the printer's art and contains many good papers. There is one feature of this society that at once attracts attention, viz., the Treasurer's report. On the day of the annual meeting there was "cash on hand \$1,298.24." We would suggest that the treasurers of some other state societies correspond with treasurer H. C. Clapp, of Boston, and take a leaf from his system of book-keeping. The society is evidently in a flourishing condition.

THE NEW CHRISTIANITY: An appeal in behalf of its life of charity; pertaining to diseases, their origin and cure; the use of intoxicants, tobacco, opium; the pernicious and destructive habits of women and abuse of children, etc., etc. By John Ellis, M. D., author of "Avoidable Causes of Disease" etc. New York: Published by the author.

The contents of this volume of 511 pages have been principally compiled from the previous works of the author; "The Avoidable Causes of Disease;" "The Wine Question," etc. The book has been written and published evidently with only one object and expectation in view, viz., the attempt to benefit his fellow-men; and it certainly exposes with a master hand the evils and abuses arising from the use of alcoholic and narcotic stimulants. It is full of facts and worthy a perusal. Write the author for a copy.

THE VEST POCKET ANATOMIST (*founded upon Gray*) By C. Henri Leonard, A. M., M. D., 13th Revised Edition, enlarged by Sections on Anatomical Triangles and Spaces, Herniæ, Gynecological Anatomy and Dissection Hints. Detroit: The Illustrated Medical Journal Co., 1887; cloth, 86 Illustrations; 154 pages; post-paid, 75 cents.

This small volume in its former editions is well-known. The thirteenth edition, contains very clear and accurate topographical plates of the Venous, Arterial and Nervous systems, photo-engraved from the English cuts in Gray's Anatomy. This makes the work especially of value to accompany the surgical case of any practitioner that is doing much work in this line, who may wish at his hand a "regional reminder" of the placement of arteries and veins that he may wish to avoid in making his incisions. The addition of "Dissection Hints" and the "Triangles and Spaces" make this one of the best of our pocket anatomists.

TAKING COLD: The cause of half our diseases: Its nature, causes, prevention and cure. By John W. Hayward, M. D. Seventh edition, revised and enlarged. London: E. Goold & Son.

That this small volume, adopted for both popular and professional reading, has reached its seventh edition, shows how well the efforts of the author have been appreciated in Great Britain. As it attempts to strike at the cause of "Taking Cold" it treats largely of preventive measures, which many will welcome. Therapeutically, Aconite is considered "the antidote for taking cold," and when it corresponds to the causes for which it is the simillimum it is always effective. But in this case the treatment consists largely in prescribing for the disease instead of the patient, and must necessarily meet with many mortifying failures, especially among the laity. The book could have been made more effective and equally attractive by adhering more closely to the tenets of Hahnemann.

REPORT OF THE BOARD OF TRUSTEES OF THE NORTHERN MICHIGAN ASYLUM, 1886.

This first official report of the Board has been looked for with some degree of interest by the homœopathic profession of Michigan, and they will not be disappointed. The Appendix contains the correspondence which occurred between the officers of the Board and the officials of our State Society and several other physicians, in relation to the appointment of a medical superintendent. Many of the letters are exceedingly frank, others contain a spice of slang and none evidently were intended for publication, hence they will be read with interest by the Homœopaths of the State. It is to be regretted that more care was not exercised by some of our correspondents. Why the Board did not comply with the Statute and appoint a Homœopath is explained as well as it can be; but the excuse "want of experience" is only an excuse, not a valid reason. A colored lithograph and ground plans of the asylum form a frontispiece Write your member for a copy.

EARTH AS A TOPICAL APPLICATION IN SURGERY: A full exposition of its use in all the cases requiring topical applications admitted in the surgical wards of the Penn. Hospital during a period of six months in 1869. By Adinell Hewson, M. D. Second Edition. Philadelphia: The Medical Register Co., 1887.

At the meeting of the American Medical Association in New York in June, 1880, the author presented a paper, "On the Treatment of Fibroids of the Uterus," with earth dressings which at the time attracted considerable attention in the gynecological world. In 1868 Dr. E. R. Ellis, of Detroit, reported a number of surgical cases in the U. S. Medical Investigator, successfully treated with earth dressings. An account of the use of earth in surgical dressings is also found in Holmes system of Surgery by Dr. Bur-

don-Sanderson, but Dr. Hewson has given in this volume the most complete description of its use illustrated by a large number (93) clinical cases. Among others the contents contains besides, "Histories of Cases;" "Its effects on Pain," "Its power as a Deodorizer;" "Its Influence over Inflammation," "Putrefaction," "The Healing Process," and the "Modus Operandi of the Earth."

This subject is worthy the investigation both of the Surgeon and general practitioner.

ROLAND BLAKE. By S. Weir Mitchell, M. D. Boston and New York: Houghton Mifflin & Co., 1886. Pp. 379.

It was said of General Albert Pike, the poet of the Mexican war, that, "if he could fight as well as write he could write as well as fight." And so we may say of Dr. Mitchell. His pen has so long graced the pages of medical literature that we have come to know and to think of him as a medical author only; hence this departure from the beaten path will be gladly welcomed by his medical confrères. This, we believe, is his second venture in the field of fiction; and while in many respects it is perhaps not equal to its predecessor, "In War Time," we certainly think it more instructive if not more interesting. The morbid and melancholy side of human nature is so generally portrayed by our modern novelist that it is a relief to have the heroic, Roland Blake, stand out in vivid contrast as a strong, genuine man, one often met with in actual life. But the character which will especially interest the medical reader is Miss Darnell, so life-like and real, that the author, as a specialist of mental and nervous diseases, may be said to have written the history of one of his nervous patients. This case is so well drawn as to be looked upon as a typical case of a class often met with by every physician of large experience. A profitable lesson may be drawn by nearly every medical man in the perusal of this book. It will do you good to read it.

SEVENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH, LUNACY AND CHARITY OF MASS., 1886.

This volume contains, among other papers, a valuable contribution to the etiology of Intermittent Fever—"An Epidemic of Malaria in Eastern Massachusetts" by Z. B. Adams, M. D., of Framingham. The author calls attention to the mode of invasion of this epidemic, greatly at variance with the generally accepted theory of the cause of malaria. A few years ago Dr. G. H. Wilson of Meriden, Conn., member of the State Board of Health, furnished a history of the movements of the malarial epidemics in New England for the last 25 years, illustrating the march of the successive waves by a map with isochronal lines, marking the time and course of each epidemic. He showed that the epidemic influence travelled against the general or prevailing winds, and against, instead of

with, the currents of the principal rivers of New England, and in many particulars these authors agree. Although Dr. Adams does not define the cause of *ague*, he clearly demonstrates that it is not produced by "heat, moisture and decay arising from ponds, reservoirs, swamps or low grounds overflowed by freshets or exposed by evaporation, for new cases arise at any and all seasons of the year and upon the highest land." What is generally known as malaria, as a cause in the production of intermittent fever, is receiving at the hands of science a most searching investigation, which promises sooner or later, to demolish this cherished "scape-goat" of a credulous public.

A PRACTICAL TREATISE ON OBSTETRICS. Vol. III, (4 vols.) The Pathology of Labor. By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. III, of the "*Cyclopaedia of Obstetrics and Gynecology*" (12 vols.), issued monthly during 1887. Price of the set, \$16.50. New York: William Wood & Co.

The rapidity with which this work approaches completion is very gratifying. The author divides the Pathology of labor into two general heads: First, Maternal Dystocia. An abnormal condition of the expulsive forces, which may be exaggerated, diminished or perverted. Second; Fœtal, or Dystocia due to the Fœtus. Obstacles or malformations that prevent the normal expulsion of the fœtus, either of the bony pelvis, in the parturient canal, or in its vicinity. To the malformations of the pelvis the author devotes seventy pages, hence it is not only elaborately treated but its numerous excellent illustrations render this part of the work very readable and exceedingly attractive.

Fœtal Dystocia may be due to; first, abnormal size or malformation of the fœtus or its attachments; second, abnormal position or presentation which may be complicated with prolapse of a limb or of the cord.

In the last chapters the author discusses the question of Ergot and its use in Obstetrical practice, and adopts the reasons of Pagot for not giving Ergot before the termination of labor. He says: "*Never give Ergot until both child and placenta have been delivered;*" to which the American editor adds: "It is our belief that the rules laid down for the administration of Ergot are golden ones, and our own practice is in accordance therewith." This chapter on Ergot is worth the price of the volume.

OFFICIAL SURGERY: Its applications to the treatment of Chronic Diseases. By E. H. Pratt, M. D. Chicago: W. T. Keener. Pp. 130. (Cloth \$1.50, 1887.

The authors apology for the publication of this book, and we think it demands an apology, is thus tersely given in the Preface: "This handbook comprises the substance of a series of lectures delivered to the class of the Chicago Homœopathic College during

the winter of 1886-87. While a larger treatise is in course of preparation, the demand for information on the subject of which it treats has been so great as to win my consent to its publication."

The philosophy of orificial surgery is thus given:

"In all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangements of brain substance that induce insanity and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body there will invariably be found more or less irritation of the rectum, or the orifices of the sexual system, or of both. In other words, I believe that all forms of chronic disease have one common predisposing cause, a nerve waste occasioned by orificial irritation at the lower openings of the body."

In view of this belief what is to become of all the chronic diseases in which no such irritation is to be found? What of the psoric theory of Hahnemann? Even the syphilitic miasm is eradicated by the removal of the rectal pocket and the cauterizing of the ulcer? Of course, the author is a Homœopath, and must drag Homœopathy into the mire, to obtain favor, we presume in certain quarters. Like many others he too "believes" in the law of the similars, for under the head of "Medicine" he says: "I believe that the application of remedies according to the law of similars involves the only scientific principle at present discovered." But, in order to be true to the teachings of our Chicago cotemporary he must make an effort to get on both sides of the fence at once and succeeds pretty well, for on the same page he urges the students "to be broad-minded, and to pursue a policy of true eclecticism," in stretching sphincters, cauterizing ulcers and removing hemorrhoidal tumors. Taken all in all, as a book, there is practically little if anything in it but what can be found in one of Brinkerhoff's advertising pamphlets. Even the clinical cases are so wanting in details, and so recent in treatment as to greatly impair their value. As a homœopathic work we sincerely regret its publication, and if we are not greatly mistaken the author will equally regret it within the next decade. If the practice which it professes to teach be no better than the book which teaches it, we trust the profession will be spared the infliction of the publication of "the larger treatise in course of preparation."

EDITOR'S TABLE.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK.—With a celerity truly commendable the Secretary announces its semi-annual, and annual meetings to be held, the former in New York City, on Sept. 20th, 21st, 1887, and the latter at Albany, Feb. 14 and 15, 1888. Full list of all Bureaus and Disputants given. No ground here for tardiness of notification.

DR. PHIL PORTER has been appointed Professor of Gynæcology in Pulte Medical College.

R. B. HOUSE, M. D., of Tecumseh, Michigan, has been elected Health Officer for the city, for 1887.

DR. C. N. SHELLENBERGER, has removed to his country place, Edgewater Park, N. J.

WANTED.—A copy of Emerson's Essays, *Second Series, Boston, 1844*. Address the editor of this journal.

MARRIED.—On May 4th, 1887, at Centralia, Ill., Dr. J. A. Wakeman to Mrs. S. A. Willard. Our hearty congratulations.

MARRIED.—In Los Angeles, Cal., Nov. 17, 1886, by the Rev. A. J. Wells, Charles G. Button of Los Angeles, and Julia F. Reed of Oakland, Cal.

CHANGE OF DATE.—The Wisconsin Homœopathic Medical Society meets at Waukesha, Thursday and Friday, June 23d and 24th, one day later than as previously announced.

HENRY C. ALDRICH, M. D., has accepted the chair of Pathology, Histology, and Microscopy, and Geo. E. Dennis, M. D., that of Sanitary Science and Preventive Medicine of the Minnesota Homœopathic Medical College.

FOR SALE.—Splendid chance. Homœopathy established since June, 1884. Population 2,000. Two railroads. No opposition. No counsel nearer than 24 miles. Have the run of the adjoining towns. Good pay. Good Country. Will introduce successor. Address Dr. Lyon, Sabetha, Kansas.

REMOVAL.—C. T. Harris, M. D., has removed from Syracuse, N. Y., to 398 Lafayette Ave., Detroit, Mich.

Frederick Hooker, M. D., to Fayetteville, N. Y.

Dr. Fiske Bryson to 15 west 34th St., New York.

JOHN H. HAMMOND, M. D., removed to Princeton, Indiana.

THOMAS SKINNER, M. D., leaves London June 7 for his summer residence in Scotland, and will not return until Oct. 14. Fortunate Doctor! Very few of us, especially of the editorial corps, can obtain a vacation of four days to say nothing of four months.

"THOU SHALT NOT STEAL" is the title of an editorial in the April issue of the *Atlanta Medical and Surgical Journal*. Will the Editor please send a marked copy to Lauder Brunton. *Hahnemannian Monthly*.

BUSHROD W. JAMES, M. D., has, for the accommodation of the profession in Philadelphia established a "registry for nurses." This is a practical step and if done in every large city—say at the pharmacy—would be a great advantage to the profession.

HAROLD B. WILSON, M. D., of Ann Arbor, sailed for Europe on May 14, 1887. He will make a tour of the principal countries partly in pursuit of pleasure but more particularly in the interest of his chosen profession. He will be absent a year or more, during which time he has promised to keep us advised of his whereabouts and doings.

DR. J. C. BURGHER, General Secretary of the American Institute, has prepared and mailed the usual handsome program for the Fortieth Annual session to be held at the Grand Union Hotel, Saratoga Springs, N. Y., from Monday, June 27 to July 1, 1887. The hotel rates are the same as for last year, with the complimentary banquet tendered the members by the manager, after which the customary Terpsichorean exercises will prevail. The program promises a rich feast. Come yourself or send a substitute!

INTERNATIONAL CONGRESS OF INEBRIETY.—The council of the English Society for the study and cure of Inebriety have completed arrangements for holding an International Medical Congress at Westminster Hall, London, on July 5th and 6th, 1887. At the close of the second day a dinner will be given the Congress; and on the third day an excursion and reception will be held at the Dalrymple Home. We are pleased to note that Dr. T. D. Crothers of Hartford, Conn., will represent the American interest.

FOR SALE.—A half interest in a practice, with cash collections of from \$12,000 to \$15,000 per year. Must be a gentleman of good address, education, five or ten years' practice, and prepared to do the majority of the business at present, as over-work is the only reason for taking a partner. City of 35,000. Address this Journal for particulars.

BUREAU OF SURGERY, AMERICAN INSTITUTE.—This bureau proposes to have a most thorough discussion on *Morbus Coxarius*. Important papers from Dr. Helmuth, on surgical treatment; Dr. Hall on mechanical, and Dr. James on the Medical treatment, will be of great value. Dr. Hall will illustrate his paper by splints and

apparatus now in use. Dr. Helmuth's paper is expected to be in his usual thorough style. It is safe to infer a most interesting meeting and the desire of the members of the Bureau is that *all* may come with thoughts and ideas and give them utterance, as there will be abundance of time for full discussion.

L. H. WILLARD, M. D., Chairman.

NOTICE TO MEMBERS OF THE INSTITUTE.—All persons attending the Institute will be returned upon my certificate at one-third fare. Parties living in Buffalo, Pittsburg and East thereof, must procure their certificates in advance from Dr. Burgher, the General Secretary. Parties living west of Pittsburgh and Buffalo and East of Chicago and St. Louis will secure their certificates from the ticket agent of whom they purchase their eastbound tickets: in the latter territory return tickets will only be sold and certificates dated not more than three days in advance of the meeting. All certificates expire three days after the meeting has adjourned, and will only be good on the route used in going, and are not transferable.

A. C. COWPERTHWAIT, M. D., Chairman.

THE CENTURY FOR JUNE, contains an illustrated paper of the widest popular bearing, the second of Professor W. O. Atwater's articles on food, entitled "How Food Nourishes the Body," and presents in compact form a large amount of the latest deductions of chemical analysis and other scientific investigation in this department. Professor Atwater presents these results in a graphic manner, somewhat similar to that adopted by Mr. Atkinson in his recent papers in the same magazine. Incidentally he explodes the idea that fish is especially good for brain food. We are glad these practical papers are to be continued in future numbers of the magazine. This subject deserves more attention than is now paid to it, as a recent critic has justly said that we waste enough annually in imperfect preparation to feed another nation as large as our own.

MAGAZINE OF AMERICAN HISTORY.—Mr. Moncure D. Conway opens the June issue with a brilliant leading paper on "Fredericksburg First and Last," in continuation of his graphic historical sketches of that old Virginia town, begun in the March number. Among the illustrations to Mr. Conway's vigorous text, are portraits of John M. Daniel, editor of the *Richmond Examiner*, who in his day wielded an influence unexampled in Southern journalism, and of Judge Slaughter, the notable mayor of Fredericksburg in the time of the late war. Mrs. Lamb, the Editor, contributes a brief, well-written sketch of the American career of Major-General

Robert Monckton, colonial governor of New York about 1762, of whom little has been hitherto published or known, and whose elegant military portrait graces the front page of the number. We may note, in passing, that Mrs. Lamb is making this one of the best of our literary periodicals.

ALABAMA MEDICAL LEGISLATION.—Dr. J. H. Henry, of Montgomery, has been appointed one of a committee of two to bring suit by injunction in the State Supreme Court restraining the Allopathic Medical Association of Alabama from examining persons wishing to practice medicine in the State until the constitutionality of the law giving them such power has been determined. \$500 was subscribed for pushing the suit. Dr. F. H. Orme, of Atlanta, Ga., was also appointed to memorialize the national association to bring suit in the Supreme Court of the United States for the purpose of testing the constitutionality of sectarian medical laws.

DEATH.—Dr. E. R. Eggleston, of Mt. Vernon, Ohio, has met with an irreparable loss, that of his beloved wife who died a few days before the recent meeting of Ohio State Society after a lingering illness. Mrs. Eggleston was a graduate of the Cleveland Homœopathic Hospital College of 1876. She was an estimable lady, wife and mother.

ROBERT FAULKNER, M. D., of Erie, Pa., died April 1 of apoplexy, aged 61 years. He was well known as the author of Faulkner's visiting list.

HENRY DETWILER, M. D., of Easton, Pa., the oldest homœopathic physician in the U. S., if not in the world, and the last man in America who was personally acquainted with Hahnemann, died April 21, 1887. He was born in Switzerland, Dec. 13, 1795, hence was nearly 92 years of age, and had been in active practice over 70 years. He was elected a member of the Faculty of the "Allentown Academy of the Homœopathic Healing Art" in 1836 and in 1844 assisted in organizing the American Institute. On the 23d of July, 1828, he made the first homœopathic prescription ever made in the State of Pennsylvania—the remedy Pulsatilla, for retarded menstruation.

HAHNEMANNIAN ASSOCIATION.—Reduced rates for return from the Long Branch meeting have not yet been secured. Have held this issue a week awaiting a reply to application. If received, members will be notified.

VOLUME XVII. JUNE, 1887. NUMBER VI.

THE Medical Advance

H. C. ALLEN, M. D., Editor.

"Its law is progress; a point which yesterday was invisible is its goal to-day and will be the starting point to-morrow."

CONTENTS:

ORIGINAL CONTRIBUTIONS.

Fundamentals of the Organon, No. 7. Lewis Barnes, M. D. 501
Malaria. E. R. Eggleston, M. D. 505
Physicians' Hygiene. P. Diederich, M. D. 512
Cocaine and Its Uses. T. P. Wilson, M. D. 516
Homoeopathic Tinctures. L. H. Witte, M. D. 519
A Scrap of History. 522
-Billroth and Esmarch on the study of Latin and Greek. 525

OBSTETRICS.

Meddlesome Midwifery. H. A. Barber, M. D. 526

CORRESPONDENCE.

Our Foreign Letter. A. E. Drysdale, M. D. 531
-Magnesia Sulph. Mahlon Preston, M. D. 533
-Naja in Asthma. Mahlon Preston, M. D. 533

MATERIA MEDICA.

Aurum Metallicum. E. A. Farrington, M. D. 534
Aurum Metallicum. John V. Allen, M. D. 537
Penthorum Sedoides. D. B. Morrow, M. D. 539
Lachesis and Sabadilla. 545
Why such different symptoms from the same drug on different persons. Lewis Barnes, M. D. 547

CLINICAL MEDICINE.

Typhoid Fever, stimulating Cerebro-Spinal Meningitis. S. Lillenthal, M. D. 549
Aphonia: Dulcamara. J. J. Sturgus, M. D. 554
An obscure (?) Case. J. K. Perkins, M. D. 556
Verifications. E. G. Grahn, M. D. 557
Eye Therapeutics: Incipient Cataract Cured. E. S. Evans, M. D. 558
Was it the Simillimum. J. A. Whitman, M. D. 559
Hay Fever or Pollen Poisoning. J. E. Jones, M. D. 560
Patent Medicines. C. M. Babcock, M. D. 565
Verifications. H. M. Broderick, M. D. 568

SOCIETIES.

Ohio. 569
Michigan. 573
Iowa. 574
Missouri. 575
Kansas. 577
Thayer. 577
Indiana. 580
-The Thirtieth Potency. 580

EDITORIAL.

Diphtheria. 581
Oh, the Pity of It, Iago. 584
Our Exchanges. 585
New Publications. 588
Editor's Table. 592-596

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- Microscopic Observations**, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. Miller, A. B., Ph. D., D. D. S., Professor of Operative and Clinical Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the care and preservation of the teeth.

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Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia Albuminuria, and Vesical Irritations generally.

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RHEUMATISM.

DIETETIC NOTE.—A fruit and vegetable diet is most beneficial for patients with chronic rheumatism.

ALLOWED.—Beef and mutton, with horse-radish, fish and eggs, green fruit, especially lemons. A milk diet has been recommended by some authors.

AVOID.—Spicy food; all coffee.

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The Annual Post-Graduate Course for 1887 in the Hahnemann Medical College and Hospital of Chicago, will open April 3 and continue for four weeks. This course will consist of two parts: (1) Objective Drill on the Various Branches of Medicine and Surgery that will yield four or more hours of Clinical Instruction each day. (2) Two Didactic Lectures each day on Live and Practical Topics, Demonstrations in Surgical Anatomy, Urinary Analysis, etc., etc.

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BUSH'S FLUID FOOD.

Containing 34 $\frac{1}{2}$ % per cent. of Soluble Albuminoids.

The vital principles of Beef and Mutton concentrated. A highly condensed Raw Food Extract. Acceptable to the most delicate taste and smell. Does not become putrid in a short time, as all other Raw Foods do. Retained by irritable stomachs that reject all other Foods. It assimilates more readily than any other Food known to the Medical Profession. Bovinine under the microscope shows the blood corpuscles in their normal condition strongly marked, while in all other Foods or Extracts this vitally important element is destroyed by the action of heat in cooking.

In Typhoid Fever the pathological conditions present in the large and small intestine about the ileo-caecal valve from the inflammation and supuration of the agminated and solitary glands demand a food containing no excrementitious matter, while the depressing effects of the disease upon the vital powers through the nervous system makes a highly nutritious and stimulating food absolutely necessary.

These indications for a food are met in Bovinine, which contains all the albuminoids of Beef and Mutton in a very concentrated form, unchanged by heat or chemicals, as well as its stimulating meat salts. The process of its extraction also insures perfect freedom from extraneous substances.

Bovinine alone, or as an adjuvant to the milk diet ordinarily employed, is of the greatest benefit in either the acute stage of the disease or during convalescence from it as it is readily borne by the weakest stomach, and is acceptable to the taste of every patient.

In the vomiting of pregnancy the extreme difficulty of nourishing the patient is obviated by Bovinine given in small doses frequently repeated. This symptom of reflex action cannot always be entirely controlled, but its frequent recurrence is diminished, better nutrition assured, and the danger to life from inanition averted.

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In disturbances of the intestinal tract accompanied by gastric irritation; in cancer of the stomach or rectum; in supplying the waste of albuminuria; in the marasmus of infancy or old age; in scrofulous conditions; in phthisis, and in so-called dyspeptic conditions, Bovinine will be found of signal service, securing better nutrition and a assimilation, and alleviating the conditions present. Bovinine is a raw food and is neither partially nor wholly digested, so that when given in doses of enfeebled digestive power, it does not still further increase the inability of the gastric forces to perform their work, but restores them by its physiological stimulation to their normal effectiveness.

I have been prescribing *Bovinine* in my practice for some time, and am highly satisfied with the results. In one case *Typhoid Fever*, where every other nourishment was rejected, the *Bovinine* was retained and, I feel confident, *saved my patient*.

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Professor of Obstetrics in the Western Pennsylvania College.

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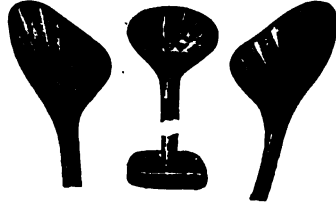
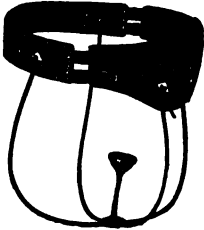
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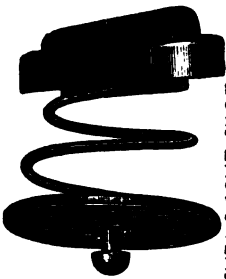
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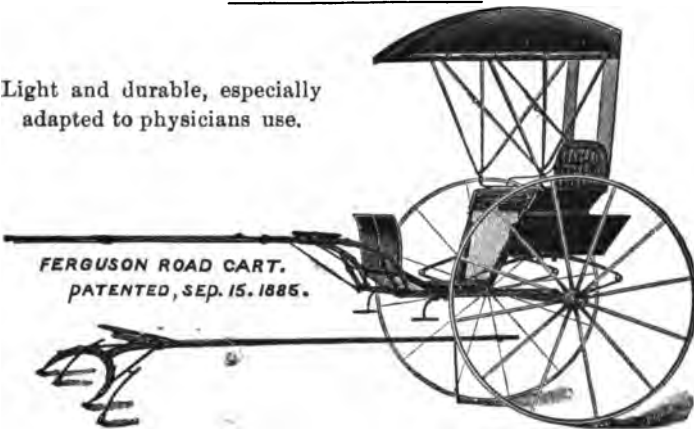
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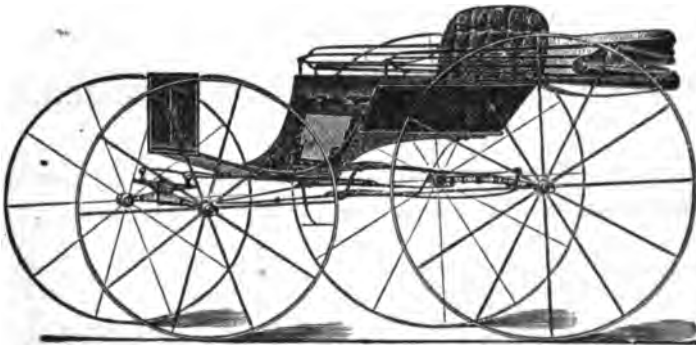
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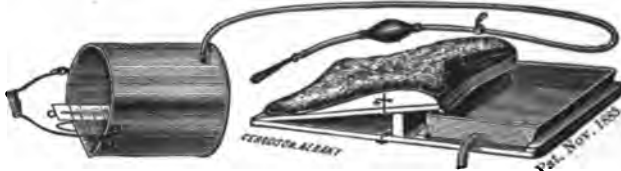
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