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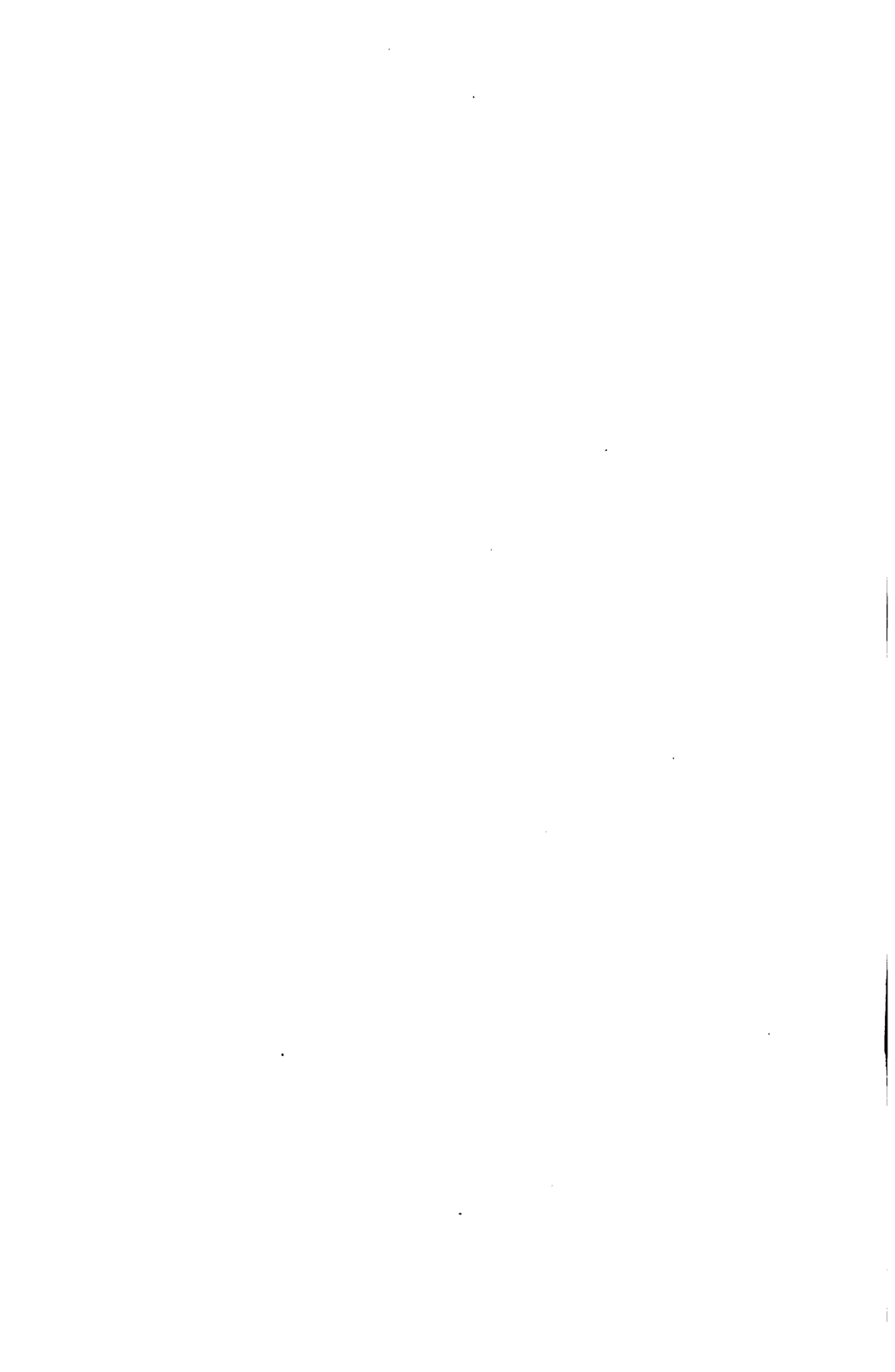


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THE
MEDICAL ADVANCE

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A MONTHLY MAGAZINE
OF
HAHNEMANNIAN HOMEOPATHY
DEVOTED TO
A STUDY OF METHODS AND RESULTS.

H. C. ALLEN, M. D., Editor.
J. B. S. KING, M. D., Associate Editor,

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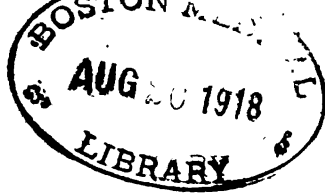
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TRANSACTIONS CENTRAL NEW YORK SOCIETY.

Oak Hill Country Club, Rochester, June 20, 1907.

The Vice President, Dr. A. C. Hermance, called the meeting to order at 12:30 P. M.

In the absence of the Secretary, Dr. Bidwell was appointed to the office.

The minutes of the March meeting were read and approved.

President Alliaume assumed charge of the meeting.

Members present: Drs. Hermance, Grant, Fritz, Graham, Beck, Johnson, Stowe.

Visitor: Dr. Bidwell.

Dr. Grant asked permission of the chair to refer to the discussion of Arsenicum of the last meeting. Granted. He said he had cured three cases of appendicitis with Arsenicum. He had had a case of arsenical poisoning where the patient drank *large* quantities of cold water *without* nausea, in fact had stood by a pump and drank dipper after dipper full as fast as he could pump it.

Dr. Stow thought we sometimes found strong characteristics that seemed to contra-indicate a particular remedy, but, when given, cured. [The Arsenicum in its crude form had not yet developed its typical thirst.]

A report of the Board of Censors was favorable to the election of Dr. Glenn I. Bidwell.

Dr. Stow moved that Dr. Bidwell's election be unanimous. Carried.

No reading or essay upon the Organon.

Dr. Grant read a paper on: "How to use the Repertory."
Discussion on Dr. Grant's paper:

Dr. Stow had done good work with repertory alone, without referring to *materia medica*. Much difficulty lay in the fact that many patients were unable to give comprehensive expression to their symptoms. He thought remedies were more often selected by elimination than otherwise, and said he was indebted to Dr. Nash for that method. He cited a case of diarrhea > by riding in a carriage and > by eating fresh peaches, cured by Nitric ac. 1m.

Adjourned for luncheon and called to order at 2: P. M.

A paper on Nitric acid by Dr. J. T. Kent, was read by the secretary.

Discussion of Dr. Kent's paper:

Dr. Alliaume reported a case of condylomatous warts on face and anus which was clearing up under Nitric acid.

Drs. Johnson, Hermance and Bidwell were appointed to select the program for September meeting and reported:

Organon: §§XXX-I, Dr Hussey.

Clinical Experiences in Diseases of Children, Dr. Follette.

Lycopodium, Dr. Johnson.

GLEN I. BIDWELL, Acting Secretary.

NITRIC ACID.

BY JAMES TYLER KENT, A. M., M. D.

Nitric acid produces great general weakness; feeble reaction; extreme sensitivity and nervous trembling.

Patients needing Nitric acid are usually greatly broken by long suffering, pain and sickness; physical more than mental sufferings predominate, with a final and marked anemia and emaciation. These patients are sensitive to cold; always chilly; always taking cold; the symptoms are < from becoming cold and in cold air.

The walls of the blood vessels are relaxed and bleed easily; profuse, dark blood.

The pains are as if the flesh was torn from the bones, and a sensation as of splinters is felt in the inflamed parts, ulcers, and nerves.

The conditions in which it has been found useful are:

Inflammation of the periosteum, bones and nerves; syphilitic bone pains; caries of the bone; exostoses; orifices, of which the margins bleed and grow warts; old scars, which become painful in cold weather, when the weather changes to cold, pains which are likened to splinters; inflammation of glands following the abuse of mercury in syphilitic subjects; prolonged suppuration in glands with no tendency to repair, when there are sticking pains; suppuration without tendency to repair. This often occurs in syphilitic patients surcharged with Mercury. Cancerous affections with bloody, watery, offensive discharges and sticking pains. The discharges are thin, bloody, offensive, excoriating, sometimes a dirty, yellowish green.

It has often been observed that the patient requiring Nitric acid is more subject to diarrhea than constipation. It has cured many patients who are never so comfortable as when riding in a carriage. It cures many complaints that are worse from a jar and noise; even its pains are < from noise. Nitric acid patients are often extremely sensitive to medicines, especially high potencies, indeed they prove every remedy given *too high*.

Patients who develop fissures, in canthi; corners of the mouth; anus; whose skin cracks and causes the sensation of sticking or splinters, need Nitric acid. These finally become dropsical, especially in the lower extremities; offensive, often putrid odors become a marked condition; the urine becomes strong like that of the horse; leucorrhœa, catarrh, breath, foot sweat, all become intolerably offensive, even fetid.

Too much weight must not be given to the dark, swarthy complexion so often mentioned as belonging to the people most needing this medicine, for it will cure blondes as often as brunettes, *if the symptoms agree*.

Mentally we shall find these patients in great prostration of mind. Any effort to reflect causes the thought to vanish. There is general indifference to all matters; tired of life; no enjoyment in anything; < before the menses; mental depression evenings; anxiety concerning failing health; fear

of death; anxiety after loss of sleep; after vexation and sorrow; anger, following his own mistakes; anger with trembling; obstinacy, refuses to be comforted in misfortune; weary of life, but fearing death; excitable; weeping; hopeless, despair of recovery; easily startled; frightened; starts in fright on falling asleep; cannot comprehend what is said to him. The entire mental state is better when riding in a carriage.

The patient suffers much from vertigo in the morning; must lie down.

The headaches of Nitric acid are violent, < from noise of wagons upon a paved street, but often > from riding in a wagon on a smooth, country road; the noise and jarring increase the pain. The pains are as of a vise from ear to ear, compressive. The bi-parietal syphilitic pain is often cured by this remedy. The pain is as though the head were bound up. Pains; drawing, extending to eyes, with nausea; stitching, hammering pains, are often cured. Pains in the head mornings, on waking, < by a jar, motion, noise, > after rising; > riding in a carriage; heat often > head pain; cold often <; wrapping up the head >. Pains are often constricting as if bound by a tape.

Of the outer head there is extreme sensitivity of the scalp and skull to combing of the hair and to the hat. The hair falls in profusion, as in syphilis. We find eruptions on the scalp with sharp, sticking pains, as from splinters; moist, offensive eruptions. There may be, also, caries of the skull, and exostoses.

The eyes may have lost their luster, the pupils are dilated, and there is diplopia. Inflammation of the conjunctiva, acrid tears; ulceration of the cornea, pricking pain; iritis, with stinging, stiching pain, < at night and < changing from a warm room to cold air; spots on the cornea; intense photophobia with burning, pressing and a sensation of sand in the eye; ptosis; swollen lids which are hard and burn; small warts on the upper lids, which bleed easily, and cause a sensation of sticks.

Nitric acid cures a deafness > when riding in a carriage

or train; some catarrhs of the eustachian tube; pulsating in the ears; discharges from the ear that are brown, fetid, ichorous, purulent; may be a result of scarlet fever, with auditory canal nearly closed; swelling of the glands about the ear; caries of the mastoid.

Patients who need Nitric acid may be subject to coryza each winter; no sooner does he get over one cold than he has another; the nose is obstructed at night, during sleep; he sneezes in cold air, from every draft; must keep the room very warm. There are bad smells in the nose, and the catarrh is offensive to others; the catarrh is acrid, watery, < at night; yellow, offensive, excoriating, bloody, brownish, thin; such as follow badly treated scarlet fevers, or in mercurio-syphilitic patients. The nose feels as if there were splinters in it; large crusts form high in the nose; green crusts are blown from the nose mornings; ulcers form high in the nose; warts form in and about the nostrils; the tip of the nose is red and scurfy; crusts form on the wings; the nose is cracked.

Deep lines of suffering characterize the Nitric acid face. The face is pale, yellow, sallow, sunken, bloated; the eyes sunken, the lids humid in the morning; dark rings about the eyes, mouth and nose; the skin feels drawn over the face; there are brown pigmented, warty spots, principally on the forehead; the right parotid is large; crusts and pustules form; the corners of the mouth are cracked, ulcerated, crusty; the lips raw and bleeding; the expression anxious, haggard and sickly, and there is painful swelling of the submaxillary glands.

About the mouth also, are many marked symptoms. Cracking of the jaw, while chewing; tearing pains in the teeth from either cold or warm; pulsating pains at night, after mercury; caries; the teeth become yellow, gums bleed easily, are scorbutic and swollen. The tongue is inflamed, ulcerated, excoriated, sore, red, yellow, white, dry and fissured, with sore spots and viscid mucus. The ulcers found in mouth, or throat, are white or dark, dirty, putrid, phagadenic and syphilitic with sticking pains as from splinters;

the sore mouth has stinging, burning pain, mucous membrane excoriated, red and swollen. There is a foul, cadaveric odor from the mouth, and the saliva is so acrid that it excoriates the lips.

There is such confusion of action of the muscles of the throat that swallowing produces choking. There is difficulty in swallowing; violent pain in the throat, extending to the ear when swallowing; sticking in the throat like a splinter; (Hep., Nat. m., Alum., Arg. n.); viscid mucus in the throat; mucus drawn from posterior nares; inflammation of nostrils, uvula, soft palate and pharynx; edema of uvula and tonsils; (Apis, Rhus, Kali bi., etc.); swelling of throat and tonsils; ulceration of tonsils. Nitric acid has cured diphtheria when the sensation of splinter was present and other symptoms agreed.

The Nitric acid patient has inflammation of the esophagus and stomach; ulceration and catarrh of the stomach. He has many distressing symptoms referred to the stomach; weight and rawness in stomach after eating; pain in cardiac opening of the stomach on swallowing; bitter and sour emesis; nausea after eating. He is *generally thirstless*, and longs for fats, herring, pungent things; also for chalk, lime, earths. He has aversion to meat and bread, and the stomach is disordered by milk; fats disagree; all foods sour and cause sour eructations and vomiting. The nausea after eating may be > by moving about or riding in a carriage.

Nitric acid has cured cases of chronic inflammation of the liver; pain in region of liver with jaundice and clay-colored stools; stitching pains in liver; enormously enlarged liver and spleen.

In the abdomen is found many cramping pains in the ileo-cecal region, which is sore, tender, and < from motion. A patient needing Nitric acid may waken at midnight with cramping pains in the abdomen, chilliness, rumbling, distension and tenderness, all < from motion. Inflammation and suppuration of the inguinal glands will also, at times, demand Nitric acid. The relaxed muscular condition in weakly infant boys that so much disposes to inguinal hernia, is often

overcome by Nitric acid, and the hernia cured (Lyc. Nux.).

Broken down subjects are disposed to suffer from frequent attacks of diarrhoea, or from constipation alternating with diarrhoea, and often need this remedy, especially so when the urine smells strong like a horse's urine, and the patient is pale, sickly, losing flesh and strength, and subject to excoriation of the orifices, or excoriating catarrhs and ulcers. In dysentery the stools are black, bloody, putrid, undigested, green, slimy and excoriating; curdled if milk is used as diet. Cold changes of the weather bring on diarrhoea. The anus is excoriated, burning, fissured and covered with warts, membrane comes with the stool; bloody stool, not even clotted, and very offensive.

There is constipation with painful, hard, difficult stool; ineffectual urging; sensation as if the rectum were filled and could not be expelled; drawing, cutting, pressing before stool, constant, fruitless urging. During stool there is colic and tenesmus with spasmodic contraction of the anus and unsatisfactory straining; sensation as of splinters. After stool there is still urging (Mer.) exhaustion, soreness of the anus, cutting pain, burning and shooting in the rectum, constriction of anus, great nervous excitement and palpitation. The pain causes the patient to stay in bed hours after every stool.

The anus itches and burns, there is a constant flow of acrid, fetid moisture, fissures, prolapsus, and periodical bleeding with pain in the sacrum. Nitric acid has been a most useful remedy in fistula, fissures, condylomata, polyphi, caruncles, cancer of the rectum and hemorrhoids, *when the symptoms agree.*

It has cured caruncles so sensitive that the patient would cry out when they were touched; hemorrhoids exquisitely painful to touch and at stool; that bleed and are burning and sticking during stool; that are either internal or external, or both; that ulcerate and discharge copiously pus and blood. When piles are so painful that the patient breaks out in sweat, becomes anxious, pulsates all over,

either from the slightest touch or at stool, Nitric acid has been found useful (Compare Peonia and Staphisagria).

The male sexual organs produce many symptoms which indicate Nitric acid; they are in a constant state of irritability; desire is increased and erections are troublesome at night; they are painful and spasmodic with stitching pains in the urethra and chordee. Nitric acid has been a useful remedy in gonorrhoea when the discharge was thin and bloody, and later when it was greenish or yellow, the urethra swollen and very sore, with burning and sticking on urination. It has cured condylomata on genitals and around anus which had the splinter sensation, bled easily, and were extremely sensitive to touch. It is often indicated in inflammation of the prostate gland with gonorrhoea, especially when the discharge becomes scanty from taking cold, or from strong injections. It cures old cases of gleet when the urethra has pain in it like a splinter on touch, or when urinating, inflammation with infiltration, making it feel like a "whip cord" (Arg. n.); sore spots in the urethra; ulcers with bloody pus and the sensation of splinters; itching in the urethra after gonorrhoea (Petr.); pimples, vesicles, herpes and crusts on the prepuce; small ulcers on the glans or prepuce; spreading ulcers; ulcers that discharge a brown, offensive, bloody water; phagedenic ulcers (Ars., Aur. m. n., Caust., Mer. cy.); ulcers that destroy the frenum; inflammation of the prepuce; phimosis and paraphimosis with great swelling; ulcers and inflammation with the sticking sensations, that discharge a bloody water; the hair falls from the pubis.

Nitric acid suits many complaints referred to the sexual organs of the female; constant itching, burning, and sexual desire; excoriation from leucorrhoea or menstrual discharge; the slightest exertion brings about uterine hemorrhage (Calc.); uterine prolapsus; the vagina is excoriated and condylomata grow upon the genitals; erectile tumors appear; caruncles at the orifice of the urethra, exquisitely sensitive to touch. The itching is < by cold; the parts are fissured and bleed easily; many and extreme nervous sufferings come during the menstrual period; flatulence, bruised pain in limbs

and down the thighs; "splinters" under the fingers and toe nails; palpitation, anxiety and trembling; neuralgic pains in any part.

The menstrual flow is dark, thick, too early, or like bloody water. After the menses there is a bloody, watery flow lasting many days, excoriating the parts; thin, bloody, excoriating leucorrhœa at all times, or at any time. Many troubles that arise during lactation require Nitric acid; lumps in mammae; nipples fissured and tender, excoriated and have "splinters." The Nitric acid patient has a tendency to abortion from general weakness, and the ease with which a uterine hemorrhage may set in.

There are many symptoms of throat and chest in which Nitric acid may be useful; hoarseness and ulceration of the larynx; voice lost; laryngitis in old syphilitic subjects. The cough is dry, barking, < from tickling in the larynx, < before midnight; coming on during sleep. It may be paroxysmal with retching like whooping-cough, violent and racking. The coughing spells are hard and prolonged, loose in the day time, dry at night; in broken down constitutions, from liver and lung affections, or in tubercular subjects. The expectoration is difficult, greenish, viscid or thin; dirty, watery, bloody mucus; or dark, clotted blood. The sputum tastes bitter, sour or salty, offensive and even putrid. There is profuse sweat during the efforts to expectorate; rattling in the chest in the day time without expectoration; stitching in the chest.

In a case of typhoid pneumonia with rattling in the chest, inability to expectorate, or when there is expectoration, the sputum is brown and bloody, and the urine is strong, like the urine of a horse.

In tuberculosis with night sweats and hemoptysis look for confirmatory symptoms of Nitric acid.

The pulse of these patients is rapid, irregular, and every fourth beat is missed. There is palpitation from excitement or ascending stairs; swelling of glands of neck and axilla; stiff neck; stitching pains in back and chest; pains in the back nights compelling him to lie on the abdomen; sharp

pains in the back in *tabes dorsalis*; sharp pains in the back when coughing, etc. In the extremities we find recorded rheumatic pains; emaciation of the upper arms and thighs; weakness of the limbs; dropsy; crippled nails; sticking pains in cold weather; numbness of arms and hands; copper colored spots on the arms; chilblains on the hands and fingers; cold, sweaty hands; numerous large warts on the backs of the hands; herpes between the fingers; vesicles on the tip of the thumbs that open into ulcers, felons; discolored and distorted nails; yellow, curved nails.

Nitric acid is useful in wounds that inflame and have the sticking, splinter sensation.

There is tearing in the long bones of the legs at night; the legs are weary and bruised; the hip has a pain as if sprained, and there are sticking pains along the nerves as from splinters. There are syphilitic nodes on the tibia with nightly pains; extreme soreness of the tibia; chilblains on feet and toes; phagadenic blisters on toes (Graph); profuse, offensive sweat of feet.

Under sleep we find shocks on going to sleep (Agar., Arg. m., Ars., Nat. m.); the pains come on during sleep; anxious, unrefreshing sleep with frightful dreams; starting in sleep.

Nitric acid is very useful during fevers; the thirstlessness during all stages has often called attention to it. In chronic intermittent cachectic constitutions, copious night sweats, extreme weakness, with the characteristic odor of the urine, and bleeding from some part, a dark blood, this remedy will act well.

**PROCEEDINGS OF THE REGULAR HOMEOPATHIC
MEDICAL SOCIETY.**

Tuesday, December 3, 1907.

Held at Chicago Public Library Building.

Dr. H. C. Allen, president of the Homeopathic Medical Society, opened the meeting with the following remarks:

LADIES AND GENTLEMEN:

This meeting is something of an innovation in that we are having a mid-winter day session. We would consider it very common in the summer or spring when meetings are being held all over the state. But we have thought it advisable in the interests of Homeopathy and for the benefit of the profession to see if it is not possible to have a regular society meeting once or twice during the winter, and to have afternoon sessions for the discussion of medical matters instead of having them all come in the evening. If we find this successful and satisfactory to those who attend, we shall probably hold other meetings from time to time.

PNEUMONIA AND TUBERCULOSIS: A SYMPOSIUM.

The general topic this afternoon is, Homeopathy in Pneumonia and Tuberculosis. The first paper to be read will be

THE ETIOLOGY AND PATHOLOGY.

BY DR. J. A. KIRKPATRICK, Chicago.

It occupies a prominent place in medical literature. It would be a waste of time to do more than refer briefly to a few things found in the latest authorities.

The death rate in pneumonia is proof that the knowledge gained is of little practical value, either in preventing the disease or aiding in its cure.

Specialists have elaborated upon the bacteriology of pneumonia but are ready to confess that they are helpless to lower the mortality. Hence it would be unprofitable to add anything along this line even if I were competent to do so.

Dr. Wells says that the death rate in pneumonia has risen during recent years from an average of 18 per cent. to an average of 28 per cent.

Dr. Osler states that pneumonia is the most fatal of all the acute diseases and its aggregate annual mortality appears now to be even greater than the great "white plague," consumption.

The United States census for 1900 places the total number of recorded deaths at 105,971. Of this number there died from pneumonia 106.1 out of every 1000 deaths from all causes, being over ten per cent.

Pneumonia in Chicago from the years 1900 to 1905 claims one eighth of all victims of disease; this is eight per cent in excess of all other acute contagious diseases combined which includes diphtheria, erysipelas, influenza, measles, puerperal fever, scarlet fever, small pox, typhoid fever, and whooping cough. This is surely an earnest call for the medical profession to pause and consider.

The text books generally follow the old classifications in considering the etiology of pneumonia and from our present knowledge it is about the best that can be done. The causes are given as predisposing and exciting; remote, or immediate; idiopathic, or symptomatic.

Among the predisposing causes given are: seasons, occurring more frequently in winter than in summer; climate, north temperate and cold damp climate favors its development; occupations, coal miners, stone cutters and those occupations that expose to extremes of temperature, to fumes and gases and impure air; alcoholism, habitual drinkers and users of other irritating drugs and narcotics are highly predisposed; age, occurring more in infancy and old age; men are more subject to pneumonia than woman; traumatism, or injury to the lung may cause inflammation; other acute or chronic diseases may predispose to pneumonia such as measles, typhoid fever and influenza. Many of the predisposing causes may become exciting or determining causes of pneumonia.

The exciting causes are many, such as exposure, fatigue, deficient food or poor quality of food or excessive amount of wholesome food may lead to auto-infection and help to prepare the way for this disease.

The bacteriology of pneumonia has claimed the attention of pathologists in recent years; the specific germ or pneumococcus has been variously designated. Frankel and Weichselbaum called it pneumococcus; Sternberg the micrococcus pneumoniae crouposae; and Telamon called it the diplococcus lanceolatus. It is generally admitted that other microorganisms produce conditions closely resembling this disease such as the streptococcus, staphylococcus and even typhoid bacilli are sometimes found.

Mixed infection is quite common, i. e. two or more varieties of bacteria are found present in a person suffering from pneumonia.

Babcock says, that bacteriologists have much to clear up regarding the role played by micro-organisms in the causation of pulmonary inflammation.

Bauchard's statement still stands: That what renders possible the development of an infective disease is not the chance meeting of man and microbe. "This meeting" he says, "is constant but it is generally without result."

Later investigations have confirmed the truthfulness of this statement. Netter says that the pneumococcus is found in twenty per cent of persons not affected by pneumonia.

Park and Williams found germs in fifty per cent of two hundred healthy persons and concluded that pneumococci are the inhabitants of the mouths of most people during the winter months. Examinations made in the Boston City Hospital show germs in every one of the twenty four healthy persons examined. Another authority found these germs in ninety five per cent of healthy persons examined.

Much more might be given along the same line but is this not sufficient to convince any reasonable mind that it is worse than useless to spend time in seeking a specific cause of an acute disease while the mortality grows worse and worse. Far better go back to the immortal Hahnemann and see how he answers his own question: "How does the physician gain the knowledge of disease, necessary for the purpose of cure?" page 105 § 71 Organon.

In the 73rd paragraph we find this statement: "Acute dis-

cases likewise admit of division into several classes: The first are those which attack single individuals; they are occasioned by hurtful influences to which the patient happened to be exposed." Note what he says: "Excesses in sensual enjoyment, or deprivation of the same, violent physical impressions, exposure to cold, over heating, excessive muscular exertion, physical or mental excitement, etc., give rise to acute febrile diseases; they are however in reality," he says, 'but transient aggravations of latent psora, which returns to its dormant conditions of its own accord, providing, the acute disease was not too violently and speedily relieved,' (in other words suppressed).

No apology need be made for Hahnemann or his psora. He observed closely. He saw something and it matters little what you call it; to day we would say auto-intoxication or infection but, we have made little improvement if any in getting rid of the condition over that of Hahnemann; his plan was to cleanse the body from within thus operating with nature in her methods of eliminating an irritant from the body.

Admitting that Hahnemann had never seen the acari in scabies, he is still to be commended for his wisdom in driving them from their burrow beneath the epidermis, rather than making a burying ground under the skin and thus adding dead matter to the already auto-infected body.

We do not have to read far to find that the present etiology of pneumonia is worse than useless; if our knowledge is to be of any value it will show it in preventing diseases and lowering the mortality.

Pneumonia is a bankruptcy of *the vitality*. There are many ways of squandering strength and making a wreck on the highway of life; any one can tell a hundred ways in which it is being done, the vitality is lowered, the metabolism deranged, waste accumulates, the morbid opportunity comes, the scavengers begin to multiply, they feast upon the dead matter, the adjoining cells are contaminated and weak, they also fall a prey to the devouring bacteria of whatever kind may be present. The malignancy does not

depend upon what kind of bacteria so much as the vital standard of the person infected. Vital resistance is recognized as the chief factor in the development progress and termination in this disease as in most others.

The integrity of the cells depends upon suitable nutrition and proper environment.

We comprehend more fully how dependent we are upon cell metabolism when we analyze the complex compounds that enter into tissue structure, and see what constant atomic relations are maintained by human life and life alone when it is furnished the natural food which is the only suitable composition to perfectly establish and maintain a high standard of vital resistance.

Nature's God has fixed a definite relation and dependency between man's need and the supply of material for food and protection. It is no accident that the human body is composed of C, H, N, O, P, S, Fe., in constant and definite proportion and that natural foods contain these same elemental compounds.

Life only can build these complex food substances whether animal or vegetable. Human life is the only power that can transform these natural elements into a human cell. While this is self evident yet one can scarcely find natural food that has not been artificially changed, spoiled by attempted improvement and adulterated to satisfy greed until it is unfit to nourish the human body.

Take hemoglobin for example with its complex arrangement of atoms of C_{600} , H_{906} , N_{154} , O_{179} , S_2 , Fe_1 , with traces of other salts, exactly suited to carry oxygen, taking from the inspired air in the lungs and distributing it to every cell in the body. One must first understand this function to comprehend the etiology of pneumonia. It is little we know as compared with what seems beyond the comprehension of the human mind. But we do know that there can be no perfect oxidation without a perfect hemoglobin; no perfect hemoglobin without suitable material, and no suitable material without a life to form it and human life to transform it into its organic proportions.

A proper environment is essential to the vital processes. The cell must be protected as well as the organ or individual body. Heat favors vital activity, continued cold retards it. Heat must be generated and maintained. There can be no great degree of vital resistance without oxidation. This is nature's plan for cleansing. It is not heat that kills in fever; it is the toxins unoxidized that destroy life.

For example, a chicken has a temperature of 106½ F. The chicken in a normal condition can not be infected with anthrax. The virus may be injected into its blood without results, but stand the chicken in ice water until it is chilled and the anthrax will infect and kill it.

Lowered vitality, poor nutrition, improper environment give the key to the dread disease, pneumonia.

The patient wastes his energy by overwork or abuse, he becomes auto-infected by eating all sorts of viands and confections; perfect nutrition becomes impossible, the tissues lose their integrity, waste and decomposing matter ooze from every gland on the outside, or mucous surface within; the patient now has catarrh. These discharges are suppressed as far as possible by astringents and local applications, the infection is forced back into the blood and lymph, nature rebels, starts a conflagration, and tries to burn out the waste; antiphlogistics are given or applied, the fever is suppressed. The patient only partially recovers, is easily chilled, extremities are cold, appetite poor, the tongue is coated, the bowels constipated, the breath offensive, rest is disturbed, the patient becomes irritable, tries to continue his work which becomes a burden, and life intolerable.

All the while the person is trying all sorts of ways for relief; one takes alcoholic tonics to deaden the misery, another takes sedatives. The appetite is tempted by highly seasoned foods to please the perverted tastes and desires; thus he keeps on to the limit of physical endurance.

Then comes more drastic measures; cathartics in the form of Cascarets, Castoria, Castor Oil or Calomel. In the attempt to cleanse the body it is worse polluted until every cell is weakened and contaminated and the patient becomes

a walking incubator, (if he has not taken to his bed). There is a chill, the morbid opportunity has come, the ever present germs begin to multiply. The tired muscles give way, the blood driven inward by the contracted capillaries increases the blood pressure, the weakened vessels of the internal organs burst from this increased pressure and the tumultuous action of an over stimulated heart. If the capillaries of the larynx give way we have laryngitis, if the pharynx, pharyngitis or diphtheria, or quinsy; if the kidneys give way we have nephritis, if the liver it is hepatitis; if the bronchi are the first to give way it is bronchitis; if the parenchyma of the lung chances to be the weakest point it is pneumonia with all that it means of lessened oxidation and deficient elimination of carbon dioxide and other toxic elements as it affects the functions of the whole body.

When we come to know and understand the etiology of pneumonia, if that time ever comes, we shall be able to comprehend the whole of pathology, for when pneumonia sets in "the whole head is sick, the whole heart faint, from the sole of the foot even unto the head there is no soundness in it."

When we recognize this fact more fully, less attention will be given to killing germs and more effort, directed to save the patient, by aiding the vitality in its battle against disease.

THE HOMEOPATHIC TREATMENT OF PNEUMONIA.

BY DR. FLORENCE E. BARNES.

At this season of the year our attention is especially called to that much-dreaded disease pneumonia, and little wonder that it is so dreaded by the laity and the allopathic sect of the medical profession, when so eminent an authority as Dr. Billings, recently president of the American Medical Association, in his annual address said that, "when he is called in to attend a case of pneumonia nowadays, he gets ready to sign a burial certificate."

And Dr. Bevan who openly declares that they (the old school) have no medical treatment for pneumonia, and that a

specific must be discovered before the disease can be treated successfully.

Dr. Osler says: "So fatal is the disease, in this country at least, one may say that to die of pneumonia is the natural end of old people." He also says that "pneumonia is a self-limited disease, which can neither be aborted nor cut short by any known means at our command."

Relying upon our infallible law of cure we, as homeopaths, have no such unwholesome dread of the results of this disease, but at the same time realize the seriousness of the condition with which we have to deal and the necessity for prompt and accurate prescribing as symptoms present themselves, always bearing in mind that a homeopathic prescription is based, not upon the symptoms diagnostic of the disease, but upon those peculiar to and characteristic of each individual patient, which may call for any remedy in the *materia medica*.

Experience teaches that Homeopathy gives us the means to shorten the course of this disease without waiting for the cyclical days and their effects, also that every case of pneumonia has its own simile or specific.

So frequently, however, do our cases of pneumonia terminate by lysis that we often receive little credit from our patients or the community for curing such *simple cases*, physical signs often non-discernable after the eighth day, while under the expectant treatment physical signs are detected up to the twenty-fifth or thirtieth day, the fever abating from the ninth to the eleventh day.

Dr. Osler states that in hospital practice the mortality is from 20 to 40 per cent. Of the first 124 cases admitted to or developing in the Johns Hopkins Hospital 37 died, a mortality of 29.8.

Dr. Routh's statistics of the comparative mortality in pneumonia in the Vienna Homeopathic Hospital, are Homeopathic 5.77, or 1 in 17; Allopathic 24.57, or 1 in 4.

Statistics from the hospitals of Paris give about the same comparative mortality.

Wm. Sharp, Fellow of the Royal Medical Society, Lon-

don, gives the following: Homeopathic 5.77; Allopathic 24.

The United States census of 1900 shows that more than one-tenth of all deaths in this country were due to pneumonia, and the biennial report of the Department of Health of the City of Chicago, 1904-5, shows the mortality from pneumonia to be 83 per cent, more than from all other acute contagious diseases combined, and 17.7 per cent. more than from all forms of tuberculosis.

What has Homeopathy to offer for the treatment of this very false condition? The above comparative mortality statistics certainly prove that we have reliable treatment, and that our remedies, all proven on the healthy, applied in strict accordance with the law of similars must cure all curable cases.

How often does Aconite, given at the time of the first chill ward off the whole attack and thus prevent localization of the inflammation? Of course we must have the symptoms of Aconite, which are well known to all of us, restlessness and fear of death being important symptoms. Bryonia during the stage of hepatization or exudation; pulmonary oppression, bruised feeling and pains in chest, < by motion or deep breathing, > lying on affected side; cough hard and painful; abdominal breathing; great thirst for large quantities of water.

Kali Iodide, when hepatization is so extensive that we have cerebral congestion, delirium, face red; pupils dilated, patient drowsy. A picture very much like Belladonna with which it must be compared.

Ferrum phos., like Aconite, often indicated in first stage before exudation appears. Not so well adapted to full-blooded, arterial subjects as Aconite but rather to the pale anemic who are nevertheless subject to sudden and violent local congestion and inflammation; sputa containing a great deal of blood; nose bleed; very little thirst.

Phosphorus, dryness of the air passages; excoriated feeling in upper chest; great weight on the chest or tightness. Pains through left lung and cannot lie on left side; involuntary stools; thirst for very cold water.

Sulphur, when the disease assumes a torpid character; weak, faint spells; flushes of heat: feels suffocated; wants windows and doors wide open; constant heat of vertex; patient responds sluggishly; comprehends slowly: < midnight. Pneumonia passing through first stage normally and then remaining stationary. Such a defective reaction points to Sulphur as the remedy when it accomplishes the absorption of the infiltration and prevents suppuration.

Frequently when the condition does not yield readily to the apparently well selected remedy, there is a constitutional dyscrasia which will have to be reckoned with, these attacks being outbursts of the deep seated miasm which must be eradicated before a cure can be affected. In many of these cases I think we will find the nosodes of great value when thoroughly indicated by the symptom totality.

GENERAL MANAGEMENT.

The patient should not be too much bundled with clothing. A light flannel jacket or a jacket lined with cotton wadding, opening in front and worn under the gown will enable the physician to make his examinations without unnecessarily disturbing the patient and will protect from sudden chilling.

The room should be bright and light, letting in the sunshine if possible, and thoroughly ventilated.

Even when not called for on account of high temperature the patient should be carefully sponged each day with tepid or hot water. This should be done with as little exposure and disturbance as possible. Special care should be taken to keep the mouth and gums cleansed.

DIET.

Water or lemonade should be given freely. When the patient is delirious the water should be given at fixed intervals.

The strength of the patient should be sustained by nourishing but not stimulating foods, principally liquid, consisting chiefly of custard, milk, either alone or better mixed with food prepared from some one of the cereals, and eggs, soft boiled or raw.

If we recognize the symptoms of each case which individualize it, carefully select the remedies that correspond to the characteristic symptoms and supplement our medical treatment with proper diet, hygiene and good nursing our death rate will not be appalling.

DISCUSSION.

Dr. H. C. Allen: I notice that Dr. Barnes did not mention the serious heart complications so frequently found in this disease. Perhaps somebody else may know more about it or may have a greater fear of the trouble.

It is well known to every one that fear has a very marked effect in all acute diseases. In fact, it has been said that fear kills more patients in Asiatic cholera than any other one factor. The same thing is probably true of yellow fever. We find this same condition in pneumonia. Very frequently one dose of Aconite in the first stage of pneumonia, will do much to alleviate the patient and free him from fear.

Dr. T. G. Roberts: Something has been said concerning the heart complications of pneumonia. I believe that if pneumonia is treated in the beginning with its similimum, we will have no heart troubles to deal with. In the treatment of this disease, I have had no more trouble with the heart than any other part of the body. I do not believe that under strict homeopathic treatment one usually has such troubles. I do not know that I ever gave a "heart remedy" for pneumonia. Two good remedies that are frequently used in pneumonia are Sanguinaria and Antimonium tart. The latter remedy shows its wonderful power when there is so much accumulation of mucus and absolute inability to expectorate it. Like all other diseases pneumonia is well handled when we prescribe on the totality of the symptoms and the characteristics of the patient, paying no attention to the disease itself.

Dr. J. C. Holloway: The last remark of Dr. Roberts suggests that he is a homeopath. We have had some pneumonia out in our country, and our very regular friends say that they get all the hard cases. Their cases are all reported in the paper as very serious: Mine are all easy, because

I have not lost any. However, I consider that phase of it peculiar to Homeopathy and not to me. If I were the subject of pneumonia, I should want a homeopath to treat me; and I would not have any better hope if I had a mongrel homeopath than if I had a regular (?).

I am known as a crank on Homeopathy. In our town of thirty thousand, we have fifty regulars, two mongrels and I am by myself. In treating pneumonia one need not fear getting the remedy too high but rather that he may get it too low. I have nothing now in my office or case under the 200 potency. I am sorry that Dr. Barnes did not speak of *Mercurius vivus* in pneumonia of a bilious type. I saved one of the "hopeless" cases last winter by giving *Mercurius 3m*. I am glad to be with you, and hope to learn something. I am shut up by myself in our country, but it does not lessen my ardor or confidence in Homeopathy, and its capabilities of cure.

Dr. M. A. Campbell: I have not heard anybody say anything about *Tuberculinum* in the cases of old people.

Dr. H. S. Llewellyn: I simply want to say: Do not let anything frighten you in pneumonia. A year ago, I was called in consultation to see a man of 95 who was suffering from pneumonia. He completely recovered on *Phosphorus*. All we need is faith and our indicated remedy.

SEQUELLÆ AND TREATMENT OF PNEUMONIA.

BY DR. HARVEY FARRINGTON, Chicago.

Under skillful homeopathic medication [the after effects of any acute disease are reduced to an almost negligible quantity, and pneumonia is no exception. Nevertheless the subject of sequellæ forms a legitimate part of our symposium, for the fact that they are rarely met with by the good prescriber does not imply that he should neglect to make a careful study of them.

Bungling treatment is probably the most frequent cause of sequellæ. The case may have come from allopathic hands with all that that implies. Or the prescriber himself, bent upon removing the pathological condition, suits his

remedy to the name of the disease instead of the individuality of the patient, and bolsters up his lack of confidence in the law of similars with crude drugs, thus interfering with the proper action of his remedy if it happens to be the right one, and engrafting a drug disease upon the already overburdened system.

The nurse may be at fault. It goes without saying that an ordinary, uncomplicated case of pneumonia may be spoiled by undue exposure, a cold room or diet improperly given. The physician himself may be responsible in part for this if his instructions are lax, or if he fails to recognize the true nature of the case. As, for instance, if he mistakes a lobar pneumonia for simple bronchitis, and though prescribing the correct remedy on the symptoms, allows his patient too much freedom in the sick room, thus favoring a relapse and prolonged convalescence.

Most of the causes just enumerated are avoidable. There are some that are unavoidable, namely those that are within the patient. Under any treatment, excepting the best of homeopathic, there is a large mortality for pneumonia occurring in the feeble and aged, in puny infants, in those pulled down by some debilitating acute or chronic disease; in the drunkard who, besides his poor recuperative power, may be further handicapped by having lain all night in the snow.

Such cases react slowly and with difficulty. They are prone to complications and sequellæ in spite of the most skillful prescriptions and most careful hygiene measures.

For convenience we shall divide the sequellæ of pneumonia into general, or those manifesting themselves throughout the system, remote, those that occur in localities other than the respiratory organs and local, or in the lungs, bronchi, etc.

Not infrequently a patient says: "Doctor, I have never been well since I had pneumonia." There may be a long list of symptoms showing a general state of ill health, but none that may be said to indicate any particular disease. The patient has recovered from the pneumonic process it-

self, but drags through a weary existence because of the debilitated condition remaining in its wake. This form of general sequellæ is the one we are most frequently called upon to treat.

Sequellæ occurring in locations more or less remote from the lungs are quite numerous. For, we may say that any of the so-called complications may persist after subsidence of the disease itself and become sequellæ, though of course if they antedated the attack they could not properly be classed as such.

Thus Bright's disease, jaundice, ulcerative endocarditis or meningitis, even paralysis, may require special attention during and after convalescence. Chegelle and Prieur report a case of meningitis in a soldier 22 years of age, almost four months after the pneumonia had subsided; he was taken suddenly with violent delirium and died in a few hours. A culture made from the purulent matter that bathed the meninges demonstrated numerous pneumococci of Frænkel.

Paralyses, according to Gubler and Macario, are rare. Hemiplegia has been oftenest observed, though Kraft-Ebbing and a few other authorities cite cases of paraplegia. The former may involve all of one side of the body or only one leg or one arm.

Aside from a general tendency to "take cold," there is sometimes a local sensitiveness remaining, so that "colds" settle on the chest instead of in the nasal passages. Or the cough and expectoration do not subside and as a result we have a more or less chronic bronchitis. Again a similar weakness may result in repeated attacks of the original ailment. Cases have been noted in which as many as thirty-five distinct attacks of pneumonia have occurred over a period of five or six years. And further, in showing that this tendency was the result of the first attack, out of a list of thirty-five cases reported by Grisolle, in twenty-five the lesion recurred in the lung previously affected.

Pleuritic stitches are probably the most common of local annoyances. They may be more or less constant, indicating a condition of subacute or chronic pleurisy, or they

may appear only occasionally, as for instance during a spell of damp weather pointing to an inherent susceptibility of the previously affected pleura.

Actual adhesions may also occur and persist for years, giving rise to more or less pain and discomfort.

Again the inflammatory process may produce hyperplasia of connective tissue with consequent hardening and contraction of the lung. The diagnosis here is chronic interstitial pneumonia, considered by old school authorities as incurable, but seldom causing the death of the patient in less than ten to twenty years, unless tuberculosis be super-added.

Among the more rare sequellæ pulmonary abscess may be mentioned. This occurs in patients that have been reduced to a low ebb of vitality by some exhausting disease such as diabetes, morbus Brightii, or by chronic alcoholism. If there is sufficient vital resistance to conquer the pneumonia and the abscess ruptures into the bronchi without suffocating the patient, a cavity will remain in the lung, healing in time by contraction and cicatrization; or it may continue patent, to form the source of an habitual expectoration, unless the proper treatment be instituted.

Pulmonary gangrene might be classed as a rare sequel of this disease, but its rapid progress and fatal nature scarcely allow it to persist beyond the resolution of the original pneumonia. Since it is observed most frequently in the inflammation following the inhalation of noxious fumes or other irritating substances into the lungs, it is more apt to be a complication or concomitant than a sequel.

And last but by no means least comes tuberculosis. The fact has been demonstrated time and time again that the person who has never fully recovered from pneumonia is liable to contract tuberculosis even when there is no hereditary tendency thereto. Especially is this true of the neglected and undiagnosed case with remaining consolidation. But this leads to the next subject in our program. I therefore leave it to those who have prepared papers in the various phases of tuberculosis.

The treatment of the sequellæ of pneumonia may be dispensed with in a few words. The evacuation of a large collection of pus in the plural cavity may be necessary. The diet, exercise and other hygienic measures may require attention, but in all cases the homeopathic remedy that fits the totality of the symptoms is the only hope of entirely relieving the patient of the burden which, from avoidable or perhaps unavoidable causes, has been placed upon him.

DISCUSSION.

Mrs. E. O. Richberg: I encountered a homeopathic cure on my way here today. This was the case of an old man who is doing odd jobs around the station that I leave from. He said that he had just recovered from a severe case of la grippe, and he found that this had cleared up the sequellæ of a case of pneumonia which he had had several years ago.

Dr. H. C. Allen: There is one special factor that Dr Farrington neglected to elaborate—the frequency of fibrous tuberculosis following pneumonia or pleuro-pneumonia, the development into a tuberculous condition without any possibility of germ infection. One of our New York authors gives this as an illustration of the fact that germs do not always cause tuberculosis, because in this disease we have a frequent number of cases in which fibrous phthisis follows pneumonia (Leaming.)

Dr. J. C. Holloway: A pain in the lower portion of the left lung is a very common sequel in pneumonia. Dr. Kent told me a good many years ago in such cases to give Sulphur. I have done that with a great deal of success, but he would probably now say to give Sulphur, provided there were other symptoms calling for it. No doubt, however, Sulphur will be indicated in the most of the cases where there is a tormenting, continuous pain in the lower region of the left lung, resulting from pneumonia.

When I was in college I got the erroneous idea that the totality of symptoms meant a vast number, embracing a great area almost beyond comprehension. I was a great many years getting over that idea. Now the fact is, that when

you get down to every day practice, in about ninety-nine cases out of every hundred you will find but two or three symptoms that are worth prescribing for.

DIAGNOSIS AND PROGNOSIS OF PULMONARY TUBERCULOSIS.

BY DR. D. W. YOUNG, Paris, Ill..

The diagnosis of pulmonary tuberculosis from the standpoint of responsibility of the physician is two-fold in its nature. The first is the value to the tuberculous subjects themselves, and second the importance to those associated more or less intimately with them.

The diagnosis of this disease in its incipiency offers to the patient the greatest chance of recovery; since the institution of appropriate treatment in the earlier stages of the disease is much more effective. A failure of the physician to recognize the existance of tuberculosis in its early stages would entail months and perhaps years of suffering upon his patients, as well as loss from business pursuits and finally may cost them their lives.

The second phase of the responsibility of the physician in diagnosing this disease arises from its infectious nature.

The intimate association of the family and friends of the tuberculous subject may be the means of inoculating them with this dread disease, due to ignorance on their part of the true character of the disease and of the proper means of avoiding infection. This ignorance is due to a failure of the physician to recognize it and to instruct those who are to care for the patient as to the proper means of avoiding inoculation.

The ability of the physician is often challenged to his utmost capacity to determine the presence or absence of the disease in patients presenting suspicious symptoms. It frequently requires, in addition to a thorough knowledge of its various phases, the faculty of fine discrimination, to make a correct diagnosis.

The first requisite in diagnosing a disease of any organ is a thorough knowledge of the normal structure and func-

tion of the organ. In pulmonary tuberculosis, then the physician must be thoroughly acquainted with the anatomy and physiology of the respiratory organs. Normal lung action, as well as abnormal, is determined by inspection, palpation, measurement, percussion and auscultation. It is not our province here to enter into a discussion of the various means of physical examination, but rather to emphasize their importance. The physician must also understand its etiology and pathology in all stages of its development. The clinical symptoms vary with the different stages of its development, which may be for convenience of study, divided into the following, viz.: the first stage or period of incipency or that of infiltration and beginning consolidation. The second or moderately advanced stage or that of consolidation. The third or far advanced stage in which softening and breaking down of the tissue occurs with cavity formation. Each of these stages in addition to presenting different clinical symptoms, exhibit varying phenomena under physical examination by the methods above referred to and with which you are all familiar.

J. P. Arnold called attention in the *Medical News*, March 20, 1897, to the value of cog-wheel inspiration in the sub-clavicular area on the left side. He finds it more or less reliable as indicating the existence of tuberculosis of the lungs in its incipency, especially where there has been a gradual loss of vitality without other assignable cause and a history of exposure to infection, or a hereditary tendency to the disease.

Among the first of the clinical symptoms to appear is a dry hacking cough, which terminates finally in profuse expectoration with slight fever, emaciation and loss of strength. The incipient stage is not unusually diagnosed as bronchitis. Hemorrhage may be the first warning of the existence of the disease.

A careful study of all patients suspected of tubercular infection should be made; and this may require in many instances weeks or even months to give a positive opinion as to the diagnosis. We should attach no little importance to

the gradual loss of weight in suspected patients. Disturbance of digestion and nocturnal diaphoresis following periodic fever in relation with other clinical symptoms and associated with physical signs of beginning infiltration or beginning consolidation, should be a warning of the onset of pulmonary tuberculosis.

A careful study of the character and quantity of sputum will aid in the diagnosis. The tubercle bacilli are found in varying numbers in the sputum. The presence or absence of the tubercle bacillus does not furnish ground for a positive diagnosis, but the presence of the bacilli in connection with clinical symptoms and physical phenomena furnishes a foundation for a positive opinion. The examination of the suspected sputum should be made daily; should no bacilli be discovered for a period of three or four weeks before, a negative opinion of the existence of tuberculosis of the lungs is given.

The tuberculin test for the presence of tuberculosis may be of value in the early diagnosis of the disease. H. P. Loomis, in the *Medical Record*, Vol. LIII. No. 21, 1898, gives the following method of using tuberculin for determining the presence or absence of this disease.

The temperature is taken every six hours for a few days to see that the patient has no diurnal temperature above normal; then a one half m. g. of tuberculin is injected and his temperature is taken every four hours during the next 24 hours. At the end of the second day if there has been no temperature above one degree, a second injection of two m. g. should be given; if a reaction after two days more does not occur, a third and final injection of five m. g. is given. If there is still no reaction the patient is free from tuberculosis.

The Roentgen Rays has become in the last few years an accepted agent for the diagnosis of pulmonary tuberculosis. This agent is invaluable in corroborating the physical signs discovered by auscultation and percussion. By the aid of this means of diagnosis we may discover isolated foci of infection not amenable to any of the other ordinary means of

diagnosis. It is the opinion of the writer that every doubtful case of tuberculosis should be subjected to an X-ray examination.

The Ophthalmic Tuberculin Reaction has attracted much attention in the last few months as a means of early diagnosis of pulmonary tuberculosis in children, and should in our opinion receive a thorough test at the hands of the profession.

PROGNOSIS: The prognosis of pulmonary tuberculosis depends upon many factors that may enter into the case. The importance of a correct prognosis is second only to the value of early diagnosis. The opinion of the physician as to the final issue of a case of this disease in its incipiency, is dependant upon the ability to institute appropriate treatment. It is not necessarily a fatal disease and each year brings an increase in the percentage of cures. Prognosis is more favorable between the ages of 18 and 30 years and in females than males. Environment plays an important part in the prognosis of the disease.

TUBERCULOSIS: ETIOLOGY AND PATHOLOGY.

BY DR. A. M. DABBOUS, Chicago.

The disease, with a brief reference to its history was known to the Egyptians more than 6,000 years ago. In the 13th century it was recognized in cattle, and town decrees prevented the use of their flesh for food. In the 17th century it was said in Berlin and Munich that there was no danger in using tuberculous flesh, and the old restriction was removed for a century. In 1865 it was proved to be infectious by a French scientist, Villemin, who, by placing dried sputum from a tuberculous man in the nests of young mice, infected a number of them. He also proved the disease transmissible by inoculating rabbits with human tuberculous material. In 1882 the bacillus of tuberculosis was discovered and isolated by Koch.

There are five methods of transmitting tuberculosis: Alimentation, inhalation, inoculation, sexual contact and by inheritance, (questionable).

Of all the paths or ways known for the propagation of the germ, the alimentary canal is the one that plays by far the most important role.

To support this statement allow me to lay before you an extract of the experiments performed relating to this particular point.

Professor Calmette, with five collaborators at the laboratory of the Savior's Hospital in Paris, convinced themselves of the fact that pulmonary anthracosis could not be artificially reproduced by exposing animals to an atmosphere saturated with black smoke if these animals be prevented from swallowing the black matter that accumulates in their nasal fossæ and pharynx. On the contrary, the lesions characteristic of anthracosis appear very rapidly when the black of smoke is made to be ingested either by means of the esophageal sound or mixed with food.

Beside the black of smoke, china ink and vermilion were used as the intensity of these respective colors would enable the investigator to trace them early owing to the sharp contrast they present with the tissue. The guinea pigs could be easily induced to eat of this strange food so as to preclude any irritation that may result from the contact of the esophageal sound or tube. Those that were sacrificed half an hour after the ingestion of the colors had the vermilion and the china ink tightly adherent to the wall of the esophagus and but a slight quantity escaped into the stomach. From an hour and a half to two hours the colored matter is in the stomach and covers superficially the contents thereof. After three hours the colored matter could be traced (in microscopical sections) into the chyloferous ducts in the mesenteric glands and in the lungs.

These insoluble particles do not traverse the animal membrane after death. The vermilion is not soluble by the liquids of the organism. Of the numerous sections that have been made, we have never been able to find the solid particles within the protoplasm of the intestinal cells. In the mucosa an abundance of insoluble granules are in the process of traversing the wall, and in the deeper layers

of the wall almost all the granules could be seen included in the leucocytes which transport them to the central chyle duct.

If the vermilion be placed in the colon through laparotomy it is reproduced in the lungs.

When the nursing goat was made to take the milk of goats, the udders of which were infected artificially with tuberculous cultures of various origins—bovine, human, ovian or pseudo tuberculous—we noticed that these animals always violently reacted against the infection through their mesenteric glands. Those of them that were sacrificed 45 days or three months after their births, and which were fed by mothers infected with products of bovine origin showed enormous lesions of mesenteric adenitis, and their lungs were studded with translucent miliary tubercles containing bacilli. Those that ingested only the milk of mothers infected with human or avian tuberculosis had their lungs intact and with them the infection was limited to the barrier of the mesenteric glands.

On the other hand when young or full grown goats were given a very small quantity of culture of bovine tuberculosis as finely divided as possible by esophageal tube (to exclude respiratory primary contamination) our animals invariably became tuberculous in 25-30 days. In the young, pulmonary tuberculosis appeared late after about three months, and the glandular lesions remained extraordinarily intense. We have practically never seen glandular lesions in the adult, and the pulmonary lesions were plainly manifest even after one single infective meal.

We conclude that the goat, contrary to the general opinion, is quite susceptible to the infection of tuberculosis, especially of bovine origin, and that these animals easily contract tuberculosis through the digestive tract, and that the virulent bacilli, when absorbed in the young may be retained a longer or shorter time in the mesenteric glands, while these same bacilli, absorbed by the full-grown produce almost immediately the dissemination of tubercular foci in the lungs.

Since the hypothesis of direct contamination through the respiratory tract has not been proved by any irreproachable experiment, it seems more and more evident that children and adults as well, contract tuberculosis by ingesting either milk of tuberculous cows, dust, food contaminated with bacilli or some particles of tubercular sputa of human origin.

If an experimenter should resort to inhalation, to intratracheal insufflation or to direct inoculation into the trachea, he will not be able to make the microbes penetrate beyond the primary bronchial ramifications provided precautions be taken to exclude deglutition.

The experiments are too various to be enumerated here but the following extracts are deduced therefrom:

1. The animals easily contract tuberculosis through the intestinal tubes, not only in early age but also in the adult without any visible lesion left on the walls of this tube.

2. The bacilli in the young animals are ordinarily retained by the mesenteric glands; at times the infection would remain there localized during a period more or less long, ending by recovery; at others it would end in caseous tubercles spreading by the lymphatics to the great lymphatic circulation.

3. The defensory glandular reaction being far less active with the adult animals, the bacilli in the leucocytes are generally dragged with them into the great lymphatic circulation and through the pulmonary artery reach the lung.

4. The so-called primary pulmonary tuberculosis of the adult is of intestinal origin in most of the cases.

5. Of all the modes of contamination the infection through the digestive tract is the most efficacious and the one that is most consonant with the normal conditions of natural infection.

6. Clinically with children and experimentally with animals every time when the tuberculous infection manifests itself by tracheo-bronchial adenitis the tuberculosis do exist in the mesenteric glands, though these glands may have a healthy appearance.

7. Pulmonary tuberculosis therefore must be considered as resulting from tuberculous infection through intestinal origin since infection of the mesenteric glands and subsequent infection of the bronchial glands precede the pulmonary manifestations.

DISCUSSION.

Dr. Harvey Farrington: The view expressed by the paper that the alimentary canal is the most important source of infection is rather new. We cannot get around the fact that tuberculosis is infectious. The experiences just cited prove the fact. It seems to me that it matters not where the poison gets into the system, if the soil be rich, or in other words, the individual be susceptible, it will have its infection.

Dr. J. A. Kirkpatrick: Vital resistance, I know from observation and experience, plays a very important part in resisting these germs. I have known persons who have waited intimately upon persons with the worst form of tuberculosis, without taking even the ordinary precautions, who did not take the disease. I believe there are chemical agencies in quantities essential to the building up of the different parts of the body necessary to the integrity of the tissues, and if we fail to recognize that fact, we will not put the highest possible standard by a high potency. If a person needs calcium, you will have to put him on calcium, or else you will not have given him the material for the upbuilding of his body.

Dr. D. W. Young: I think that Dr. Dabbous meant to say that the alimentary canal is more susceptible to the inroads of the tubercle bacilli than any other part of the body and that the ordinary way of taking the infectious organisms into the body is through food and drink. It matters little what we say is the cause of the condition or disease, but the predisposing cause is the disturbance of the equalization of the cell salts of the human body. Now that may come from a lack of any of these tissue salts. But whatever this disturbance of the cell salts is, it produces a condition which is described in our text books as a predisposing cause of tuber-

culosis. That may be inherited or acquired by improper feeding. Proper feeding may restore the normal equilibrium and therefore remove the predisposing cause. Then the exciting cause will not make any inroads upon the cells of the lungs.

CLIMATIC TREATMENT OF TUBERCULOSIS.

By DR. J. W. HINGSTON, Chicago.

In the short time allowed for this paper, justice to the subject in all its phases is not possible. We will confine ourselves to climatic influence of that form of the disease known as pulmonary tuberculosis. But we may be assured that whatever of benefit from climate may be secured to the patient with pulmonary tuberculosis, may be confidently hypothesized for the patient with other forms of tuberculosis.

Everybody believes that certain selected climates have a beneficial effect upon the pulmonary tubercular. The physicians believe it. The world has faith. We are all agreed. Yet tuberculosis thrives everywhere—or at least everywhere where man dwells thickly enough to give the infection a chance to gain a foothold. True it is that certain qualities of atmosphere seem to favor the development of the infectious bacillus. And certain qualities of air inhaled seem to favor the recovery of the infected person. But we must not lose sight of the fact that patients recover in those climates considered most favorable for the germ and least favorable for the patient, and others die in those localities which are supposed to give most chances for the patient and are death to the bacillus.

We may arbitrarily divide climate into three divisions and six kinds, viz: with respect to its temperature—relatively hot or cold, with respect to its humidity—relatively dry or moist; with respect to its barometric pressure—relatively low or high.

Temperatures are hot or cold as we approach the equator or the poles, and are modified also by elevation above the sea-level, the influence of air that has swept over ocean currents, by trade winds that pass inland, as well as in a minor way

by proximity to mountain ranges and large bodies of water. Humidity is modified by proximity to sea coasts, desert lands, mountain ranges, forests and other topographical conditions. Barometric pressure is regulated entirely by elevation, and modified only in a minor way by the presence or absence of storm areas. In a relative way these conditions are important, and have a bearing upon the welfare of the tuberculous patient. But more important than any or all of these is the purity of the air and its inhalation in large quantities into the lungs.

The summer air over the sand dunes at the south end of Lake Michigan, is not very different from the winter atmosphere of Florida. The atmosphere of a hog pen in northern Wyoming, is not vastly unlike that of a pig-sty in western Missouri; while the country air of Tennessee approaches in character that of Arizona's mountains, and the bleak winds of the east coast of Maine are about as mild as the winter zephyrs of the mountain ranges of northern California. The death of a tubercular patient in a hovel in Chicago will be but a few weeks sooner than the death of a similar patient in an 8x10 room in Cheyenne. The tubercular woman who wraps herself in shawls and breaths the hot airs of the furnace after it has warmed her feet in her home in New York, will live as long as the consumptive man who views Pike's Peak from the window of his closed hotel room in Colorado Springs. All of which means that it is more important to make your climate than it is to select it.

Tuberculosis is a contagious and infectious disease. As an ailment, consumption is a disease of laziness. The consumptive is muscularly indolent—so lazy of muscle, that he is stoop shouldered and hollow chested—the muscles refuse to hold him straight, his lungs never fully expand, his blood is not oxygenated, and small unaired spots become nidi for disease. He needs Sulphur. Or he is constitutionally indolent, phlegmatic and too indolent to work off the superfluous fat or burn up over abundant food; as a baby he has the snuffles and as an adult he is everlastingly catching cold. He needs Calcareo. Or he is digestively weak, he has gas-

tralgia and diarrhea, he is not nourished, is emaciated and exhausted. He needs Arsenicum.

In a rough and general way, we have stated it. Such general statement is not intended to be specific in method of prescribing, but illustrative of the fact that every patient with tuberculosis is in some respects, in some manner indolent.

What would it benefit the fellow of lazy muscle to cart him carefully out of Chicago and plant him in an 8x10 room in Denver? You would soon plant him in a 6x2 where the evening shadows of the first range cast an early twilight over the last resting place of those who have gone before. What better would the constitutionally indolent woman be if she abandon her own cook and fireside and seek the overburdening courses of the Antlers' chef, with no more exercise to work off the surfeit than to walk the length of the veranda to the luxuriousness of a reclining chair to view the haze over the distant mountains. What would be gained by the one of lazy digestion if he be denied the delicate dishes of his mother's making and the comforts of a wash three times a day, and be introduced to pork and baking powder biscuit three times a day on the round-up in Wyoming?

It would not impress one as judicious to take the frail girl, accustomed to the love and caresses of parents, brothers and sisters, away from so companionable a fireside in the midst of the attractions of civilization, and set her down in the wilderness of expanse of some arid tableland with no companion but a ranch-woman and the sheep dog during the day, and no music but the crazy laugh of the coyotes at night.

The pines of Michigan were, in their day, noted for their curative qualities in tubercular patients. It was said that their beneficent influence was due to the healing qualities of the balsamic emanations from their needles. But when the pine needles were carted home and made into pillows it did not work, the patients who smothered their faces in these sacks, smelling the sweet aroma, died. The truth is that those who went to the virgin woods for their healing

perfume first hand, lay under the pines and took in fresh air, believing every breath they got from the boughs above them was a saving breath from heaven; and it was, scented on its way down by the pine needles, and they breathed deep, for they loved the odor, and hoped and had faith. For the first time since they ran races barefoot their lungs were filled with good air, filled all day long and all night long, in their anxiety to get their money's worth of smell, and they got their money's worth of oxygen.

Primarily then, the first consideration in climate is one of pure air, and the next thing is to get the patient to use it, breathe it, eat it, drink it, walk with it, sleep with it, love it.

I do not wish to ignore the fact that there may be a suitable and unsuitable air even though relatively pure. Air is the purest on the ocean, in the center of the Sahara, along the coast regions, upon the arid plains of North America, in the mountains of the world and at the North and South poles. Manifestly, in the case of the fellow who turns blue when the door is open to chase the cat out, and "catches cold" when some one breathes on the back of his neck, it would be folly for him to count stars from the summit of Pike's Peak or camp on the top of a post of the Golden Gate. One would scarcely think that the waterless air of the Eastern slope of the Rockies would benefit the man whose cough is relieved when the tea kettle is steaming on the back of the stove. It should not be thought advisable to send the woman who spits blood at a laugh, to the 8,000 feet elevation of Middle Park. The man who hoists his umbrella and gets out his fan on the first warm day of May will scarcely be cured by a sojourn in Phoenix or Tucson in July.

Climate for the individual tubercular patient must be as carefully selected as the homeopathic remedy. Indeed, to make a wrong choice would be more fatal; for to place a patient in an unfitting atmosphere might prove irremediably harmful or extremely dangerous, whereas the administration of a remedy not curative would be negative only in its results.

Dr. S. of Milwaukee suffered from frequent tubercular hemorrhages. He went to an elevation of 1500 feet in Nebraska, rode the country and breathed in the pure air of the plains while caring for a practice amongst the pioneer farmers, lived to do a business of \$7000 a year, married and survived his wife and two children, and finally died in Denver of tuberculosis, presumably cropping up again after an attack of pneumonia, complicating typhoid fever, and while doing an office practice in the western metropolis.

Mr. K. of Pennsylvania had slight recurring hemorrhages, went to Colorado mountains and bled to death within a week.

Mr. S. of Maine was given up to die of consumption 29 years ago—no hemorrhages, plenty of dyspepsia and no appetite—went to an elevation of 8000 feet in Middle Park, breakfasted on brook trout, dined on venison, suppered on blue grouse, drank the pure water of the mountain streams and the distilled extract of Gramma grass in the form of Jersey milk all day long. He still lives at the age of 64 and was about the heartiest pioneer I know of in that country when I last saw him.

Miss M. of Rochester, N. Y., whose mother died of tuberculosis a few months before, was coughing up her lungs at the rate of a pint a day, nasty pus, arrived at an elevation of 6,000 feet in Wyoming and breathed, slept in, ate and drank, night and day, the air fresh from the snows of old Saddle-Back, but dried on its way over 75 miles of hot gravel on the wastes of the eastern slope. She quit spitting, gained 27 pounds in three months, thought she was cured, went back to Rochester and died within six months.

Miss K. lived at Omaha and wrote shorthand in a stuffy office, slept with a scared stepmother in a room locked and battened at both doors and windows, and containing a low turned kerosene lamp. She coughed a cavity in her left lung. She went to the other end of Nebraska where the air is so dry that the meat cures on the back porch and the atmosphere is so pure that a dead maverick refuses to emit an odor. The only roses that were ever known in that arid

land bloomed in her cheeks before the summer was over. She went back to the night-lamp and the stuffy office, and her friends had to dig her grave before the snow was off the ground the next spring.

Mr. A. "punched cows" at an elevation of 3000 feet in Nebraska and drank "40 rod" at two bits a drink with ladies of a shady reputation. One lung refused to open even for the good air of that altitude. He went west to the Powder River in Wyoming, 3000 feet nearer heaven, where whiskey and women were less plentiful, and continued to "punch steers" for ten years until he got at the wrong end of a gun when he and another cow-puncher were having a friendly game with the chips.

Mr. L., aged 25 years, sweat himself out in St. Louis till all his convexes became concaves and even two standings would not make a shadow. Meantime one lung became "squeeky." He "hit the trail west" and arrived in Wyoming in time to ride a mustang at the spring round-up. He stopped sweating and went to eating. Plenty of cream and bacon greased the squeek out of his lung. He courted the zephyrs of southern California that winter, and stayed to try again the sweating process of the Red Lands next summer. The St. Louis quality was just as good. Returning to Wyoming in the fall, the atmosphere in that health resort refused to court again a delinquent lover. Mr. L. now occupies an honorable position in St. Louis's most fashionable cemetary.

Mrs. I. of western Nebraska would wheeze like a "heavy horse" as soon as the thermometer dropped below summer heat. Incipient tuberculosis set in. On good advice for three winters, she migrated with the birds to a warmer climate and found her winter habitat in the warm valleys of southern California, 2,500 feet lower than her summer home. It was several years later when she died of a difficult labor and an unclean surgeon.

You have half a thousand well known remedies in your materia medica. You have a thousand localities of varying climate in this great country. You should study your patient, and study your remedies. Do not less than . . .

climate, with relation to the needs of your patient. Perhaps the climate she needs is right at home. Perhaps the further need is a window tent on the south side of a second story flat; perhaps it is a wall tent in the back yard; perhaps it is a house-boat, with broad decks and big windows, floating down the lakes-to-gulf canal; perhaps it is the extension of the cold air shaft of the furnace through the basement wall to the outer air instead of through the floor to the stale air of the hall; perhaps it is a couple of yard sticks to prop open the windows and a sign outside, "Burglars need not apply, I am too poor to even have flesh on my bones." Don't try to make change of climate take the place of fresh air; and on the other hand don't deceive yourself and your patient by believing that home tents and fresh air will take the place of a manifestly needful change of climate.

And while seeking knowledge of the climatic treatment of pulmonary tuberculosis forget not that the constitutional requirements of the other forms of tuberculosis are not different from those needful in the form under consideration. Surely if fresh air and selected climate are called for in the adult of more or less activity the same must relatively be true of the crippled child with tubercular disease of the knee, hip or spine.

At the close of the afternoon session of the meeting, President Allen introduced Dr. R. S. Copeland, president of the American Institute of Homeopathy, who said:

Mr. President and friends: I am certainly glad to be here today. I have been interested in this society since its organization. It seemed to me that it was an organized protest against some of the reforms in which we were indulging in certain parts of the country. And I surely feel that I have been decidedly benefited by the visit here.

I am interested in the subject of consumption, not as a physician but as a citizen. My specialty is so limited and so narrow that fortunately there are very few cases of consumption coming under my attention. It has been my pleasure to visit the eastern institutions where these cases ar

treated, as a member of the commission from the State of Michigan and I suppose that during that visit two years ago I saw four or five thousand people taking the outdoor treatment. To go over the details of that visit would only be repeating many things that have been said here today. I visited Trudeau's institution, the Loomis institution, the institution at White Haven, the state institutions of Massachusetts, Connecticut, Rhode Island and others. Now there is not a particle of attention paid in any of these institutions to internal medication. I asked of every superintendent in each institution: What do you do for these people in a medical way, and they invariably replied that they did not do anything. It occurred to me then and since, how much more hope might be extended these people if, in addition to all these natural methods, they might be given the additional benefit of the homeopathic remedy.

I think it must be admitted that the outdoor life has been wonderful in the treatment of tuberculosis. At Saranac Lake, being a member of a commission, many courtesies were extended to me that perhaps would not have been had I gone as a private physician. I asked Dr. Brown to let me see the original records of the institution. He went to Saranac Lake in 1884, ill with tuberculosis. He read all the books he could find on the subject of tuberculosis, with the firm resolve and steadfast purpose of getting well, and he did. For 25 years that institution has been running. They have a system by which each graduate of the institution reports by postal card once a year his condition, so that they know the present history of almost every patient who has been discharged and who still lives. The interesting thing about it to me was that of all the patients who were admitted 75 per cent. were discharged as cured, or apparently cured. Seventy-five per cent. of those discharged as cured or apparently cured are living and well today. That shows what natural methods will do. More are alive and well than would be had they had the ordinary medication, but more would be alive than are alive had they had the homeopathic treatment in addition to the natural methods.

I was interested in what Dr. Kirkpatrick said about the hunger of the cells for the natural cell salts. I think at times physicians overlook the fact that people are really hungry for some of the natural things of life and need to live better than they do; and when this natural food has been supplied, then it is that we, as homeopathic physicians have to offer something further to promote longevity.

I want to repeat what I said in the beginning: That it is a pleasure to be here and even if it is disagreeable outside I have found it warm and comfortable and happy here.

HOMEOPATHY IN TUBERCULOSIS.

BY H. W. PIERSON, M. D., Chicago.

Fear is the deadliest foe to health. The direct cause for much of the fear shown by people, individually and collectively may be traced to ignorance. Ignorance of the nature of the impending danger and consequent ignorance of the means to be employed in resisting and warding off the same.

The general prevalence of tuberculosis, the slow but seemingly inevitable conclusion of the struggle has been enough to strike terror to the heart of the bravest. Scientists have been untiring in their investigations, not only with reference to the nature of the disease and the causes contributing to its development, but the means that must be employed for the final rooting out of this dreaded plague.

Every new discovery has been lauded to the skies and a sigh of regret has followed its abandonment; but the myriad of failures has only served to induce the true scientist to delve deeper into the secrets of Nature's Laboratory and to work on, buoyed up by urgent needs of suffering humanity, and the belief that success must finally crown his efforts.

It is not our province to proclaim a new discovery but to present a few old and well established facts in such a form that you may get a clearer insight into the nature of the problem before us, and a more comprehensive knowledge of the means that must be employed for the *removal of the*

cause from those already infected and the prevention of infection to those who seem to be healthy.

A CONSTITUTIONAL SICKNESS.

Tuberculosis is general and involves every portion of the body. The effects may be more pronounced in one portion than another by reason of some peculiar susceptibility of the individual or environment to which he may have been exposed.

It is one of the products of civilization and may be charged to prolonged and persistent disregard of the essential laws of healthy living. It was recognized as an established and deep-seated disease by the earliest historians. Hipocrates wrote of its ravages, but it was not until the early part of the nineteenth century that Lænnec insisted that its virulence was due to a specific cause. The nature of this infecting agent was finally settled by the demonstrations of the German scientist, Robert Koch, in 1882. There now remains no question about one *active* and *exciting* cause being the slender, rod-like structure known as the *tubercular bacillus*.

If this bacillus were the only cause or even the most important cause, subsequent discoveries would have secured an agent that would have destroyed its virulence and given the world general immunity from its influence.

THREE ESSENTIAL FACTORS NECESSARY.

Growing out of investigations of the past century, three essential factors are recognized as necessary for the development of any form of animal or vegetable life:

- 1st—The life principle, or germ.
- 2nd—Suitable soil.
- 3rd—Proper environment.

These factors must be combined in every instance. Imperfection in one of them will be manifest in the result. The germ—or life principle—may be perfect and failure follow by reason of barren soil or unfavorable environment. It is equally true that the environment may be ideal and still be of little avail. It may not be necessary to call your attention

to the fact that this proposition holds equally true in the development of all pernicious forms of life.

Following the discovery of the bacillus, Koch, and other laboratory experts, have been working incessantly upon a laboratory product of the bacillus, called by them *tuberculin*; but the results have been satisfactory in only a limited number of cases, showing some radical defect in their theory of action or preparation of the product.

THE GERMAN TEST OF THE "NATURE CURE."

Failure in this direction has turned the attention to the possibilities of a combination of forced feeding, modified exercise and climatic environment that would afford an abundance of pure air. The most systematic report showing the effects following this combined method of treating tuberculosis comes from the German Central Committee for 1903. This report covers over 6000 cases discharged from sanatoria, established by the German government, in which routine treatment was rigidly adhered to. None were admitted when the prognosis was unfavorable, and few allowed to remain after improvement ceased.

67.3 per cent were able to support themselves at their former occupation.

7.1 per cent were able to support themselves by some other kind of work.

14.6 per cent only partially supported themselves by any kind of work.

11. per cent incapable of self support.

RESULT—87.7 per cent showed improvement while under treatment.

8.8 per cent. no improvement.

3.1 per cent. grew worse.

0.4 per cent. died.

Time will not admit of an exhaustive analysis of this report. The majority came from the peasant class who had been accustomed to hard manual labor, insufficient nutrition and unsanitary environment. The report does not show to what degree they were incapacitated from manual labor when admitted, and no tabulated conclusion shows the average

length of time of each inmate; but rest, abundance of nutritious food and pure air produced logical results; still 12 per cent. showed no improvement under these most favorable conditions. Too short a time has elapsed to show the permanence of even the arrested progress of the disease, so the real value of the report can only be determined by supplemental reports that should appear from year to year for a period covering at least one decade.

HOMEOPATHY REQUIRED TO ASSIST NATURE.

We do not wish to be understood as disparaging the efforts put forth for the correction of injurious habits of eating, sleeping and living in general, for they certainly mark a decided advance over the progress of any other period in the history of this disease; but in all candor, I ask you, have they been sufficient to justify the belief that this dreaded foe to life can be sheared of its peculiar virulence without additional aid from a different source? Already the cry is heard for something more. It has been demonstrated that reaction and relapses are sure to follow undue haste in *forcing* results. There is no permanence in the new cell formation. They are like hot-house plants—no resistance when exposed to the vicissitudes of common every day life. These poor unfortunates dare not leave their adopted homes. Their manner of living grows more and more restricted until the end finally comes and they are set free.

THE INDIVIDUAL, NOT TUBERCULOSIS, TO BE TREATED.

We now come to what we believe to be the missing link, the secret of past failures and the most important factor in the whole problem—*the individual*. True, a type of individual has been recognized—a sort of composite picture known as the “tubercular constitution.” The food, climate, exercise and treatment has in a large measure been reduced to a routine form of treatment adapted to this general type of individual. Tuberculosis as an entity, has been under treatment instead of *the individual*.

Where this routine practice was adapted to the needs of the individual the results were fairly satisfactory, but they occupy such an insignificant place as to be hardly worthy of

consideration in the study of this great problem. They constitute the class that linger on beyond the expectation of their most sanguine friends, under any form of treatment. The fact is we have no two cases of tuberculosis presenting the same peculiarities. There may be a general picture occupying the background which enables the physician to make the diagnosis of tuberculosis, *after structural changes have developed and danger is imminent, but this general picture has no value from a therapeutic standpoint.*

You are familiar with the old adage—"what is one man's meat may be another man's poison," No two persons look alike, think alike, eat alike, sleep alike, have like constitutions or are alike, consequently there can be no question about the short comings of a system of treatment that subjects any sick individual to a routine form of treatment. This criticism is doubly pertinent when the *tendencies of the disease are so uniformly unfavorable that the difference between success and failure many times depends upon the detail work—little things that in the aggregate overshadow the general or more common things.*

We concede that the tubercular bacillus is an exciting cause only and that it is a definite fixed factor, but would impress upon your minds that the myriad of *peculiar* symptoms of the disease are but reflected images of the *sick individual*, and that *it is these peculiar manifestations of the individual that we must study if we would even hope to find the means needed for transforming the same into the normal activities of health.*

DISCUSSION.

Dr. E. A. Taylor: Generally we find such patients suffering from malnutrition. Then we want to know what kind of mal-nutrition. what there is peculiar and distinctive about the mal-nutrition as compared with other cases. We may call it by what name we will, the name of the disease will not lead us to the remedy; but carry in mind the peculiar features of the case, the distinctive characteristics of the patient and his disease regardless of the disease he may have, will surely guide us to the proper and

curative remedy. One may hear doctors all over the land offering a sufficient reason for prescribing medicine that will correspond to mal-nutrition, or anemia, perhaps. The general term gives us no guide or indication for a remedy. We are trying too many short cuts to success, and the result is many failures.

Dr. G. E. Dienst: I have nothing to add to the paper nor any criticisms, but would like to emphasize what Dr. Taylor has said in regard to the individual. Out our way we have a sanitarium where they receive patients who, they say, are coming down with tuberculosis. They are all treated alike, regardless of their individualities. Some improve, some do not. You will find them doing the same thing in Denver and other places—always leaving undone the things most essential to be done—overlooking the individual, his idiosyncrasies and constitutional disease tendencies. This is where Homeopathy plays an important part. It is our duty to find out this part and play it well.

Dr. Harvey Farrington: Many times I have had occasion to answer the question: "How is it you can do any thing with your little 'sugar pills,' for the sick?" We do not need powerful, crude drugs. Our remedies act not by brute force but by subtlety. They do not act against the life force, but with it. The life force is endeavoring with all its might to throw off the incubus of the disease and the homeopathic remedy gives it the assistance it needs and it is sustained in so far as it corresponds with the state in which the individual is or the characteristics of the individual. So that although we do see marvelous results and we believe our remedies are powerful, nevertheless there is an analogy. A key is a small thing, a bit of steel, and yet that key, if it exactly fits the lock will open a very large door that may have special hinges on which to turn. That is the way our homeopathic remedies act.

Dr. H. C. Allen: The paper had one important factor that many seem prone to overlook, that is, the character of the cell. We are all cell products, and this cell life is one of the features often entirely forgotten. As Dr. Taylor so

truly said, we get the idea of anemia or mal-nutrition without getting at the bottom of the defective cell life.

Dr. J. J. Thompson: If there is any one thing that Hahnemann emphasized more than another, it is the removal of the cause, and I was glad to hear our essayist emphasize that fact. We as homeopathic physicians have been as much at fault up to recent times as our friends of the dominant school in not recognizing the fact that there is more than the mere administration of drugs in these cases. They have, perhaps, as has been suggested by the essayist, gone to the other extreme, depending almost entirely upon the physiological effect of drugs, dieting, food, fresh air and that sort of thing. The surgeon can do much in many of these cases, by removing the small portion affected by the tubercle bacilli? Not at all. More frequently in removing irritations quite distant from the local point of attack.

At the close of Dr. R. S. Copeland's address, Dr. Young moved that the society extend to Dr. Copeland a most hearty vote of thanks for the fine paper given by him. The motion was seconded and unanimously carried, Dr. Allen added that he would like to make it three times three.

THE LEGAL STATUS OF HOMEOPATHIC VACCINATION.

The Regular Homeopathic Medical Society of Chicago, will at its regular monthly meeting, to be held at the Public Library Building, Tuesday afternoon and evening, January 7th, 1908, take action upon the following resolutions:

WHEREAS: Vaccination for the prevention of small pox is only a prophylactic measure and used to give immunity to the public;

WHEREAS: Any method of sanitation or treatment which will prevent small pox must be recognized to have legal standing, and based upon State and Municipal Law,

WHEREAS: The allopathic method of vaccination is by inoculation with crude bovine virus, which is commonly injurious to health, frequently causing death,

WHEREAS: The homeopathic prophylactic method is by the administration of Variolinum and other homeopathically prepared medicines (wherein the poisonous or toxic

quality is removed) given internally, which has proved more efficient and without injury or danger to the patient.

WHEREAS: The State and Municipal Boards of Health are endeavoring to make compulsory the use of the allopathic method and refuse to accept certificates of vaccination issued by homeopathic physicians who hold licences authorized by the laws of the State of Illinois to practice their system of medicine, and

WHEREAS: A recent decision in the State of Iowa says: "That the Boards of Health do not have the power to specify and enforce any recognized method of vaccination to the exclusion of others recognized and practiced by any standard school of medicine, authorized and established under the laws of the state."

Now, Therefore, be it Resolved: That the Regular Homeopathic Medical Society instructs and authorizes its executive committee to demand from said Boards of Health recognition of the homeopathic method of vaccination, and if refused to enter suit by mandamus proceedings to accomplish the same results recently obtained in the State of Iowa, defending and maintaining the legal rights of the homeopathic profession.

Apium Virus: A Fatal Sting:--

Canton, S. D., Oct. 18.--Stung on the temple by a common honey bee while he was on the farm of Henry Trip, one mile north of here, Michael Oakleaf died fifteen minutes afterward in convulsions.

Physicians gave it as their opinion that the sting penetrated the brain. To satisfy the minds of the medical experts it is probable that an autopsy will be held.

There are numerous cases on record where the sting of the honey-bee or the wasp has produced fatal results, death occurring within an hour after the accident; but the sting did not penetrate the brain in this or any other case. The dose was not very large, but it was very effective. But there is not even a suspicion that the sting penetrated the skull, simply the effect of the virus on the brain, by being injected into the circulation on the temple.

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We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

To accommodate both readers and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

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JANUARY, 1908.

Editorial.

THE NEXT INSTITUTE MEETING.

The following telegram is self-explanatory:

CLEVELAND, Ohio, Jan. 6, 1908.

Next meeting of the Institute at Kansas City, beginning June 22nd

KRAFT.

After a personal visit to Oklahoma City by President Copeland, and a thorough and impartial investigation of its advantages, it was decided by the Executive Committee that the best interests of the Institute and the comfort and accommodation of the majority of the members would be best conserved by a change of place of meeting. But in making the change and thus reversing the vote of the Institute, the committee has not overlooked the just claims of the West and South West, or that the last two sessions were held on the Atlantic Coast, by selecting Kansas City which has ample

hotel accommodations and can be reached from the East, West, North and South without change of cars. We will probably have "a warm time in the old town" the third week in June, yet not so hot as in Oklahoma; but the interests of the Institute are paramount and loyalty to the cause we all love will lead every homeopath to accept the decision of the committee in the same good faith in which it was made. ON TO KANSAS CITY.

POST SURGICAL TREATMENT OF CHRONIC DISEASES.

To the acute observation and practical experiment of Hahnemann we are indebted for the three greatest discoveries in medicine:

1. The law of cure, *Similia Similibus Curantur*.
2. The potentization of our remedial agents.
3. The psoric theory of chronic diseases.

In 1810 Hahnemann issued the first edition of the *Organon of Rational Medicine*, the principles by which the practice of Homeopathy may be successfully followed.

After years of labor with his colleagues in drug provings, the first part of the *Materia Medica Pura* was issued, in 1811, but it was not until after twelve years of study and research to ascertain the source of this inscrutable cause of chronic affections to discover the great truth which remained concealed from his predecessors and contemporaries, and to establish the basis of its demonstration that, in 1812, *Chronic Diseases, Their Peculiar Nature and Homeopathic Treatment* was published.

As great as was his discovery of the law of cure, and a method for obtaining the dynamic principle of remedies that they may be practically applied in the cure of the sick, has been, this last discovery of the author of *Chronic Diseases* is by far the greatest of his wonderful achievements. This theory, although it has been maligned for fifty years or more, is becoming more and more important, and today is more pregnant with results in the cure of the chronic sick, and a greater boon to suffering humanity than all the rest of his discoveries combined. The underlying principles are

being solved and are now receiving scientific verification by Wright in the opsonic index; by Von Behring in classing Pasteur's work as homeopathic, and by Huchard, of Paris, in his recent announcement that it is the principle of Similia underlying the latest scientific investigations.

To illustrate this far-reaching principle in surgery:

^{to me} Ruth B., age 17. Had apparent good health until 14 when she began ^{sisted} menstruate scantily and painfully, and to run down. This had persisted regardless of medication, for three years. For two months she had been insane; was violent and required restraint. Lunacy inquest had been held and she was on the way to the insane asylum. Being appealed to I found marked tenderness at McBurney's point; also erratic menstrual history.

Diagnosis: Insanity from causes resident below the diaphragm.

Operation: Removal of appendix, which was much swelled and congested; both ovaries enlarged and cystic, requiring removal of degenerate portions together with removal of a fibroid tumor from left parovarium size of an English walnut.

Result:—Return to normal mentality and perfect health.

Case 2. Harry W., age 22. Never rugged: while pursuing art studies at Munich became violently insane: was returned to this country under guard and placed in an asylum where he remained for two years. During this time he made several escapes from custody, frequently half nude; was captured and returned. He had semi-lucid periods during one of which I was called to see him. In answer to his question: "Can you minister to a mind diseased?" "No! The mind is never diseased; the body becomes diseased and the mind suffers." He was found to have piles requiring reposition after each defecation.

Removal of hemorrhoids brought immediate cure. He returned to the Hague a few months later to pursue his studies, where he married and is rearing a family. He continues well after ten years.

Now comes Hahnemann's statement in the Organon §222:

But a patient that has thus been freed from an acute disease of the mind or disposition by the use of non-anti-psoric remedies can never be regarded as cured. Far from it: And it was necessary to loose no time in placing him under a prolonged anti-psoric treatment to deliver him of the chronic miasm of psora, which, it is true, has again become latent, but is not less ready on that account to break out again. In short, there is no fear of another attack similar to that which has been arrested, providing the patient does not depart with the regimen that has been prescribed for him.

NOTE. It is a very rare case that mental alienation of long standing ceases spontaneously, (since the internal melody recedes upon the grosser organs). These are a few cases in which the patient,

after having been the inmate of a mad-house, is discharged as apparently cured. Every institution for the insane has hitherto been filled to excess, so that the multitude of others waiting for admission have scarcely ever found a place, if vacancies did not occur in the house by the decease of patients. *Not one among them is really and permanently cured.*

In the admirable and thoughtful paper, *The Problem of Prophylaxis*, by Dr. Runnels, in our December issue, the experience of Hahnemann is verified by the experience of some of our oldest surgeons. The etiology, the pathology and diagnosis of many of these chronic diseases, as logically illustrated by Dr. Runnels, corroborates in every particular the inductive reasoning of Hahnemann.

Read the other clinical cases here reported, in which the correctness of the physical diagnosis was verified by the results from the removal of the cause by surgical measures, and we return to the same conclusions reached by Hahnemann three quarters of a century ago, that, "Not one among them is really and permanently cured." After the patient has been restored mentally by the removal of physical impediments to health, the old chronic ailment, whatever it may have been, remains uncured. And here is where the Science and art of healing comes into full play, it being able to cure --not simply restore to health-- patients who are sick with chronic inabilities from birth. Here is a field for the exercise of the art of healing. Here is where the homeopathic surgeon, if really imbued with his responsibility to his patient--if he does not consider himself capable of carefully prescribing for a patient after the removal of the exciting cause--should turn him over to a therapeutic specialist. Here is where the surgeon and therapist may work harmoniously for the uplifting of the science, and the welfare of humanity. Here is a field at present practically uncultivated which should yield a richer harvest in the fields of science than any other known. And in this field the homeopathic surgeon has no competition.

THE AMERICAN HEART.

There has been much written in the daily press, in recent months, by physicians of Chicago and other American cities, in regard to the increasing death rate from heart disease. The claim is made that the mortality is out of all proportion to the growth in population. Of course there must be a cause for it, and it is now attributed to the intensity of modern business life; the tendency to over-do, or over-work; too much eating, drinking, late suppers, coffee, tobacco, the automobile, etc., are, in some way, factors in the production of heart affections and consequent premature death.

When the physician is appealed to for relief, and insists that a return to "the simple life" will remedy the existing evil, he is listened to with an incredulous smile. The advice is good, the reasoning unanswerable and the logic sound, for the other fellow. Tobacco is doing more today to weaken the American heart, and not only the American's but all other nationalities as well, than any other cause. There is no drug in the entire materia medica that so certainly destroys the elasticity of muscle fibre as Tabacum. Americans, Englishmen, Frenchmen and Germans, will all stand the stress and strain of the strenuous business life, if they will only curtail the excessive use of nicotine. When a physician informs a patient that he is using too much tobacco, that it is affecting his heart, the advice is apt to fall on stony soil, when the patient sees the physician, himself, smoking and chewing. The force of habit has much to do with it, and the force of example in this case is wanting.

To gently advise a business man, on the verge of nervous prostration, that he must slacken his pace, is all very well; but it is much better, and more effective, if the advice be specific, and the danger of not following it pointed out. The sermon on the strenuous life has been preached for years, and preached in vain; the advice was not taken then, and similar advice will not be taken now. The New Year is the time to make resolutions, and it appears to be equally as good a time to break them. An individual here and there

may change his habits when compelled to, but the community, as a whole, will go on at the old rate, irrespective of consequence.

COMPULSORY HEALTH.

It is the office of sanitarians to study the art of preserving the health and preventing disease and of all the means that are subservient to those ends. Such work is both educational and executive; it is educational when it gives publicity to the laws of prophylaxis and directs the attention of readers to the risks and dangers that follow their infraction. It is executive when it directs and controls the disposal of garbage, the cleanliness of streets and all such matters as relate distinctly to the public health. In performing these functions, it is necessary that sanitary officers should have the power to enforce their rules and regulations. Compulsory rules and regulations however, must be founded upon sound and just principles or they become oppressive and unjust. It is a sound principle that a man must be *compelled* to refrain from anything that molests or injures the welfare of others. This principle underlies all compulsory legislation; there is another equally sound and just principle that is often neglected or overlooked by law makers; i. e. a man must not be *compelled* to refrain from anything else than what molests or injures the welfare of others. It is only in relation to others, that compulsion is warranted.

For instance habitual over eating is undoubtedly provocative of much ill health, but since a man may indulge in this unsanitary habit, without in the least injuring others, it is not a matter for compulsory laws but for sanitary advice and education.

If a man allows garbage to lie on his premises until it becomes offensive and a possible source of disease, he is already molesting the welfare of his neighbors and hence it is just that he should be *compelled* to clean up. In other words a man must be prevented from injuring others, but also he must be left free to injure himself if he wants to.

Trouble frequently arises because some well meaning

set of reformers try to inflict a sanitary measure upon all mankind when not all mankind are agreed that it is a good thing. For instance a large number of civilized people use tobacco in some form; another large number regard tobacco as poison and so deleterious to health, that they would like to compel all mankind to refrain from using it in any form. In some states legislation of this kind has been introduced. Such legislation is unsound and will prove ineffective.

A vast number of people drink alcoholic beverages, another vast number consider them deleterious both to health and morals. This being an unsettled question, it would be clearly wrong for sanitary officials, no matter what their individual view, to step in and take sides to the extent of compulsory legislation.

The same principle applies to vaccination, a large number of people believe in vaccination, another large number believe it harmful, another large number believe in inefficient and still another large number believe in another mode of vaccination. There is a great difference of opinion here not only among laymen but also among medical experts and it is manifestly an unsound principle for any one of the various sets of vaccinationists to try to force their mode upon others. Yet attempts are everywhere being made to do this. The weekly bulletins issued by the Chicago Department of Health have stated that that Department recognizes only one kind of vaccination, the kind advocated by the particular clique to which the Health Commissioner belongs.

Unfortunately sanitarians are adopting more and more the false idea that it is their duty to compel the public to be healthy whether it will or no; there is a tendency to extend their scope and increase their power. In some quarters it has been advocated that the use of antitoxin in diphtheria be made compulsory; an article has appeared looking towards compulsory operation in appendicitis. Another article has advocated the compulsory annual physical examination of all adult citizens by government physicians. The castration of criminals has been introduced (but not passed) in the legislature of a western state. Propositions

have not infrequently been made, by well-meaning but ignorant reformers, that all applicants for a marriage license should have their fitness for the marriage state determined by a medical examination before the license is granted.

In all these attempts ignorant enthusiasm is at work. Some particular idea of reform so fills the mind of these advocates, that they try to force a petty reform upon mankind at the expense of mankind's most precious inheritance, individual freedom. Attention is called to a sketch on another page of this issue under the same title. J. B. S. K.

THE MURDEROUS HOUSE FLY.

New York boasts of nothing more than its originality. Formerly this human trait belonged, almost exclusively to New England, but it has now moved south a few hundred miles and landed in the metropolis. There is a new source of danger menacing the life and health of the citizens of Manhattan Island. It is claimed that the common house fly is responsible for 7,650 deaths in New York in the year 1907, according to the cities bacteriologists. The fatal attacks of typhoid and intestinal diseases between July 1st and October 1st are attributable to the infection from or of the housefly. It is claimed that a careful study of the habits of the fly leads irresistably to the conclusion that the pest is responsible for the deaths.

This mortality comes under the preventable causes of disease, and now that the cause has been discovered, prevention, to a certain extent, may follow. The mortality for accidents and preventable causes of disease, including those from insects and other pests, is simply alarming. With the advent of rapid locomotion, and increased transportation facilities, comes, also, the natural consequence of accidental deaths.

A better applied hygiene has increased longevity during the last fifty years, but the best applied hygienic measures are unable to counteract the increasing number of accidental deaths. In the future, possibly, the average length of life will be increased, but progress in that line will be slow, and

it is doubtful whether, with all our boasted improvements in hygiene and medicine, the average longevity in these modern times is much greater than it was among the ancient Greeks and Romans.

COMPULSORY HEALTH.

The commissioner of health sat in his office late one night framing a law, entitled an Act to Amend an Act, entitled an Act to Limit the Consumption of Picnic Ice Cream, when he was interrupted by a knock on the door. He opened the door and saw a weasened little man, sallow, thin and stunted in stature, who walked in without ceremony and sea ted himself.

"Who are you and what do you want?" asked the Health Commissioner.

"I have come," said the visitor in a cracked voice, "to show the evil effects of the compulsory health that you are trying to inflict upon the public. Examine my shrunken muscles, my sallow and wrinkled skin, my meager and stunted proportions. Notice the unclean exhalations that issue from my pores, the feeble pulse, the decaying teeth, the fragile bones, the gibbous spine and the puny lungs that characterize me and know that I am the product of the paternalistic care of the state and municiple Boards of Health.

"Here is a cicatrix from a compulsory operation for a pain in the right inguinal region; this is the scar of vaccination, this of incculation against hydrophobia, this to prevent scarlatina, this against measles, this against diphtheria; all performed during the first year of my life.

"Here is a certificate that my sputa has undergone its weekly examination; here is my permit to eat three regular meals of inspected food per day. This is my license to smoke one cigar of assayed and inspected tobacco on Wednesdays and Saturdays. Here is the certificate that my heart has passed its annual examination."

"But my governmentally inspected heart has yearnings for other things than compulsory health, and I sought the marriage inspector for permission to marry Angelina Smith

a fair-haired damsel dwelling on the banks of the Desplaines river.

"In spite of the loss of her vermiform appendix, in spite of the numerous scars from nosodial inoculations that disfigured the smooth bloom of her cutaneous covering, I thought her the fairest of the daughters of men. Our annually examined hearts burned for each other with a mental flame of love.

"Behold the result, the marriage inspector, whose wife is even now suing him for divorce, refused us a licence because one of her grand uncles by marriage had died of tuberculosis; one of her grandfathers had swollen cervical glands; a third cousin was afflicted with ringworm and she herself had a history of having played with a mangy cat in her innocent youth.

"I have come to complain and I warn you Mr. Health Commissioner that your impudent, harmful and unnecessary restrictions on the rights of the people must cease."

The sallow dwarf's voice had risen to an impassioned pitch as he recited his blighted love and his manner became so threatening that the Health Commissioner feared a personal attack and began to utter a few soothing words and to promise relief.

The little man departed and the commissioner resumed his work, but seemed somehow to have lost his relish for it. After several efforts, he seized the Act Entitled an Act to Amend an Act concerning picnic ice cream and thrust it into the waste paper basket.

J. B. S. K.

IN MEMORIAM.

Joseph A. Biegler, M. D., died at his home in Rochester, N. Y., at 1 o'clock A. M., Dec. 21nd. 1907.

By the death of Dr. Biegler Rochester loses a valuable citizen, and the homeopathic school one of its ablest exponents. Dr. Biegler was one of the ablest prescribers our school ever produced. He was a genuine Hahnemannian, a true follower of the master, and as such was known in every state in the Union. The secret of his success is said to

have been due largely to his faculty of obtaining a complete and correct anamnesis including especially the existing or maintaining cause of the sickness. In this he excelled, and probably had no superior in America. In some difficult cases we have known him to labor half a day with one patient while his reception room was full, but he never made a prescription until he was thoroughly satisfied that the remedy he had selected was the similitimum.

The Rochester Hahnemann Hospital is his monument. It was founded through his indefatigable efforts, and it has been maintained largely by his zeal and generosity.

The directors and medical staff of the Hahnemann Hospital adopted the following memorial on the death of Dr. Biegler:

Joseph Augustus Biegler, the founder of the Hahnemann Hospital of Rochester, chief of its medical staff, and a member of its board of directors, died at his home in Rochester, Dec. 21, 1907. He was born in Alsace in 1832. His father, a German by birth, studied medicine in the office of Samuel Hahnemann, and became a noted physician. The son Joseph, at the age of 9 years, came to America with his father, who settled in Rochester in 1842. After completing his academic education, Joseph went to the University of Pennsylvania, and was graduated in 1857 from the medical department. He practiced his profession in Rochester continuously until his death, excepting the years of the Civil war, when he was employed as a contract surgeon in the Federal Army in which capacity he rendered noteworthy service, particularly at New Orleans during the military occupation of that city, among other things establishing there a hospital during an epidemic of yellow fever, for which he received the highest commendation.

As a citizen he was public spirited and progressive. From 1888 to 1901 he was a member of the Board of Health of Rochester and inaugurated important reforms in the administration of that body, and drafted ordinances which are retained practically unchanged.

He was singularly successful in the practice of medicine, always a student, and a firm and consistent believer in the principles of Homeopathy as a scientific system. He expounded those principles with great success to many younger practitioners. His reputation was international and those to whom he ministered, numbering thousands, will cherish the memory of their beloved physician. He was one of the founders of the International Hahnemannian Association, of which he was at one time the president, and was also prominent and honored in other medical societies, both state and national.

He was strong in his opinions, and when convinced of the righteousness of his course, held it with unyielding tenacity. He hated iniquity;

feared no one; he was a friend to the poor; a lover of children. He will be especially remembered as founder of the Hahnemann Hospital of Rochester, to which he gave much of his time and thought during his later years. The limits of this memorial will not permit extended reference to his work in this relation, but we may say, in brief, that he conceived its plan, encouraged its growth and set the standard for its policy. The success of the hospital was a joy to him, and for its future he had firm faith.

We say "Farewell" to our leader and friend with extreme regret but record with gratitude our appreciation of the example and inspiration of his life.

At a meeting of the board of lady managers of the Hahnemann Hospital the president, Mrs. W. H. H. Rogers, appointed a committee of three, consisting of Mrs. Rufus A. Sibley, Mrs. Arthur E. Southerland and Mrs. Church Arvine to prepare resolutions in memory of Dr. Joseph A. Biegler. The following resolutions were adopted:

Our friend and physician, Dr. J. A. Biegler, has passed into the other life. We realize that a great man has gone, one of unusual learning, wonderful in skill, faithful, kind, loving and true. In a long life he had much to endure but showed rare heroism, great honesty and achieved many triumphs. In the hearts of friends and patients his memory will always remain. It can be said of him; "He made good use of his friends by being of use to them." His life work has given him world wide reputation, and in this community the Hahnemann hospital stands as the monument of his steadfast devotion to principles.

Dr. Freda M. Lankton died in Omaha, December 5th, 1907. She was born in Oriskany, N. Y., August 10th, 1852; was married August 10th, 1870, at Rome, N. Y., and removed to Iowa in 1874, locating in Council Bluffs in 1878.

She was a graduate from the homeopathic medical department of the Iowa State University in 1888 and at once began practice in Omaha, where she has had a large clientele and a successful practice.

She has been afflicted for many years with heart trouble, and died from an acute aggravation of this old disease.

Dr. Nickolas Senn, one of our best-known surgeons of Chicago, is dead. He was not only one of our leading surgeons, but one of the great travelers of the present day. He had visited and explored nearly every country in the world. His writings, and especially his works on surgery, are well-known and valued by every surgeon, and especially by every surgical teacher. He was known as one of the conservative men, and is said to have declined more major operations than any other well-known surgeon of his time.

NEW PUBLICATIONS.

MORRIS' HUMAN ANATOMY. A Complete Systematic Treatise by English and American Authors. Edited by Henry Morris, M. A., and M. B. Lond, F. R. C. S., Eng. President of the Royal College of Surgeons of England; consulting Surgeon to Middlesex Hospital, London; Honorary Member of the Medical Society of the County of New York; Formerly Chairman of the Court of Examiners of the Royal College of Surgeons; Examiner in Anatomy in the University of Durham, and Examiner in Surgery in the University of London. And J. Playfair McMurrick, A. M., Ph. D., Professor of Anatomy University of Michigan. Member Association of American Anatomists; Member of Advisory Board, Wistar Institute of Anatomy, Etc. Ten Hundred and Twenty-five Illustrations, Three Hundred and Nineteen printed in Colors, Fourth Edition, Revised and Enlarged, in Five Parts; Each Part Sold Separately. Part I, Morphogenesis, Osteology, Articulations, Index. \$1.50. Part II, Muscles, Organs of Circulation, Including Lymphatics, Index: \$2.00. Part III, Nervous System, Organs of Special Sense; Index: \$1.50. Part IV, Organs of Digestion; of Voice and Respiration, Urinary and Reproductive Organs, Ductless Glands, Skin and Mammary Glands; Index \$1.50. Part V, Surgical and Topographical Anatomy, Index: \$1.00. This Book is also Published in one Handbook, Octavo Volume; cloth, \$6.00; Sheep or Half Morocco, \$7.00, Net.

Contributors to Fourth Edition: Henry Morris, F. R. C. S., London. R. J. Terry, Washington University, St. Louis. Peter Thompson, King's College, London. Irving Hardesty, University of California. G. Carl Huber, University of Michigan. J. Playfair McMurrick, University of Michigan. Abram T. Kerr, Cornell University. Charles R. Bardeen, University of Wisconsin. Florence R. Sabin, Johns Hopkins University. R. Marcus Gunn, F. R. C. S., London. W. H. A. Jacobson, F. R. C. S., Guy's Hospital, London. Philadelphia; P. Blakiston's Son & Co., 1015 Walnut Street. 1907.

This is no doubt the best illustrated work on Anatomy ever published, and that its popularity and value are appreciated by the medical profession is evinced in the fact that it has reached its fourth edition. Hitherto Gray's Anatomy has deservedly held a foremost rank among medical students, but it is now excelled by Morris in practically every department, both in descriptive work and in illustration.

This is the first attempt to issue an international work on Human Anatomy, the authorship being divided among some of the best-known living anatomists both in Great Britain and America, and among whom, for the first time, we find the name of a woman physician, Professor Florence R. Sabin, of Johns Hopkins University.

There is another important innovation in this work, the book being issued in one handsome octavo volume and also in five fasciculi, thus accommodating specialists.

In Part V. we have surgical and topographical anatomy; a part for our specialists of diseases of the chest and digestion; for diseases of the nervous system, so that a fasciculus small in size but comprehensive in text and descriptive matter can be had for a small price, and the volume is convenient for the office table. Each fasciculus contains a comprehensive index and, taking all in all, it is the most complete and comprehensive work in every part that has ever been issued by the press.

THOMAS SKINNER. M. D. A Biographical Sketch, by John H. Clarke, M. B., C. M., M. D. London Homeopathic Publishing Co., 12 Warwick Lane, E. C. 1907.

The death of this celebrated Hahnemannian marks the close of an epoch in British Homeopathy. So far as volumes are concerned, his writings have been few; his chief work being done in the quarterly journal, *The Organon*, and his small volume on gynecology. But it is not volumes alone that count. The size of the book has very little to do with it; its contents are much more important, both in the present and the future.

In the commencement of his medical career, he was a veritable Saul of Tarsus, like his preceptor, Sir J. Y. Simpson, two of the most bitter opponents of Homeopathy to be found in Great Britain in their day. But when confronted personally with an incurable sickness, that neither he nor his colleagues could relieve, he accidentally met a genuine homeopath, Dr. Berridge, who promptly proceeded to cure him, and that with a single dose of dynamic Sulphur. And

here
istry
comes in one of the chief traits of this great man; honesty of conviction and a readiness to put it in force. He began to study Homeopathy, and like nearly every other professional man, who has ever truly investigated it, became a convert. He was one of the rare converts who being cured with the potency was ready and willing to commence practice on the same plane; the single remedy and the dynamic dose were all-sufficient for him. The author says, page 67, "He had a genius for singling out the most important symptoms from the prescribing point of view. He appreciated to the full the value of keynote as pointers, but he never relied on them apart from other symptoms."

His "genius for singling out keynote and important symptoms" was the same kind of genius that Hahnemann displayed; hard study of the basic principles of the Organon was the chief thing. Any of us can become a genius if we would work as Skinner worked; and along the same lines; drop our pathology when a prescription is to be made, and follow the instructions in § 153 of the Organon. Genius is only another name for hard work, and Skinner had it.

This is a splendid tribute to one of the greatest dead in English Homeopathy, by one of the greatest of living English homeopaths.

WHAT TO DO FOR THE STOMACH. A Careful Arrangement of the Most Important Symptoms in Diseased Conditions of the Stomach and the Remedy Indicated in the Cure of these Symptoms. By G. E. Dienst, Ph. D., M. D. Author of "What to Do for the Head." Pp. 202. Cloth, \$1.00 net; postage 5 cents. Philadelphia and Chicago; Boericke & Tafel. 1907.

This work is another of the author's practical compilations, taken directly from the repertory and materia medica, which is arranged so that many of the prominent conditions or symptoms, such as drawing, gnawing, lancinating, pinching, pressing, scraping, shooting, soreness, etc., are given, with the indications for the different remedies for those affections. It is understood, however, and this is emphasized by the author, that the indications for the single remedy

given should be carefully compared with the symptom totality of the patient.

For instance: "In conditions of inflammation six leading remedies are given. Each remedy has its own particular catalogue of symptoms which no other remedy will cure. These should be carefully studied, and the patient and remedy clearly understood before the two are brought into contact with the other."

The author is a clear-cut homeopathic prescriber, and this little work is an effort on his part to furnish a concise reference work for the office table that his colleagues may be as much benefited as he has been by the study.

HOW TO TAKE THE CASE AND TO FIND THE SIMILIMUM

By E. B. Nash, M. D. Author of "Leaders in Homeopathic Therapeutics," "Leaders in Typhoid Fever," "Regional Leaders," and "Leaders in the Use of Sulphur." 55 pages. Cloth, 50 cents net. Postage 3 cents. Philadelphia. Boericke & Tafel. 1907.

This small work, a pocket reference book of fifty-five pages is a hint in the right direction. Hahnemann states in the Organon that "when a case is once properly taken, when the anamnesis is carefully recorded, their chief work is completed." Any one can prescribe for a case that is well taken, and no one can make a successful prescription of a case poorly taken. As the author states:

"Often times, in a case being reported, the very symptoms that are most important, so far as the selection of the remedy is concerned, are left out."

Physicians themselves, professed homeopathic physicians, frequently ask the question: Doctor, what is your favorite remedy for neuralgia, sick headache, rheumatism, tonsillitis, dysmenorrhea, etc.? The homeopath has no best remedy; the remedy that covers the totality of symptoms of the sick patient is the similimum, and of course the best remedy when found, but the Hahnemannian never has "the best remedy" for any disease, no matter what the name may be.

If we were to offer any criticism on this little work, it

would be that the author uses the terms "generals" and "particulars" in the illustrations given, which, instead of clearing up an abstruse problem, only makes it more difficult to understand for a great many. Also we would suggest that if special attention be paid to § 153 of the Organon less symptoms would cover the case just as completely as those in the illustrations, where twenty-seven are given; however, this work will help a great many homeopaths to do better work if they will study it and put in practice the rules here given.

THE ELEMENTS OF HOMEOPATHIC THEORY, MATERIA MEDICA, PRACTICE AND PHARMACY. Compiled and Arranged from Homeopathic Text-Books, by F. A. Boericke and E. P. Anshutz. Second Revised Edition. Pp. 218. Cloth, \$1.00 net. Postage 5 cents. Philadelphia and Chicago, Boericke & Tafel. 1907.

The popularity of this small hand-book has been such that a second edition is called for within a short time. It is intended for physicians of other schools who wish to obtain an insight into what Homeopathy really is. There is a brief sketch of Hahnemann and some of the pioneers of Homeopathy; the manner of its discovery, its doses, how to apply it in the cure of the sick and some of the recent works on Homeopathy. The materia medica of the last half of the book will be found very helpful to the beginner. But the therapeutic part, the treatment of diseases by name will be found disappointing. The potency, from the tincture to the 30th, is attached to nearly every remedy without apparently any rhyme or reason.

Here is an unfortunate illustration: "Our allopathic and eclectic friends can do little to modify or curtail an attack of whooping cough, and they have persistently taught the people to believe that this disease is incurable, that it "must run its course," and here is the reason why, under homeopathic treatment, as here laid down, that it probably will "run its course:"

"When cough runs into convulsions, Cuprum metallicum 6.

"Where the whoop is very marked and clear, Mephitis 6.

"Severe paroxysms, changing color of face, Magnesia phosphorica 12x.

"In cases not marked by any severe symptoms, Drosera rotundifolia 1x.

"'Minute gun' variety or smothering, Corallium rubrum 12x.

"With tenacious, stringy mucus, Coccus cacti 3.

"Rattling of mucus, white tongue, Tartar emetic 6.

"To prevent the spread of the disease give Drosera 1x to the other children, or to those liable to contract the disease."

As a prophylactic, Drosera 1x will most certainly fail, unless in rare cases, where it is the genus epidemicus. This is not the way to educate an allopathic physician or indoctrinate a family into the homeopathic treatment of whooping cough. Besides it leads the beginner to believe that the potencies here given are *the* only ones to use.

CONSUMPTION: Its Cause and Nature. By Rollin R. Gregg, M. D., to which is added the Therapeutics of Tuberculous Affections, by H. C. Allen, M. D. Cloth. 479 pages. \$1.25 delivered free anywhere. Boericke & Tafel.

This very handsome book was published in the year 1887. The price was \$3.00 per copy. After Dr. Gregg's death we took charge of the remaining copies and will now close them out at \$1.25 each, sent post-paid on receipt of price to any part of the world. Dr. Allen's therapeutics alone are worth far more than the price asked. For homeopathic therapeutics changeth not and Dr. Allen is a pastmaster in them. The first 179 pages were written by Dr. Gregg; the remainder of the book was written by Dr. Allen. Dr. Gregg writes of the disease and Dr. Allen of its homeopathic treatment. The remedies follow each other in alphabetical order, most excellently put and this is succeeded by more than 100 pages of Repertory where every symptom of consumption may be found with its remedy. You cannot work miracles with this book but it will immensely aid any practitioner in his treatment of this disease.—*Jottings.*

THE MEDICAL ADVANCE

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FOUR EVERY-DAY CASES.

BY LAWRENCE M. STANTON, M. D., New York.

CASE I. *Corallium rubrum*. This patient had had an annoying cough for a week. It had daily grown worse, and when I first saw her her condition was really distressing. The cough was dry, harassing, very constant, and on lying down at any time incessant; talking so increased it that the patient could hardly utter a word; redness of the face on coughing.

Corallium rubrum 10m was given at four o'clock p. m. By evening the patient was more comfortable, at bed time she was able to lie down with but slight aggravation, and an excellent night followed. The case required no further treatment.

This was the "minute-gun" cough of *Corallium* and I am grateful to him who thus characterised the remedy.

CASE II. *Kali bichromicum*. I give this case entirely from memory, and while quite sure of the prompt action of the remedy I cannot present many details, nor report the patient's fuller history, if there was one. The woman had received a knock on the leg over the shin bone six weeks or more ago, shortly after which an ulcer developed at the place injured; It had been under local treatment without benefit.

The ulcer was oval in shape, three quarters of an inch in its long diameter, its circumference elevated above the surrounding skin and as regular in outline as if it had been cut out. There was little pain, and I do not recall anything characteristic of it. A glance at the sore suggested the typical *Kali bichrom.* ulcer. This remedy given in cm. potency

resulted in a cure, improvement beginning within a few days.

CASE III. *Lycopodium: Calcarea:* This is another simple case but one well illustrating the brilliant action of homeopathic remedies in high potency.

The patient had been under treatment a number of years at the time I first saw her, getting worse rather than better. The case, one of aggravated intestinal indigestion, presented a perfect picture of *Lycopodium*. The symptoms were those in the materia medica word for word and I will not trouble you with them. Improvement began a few days after the first dose of *Lycopodium* 3m, and in two or three weeks the patient was practically a well woman—with one exception, however, and herein lies the special interest of the case.

Constipation had been a troublesome factor and this was not materially benefited by *Lycopodium*, in spite of its repetition in the same and in a higher potency. Reviewing the case in its symptoms resulted in no indications for anything else, but studying *Lycopodium* in its relationship to other remedies brought to mind the three great correlatives Sulphur, *Calcarea* and *Lycopodium*.

Hering with double black marks compares *Calcarea* to *Lycopodium* in its constipation and, while to follow *Lycopodium* with *Calcarea* would be a reversal of their usual sequential order, it seemed likely that *Calcarea* was the next remedy in the case. This proved to be so for after a dose in the mm. potency regular movements of the bowels were established and have continued now many months. Once only was the remedy repeated.

Sulphur, *Calcarea* and *Lycopodium* follow each other as a rule in this order, but here is a case where *Calcarea* came beneficially after *Lycopodium*.

But why, after all, do these remedies stand in close relationship to each other? They are very individual, indeed in many respects so quite the opposite of each other that it is supposed impossible to confound them. Yet they are wide in range of action, rich in symptomatology, and in

consequence are constantly overlapping. It is difficult, therefore, to know whether their resemblance or their difference is the more remarkable. I suppose it is just the sharp individuality of each tempered by their common likeness that constitutes the compatibility, the companionship between them.

CASE IV. *Otitis media acuta. Petroleum.* This patient had caught a bad cold which, after affecting almost every part of her organism, had settled in the left ear. Symptoms were vague, and the one or two prescriptions I made at this time were not followed by marked improvement. The patient decided that her case was one for the specialist and betook herself to him. He inflated the middle ear by the Politzer method, but this caused much pain, and so aggravated the whole condition that she did not continue the treatment. Again I took up the case.

There were no signs of middle ear suppuration, and evidently the inflammation was of the "dry" kind. The symptoms were: Aching pain extending from the throat through the eustachian tube into the middle ear; distressing noises of great variety; almost total deafness of the affected ear. Petroleum 3m brought great relief within twenty-four hours and the case, with another marked stride under the cm. potency later on, made an excellent recovery.

The symptoms that most decidedly indicated Petroleum were the eustachian pain and the many noises in the ear. "Guiding Symptoms" clinically sums it up thus: Eustachian tubes affected, causing whizzing, roaring, cracking with hardness of hearing.

Since making a closer study of Petroleum there is another feature of the remedy that strikes me as a very genuine indication for it in the present case, and this is its lingering, long-lasting character. We read that it is suited to "long-lasting diseases," to "lingering (gastric and intestinal) troubles;" that "long-lasting complaints follow mental states, fright, vexation, etc." Now this case was typically asthenic from the beginning. The patient had a severe cold, part after part had become involved and then it finally had

settled, in the middle ear. Here it had dragged through six weeks, gradually getting worse until the appropriate homeopathic remedy was given. I think, then, it is not going too far to say that in the tendency for mildly acute or sub-acute complaints to verge toward the chronic we have a strong indication for Petroleum.

Gelsemium strikingly resembles Petroleum in the present case, in the eustachian pains, the noises in the ear and in the deafness. Then, too, there is the same disposition for the Gelsemium complaints to develop leisurely and to run a sluggish course. I confess that the recognition of this resemblance was an afterthought.

But nothing, not a miracle even, could have worked much quicker than did Petroleum, so I think there is little doubt that it was the more similar of the two remedies.

DIET FOR BRAIN WORKERS.

BY J. B. S. KING. M. D., Chicago.

It has been found by careful experimentation, the most recent and accurate of which is Atwater's, that severe and continuous mental labor causes no more tissue waste than absolute rest. That is to say, the most accurate instrument with which we are acquainted is unable to show that mental activity affects tissue waste any more than absolute rest. That there is a difference is certain; whether science will ever be able to demonstrate it or not is problematical. Cholestrin seems to be increased by mental work and is eliminated by the bile, but the metabolic changes involved are not such as a respiration calorimeter is capable of showing.

Brain workers are very apt to be sedentary in habit and not infrequently such work is accompanied by high living and late hours. Such a life, namely, plentiful eating and drinking, with bodily indolence, tense nerves and worry, is the best combination for bringing on an early breakdown, as pointed out under Bright's disease.

There are no doubt special brain foods, or foods that especially nourish the nervous system, but as yet we do not

know just what parts of food they are from the standpoint of exact experimentation. Under these circumstances we must depend upon practical experience.

In the first place, the brain is less directly dependent upon food than any other organ. It is a general rule that the higher the function of any organ the less it suffers from withdrawal of food, hence, the brain being the highest organ in the body, suffers the least of all. It is a matter of common observation that the brain works better under a light diet and best of all under abstinence from solid food. All the tissues yield to it in importance, and as a consequence it draws aliment from the other organs, as ministers and servants, when the external food supply is deficient. The ideal diet, therefore, for a brain worker is a very light one, of a not too easily digestible character, at the same time the food should have sufficient residue to prevent constipation.

Fine white bread should be avoided, and the coarser breads selected. Graham, entire wheat, oatmeal crackers, pumpernickel (whole rye), corn bread and Boston brown bread offer sufficient variety to select from. The feces from an exclusive diet of Graham bread outweigh and are greater in bulk than those from an exclusive diet of an entire wheat bread, by double, and from the feces of a patent flour bread diet by a quadruple proportion. This bulkiness of intestinal contents takes the place to a certain extent of exercise and tends to obviate the constipation of sedentary pursuits. The slight waste of starchy matter found in the bulky stools is of no great importance. The objection to fine white bread also extends to meat, with the additional disadvantage, that the nitrogenous products of the digestion of meat encumber the internal organs more than vegetables.

The no-breakfast plan works well with many sedentary brain workers. During the morning hours, if the stomach is empty, the mental faculties are generally alert and the best work can be done. There are thousands of people who have no appetite for breakfast and simply eat in conformity with a long-established habit. They form the "cup of coffee and a roll" brigade so numerous in the United States.

With such people there is a certain repugnance to solid food in the early morning. If such people will make a trial of the no-breakfast plan they will probably be surprised at the improvement. The following menu will serve to give an idea of the amount and kind of food recommended for mental and sedentary occupations:

Breakfast: Either none or a cup of coffee.

Lunch: One or two caviar sandwiches made with coarse bread, lettuce, cucumbers and a banana with cream; chocolate or tea, as preferred.

Dinner: Meat, fish or eggs, toast and butter, spinach, tomatoes, ice cream and tea.

During continuous mental work, without exercise, the total food for a day need not weigh over 16 ounces. A rational liver, however, would take some regular muscular outdoor exercise, and his mental work would be all the better for it and more food would then be needed.

A FRAGMENTARY PROVING OF PAPAYA VULGARIS.

BY W. H. LEONARD, M. D. (deceased), Minneapolis, Minn.

(As near as I can learn this *Papaya vulgaris* is the *Carica papaya*, or West Indian Paw-paw, from which "Papoid" is prepared W. E. L.)

NOTES (of the daily proving, transcribed from his own hand-writing).

Proving of *Papaya vulgaris* on myself, W. H. L.; age 54 years. In good health usually; secretions natural, except scanty urine, two thirds the normal amount; bowels inclined to constipation, yet having a stool each day; disturbed sleep when lying on left side; smoke two cigars daily, one each after dinner and supper.

Nov. 30, 1880, evening, took 25 drops of 6x dilution of P.

Dec. 1. No symptoms. Took 5 drops at 7:30 a. m. and on retiring at 10 p. m.

Dec. 2. No symptoms. Took 5 drops at 12 noon and at 10 p. m.

Dec. 3. Repeat dose at 7:30 a. m. and 12 noon. Feel dull on rising, dull pain in head, stretchy (probably owing to

weather, for I have this feeling frequently in this cloudy weather).

Costive stool in morning, loose stool at night (unusual)

Dose at 10:30 p. m. on retiring. Wake in the night with headache.

Dec. 4. Feel dull in the morning on rising, headache gone.

Dose repeated at 7:30 a. m., 1 p. m. and 10 p. m. Loose stool this morning. No other symptoms.

Dec. 5. A restless night; dull on rising, dull headache over left eye extending back to occiput; eructations, tasteless, especially after medicine; head feels better after 3 p. m.; appetite as usual, good. Took no medicine to day.

Dec. 6. 7th day. Wake up with headache which continues till 9 a. m., passes while riding to visit patients natural stool this a. m. No medicine to-day.

Dec. 7. 8th day. No headache, though up part of the night; some nasal catarrh; hoarseness after 4 p. m. Took 5 drops at bed time. Disposed to stool but refrain till morning.

Dec. 8. 9th day. Had vivid dreams through the night, as I have had each night after taking the medicine. Notice that the urine is more profuse since taking P. Very hoarse through the day (probably from a cold), pain in larynx; otherwise feel well as usual.

Soreness and some pain in molars on left lower maxilla (quite unusual). Took five drops at bedtime.

Dec. 9. 10th day. Took no medicine. Cold a little loose; hoarseness about the same, but no pain in the larynx; natural stool; urine increased.

Dec. 10. 11th day. No medicine. Itching behind right ear. Stool at 1 p. m., also loose stool in evening; urine not so profuse. Dryness of the throat at bed time, with some cough keeping awake till after 11.

Dec. 11. 12th day. No medicine. Cold and hoarseness much better.

Dec. 12. 13th day. Commenced again with 5 drops morning, noon and bed time. No symptoms except toothache, not as severe as before Costive stool in evening.

Dec. 13. 14th day. Took the three doses as yesterday. Loose stool morning. No other symptoms.

Dec. 14. 15th day. Took four doses to-day. Toothache of left molars, as before. Itching just above the nons veneris for two days, an itching, irritable wheal like a nettle rash; itching on different parts of the body.

Dec. 15. 16th day. Took three doses to-day. Toothache continues.

Dec. 16. 17th day. Took four doses to-day. More itching of skin over different parts of body.

Dec. 17. 18th day. Dose morning and evening. Toothache on left side. Still some itching of skin.

Dec. 18. 19th day. Took no medicine. Stool a. m., another loose one p. m. More wheals over pubes; itching of skin continues.

Dec. 19. 20th day. On rising in the morning tension in bladder, with desire to urinate (unusual); again at noon, also in the evening. Rheumatism in left shoulder. No medicine.

Dec. 20. 21st day. Toothache continues much of the time. Itching of right ankle on going to bed, this the third night. Costive stool after dinner (midday.) Rheumatism of shoulder. No medicine.

Dec. 21. 22nd day. Costive stool after dinner. Rheumatism of shoulder continues, not as severe. Toothache after meals. No medicine.

Dec. 22. 23rd day. Costive. Itching behind left ear. No medicine.

Dec. 23. 24th day. Dentist found decay in aching tooth, the treatment of which mostly relieved the pain. Deltoid of left arm still painful, but better. No medicine.

Dec. 29. 30th day. Still much itching of skin in different parts of the body, especially behind the left ear. Soreness of second toe of left foot, as if corn existed—there has been none for years; symptom present since last record, but growing less. Not as much urine as when first taking P., no stool to-day. No medicine.

Dec. 30. 31st day. Took 4 doses (5 drops) of 6x two hours apart. After second dose, sensation of chilliness

Easy stool at noon—none for twenty-four hours. More itching behind left ear. Toothache much increased in filled tooth. Fulness of head in evening. I have noticed at different times after taking P., greater activity, can read or study longer without being tired.

Dec. 31. 32nd day. Three doses to-day. Pain and swelling on ball of right foot, under little toe.

Jan. 2, 1881, 34th day. After taking one dose (5 drops) of 1x. felt a pain in the night through the pubic region, More pain in right foot involving ball and two small toes, with burning heat (feet have not been exposed to cold.) More itching of skin. Take 5 drops of 1x at bed-time.

Jan. 3. 35th day. Passed a wakeful night, first sleep dreamy. Took 5 drops on rising. Before breakfast while reading, fore-finger of each hand felt cold and dead; it took some time to get the blood to circulating by whipping and wringing; right one worse. Evening, after four doses (5 drops): much thirst, desire cold water but it produces so much pain in decayed (painful) tooth that I cannot take it. Two stools to-day.

Jan. 4. 36th day. Have slept well, rising at seven a. m., (although feel like sleeping another hour). Dull headache and much thirst. Take no P. to-day. Evening—headache better; still some thirst. Itching over skin continues, especially at wrists. Urine continues more profuse.

Jan. 6. 38th day. Felt pain in left testicle in the night; wakened by it and kept awake some time—nothing similar for years; when it occurred after taking Podophyllurn 200. Itching behind ears continues; no eruption. No medicine since Jan. 3rd.

Jan. 13. 43rd day. Have noticed no marked symptoms in this interim, except some itching of the skin; urine, as formerly, rather scanty. This morning an eruption over the right eyebrow with feeling as if there were some foreign substance in the right eye; had it examined, nothing noted except inflammation of the lids; the worst of the feeling passed away with the examination. The eyes were examined at the same time for glasses; marked for No. 14., which

proved a good fit; I had worn No. 11 for one year, but they were getting tiresome.

Jan. 19. 49th day. Commenced again on 6x. taking a dose every two hours through the day. Eruption on right forehead nearly all gone. Urination as it has been for months past, rather scanty. Have noticed more itching of skin, especially about the head. No appetite for supper; much thirst in the evening, had to drink water which I seldom do.

Feb. 26. 87th day. Have taken no P. since Jan 19th. The eruption over the right eye has continued since its first appearance (43rd day). The irritation of the eyelids also continued so that I have been unable to do much reading or study by artificial light—my reason for stopping the proving. The scalp has itching, but less dandruff than usual—which latter I have been much troubled with for years. Stools have been more regular and loose. Urine continues more free. A sick headache returns which troubled me more or less ten years ago. Have taken no medication whatever to antidote or relieve symptoms. The P. has evidently awakened an old "psoric taint", caused by the suppression of an itch forty years ago.

(My father gradually recovered his usual vigorous health after this experiment, W. E. L.)

ARE WE BECOMING HOMEOPATHIC?

Editor Medical World:—Even in discussing a common cold, you now consider the opsonic index. I am glad to see this. In closing the sentence of comments in the Nov. World you say: "More prompt and thorough elimination will probably prevent the opsonic index from dropping so low, and facilitate its restoration." But is not the opsonic index itself the only indication of the real true process of elimination? I cannot conceive but that a "calomel elimination" will depress the opsonic index to the extent that it taxes the vital forces; and as the brother points out, it may be the means of rendering soluble masses containing toxins, and

thus throw them back upon the real eliminators within the tissues.

Is there, then, any way to increase the opsonic index, except by the method of its discoverers?

Let us consider the manner in which these "bacterins" increase the opsonins in the blood. In the active immunity from the use of the "killed" or "attenuated" bacillus it is explained that the animal cell is made to produce its own protective substance (opsonin). In the passive immunity, as from antitoxin, the protective substance is previously developed in the animal laboratory of the horse. In either case the production depends upon the vital reaction of animal life. Prof. Goldscheider, of Berlin says:

The natural process of healing does exist: the organism possesses forces and processes by means of which it resists and may overcome disease. Experience teaches that it is within our power to force upon the organism curative reactions of which it is not of itself capable—reactions identical with, or intimately related to the natural curative reactions. Hence, the most natural therapeutics, those most in conformity with nature, consist in the use of specific remedies in the sense that these correspond to the substances produced by the natural healing processes, or that they cause the production or heightened action of these defensive substances or anti-bodies.

Theobald Smith, of Harvard, says that the old conception of direct curative action of tuberculin has been abandoned, and that the new idea is its "arousing the defensive action of the body." He says that cattle are in a fair state of equilibrium against their bacillus, and that "there is needed but a relatively slight impulse at the right place to establish a resistance which will promptly suppress the invaders." And goes on to say that the same is true in some degree of the normal human being.

Now, it appears that each germ infection contains a something capable of exciting a reaction, or of increasing the natural reaction in direct opposition to this particular germ. The production of opsonins in the blood is only one of the actions of that resistive force. Trudeau says: "Opsonins, after all, constitute only one of the active bodies produced in immunity reactions."

And then are there not actions of that life force which

cannot be spoken of in terms of material "bodies" or "antibodies"?

Now, in using the "killed bacteria" or the "living attenuated bacillus" (Th. Smith) we eliminate or reduce the primary germ action or infection, but retain that power to excite the resistive reaction on the part of nature to a degree of which nature unaided, or prompted only by the primary infection (the active germ), is incapable.

And, is it not equally certain that every drug contains a something, or is in itself capable of exciting a vital reaction in direct opposition to its own primary action? I need only mention the immunity of the opiate fiend to immense doses of that drug, and the well-known necessity to gradually increase the dose of any drug to obtain the same constant action. But this is not the immunity of health, for it implies the constant forcing of the primary drug action upon the system.

Is there no way by which we may, with drugs as we do with germs, eliminate or reduce the primary action and still retain and use the power to excite that resistive reaction of nature?

Is it not reasonable to believe that the *attenuated* (potentized) *drug* may act the same as the "attenuated bacillus"?

That the highly attenuated *Rhus toxicodendron* will cure and produce immunity to poisoning by that plant? I myself can produce the evidence of several scores of cases; and if the history of contact with the plant is not clear, but the symptoms are closely similar, it cures just as promptly.

Just recently I saw a babe with cough and rattling of mucus, slight temperature. It did not cry, would not nurse; just in a semi-stupor all the time; pupils contracted. Now, has the cough syrup, of which they have given a very little, contained unusual quantities of opium. Is this child especially susceptible to a very little of that drug, or are these symptoms due to natural causes? I don't know. But what this child needs now is an increase of the vital resistive reaction in the direction of Opium symptoms. Nothing in heaven or earth will bring it about so surely, so nicely, as at-

tenuated Opium. I know not whether the opsonic index here would show any change; whether there was anything for opsonins to do; but the clinical index, which even many bacterin therapeutics still claim to be the most reliable, showed prompt improvement after the Opium was given.

What does Prof. von Behring say in a recent pamphlet?

In spite of all scientific speculations and experiments regarding small pox vaccination, Jenner's discovery remained a stumbling block in medicine till the bio-chemically thinking Pasteur devoted all his medical class room knowledge, traced the origin of this therapeutic block to a principle which cannot be better characterized than by Hahnemann's word, homeopathic. Indeed, what else causes the epidemiological immunity in sheep vaccinated against anthrax than the influence previously exerted by a virus *similar* in character to the fatal anthrax virus? and by what technical term could we more appropriately speak of this influence exerted by a *similar* virus than by Hahnemann's word. Homeopathy? He also speaks of having demonstrated the immunizing action of my tetanus antitoxin in infinitesimal dilution.

Dr. R. C. Cabot, Dean of Harvard says:

The use of tuberculin is a form of vaccination which illustrates better than any example known to me the approval of homeopathic principles within our school. * * * Surely this is a case of *similia similibus curantur*.

The use of bacterial vaccines in infectious diseases recently produced by Sir A. E. Wright is distinctly homeopathic. But the revival of tuberculin therapy within the past ten years after its abandonment in 1890 illustrates the victory of another homeopathic doctrine within our school. I mean the doctrine of the occasional utility of very minute doses. No one in this country has had so much experience with tuberculosis as Trudeau, of Saranac Lake. * * * What dose does he use? Not the 10 mg. often employed in the early nineties; not even the 1 mg. or half mg. recommended later, but he gives every non-febrile case with one *ten thousandth of a mg.* and a febrile case with one *one hundred thousandth of a mg.* What fixes the dose? Precisely the homeopathic principle, viz.: to produce a definite good effect without any observable ill effect.

Now, here we have the best regular indorsement, not only of *similia similibus curantur*, but of *simile simplex minimum*. Even the most radical homeopath's shibboleth: "one dose high and wait," is carried out to the letter, after experiencing the same "negative phase" or "aggravation" which Hahnemann described a hundred years ago.

Trudeau says: In a recent pamphlet put out by the Mulford Co., and in heavy type:

Care should be taken never to inject after a reaction until all effects of the previous reaction have disappeared

And further, the principle of the resistive reaction of the vital force, which Hahnemann so plainly set forth as the foundation stone of Homeopathy, is seen to be the basis of the bacterin therapy.

Verily the medical schools are coming together; but it is not being accomplished by those in the rear of each procession: the strong drug-worshipping regular, and his "liberal homeopathic" imitator; but it is the advanced guards in each school who are finding common ground. Such men as von Behring, Wright, Houchard and Cabot, who have the courage of their convictions, and a host of others who have many of them renounced faith in drugs to a large extent, or almost entirely, and are finding the *most natural therapeutics* in those things which *arouse the defensive reaction*. And on the other hand, those truly advanced homeopaths who have stuck close to the basic principle of the vital reaction, and who have been using tuberculin, psorin, variolin, diphtherin and such agents since years before the fame of Koch and Pasteur. Our literature is full of clinical cases and lectures upon Tuberculinum, Psorinum, Medorrhinum, Syphilinum, Variolinum, Diphtherinum, etc., with careful comparisons with other remedies, for there are often other elements in the vital depression, other things to be accomplished than that of opsonizing the germ. In other words, the bacterin is not always the *similimum* in every phase of the case.

We cheerfully await further developments in this line. It is to be hoped that the method of producing immunity to small-pox will be reformed upon the basis of the recent use of bacterins. Let us have the genuine variola bacterin, "killed" or "attenuated" as much as possible. We won't ask you to use at once the very highly attenuated remains which we use, if you will only cease to afflict the innocent with the very much alive, active, and dangerous cow-pox virus. Nobody knows what it is. It may be somewhat *similar*, but it is not the *similimum*.

Dr. A. W. VINCENT.

[This is a very skillful defense of high potency Homeopathy, but coming down to the very ordinary matter of a common cold, with which the doctor started out, we wish to say that we have concluded that the old-fashioned remedy, "a good dose of castor oil," at the beginning of a cold, is the very best treatment. By theorizing, we wander far from the good old homely truths, and when we get back to them we feel that we are on solid and certain ground again. Castor oil is one of the most prompt and least disturbing eliminants. It may raise the opsonic index by *removing* accumulated poison, and that is better than to counteract the poison by arousing systemic resistance. An astonishing statement. Indeed, resistive force is increased by removing the poison that pulls down that force.—*Medical World*. Ed.]

A RHUS RADICANS CASE.

BY W. H. FREEMAN, M. D., Brooklyn, N. Y.

Dec. 30, 1907. Mr. L. D., age 21. Ailing since a bad cold contracted five weeks ago.

Pain left chest, knife-like, extending to the right, < when coughing and in the day time; > from exertion and from taking a deep breath.

Muscular soreness in left chest, shoulder and down left arm, > while exercising.

Dry tickling cough for five weeks, < on changing from warm to cold air and in the day time, > from hot room and in the open air.

Catarrh with nasal obstruction for several years.

Constipated for about three years; inactivity of the bowels—no inclination or stool except after taking some cathartic, principally Cascara, Epsom salts, vegetable pills(?) or Garfield tea.

Coffee three times a day.

Chills from hips downward today.

Appendical pain and tenderness for three years.

Urine reddish, turbid, strong smelling, burns on passing.

Desire for and relief in cold open air; < in wet weather, during rest and when unoccupied.

Restlessness, > from motion, violent exertion and on getting warmed up.

Last September, had eczema (?) lasting six weeks.

Eruption entire head and face, arms and hands; moist, purulent, scabby, itching and burning. Cured after about one month's treatment with lotions, ointments, etc.

Rhus poisoning on several occasions as a boy. Never had any venereal disease.

Rhus radicans 200 (B. & T.) four powders, one every six hours and follow with placebo.

Jan. 3, 1908. Patient says he felt much better within twelve hours. The pains were quickly > and the bowels have moved daily since taking the medicine, and urine more natural. The cough is about the same but does not bother him greatly. No more chills and only slight pain occasionally in region of appendix,

Cases like this with a mixture of chronic and acute symptoms and a history of suppressed eruptions, Rhus poisoning, abuse of coffee and drugs are always more or less confusing and difficult to prescribe for. Only by grouping the symptoms according to their etiology and time of existence can we arrive at a proper understanding and able to select the right remedy with which to begin the treatment.

The remedy given was selected because of its similarity to the "generals" of the patient and because it covered his most recent and most troublesome symptoms. It did not seem to fit the cough which is also recent (five weeks) but not as recent or troublesome as the muscular symptoms. The cough is possibly an acute extension of the nasal catarrh and probably deserved to be considered and treated as a distinct entity. The proper thing to do is to continue the patient on placebo as long as he improves, and if necessary give more Rhus for return of Rhus symptoms or another drug for the cough or other symptoms remaining later on that are not removed by the Rhus.

The morbid influences with which patients become

loaded up can only be unloaded from the top downward, one layer at a time, that is, the patient must get well or be cured in the reverse order to that in which he became sick.

Whether there is any difference between *Rhus tox.* and *Rhus radicans* is a disputed question. In his article on *Rhus radicans* (*MEDICAL ADVANCE*, p. 218, 1906), Dr. Allen claims there is and speaks of the variety *radicans* or climbing ivy as an antipsoric, and a valuable remedy after suppressed eruption—which is one reason for its selection in this case. *Rhus radicans* is very common in the woods of Long Island, and there is much of it near where the patient has lived since childhood.

LACHESIS VERIFICATION.

BY DR. R. F. RABE, New York.

Miss E. W., age 22 years. As a child had scarlet fever, pertussis, measles. Has been subject to bronchial colds. Went to school at four years, always bright. Stopped school at fifteen and went to business, stenographer and typewriter. Began to feel badly in June, tired and run down. Went away for two weeks latter part of July and felt very well; then went back to work. Was reprimanded sharply and took this much to heart. It preyed upon her mind; she cried much after that whenever her employer spoke to her. Lost control of nerves entirely. Trembling spells then came on beginning in the stomach and spreading to body and limbs. These continue now.

Crying spells, cries as though her heart would break.

At first these crying spells alternated with laughing attacks. **Globus hystericus.**

Collar feels too tight, lump in throat as if she has to swallow.

Very restless, cannot sit still and yet too nervous to do anything.

No appetite or desire for food, trembling.

Smothering sensation at stomach extending to throat.

Coldness of feet and legs.

Dreams of death; that she is dead or that some one wants to kill her.

Fears and illusions that some one is in house and trying to harm her.

Sinking sensations as though she were going to die.

Feels > after crying, but crying is difficult and preceded by much choking and smothering.

General < of nervousness towards evening and at night.

Sleep restless, much tossing.

Dread of being alone, wants family about her.

Menses every 28 days, last seven days, profuse normally so for last six months; previously scanty.

Melancholy preceding menses, wants to be let alone.

During and after menses feels >. Preceding menses tired and dragged.

Pain first day of menses.

Formerly constipated bowels, now normal, since Alumina 45m.

Has been losing flesh; last menses during first week in August.

Is thin, tall, timid and looks delicate.

Does not want to go out of house. Gave up work four days ago. Grieves on this account because she is sole support of mother.

Aug. 29, 1907. Ignatia 400 (D.). Placebo every four hours.

Sept. 14, 1907. Nervous symptoms <. Feels languid, < mornings in bed. General soreness all over body as though she had been pounded. This has come on since she has felt > of the nervousness. Sharp sticking pains in throat, not felt when swallowing solids; < liquids or from empty swallowing. Collar feels tight, neck sensitive. Throat congested and inflamed, follicles enlarged. Since nervousness, hair is breaking off and splitting. Lachesia 200 (D.), Placebo every twelve hours.

Oct. 12. Was > at once. Throat now sore, < right side, feels swollen as if collar were too tight. No pain when

swallowing solids; severe pain on empty swallowing and almost as bad when swallowing fluids. No pain when not swallowing. Lachesis 10m (Sk.) Placebo every twelve hours.

A CANNABIS SATIVA CASE.

B. B., age 35, male. Sore pain about the heart. Bruised pain in sides of chest. Dry, hard and racking cough; hurts head and racks him all over, < soreness about heart. Slight white expectoration, tinged with yellow. rawness in chest. Feels as though much mucus were in chest but it cannot be raised. Temp. 101.2 mornings; 102.4 evenings. Creeping chilliness at night in bed, < motion or moving bed covers. Chilly; can't have house warm enough, yet feels > in open air.

Has had Bryonia cm., one dose, without >; given yesterday. Cannabis sat. mm. (Swan), every three hours, three doses.

Jan. 12. Reports immediate > after taking the first dose.

Temp. normal this forenoon. Cough much >; looser and does not rack.

Soreness about heart gone entirely. Chills gone.

This patient had never had gonorrhœa either.

For symptoms verified see Allen's Encyclopœdia.

AURUM MET.

Mrs. R., age 59. Vertigo; falls to left.

Head feels full.

While sitting must hold head; < motion; > lying.

Falling to left. Anac. Aur., BELL., Dros., Euphor, Mez., Nat. c., Nux m., Spig., Spong., Zinc.

Motion <; Aur.

Jan. 10, 1907. Aurum met. 53 m. (F.)

Jan. 27. Was promptly >. No return of trouble since. No syphilis in this case.

TRANSACTIONS CENTRAL NEW YORK SOCIETY.

SYRACUSE, N. Y., Vanderbilt House,
September 19, 1907.

The Central New York Homeopathic Medical Society was opened by the President, C. E. Alliaume, of Utica, N. Y., at 2:30 P. M.

Members present: Drs. Alliaume, Bidwell, Follette, Fritz, Grant, Graham, Hermance, Johnson, Keese, Leggett.

Visitors: Lewis C. Merrell.

Because of the lateness of the hour and a previous arrangement with Mr. Merrell it was decided that the first order of business should be to listen to his report upon some of his experiments and successes with the dry milk products.

Mr. Merrell was introduced as the grandson of the late Dr. Stephen Seward, than whom the Central Society had no more staunch supporter, nor the Homeopathy of Hahnemann a more earnest student.

Mr. Merrell advanced the following facts upon

**SOME NEW DEVELOPMENTS IN THE PREPARATION
OF WHEY.**

The value of whey for infant and bedside feeding has long been recognized. The constituents which it contains and their proportions make it in many ways an ideal food product.

A sample of fresh whey which I have examined is of the following composition:

Fat.....	.02
Proteid.....	.89
Milk Sugar.....	4.67
Ash.....	.61
Water.....	93.81

There is only about six per cent of solids and it is evident that the water content of whey is so great as to require the ingestion of a large amount of liquid to secure complete nourishment from whey alone.

Upon examining the solids of the sample given above I find it composed as follows:

Fat.....	.27
Soluble lact-albumen.....	14.25
Milk Sugar.....	74.45
Ash.....	9.80

The ratio between the proteids and the carbohydrates is about one to five and one-quarter—very much higher than in most food materials. The proteids consist entirely of soluble lact-albumen and the carbohydrates consist entirely of milk sugar so that both proteids and carbohydrates are one hundred per cent. assimilable. The ash is the normal ash of milk which is as we know, suitable for the bones and teeth of the growing child.

Whey is evidently a very valuable food material but too watery, and it would be very desirable to eliminate a part at least of its water content if this can be done without injuring the delicate organic materials of which whey is composed.

It is practically impossible to procure good whey from a cheese factory. Anyone who has seen or smelled the whey barrel at a cheese factory will admit at once that whey considered as a waste product of cheese-making is not suitable for, let us say, infant feeding. The cheese-maker's process is operated with the idea of producing acidity and the growth of certain forms of bacteria which are useful in ripening the cheese curd. The milk is as a rule handled less carefully than that used for domestic consumption or for making butter or condensed milk, for the cheese-maker can add a culture of lactic bacteria (commonly called "starter") and induce a vigorous growth of lactic bacteria which will kill off any other germ life which the milk may contain.

It is practically impossible to manufacture a whey of uniform quality in the household for the reason that the degree of temperature at which the curd is produced must be accurately determined or else a complete separation of the curd is not effected. Particles of coagulated curd seriously impair the value of whey as a food. The whey must also

be pasteurized at a temperature of 150 degrees F. to render inactive any rennet which may remain in it. If, however, the temperature exceeds 155 a considerable portion of the albumen is rendered insoluble. Such delicate adjustment of temperature is not possible with the thermometer found in the average household. More than this, whey deteriorates so rapidly and has to be prepared anew so frequently that the average housewife will not trouble with it even if she has the necessary skill.

In spite of the many advantages which whey possesses, it is not used because it is so difficult to obtain or prepare. The wider use of whey feeding depends upon the development of the process by means of which whey of uniform composition may be prepared in the laboratory by experts and then preserved in a permanent manner without loss of quality.

Such a process has been devised, and a preserved whey is now being produced commercially. If it retain all the beneficial qualities of whey it will mark a distinct advance in the facilities which the physician at present enjoys for the modification of milk and cream for infant feeding.

Some description of this process may prove of interest. Sweet whole milk selected for freshness and quality is subjected to the action of rennet. The whey is separated from the curd as expeditiously as possible to avoid the development of acidity. The whey is then pasteurized just above 150° F. to destroy any rennet remaining which might otherwise act upon milk or cream with which the whey might subsequently be mixed. The whey is then condensed in vacuo at a temperature below 135° F. to about one fourth of its original bulk. The concentrated whey is then desiccated by projecting it in the form of a fine spray into a current of hot, dry air. The liquid particles are deprived of their moisture immediately and fall like powdery snow.

The efficiency of this drying is best understood when I say that I have produced materials containing less than half of one per cent. of moisture. Five per cent. is the least amount of moisture found in materials dried by any other

process with which I am familiar, and ten to fourteen per cent is not uncommon. The keeping quality of dried organic matter depends largely on its moisture content, and I am in a position to say that materials of this nature do not keep well if the moisture content runs much above three and one half per cent.

Chemical change is inhibited by this extreme dryness, and I can say from personal observation that such powders (hermetically sealed) may be exposed to any temperature below the point of combustion without injury. Albumen dried in this way is not coagulated by a temperature of 212° F., and I should deduce from this fact that the presence of water in certain quantity is essential to coagulate albumen by heat.

To illustrate the delicacy with which this process will remove moisture from organic matter without injury, I will say that I have dried such materials as yeast, diastase, pepsin and certain forms of beneficial bacteria to less than two per cent. moisture content, without impairing their strength, preserving them for two years or more hermetically sealed, and find them unimpaired in vitality on adding water. This extreme dryness can therefore be produced without injuring the most delicate organic substances, and is effective in preserving them from deterioration.

Strange to say the current of drying air into which the sprayed material is projected may be very high in temperature—say 300° F.—without injuring the solubility or life of the most delicate substances, that is to say without even producing pasteurization. This at first glance would seem to be absurd. I will describe how this “air boiling” may be done.

In the first place let me say that I have selected the term “air boiling” to distinguish this process from those in which the liquid is boiled by contact with heated metal. This process boils or evaporates the liquid by contact with heated air. If a liquid is boiled in a kettle the steam has no way of escape except upward through the liquid. Can you imagine what would happen if each particle of vaporous

steam were greedily absorbed by the metal of the kettle as soon as formed?

If a tiny drop of liquid is suspended in heated air what happens? Evaporation proceeds on all sides of the little sphere, drawing heat from the center of the particle. On account of its spherical form the particle is really being cooled by the rapid evaporation of its moisture. Logically, the hotter the air current the more rapid the evaporation of the moisture and the greater the cooling effect on the remaining tiny mass of solids.

Of course the air current itself is cooled somewhat by the evaporation in which it takes part and provided the temperature of the air is produced below the point of combustion, no harm results from this temporary ordeal in the fiery furnace, and a state of dryness is produced which protects and preserves the tiny particles of material.

The solids of fresh whey evaporated by this process appear under the microscope as amorphous semi-transparent quartz-like masses. The powder is instantly soluble in water, hot or cold, and nothing settles out of solution. In fact, upon examination, the fluid cannot be distinguished from fresh whey chemically or microscopically.

The process lends itself with equal facility toward producing powders from fresh eggs, milk and cream. This egg powder is at present being used in place of fresh eggs to make omelette and scrambled eggs for officers and crew on one of the largest United States warships. The powder made from whole milk has been used for some time by one of the largest Soldier's Homes in the United States, to restore with water and serve as fresh milk for drinking purposes for the veterans, and the officer in charge prefers it to the local fresh milk supply which is of questionable origin.

The new whey powder is a very much more desirable material for the modification of milk and cream than milk sugar or cereals. It possesses bone forming material and lact-albumen, neither of which can be obtained in any other form so desirable.

It is well known that fresh whey possesses the power of producing an extremely fine coagulum when digested with milk or cream. Nothing else will produce equal results unless perhaps barley water. This power is retained in the whey powder. It is unnecessary therefore to add lime water to whey modifications as is customary when milk sugar is used. There is plenty of lime in the ash of the whey for the needs of bones and teeth.

It has been suggested to me that a large proportion of the digestive troubles of young infants are caused directly or indirectly by difficult or deferred cutting of the teeth. If this should prove to be the case the use of a whey powder containing nearly ten per cent. of ash might prove of great value. There certainly is no longer any excuse for rickety children when such material is easily obtainable.

Probably the best method of preparing whey is to use it with water in modifying cream. The cream is low in casein, sugar and ash but high in fat. The whey is low in fat but high in ash, sugar and albumen which the cream lacks. The removal of water from the whey makes the arrangement of percentages comparatively easy and the number of modifications is practically infinite.

As an example of what can be done in the way of cream modification, I submit a formula for a child four months of age:

Two and one-half oz. 20 per cent cream, 1 oz. whey powder, 11½ oz. water:

Fat.....	3.40
Proteid.....	1.50
Sugar.....	5.70
Ash.....	.72
Water.....	88.68

It is interesting to note the high ash, which it is ordinarily impossible to obtain in combination with low proteid. Compare this with Richmond's figures on the composition of cows' milk:

Fat.....	3.90
Proteid.....	3.40

Sugar	4.75
Ash... ..	.75
Water	87.10

The modification shows about the same fat. percentage as cows' milk and the same percentage of ash but the proteid is reduced to less than half while the sugar is increased by a fifth.

If instead of whey powder milk sugar were used, the formula would have the following composition:

Two and one-half oz. 20 per cent cream, 1 oz. milk sugar.
11½ oz. water.

Fat.....	3.39
Proteid.....	.54
Sugar.....	7.42
Ash.09
Water.....	88.56

The fat is approximately the same as in the whey-cream mixture. The proteid is reduced to half of one per cent. The ash is only ten hundredths as compared with seven-two hundredths in the whey-cream mixture. The deficiency of bone-forming material in the milk sugar mixture is at once apparent, being only one eighth of the proper amount.

Soldner deduces the following composition as most probable for the salts existing in milk:

	Per cent
Sodium chloride,.....	10.62
Potassium chloride,.....	9.16
Mono-potassium phosphate, ..	12.77
Di-potassium phosphate,.....	9.22
Potassium citrate.....	5.47
Di-magnesium phosphate.	3.71
Magnesium citrate,	4.05
Di-calcium phosphate,.....	7.42
Tri-calcium phosphate,.....	8.90
Calcium citrate,	23.55
Lime combined with proteids..	5.13

100.00

Of course the ash of whey is slightly different from the ash of milk for some of the phosphoric acid is derived from the phosphorus of the casein, but for ordinary purposes the table as given above is correct.

According to Leads the ash content of various foods is as follows:

Robinson's Prepared Barley.....	1.93
Ridge's Food	0.60
Nestle's Food.....	1.70
Anglo Swiss Condensed Milk..	2.02
Malted Milk.....	3.13
Mellin's Food.....	3.75
Imperial Granum.....	0.39

It will be readily seen that none of these materials can compare as regards mineral constituents with the nearly 10 per cent of ash in whey powder.

In the above foods the ratio between the proteids and carbohydrates is as follows:

Robinson's Prepared Barley.	1 to 16
Ridge's Food.....	1 to 9
Nestle's Food.....	1 to 15
Anglo Swiss Condensed Milk	1 to 7½
Malted Milk.....	1 to 5
Mellin's Food.....	1 to 7
Imperial Granum.....	1 to 5½

The ratio between the proteids and carbohydrates in whey powder is 1 to 5¼. There are only two prepared foods therefore that compare with it at all in food value. Of these we find Malted Milk and Imperial Granum of the following composition as compared with whey powder.

MALTED MILK.		IMPERIAL GRANUM.		WHEY POWDER.	
Moisture.....	2.18	Moisture.....	8.38	Moisture.....	1.20
Fats.....	5.30	Fats.....	1.40	Fats.....	.27
Proteids.....	15.83	Proteids.....	14.13	Proteids.....	14.25
Carbohydrates	72.56	Carbohydrates	77.91	Carbohydrates.	74.45
Ash.....	3.13	Ash.....	.39	Ash.....	9.80

From this table it will be seen that the whey powder is a better food for adults and invalids than either of the other

materials given in the table, for the reason that all of its proteid is soluble lact albumen, and all of its carbohydrates is soluble milk sugar. The amount of fat in either of the other materials is less than half of 1 per cent. when dissolved. This is about as close as a centrifugal separator will skim milk, so that for food purposes the fat content of the three materials is so small that it should be disregarded.

L. C. MERRELL.

Mr. Merrill was willing to answer all inquiries concerning the process and results of treatment, by his methods, of the various products exhibited, not the least interesting of which was a dry powder of the ripe raspberry.

Adjourned for luncheon.

The meeting was again called to order at 2:40 P. M.

The minutes of the June meeting were approved unread.

Dr. Keese read sections 34 to 47 of the Organon, and confessed himself unable to present any new thoughts upon so vast a subject through his short experience in the practice of Homeopathy.

Dr. Johnson mentioned a case of diphtheria occurring during a case of measles, resulting in death of the patient.

Dr. Alliaume mentioned a peculiar sequence of epidemic disease, observed in Utica, and confirmed as prevalent in other cities, i. e., measles, scarlet fever, and finally diphtheria. He also said that seven cases of scarlatina anginosa in the same city, treated with antitoxin through false diagnosis, had died, while other cases, properly treated, had recovered.

All agreed that the Klebs Loeffler bacillus was not surely diagnostic of diphtheria.

Dr. Leggett recalled the meeting of a woman who had been ivy poisoned and recovered, but had not been troubled with a chronic rheumatism since the attack of Rhus.

A patient of hers had told her of a chronic sore throat relieved for several years after scarlet fever.

Another patient of hers having an epithelioma upon the right lower eyelid had an attack of erysipelas which com-

pletely removed the epithelioma for some time, but the original condition after a time returned.

Dr. Fritz had personally suffered from otitis media at the age of seven, which no specialist of several benefitted, but which yielded to an attack of small pox which he contracted at 10 years of age.

Dr. Alliaume, while in Mexico, saw many cases of ophthalmia as result of small pox, and many blind as a result of small pox engrafted upon syphilis.

A PECULIAR CASE. TYPHOID(?)

BY WILLIAM M. FOLLETTE, M. D., Seneca Falls, N. Y.

Mr. H., 19 years of age, tall and thin, sanguine temperament, had not been feeling well for two weeks. On May 31st at midnight had a severe chill lasting several hours, followed in a short time by a temperature of 104. The following morning, June 1st., temperature 104.

Symptoms—Dull pain in right leg, dull pain in back of head, dull pain in eyes, dull pain in middle of back, gurgling in right illeo-cecal region, great thirst for large quantities of cold water, no desire to move, keeps perfectly quiet, profuse perspiration at night, sleeps soundly nights. No delirium. Bryonia, 4x, 2m.

The above symptoms continued until June 8th; had a chilly feeling in back in afternoon, lasting about 15 minutes.

Symptoms as above mentioned, but on June 9th, three in the afternoon, felt a slight chill in back.

June 13, 10 a. m., a slight chilly feeling in back.

June 16, 11 a. m., a slight chilly feeling in back.

June 17, symptoms still as above mentioned, but has a pain in right leg and in knee, and a slight chill in back, 3:30 p. m.

June 19, pain in left knee has disappeared, but great pain in left arm and shoulder, impossible to move so painful.

June 26, pain in arm and shoulder (left). All above symptoms have disappeared since June 24th., but still has the thirst, great and profuse night sweats, or when even falling asleep; chill is slight at 3:30 p. m., in back.

June 26 to July 11, fever of a malarial type; morning temperature normal, evening temperature 102 and 103; great thirst; profuse night sweats; lies perfectly quiet, don't want to move; sleeps soundly during the night, no delirium. Bryonia 6, three hours.

July 20, complained of a pain in region of appendix, no bloating, no fever. As patient had been convalescent since July 11, think possibly pain due to over feeding. Gave Nux 6x. During the night passed a small quantity of bloody urine. China 6.

July 21, an uncomfortable night, nausea and pain in region of appendix. Think I can detect a mass of fecal matter in ascending colon. Temp. normal. Nux 200.

July 22, temp. 102 in forenoon. Symptoms same, does not pass gas.

July 23, temp. 103 in forenoon. Bowels feel sore. Patient nervous, discouraged. No stool. Feet cold and clammy. Gave high enema of oil. Nux 6.

July 23, temp. 103½. Gave high oil enema, tablespoonful of olive oil per orem.

July 24, morning temp. 102. Had a restless night. Massage abdomen gently. Complained of the pain and shortly had a convulsion. Slept an hour in the afternoon. Passed a large and very offensive stool.

July 25, temp. 102 in morning. During the night several large and offensive stools, and one during the morning.

July 26, temp. normal. Bowels moved natural since.

With the exception of China for a few days during the latter part of the patient's illness was under Bryonia in various potencies, 3 to 200. I am of the opinion, as expressed by the society, that the remedy was not the true similimum.

There was something in the case that I failed to grasp—failed to observe, or was it faulty examination, for I realize that if the true remedy had been given several weeks of suffering would have been prevented.

I failed to mention the patient was constipated all through the illness. No diarrhea.

I doubt if this case will be very interesting, except for criticism. You can commit to the waste basket, or if you publish, a good name would be "A Successful Blunder."

WILLIAM M. FOLLETTE, M. D.

DISCUSSION.

Dr. Grant considered that the case simply recovered; that the medication had little or no effect. This was conceded by all.

Dr. Johnson had had a similar case with profuse sweat in sleep; temp. 105, without variation for days, as a result of concussion of the spine.

Dr. Alliaume thought it more closely resembled a case in which a pus pocket and adhesions might have been found.

AM UNEXPECTED PROVING OF COCA.

By S. L. GUILD-LEGGETT, M. D., Syracuse.

On Thursday, July 13th, having suffered sometime with a consciousness of the heart, intermittent pulse, breathlessness on fatigue, etc., I asked Dr. Follette to examine the conditions. He did so. I told him my objection to taking Lachesis, which had been suggested, when there were no leading indications, etc. I also mentioned a case of tachycardia, with no discoverable heart lesion, for which a consultant had prescribed Lachesis 30, which very quickly ended the patient's life. Afterwards a study of the medicine, Coca erythoxylon, had convinced me that Coca would have relieved the tachycardia, even though it was her third attack. She was not under my observation in the first two attacks.

After discussion Dr. Follette said he had the remedy in 2nd centes. potency made by himself, and as I desired to take a low potency to > the condition until something better was found, we decided upon a few pellets three times a day, which I took before meals.

I had felt sharp pain, not very hard nor frequent, short lasting, at the apex for some time.

After the first dose of Coca 2c there were little darting, shooting pains in various parts of left chest that always seemed connected with the heart.

After second dose but little of the shooting pain.

Continued the Coca with gradual improvement until the

sensations were much $>$ and I had once counted 85 and once 121 between intermissions, and then stopped the medication,

After two or three days of no medicine, on July 25th, I waked and found some interference with vision which soon resolved itself into running zig-zag lines of light, crossing the entire upper third of right eye and about two-thirds of the left eye, flashing between myself and the page or anything looked at, and lasting for an hour or more. Headache accompanied the phenomenon, especially of the left parietes, the headache lasting most of the day. Am unable to recall whether Coca had been taken the 24th, and no record was made further than to note the relief given. The eyes were much congested, looking and feeling like an attack of conjunctivitis, which soon passed away leaving a swollen sensation in the eyelids, some itching, and an eczema at inner canthi of left eye. A slight agitation of the heart led me to take a dose, it may be two, of Coca 2c.

July 26th. There had been a gradual increase of intermittance through the day of the 25th, so took three doses of Coca 2c followed by an increase of pains, slight, shooting, quickly over, at various points, especially the apex; pains seemed $<$ by respiration; deep breath; were irregular. The intermission was frequent and irregular. There was a sense of fullness in left chest, sense of severe fatigue as if had held the breath too long; sense of hypostasis; there was a constant eructation of tasteless, odorless gas, often involuntary—the air would just bubble up into the throat—at times the eructation was with effort for relief.

July 27th. Took trolley to Skaneateles for dinner, must walk carefully, carry self strictly, some motions hurt left chest. The symptoms of the 26th were more pronounced; there were frequent involuntary sighs with a moan; excessive fatigue; constant realization of the presence of a heart.

July 28th. Fewer pains, some sense of tumult in chest, some intermission $<$ after exercise. Recalled the fact that on the 26th had had an hour or so of coryza of the left nostril, sour eructations. I soon became interested and jotted down the sensations. I should hardly call the sensation a

palpitation, it was rather a tumultuous sensation in the left chest, which when I gave attention and put finger to pulse, showed frequent irregular intermission. This, in lesser degree, I had before experienced.

DISCUSSION.

Dr. Follette said that he had verified the proving by comparing with the original.

Dr. Alliaume had made an involuntary proving of Coca once, in college, when it was recommended by a professor for his cold. He continued it sometime and remembered distinctly the "furious vertigo" from which he suffered.

Dr. Keese had had two cases of severe vertigo brought about by drinkers of Cocoa.

FERRUM SULPHURICUM.

BY S. L. GUILD-LEGGETT, M. D., H. M.

C. D., a patient of many years' standing, during my absence from the city in 19—, suffered an attack of what was at the time pronounced Asiatic Cholera, and which was cured by the homeopathic similimum, Secale.

The attack followed a business trip to Ithaca during the period of infection of that city and the epidemic of typhoid. He made inquiries and supposed his stay of two weeks was in a region outside of the infected district, but found afterward that he was mistaken. Two weeks after his return home he was taken with a profuse watery diarrhea, accompanied by coldness, blueness, cramps in the calves, and utter exhaustion. An attempt to > the symptoms with heat applied was agonizing, and he suffocated so that it was necessary to desist. The physician in charge gave Secale, and he slowly recovered, but was feeble for a long time. The account of his sickness shows that he was very near to death's door.

Upon a visit in the family during the spring of 1907, his wife, a strong homeopath and a pretty good prescriber herself, said to me, "is it not a shame that my husband must look to Allopathy to cure him of these attacks of diarrhea,

which from the slightest error of diet, completely prostrate, interrupt his work and frighten me terribly."

I replied that "as I had had no chance to prescribe I could not tell, but I did not doubt there was a homeopathic remedy for his case if it could be found, and if I were given the symptoms I would make the search, but would not suggest."

I was told the various remedies that had been taken, prescribed both by the doctor and himself, without effect. He came into the room and reluctantly gave the following symptoms, saying that he "had resolved to hereafter depend upon blackberry cordial which relieved, but that nothing prevented the recurrence of attacks under certain circumstances."

There were no other symptoms than:

Stools: watery, odorless, profuse, painless, daytimes only, with rapid exhaustion and emaciation.

The diarrhea was brought on by eating meat, potato, chicken, fresh or shell fish. His diet was confined to the simplest foods, toast, cereals, etc.

A study of the various medicines having the several indications mentioned above showed me that Ferrum sul. had watery, odorless, painless stools, with emaciation and aversion to meat.

On May 17th, 1907, I sent him a graft, he knew how to prepare, telling him to take a dose, and to repeat, after an attack.

On August 29th., he reported, no further attacks. In the meantime I had prescribed Nux cm. (H. S.) for a severe bronchial cold, which, at the time, I had feared might interrupt the action of Ferrum sul. but which seemed not to have done so.*

DISCUSSION.

Dr. Alliaume thought all had to fight the tendency to group remedies to the name of a disease, and called attention to the infinitely better way to search for indications.

*Have since been told that the patient now can eat everything but fruit and is better than for years. H. had but three doses of Ferrumsul

A STUDY OF LYCOPODIUM.

BY WALTER W. JOHNSON M. D., Rochester.

No drug in the homeopathic pharmacopea so well illustrates the biblical figure of the stone rejected by the builders becoming the corner stone of the temple, as *Lycopodium*. For while it may not be the corner stone remedy, it is at least so useful that a homeopath would be at his wits ends to find a substitute.

By the genius of Samuel Hahnemann it was elevated from the "damp bottoms" of a rising generation to an important place in the homeopathic materia medica.

Lycopodium is the spores of the club moss. If you examine this moss you will find the spores like an impalpable dust clinging to the under side of the leaves. The spores are spherical and hollow, the envelope composed of a dense, tough, fibrous tissue, and the interior is filled with a volatile oil which has a peculiar odor, and which is irritating to the skin wherever broken.

It was the poisonous effect of the *Lycopodium* when used as a dusting powder in certain isolated cases that attracted Hahnemann's attention, and caused him to prepare and prove it. The proving was very thorough, and was made by Hahnemann and seven or eight of his followers, and has since been verified and amplified by a number of others.

Lycopodium is mainly indicated in those persons whose mental development is greater than the muscular. This is particularly noticeable in children.

The main predisposition is to liver and lung troubles. In the liver troubles the whole digestive tract is disturbed. The tongue is coated, there is a sour or putrid taste in the morning. There is also canine hunger, but a few mouthfuls fills him up. This symptom in the *Lycopodium* patient is not caused by the fermentation of food in the stomach, but is frequently caused by the unconscious swallowing of air with the food. It will be noticed that the fullness *immediately* follows the eating, while in *Nux* it takes place some hours after. This is one of the keynote of *Lycopodium*.

There is discomfort to any pressure of clothing about the waist at this time, differing from Lachesis, which has the discomfort all the time. The Lycopodium flatulence tends upward.

There is a great deal of fermentation in the bowel with discharge of great quantities of flatus which may be accompanied by diarrhea, but the general condition of the Lycopodium case is *constipated* with the sensation as though a great quantity remained in the rectum.

The varices of Lycopodium are large in the rectum, about the genitals and varicose veins of the legs, especially the right.

In the throat we have a diphtheria beginning on the right side and spreading to the left. The nose also is always affected in diphtheria so that breathing is difficult. There is constant desire to swallow almost like a spasm with sticking pains, > by warm drinks,

Do not forget Lycopodium in the red sand in the urine symptom; children wake up crying and this red sand appears in the urine. Lycopodium clears up such cases at once.

In the proving it has seemed not to have had much influence on the blood, but in its clinical uses it works wonders. In typhoid conditions it is phenomenal, and is most likely to be indicated late in the case. In various liver disturbances it has a wonderful sphere.

A case illustrative of the latter condition was relieved entirely. It was a woman, large, strong, jaundiced, who had been from one specialist to another, and all advised an operation, probably expecting gall stones. She came to me, the symptoms indicated Lycopodium. She may have received six or seven doses, when she was apparently cured. Seven or eight years later she died of cancer, but not under my care.

DISCUSSION.

Dr. Alliaume mentions the record of Hering which states that Lycopodium should not be used in the beginning of treatment in chronic disease; he questioned the correct-

ness of that view. [Unless undoubtedly indicated the treatment of chronic diseases should not be commenced with *Lycopodium*; it is better to give first another antipsoric remedy.—*Hering*. This observation of *Hering* has been so often clinically verified—twice in this report—that it will stand the test of time. If undoubtedly *indicated* no other should be thought of. ED.]

Dr. Grant believed that *Lycopodium* was prominently useful in the later stages of chronic disease, and less often in the earlier stages, but he believed most thoroughly in using *Lycopodium* whenever it was indicated, be it first or last. He verified the symptoms of *Lycopodium* in two remarkable cases which had been placed before the profession, one through the I. H. A., and the other through the State Society.

LYCOPODIUM IN TUMOR. (Malignant?)

: BY WM. M. FOLLETTE, M. D.

Jan. 1, 1906. Mrs. F. M. B., about 70. Tall, large bones, grey eyes, brown hair.

Family history: Father died of consumption. Mother died of consumption. Sisters; three, died of consumption. Brothers, one died of consumption; one of some brain trouble; one of peritonitis.

Personal: Never has been in good health. Had typhoid fever 35 years ago. Erysipelas of face affected eye sight. Good deal of muscular rheumatism.

Present: One year ago had a growth removed from ramus of jaw, left side, larger than a goose egg. Operation done at St. Mary's Hospital, Rochester. Said by pathologist to be sarcoma. Consults me in regard to three tumors in axilla of left arm. Over each tumor skin is red and adheres to the growth. Pain of an itching, stinging, like a bee sting. Has to hold arm away from side as tumor is painful to pressure.

Stomach: Sickness, nausea at all times.

Bowels: Irregular; desire for stool, often during the day.

Appetite: None, considerable thirst. Has a gone sensation at pit of stomach mornings.

Head: Aches, vertex nights.

Vertigo: When lying down and on rising.

Limbs: Dull, heavy ache which comes and goes.

General: Every other day < in the afternoon. Sulphur 200, one dose.

Jan. 16. Feels better generally, but am very sore. Sulphur 200, one dose.

Jan. 27, Thinks she feels a good deal >. Pain under arm less. Placebo.

Feb. 17th. Is better in every way. Tumor under arm growing smaller. Feels cold every p. m. about 4 o'clock, lasts two or three hours.

Vertigo on rising in the morning, also first lying down at night.

Headache on vertex, dull and heavy at night. Lycopodium 1 m, one dose.

March 13th. Much better in every way. Tumors under arm about gone. Complains of gas in abdomen. Heart palpitates in afternoon. Lycopodium cm., one dose.

April 12th. Bloats in stomach as soon as she takes a mouthful of food; full feeling. Has a sore spot below heart. Dull, heavy feeling in occiput. Lycopodium cm., one dose.

May 26th. Better in every way. Gas very little. Slight headache on vertex, night. Placebo.

At the present time this patient is in good health.

DISCUSSION.

Dr. Follette had questioned the malignancy of tumor.

Dr. Johnson believes the condition of Dr. Follette's patient to have been malignant.

LYCOPodium IN RECURRENT APPENDICITIS.

BY S. L. GUILD-LEGGETT, M. D., Syracuse.

April 24, 1905, H. K. P., 39 years, single, a farmer, dark skin, eyes and hair, recommended by his cousin, came to me with the following conditions and symptoms.

Three years previously had suffered an attack of appendicitis. The attack occurred during his year of school teaching, and followed a walk of two miles in a heavy snow the week previous. He was in bed ten days, and out of school a month. He thought the attack attributable to strain.

He had been constipated his entire life, taking cathartics of various kinds. He had had two attacks of grippe, successive years, lasting three weeks each. An attack of measles at twenty-one, was very severe, but without-sequelle.

Since first attack of appendicitis he had had frequent threatenings of return, and was told by both physicians and surgeons that there was no help except through operation. He had discussed the question with several, and all had pronounced it recurrent appendicitis, and had given the same prognosis.

Since first attack, constant soreness in region of cecum, weakness of abdomen, much < after catharsis. This soreness was worse from over exertion, and would sometimes increase without cause.

Abdominal and sacral pains were < from lying, and his sleep was best on the right side.

The stomach, always weak, was tender to pressure, eating was followed by relief for an hour, and if he had eaten a food causing distress, it would come after that time. The distress was described as a weakness and faintness. The foods disagreeing were, sweets, fat, soups, bread and milk, any liquid food, cabbage, turnip. The foods that agreed were *dry*; eggs, potatoes, meat, cereal, sweet apples, etc. The latter somewhat > constipation. He ate well, with appetite, but food gave no strength. Drank at least two quarts of water, no tea or coffee.

Flatulence, abdominal, considerable, with distension. < at night, gas not passed freely. Urine, two quarts, varying in color, rose once or twice in the night.

Mornings; after one-half hour began to feel weak, tired, unrefreshing, < by breakfast.

Afternoons; after some hours of work strength increased, could work more and better, was > by exercise, if was careful not to do too much.

Since appendicitis he had been *cold*, rarely too warm, in sun, or hot weather, and had cold, moist hands and feet.

The constipation almost seemed to him, "to be rectal", there was no expulsive power for stool which was hard and dry.

The abdomen and self were both < if a day passed without stool, but if two or three days passed without stool he was sick all over. He was better in the open air.

The > from continued motion; lying on painful side; in open air, included *Ambr.*, *Bry.*, *Carbo v.*, *Caust.*, *Kali*, *Lyc.*, *PULS.*, *Rhus*, *Sep.*, *SIL.*

Disposition to sprains: *Bry.*, *Carbo v.*, *Lyc.*, *Rhus.*

Coldness > by warmth: *Bry.*, *Carbo v.*, *Lyc.*, *RHUS.*

Soreness in illeo-cecal region: *Bry.*, *Lyc.*, *Rhus.*

Great general weakness: *Rhus.*

The coldness, great relief of debility from motion long continued, and the possible sprain, probably influenced the prescription of *Rhus*, although I filled pages with comparisons of remedies from every aspect of the case I could find.

On April 23, 1905, he was sent one dose of *Rhus tox cm.*

May 8, 1905, reported that by eating much fruit, taking suppositories, and placebo he had managed to keep bowels open, but that they were neither regular nor active. For a week the condition had been quite serious! Worked moderately, had cold, sore throat and cough. Five years previous was laid up with rheumatism of right shoulder. Had often handled poison ivy without effect.

Continuing the study of the three prominent remedies, *Bry.*, *Lyc.*, and *Rhus.*, *Lyc.* seemed best to include the rheu-

matism of the right shoulder, or such a tendency, and Lyc. 6 m. (J) was sent.

June 12, 1905, reported that for nearly two weeks he had had a regular daily stool, which was described as more normal. He was much better of the soreness and tenderness in the region of the cecum, and much encouraged. Placebo.

July 4, 1905, no medicine in two weeks, still quite well, careful of food attending to "quality" instead of quantity. Stool daily, with one or two exceptions. Stomach seemed stronger, thought side better, could work with less suffering and tenderness. Placebo.

Jan. 2. 1906. Less well, out of doors less, less exercise, felt the cold. For three or four weeks increased soreness in side, overwork before <. More inclined to constipation though usually a daily stool. Stomach again weak, sensitive to touch. Lyc. cm. (F').

Never a dose of medicine since, but reports from his cousins and various acquaintances, some of whom he recommends to my care, say that he is well and remains well.

Now the case *as reported* was more strongly representative of Rhus than of Lycopodium and nothing but the closest comparison of remedies could decide the homeopathicity. The absence of the usual belching, distension from eating, and during eating, also the apparent lack of uric acid deposit, which belongs to the "red string" of Lycopodium as well as the relief from eating, (continued motion), coldness, the region affected, all pointed to Rhus, even though comparison, after minute study of every symptom, showed that in:

NUMBER.	STRENGTH.
Lycopodium 11.....	14
Pulsatilla 10.....	16
Rhus 8.....	10
Bryonia 10.....	11

My patient lived in a small village some distance away, and I had to depend upon the symptoms gathered at the first examination so solve the problem. The old rule, "the remedy covering the greatest number of symptoms," irrespective of key-notes, cured the patient.

DISCUSSION.

Dr. Grant desired to say that he thought the 6m (J.) of *Lycopodium* a wonderful potency, as also the cm. of Fincke, and the most wonderful of the three was mm. of Fincke. He also considered the *Rhus* cm. (H. S.) a splendid potency.

Dr. Johnson had suffered from appendicitis four times, but the last attack treated by *Rhus* had seemed to wipe out the whole condition, and he had never had a touch of the old pain in that region until the previous week, when if he had been easily frightened he should have thought he was again "in for it." *Bryonia* > at once. Before *Rhus* he had been subjected to yearly attacks. [A plain indication for *Rhus*. ED.]

Dr. Alliaume had frequently observed during operative measures in cases that had previously been cured of recurrent appendicitis, there were found adhesions and obliteration of the appendix.

 THE NECESSITY FOR ORIGINAL WORK.

BY HENRY C. ALLEN, M. D.

FELLOW MEMBERS:—I am proud of my honorary membership in the oldest Hahnemannian society in the world; one that is noted for its adherence to principle. its faithfulness to duty, and its persistence in good work. Its labors in behalf of Hahnemannian Homeopathy in the past—and especially for the last decade—have not been excelled by any similar society in the homeopathic world.

But in the twentieth century, when efforts at amalgamation with empirical methods, in whatever school, are so loud and persistent; when it is claimed that the "two schools are coming together," despite the truth of natural law in the medical world, there remains for us much to do. And while we do not dispute the honesty of those making the assertions, or their labor which they claim is for the welfare of the profession and the good of humanity, we who are cognizant of the truth about the curative power of Hahnemann's methods know that their well intentioned efforts are serious

mistakes; we can only protest the absurd claims and redouble our efforts in behalf of scientific therapeutics.

While the work of this society in the past has largely been an experience meeting for the mutual improvement of the members in the study of the materia medica and philosophy of our science, all valuable and exemplary so far as they go, has not the time arrived when we should do some original work? when we should follow the lines mapped out by the master during the years of his productive labors?

Running through the Organon we meet on nearly every page, pertaining to the scientific application of similia, an apology to science in behalf of the defective materia medica and the deficiencies to be found in our armamentarium.

In § 152 is an example:

The worse the acute disease is, of so much the more numerous and striking symptoms is it generally composed, but with so much the more certainty may a suitable remedy for it be found if there be a sufficient number of medicines known with respect to their positive action to choose from.

Bönninghausen makes a similar complaint in his lesser writings; where he says: "I cannot escape the conjecture that there must be some remedy beside Thuja which like Sulphur in psora and Mercurius in syphilis may yet better correspond to the whole extent of sycosis and may possess the power of curing this disease (sycosis) in its entirety."

This same want has been expressed by every leader in the history of our school, from the time of Hahnemann to the present day. And every member of this society has felt it, and many of them have voiced it in our meetings, and in our practice have felt the need of a more complete armamentarium. While our list of remedies is large and seems amply sufficient when compared with the 103 medicines with which Hahnemann had to work when he gave us his Chronic Diseases; or the 125 with which Bönninghausen compiled his immortal therapeutic Pocket Book, we still look forward to the time when better work can be done, because of better remedial agents at our command, or remedies with more complete pathogeneses.

Hahnemann met an almost insuperable obstacle to the

cure of the chronic sick—the constant tendency of disease to relapse—and after twelve years of constant work and such careful observation as has rarely been seen, he discovered and promulgated his theory of chronic diseases—the greatest discovery in the history of medicine—one fraught with greater possibilities for good, and one destined in the future to revolutionize the practice of all schools of medicine.

His discovery of an underlying cause and the proclaiming of his theory that we had to combat and eradicate constitutional ailments or miasms which he termed psora, syco-sis and syphilis, before which even with our increased facilities in therapeutics, with the enlargement of our materia medica by the addition of several hundred remedies; with our increased knowledge of bacteriology to explain the pathology or chronic affections, we still have increased obstacles to overcome which Hahnemann clearly perceived but did not live to develop. In addition to the miasms which he gave us, we have others equally important in tuberculosis, vaccinia and modern drug diseases.

Every member of this society knows full well that cases of psoric diseases are constantly met which Allumina, Calcareo, Graphites, Lycopodium, Sepia, Silicea, Sulphur, or the best selected remedy will not eradicate; also that the Thuja of Hahnemann's time, with the added symptomatology of Sabina, Natrum sulph. and many other remedies, has left many cases of sycotic disease which we are unable to cure.

That the Mercuries, Kali iodide, Nitric acid, Phytolacca and other additions to our curative agents fail to eradicate the syphilitic miasm from many of our patients.

There are acute cases of pyemia and other septic affections which Arsenic, Baptisia, Carbo veg., Silicea and the best selected remedies fail to readily control.

For the last twenty-five years a number of very valuable additions to our materia medica in both acute and chronic affections have gradually found a place in the confidence of the followers of Hahnemann who have put them

to a practical test. Like Schussler's remedies, which had clinical demonstrations of successful use before provings were instituted, this class of remedies has done us many a good turn when prescribed on a clinical basis. The more thoroughly they have been subjected to the test of a complete proving the more valuable they have become as therapeutic agents, and it is for a more complete proving of some of these valuable agents that I now appeal to the society. I send a few potencies to the secretary for distribution among the members, and trust that they and some of their enthusiastic supporters, lay or professional, may be induced to join them in the proving under scientific control, so that the pathogenesis may be undoubted. These provings and tests were recommended by the president of the I. H. A. in his annual address. The recommendation was adopted by a vote of the association, and \$100 appropriated to pay for the laboratory work required. I would consider it a great favor if the society will appoint a member to superintend the work, and perhaps employ Dr. Bidwell to make the laboratory tests.

DISCUSSION.

Dr. Leggett said that aside from original work in proving there was another need of the homeopathic profession in the careful record of cases, and of the indications seized for choice of the remedy, which reported would show plainly the homeopathicity, and collected would prove the many-sidedness and possibilities of each medicine.

After reading of Dr. Allen's paper his recommendation to the society to institute provings of certain remedies, was discussed, and three of the members volunteered their services for the purpose. Dr. Leggett was put in charge, the physicians preferring not to know the remedies proved. Dr. Bidwell was given charge of the laboratory work.

A vote of thanks was extended to Mr. Lewis Merrell, and to Drs. Kent and Allen for their interesting and able assistance in the discussions of their subjects before the society.

The officers elected for the coming year were:

A. C. Hermančc, President.

J. M. Keese, Vice President.

S. L. G.-Leggett, Secretary and Treasurer.

Grant, Alliaume, Follette, Censors.

The committee upon subjects for the next meeting reported:

Organon XXX—XXXIII, Dr. Hussey.

Gonorrhœa, Treatment and Sequellæ, Dr. Fritz.

Thuja. General applications.

Adjourned.

S. L. GUILD-LEGGETT, Sec'y.

A CASE OF ECTOPIC GESTATION.

BY ROBERT N. MORRIS, M. D., Chicago.

On Saturday, January 11, I was called in consultation with Dr. W. K. Yorks, to see a lady presenting the following history and symptoms:

She was born in 1871, her early life had no abnormal data. She had the usual diseases of childhood, from all of which she made good recoveries. Was married in 1891, became pregnant soon after and induced abortion in three months. The following April she again became pregnant, went to full term and was delivered of a healthy son who is now living. Two years after the birth of this child another miscarriage at three months, and again the following year a two months abortion, both of which were induced. Since then there has been no pregnancy and the menstruation has been regular and normal. October 3, 1907, at the time of the regular menstrual period a slight watery flow occurred accompanied by an unusual amount of pain in the right iliac region and the sacrum. This flow only lasted a short time but the pain continued with periods of apparent ease, under the administration of the indicated remedy, until about December 20, when she had an unusually severe attack of pain followed by what she described as a "sinking spell", becoming very pale, pulse rapid, extremities cold, loss of strength, being unable to sit up, and the pulse as high as 140. During

the time from December 20 to the time of my visit, there had been several such attacks, each preceded by severe pain and followed by extreme prostration and rapid pulse.

I found the condition as follows: face pale, jaundiced; pulse weak and thready, 140; temp. 102; voice weak; talking an effort; extremities cold; abdomen distended, pale and sensitive; feared that the examination would cause pain; a firm elastic mass was found pressing into the right vaginal vault.

A diagnosis of extra uterine pregnancy was made and the patient removed to the hospital. On January 13, in the presence of several physicians and surgeons, the patient was anesthetised and the abdomen opened. The cavity was filled with blood clots; the hand was inserted the uterus seized and lifted up. The right broad ligament, fallopian tube and arteries were grasped by forceps and the fetus was removed. The placenta was attached to the ruptured fallopian tube. As hemorrhage was now controlled, as many of the clots as could be taken out readily were removed and the parts inspected; the broad ligament, ovarian artery and tube tied with chromocized catgut, cut off as close as possible to the uterus and with the right ovary taken out.

An inspection of the appendix disclosed the fact that it had been ruptured during some former inflammatory process; appendectomy was performed. Many of the clots had undergone partial organization and had attached themselves so intimately to the omentum that it was impossible to remove them. A portion of the omentum was tied off with chromocized gut, cut away and the remainder replaced. The cavity was irrigated with normal salt solution and the wound closed in the usual way with three layers of catgut sutures and four silk-worm gut stitches. A rubber drainage tube was inserted near the lower edge of the wound.

When the operation was completed the patient was found to be in a state of collapse. The pulse at the wrist was lost, the carotid pulse was 200, very weak and irregular. The patient was deathly pale, skin cold and had the appearance of immediate dissolution. Two infusions of normal salt solution were made above the breasts during the opera-

tion. The patient was removed to her room, placed in an inclined bed with the foot elevated about 12 inches. A continuous normal salt solution per rectum was kept up for 48 hours. Cinchona 200 in water was given every hour.

On the evening of the day of the operation the patient had rallied somewhat from the shock. The radial pulse could be felt, the rate was still about 160. There had been no vomiting and some hope was entertained of her recovery from the shock.

Five days after the operation the drainage was removed and the parts dressed with sterile gauze. A discharge developed on the removal of the drainage tube, which seems to be about the usual character of abdominal wounds which are allowed to heal by granulation.

The eight day after the operation the menses appeared, lasting four days. The patient suffered little if any on this account, and at the present time, sixteen days after the operation, presents a very hopeful appearance, and should no unforeseen accident occur, will make a rapid and uneventful recovery.

At present she is able to sit up, and takes an abundant supply of nourishment. The bowels are normal; sleep is good and restful; temperature normal and in every way presents a most gratifying appearance.

EPILEPSY. A CLINICAL CASE.

BY DR. CHIRON.

Translated from *Revue Homœopathique Française*.

By Horacé P. Holmes, M. D., Sheridan, Wyoming.

Epilepsy is considered, and with good reason, as one of the most rebellious diseases to all treatment. The medical literature is not rich in cases of recovery from this terrible neurosis, and even examples of real amelioration are rare. Therefore I am happy to be able to bring to you this evening the interesting results which I have obtained in an epileptic, especially as these results are due to a single homeopathic remedy.

This is the cease:

Madam X, 34 years of age came to consult me March 25, for attacks of epilepsy, the beginning of which dated back ten years, but which for two or three months had redoubled in intensity.

The daughter of a father who had died of some bacterial infection (the information was vague on this line), and of an excessively nervous mother. She was always very healthy throughout her childhood, and she cannot recall having had any serious disease except when from fifteen to twenty years of age she had quite a pronounced anemia which was treated with iron. The appearance of the menses at fifteen brought on attacks of somnambulism, which continued for a long time, showing itself especially some days before the menses. From her youth there still remains to her the keen remembrances of numerous corrections from her mother, corrections which at times went so far as being struck upon the head with a stick.

Married at the age of 26, she has a child now four years of age and which apparently shows no nervous stain.

She dates the origin of her present trouble to a fright she had at the age of 24 years. A thief entered her house one evening while she was alone; this caused great excitement and fainting, but no nervous seizure. But she was unwell at the time and her menses were arrested. At the menstrual period following she had her first attack.

These attacks took place principally at the time of her menses, before, during and after, and also, as she declared to me, at the new and the full of the moon. They are exclusively nocturnal and frequently she has several attacks during the night, but rarely before midnight. The aura is characterized by a violent cramp in the calf and left foot. That cramp seems to rise the length of the leg and thigh, then the left arm is seized in turn and the thorax feels compressed. Instinctively the patient places her right hand before her head, cries out and falls unconscious. Her face becomes pale and her eyes seem forced out of the orbits. She grinds her teeth, bites her tongue and a foam, at times reddish, is seen on her lips. The entire body is agitated by

a violent subsultus. At the end of a few instants the agitation is terminated; the patient becomes calm and snores noisily. The entire duration is about five minutes. When she becomes conscious she remembers nothing of the attack, but experiences a dullness in the head and a general extreme lassitude while at the same time her heart beats violently.

During the day she has at times twinges and cramps in the left leg followed by flickering vision and vertigo for some seconds at a time, but she never loses consciousness.

These attacks have exactly the same characteristics as they had ten years ago. They vary only in their intensity and number. Sometimes the patient goes for a fortnight without any discomfort, then for a fortnight following she will have one, two, and even three attacks a night, always worse at the time of the menses. Just once she went a month without an attack. Pregnancy had a happy influence on these attacks which diminished in number and intensity to return immediately after the accouchment.

After two months there was a recrudescence of her trouble. She had not passed a single night without a spasm which prevented any sleep. She was also greatly weakened.

Of medium stature, blond hair, she has a pale countenance, dark rings around her eyes and her features drawn. She speaks slowly and seems to search for her words. She appears to me to be very timid.

Her general condition appeared relatively good. She has little appetite, and yet eats reasonably. The digestion is easy, the stools normal, neither constipation nor diarrhea. From time to time in the morning on awakening she has nausea and vomiting of bile. Great thirst also in the morning, but she drinks with difficulty on account of spasms of the esophagus. The head always feels a little dull. Neither cough nor expectoration. She lost a little flesh during the two months.

On examination nothing in particular was noted excepting a slight dullness in the left supra-spinous fossa, together with a slight retardation in perception all along the left arm

and an exaggeration of the patellar reflexes, especially of the left. No pharyngeal anæsthesia and no contraction of the visual field.

For ten years, from the date of her first attack, our patient has submitted without success to the most diverse treatments.

The first physician called to attend her made the diagnosis of hysteria. He paternally advised marriage, and while waiting for that happy event prescribed some grammes of bromide. At the end of several months, the attacks still persisting, a second confrere was consulted. For I know not what reason he attributed the state of the patient to an ignored syphilis and ordered Gibear's syrup. Result: recrudescence of the attacks and intense gastralgia.

She was then directed to the Salpetriere when the diagnosis of epilepsy was positively given. Following this naturally came the saturation of the organism with bromide. The patient absorbed two fourteen grammes daily without the least amelioration.

In the meantime a surgeon proposed trepanning. She indifferently smiled upon this operative procedure and refused it.

Finally she knocked at the door of the Institut de Psychotherapie. There, hypnotism and suggestion were lavished upon her in large doses but they had no influence upon her volition. And the attacks still continued.

In despair she abandoned all regular treatment. She contented herself by taking from time to time a little valerianate of ammonia, when she heard Homeopathy raised and came to see me.

After having examined her in detail and having taken her case, I was, I confess, a little embarrassed over the choice of an appropriate remedy. A certain number are, in fact, cited by our classical authors as having given satisfactory results in epilepsy. *Cocculus*, *Arsenicum*, *Opium*, *Calcarea*, *Causticum*, *Cuprum*, *Silicea*, etc., are the principal ones. I allowed myself to be guided only by the symptoms observed

appeared to me that Cuprum reflected completely the idiosyncrasy of our patient.

In fact, Cuprum is the remedy for *convulsions*, chiefly tonic, next the tonic; convulsions occurring *especially at the time of the menses*, preceded by an aura which arises in the toes, accompanied by *tingling pains in the calves*, especially on the left side. In the interval of the attacks it also presents that particular mental and physical exhaustion with its aggravation from mental exercise. Finally, when I shall add that in this case the symptoms a complete insomnia, you will decide with no other medicament than Cuprum could be indicated in this case.

I prescribed Cuprum 30th, two pellets only, each morning for three days, cease for two days, and then take again. I next saw the patient the 3rd of April. There was not the least amelioration. The attacks were always nocturnal, but they were coming later [three o'clock in the morning instead of at midnight], are less violent, and not so long. In the day, during the day there is no flickering of vision or vertigo. The patient is always tired and has little appetite. I renewed the Cuprum 30th in the following method: two pellets in the morning at 10 o'clock and two pellets at 10 o'clock in the evening also without interruption.

On April 24th. Since the 4th of April she has not had a single attack at night. She sleeps well, but she dreams a great deal and sometimes has nightmare. Once or twice she has slight attacks of dizziness during the day. The appetite is better, stools regular. The weight has slightly increased. I stop giving the Cuprum for a week and then give again in the same way as before.

On the 12th. The amelioration continues and is even accelerated. Not a single attack since the last visit, even the menses which come on normally, but with a little pain in the left ovarian region. Meanwhile, she is always a little nervous. She has not been able to give up the Cuprum more than three days at a time, for she feels her nervousness increase and experiences some vertigo during

the day. Appetite very good. Sleep excellent. No nightmare. Continue Cuprum 30th.

July 17th. Doing admirably up to the 10th of July. At that time she became over-tired which seriously affected her. She was also in some pain. Some nights she even had beginnings of the attacks, but without loss of consciousness. She did not sleep as well and had anxious and fantastic dreams. She is also tired in the morning and has vertigo with headache when she arises. The appetite is again rather poor but she has a constant thirst. She is constipated. The stools are hard and knotty, with the sensation that only a part of the stool is expelled and the rest recedes into the rectum. There is also some vertigo during the day. Silicea 30th for six days and then return to Cuprum as before.

September 25th. The discomforts pointed out in the month of July suddenly disappeared and she passed two very good months without the slightest attack. The menses returned normally without any suffering.

In the month of August, going into the country for a rest, she was able even to give up the remedy for a fortnight. There was about a week that she was subjected to great annoyances and after that she was very nervous and slept badly. She was greatly excited at night and feared she would have another attack, for she felt some cramps in the left leg. The flickerings of vision have returned in the day time and also several attacks of vertigo. Continue Cuprum.

[The potency should have been changed at each repetition, but only a single dose given, and much better results would have been obtained. A cure may yet be effected. ED.]

That period of six months which elapsed without any attack taking place is evidently rather short a time to pronounce the word cured. Moreover I do not think it. I mean only, and so, I tell you of this case, to furnish a new proof of what Homeopathy may do, in cases where all other treatments have failed.

Dr. Leon Simon heartily congratulated the author on his very interesting communication; as well from the clinical as the therapeutical point of view that it permitted an individ-

tion of the medicament whose action had been very
 ble. A remedy he had frequently used during his
 career, and which, moreover, was recommended by
 emann, is Stannum and yet he had never recorded a
 e recovery; the symptoms improved or disappeared
 months, a year, sometimes two years, never longer.
 cyanic acid had not given him as good results as Stan-

r. Marc Jousset requested that the communications
 were to be made to the society should first appear in
 ulletin; so that it would render the discussions easier.
 case cited by Dr. Chiron, it seemed doubtful if one
 to a certainty make a diagnosis of true epilepsy; in
 case the beginning of the trouble came at 24 years of age
 ce of fifteen or sixteen which is the rule. Moreover,
 bject had previously had somnambolic attacks, and
 romide which had been given at the Salpetriere had not
 ted them; he believed it was a case of epileptiform sei-
 manifesting itself in a somnambulist, as the case occa-
 ly showed. The epileptics treated by Dr. Marc Jous-
 ve never been benefited by a recovery; these cases
 desperate, for to an amelioration in the beginning always
 eds a relapse frequently decisive.

nd yet he recalled treating a young man with *Cicuta*
 who was cured, but it was really a case epileptiform
 es in a somnambulist.

r. Chancerel cited a case from his clientele in which
 patient, treated with *Belladonna*, was ameliorated but
 red.

r. S. R. Proust reported a case of Jacksonian epilepsy
 vated by *Cuprum* which was afterward relieved by
 donna. *Cuprum* again given in a high dilution modified
 volution; the nocturnal attacks have disappeared; only
 vertigo during the day persists.

r. Dupuy, from the standpoint of a surgeon, insisted
 the interest of this latter case; his confreres readily
 up the trepan when it is a case of Jacksonian epilepsy
 obtain favorable results. There would be an opportu-

nity before surgical intervention to try homeopathic treatment.

Dr. Steffert reported several cases of epileptics ameliorated but not cured.—*Societe Francaise d'Homeopathie.*

CHANGE OF INSTITUTE MEETING PLACE.

ANN ARBOR, Mich., Jan. 10, 1908.

To the Members of the American Institute of Homeopathy:

Your executive committee met January 6th at the office of the secretary, five members being present and Dr. Reily being represented by a written report and proxy. The president and first vice president reported having visited Oklahoma City, spending Dec. 30th and 31st in investigating its merits as a meeting place. They were cordially received and cared for by the chairman of the local committee and the other three members of the local profession.

As a result of their investigation, much as it dislikes to disappoint the enthusiastic and hospitable people of that thriving little city, your executive committee, by unanimous vote, has deemed it necessary to exercise the authority given to change the place of meeting.

In determining this problem, your executive committee must, of necessity, count upon a meeting of normal size. Our Oklahoma friends are sure the attractions of their community would draw even more than the usual attendance. For six years past the average of members and visitors has been 875. If half this number were to attend a meeting at Oklahoma City, it would be impossible to give to all comfortable hotel accommodations, especially difficult for a convention covering almost a week of time. There are but two so-called first-class hostels in the city. The Lee, the leading one, is building a seven-story annex, which, as yet, is far from completion. It has been expected that this hotel would furnish headquarters and committee rooms. At Jamestown special rates and accommodations based on contract agreement, were promised at the Lee. To our surprise the proprietor of this hotel, in contradistinction to all other citizens of the city, showed the members of the execu-

committee scant courtesy and refused to accede in the best degree to the wishes or necessities of the Institute. Until after the departure from the city of the committee the local chairman and the Board of Commerce wringing concessions from this proprietor. Even then the proposed was far in excess of the contract agreement made at Jamestown, and stipulation was made that no committee rooms should be used in the evening.

Not only were the proposed arrangements unsatisfactory but also the accommodations possible far from adequate. Pending upon the completion of the annex and contemplating too that at least two people should occupy each quarters for not to exceed two hundred guests was the most favorable promise of the Lee. Under similar conditions a hundred and fifty guests might be crowded into the hotel. Bath rooms, much needed during dusty Oklahoma, June, are scarce in both hotels. Were the attendance members, visitors and exhibitors to exceed three hundred a city, the second-rate hotels and boarding houses would not provide for the balance.

The "White Temple" proved unavailable except possibly for the opening session. It was found that the meetings have to be held in different places, more or less removed from each other. It would be impossible to have all sessions of the Institute, its bureaus and committees, allied societies and the exhibits under one roof. The suitability of the places proposed, too, would largely depend upon the temperature and barometric conditions, said to be especially objectionable in summer.

The usual reduced rates on the railroads are no longer available because of the new Interstate law. The distance from Oklahoma City, nearly four hundred miles from Kansas would make this absence of a special railroad rate a financial burden to most of our members. The three general freight agents met at Oklahoma could promise nothing. As the journey were begun on Wednesday for our eastern members and on Thursday for the middle West, with no session at all for the far West. No through trains to

Oklahoma are run from Denver, Chicago, or the East. Unless Pullman car parties of eighteen or more persons were arranged, eastern visitors going by way of St. Louis would have to change cars there, and if they traveled by way of Chicago, would require a change at that point, and a second at St. Louis or Kansas City. In order to free those who presented the claim of Oklahoma we wish to say that the less liberal policy of the railroads as to rates and through trains is a recent move and, of course, was not anticipated last June. However, it is no less a disappointment and, in view of the present financial stringency, a serious objection, in the opinion of your Executive Committee.

For these reasons and others which were discussed for hours by your committee, it was thought best to have our meeting elsewhere. Invitations came from Hot Springs, Pittsburg, the State of Pennsylvania, Los Angeles and Detroit. We were not unmindful of the potency of the claims of each of these possible locations, and to the loyalty of the members of our school in these places the Institute owes its thanks. We could not overlook the fact, however, that the American Institute had recognized the justice of the demands of the West and South-west. That territory received our first and last thought. Kansas City, Missouri, is a western city and in every sense is the gateway to the South-west. The proffered invitation of our men in Kansas City was, therefore, accepted and it was decided to hold the meeting there during the week beginning June 22nd.

It were perhaps a work of supererogation to speak of the beauties and attractions of this wonderful city, commercially, physically, æsthetically, it is second to none in these United States. The combined population of Kansas City, Missouri, and Kansas City, Kansas, separated simply by an imaginary line, is nearly four hundred thousand. The municipalities form one great, restless, aggressive, progressive beautiful city. High bluffs, deep gorges, attractive ravines, multitudes of rivulets, great rivers, high land and river bottoms—all give themselves to natural picturesqueness and artistic possibility. Millions upon millions have been spent

in developing one of the finest park and boulevard systems in the world. This is, without doubt, one of the show cities of America. The transcontinental tourist who has simply passed through Kansas City, and almost every American railway system touches it, knows nothing of the multitudinous attractions of this place. The railways are in the valley out of sight and the city on the hill tops. One must take the incline and view it from a high place to know that at its feet lies the pride of the West, beautiful Kansas City. Here are vast hotels, gorgeous theaters, great churches, palatial homes, wide gardens, inviting shade and cool retreats. The hundred members of the local profession and the nearly two thousand of the states of Kansas and Missouri will give us hearty welcome-

The trip to Kansas City is easily and quickly made. It is a night's journey, twelve hours, from Chicago, six hours from St. Louis, over night from Denver, and can be reached from New York City with but one night on the sleeper.

To Dr. Hensley, the local profession, the Board of Commerce, and the cordial people of Oklahoma City we express our hearty thanks for the courtesies shown and the hospitality offered. We regret that necessity rules our action, but, knowing their hearts and minds, we believe they will gracefully acquiesce in our decision and, in company with the membership of the American Institute, do all in their power to make the 1908 meeting at Kansas City a great and lasting power for good to our beloved Homeopathy.

Respectfully,

Royal S. Copeland	} Executive Committee.
W. E. Reily	
J. Richey Horner	
Frank Kraft	
J. H. Ball	
T. Franklin Smith	

LOYALTY TO THE INSTITUTE.

The above action of the committee has called forth both comment and criticism from many influential members of the Institute. In behalf of our beloved science and the hom-

eopaths of the South West and West no man did more earnest work than Dr. Hensley, of Oklahoma City; but like some others he was not working for self; as the following letter will demonstrate:

OKLAHOMA CITY, Jan. 17, 1908,

DEAR DOCTOR ALLEN:—Inclosed find check for subscription to MEDICAL ADVANCE. I assure you it affords me much pleasure to assist in publishing one of the cleanest and strictest journals of our special school of therapeutics that comes to my table.

I suppose you have learned ere this that the executive committee has changed the place of meeting from here to Kansas City.

Now, doctor, you can well imagine how I feel over it. I think we won at Atlantic City, and as you know, it was almost unanimous at Jamestown on first ballot and was made so by vote of the Institute; yet I am too loyal to our Institute to utter a word that would cause a ripple on the surface. I shall do all in my power to make the meeting at Kansas City a success. We must uphold the hands of those in authority and stand by our organization under all circumstance.

Fraternally yours, JOSEPH HENSLEY.

With Dr. Hensley we have a fellow feeling, for both at Atlantic City and Jamestown we did all we could to take the next meeting of the Institute to Oklahoma City. In behalf of our readers we thank Dr. Hensley sincerely for manfully standing by the executive committee, and we cordially join him in the assurance that the members of the Institute in the West and South West will loyally support the executive committee in whose charge we have placed the interests of the Institute.

Training in Medical Organization: The students of the University of Pennsylvania Medical School have formed an organization the purpose of which is to acquaint the undergraduates with the workings of the American Medical Association, after which it is very closely modeled. The various student societies take the place of the state organizations and elect members to a House of Delegates which transacts all the business of the association. An annual meeting is held at which papers are read by chosen members, thus encouraging original research and a scientific spirit. The organization is named The Undergraduate Medical Association of the University of Pennsylvania, and already has over two hundred and fifty members.

THE MEDICAL ADVANCE

A Monthly Journal of Hahnemannian Homeopathy

A Study of Methods and Results.

we have to do with an art whose end is the saving of human life any neglect
make ourselves thorough masters of it becomes a crime.—HAHNEMANN.

Subscription Price - - - - Two Dollars a Year

We believe that Homeopathy, well understood and faithfully practiced, has
to save more lives and relieve more pain than any other method of treat-
ment invented or discovered by man; but to be a first-class homeopathic pre-
scriber requires careful study of both patient and remedy. Yet by patient care it
made a little plainer and easier than it now is. To explain and define and
practical ways simplify it is our chosen work. In this good work we ask
your help.

To accommodate both readers and publisher this journal will be sent until
orders are paid and it is ordered discontinued.

Communications regarding Subscriptions and Advertisements may be sent to
the Publisher, The Forrest Press, Batavia, Illinois.

Contributions, Exchanges, Books for Review, and all other communications
be addressed to the Editor, 6142 Washington Avenue, Chicago.

FEBRUARY, 1908.

Editorial.

“DERELICT AND OTHERWISE.”

The above title is a record of clinical cases in a paper
presented before the Cooper Club, London, by J. Roberson Day,
M.D., physician of the department for the diseases of child-
ren at the London Homeopathic Hospital.

The paper consists of a number of cases, very good
ones by the way, but with the exception of two or three
cases which were cured with the single remedy, they are all treated
with two or three or more remedies in alternation, of which
the following is an illustration:

TUBERCULAR DISEASE OF BONES OF HANDS AND FEET.

Vinifred B., age 17 months, was the second child in the family.
Her first child had died at six weeks old from wasting—the father was
the cause. She was brought to me July 20, 1905. She was a very deli-
cately bottle-fed child, and for five months had been attending the Tot-
ter Hospital every day, where “they kept on operating but gave no

medicine." The second finger of the left hand had been removed, and there were two sinuses leading down to the fourth metacarpal bone, which was diseased. There was also a tubercular nodule on the outer aspect of the right foot. Silica 12, ter die and Tuberculinum 30 weekly, were given.

By September 21st she was very much better; the nodule on the right foot had disappeared and only the sinus on the left hand remained, which appeared much better, and generally she was greatly improved. On November 9th she was attacked with griping, offensive diarrhea, which so often occurs in these tubercular children, and Calcarea ars. 6, three hours, was now given, Tuberculinum 30 being continued in weekly doses. This was changed to the Fluoride of Calcium 30 on November 17th, and by December 16th she was very much better and more lively. The following March, 1906. Silica 30 was again prescribed, and shortly after the mother reported she was "in the best of health." She was trying to walk, and the foot continued quite well, although the sinus in the hand continued to discharge.

On October 12th the discharge ceased. For six weeks she had no medicine, and in January, 1907, she came again with a slight return of discharge, A further course of Silica 30 and Tuberculinum 30 was given and there has been no return of this discharge. The sinuses are perfectly healed, and the constitution of the child has immensely improved—in fact, she appears quite well, although a delicate child bearing the scar of the amputated finger, the results of the Tottenham Hospital treatment.

Hahnemann says, Organon § 271:

In no instance is it requisite to employ more than *one simple medicinal substance at a time*. To which is attached the foot note:

Experiments have been made by some homeopaths in cases where, imagining that one part of the symptoms of a disease required one remedy, and that another remedy was more suitable to the other part, they have given both remedies at the same time, or nearly so; but I earnestly caution all my adherents against such a hazardous practice, which never will be necessary, though in some instances it may appear serviceable.

We refer to these cases with regret because they are a record of treatment in one of the best homeopathic hospitals connected with our school of medicine, and because the physician in charge is a representative man in an official position. Like the late Dr. Skinner, Dr. Day is a convert from the other school of practice, and their early training in therapeutics was similar. It was polypharmacy from the beginning to the end. When Dr. Skinner became a convert he went directly to the Organon as his source of instruction.

Hahnemann he took it first hand, and with him it was a single remedy every time and everywhere. With Dr. Day while he makes brilliant cures, neither he nor any man can tell what did the cure work. It is against this pharmacy, in the name of Homeopathy, that we protest. A mixed or mongrel practice and should not be permitted in our hospital work and published to the world as an example of what Homeopathy may do. Hahnemann disapproves such a hazardous practice, that it will be necessary, though occasionally it may appear adequate. A little more study of our remedies, a little more attention to the taking of the anamnesis, will render such work unnecessary, and will vastly improve both the clinical experience of the prescriber and the health of the patients entrusted to his care.

In Great Britain there is no homeopathic college from which students may obtain a knowledge of Homeopathy. Dr. Day himself may fully comprehend the difficulties encountered by his allopathic colleagues who desire to obtain a knowledge of the better way. In his position as physician of the London Homeopathic Hospital he is practically a representative teacher of Homeopathy, and the best possible way to convert a colleague of the other school is to demonstrate the possibilities of pure Homeopathy. Skinner and Day never have done such work had he occupied such a responsible position. A different method of taking the anamnesis, of examining the case, Organon § 84 et. seq., using the Organon so as to obtain the relative value of the symptoms will soon revolutionize the practice, and no longer in Great Britain will be more pleased with the result than Dr. Day.

THE DEADLY ANTITOXIN.

Apparently, to our friends of the other school, "every remedy has its thorn." The diphtheritic serum has been heralded to the skies as the specific for diphtheria, but like the tubercular serum of Koch it is not always safe when used on the sick, and often fatal when used as a prophylac-

tic. The following case has appeared under various guises in the daily press, and we give the particulars of the fatal occurrence which we take from a recent issue of the *Journal of the American Medical Association*.

NORRISTOWN, Pa., Jan. 6, 1908.

To the Editor:—On the evening of Dec. 12, 1907, Ely Weitzel, aged 34 years, a man of splendid physique and apparently in the best of health, came to my office and asked that I give him an immunizing dose of antitoxin, saying that he had on that morning kissed his little daughter, who was found, less than two hours afterward, to be suffering from diphtheria: both throat and nose being filled with the membrane.

A few minutes before 8 p. m., after having carefully sterilized the right side, I introduced the needle about four inches above Poupart's ligament, and slowly injected nearly all of 1,000 units of diphtheria antitoxin. He said that neither the introduction of the needle nor of the serum gave him any pain, but spoke of the "lump that raised" when I withdrew the needle.

At the time of the injection he was reclining in an office chair, having removed his coats and vest. As near as I can judge he remained in the chair for from two to three minutes after the injection. Just as he got out of the chair he said: "What is in that stuff? I feel as though it were blistering me." He reached for his clothing, and as he did so he said: "My scalp and face itch and burn terribly," and with both hands he began to scratch his head vigorously. His next remark was "I can not breathe." I observed that his expression denoted anxiety, and that his lips began to swell and turn dark. I told him to sit down which he did. He then complained of the itching all over his body, and in a moment said: "I am on fire inside." His breathing was now very labored; his lips, face and neck were much swollen and very dark. A thick, heavy froth began pouring from his mouth. He was apparently paralyzed, for he made no voluntary motion of any part of his body. He had a slight convulsion lasting but a few seconds, after which he ceased to breathe. The action of the heart continued for a considerable time after the breathing ceased.

Soon after he sat down I realized that his condition was alarming and had three physicians called, all of whom live within a few yards of my office. They responded immediately, and we used all the recognized means to re-establish breathing, but did not succeed.

The time elapsing between the introduction of the serum and his death was not over five minutes. He did not speak again after saying: "I am on fire inside," except to mutter: "I—am—dying," nor did he seem to be conscious after that.

The serum used was sent to my office a few minutes before I injected it, from a neighboring drug store. The date limit was "March 7, 1908."

ve used diphtheria antitoxin in over sixty cases and have never untoward symptoms, except in one instance—an attack of urti-

autopsy was made in this case. I might add that this man from d could never be about horses without suffering from symptoms ia.

ould be a Herculean task to answer personally the many letters ceiving from physicians in all parts of the country; so I trust this ver them through your columns.

S. N. WILEY.

homeopathic practice Diphtherinum, the antitoxin of eria, as prepared by the homeopathic pharmacy, is ve both in the treatment of the sick and as a prophy- and its use is entirely devoid of such an unfortunate mentable occurrence as is here noted.

THE ELIMINATION OF SECTARIAN DOGMA FROM SCIENTIFIC MEDICINE."

the November issue of the *Monthly Cyclopaedia of Prac-* edicine in its editorial department, there is an article e above title signed by Henry Beates, M. D., Jr., ent of the Pennsylvania State Board of Medical Ex- ts.

is paper opens with what nearly every homeopathic an will recognize as a direct quotation from the Or- , viz., "The highest duty of the physician is to treat d fellow beings with the best known means to effect re- d cure."

n this question of "best known means" there evidently ference of opinion, but there ought not to be any dif- ein the understanding of what sectarianism and dogma

The Century Dictionary defines both dogma and and in these definitions Dr. Beates will find that he e earmarks of dogmatism, and like many others is a an.

n his article he assumes that in Pennsylvania the "law nizes three so-called schools of medicine, the allopath- eopathic and eclectic;" though the doctor claims that e never was and never will be an allopathic physician."

A correspondent in the January issue of the *Medical World* also complains that "there is no school of medicine calling itself allopathic. I do not think there ever was one. The regular school has never 'dubbed' itself anything. When sectarians arose with distinctive names, the conservative needed no special name; they just referred to themselves as regulars."

Hahnemann gave them the distinctive name of allopaths, based on their practice *contraria contrariis curantur*, that is opposite conditions are to be treated with opposites; just as much sectarian as any other.

In the time of Hahnemann and ever since they have been attempting to cure constipation with cathartics, and for this reason he gave the school a distinctive name from which it has never been able to liberate itself, and never will until the practice changes.

In the January *Medical Century* Dr. R. S. Copeland replies to this attack of Dr. Beates, and closes with the following stinging remarks:

"You are an ignorant man, Dr. Beates, if you speak of Homeopathy as 'a method of treatment which is based upon mere theory and dogma, known to be at variance with the fact.' The testimony of such men as von Behring, the winner of a Nobel prize; Cabot, the dean of Harvard Medical School; Sir A. E. Wright, the most talked of man in medicine today; Robin, of Paris, and many other broad minded men of your own school, gives the lie to your cavilling remarks. You know little of Homeopathy which your ignorant mind pictures as a system of medicine and surgery, instead of the *therapeutic specialty* which it is. You think, or profess to believe, that because one of our practitioners extracts a cataract by surgical methods, or disables the Koch-Weeks bacillus by the installation of zinc chloride solution, or uses the obstetric forceps, or makes a skillful trachotomy, or antidotes the diphtheria toxin, or neutralizes the ingested carbolic acid, or does some other sensible thing by a method known to you—you set him down as 'unfaithful to avowed professional principles.' You poor, innocent, ignorant ass!

the Organon of Samuel Hahnemann, or forever after your peace! The thinking, reading, progressive, truly ed men and women of your own school repudiate such ng as yours."

OBITUARY.

Richmond, Va., has recently lost two of its most prominent homeopaths, Dr. George A. Taber and Dr. George L. Stone, both of whom were successful practitioners and had extensive practice.

Dr. George Taber was born in Cayuga county, New York, graduated from the homeopathic department of the University of Michigan, 1877, was assistant to Prof. S. A. Williams, and instructor in Materia Medica for two years. He practiced in Victory, New York, until 1885, when he removed to Richmond, Va., where he resided until his death, April 4, 1907.

Dr. George L. Stone graduated from Cleveland Homeopathic College; practiced in Ann Arbor, Mich., for several years, and moved to Richmond, Va., in 1880, where he continued in active practice until his death, Jan. 9, 1908. He died of chronic interstitial nephritis, from which he was a sufferer for many years.

Propagandism of Homeopathy:--Recent issues of the *Homeopathic Advocate* contain a series of articles on Popular Homeopathy, explaining the principles of the science and the indications for many of the principal remedies in the treatment of every derangement of a family: indigestion, catarrhal affections, influenza, ague, etc., by Mr. J. C. Roberts, a prominent official and an enthusiastic advocate of Homeopathy. Mr. Roberts has a homeopathic depot in Palmetto, S. C., Bridgetown, where the people may obtain homeopathic remedies. In the series of articles on Homeopathy, Mr. Roberts is conferring a great boon on the public by these articles illustrating the practical value of domestic medicine, and in this way conferring a blessing on the people at the same time. It is in this way that the pioneers of Homeopathy in America first introduced this system of medicine, and no other way to instruct the people yet been found. It would be well for Homeopathy that some vigorous efforts in this direction were again taken up.

NEW PUBLICATIONS.

THERAPEUTICS OF VIBRATION: THE HEALING OF THE SICK AN EXACT SCIENCE. By Wm. Lawrence Woodruff, M. D., Member of the American Institute of Homeopathy, the California Homeopathic Medical Society, the South California Homeopathic Medical Society, Los Angeles County Homeopathic Society, South California Academy of Sciences Author of *Climatography of the Salt River Valley Region of Arizona*. J. F. Elwell Publishing Co., 247 Broadway, Los Angeles, Cal.

This work on vibration by a homeopathic physician of Long Beach, Cal., must be carefully read to be appreciated. The author claims that vibration is the primal law of the universe, nothing being exempt from it.

The wonders produced by electricity have been nothing short of marvelous; yet vibration will so far surpass it in every field as to make it seem ordinary in comparison. Here is one of the conclusions:

"Twenty-five years of chasing the microbe has yielded but little except to increase mysticism and confusion, and make a babel of tongues. Hahnemann, seventy-five years ago, in his thesis on chronic diseases, gave us all and more than has yet been revealed by bacteriological research; indeed, he forestalled every fact so far determined, defining its limitations and indicating their practical application in the relieving of diseased conditions."

The author goes just a little further than Wright and Von Behring who, in explaining the opsonic index, have verified the law of similars and possibly have given us the best explanation of its scientific action yet discovered. But he goes one step further, and in his theory of vibration, explains why and how the homeopathic dynamic remedy does its marvelous cure work. Volume II to complete the work is promised in June.

TREATMENT: A companion volume to *Diagnosis in Clinical Medicine*. Clarence Bartlett, M. D., Philadelphia.

Boericke & Tafel have in press a work from the pen of this busy author. The book has the concise yet thoroughly

ive title, "Treatment." It will be in a class by itself, full treatment for practically every known disease; therapeutics only, though this branch is fully gone into, treatment in its broadest sense. It will make a work of 200 large octavo pages and be ready for delivery early

ENTHUSIASM OF HOMEOPATHY, with the story of a GREAT ENTHUSIAST. By John H. Clarke, M. D., London, England. Homeopathic Publishing Co., 12 Warwick Lane, E. C. 1907.

This small work of fifty pages is a reprint from the *Journal of the British Homeopathic Society* of the author's presidential address. The "story of a great enthusiast" here related is a brief biography of, and the original propounding of Homeopathy, by Dr. Mure, best known by his numerous provings forming the *Materia Medica* of Brazil. He was another converted leader in our school. Dr. Mure came to study Homeopathy after being cured of a so-called chronic disease, phthisis pulmonalis.

Every homeopathic physician should have a copy of this work, if for nothing more than to read this beautiful story of the "fiery Dr. Mure"

Physicians List. 1908. 57th year of its publication. Philadelphia. P. Blakiston's Son & Co., 1912 Walnut Street. This old reliable friend of the busy doctor for 1908 is renewed by the publisher. A sample announcement is all that is necessary, for every doctor of every school is familiar with its advantages.

NEWS NOTES.

Dr. A. W. Vincent, St. Johns, Oregon, has another paper in the *Medical World*, under the catching title, "Are We Becoming Homeopaths?" The doctor writes a very live, logical and convincing article, which is evidently doing its work.

Dr. C. M. Sommer has removed from Omaha to Boulder, Colo. This city in the mountains has now one homeopathic prescriber—we do not know how many more.

Dr. Theodora W. Krichbaum desires to announce that beginning January 1st, 1908, she will devote her entire attention to the diseases of infants and children giving special consideration to the subject of infant feeding and the hygiene of child life, 35 Fullerton Ave., South Montclair, N. J. Office hours 10 A. M. to 1 P. M.

Dr. H. E. Beebe, Sidney, Ohio, announces; after January 1st, 1908, his son, Dr. Hugh M. Beebe, will be associated with him in practice. This will make a strong homeopathic team.

The Woman's Southern Homeopathic Hospital announces that there will be two vacancies, for two women graduates, 724 Spruce St., Philadelphia, Pa. There is a salary and fine experience. Term of office one year. For further particulars address Dr. Amelia L. Hess, 1911 Mt. Veron St., Philadelphia, Pa.

Dr. Mary E. Hopkins, Secretary of the Kentucky State Homeopathic Society, has issued an appeal to the members for the next session which will be held at Lexington in May, 1908. After paying a tribute to the officers of the society for their efforts which secured the successful session of 1907, an appeal is made to every homeopath in the state to take up the work and contribute his mite, as well as his presence, that the meeting at Lexington may be a successful one.

A. C. Stone, M. D., announces that he has located at 1105 Milwaukee Ave., near Robey St. He is a graduate of Hering, 1907, and we predict will make his mark as a successful practitioner.

Drs. Thomas G. and Josephine M. Roberts desire to announce that they have removed their office and residence from 3760 Lake Avenue to 229 East Forty-Second Street.

The Minnesota State Homeopathic Institute will hold regular meeting in Minneapolis, May 19th, 20th, 21th, 22th. The Secretary, Dr. H. O. Skinner, is notifying the members thus early to prepare their papers and get ready for a successful meeting. Kentucky and Minnesota are two of the earliest in the field. They certainly deserve what, no doubt, they will receive as a reward for their enterprise, a large attendance and a good meeting.

The time is at hand for receiving tenders of meeting places for the American Institute of Homeopathy in 1909. Address all such letters to Dr. Frank Kraft, Secretary, 2055 East 90th St., Cleveland, Ohio.

January 3, 1909.

Journal Medical Advance.

Will you kindly insert the following in your journal giving it a prominent place as possible?

The writer desires information regarding any alleged recoveries or cures of inoperable or recurrent carcinoma of the mammary gland.

If any case or cases are known to anyone who reads this journal and can be authenticated by facts as to the history of the condition prior to recovery and the length of time which has elapsed since recovery such information will be much appreciated and dully acknowledged.

Any well-authenticated reports of recoveries from carcinoma located in other parts than the mammary gland will be welcomed.

Cancer paste cures, X-ray cures, radium cures, or cures resulting from surgical operation are not wanted.

Hearsay cases are not wanted unless accompanied by the name and address of person who may give knowledge first hand. Address

HORACE PACKARD,
470 Commonwealth Ave., Boston, Mass.

THE TIMES OF AGGRAVATION AND AMELIORATION.

The following letter was recently received and is self explanatory:

Salt Lake City, Utah, October 26th, 1907.

Dear Doctor:—"Can you tell me where I may find a list of the times of aggravation and amelioration without having to dig it out of the *Materia Medica*? I am sure some one has made such a list, and I need it both in study and practice, as the following experience with *Lycopodium*, with regard to its wellknown time of aggravation will prove:

"A friend visited the Portland Exposition a few years ago, returning with a serious attack of typhoid, through which he passed without harm, except that his heart ached, and had pain in back for two or three years after. Every summer and autumn at the same season that he had typhoid a fever appeared at 4 p. m. I did not attend him during the attack of typhoid, but this summer he described his condition, and as an intimate friend I suggested a remedy and gave him *Lycopodium* 54. The next day the fever did not return, nor has it since appeared, and to say that he was delighted is to put it mildly, for he was under a constant cloud mentally on account of this annual recurring fever. Many other symptoms, especially the urinary deposits of *Lycopodium* were present, but it was the 4 p. m. aggravation which led me to give it." A. A. RAMSEYER.

The recent translation of Dr. Ide's paper on the "Times of Aggravation and Amelioration of Our Remedies," by Dr. Boger, will fill this bill. The doctor will find here an exhaustive resume of the remedies of our *Materia Medica* as to their working time and hour. Write the publisher of the *ADVANCE* for the little book which can be carried in the pocket.

THE MEDICAL ADVANCE

VI. BATAVIA, ILL., MARCH, 1908. No. 3.

VACCINATION THE ONLY SAFE AND SANE PROPHYLACTIC AGAINST SMALL POX?*

GEORGE E. DIENST. M. D., Naperville, Ill.

President, Ladies and Gentlemen:

The old Kentucky physician with his alum and rosin the simplest, and, to him, most philosophical system of medicine known in his day and neighborhood. "Disease," he said, "was a loosening and unjointing of things generally, and to get the parts together and hold them together was the business of medical skill." When asked by a more recent generation of a medical college why he used these two agents he not only he replied, "I used alum Sah, to pucker the things together, and rosin, Sah, to seal them up after they were pucker together." On looking over the therapeutics and prophylactics of today, we sometimes wonder if we have not learned very much upon the old Kentucky doctor.

The study of prophylaxis brings to our attention several important points. You will certainly pardon me if I become somewhat prosaic or appear somewhat cynical, as the subject of prophylaxis under consideration stimulates to either condition.

Definition: Vaccination, technically means "the art or process of inoculating persons with the cow pox."

Etymology: *Vaccinate*, from the Latin *vacca*, a cow, means to inoculate with the cow pox (with especial emphasis upon *cow*) or to take matter taken from cows called vaccine matter.

Procedure: *Vaccinated*—Inoculated with the cow pox.

You will observe that there are two things necessary in the process of vaccinating, the *manner* and the *matter*. There

This public address delivered at the January meeting of the Regular Session of the Chicago Ethic Medical Society, Chicago.

can be, according to these definitions, no two ways of vaccination. It *must* be by inoculation, and it *must* be with the cow pox. In this I am sure I am technically and legally correct.

But the question arises right here as it has often done -- how about taking a scab or some virus of a variolous nature from one person and therewith inoculating another? Is this vaccination? Many so practice it, but in truth it is not vaccination. The only part about the process that simulates vaccination is inoculation. It is not vaccination pure and simple because it is not done with cow^s pox. If it is not vaccination, technically, then what is it? The word vaccinate is derived from, as stated above, *vacca*, a cow. In the present instance it cannot apply, for the virus is taken from a human being, and man in Greek is *Homo*, and the noun form must, therefore, necessarily be homocination, while the act can be no more nor less than homicide.

Here you have the whole process in as simple English as it is possible for me to state it. The above being true (and you cannot question it for a moment) there can be no more reason for vaccination than for homocination, and no more reason to commit the act, to vaccinate, than there is to commit homicide. If the one act is criminal the other should be, if one is illegal and disastrous to human life, the other should be classed in the same criminal list. But, seriously, ladies and gentlemen, in this matter of marked contention, we are not, in fact, so much exercised about some of the crude, repulsive, and barbarous technicalities as to the results to be obtained. While some of the crudities of medicine are little less than shocking in their administration it is, after all is said, results that we desire; not fleeting, ephemeral, Roman-candle like results, but lasting, effectual results with the least possible danger to health and life. Let us not inflict pain to prevent pain when it can be prevented by a more rational procedure.

THE TRUE MEANING.

Our most ardent desire is to find a true, honorable and honest means by which to obtain pure, harmless and lasting

ts without exposing our stupidity by being blind followers of the blind in every crudity that comes along. Be-
 lie Mr.—accidentally swallowed a beetle and was there-
 lieved of an attack of entero-colitis which was afflict-
 him so severely at the time that he could not close his
 h, does it follow that we must prescribe the same kind
 beetle to every man suffering from a similar affliction
 rdless of every other condition, to obtain relief from a
 ar attack of colic?

What is it that we want to obtain in the matter of vacci-
 on, and the administration of internal remedies? A
 hylactic. And what is a prophylactic? In the verbal
 it means "to prevent, to guard against, to preserve."
 e noun form it means a medicine which preserves or
 nds against disease, "a preventive." There is nothing
 in the dictionary about what kind of medicine prevents
 ow the medicine is to be given—per orum (by mouth) or
 cutaneously. This being true it is obvious that, in a stu-
 f prophylactics and their administration, ill advised fan-
 sm has played first base to the injury of the
 e.

Judgment, acute observation, unprejudiced investiga-
 have played but little part in some of the preventives of
 past. A remedy, or a combination of remedies has been
 ated before the public and the profession; results have
 lauded to the high heavens, and all have fallen into
 ching columns and blindly followed these laudations un-
 ome master mind has proven them worthless; when sud-
 y there is a flanking movement to follow another *ignus*.
 n has been the trend of medical science until Osler and
 rs have become atheistic.

As rational beings it is the prevention or the preventive
 icine we want—a remedy well proven and certain to
 duce results—and not the manner of inoculating human
 gs with a poison the results of which, in so many in-
 ces, have proven positively hazardous. It is not wise
 ut a tree down for fear that some future storm may blow
 er. Our forests are already sadly depleted by such

For the sake of argument let us suppose that the discoverer of quinine as a prophylactic against malarial fever (which is not admitted) found, by mere accident, that ten grains dissolved in one-half glass of warm water, the whole amount of it taken at one dose on retiring prevents a chill on the following day; and then suppose that one hundred years later another observer found that two grains put into a gelatine capsule or encased in sweet chocolate, and taken on retiring, accomplished the same results without the nauseous taste and annoying deafness as a sequela; does it follow that we (or any one for that matter) must take our quinine in the manner and quantity prescribed by the first observer? Would it be sane to pass a law compelling people to take their quinine in such a manner at the caprice of a health officer or some one else in authority, when a simple and milder and infinitely less injurious method had been discovered? Has any officer of the law or any combination of officers of the law for that matter, any authority, whatever, to compel me to take my quinine in the manner as given by number one, and this too when I had no malarial chills or fever, and, though living in a malarious climate was not afflicted with its ravages? No one but a fool would say yes. One thing is true—if I had to take my quinine as prescribed by number one there would be two emphatic doses instead of one—one *down* and the other *up*. And if I choose not to take it at all what concern is that of his? And I am sure that this particular form of taking quinine could never be legalized in Kentucky, Chicago and St. Louis where water is so seldom used internally.

CAUSING DISEASE TO PREVENT DISEASE!

I beg pardon, in matters of life and health the more rational and reasonable we are the safer the public in general will be; for to some of us at least it does not seem rational to create one evil in order to prevent another, to injure health in order to prevent an injury to health. But what has this to do with vaccination? Much every way. Let us see. The original idea was, and the modern practice is to inoculate the human blood with a diseased product, practi-

crude, a poisonous substance obtained from a cow—breed is not mentioned—in fact a scab from a putrifying virus, a diseased product without regard to the age or position of the cow, without any consideration as to whether she is docile and a good milker, or whether she is wild and ready to kick or butt the green cheese out of the

mouth. There is no question as to whether the cow is white or black, a Jersey or Poll-angus, or simply the old bob-tailed cow fresh from the wood's pasture. There is absolutely no question asked as to the influence of this inoculated virus on the human family and its disposition, and possibly this is necessary; but judging from what we have seen, we are forced to the conclusion that the vast majority of the human race must have been inoculated with the virus taken from the most celebrated kickers in the herd, and that the majority practically was left out of the question.

Seriously, this virus or cow pox is supposed to be taken from healthy cows so declared by an experienced veterinary; sterilized, foul matter is supposed to have been eliminated and with glycerine as a base, it is put into hermetically sealed glass tubes or upon ivory or bone points. This virus is supposed to contain nothing but the pure unadulterated cow pox, which, if inoculated into the human body produces a condition and an array of symptoms supposed to render that body immune against small-pox. It is in fact the process of producing one disease in an active form in order to prevent another. It is changing a normal for an abnormal condition in an effort to prevent abnormality. It is engrafting one diseased condition with all its complications and complications in an effort to prevent another in an individual who cannot be susceptible to it. If enforced as some desire, it is limited in its operation, in its ravages, by the limitations of the terrestrial population only; while the disease it is supposed to prevent is self limiting in its nature, and never becomes universally epidemic. It is making a drunkard of a man to prevent his becoming a thief, even though he has never shown any tendencies to kleptomania, regardless of the vital question as to whether John is safer, a better and

a decidedly more moral man as a drunkard than as a thief. This is not overdrawn, but is a living issue right in our midst at this very moment.

Let us suppose for a moment that the cow from which the virus is taken is perfectly healthy, does it still follow that inoculation by this virus to produce sickness where none exists, in order to prevent one the patient may never have, has any enduring or prophylactic properties? If not is it rational to produce every six months, one year, two years or more a disease in a healthy body, or keep enforcing a diseased condition in a body already depleted by preceding inoculations, to prevent another disease often less injurious than the inoculated disease? What will be the final results of this impediment or repeated impediments to the vital forces—this deadening of strength and poisoning of the blood? What would you think of the man who produces by severe remedies a depleting dysentery every three, four or six months or even a year to prevent a constipation he did not have and possibly would not have, but feels he might have? Is he preventing or producing the thing he feared? Would you not say that he was a fit subject for Dunning or the Fool's cap. The theory and the practice, therefore, of this entire problem seems to me void of every vestige of correct reasoning.

COW POX A MIXED INFECTION.

Nor is this all. The cows are not all healthy. There may be latent tuberculosis, anthrax, tetanus or other disorders, for we know that these are common among cattle. These various diseases may be ready to blossom into action and still be unnoticed by the veterinary until the tubes have been filled and the points medicated and sent abroad in the land. Then what? Suppose that out of a herd of fifty cows on a vaccine farm there is one tubercular cow—a thing very probable—and suppose that from this cow there are 500 tubes and points prepared and sent to various parts of the world and used in vaccinating people. Now then, it is not at all improbable that out of every fifty persons vaccinated there is one of a tubercular diathesis, or predisposition to tuber-

Will not the infection with these tubercular germs, if it were, the entire system on fire with tubercular germs, hasten its development, increase the sufferings of the individual, shorten his life and make it more impossible to ameliorate than if he had not been so inoculated? Adding of very combustible fuel to a flame increases its intensity and makes it more dangerous.

Do you say this is a small percentage of what may be saved, and if forty-nine cases can be saved or forty-nine cases of small pox can be prevented we should be willing to sacrifice one out of fifty. But does it prevent? Suppose that the one to be sacrificed is the only son of a wealthy or aristocratic family, and vast interests are at stake, which in the course of time he is to assume, and with which he can be to himself a blessing, to the whole family, does it still seem that it is wise and in the interest of science to sacrifice one in fifty to maintain the prophylactic properties of vaccination? Suppose further, that this one out of fifty is the only son or only child and you know that under ordinary circumstances he or she will live to comfort your declining years, do you still want to sacrifice this one to maintain a doubtful prophylactic? Ah, this is "sentiment not fact"! Let it be sentiment, but is it not a stern fact that, sometimes some of these things come to our homes and ruin them and that they take a trifle faster than when they ruin our neighbor's?

And yet in spite of all this there are few prophylactics used so indiscriminately, as vaccination.

MORE A FAD THAN SCIENTIFIC.

We are forced to think that it is more a fad than a carefully studied scientific prophylaxis. Think of it! as a rule there is no question asked as to age, sex, occupation, previous condition of health, environment, present state of health, condition of the skin or any other part of the body. The law in every state provides, timidly, certain limitations in the use of vaccination, but it is a mere apology for a limitation. Orders are issued by Boards of Health, often prompted by a conscienceless health physician that, all the school children in a certain school or schools must be vaccinated,

and in some instances this same health physician, or some one appointed by him to do the vaccinating, proceeds to said school or schools and without a word from the parents, for or against the procedure, vaccinates every one who has not been recently vaccinated and in doing so hopes to enhance his own reputation and the popularity of his prophylactic. Indeed, in some instances school boards and teachers and influential patrons of the school laud such a physician and board of health to the heavens, never for one single moment tarrying long enough to think of the many serious and fatal diseases produced by the process. It is the fashion and must be followed at any cost.

There is never a question asked as to how this inflated theory and practice will affect the future of the child. There is never a question as to the sore arms (that is what they expect), feverish nights, pain, ulcers, necrosis, erysipelas, impaired hearing, impaired vision, decayed teeth, every conceivable form of nervous irritability, anemia, languor, enlarged glands, atrophied muscles, melancholy and a thousand other ills that follow in the train of this great destroyer of human health. Is this over-drawn? Has imagination played too many pranks with facts? Possibly! I have in my own family a daughter who, after being vaccinated at three years of age, had necrosis of the left side of the lower jaw from which I removed a piece of bone as large as a filbert, and soon thereafter removed a similar piece of bone from the lower posterior angle of the right jaw. This is but one instance, but being in my own family makes it all the more important to me.

AN INVASION OF PERSONAL RIGHTS.

The strange feature of the matter is this that, in spite of open and glaring facts stigmatizing this as a barbarous practice, and in spite of the opposition of some of our most learned observers, crafty individuals continue to practice it and urge its practice among the laity and, indeed, try to pass legislative measures enforcing the practice against the free, full and better judgement of the sane population.

Think of it! trying to pass laws obligating physicians to

nate indiscriminately the high and the low, the rich and poor, the sick and the well, to prevent a disease which, with the introduction of vaccination was comparatively a new disease—to pass a law compelling physicians to vaccinate the inhabitants of our fair and healthy land with a diseased product to produce a diseased condition; to engraft on a healthy, tubercular or other miasmatic base, *another miasm*, by complicating the existing and constitutional state of the body, producing new symptoms and causing a new disease nomenclature. It is lowering the vital forces of a nation, impeding the physical, mental and normal development, endangering and augmenting general suffering, and all this to prevent—to prevent—Ah me! to prevent a mole hill and create a mountain, to prevent a spark and cause a conflagration. It is civilization, enlightenment, christianity! This is progress, the acme of human prophylactics. Great prevention of the progressionists!

What right has any man to come into my home and infect with the cow-pox any member of my family now in health and not in the least exposed to a contagion of this kind to prevent something not even now epidemic, and which may so cause pain, fever, sleepless nights, inability for mental or physical labor, for three or four weeks, or engraft on the constitution a disease far more insidious in its operations and deadly in its ravages than small-pox? Did you ever hear of or see anything quite so barbarous? Yet this is being done many times and were it not for the opposition it would be done more frequently.

But it has been proven that vaccination is a preventive of small-pox. Is it true, in the spirit in which these words are usually uttered? Is it true, or is it building a superstructure upon false foundations?

The whole problem is as reasonable as it would be to demand the use of some particular brand of limburger cheese, or some particular brand of macaroni, or some particular species of birdsoup for the gout. Talk about trusts and graft!

If all these things are true, is it not appalling that men

in this age of the world insist upon and practice such disease and death dealing blows as vaccination?

WHAT DOES HOMEOPATHY OFFER.

But the question arises—what have you to offer that will prevent small-pox and not endanger health or life? We have everything reasonable to offer. Observe the following which has been proven most effective, very easy to obtain and is practiced by many of our most enlightened physicians.

First: Cleanliness—personal, in the home, on the table—in every way.

Second: Courage, in opposition to fear. Fear is productive of many contagions and particularly small-pox.

Third: The indicated remedy in each individual case. By this I mean that every individual with an ache or pain or susceptibility to disease should have the homeopathic remedy suited to his or her particular disease tendency and this tendency removed. Such an individual restored to health by the true homeopathic method has absolutely nothing to fear from contagion. He is healthy and health is inimical to contagion.

Fourth: Particular remedies in case of danger from small-pox. These remedies are—Malandrinum, Vaccinum and Variolinum. These are all true, safe and tried prophylactics.

Time forbids me giving statistics and results which are abundant. The subject is now before you for discussion.

[In the August issue of THE ADVANCE, (Appendix), can be found an article written by Dr. C. W. Eaton, of Des Moines, Iowa, giving some very interesting statistics which show the results in over two thousand cases where the homeopathic prophylaxis of small pox was successfully used. A reprint of this excellent paper can be obtained for five cents a copy by addressing THE ADVANDE. ED.]

RELATION OF VACCINATION TO TUBERCULOSIS.

BY W. P. ROBERTS, M. D., Chicago.

Being seventy years "young", a cured consumptive, a graduate and holding a diploma of one of the recognized Homeopathic Medical Colleges chartered under the laws of Illinois—"Please can I speak"?

In 1856 I was doomed to die of consumption—phthisis consumens—in my native state of Maine, by five as eminent physicians as the state then afforded.

It was my good fortune at this time to have a brother engaged in building a railroad from Peoria Ill., to Burlington Vermont. It happened in the month of September of that year, 1856, when the old time western autumns were so bright and delightful, that I landed at my brother's comfortable

at Peoria so feeble I could not walk a block without stopping to rest. My feet were swollen, I had night sweats, a very distressing cough, not to mention the filthy sputa which was so disgusting to well people, and a most annoying ailment to the victim whence it came.

The doctors who had doomed me to die within six months made no mistake in their diagnosis I am sure, but were somewhat off on their prognosis, for here I am very well and live over fifty years later.

It is now to say, that inside of two months after adopting the pioneer railroad camp life I was a cured consumptive, or at least so cured that I was placed on the pay-roll and took an interest in helping complete the track into Galesburg in the winter. Passing the troubles of those days I went myself on a farm in Linn County Iowa, where I prospered for six years, and was the neighborhood "Man nurse", with a box of homeopathic pellets and Small's domestic medicine-book, doing the best I knew free gratis to care for the sick, being the nearest to a full fledged doctor within twenty miles of the little town called Fairfax. In 1873 I sold my farm, moved to Chicago, bought a perpetual ticket in the University of Chicago and took my lectures, until in 1876 the faculty deemed me qualified to practice medicine and surgery and gave me the medical degree.

KOCH'S TUBERCULIN ANNOUNCED.

One sees a variety of conditions and has many experiences in an active medical practice covering a period of nearly forty years.

In 1890 during the great Koch treatment for tuberculosis I grew intensely interested, and in the midst of that wonderful excitement when the newspapers were giving it the widest free advertising, some Milwaukee doctors journeyed all the way to Koch's headquarters in Germany, to secure the material, and instruction how to use it. I got more and more on the alert to keep "tab" on reported results.

It did not take very long to prove it to be another "Fadilinkdum"—for according to published reports many a poor sufferer with tuberculosis took the limited fast train out of Milwaukee for the "Kingdom come." The victims flocked there from far and near only to be hurried into their funeral wardrobes and "wooden overcoats."

About this time I ventured to furnish a short article for my daily paper, the *Chicago Inter Ocean*. It found a welcome, and brought me compliments from some brother homeopathic practitioners. In that article I ventured to compare the difference between the two schools of medicine, making the story good by giving the many persecutions our great founder, and Master of Homeopathy—Samuel Hahnemann—passed through, and finally driven from his "Father-land" into a foreign country where he was given a chance to prove the science of *Similia Similibus Curantur*. One hundred years later an old school doctor without *having proved anything* definite had, mushroom-like, gained great applause through every printing office throughout the world. I ventured to predict that it would not last long. My prediction came true, for it was only a short time until one of his own school, a scientist, Virchow by name, pronounced his opinion on the Koch treatment, and it went out like a summer snow.

This disappointment to the medical profession was the means of setting the gray matter in my cranium into a motion. In April of 1890, I was able to get to Chicago where I found an old friend in Dr. T. C. Duncan ready to take a

with me, and we inaugurated the first crusade along of the "Open-air" means of treatment or a similar by which I had been saved, way back in 1856. In three months we had organized the "American Resort Association," and secured a charter under the regulations.

My wanderings over New England and New York I had funds and distributed our literature amongst two viz.: the doctors and editors.

BOVINE TUBERCULOSIS.

While on a trip through western New York in 1893, I was in Syracuse and chanced to see in the morning the notice of the state annual meeting of the veterinarians and found that they would have a paper on bovine tuberculosis read and discussed. I found the hall and was given a hearty welcome and invited to have a part in the discussion from the standpoint of a medical man.

It was definitely proven by the veterinarians that nearly all the native cattle in the great Empire State were afflicted with tuberculosis, and if they were allowed to live to a few years old, the most of them would die of tuberculosis. From the experiences of the Rhode Island people at a State farm where it was discovered by the secretary of the State Board of Health, that the herd was affected with tuberculosis, and an expert veterinarian from Massachusetts was employed to examine the herd. After making a careful diagnosis he decided that about one-third of the seventy cows were affected, one-third he was doubtful about, and the rest he thought did not have any tubercles. But after the Governor held a council with his staff, it was decided to vaccinate the whole herd, and it was found that even the youngest heifers, and six months old calves showed the tubercles in their lungs.

To mention these experiences to prove what came to my mind later relating to bovine vaccination, more especially the so-called "pure calf lymph," which was then, and is so much lauded by the pro-vaccinationists.

COMPULSORY VACCINATION IN MASSACHUSETTS.

During the attempt to abolish compulsory vaccination in Massachusetts a few years ago, it was my privilege to be present at four of the five hearings before the public health committee in the state legislature. I learned many things regarding the methods of securing the poison commonly called vaccine virus, or "pure calf lymph." I being an anti-vaccinationist since 1883, was deeply interested to learn, and if possible, to know if I had been making a mistake along these lines, but the more information I obtained the stronger I became convinced I had not made any mistake in taking this stand. I learned one point not generally known, viz.: that instead of the virus being kept alive and handed down since Dr. Jenner's time, that some twenty years ago, a brand new and fresh source of supply was secured somewhere in France from a cow which was sporadically affected with "cow-pox." This opportunity was seized upon to begin anew. This news came as a surprise when one legislator on the committee put the question to the secretary of the state board of health. I was requested to help the public health committee think of pertinent questions to draw out information. This gave the anti-vaccinationists opportunities to discuss them, either pro. or con. I took the ground in the discussions that all bovine vaccine virus was nothing but "rot" of broken down animal tissues, and it was unconstitutional for any body of officers, municipal, or other wise to make ordinances, or pass legislative enactments to endanger the health and lives of innocent children, and that the so-called protection against small-pox by bovine vaccination, was not only dangerous, but depleted the victim, making them more susceptible to small-pox and other diseases. And, since all cattle were liable to have tuberculosis, and since the majority of the people are forced to be vaccinated it was one, if not the most prolific cause of consumption—tuberculosis. In my judgement the sooner vaccination is abolished the sooner will begin a decrease in death rates from tuberculosis.

We learn in the Good Book that the Prophets inform us

the terrible troubles that must precede the beginning of the Millennial age. Part of this work of the Devil began by inoculating the human body with filthy virus to prevent the loathsome disease. God's "Moses" Dr. Creighton, set the pace for abolishing this diabolical fallacy even though it might add to the terrible troubles predicted and it is the fault of those who do not believe in the fallacy to act as spectators, not so much by instituting suits in civil courts of law but by insisting on teaching the better way as laid down by our Masters in Homeopathy.

VARIOLINUM IN THE TREATMENT OF SMALL POX.

BY DR. FRANK A. GUSTAFSON, Aurora, Ill.

Professor of Materia Medica, Hering Medical College, Chicago.

Early this spring it was my fortune, or misfortune, to have had an experience with small pox such as is rarely encountered by the medical man in general practice today.

The disease found its way into the school of the little children in which I then resided, and before we were through with it we had some fifty-five cases in all, mostly confined to the children of the primary grade and their smaller brothers and sisters, although there were a number of adults afflicted.

Of the fifty-five cases reported none died. This may have been due in part to the fact that in the majority of cases the disease was very mild, but there is no question in my mind but that the remedy had a good deal to do in modifying the type of the disorder; since otherwise there is no explanation for the recovery of some of the cases of the severe type. The great majority of those afflicted were not very ill after the appearance of the eruption; some were scarcely ill at all after taking the medicine; others were very ill with a severe confluent type, and one or two of them escaped death.

There is no question as to the diagnosis—the officers of the State Board of Health confirmed that, and were fully aware of the gravity of, at least two of the cases. So we

have to deal in this report with variola vera, not chicken pox, or some other hybrid disorder simulating it. We have to deal with a disorder described in warning circulars sent out by the health officials of the state as having resumed its former malignancy and claiming its victims by the score.

With but few exceptions the stage of invasion was similar to that described in the books; headache, backache, sore throat, furred tongue, high temperature, great drowsiness, etc., persisting for some two or three days, with an eruption of a pustular type appearing upon the face, extremities and other parts of the body in due order.

But with the second stage there was a departure from the description of the books. The patient, as a rule, and with one exception only, failed to develop a secondary temperature, and that too in severe confluent cases. Moreover, the disease was shortened by many days, in some cases as many as ten or twelve days, and but two cases ran the full four weeks of the unmodified disease. And in this reckoning I count from the date of the initial chill or fever to the end of the stage of desquamation, or until the skin was entirely clear of crusts.

CASE I. E. B. Ten years of age, the first of the cases of any consequence. Taken ill as stated above with headache, backache, high temperature, etc., eruption on the third day, decline of temperature with appearance of eruption.

Treatment—Atimonium tartaricum because of characteristic eruption and other symptoms. On the seventh day she was given Variolinum 1m. in water. This was one of the most perfectly developed confluent cases of the whole epidemic. There was not a patch of skin on her whole body free from pustules—sometimes a mass of eight or ten pustules coalesced. On both feet were patches as large as fifty-cent pieces. Notwithstanding all this pus her temperature never exceeded $99\frac{1}{2}$ after the decline of the primary temperature, and this only for a day or two. Nor was she at all ill, she felt well, would have been up and about her room but for the tenderness of the soles of her feet. This is truly

able state of affairs in confluent small pox. And
g.

SE II. R. B. Twelve years of age. Severe confluent
small pox, pronounced by visiting physicians in a precatory
condition. His temperature remained between 101°
for seven or eight days. The eruption was slow in
coming, temperature delayed in declining after appearance of
eruption, secondary temperature of 103° . But under
Variolinum 1m. and later 5cm., he made a good recovery
in a few days, and there are no pits, nor scars to tell the
tale.

SE III. G. G. Forty-seven years of age. Confluent
small pox, high temperature, higher than any of the others,
from the beginning; so ill that I had no thought of
survival. Even after the appearance of the eruption the
temperature continued above 103° . He was tall, lean,
well-shouldered, red faced, a great eater, and not overly
concerned as to his personal appearance. And Variolinum
under these symptoms he was given three doses of Sul-
phur, followed in twelve hours by Variolinum 5cm.
which decided amelioration. Within twenty-four hours his
temperature dropped to normal and he made an uneventful
recovery.

Many other cases might be cited, but these suffice for
illustration.

I, however, wish to report the following in evidence of
the power of Variolinum to cut short the duration of the
disease.

SE IV. R. B. Fourteen years old. Confluent pustules
on ninth day, crusts on eleventh day, complete dequamation
on the twentieth day.

Treatment—Variolinum 1m and cm.

SE V. G. B. Four years old. Confluent papules
on fifth day, pustules eighth day; clear skin in twenty-one days.
Treatment—Variolinum 1m.

SE VI. G. G. Forty-seven years. Confluent
small pox, clear skin in twenty-one days. Variolinum cm, 5 cm, and
1m. intercurrent.

CASE VII. L. S. Four years. Severe, discrete crusts on seventh day; clear skin on fourteenth day. Variolinum 1m.

CASE VIII. Baby S. Seven months. Severe, discrete clear skin on the fourteenth day. Variolinum 1m.

CASE IX. Mrs. B. Seventy-four years. Discrete, clear skin on twelfth day. Variolinum 5cm. Never had been vaccinated.

CASE X. L. B. Five years. Severe, discrete; clear skin on fourteenth day. Variolinum 1m.

CASE XI. L. S. Five years. Discrete; clear skin on tenth day. Variolinum 1m.

CASE XII. W. M. Sixteen years. Clear skin on sixteenth day. Variolinum cm.

CASE XIII. S. S. Ten months. Discrete; clear skin on thirteenth day. Variolinum 1m.

CASE XIV. F. B. Four years. Clear skin on thirteenth day. Variolinum 1m.

This case was a very mild one, indeed, although her brother and sister had the disease very severely. She had as a prophylactic Variolinum 200, but none of those to whom I gave the 200 potency escaped the disease when thoroughly exposed. After securing the 1m and pushing it every two hours until headache developed in this instance, and in many others in this epidemic, it seemed to stir up things and cause an explosion, as it were, of the sickness. She became very ill for two days, but after that romped and played all day. There were but three or four pustules and these on the face, no scars or pits.

Many other cases have points of interest, but I forbear further citations.

It is my experience from observation in this epidemic that Variolinum is an almost unfailing curative remedy in small pox; that when given early enough it modifies the severity of the case; that if given persistently it prevents the secondary fever, or so modifies it that it is scarcely to be considered; it shortens the course of the disease, and prevents unsightly pitting, there being in the whole fifty-five

ses but very few pits indeed, and in my judgment these are due solely to scratching off half-ripened crusts, and even when these scars are hardly noticable.

I find further that the 1m potency is well suited to children and did better work with them than did any other potency. The two hundredth failed completely. With adults I had more satisfaction with the 5cm.

I find, further, that to obtain the best results it is necessary to continue the use of the remedy at frequent intervals from day to day until the pustules begin to ripen, then discontinue the medicine altogether.

I failed to find any remedy of sufficient power to perceptibly influence the initial fever.

I am unable to verify the statements of Dr. A. M. Linn, Des Moines Iowa, reported in the *ADVANCE* in February 1904, page 86, that if exhibited from the date of exposure Variolinum will check the disease before its eruptive stage; that it will abort the disease before the vesicular stage if given continually from the time of the initial chill, and that if given from the date of the eruption it checks small pox by the time it reaches the pustular stage. Such is not my experience. The remedy is powerful and does great things. But I fail to see things in this light.

I am fully convinced that at times it is necessary to interpose constitutional remedies; e. g. note case of G. G. wherein Sulphur prepared him for Variolinum even when Variolinum had failed; Sulphur being prescribed in this instance not because Variolinum had failed but upon general and constitutional symptoms which could no longer be ignored.

I find further, that Variolinum if given as a prophylactic a sufficient degree of potency will either prevent small pox before and after exposure, or seems to have power to explode the case within a very few days after the remedy has been taken in those too far gone to escape, and in these cases modifies the whole disorder to a considerable extent with exception of the initial fever, which seems to be unchanged to any perceptible degree.

At a later date I shall report something of my experience with Variolinum as a prophylactic.

[This report makes good the claim that the Hahnemannian treatment of variola is just as superior to that of "old physic" or the alternating palliative treatment—yclept homeopathic—as it is in pneumonia, diphtheria, dysentery, typhoid or anything else. Where can be found a report of 55 cases of variola—discrete and confluent as they occur—under any other method of treatment without pitting or without a death. ED.]

WHAT IS THE STUFF VARIOUSLY TERMED "VACCINE VIRUS," "BOVINE VIRUS," "ANIMAL LYMPH," "CALF LYMPH," "PURE CALF-LYMPH," ETC.

BY J. W. HODGE, M. D., Niagara Falls, N. Y.

Niagara Falls, Dec. 10, 1907.

EDITOR MEDICAL ADVANCE:—

At the request of the editor I sent the *Critique* a paper on vaccination, who after holding it a long time, published it in December, 1907, in an emasculated form. I was greatly disappointed, for as printed, the paper was worthless. The correspondence with Parke, Davis & Co. concerning the nature and origin of their vaccine "lymph" was omitted. On examining the first cover page of the December issue of the *Critique*, you will find a half page advertisement of Parke, Davis & Co.'s anti-diphtheritic serum, which no doubt accounts for the omission of all reference to that firm and the consequent emasculation of my article. An editor has a right to accept or decline an article, but no right to emasculate it for fear of offending an advertiser. Does the drug advertiser control the principles of a homeopathic journal?

J. W. HODGE, M. D.

[In behalf of fair treatment and the interests of homeopathic journalism, we republish the paper. ED.]

For many years the writer has earnestly endeavored to ascertain the character and discover the original sources of the various disease products sold by vaccine propagators under the above mentioned names.

During the past year I have repeatedly attempted through correspondence with the various vaccine establishments in this country to learn what these substances consist of, and from what sources they were originally derived be-

being inoculated upon the cow or the calf. In my persistent efforts to procure some information on these obscure diseases, I addressed letters of inquiry to all the principal cow-pox factories doing business in the United States. From most of these disease factories I have been unable after frequent requests to elicit any reply whatever. For instance, I addressed four letters on different occasions to the National Vaccine Establishment, of Washington, D. C., of which Dr. H. H. Walsh, M. D., is director and manager, enquiring as to the nature and original source of the National Vaccine Establishment's output of "lymph." The gentleman above mentioned refused to answer any of my questions or to give me any information whatever regarding the disease products sent out from the National Vaccine Establishment as "pure cow-pox virus." I finally abandoned all hope of receiving any information from this vaccine-grafter as to the formula of the disease-bearing material sent out by the establishment he represents. The formula of the National vaccine virus is a trade secret not to be divulged to members of the medical profession.

From other vaccine propagators I received vague and evasive responses to my specific questions, but have never been able to get from any of the cow-pox factories any definition or definition of the material misbranded "calf lymph."

I have had correspondence with the following named concerns: the H. H. Mulford Co. of Philadelphia, Pa.; Parke, Davis & Co., Detroit, Mich.; New England Vaccine Company, Boston, Mass.; Dr. H. M. Alexander & Company, Philadelphia, Pa.; Frederick Stearns & Co., Detroit, Mich., and others. From none of the above concerns have I been able to elicit a frank, straightforward and unequivocal reply except the two exceptions of Parke, Davis & Co., and Alexander & Co., in answer to my questions, "What is the character and original source of the seed-vaccine used for inoculating calves in your propagations?"

Alexander & Co. replied under date of Oct. 25th, 1906, as follows:

THE LANCASTER COUNTY VACCINE FARM, MARIETTA, PA.

Dear Brother Hodge:—

In response to your inquiry of the 25nd inst., we beg to state that vaccine virus or its active principle is a subject about which very little is definitely known. We are only able to arrive at the results obtained from certain conditions.

It was thought by Dr. H. M. Alexander, the founder of our establishment, that he had discovered a case of spontaneous cow-pox, and we have been using as one of our strains of seed-virus this source for nearly twenty years. It later developed, however, that the case referred to evidently was inoculated by a tramp having small pox and who slept in the stable.

We regret our inability to give you more definite information on the subject, but trust the above may be of some value to you.

(Signed) DR. H. M. ALEXANDER & CO., Inc.,

By R. C. Engle, Manager.

In its advertisements a few years ago Dr. H. M. Alexander & Co. made the following boastful announcement: "Our farms are the largest, cleanest and most complete in the world. Our vaccine source America's only authenticated case of spontaneous cow-pox." Now the Alexander Company admits that the "only authenticated case of spontaneous cow-pox" was caught from a tramp having small pox. How many other disease taints this tramp-vaccinifer harbored in his system is not mentioned. The tramp is justly regarded as the lowest and filthiest specimen of the human race. What a delightful source from which to secure "pure calf lymph" for the purpose of inoculating the wholesome bodies of innocent babes!

My object in calling your attention to these facts is not to discredit the vaccine stock of the Alexander Company, as compared with that of other propagators. There are many reasons for believing that the output of this company is far from being as dangerous as is the vaccine propagated by rival establishments in the pox manufacturing business, for it received the only award granted bovine virus at the World's Fair, Chicago. The results of a very thorough analytical test made by the Columbus Medical Laboratory of Chicago, of the vaccines from all the known propagators of this country, showed that of these vaccines which were

ght in the open market, the product of the Lancaster
nty Farms was the only one which was free from pus
teria and other pathogenetic micro-organisms found in
vaccines of other propagators. It is evident therefore
t the tramp-derived vaccine is not the worst to be found.

MORE "SPONTANEOUS" SMALL POX.

In response to my inquiries concerning the character
t the original source of their seed-vaccine, I received
m Parke, Davis & Co. the following reply:

DETROIT, MICH., Oct. 23rd, 1906.

W. Hodge, Niagara Falls, N. Y.:—

Dear Sir.

In reply to your inquiry of the 21st inst. we beg to say that our
vaccine was obtained from spontaneous cases of cow-pox in Germa-
d Switzerland. Yours very truly,

(Signed) PARKE, DAVIS & Co.

ow according to Dr. Edward Jenner, the founder and
licator of vaccination, these radically different viruses
gated and supplied by these two establishments, are
tely worthless and non-protective against small pox.
er classed "spontaneous" cow-pox among the "spuri-
varieties of that disease. He also declared that the
vaccine virus which is effective against small pox is
variety derived from horse-grease.

By a perusal of Dr. Jenner's works I find that when he
ablished vaccination he was particular to point out and
phasize the importance of using only a certain kind of
gs. The cow-pox to which he ascribed mysterious anti-
ciolous virtues was a filth-disease communicated to the
ts and udder of the cow by dirty stable-men whose hands
re soiled with the matter from the greasy heels of ill-kept
rses. Grease is a disorder resulting from inflammation of
e sebaceous glands of the skin about the heels of a horse
d is technically termed *eczema pustulosum*. Scientific vete-
narians inform us that this disease of the horse supervenes
pon exposure to wet, and from subsequent lack of cleanli-
ess, and is invariably the result of carelessness or incom-
entency of the groom. The discharge from these pustules
often profuse, is very irritating to the surface over which

it flows, and is fetid. This purulent discharge carried on the dirty hands of farm-laborers to the teats or other sensitive parts of the cow, produces the disorder which has been misnamed cow-pox. What Jennerian lymph *is* or *was* described thus in Dr. Jenner's original work, published in 1801, dated Berkeley, Gloucestershire, December 20, 1799. The title of this work is, "An Inquiry into the Causes and Effects of Variolæ Vaccinæ, a disease discovered in some of the Western counties of England, particularly Gloucestershire, and known by the name of the cow-pox".

On page two of that work, the following description of vaccine virus is found:

There is a disease to which the horse, from his state of domestication is frequently subject. The farriers (veterinaries) have called it, the grease. It is an inflammation and swelling of the heel, accompanied at its commencement with small cracks or fissures from which issues a limpid fluid, possessing properties of a very peculiar kind. This fluid seems capable of generating a disease in the human body (after it has undergone the modification I shall presently speak of) which bears so strong a resemblance to the small-pox, that I think it highly probable it may be the source of that disease. This disease has obtained the name of the cow-pox. It appears on the nipples of the cow in the form of irregular pustules. These pustules, unless a timely remedy be applied, frequently degenerate into ulcers, which prove extremely troublesome.

When this disease has been transplanted from the cow's teats to the hands of the milkers its course is described by Dr. Jenner in the following language which I quote from his inquiry. (loc. cit.)

Inflamed spots now begin to appear on different parts of the hands of the domestics employed in milking, and sometimes on the wrists which run on to suppuration, first assuming the appearance of small vesications produced by a burn. Most commonly they appear about the joints of the fingers, and at their extremities; but whatever parts are effected if the situation will admit these superficial suppurations put on a circular form, with their edges more elevated than their centre and of a color distinctly approaching to blue. Absorption takes place, and tumors appear in each axilla. The system becomes affected, the pulse is quickened, shiverings succeeded by heat, general lassitude, and pains about the loins and limbs, with vomiting come on. The head is painful, and the patient is now and then even affected with delirium. These symptoms, varying in their degrees of violence, generally continue from one day to three or four, leaving ulcerated sores about the hands; which

sensibility of the parts are very troublesome, and commonly slowly, frequently becoming phagedenic, like those from any sprung. During the progress of the disease, the lips, nostrils, and other parts of the body are sometimes affected with sores.

What more faithful word-picture of septic poisoning is desired than is portrayed in the above quoted language of Dr. Jenner in his description of the manifestations of "cow-pox" in the human subject?

Further quote from Dr. Jenner's "Inquiry" the follow-

the disease makes its progress from the horse (as I conceive) to the calf of the cow, and from the cow to the human subject. Morbidity of various kinds when absorbed into the system, may produce some degree similar. But what renders the cow-pox virus so singular is that the person who has been thus affected is forever distinguished from the infection of the small-pox; neither exposure to the effluvia, nor the insertion of the matter into the skin producing any danger. In support of so extraordinary a fact, I shall lay before you a great number of instances. But, first, it is necessary to observe that pustulous sores frequently appear spontaneously on the face of the cows; and instances have occurred, though very rarely, of the servants employed in milking being affected with sores of the same nature, and even of their feeling an indisposition from absorption of the matter. These pustules are of a much milder nature than those which arise from the true contagion which constitutes the true cow-pox. No erysipelas attend them, nor do they show any phagedenic disposition, as in the case of the small-pox, but quickly terminate in a scab without creating any disorder in the cow. But this disease, says Jenner, is not to be considered as similar in any respect to that of which I am treating, as it is not capable of producing any specific effects on the human constitution. It is, therefore, of the greatest consequence to point it out here, lest the resemblance should occasion an idea of security from the infection of the cow-pox, which might prove delusive.

In the foregoing quotation we have a full and complete description of Jennerian virus as given in *Variolæ Vaccinæ*, by Jenner himself. Epitomized, we have:—First, an individual suffering from eczema pustulosum, a filthy disease. Secondly we have the purulent matter exuded from the sores on its diseased heels. This matter transferred to the face of a milkmaid, therein maturing into phagedenic ulcers. Thirdly, matter from these ulcers is transplanted into the face of a milkmaid's body.

Fourthly, we have the constitutional disturbances which result therefrom, and a description of the local suffering of those who are thus affected.

So much for the true and genuine cow-pox virus. Dr. Jenner emphatically avers that the "spontaneous" cow-pox is not protective. "The pustules are of a much milder nature," he declares, "than those which arise from that contagion which constitutes the true cow-pox." Furthermore "no erysipelas attends them," declares Jenner, "nor do they show any phagadenic disposition as in the genuine cow pox." He strongly cautions his confreres against the use of "spontaneous" or natural cow-pox, "lest the want of discrimination should occasion an idea of security from the infection of small pox which might prove delusive."

I have thus far quoted from the original work of Jenner himself. A perusal of Baron's life of Jenner not only corroborates all this, but leads us to an acquaintance with details not at all comforting to those of us with whom cleanliness is a part of our religion. Baron says:

Although there is now no room for any doubt that variola may be thus derived (from the fissured heel of the horse), yet it is probable that the "grease," as it is called in the horse's heel, is only the mode in which the disease commonly exhibits itself in that animal. (Vide Baron's Life of Jenner, Vol. I. p. 242).

The following words of Dr. Jenner himself will best illustrate Baron's statement:

The skin of the horse is subject to an eruptive disease of a vesicular character, which vesicle contains a limpid fluid showing itself most commonly in the heels. The legs first become œdematous, and then fissures are observed. The skin contiguous to these fissures is seen studied with small vesicles surrounded by an areola. These vesicles contain the specific fluid. It is the illmanagement of the horse in the stable that occasions the malady to appear more frequently in the heel than in other parts. I have detected its connection with a sore in the neck of a horse, and in the thigh of a colt. (See Baron's Life of Jenner, vol. I, p. 244).

Dr. Baron adds: "It has been established by unquestionable evidence that matter from a horse does produce a pustule similar in appearance to the vaccine; and likewise possessing the same protecting power; and that without

passed through the constitution of the cow." Baron says:

"I Jenner inoculated direct from the horse without the intervention of the cow, and with this matter he supplied the National Vaccine Establishment, and it was extensively distributed in England and France. (Vide Baron's Life of Jenner, vol. II, pp. 255-6).

In this process Jenner called equination.

Writing from Berkley on Aug. 1, 1813, to James Moore, Director of the National Vaccine Establishment, Jenner

writes to Moore--I have been constantly equinating for some months, and perceive not the smallest difference between the pustules thus produced and the vaccine. Both are alike because they come from the same source. (Vide Baron's Life of Jenner, vol. II, p. 388).

It is surely unnecessary to adduce further evidence of Jenner's mature faith and deliberate practice was.

In Vol. II, p. 135. of Baron's Life of Jenner we read "Jenner said Jenner," pointing to a horse with greasy heels, "is the source of small pox." It is manifest throughout his writings that to the end of his career Jenner held that cow-pox in the cow was not only derived from grease in the cow, but that it was exclusively derived from that source, and that apart from the horse cow-pox would cease to exist. After having tested "spontaneous" cow-pox he discarded it as being non-protective and useless. If Dr. Jenner had proved anything it was that "spontaneous" cow-pox was no defense against small pox and because it was no defense he discarded it forever. Notwithstanding Dr. Jenner's rejection and emphatic denunciation of "spontaneous" small pox as "spurious," and "non-protective," we find in 1818 Burke, Davis & Co. driving a roaring trade with the "spontaneous" mob in "spontaneous" cow-pox under the banner of the immortal Jenner.

For many years Dr. Henry A. Martin, of Boston, Mass. was the leading propagator of vaccine-virus in this country. He supplied to the trade a strain of vaccine stock of "unquestioned merit" which he declared was derived from a case of "spontaneous" cow-pox discovered in Beaugency, France. Dr. Jenner discarded all "lymph" that was not capable

of producing erysipelas. Such lymph, he said, was useless and had "no specific effect on the human constitution." In direct conflict with these emphatic declarations of the promulgator and founder of vaccination. Parke, Davis & Co. boldly announce to the medical profession in their advertisements in the medical journals that their "spontaneous" cow-pox virus is "unquestionably the best vaccine virus on the market today," that "it affords ample protection against small pox without the accompaniment of painful arms and disfiguring ulcers," that is to say, without "erysipelas" which Jenner declared was an essential in every protective vaccination.

To cap the climax of audacity and absurdity this enterprising firm concludes its summery of false assertions with the monstrous misstatement that its virus "produces the typical Jennerian vaccine vesicles." Shades of Ananias! Think of that in the face of Jenner's emphatic declaration that "spontaneous" cow-pox is absolutely devoid of protective power against small pox; and for once Jenner was right.

From all my correspondence with the propagators of vaccine "lymph," I am firmly convinced that not one of them has any definite or exact knowledge as to the real nature, composition or original source of the complex poisonous mixture which they foist upon gullible doctors as "pure calf lymph," which the latter in turn inoculate indiscriminately into the bodies of the credulous mob under the pretext of protecting them from small-pox infection. More than a dozen different strains of vaccine "lymph" derived from various and anomalous sources are on the market at the present time. What any of these stocks is or whence it came nobody is able to tell us, yet each and all of them are guaranteed to work the miracle of avoiding a filth-disease without removing its contributing causes. What confusion! Yet what mystical properties are, nevertheless, attributed to all of these various kinds of "lymph." It is passing strange that large numbers of medical men can be so easily imposed upon by the artful schemes of enterprising disease

ers who manufacture and vend these undefined and in-
ble poisonous compounds of effete matter derived from
seased bodies of men and beasts which they audacious-
le "pure calf lymph." Is it any wonder that the hu-
ace is groaning under an increasing burden of mala-
such as cancer and tuberculosis, when medical men
ought to be the guardians of the public health deliber-
engage in a practice which defiles at frequent inter-
the blood of the rising generation with the blended
se-products of men and beasts?

What is the specific character of any one of the numer-
ous small-pox nostrums, miscalled "calf lymph", now placed
on the market by enterprising "lymph mongers," it is im-
possible to state.

Most of the vaccine virus in current use in this country
is undoubtedly derived mainly from human small-pox. The
"calf lymph" before being inoculated upon the calf had
passed through numberless small-pox patients who were
victims of other diseases besides small-pox. In view of
the probabilities what are we to think of the boastings and
certificates of purity" publicly flouted by "lymph" manu-
facturers and doctors having pecuniary interests in the
success of the Jennerian imposture?

In considering the subject of vaccination one is naturally
led to a consideration of its predecessor, variolous inocula-
tion. During the greater portion of the eighteenth century
doctors of "scientific medicine" were diligently engrossed
in the criminal practice of inoculating the bodies of the
human race with small-pox pus under the preposterous pre-
text of banishing this loathsome disease from the face of
the earth. What was the result? Small-pox became a uni-
versal pestilence, and all Europe a lazar-house. Under the
careful care of the exponents of "scientific medicine",
small-pox spread like a prairie fire so that it was the excep-

small-pox, it could never have become the scourge it was. It would in all probability have disappeared with its kindred filth diseases, before the advances of hygiene and sanitary science. But when "scientific medicine" turned its eagle-eye toward small-pox and began to "mitigate" it, the result was most disastrous to the public health, and then followed the awful "horrors of small-pox", which we now hear so much about when we protest against the filthy fad, called vaccination. Medical history records that up to the time of small-pox inoculation, variola had not been looked upon with particular disfavor, and was not considered any more dangerous than measles. Indeed, in the health reports these diseases were classed together, but after the introduction of variolus inoculation, the ravages of small-pox increased not only directly as the result of inoculation, but each new case became a focus of infection from which the disease spread in all directions, often with great virulence. The practice of inoculation spread small-pox just as the natural disease did. In this way, not only the number of cases of small pox, but also the general mortality from that disease was enormously increased. Although it was obvious that epidemics of small-pox often started from an artificially inoculated case this disastrous practice continued to flourish for nearly one hundred and fifty years.

"Instead of being the entirely harmless invention that it was claimed to be in 1721, inoculation was found to be so pernicious a custom, and so destructive of public welfare, as to be branded a crime by English parliament in 1840." (See *The Value of Vaccination*, by Geo. W. Winterburn, M. D., Ph. D., p. 19).

At the time of its introduction small-pox inoculation was hailed by the doctors of "scientific medicine" as the greatest of medical discoveries, and the encomiums lavished upon it equalled those that have since been so gratuitously bestowed upon vaccination.

In allopathic works on the practice of phisic variolation was always spoken of as "one of the best established facts of medical srience."

even as late as 1754 small-pox inoculation was sanctioned by the Royal College of Physicians, the representative body of the allopathic school of physic, who pronounced it to be "highly salutary to the human race."

Vaccination is destined to meet the same fate that befell its predecessor, inoculation.

As variolous inoculation had to be abandoned because it produced the disease it was presumed to prevent, so will vaccination be repudiated upon the same grounds, with the additional charge that it not only makes a more propitious soil for small pox, but is the direct and immediate cause of other more serious diseases than the one it affects to prevent.

THE SIMPLICITY OF THE HOMEOPATHIC LAW.*

By G. E. CLARK, M. D., Stillwater, Minn.

Article 3 of the Organon, Hahnemann has in concise language set forth the qualities that must be possessed by the "master" of the healing art. This consists in

First: An exact knowledge of the individual trouble to be removed.

Second: An equally exact knowledge of the remedies to be employed.

Thirdly, but not the least important in effecting a cure, the prescriber be governed in all his therapeutic operations by "clearly defined principles."

Here is one of the most important features of our homeopathic law. We do well to lay repeated emphasis on a characteristic of therapeutic operations not possessed by any other system of medicine. The homeopathic student and practitioner is permitted to proceed in all curative measures according to "clearly defined principles. It is not necessary for him to grope about in the guesswork of empiricism, now looking to this authority, and now to that, but acting all as shifting as the changing sands. We have one simple law to be used at the bedside and in the laboratory; and that even the tyro can with assurance apply and the

practitioner can use with that certainty that enables him to say I know I have the right remedy for that particular case.

But let us see what our homeopathic law presents to the enthusiastic student to verify the simplicity of its application.

First:—The simplicity of the totality of the symptoms as a basis of the therapeutic procedure, as compared with any other system. Symptoms can be known, collected, written out and positively relied on. They can be discovered and arranged by all who will take the necessary pains. They are not secured by an elaborate and complex chemical or mechanical procedure, that few are skilled in, and necessarily subject to widely varying opinions, as is often true of the pathology of any given case. Any ten men following the law of Hahnemann would get the same clinical history and the same totality of the symptoms on which to base a remedy, though every one of them might vary in the matter of the diagnosis. Do we realize the inestimable value of an ever present and always reliable law, as a guide in all therapeutic operations and what this possession means to the physician who is vastly more concerned for the patient and his permanent recovery than he is for any ulterior motive. How like a Polar Star is a plain demonstrable procedure to the student who finds himself floundering in the quagmire of conflicting medical opinions, basing the treatment on every new opinion that is as elusive as a will-'o-the-wisp. Let me repeat, though we may not be certain of the diagnosis, we can be certain of the presenting symptoms and on these we can predicate a certain remedy and have no guesswork in selecting our curative measure. Let me be rightly understood, the diagnosis is desirable and should be determined, but as the basis of a therapeutic law, it is uncertain and unreliable; it is not a fact, it may be a mere matter of opinion, and often illusive, and not to be determined. Hahnemann's rule gives us plain demonstrable facts, which all can always see and read, and as a therapeutic guide is infinitely superior in curative results to any other known procedure, however popular and seduct-

at present may seem to be. The wonder grows how a follower of Hahnemann who has really ever known and the better way can degenerate to a system with no clearly defined principles" and to one producing inferior results.

Second:—None the less simple and plain are the directions of Hahnemann for the curative application of the remedy.

The disease symptoms to be removed are carefully collected and written out in order, that they may be studied and compared with the *Materia Medica* till a remedy is found which has produced symptoms in the healthy person that is exact similitude, or as near so as possible, to those prevailing in the sick person. Here is a procedure that is as simple and simple as a mathematical problem. With marvellous rapidity and certainty do those sick symptoms hide themselves away cito, tute et jacunde. No argument is needed by the enthusiast who has tried and knows. But for those who still cling to a pathological or a physiological method for the administration of remedies, let me suggest a better way, one of more permanent results and attended by fewer complications by the way.

Third:—This brings us to the 3rd feature in the argument for the simplicity of the Homeopathic law, and that which all call results.

If the prescriber has carefully collected the symptoms to be removed, and which he aims to remove, and with equal care has selected the similar remedy and has administered it in a simple and manner suitable to the case, results will follow in an orderly and systematic manner. This order of receding of the symptoms is valuable as showing one of three things; a probable cure only palliative or a wrong selection. But I wish to lay special emphasis on the quiet, silent, yet rapid and prompt return to a natural condition. The very simplicity and unostentatious manner of the going of the symptoms is the pride of homeopathic practice. Enemies sneer at the genuineness of the medical action, or doubt the sickness of the person, but abundant experience will

verify four things as characteristic results of Hahnemann medication.

They are these:

- (1) Quiet recedence.
- (2) Fewer complications and digressions
- (3) A more speedy recovery.
- (4) Greater permanancy of results.

Let me illustrate the three points I have made, in which the simplicity of the homeopathic law is well exemplified, viz:

- (1) The totality of the symptoms as a basis of a therapeutic law;
- (2) The application of remedies according to the law of similars;
- (3) The peculiar results obtained, by two cases treated in that manner.

Case 1. O. W., section foreman on Ry., age 40. Much exposed to weather. Is obliged to eat a cold dinner. Has had trouble with his stomach for last three years. Present symptoms: Dry cough, white coated tongue, no appetite, frequent bloating and pain in the stomach, generally worse from food. Cardiac end of the stomach full and tender—is the seat of sharp cutting pains extending through to the back. Is loosing flesh rapidly and is too weak to get around. Has had considerable catarrh of the throat in previous years; the sputa was tough and stringy. Has had rheumatism of the left shoulder; the pain left that part and appeared in the stomach.

This case presents strong suspicions at best of a severe affection, and would likely excite a variety of opinions as to the diagnosis—indeed it is doubtful if that point could be positively settled for a time at least, but of the remedy no one who has any knowledge of Kali bic. can have a particle of a doubt. The results abundantly verified the selection. A quiet but steady improvement at once set in, the pains became less severe and less frequent, the appetite and strength began to improve, and has now resumed his former occupation.

CASE II. This case is most interesting from a thera-

the standpoint from the fact that asthma is considered an unstable affection.

Elizabeth M. is now four years old, of pale face, blue eyes, decidedly scrofulous; several members of the family had asthma, consumption and bronchitis. The first attack of asthma appeared in June last when she was found in the yard in a violent convulsion; the eyes were rolled back and jerked back and forth. The left leg was drawn up and was not able to stand on her feet for several days. This was violent screaming because of an agonizing pain in the epigastrium and right groin. Following this the asthma appeared and has been coming with increasing frequency and severity for the last eight months, though under the best allopathic attendance they could obtain. In February last these symptoms presented:

Very pale and nervous; cries easily and frequently; very frightened or annoyed when asthma is likely to appear.

The other begs for some relief from that terrible pain in the epigastrium, which is always present at the time of the asthma. During the attack vomits quantities of white mucus; has a harsh, dry cough, like whooping cough; nostrils are large and teeth late in coming; likes open air.

There was a proposition for the pathological prescriber; and on that line no relief had been afforded in the last six months. Hahnemann's method was the only avenue to reach and remove those violent symptoms, expressing a perverted vital function within. The adaptation of the prominent symptoms to the similar remedy is a most beautiful illustration of the genius and practicability of our homeopathic law. What a boon to that little sufferer that we had a law that could point out a remedy; that could and did remove that terrible agonizing pain. What a comfort to the doctor to be able to say I know I have the similar rem-

A search of the materia medica showed two things; the striking similarity of Cuprum met. and the large number of symptoms suggesting Calcarea, which is the complementary remedy.

The asthma is not yet gone, but that violent pain did disappear in a few days. A persistent use of the remedy will make a wonderful improvement in the growth and development of that child.

In a homeopathic medical society there should be needed no apology for presenting a paper of this kind, but in the present scramble for modern scientific attainment, the real purpose and mission of our school is largely lost sight of. In the curriculum of our own university no attention is given to homeopathic philosophy or teaching, till the third year and then the mind is so filled with the dominant teaching that there is little room or desire for the law of similars as a method of cure. And even after reaching the third year it was found that too much time was being given to homeopathic instruction and that also must be cut down. Is it any wonder that the rising generation is so indifferent to pure Homeopathy. Is there any wonder there is so little enthusiasm everywhere over the purposes and mission of our school of practice. Do you marvel that young men find their way to the more popular schools of instruction? How much in the common every day walks of life do the public see of that Homeopathy that in the hands of a Hahnemann, Bönninghausen, Lippe, Guernsey, Dunham and a host of others, made our school glorious by the unheard of results that were accomplished, and turned the world upside down with their marvelous method of cure?

When our school ceases to stand for and be known by its devotion to its law of cure, we have lost our identity and have no further reason for a separate and individual existence as a school of medicine.

REVISED COLLEGE INSPECTION SCHEDULE.

1. General success before the State Medical Examining Boards of only those who have graduated since examinations in the individual States have been obligatory upon all candidates for licensure. Those States that require examination in materia medica and therapeutics should entitle the candi-

and hence his college, to a better rating than those where examination in those branches is not required. Individual students failing more than once in the same state, or in two different states, should not discredit their college more than one failure. State boards are urged to require each applicant for license to certify to every examination before state boards that he may have taken stating the name of the board and the result in each instance. Five counts.

4. The question of requirement and enforcement of a satisfactory preliminary education. This is to be a four year high school education, or its equivalent. In case the applicant should not enter on a diploma from a high school this examination be conducted by the Council of Medical Education of his state, or some similar body, and that the examination papers be kept on file in the office of the secretary of the medical faculty for inspection by the State Examining Board. Fifteen counts.

5. The character and extent of the college curriculum. The curriculum provided by the National Association of the School of Medicine which the college represents, to be taken as a standard, modified by the law of the state wherein the college is located. At least forty months should have elapsed between the dates of matriculation and graduation. Fifteen counts.

6. The medical school building. The buildings should be sanitary and commodious, allowing ample space, according to the size of classes, for laboratories, amphitheatres, recitation and recitation rooms. Five counts.

7. Laboratory facilities and instruction. Ample laboratory facilities and apparatus, according to size of classes, should be provided for the work in the following subjects: Zoology (including histology and embryology), Physiology, Pharmacology (including drug pathogenesis), Bacteriology and Pathology. These to be in charge of trained men. Ten counts.

8. Dispensary facilities and instruction. The dispensary material available should be in proportion of 100 patients per year to each senior student. Should a patient be pre-

sented to the entire senior class or part thereof, it should count one for each student present. The main dispensary should be under the control of the college. Five counts.

7. Hospital facilities and instruction. Hospital standard to be access to and constant use of one bed for each member of the senior class during the year. Fifteen counts.

8. Extent which the school devotes to experimental research in the varied fields of medicine and allied sciences, especially in therapeutic research and the development of drug therapeutics and the methods of teaching experimental drug pathogenesis. Fifteen counts.

9. To what extent does the commercial or scientific spirit dominate with reference to the various chairs, and in the institution as a whole, also extent to which members of the faculty devote their time to teaching. The published requirements of the college should be scrupulously observed, and a complete list of the matriculates published each year. Five counts.

10. Supplementary facilities, such as library charts, electrical apparatus, models, museum, etc., judged according to conditions and use of same by the teaching corps and students. The library should have at least 500 volumes, including modern text books and chief periodicals of the school of medicine to which the college belongs. The museum should be kept up to date and specimens properly labeled and indexed. Five counts.

RAPID RESULTS FROM TUBERCULINUM.

LYDIA WEBSTER STOKES M. D., H. M., Philadelphia Pa.

CASE I. Miss R., a slender young brunette of a nervous temperament had been suffering from tonsillitis for several days. When I saw her both tonsils were covered with dirty white patches, the left had been the most painful and the left ear ached; the tongue had foul coating and the mouth was full of saliva. The patient perspired very profusely, her temperature was 102, she was < at night and suffering very much.

Greatly to my surprise Merc. j. r. failed to relieve the condition, Merc. viv. did but little good and Lach. none at all. This was not according to my usual experience with these cases, one prescription often clearing off the tonsils and abating the fever in 24 hours. What to think of this girl I do not know; her throat was not so painful, except on swallowing, and her ears ached less but felt full and stopped; she was still annoyed with a quantity of mucus, greenish and bloody at times, collecting and choking her, especially at night; all her salivary glands were so enlarged and sore that they caused great difficulty in opening the mouth and swallowing, and her temperature stayed above 100.

By the time several powders of Sulphur had proved to have no more use than so much placebo, I concluded that the condition was a tubercular one and I believed that Tuberculinum would arouse some reaction. In all, four powders of 1/200th. potency were given and the result was magical; every symptom was better the next day and continued to improve and disappear, until the patient left the hospital ten days after the first dose of Tuberculinum.

CASE II. E. S. age five years, fair and happy; had pneumonia following measles when two years old, otherwise a sturdy little girl. In May, 1904, she had a well defined attack of pneumonia of the left lung; the symptoms looked typical of pneumonia, which was given and seemed about to clear up the case promptly. But three days later the child grew worse and a Rhus condition developed; restlessness; hurting all over; cough painful, tearing; temperature 103.3, pulse 120, respirations 60. Rhus caused improvement for a few days, when another aggravation occurred, and the child became very ill, moaning and talking in her sleep, nervous and starting at the least noise, full of pains in chest, abdomen, head and limbs, still carrying high temperature with rapid pulse and respiration. The outlook was most alarming but three powders of Tuberculinum saved the little life. On my visit 24 hours later, the change was nothing short of marvelous, and the child was up and about the room in five days. She received two more powders of Tuberculinum

and needed nothing more for six months and very little since that time.

CASE III. Gastritis and entero-colitis, followed by marasmus. Baby George, colored, was four months old and weighed sixteen pounds when he was brought into the hospital on March 22nd., during my service in the medical ward. He had been fed on condensed milk and for a week was having green mucus stools and vomiting of curds, was loosing weight, had fretful cry or slept a great deal, a heavy sleep, almost as if drugged. His temperature was 102. He was given a few doses of Chamomilla 30 and put on albumin water.

On the 25th, he was about the same, except his temperature had come down. Under Sulphur 200 and oil rubs, the baby began to brighten, but kept on loosing weight; and on the 27th still vomited some feedings, immediately after taking, but seemed hungry and thirsty. The stools were no better dark or light green, slimy, offensive but not excoriating.

The baby was too good, lay quiet most of the time, except occasional rolling of the head and crying when handled. His temperature suddenly dropped at noon to 96, but Phosphorus 200 brought it up in a few hours to 100, and kept the baby alive for a few days; but he continued to loose weight rapidly—twelve pounds for three days—then a sudden drop to nine and one half then nine.

On the suggestion of our pediatric specialist, we gave saline lavage of the colon daily, which brought away horribly offensive fecal matter, and changed the food to whey and barley water equal parts, which was mostly retained.

On March 30th the baby ran a temperature from 96.2 to 105, there was mucus and froth from the mouth, the lips were sore and peeling, tongue coated and bleeding when washed, discharge of pus from the eyes; grasping of thumbs and rolling of head and eyes; the odor of the stools, which were brownish in color, were putrid. It seemed as if there was no hope of saving the little life in spite of all our work and careful nursing; but Tuberculinum 200 wrought a wonderful change.

On April 1st the temperature ran only from 98 to 103, stools were less offensive and less mucus, and in another they were yellow in color. The feedings were all read, even when cream was added to the whey and barley r. One half pound was gained, and baby George seemed nter and better in every way, though he had good and days and fever now and then for a week.

On April 10th we put him on a milk formula. He had sional doses of Tuberculinum until April 24th when he ed to stop gaining, and I gave Calcareo phos., which ght a further increase of flesh (12 lbs.) and a lively, hing baby, the pet of the parents, nurses and doctors. as was then sent to Atlantic City, where he continued to

PERNICIOUS INTERMITTENT FEVER.

BY FRANCISCO VALIENTE F., M. D.

Cartagena, Columbia, S. A.,

February 12, 1908.

H. C. Allen, M. D., Chicago, Ill.

Dear Doctor:

I know you, not personally, but by your works, which of unquestionable merit. I love you with the same love eel for our teacher.

Your work "Therapeutics of Fevers" is a master piece, a ctical work based on the true doctrines of Hahnemann, aining such a valuable lesson on materia medica, that ind in it any case that may occur in our clinic.

As a satisfaction to you I desire to relate to you a case happened to me once, not for want of knowledge, but ccount of a well based fear that I should lose one of my ved daughters, in which case I for a moment tried to away from the line traced by the law of similia.

In 1904 I was living with my family at the city of anguilla, and at that time they were cutting a anel in order to make a passage for the Magda- river steam boats. One of my daughters, named ta, fell victim of a violent fever. As she had taken a

long bath in the morning of that day I began treating her, using *Aconitum* and then *Rhus*, getting as a result that the fever disappeared. But three days afterward, while I was absent attending to my practice, I was notified that the girl was suffering from a pernicious attack, and returned in all possible haste. I found the dear little girl in a decubitus supino; her face was Hyppocratic, cold like marble. She had just experienced a fearful paroxysm of intense cold (a congestive chill) lasting a very long time; she vomited, complained of cutting pain in the abdomen; her forehead was covered with cold perspiration; she was intensely thirsty; the point and edges of the tongue were red; pulse small, weak and slow.

Several friends who were at my home called my attention to the fact that several children had passed away on previous days from the very same sickness, due to the cutting of the channel. Fever was diminishing and it was my wish to give her, as soon as the paroxysm was over, a high potency dose of *Veratrum album*. But being sure that my daughter would die, when the next access would come next day, I hesitated.

Dr. Gatchell's Medical Practice, page 77, says:

Treatment must be prompt and energetic. Quinine must be pushed till the patient is thoroughly cinchonized.

Dr. Vincent, in Vol. II of the United States Medical Investigator, says:

I consider intermittent fever as an exceptional sickness. Very rarely have I been able to cure one of these affections using high potencies nor by means of any attenuation. Even the best selected medicine has failed in the majority of cases. My own experience in intermittent fever is the very same as that of twenty practical celebrities of our school.

Dr. Hughes, in his Therapeutics, letter VIII, page 108, says:

I furthermore believe that in all cases of recent intermittents you will find the best practice to be to give Quinine during apyrexia, as ordinarily practiced and recommended by Jousset.

The very same Dr. Hughes, a little further on, says:

In cases of pernicious fever I may say that since a Homeopath, Dr. Charge, of Marseilles, so fully admits that we must resort to Quinine,

must not be frightened by such or such quantity, but we must administer as much as required for a rapid healing of the paroxysm.

In this same way I knew the opinion of other noted physicians, and on account of them I confess I hesitated for a moment and ordered the Quinine to be brought in 10 grain doses.

It was 10 o'clock in the evening; I was stepping into the room where the little girl was sick, and suddenly I thought of my work on fevers; I went for it and began reading it earnestly, and soon on page 374, Veratrum album I was receiving the scolding I deserved. I at once called my good wife and read to her the paragraph, as follows:

The above makes one of our best pictures of the sinking, congestive, pernicious forms of intermittent fevers. The patient thinks he will die and the physician shares his fears. The allopath now resorts to stimulants for the present, and Quinine to prevent the return of future paroxysms. Shall we on that threadbare plea of pseudo-homeopaths, "there is no time for homeopathic remedies to act," follow his example? Those are not lacking in faith but in knowledge, who desert their colors under fire. The homeopath who knows his materia medica cures such cases without resorting to rational (?) uncertainty. If he does not know his materia medica he is justified in resorting to anything to try to save his patient, but the treatment should go by its right and the failure to cure should be properly credited. Every homoeopath is responsible for not knowing what he professes to practice.

Ashamed by such a well-timed reprimand, I rushed to the thermometer to the little sick girl, marking $37\frac{1}{4}$ C. At midnight there were only $36\frac{3}{8}$ C, and then I put on the forehead of the girl all I could get on the point of a pen knife of Veratrum album 200, and full of hopes we let time pass away.

Next morning at 6 o'clock, at the same hour, the access came again but slight; little cold, little heat, perspiration on the forehead.

I expected it the next day and the access came a little larger this time, and I being her father knew very well the anamnesis of the case. I remembered then what ought to be printed in golden letters in the mind of all homeopaths: "The patient, not the disease."

I remembered what you say on page 10: "All fevers

that tend to a protracted, low or malignant type occur in the psoric or tubercular patient, and the more deeply psoric the more malignant the attack," and I resolved to give the patient at the end of the access Sulphur 200, which gave a wonderful result. Four days after we considered her free of the sickness, and at the same hour she felt some heat which was followed by a cold perspiration, and I then put on her tongue Psorinum 1,000, and since that time, four years, she enjoys perfect health.

Let Allen's "Therapeutics of Fevers" be blessed! Let Hahnemann be blessed!

This was the time when I felt for the first time a congeniality towards you.

Your invaluable work has enabled me to heal since that time numberless cases which have given me a name and fame.

EPILEPSY.

SOCIETE FRANCAISE D'HOMOEPATHIE.

Translated by HORACE P. HOLMES, M. D., Sheridan, Wy.

The order of the day took up the treatment of epilepsy,

First: Dr. Chiron asked permission to speak about farther information of the patient whose case he had communicated. He saw the patient again the 8th of November. She passed an excellent month during October, without the least epileptic attack. The menses came on normally the 24th of October and caused no trouble. But the 6th of November, after getting very angry, she had that night a very slight seizure with loss of consciousness which lasted three or four minutes, and was followed by profound sleep. That little seizure caused repetition, with less intensity, of the old conditions; cramp in the left leg, extending to the pelvis and left arm, compression of the thorax, etc. The next day the patient had no bad feelings and the following night her sleep was in no way disturbed.

Upon the whole, the complete recovery then has not been obtained since a short attack took place at the end of seven months.

And yet, the case remains not less interesting from the notable amelioration due to the single homeopathic remedy.

Dr. Chiron's patient is not cured, and will not be until he prescribes for and cures the constitutional ailments. See Lehmann's directions for the cure of the insane after they have been discharged from the asylum Organon §222. The same advice, applies to epileptics. ED.]

Dr. Jousset, Sr. has treated numerous cases of epilepsy. It is a disheartening disease which is very difficult, if not to be considered impossible, to cure. Under the influence of treatment the attacks diminish and disappear sometimes for several months, a year, two years even, then reappear anew. He has recorded among others the case of one of his patients who, under the influence of *Nux vomica* 30th and *Belladonna* 30th remained two years without an attack. He thought it cured, but the attacks returned later, at first once a year, then every month. He had read of cures, but they were hard to believe. And yet, Homeopathy permits us to obtain marvellous results in certain attacks of epilepsy. Thus in those cases in which the paroxysms follow each other rapidly, we can positively prolong the period. The remedies which are the best are those for cerebral hemorrhage. *Opium* and *Belladonna* in low dilution.

For the disease, it has been observed on the contrary; cures have been obtained with the higher dilutions given lengthened periods, every ten days for example.

He rapidly reviewed several remedies: *Opium*, *Cuprum*, *Belladonna*, *Silicea*, *Calcarea* and *Causticum*, pointed out by Heringhaus as very important and which furnish in their pathogenesis only a small number of symptoms that one can refer to epilepsy; *Plumbum*, on the contrary, has many epileptic phenomena and does not cure epilepsy. Lastly, he had particularly studied *Picrotoxine* which had given him one case of recovery.

Picrotoxine in the warm blooded animals produced veritable epileptic spasms. When the dose is strong these spasms become nearer and nearer together and produce death of the

animal by asphyxia during convulsions, and by syncope during the collapse; the attacks draw nearer together and become stronger and stronger, as in fatal conditions; or the attacks grow farther apart and the animal recovers.

Spasms, prostration, restlessness, tonic convulsions in the fore feet, opisthotonus, then general clonic convulsions, froth at the mouth, biting the tongue. Cyanosis of the lips and tongue, excretion of urine and feces. Then collapse, prostration, relaxation, respiration and circulation; lowering of temperature.

Cocculus indicus, in men:—Hahnemann noted vertigo when sitting up in bed. Partial convulsions with turning in of the thumbs.

A note from Gross in Hahnemann's *Materia Medica* contains the following symptoms: The subject stares for a long time at one point, then falls unconscious and cries out; the limbs and entire body are shaken by convulsive shocks, the upper limbs in extension and supination, froth at the mouth; involuntary urination; face and extremities covered with cold sweat; features convulsed; the eyes protruding beyond the sockets.

To the convulsive period succeeds a sort of alienation. The patient stands up, remains silent, grinds his teeth thrusts out his tongue, flies into a rage, tries to strike, at last he sighs, regains consciousness. The attacks lasts a quarter of an hour.

That note would be very important if the symptoms had been produced in a healthy man by a dose of *Cocculus indicus*. But if it is simply a description of an attack of hystero-epilepsy in a patient, then the case, even though it had been brought on by the remedy, loses a large part of its value.

To sum up, in counting the experiments upon the animals referred to above, and which demonstrate that the *Picrotoxine* has an incontestable epileptogenic action, we say that this medicament is indicated in epilepsy, especially when the attacks take place in the morning at the moment when the patient quits the horizontal position; they are ag]

ated by the out-door air and especially by the cold air, eating, from the action of coffee and tobacco.

I shall recall that Picrotoxine is customarily employed by our allopathic confreres who continue "to make prose out of knowing it." Do they cure epilepsy with Picrotox-

Do we cure it with *Cocculus indicus*?

Dr. Cartier did not believe that we possessed a remedy in our *Materia Medica* that was really curative of epilepsy. What we can do is to lengthen the interval of the attacks. In his practice, he generally employed two or three remedies which have always rendered him good service:

1. *Oenanthe crocata* (mother tincture), two drops daily for the epileptics with frequently repeated spasms:

2. *Solanum carolinense* (horse nettle, mother tincture), which follows *Oenanthe* well:

3. Lastly as a preventive of the attacks, *Kali bromatum* especially in women who have the periodical attacks at the time of their menses. He reported the case of an epileptic lass, in whom the aura came on an hour before the attack. She immediately took *Kali bromatum* and thus avoided the attack.

Dr. Jousset, Jr.—*Oenanthe* has been employed for a long time. Hermel used it but he prescribed it in the sixth decade.

Dr. Leon Simon.—I can speak from experience on the efficacy of *Cocculus* against sea sickness, for I had the occasion to verify it on myself. Never having sailed except in the months of July, August and September, I have by chance never been in a tempest. And yet, I have several times, notably upon the *Zuyderzee* and upon the *British Channel*, seen the sea rough enough to make almost all the passengers sick, myself included. In 1901, I went into the *Antarctic* on the journey lasting six and a half days, thirteen days going and coming. Knowing myself to be vulnerable, I took my precautions. The *Weber* pharmacy prepared me three pellets of *Cocculus* and *Tabacum*, each in the third decimal. Not being a smoker, I counted particularly on the first, which is incontestably homeopathic. The boat raised

anchor the 28th of August at three o'clock in the afternoon. The sea was white-capped to the horizon, and the rolling was so great that a flower-vase placed on the table fell off several times. Having been careful, since morning, to take alternately every three hours one pellet of each remedy, I bore myself admirably and dined with as good an appetite as if I had been in my own dining room. The next day the sea still foamed, but the ship rolled much less; the passage of the strait of Bonifacio was easily made. I took my two remedies at longer intervals. The 30th of August, the sea being as calm as a lake and the ship in an equilibrium as stable as the bateaux-mouches upon the Seine, I judged it useless to drug myself. Unfortunately we traversed the strait of Messina in the night of the 30th and 31st, and the next day we voyaged upon the Ionian sea, where the winds and the waves are permanent. The surges broke over the vessel and more than one broke upon the bridge. This day I did not escape sea sickness, and passed a lamentable day. Then I retook my two remedies, with a feverish activity, two or three pellets every quarter of an hour, frequently even every ten minutes. At the breakfast hour I already felt myself better, but I did not long to pay the imprudence of being placed at the table. I continued all the afternoon to administer my two remedies *larga manu* and, at six o'clock I was definitely cured since I was able to dine as if nothing had happened; and yet the sea was just as rough. The next day, September 1st, the rolling and pitching had in no way diminished, on the contrary, as the steward judged it prudent to place the violins on the table. However I did not have an instant of uneasiness, and yet it happened in the afternoon, while I was promenading upon the bridge, that I received a wave all over me. But I made frequent borrowings (about every two hours), on my vials of pellets. The 4th of September, before day, we were in sight of Jaffa.

The return voyage, from the 14th to the 20th of September, was delicious. Instructed by experience, every day I took two pellets of *Cocculus*, although the sea was as calm as a lake. To be sure the breeze freshened upon the Ionian sea

and there were some sick ones while we were traversing it. I was not of the number; I walked staggeringly, because I did not have my sea legs, but my heart, or rather my stomach remained firm.

Contrary to my expectation, I did not notice any apparent relief after the doses of *Tabacum*, whilst those of *Cocculus* acted manifestly upon the nausea. Therefore I finished by using the latter alone and laid the other aside. The use of two remedies in alternation is habitual with the North Americans.

Dr. Boyer, Sr., had advised the use of *Cocculus* in several persons who had taken voyages and all of them had done well on it. I have praised it to many people and I gave it to one of my nephews who, at the age of sixteen years, set out on a voyage to the island of Mauritius. He got along nicely and was only sick one day, on account of very bad weather in the Indian ocean.

However, it should not be considered an infallible specific. A lady, who frequently goes to the island of Jersey and who is always very sick, took it once according to my advice, but experienced no relief. It should be said, in exaltation of *Cocculus*, that it was during the spring equinoxes and the sea was very wild.

[We are pleased to observe that Dr. Simon saw that *Tabacum* was useless. But why did he use two remedies in alternation? Was it because it "is habitual with the North Americans" or the Parisians? We fear it is habitual with homeopaths who never knew or have never practised the homeopathy of Hahnemann. They are indigenous to both France and America. When will our esteemed colleagues learn that Homeopathy has no remedy for either epilepsy or a sickness; it is the patient, not the disease. ED.]

An abscess of the right ovary may give the same signs and symptoms as acute fulminating appendicitis. If an incision for appendectomy is made, it should be of sufficient length and low enough down to allow of careful examination of the right adnexa.—*American Journal of Surgery*.

ANTITOXIN: AN INVOLUNTARY PROVING.

BY J. E. FRASH, M. D., Logan, Ohio.

Girl, aged 8, exposed to diphtheria Wednesday, Nov. 13, 1907.

Thursday, Nov. 14, began powders, two each day, for eight days, then one daily for two days.

Saturday, Nov. 23, complained of being tired, sat down to rest three times.

Sunday, Nov. 24, would lie down because tired, but after a while felt playful.

Monday, Nov. 25, temperature 103, pulse 148, full, with throbbing of carotids, eyes bright, face flushed, with center of cheeks almost purple.

Throat dark red, no membrane, but on back wall of throat, yellow, dirty cream color, dry membrane in folds, up and down.

Monday night talks in sleep, with eyes wide open. Wanted imaginary objects taken from room, and to "make those people get away". Sat up and picked among bed-clothes for strap for her school books.

Tuesday, 26, temperature 101.2, pulse 116, membrane lighter and moist, thin in middle of throat.

Wednesday, Nov. 27, temperature 99.2, pulse 100. Throat clearing from middle. Jerking of single limb, or shoulder, or finger.

Thursday, Nov. 28, temperature 101.2, pulse 116. Desired to have mother hold her hand. Tongue whitish, with exceedingly red tip (moist).

Friday, Nov. 29, temperature 101.2, pulse 116.

Saturday, Nov. 30, temperature 99.2, pulse 100. Membrane white, and showing more to front. Clearing from center of back wall of throat. Tongue coated whitish, with red papille, very red tip, with a dark red spot in center of red tip. Slept well last night, until 4 a. m., then was restless and wakeful; moved and changed position, moved arms and legs often, snored and fan-like motion of ala nasi. Skin seemed dry, forehead moist along edge of hair, when first falling asleep.

Generalities: Fluctuating temperature, very little pain, membrane in folds up and down on back wall of throat, on the membrane first appeared, spreading forward as well as behind the tonsils, and also began to fade and disappear first from center back wall.

In center of the tip of tongue was a very dark red spot, and a very dark red, or purple spot in center of very red tonsils.

Aside from the above symptoms, there was nothing unusual that I could elicit.

DIPHTHERIA CASE CURED WITHOUT ANTITOXIN.

BY RICHARD BLACKMORE, M. D., Bellevue, Pa.

M. D., age 35, rugged and strong, "never sick a day."

Oct. 12, '07 complained of being sore all over and cannot get warm; pulse 88, temperature 102.4.

Examination of throat revealed a deposit on posterior pharyngeal pillar, right side, dirty looking as though decayed in center; detached patches near by; rest of mouth clean and bright red. Tonsils swollen and red. Difficulty in swallowing disproportionate to the amount of faucial inflammation.

Jaws stiff so that the mouth is opened with difficulty. Patient hot and dry. Cold and cannot get warm, in spite of increased clothing and hot fire.

Advised cold pack around throat and gave Merc. i. f.

One dose on tongue and another in divided doses in evening.

A culture from the throat was positive as to the Klebsiella bacillus. The case went along improving daily with gradual return of the patient's virility until the 16th, on which day as there had apparently been a "stand still" for 24 hours, another dose of Merc. i. f. 1m. was given and on the 17th the throat was entirely clean. The patient felt "better than for months." A culture taken proved negative and the patient was discharged.

A GELSEMIUM HEADACHE.

BY J. FITZ MATTHEWS, M. D., West Sound, Wash.

Mrs. S., of Tacoma, Wash., brunette, aged 55.

Severe pain arising from cervical spine region to occiput, more or less constant.

Occiput and cervical spine sore to touch, especially a spot between the shoulders.

Pain in occiput is steady and boring < stooping, noise and light; had to be in a dark room; occasionally > lying on back of head.

Face hot, head feels as though it would burst.

Occasionally pain affects whole head and glands of neck. It comes on suddenly, and then ceases suddenly after profuse urination (Gels. Sil.)

Jumps and twitches during sleep, and when awakening.

So nervous that the least exertion makes her tremble like an aspen (Gels.)

Back of head worse.

Better from 10 A. M. till 1 to 2 P. M.

Pain never stops in finger.

Inclined to chilliness in bed.

Grieves about nothing now but her condition. Years ago great grief about an accident to a child, crippling it. The nervous condition dates from this, 21 years ago. Septic condition after child birth.

Irritable; cannot write or think when pains are severe.

OBSERVATIONS.

It required several letters to get these symptoms. At first I gave Belladonna 200, with some relief, especially sleep, but relapsed. Then the marked sensitiveness to air blowing on head induced me to give a dose of China 200 (Dunham,) with no relief.

Then, on further symptoms sent, I gave Gelsemium—potency not known—followed by Gelsemium 200. Commenced on Nov. 22d; no better up to Sunday, then worse, when, following my instructions, she stopped.

On Sunday evening the pain and pressure in head dimin-

1. Slept well after midnight, but was so weak and light-headed.

On Monday morning awoke with a clearer head than in many weeks. "The relief continued all through the day and night and I am feeling fairly well, and have, as instructed, continued the medicine."

The patient has suffered greatly for a long time, and every remedy failed, so she was induced to try Homeopathy. Her digestive organs are in good order, and Homeopathy has not failed.

Supplementary observations:—Refer to patient's letter, dated Belladonna 200: "I am feeling quite a little better, my head relieved, sleeping better." After this relief, as stated, Gelsemium and Silica are strongly indicated.

The pains in finger and toe are remarkable features in this case < when tired, and > when head and general condition are relieved.

BUREAU OF HOMEOPATHY A. I. H.

For the Meeting Kansas City, Mo., June 22, 1908.

1. Sectional Address—Dr. R. F. Rabe, Chairman.
2. Drug Pathogenesis, what should it embrace? Subjective and objective symptoms. Pathology, its relationship to drug pathogenesis. Is pathological prescribing possible, if so, how and when? What part must it play in the consideration of the totality of the case? Its subordination to subjective symptomatic prescribing.—Dr. George Royal. Discussed by Thomas G. McConkey and E. A. Taylor.
3. (a) What must the anamnesis of the properly taken case include? Is diagnosis to be considered, and if so, to what extent? Its subordinate part in the homeopathic prescription. (b) Taking the case: The acute case; the chronic case.—Dr. T. H. Hudson. Discussed by H. C. Allen and Frank Kraft.
4. To find the Similimum—The use of the Repertory in practical every-day work, with graphic illustrations. (a)

in the acute case; (b) in the chronic case.—Dr. H. C. Allen. For general criticism.

5. The remedy, when to give and when to stop. Repetition in: (a) the acute case; (b) the chronic case; (c) in the incurable case. Homeopathic palliation, its sphere of usefulness defined; why superior to so-called physiological palliation? The selection of the suitable potency; what factors enter into its consideration.—Dr. H. A. Cameron. Discussed by E. E. Case and E. B. Nash.

6. Homeopathic aggravations defined: Their causes and management. Methods of controlling them. Curability or incurability of a case, after watching the effect of the Similimum. Influences, extraneous or otherwise, which interfere with the action of the remedy.—Dr. J. B. S. King. Discussed by Maclay Lyon and Joseph Luff.

7. The limitations of remedial activity. When does surgery become necessary and why? The importance of homeopathic prescribing in the preparation of the patient for operation. Homeopathic after treatment in surgical cases. Disease itself, distinguished from disease results. The pathological end product, why not always curable? Hahnemann's advice concerning the curable in disease and the curative in medicines! The patient to be prescribed for always, not the disease.—Dr. J. C. Fahnestock. Discussed by H. C. Allen and A. P. Hanchett.

8. A consideration of the Miasms in the treatment of disease. Psora, Sycosis, and Syphilis, their combinations and their importance as causative factors in the production of sickness.—Dr. Thos. G. McConkey. Discussed by H. R. Arndt.

9. The importance and necessity of keeping accurate records in the treatment of chronic diseases.—Dr. G. P. Waring. Discussed by Lewis Pinkerton Crutcher.

10. The Homeopathy of Hahnemann.—Dr. E. A. Taylor. Discussed by W. J. Hawkes and Willis A. Dewey.

BRYONIA IN ASTHMA.

BY J. B. CAMPBELL, M. D., Brooklyn, N. Y.

Not alone in asthma which is markedly aggravated by voluntary exertion is Bryonia of great value; for as a matter of fact, almost all asthmatics are distressed by exertion. It will be seen however, that in this affection the scope of Bryonia is more extensive than some of us have realized. In King's Condensed Materia Medica this drug shows under "Breathing:"

"Respiration impeded. Frequent desire to take a full inspiration which cannot be done in consequence of a feeling as if there was something which should expand but would not."

But nothing is said about asthma. In the Guiding Principles of Homeopathy it is stated thus:

"Asthma, with a feeling as if there was something which should expand," etc.

If we modify any lurking prejudice concerning the limitations and pleuritic predilections of Bryonia, and identify it well with other chest affections, we shall be able to perceive in connection with asthma an important aspect of this costly old polychrest, and construe the symptom picture given above to the advantage of the asthmatic patient. If we do, we consider that the very act of breathing (itself involving exertion) makes the patient feel worse, that is, more exhausted, and that feeling worse, he in turn, breathes with greater difficulty, we can see the appropriateness of Bryonia. The asthma may accompany vesicular emphysema when the chest walls are immovable; or it may be of the cardiac variety in which, by the way, diphtheritic antitoxin seems to have a homeopathic relation and has been administered with pronounced benefit. Wheezing breathing; the patient has a "heavy head" and does not want to exert himself. (I have cured a case of asthma with heavy head of years' standing). The heart labors with the effort which tires the patient who, as has been said, breathes with greater difficulty because he is tired. In cases of asthma, where this

fatigue feature can be confirmed, Bryonia will render excellent service.

A PHOSPHORUS CASE.

BY R. F. RABE, M. D. 616 Madison Ave., New York.

The following case had existed for several days in the hands of a homeopathic physician, growing constantly worse under Belladonna, Arsenicum and Bryonia. It was one of acute gastro-enteritis, becoming typhoid in character. For a time the diagnosis of typhoid fever seemed justifiable, but when the case was seen in consultation, there existed no doubt as to its real nature. The temperature fluctuated greatly from 99 to 103; pulse 100 to 130. Under Phosphorus an immediate though very gradual improvement began. The stomach was very intolerant of even the blandest nourishment. This was soon changed under the action of the remedy.

The symptoms, recorded at the bedside were:

M. F., female, age 8 yrs. Vomits greenish mucus and bile Nausea > by vomiting. Pain in stomach and abdomen < by motion. Lies on back mostly; on left side occasionally. Wants to be quiet; avoids motion. General < afternoons and nights. *Wants abdomen gently rubbed. Wants ice cold drinks, but not very thirsty. Vomits after a while; after several drinks.*

Delirium at times, sees things. Hands hot; feet hot or cold. Abdomen sensitive, cover <. Tongue coated whitish yellow, red edges. No straining with stool, *stool involuntary unless relieved at once*; cannot retain stool. Flatus with stool. Clots of blood in stool. Wants cool air. Says abdomen feels cold. Looks very weak, face is pale; eyes sunken. Apathetic.

Phosphorus 1000, (B. & T.) 3 doses at intervals of one hour. Complete recovery followed, no further medicine was required.

**AUXILIARY COMMITTEES OF THE COUNCIL ON
MEDICAL EDUCATION.**

Pursuant to the resolution passed at the meeting of the Council on Medical Education held in Chicago on October 25, 1905, to appoint three physicians in each school from each State, the following have been appointed to represent the allopathic school:

Maine—W. E. Fellows, Bangor; J. F. Trull, Biddeford; S. Thompson, Augusta.

New Hampshire—C. Bishop, Bristol; C. A. Sturtevant, Manchester; W. Tuttle, Exeter.

Vermont—C. A. Gale, Rutland; E. W. Kirkland, Bellows Falls; G. I. Forbes, Burlington.

Massachusetts—J. P. Rand, Worcester; E. H. Copeland, Northampton; G. F. Martin, Lowell.

Rhode Island—H. A. Whitmarsh, Providence; J. W. Bennett, Pawtucket; H. M. Sanger, Providence.

Connecticut—E. B. Hooker, Hartford; E. H. Linnell, Middletown; C. H. Payne, Bridgeport.

New York—H. D. Schenck, Brooklyn; A. R. VanLoon, Albany; D. G. Wilcox, Buffalo.

New Jersey—M. D. Youngman, Atlantic City; A. Drury, Newark; V. A. H. Cornell, Trenton.

Pennsylvania—T. H. Carmichael, Philadelphia; E. M. Galloway, Philadelphia; E. R. Gregg, Pittsburg.

Delaware—J. Adair, Wilmington; I. W. Flinn, Wilmington; C. A. Ritchie, Middletown.

Maryland—A. P. Stauffer, Hagerstown; G. E. Lewis, Annapolis; C. L. Rumsey, Baltimore.

Virginia—G. F. Bagby, Richmond; H. E. Koons, Danville; C. E. Verdier, Norfolk.

West Virginia—A. A. Roberts, Wellsburg; W. R. Anderson, Mannington.

North Carolina—A. W. Calloway, Asheville; W. E. H. Smith, Wilmington.

South Carolina—A. L. Smethers, Anderson.

Florida—A. S. Munson, DeLand; A. L. Monroe, Miami; J. W. Larner, Tampa.

Alabama—A. M. Duffield, Citronelle; R. D. Brown, Mobile.

Mississippi—G. W. Crock, Vicksburg; C. A. Hardenstein, Vicksburg; J. C. French, Natchez.

Louisiana—E. Harper, New Orleans; R. D. Voorhies, Lafayette.

Texas—W. D. Gorton, Austin.

Kentucky—O. L. Smith, Lexington; C. A. Fish, Frankfort; R. L. Eltinge, Louisville.

Tennessee—W. A. Boies, Knoxville; F. Freeman, Chattanooga; G. A. Coors, Memphis.

Ohio—M. P. Hunt, Columbus; G. J. Damon, Akron; L. Phillips, Cincinnati.

Michigan—R. S. Copeland, Ann Arbor; M. C. Sinclair, Grand Rapids.

Indiana—J. H. Baldwin, Jeffersonville; D. H. Dean, Rushville; F. J. Schulz, Ft. Wayne.

Illinois—O. B. Blackman, Dixon; J. P. Cobb, Chicago; E. A. Taylor, Chicago.

Wisconsin—S. R. Stone, Rhineland; E. W. Beebe, Milwaukee; F. A. Walters, Stevens Point.

Minnesota—G. F. Roberts, Minneapolis; O. K. Richardson, Minneapolis; L. G. Wilberton, Winona.

Iowa—C. W. Eaton, Des Moines; F. Kauffman, Lake City; T. F. H. Spreng, Sious City.

Missouri—W. E. Reily, Fulton; H. W. Westover; St. Joseph; L. E. Whitney, Carthage.

Arkansas—M. R. Regan, Eureka Springs.

Oklahoma—J. Hensley, Oklahoma City; M. Vandervoort, Guthrie; W. T. Kimberley, Guthrie.

Kansas—M. E. Kemp, Cherryvale.

Nebraska—E. B. Woodward, Lincoln; G. J. Goodshaller, Lincoln; H. R. Miner, Falls City.

South Dakota—A. A. Cotton, Vermillion.

North Dakota—J. G. Dillon, Fargo.

Colorado—S. S. Smythe, Denver; J. P. Willard, Denver; L. P. Faust, Colorado Springs.

New Mexico—J. S. Keaster, Roswell; A. P. White, Hope.

Arizona—J. W. Thomas, Phoenix; H. T. Southworth, Prescott; A. G. Schnabel, Tucson.

Utah—E. P. Mills, Ogden.

Idaho—H. V. Holverson, Boise City; W. N. Semones,ampa; P. S. Peck, Genesseeo.

Nevada—C. A. Crockett, Reno.

Washington—E. W. Young, Seattle; C. E. Grove,okane.

Oregon—C. A. Macrum, Portland; C. H. Atwood, Portland; J. F. Titus, Eugene City.

California—P. R. Watts, Sacramento; E. C. Buell, Los Angeles; G. E. Manning, San Francisco.

LYCOPODIUM FOR ENURESIS.

E. H. Fenwick states for this distressing complaint, whether suddenly developed as the result of accident or operation, or in other cases where the incontinence of urine had been of several years' standing, he was acquainted with no drug which gave such entirely satisfactory results as the tincture of lycopodium. He had first given it to check the nocturnal enuresis of children; but finding it so surprisingly successful, he next employed it for adults, with the result that micturition was quickly reduced from six or eight times an hour to once in two hours. Dose—15 minims to one dram. *Medical Summary.*

[Dr. Fenwick has made another discovery! It is true that Lycopodium will cure nocturnal enuresis, either in children or adults, when called for by the totality of symptoms, but it will fail, like any other remedy, when not indicated. Lycopodium can never cure a Sepia case, and *vice versa*. If our esteemed colleague will investigate a system of medicine based upon natural law and whose practice demands individualization of every patient, he will soon learn that Lycopodium never fails to cure a case of enuresis when it corresponds to the symptom of the patient, and that it always fails to cure enuresis when this correspondence is lacking. Why not recognize the fact that every remedy like every patient is an individual. ED.]

THE MEDICAL ADVANCE

A Monthly Journal of Hahnemannian Homeopathy

A Study of Methods and Results.

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thorough masters of it becomes a crime,—HAHNEMANN,

Subscription Price - - - - Two Dollars a Year

We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

To accommodate both readers and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

Communications regarding Subscriptions and Advertisements may be sent to the publisher, The Forrest Press, Batavia, Illinois.

Contributions, Exchanges, Books for Review, and all other communications should be addressed to the Editor, 6142 Washington Avenue, Chicago.

MARCH, 1908.

Editorial.

“HIGH POTENCY HOMEOPATHY.”

Strange as it may appear, there seems to be many and varied understandings of what Homeopathy is, not only in our own ranks but in the ranks of our allopathic colleagues. Those who are well read in medical lore should know better, at least there is no excuse for such an unpardonable blunder or careless use of the term “High Potency Homeopathy.”

In a recent issue of the *Medical World*, the editor, when commenting on a paper, “Are We Becoming Homeopathic.” by Dr. A. W. Vincent, uses the following:

“This is a very skilful defense of High Potency Homeopathy.”

The paper in question is a very able and skilful defense of Homeopathy; but where does the high potency come in? We are very much surprised that one of the ablest editors,

One of the most lucid writers, and a very liberal man, should so far mistake the science of therapeutics.

Hahnemann demonstrated a century ago that there is only one natural law yet discovered in the medical world, just as there is only one law in chemical affinity, and that is the law of similars.

There is only one Homeopathy. There is no such thing as low potency or "high potency" Homeopathy. The potency of the dose is only a corollary of the law. But perhaps the editor intended in this way to distinguish between pure and mixed or mongrel Homeopathy?

Hahnemann says: Organon. §272. "In no instance is it requisite to employ more than one simple medicinal substance at a time."

NOTE—Experiments have been made by some homeopaths in cases where, imagining that one part of the symptoms of a disease required one remedy, and that another remedy was more suitable to the other part, they have given both remedies at the same time, or nearly so; but I earnestly caution all my adherents against such a hazardous practice, which never will be necessary, though in some instances it may appear serviceable.

Homeopathy, based on the law of similars, pure, simple, plain every-day practice—*similia similibus curantur*, with *simplex simile minimum*—was the Homeopathy of Hahnemann, and is the Homeopathy of today. All deviations in practice from the simple law and the single remedy are so many adulterations. Palliative drugs, combination tablets, mixed or alternated remedies are adulterations, and should be dealt with accordingly.

The Pure Food Law, which includes the pure drug law, should be applied to the law of similars. The more adjectives there are before the word Homeopathy, the less pure is the practice thereby expressed. In the time of Hahnemann those who applied allopathic palliatives and other abominations, he denominated as the "mongrel sect." They were not practicing Homeopathy but an empiric system of medicine; and the same is as true today as it was in the days of Hahnemann.

If our cotemporaries, when writing of Homeopathy,

would be a little more explicit, a little more accurate in their statements, it would be infinitely better for their readers.

"A little learning is a dangerous thing."

THE SERUM THERAPY PROBLEM.

Our friends of the dominant school of therapeutics have apparently reached the parting of the ways. The antiseptics of the last decade are now quite forgotten; the antitoxins which succeeded antiseptics are practically limited to one or two diseases; the anti-sera, once so promising a few years ago, are very uncertain today. Serum therapy is rapidly forging to the front. The product of infectious disease is now being administered for its cure; in other words, so-called scientific medicine is taking up the Isopathy of Lux, that never was accepted except by a few in the homeopathic school and by them abandoned half a century ago.

In 1832 Hering began his experiments with the virus of the rabid dog, which was potentized and tested on the healthy as every other remedy has been. Forty years later Pasteur made his wonderful discoveries and the serum treatment of hydrophobia began.

In 1833, J. J. W. Lux, of Leipzig, a homeopathic veterinary surgeon, published a work entitled "The Isopathic Theory of Contagion, or Every Contagious Disease Contains Its Own Contagious Matter, the Remedy for Its Cure." Seventy-five years later Sir A. E. Wright, with his vaccines and opsonic index, obtains world-wide popularity as a discoverer in therapeutics. But it is Isopathy. Neuberger, in his recent work says: "Today, in serum-therapy we see this ridiculed and despised idea triumphant over all others."

Swan's generalization that "the potentized virus was the homeopathic similar for all diseases, except those of the patient from whom it was taken," was never accepted by the homeopathic school, yet it has now become a corner stone in serum therapy.

Koch and Pasteur, Von Behring and Roux, Cabot and Wright are now the acknowledged leaders in the school of serum therapy, the discarded system of Isopathy promul-

ed by Lux. Hahnemann criticised the system and de-
 ed to include Psorinum in his "Chronic Diseases," be-
 se it was an Isopathic remedy until it had been tested
 he healthy. All remedies of this class, when properly
 entized and proved on the healthy, become very valuable
 rapentive agents, not only for the diseases from which
 y were taken, but for many other diseases, without ref-
 ence to origin. Thus Anthracinum, Medorrhinum, Psori-
 a, Variolinum, Tuberculinum, etc., after a thorough
 ving, are among the most valuable remedies in the hom-
 athic pharmacopeia for the cure of acute or chronic
 ases. But like all other remedies they must be prescribed
 heir symptom complex.

The announcement of Koch's tuberculin serum, in 1890,
 its use, both in the cure and prevention of tubercular
 ctions, in the massive doses in which it was given, has
 ved a greater curse than a blessing. The unfortunate
 ures and fatal experiments have condemned this as it
 many others to the list of dangerous remedies. The
 armaceutical preparations of the old school must be en-
 ly changed before serum therapy will ever become suc-
 cessful; while on the other hand the homeopathic dynamic
 encies are as active today and as harmless as any other
 edy.

To the homeopathic physician who has made any study
 a history of medicine, it is a little amusing to see our
 entific colleagues rushing with one will, almost unani-
 usly, into the arms of Isopathy proclaimed by Lux, in
 rmany, fifty years ago. What the next turn in the ka-
 loscope of allopathic therapeutics will be no man can tell

ALKALOIDAL THERAPEUTICS.

In the February issue of our esteemed contemporary,
 e *American Journal of Clinical Medicine*, we find the fol-
 owing motto: "Shall we cling to the old outworn and il-
 logical method of treatment, thus following in the footsteps
 authority, or the better way, meet each indicated condi-
 on with the indicated remedy?"

The following illustrations are given as an advance in therapeutics:

A wealthy banker in Iowa was attacked with a paroxysm of gall-stone colic. For this his physician administered a hypodermic containing $\frac{1}{2}$ grain of morphine. This was repeated every twenty minutes until he had taken four doses. Immediately after the fourth dose was taken the pain instantly ceased, the supposition being that the stone had either rolled into the duodenum or dropped back into the gall-bladder. Then they had a case of morphine poisoning to handle, and for some hours it was doubtful whether the man would live or die. It was one week before he recovered from the effect of the treatment sufficiently to return to his business.

No treatment being instituted in the interval, in due course of time the patient had a similar attack; but not being satisfied with the treatment he received on the first occasion, he called in a physician recently settled in the town, who happened to be somewhat acquainted with the active principles and the methods of treatment based upon them. Following Dr. Abbott's oft-repeated reiteration of Burggraeve's teachings of many years ago this physician gave his patient one granule each of Hyoscyamine, Strychnine arsenate and Glonoin; this was repeated in half an hour, the pains having been somewhat obviated in the meantime; again in fifteen minutes the dose was repeated, and by the end of an hour the man was so fully relieved that he ceased begging for hypodermics. The pain ceased with the same suddenness as in the preceding instance, but no toxic symptoms followed. Next morning the banker was back at his place of business, fully competent to fulfill his duties. The doctor had made a good customer, and the active principles had scored another triumph.

We frankly admit that there is an advance in the question of dose in the reformed therapeutics of the dominant school, but so far as a system or principle of treatment is concerned, we are unable to detect any difference. The $\frac{1}{2}$ grain dose of morphine every twenty minutes, or the granule composed of hyoscyamine, strychnine arsenate and glonoin every fifteen minutes, is only palliative at best. True, there may not be so much of a tendency to produce a morphine fiend, but we do not know what the continued repetition of the combination granule will do. Experience in its use is not sufficient to warrant an opinion. In each case the practice is empirical. There is no law or guide, no principle involved, nothing by which permanence in practice can be established. The simple change in the size of the dose—

giving of the alkaloid instead of the crude drug does not the slightest degree change the principles which underlie prescription. It was empiricism before, it is empiricism now, nothing else can be made of it.

Why will not our enthusiastic alkaloidal brethren test the remedies on the healthy, and then they will know absolutely under what conditions they may be prescribed, and instead of using the combination granule use each one singly and in this way establish science in therapeutics. The *dirit* of experience has long passed, we should know how to do something better in the twentieth century.

THE MEDICAL COLLEGES.

The American Journal of Clinical Medicine in its Jan. issue publishes an address delivered before the Medical Department of Syracuse University by Dr. Gould which states the plain facts in his plain matter of fact way, from which I clip the following:

"For professional education and medical progress one small medical college, especially if located in a small, instead of a large, city, is worth any two big medical colleges. As a rule, the greater the size of the classes, the more famous the professors, then the more untutored the teaching, the more immoral both teachers and taught. Success, ambition, political greed, conservatism, the dirty kind—are more certain to rule the minds and kill the hearts of the men in control of the huge institutions than those of the small ones. This is because the ambitious self-seeker and medical politician advances for and gets the professorship."

"The duty of the rich and of the endowers is, therefore, to avoid helping the unwieldy and unethical schools with their (often) ill-gotten wealth; they should help the little colleges. The more the money the less the therapeutics. For anyone who may influence a young man beginning the study of medicine should do his best to keep him out of the big college and to guide him into the small one. The greater the student body, the worse the teaching. The more pompous the professor, the quicker he should be laid aside.

The greater the boast of 'science,' the more really unscientific. When professors are paid enormous salaries by lay commercial companies, their science is pretty sure to be unscience. Did you ever hear of a professor in a huge political medical college making any valuable medical discovery? If you have heard of such cases, did you ever personally know of one? And, according to some of the members of the Council on Medical Education of the A. M. A., three-fourths of the 4,000 annual graduates of American medical colleges are too poorly taught to practice medicine intelligently. The chairman of the Council says 58 per cent. of those who fail to pass the State boards 'cram up' and pass the examination a few weeks later. Dr. Ingalls says that out of 150 American medical colleges 144 are not up to standard in their teaching. Possibly he meant the six were the six biggest colleges. If so, I beg leave to differ, absolutely."

DO EPIDEMICS FOLLOW INFLUENZA.

Editor MEDICAL ADVANCE:

There is at present in this neighborhood a pronounced epidemic of influenza (I think influenza a better name than "la grippe") but with a low fatality. It is interesting, from the point of view of epidemiology, to ascertain if this be generally diffused. From the historical point of view it is a fact that a widespread mild influenza epidemic has nearly always, perhaps always, been the precursor of a more malignant epidemic of some form in the following fall. I do not connect them as cause and effect, but if the fact is universal they point to some common cause.

Will you invite the profession to report to you their experience as to the prevalence of influenza, and communications thereon to the undersigned will be highly appreciated by

Yours very respectfully,

M. R. LEVERSON, M. D.

927 Grant Ave., Bronx, N. Y., Jan. 27, 1908.

NEW PUBLICATIONS.

ELEMENTS OF HOMEOPATHIC THEORY, MATERIA MEDICA, PRACTICE AND PHARMACY. Compiled by Dr. F. A. Boericke and E. P. Anshutz. Second Edition. Boericke & Tafel. 1907.

To a recent review of this work in our January issue, esteemed contemporary, *The Homeopathic Recorder*, takes the following exception:

It runs the ADVANCE'S review. Many, very many, attempts have been made by writers to give information to the allopaths and to the public, and of all of them "Elements" is by far the most successful if the number of copies sold is to be taken as a criterion. It is not claimed that a better book (in same compass) on the subject could not be written, but so far none better have been offered to the publishers. The therapeutics criticised above are a fair sample of all this section of the book, and the reviewer will write us in about the same space a better therapeutics of whooping cough or put it in better form no one will welcome it more heartily than the builders of "Elements," for nothing could be done to further their work. Or if any of the readers of the *Recorder* can offer anything to better that little book the suggestions will be gratefully received. The book is designed to give in a concise and readable form a general knowledge of Homeopathy something in which all interested who care for the spread of Homeopathy. To say that such and such a part is bad without pointing out wherein it is bad and what might be bettered is like slapping a blind man on the back and saying, "Here, you fool, don't you see you are going wrong!" and then going your way.

In *Elements of Homeopathy, Materia Medica and Pharmacy* we have one of the best works that has been written as a stepping stone to homeopathic practice for the beginner—for our allopathic and eclectic colleagues—and it is especially the chapter on Practice to which we took exception. In every work that has ever been written on homeopathic practice, it teaches how to treat the disease and overlook the patient; teaches the student and beginner how to generalize instead of how to individualize; e. g. "Sulphur 6 is the best general remedy for acne" would be correct if called by the symptom totality of the patient. But there are many "best general" remedies for acne beside Sulphur, many equally good and as frequently called for. There are no similar to a disease, and this is the first lesson

our colleagues should learn, for it is the distinctive difference between Homeopathy and all other systems of practice. No one can write "a better therapeutics" than is here found; it is the system, the principle on which it is built that is defective. It is not homeopathic treatment simply because homeopathic remedies are used for a disease. Our allopathic colleagues have been treating the disease instead of the patient all their lives, hence their failures. The first element of a homeopathic prescription is individualization and a convert to pure Homeopathy made in this way becomes enthusiastic over his work.

Now about the dose. Organon, note to §246 says:

I say the smallest dose, since it will stand good as a homeopathic rule of cure, refutable by no experience whatever, that the best dose of the rightly selected remedy is ever the smallest, and in one of the higher developments (30th) for chronic as well as acute disease, a truth which is the invaluable property of pure Homeopathy.

If the potency of the remedy is to be affixed to each, why not adopt the above—the experience and observation of Hahnemann—as a rule of dose? We cannot have better authority. Besides it has been verified for 100 years by all who have put it to the bedside test.

TRANSACTIONS OF THE HOMEOPATHIC MEDICAL SOCIETY
OF NEW YORK, For the year 1907. pp. 511.

This splendid volume of over 500 pages is the record of the professional work of the Homeopathic Medical Society of New York for the year 1907. It includes the papers and discussions of the Fifty-fifth annual meeting and the Forty-first semi-annual. The volume is replete with able papers in the various departments, and this is especially true of the report of the Bureau of Materia Medica. Here the papers of Close, Coleman, Stearns and Rabe are alone worth the cost of the book. Not only the papers but the discussions demonstrate that our colleagues in New York are alive to their responsibilities and are certainly doing good work as a society. It seems too bad that so many of the homeopaths of New York still remain outside the fold as members of the society.

TEXT-BOOK OF PSYCHIATRY. A Psychological Study of Insanity for Practitioners and Students. By Dr. E. Mendel, A. O., Professor in the University of Berlin. Authorized translation. Edited and enlarged by William C. Krauss, M. D., Buffalo, N. Y., President Board of Managers Buffalo State Hospital for Insane; Medical Superintendent Providence Retreat for Insane; Neurologist Buffalo General, Erie County. German, Emergency Hospitals, etc.; Member of the American Neurological Association. Pp. 311. Crown Octavo. Extra Cloth, \$2.00 net. F. A. Davis Company, Publishers, 1914 Cherry Street, Philadelphia, Pa.

The author of this work has for many years been in the front rank of the German men of science and his investigations in mental diseases have added important data to this complex study.

For years visitors of his clinic and polyclinic have received the utmost courtesy, and in consequence many warm friendships have been established and the author's methods generally adopted.

This volume is the result of a life-time of observation, from beginning to end bears the stamp of thorough and scientific observation. Some of the chapters, especially those of degeneracy and heredity, have been enlarged, and further additions have been made, especially the substitution of the New York State Laws relating to the insane instead of the German procedures. The translator has evidently put heart and soul into his work *con amore*, and after thirty years' work in the teaching of psychic diseases he is certainly a competent authority, and his translation of one of the most practical works of our German colleagues is timely and should be warmly commended by the neurologists of this country. We heartily commend the volume.

G. P. PUTNAM'S SONS announces the combination of *Putnam's Monthly* of *The Reader*, which has come rapidly to the front under the energetic management of the Grosvenor Co., Indianapolis. The editors of *The Reader* have given special attention to fiction and descriptive articles, and the new monthly will present a larger number of novels and descriptive articles than before, while the lite-

rary quality, which has been the distinguished characteristic of Putnam's, will suffer no impairment.

Of all the states known to dwellers on the Atlantic seaboard as "Western," Indiana has probably made the broadest and deepest mark in contemporary literature, and in an alliance with a magazine whose main strength lay in the eastern states, the publishers of the chief literary organ of that commonwealth turned naturally to the publishers of the most literary of American illustrated monthlies. This combination will place Putnam's magazine among the most popular of our illustrated monthlies, with a corp of writers second to none in America.

NEWS NOTES.

The New Postal Law.—Under the new law which takes effect June 1, 1908, no monthly publication will be allowed to go through the mails as second-class matter more than four months after the time for which it is paid. On the address label of every wrapper is the date to which the subscription is paid, and every subscriber may know from this why his journal fails to appear, if he does not receive it. The publisher is compelled to cancel all subscriptions four months after the date to which they are paid.

Fincke's Potencies.—Those who have been left in charge of Fincke's potencies, so well-known wherever Homoeopathy is known, will be pleased to know that they are being catalogued and arranged so that the profession may have access to them. Already 961 remedies have been catalogued, the various potencies of which amount to about 30,000. Few members of the profession realize the full extent of the life work of the late Dr. Fincke, nor have they but little knowledge of the various provings and writings left for the future. We trust that some of these may be given the profession at an early date. Up to the present date no one has been intrusted with nor had any lawful right to sell these remedies. Those obtained direct from headquarters are reliable, for they work every time and everywhere, when the medicine is indicated.

The New Jersey Homeopathic Society will hold its spring meeting May 5, 1908, at the Princeton Inn, Princeton. The meeting promises to be the largest and most enthusiastic one ever held in the state. President Wilson, of the University, has promised to address the society, and as this city is historic ground, it is fondly hoped that Homeopathy will receive a new impetus. Every homeopath in New Jersey should make a special effort to put in an appearance.

Illinois Medical Colleges Not Recognized.—Information comes to us from Dr. J. A. Egan, secretary of the Illinois State Board of Health, that the following medical schools of Chicago have been declared not in good standing:

National Medical University.

Reliance Medical College.

Jenner Medical College.

American Medical Missionary College.

College of Medicine and Surgery (Physio-Medical).

This information indicates that the Illinois Board of Health will do its share in bringing about fairer standards of medical education and licensure. In taking this action the board will doubtless have the endorsement not only of the medical profession and the various state examining boards, but of the public also.—*Journal of the A. M. A.*

Vivisection: The last volume of the Minutes of Evidence given before the Royal Commission on vivisection contains the evidence of Dr. Burford of about ten pages. Dr. Burford was able to show to a hostile and critical bench of judges that Homeopathy was something very different from what they imagined it to be; that it was able to dispense with all vivisectional methods and yet discharge its functions as a complete system of medical treatment. He achieved a notable day's work for Homeopathy and humanity on May 29th.—*Homeopathic World.*

The knowledge obtained by vivisection is on a par with that gained by testing drugs on animals, both unreliable and unscientific and in the interest and welfare of humanity should be abandoned. The scientific proving of drugs on the healthy instituted by Hahnemann over one hundred years ago, have complied with all the demands of science, and demonstrated that there is a natural law in the medical

world. The size of a vaccinal cicatrix is no evidence of prophylaxis.

**DEPARTMENT OF PUBLIC HEALTH, CITY OF
DES MOINES.**

DES MOINES, Iowa, October 25, 1906.

To whom it may concern:

This is to certify that the use of "Variolinum" is recognized by the court throughout the state of Iowa, and can be taken in preference to the usual vaccination if so desired.

James Morgan,

G. W. Mattern,

Secretary,

President.

James E. Miller,

Physician to Board of Health.

Charles Woodhull Eaton M. D.—Died at Des Moines, Iowa, Feb. 27, 1908, aged 53.

Dr. Eaton was born in Lancaster, Wis., March 28, 1855, was educated in the public schools of Lancaster, and obtained his literary education under the home training of his father the Rev. S. W. Eaton. He began the study of medicine under his preceptor Dr. S. E. Hassell of Lancaster, attended Hahnemann Medical College, Chicago 1876-77; New York Homeopathic Medical College 1877-78 and Hahnemann Medical College of Chicago in 1878-79, from both of which he received the M. D., degree. Dr. Eaton's paper on the Facts About Variolinum at the Jamestown meeting of the A. I. H. has been extensively read and his address before the Chicago Regular Homeopathic Society Feb. 4th, on Vaccination in Iowa will soon appear. He was the Chief Medical Director of the Des Moines Life Insurance Company, perhaps the only homeopath in America to hold such a position. Iowa and Homeopathy have lost one of their ablest exponents.

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No. 4.

IS THE PRACTICE OF JENNERIAN VACCINATION PERPETUATED BY THE USE OF BOGUS STATISTICS?

By J. W. HODGE, M. D., Niagara Falls, N. Y.

Having recently picked up a copy of a standard old school text book entitled "Acute Contagious Diseases." by Drs. Welch and Schamberg, and casually turned to page 121, I was astonished to find the notorious old Franco-Prussian war fable resuscitated and dressed up as a living personification of truth. My amazement on finding this over-worked fairy tale retold in a late text book for the "practical guidance of students of medicine," can hardly be imagined. In order to ascertain, if possible, how and why Drs. Welch and Schamberg had given currency to this oft-refuted yarn, I at once addressed the following letter to Dr. Schamberg:

Niagara Falls, Dec. 22, 1907.

PROF. JAY F. SCHAMBERG, M. D.,
Philadelphia, Pa.

Dear Doctor:—

On pages 121-122 of the work on "Acute Contagious Diseases" by Welch and Schamberg, I find the following statement under the caption "Value of Re-vaccination as Illustrated in the Comparative Small Pox Losses of the French and German Armies in 1870."

"The entire German field army which numbered over a million soldiers, although exposed to a raging small pox epidemic in France, lost by death from this disease 297 men; the French army on the other hand suffered the enormous loss of 23,469 men from small pox. (It will presently be

shown that the German troops were well vaccinated and the French soldiers poorly vaccinated)."

Will you kindly inform me where the authority for the figures above given is to be found? Will you also please advise me as to the authority for the statement that in 1870 the French soldiers were poorly vaccinated?

By complying with the above request you will confer a favor for which I shall feel duly obligated.

Fraternally yours,
J. W. HODGE.

DR. SCHAMBERG'S ANSWER.

Philadelphia, Pa., Jan. 2, 1908.

DR. J. W. HODGE,
Niagara Falls N. Y.

Dear Doctor:—

Your letter of Dec. 22nd is before me. The authority for the statement that in 1870 the French soldiers were poorly vaccinated will be found in the Minutes of the Proceedings of the Royal Commission on Vaccination. If my memory serves me correctly, the number of soldiers successfully vaccinated during a number of preceding years is there given in evidence. The number of French soldiers who died of small pox was unofficially estimated by the French minister of war to be 23,400.

It is stated by Edwardes that in the town of Langres alone 334 died. Colin reported 1074 small pox deaths among soldiers in one hospital, Bicetre in Paris. You will also find reference to the same figures as quoted by us in Nothnagel's Encyclopaedia of Practical Medicine, in the article on vaccination by Dr. H. Immermann of Basel. The latter refers to the Wiener Med. Wochenschr., 1872, p. 896, which published the mortality of the French troops during the war. Immermann says during the four years of peace, 1866 to 1869, preceding the outbreak of the war, the French lost 380 men from small pox, and in the year 1869 lost 63, while the Prussian army in the thirty-five years after the introduction

of compulsory vaccination, 1835 to 1839 lost altogether 77 men.

I beg to remain very truly yours,
(Signed) JAY F. SCHAMBERG.

DR. HODGE'S REJOINDER TO THE ABOVE.

Niagara Falls, N. Y., Jan. 7th, 1908.

Prof. Jay F. Schamburg, Philadelphia, Pa.

Dear Doctor:—

I am in receipt of your esteemed favor of the 2nd inst, in which you say: "The authority for the statement that in 1870 the French soldiers were poorly vaccinated will be found in the minutes of the proceedings of the British Royal Commission on Vaccination." I have searched for the "minutes" to which you vaguely refer and have failed to find anything like "authority" for the "statement" referred to in your letter. By consulting medical history I find absolutely no authority for the assertion that the French army was poorly vaccinated in 1870. On the contrary I find the best of authority for the belief that it was not only well vaccinated, but also re-vaccinated. Dr. Bayard, of Paris, a French authority on the subject writing in 1872 uses the following language: "Re-vaccination originated in France. Every French soldier is re-vaccinated on entering a regiment. There is no exception." Dr. Oidtman, staff-surgeon of the Imperial German Army, and chief physician to the hospitals at Verdun and St. Quentin, during the Franco-German war says: "Shortly before the war with Germany, the whole French army was re-vaccinated. This general vaccination tended rather to extend small-pox than to protect against it." Referring to Germany Dr. Oidtman says: "Our German municipal records show thousands of cases of attack and death from small-pox, even in newly vaccinated persons." (Address to the Reichstag). For an able and impartial discussion of the real facts pertaining to the Franco-Prussian war statistics I respectfully refer you to an English work entitled "A Century of Vaccination, and what it teaches" by W. Scott Tebb, M. A., M. D., (Cantab), D. H. P., London, England, 1899, published by Swan Sonnenschein & Co.,

Lim. On pp. 237-238 of the above mentioned work the author, Dr. Tebb says: "Now, there does not appear to be any authority for saying that re-vaccination was not enforced in the French Army, and exception must also be taken to the 23,469 French soldiers reported to have died of small pox. Mr. Alexander Wheeler followed up this statement as soon as it was uttered, and he received assurance from the French war office that there were no official medical statistics taken out during the period of the war in 1870-1871." "Earl Granville then in Paris, reported that the small-pox deaths in the French army during the years 1870-71 were unknown; that the confusion at that time was too great for registry." (Loc. cit. p. 239). Now, as to the number of deaths from small-pox in the German army let us see what the facts are. In reply to a letter of inquiry as to the number of deaths from small-pox in the German army during the war with France addressed to the War Office of the Army Medical Department of Germany, by Mr. G. S. Gibbs, the following answer was received in a letter from the German war office, dated Berlin, July 30, 1883: "For the time from July, 1870, to June 1871, (the twelve months of war) the numbers wished for are not recorded, and regret is expressed that on this account the desired information cannot be given."

Signed, TOLER LISOUKE.

"To Geo. S. Gibbs, Esq., Derry Lodge, Darlington."

In view of the above facts, I ask what are we to think of the notorious Franco-Prussian small-pox tale?

Now, Sir, you have further stated in your letter of Jan. 2nd that "the number of French soldiers who died of small-pox was unofficially estimated by the French minister of war to be 23,400", but you have failed to supply us with any of the data upon which this unofficial estimate was made. Do you consider such an estimate of any greater value than a random guess? Such a calculation is a mere assumption and is not in my opinion entitled to the confidence of anybody who aims at accuracy of statement. Still Dr. Welch and yourself seem to regard numbers "unofficially estimated" as proper statistical evidence for exploitation in

a text book which in its preface professes to be "a practical treatise for the guidance of students and practitioners of medicine". The Standard Dictionary defines the noun estimate as follows: "A valuation based on opinion or roughly made from imperfect or incomplete data". Dr. Hopkirk, a believer in vaccination, informed the Royal Commission that he believed the confirmation of the French and German war statistics to be an "absolute fact" (Q 6,774): but when he was confronted with the French Office records, in which it was stated that the medical statistics in 1870-1871 were wanting (Q. 6,778 and 6,782), he was obliged to admit that he was not aware of any figures on which the calculation was based (Q. 6,787).

I now call your attention to the following letter which appeared in the *Lancet* (London) of June 8, 1901.

"To the Editors of the *Lancet*:

Sirs:—Surely a journal with the reputation of the *Lancet* owes some explanation to its readers for reproducing in the annotation on aseptic vaccination the oft exposed fable regarding small-pox mortality in the French and German armies. This statement was withdrawn by Dr. W. B. Carpenter who originally promulgated it in this country. Its falsity was admitted by Lord Herschell's Commission. But the marvelous comparison keeps 'popping up' again, as the old lady said of Mr. Gladstone. In 1899 Mr. Rider Haggard used it in a little lecture to a conscientious objector, and afterwards withdrew it. The Jenner society obtained through the foreign office an official statement from the French authorities on this subject. In this, the estimate that 23,400 soldiers had died from small-pox was stated (as a little reflection would lead one to expect) to be "greatly in excess of the reality", so greatly that the 23,400 was brought down, 'not to exceed 6000. An estimate worth little at the best has thus suffered an official abatement of nearly 75 per cent. But the story on the authority of your review is still doing service in the newest pro-vaccination literature, and the *Lancet* has unaccountably given the lie one more start in this country.

I am Sirs, yours faithfully."

(Signed) ALEX PAUL.

On this letter the editor of the *Lancet* commented as follows: "The figures escaped our attention. We regret to have published them, as their falsity has been established.

Editor of the *Lancet*."

Now, Sir, it remains to be seen whether you will evince a like candor by promptly renouncing these bogus statistics which you have vouched for by giving them a conspicuous place in your text book much to the discredit of that work. If the statistical evidence in favor of vaccinal prophylaxy is so direct and overwhelmingly convincing as you seem to imagine, I cannot understand why Dr. Welch and you should have found it necessary or expedient to resort to these ancient, discredited and oft-refuted figures as an illustration of the value of re-vaccination. Finally, in view of the fact that the falsity of the statistics of the comparative small-pox losses in the French and German armies in 1870, has been admitted by nearly every pro-vaccinist of note in the world, and believing that you and Dr. Welch have no intention of giving currency to spurious statistics and that you are as desirous as myself that the facts be known I ask in the name of truth and accuracy that the fabulous statistics here referred to be wholly omitted from all future editions of your work on "acute contagious diseases".

Sincerely yours, J. W. HODGE.

Having waited two weeks without receiving a reply, I again wrote Dr. Schamberg as follows:

Niagara Falls, Jan. 20, 1908.

PROF. JAY F. SCHAMBERG, M. D.

Dear Doctor:—

After waiting for some time I have been disappointed in failing to receive some sort of reply to my letter of Jan. 7th addressed to you. In that letter I asked some pertinent questions which I hoped you would be able and willing to answer. In your reply of Jan. 2nd to my question asking for your authority for the French and German army small pox statistics paraded on p. 121 of your book on "Acute Contagious Diseases." You vaguely referred me to the "Minutes of the Proceedings of the British Royal Commis-

sion on Vaccination" for evidence as to the alleged authority.

Your loose reference just quoted has furnished no means of verifying the figures and statements given in your book.

In view of the voluminous character of the "Minutes of the Proceedings of the British Royal Commission on Vaccination," your indefinite allusion thereto appears to me absurd. You might as well have said "the needle is in the hay stack" as a clue to its whereabouts.

As you have failed to reply to the questions in my last letter, I trust you will pardon the liberty I now take in making some further inquiries along the same line of investigation.

In the recent work entitled "Acute Contagious Diseases," by Welch and Schamberg, on page 132, under the caption "Ravages of Small-pox in Countries where Vaccination is Neglected," we read: "Hungary had 12,241 deaths and Italy and Austria each over 11,000 deaths from small pox in the five years from 1893-1898."

Now sir, I submit that in classing Italy with the "countries where vaccination is neglected," you have grossly erred.

There are good and sufficient data in the shape of official government records for the belief that Italy was at the period (1893-1898) mentioned in your book and had been for many years prior to that period, one of the most thoroughly vaccinated countries on the globe. To the statement in your book that vaccination was or is neglected in Italy, I will here oppose the testimony of a distinguished professor of hygiene in an Italian university. In the *New York Medical Journal* of July 22, 1899, (pp. 133-4) was printed an article entitled "Vaccination in Italy," from the pen of Charles Ruata, M. D., Professor of Hygiene in the University of Perugia, Italy; Visiting Physician to the Convict Prisons; Editor of *La Salute Publica*, etc. In this article Prof. Ruata says; "Italy is one of the best vaccinated countries in the world, if not the best of all, and we can prove

that mathematically. All our young men, with few exceptions, at the age of twenty years, must spend three years in the army where a regulation prescribes that they must be *directly vaccinated.*"

"The official statistics of our army, published yearly, show that from 1885 to 1897 the recruits who were found never to have been vaccinated before were less than 1.5 per cent., the largest number being 2.1 per cent. in 1893, and the smallest 0.9 per cent. in 1892. This means in the clearest way, that our nation for twenty years before 1885 was vaccinated in the proportion of 98.5 per cent. Notwithstanding this, the epidemics we have had of small pox have been something so frightful that nothing before the invention of vaccination could equal them. To say that during the year 1887 we had 16,249 deaths from small pox, 18,110 in the year 1888, and 13,413 in 1889 (our population is 30,000,000) is inadequate to give a faint idea of the ravages produced by small pox."

According to these official government statistics there occurred in Italy in the three years, 1887, 88, 89, 47,772 deaths from small pox. Commenting on these figures, Dr. Ruata asks, "Can you cite anything worse before the invention of vaccination?" "Our population," says Dr. Ruata, "is perfectly vaccinated as we have already proved. I obtained from the government authorities a declaration that vaccination has been performed twice a year in the most satisfactory manner for many years past."

If I may be permitted to digress, I will here ask if you and Dr. Welch have placed Italy in the category of "Countries where Vaccination is Neglected," because the Italian nation is regularly vaccinated but "twice a year in the most satisfactory manner?" If universal vaccination regularly repeated every six months constitutes *neglect* of vaccination, will you kindly inform us how frequently, in your opinion, the rite should be repeated in order to constitute a proper observance thereof? In other words, at what intervals should the vaccine operation be repeated to "secure immunity from small pox?"

Returning to Dr. Ruata's article in the *New York Medical Journal*, we read: "Happily, in Italy, we are able to prove that re-vaccination has not the least preventive power. I only give a few figures: During the sixteen years, 1882-1897, our army had 1,273 cases of small pox with 31 deaths, 692 cases with 17 deaths happened to soldiers vaccinated with good result, and 581 cases with 14 deaths happened to soldiers vaccinated with bad result. This means that of a hundred cases of small pox, 54 were in persons vaccinated with good result, and only 46 in those vaccinated with bad result, and that the death rate of those vaccinated with good result was 2.45 per cent. and only 2.40 per cent. in those vaccinated with bad result."

"Vaccinationists say that when vaccination does not 'take' the operation must be repeated, because no result means no protection given. Now, we see that soldiers not protected because vaccination did not 'take' were less attacked by small-pox than those duly protected by the good result of their revaccination; and that the death rate in those vaccinated with good result was greater than among those in whom vaccination did not 'take'".

Dr. Ruata proves by the official statistics of the Italian army that during six consecutive years in which only animal lymph exclusively furnished by the Government Institute for the production of lymph was used in the army, that "the duly, 'protected' soldiers were attacked by small-pox in a proportion double that among the unprotected".

Dr. Ruata concludes: "As you see these are official statements, extremely trust-worthy, because made in a country where and at a time when no one thought that it was possible to raise a doubt against the dogma of vaccination."

"In our country we have no league against vaccination and every father thinks that vaccination is one of his first duties. For these reasons no bias could exist against vaccination in making these statistics."

The statements in Dr. Ruata's article, although printed in the *New York Medical Journal* more than eight years ago, stand unchallenged and unquestioned at the present time.

In your book on "Acute Contagious Diseases" I find numerous other figures and statements which do not merit the approval of any one who has carefully investigated the facts. On p. 122 of your work referred to, I find the following questionable statement in reference to the Franco-Prussian war of 1870: "The mortality rate from small-pox of the German soldiers in the field was 5.97 per cent." In view of the fact that the officials of the war departments of both France and Germany have announced that there were no official medical statistics made or recorded in either army during the war between these countries (in 1870-1871) I cannot understand how this percentage (5.97) was figured out. On the same page (122) of your book it is stated: "The number of cases in the French army is not known, but the *death-rate was forty-nine times greater than in the German army.*" Since no official statistics at all relating to small-pox or vaccination were taken out in either army I am curious to ascertain how the number "forty-nine" was arrived at.

Such figures can pass muster only when addressed to uncritical ignorance and unquestioning credulity, and are in my judgement very much out of place when paraded as genuine statistics in a medical text book which professes to be "a practical treatise for the guidance of students and practitioners of medicine."

In your work referred to, I find numerous other figures and statements in support of the alleged prophylaxy of vaccination which do not command my assent, but I shall not specify them at this time.

Trusting that I may be favored with the courtesy of an answer to this letter.

I am very truly yours.

J. W. HODGE.

DR. SCHAMBERG'S SECOND REPLY.

Philadelphia, Pa., Jan. 23, 1903.

DR. J. W. HODGE, Gluck Building,
Niagara Falls, N. Y.

Dear Sir:—

Your registered letter of Jan. 20 has just been received.

I had intended to consult the figures in the Wiener Med. Wochen. of 1872, before answering your note of recent date.

The estimate of 23,400 deaths from small pox in the French army during the Franco-Prussian war was, as you doubtless know, given in a report of the minister of war to the president of the French republic June 17th, 1889. These figures it appears were based upon material presented at the St. Petersburg Statistical Congress of 1872.

The statement of Colin, who reported 1074 deaths from small pox among the French soldiers at the hospital Bice-tre; the 1963 deaths among French soldiers on German territory; the deaths at Langres, not to speak of numerous other garrisons, indicate an enormous mortality among the French soldiers from small pox. Thiers and Laurencie state that the "small pox was even worse than the war."

Admitting for the sake of argument that but 6,000 soldiers died from small pox in the French army during the war, there still remains an enormous discrepancy between the Prussian and French losses. The statement in our book that the small pox mortality rate among the German soldiers in the field was 5.97 per cent. is based on the statement of Prof. Immermann, of Basel, who says that there were 4991 cases of small pox in the German field army of which 297 died, making a mortality of 5.97 per cent. I shall look into this subject further, and if before the publication of a second edition of our work I find more reliable information concerning the figures quoted, we shall of course correct them.

In the little folder which you sent me I find the following, "after several years of reading, observation and experience, I became fully convinced that successful vaccination not only fails to protect its subjects from small pox, but that in reality it renders them more susceptible to this disease, etc." Personally I would be willing to permit the practice of vaccination to stand or fall upon the falsity or truth of this assertion. This statement is so far from the truth that it becomes evident to any physician of experience with small pox that your personal acquaintance with the

disease must be small; for no man who has observed any considerable amount of small pox could honestly make such a statement.

I note in the circular entitled "Does Vaccination Protect" numerous references to the percentage of vaccinated persons admitted into hospitals with small pox. It must be patent to you that this proves nothing against vaccination, save that one vaccination does not protect for life. If 95 per cent. of the population were vaccinated and 90 per cent. of the small pox admissions are among the vaccinated, what would the argument prove?

I have neither the time nor the inclination to discuss the article of Dr. Charles Ruata; suffice it to say that the figures which he quotes do not seem to have changed the official attitude of the Italian government or the governments of contiguous countries towards vaccination. France has recently increased the rigor of her vaccination requirements.

A point antivaccinists either unwittingly or wittingly overlook is that the existence of a vaccination law does not necessarily mean the enforcement of that law. Until recently thousands of school children in the country districts of Pennsylvania remained unvaccinated, although a state law provides that every child attending school must present a certificate of successful vaccination. If small pox had broken out among these children it would have been contended that they were successfully vaccinated because they could not otherwise have attended school. Arguments of this character have been brought forth to prove that the French soldiers prior to the war were well vaccinated. In our book is given the percentage of unsuccessful results. It is not the mere surgical procedure of vaccination which gives protection against small pox, but it is the development of vaccinia. If you want to read convincing evidence in favor of vaccination, and I am not sure that you do, I would ask you to look over the pamphlet on vaccination and the statistical maps therein contained, issued by the German government at the St. Louis exposition several years ago.

I do not care to continue an epistolary controversy on the subject of vaccination, for my experience has proven such a course to be fruitless. Your own attitude as evidenced in the printed folder and mine are diametrically opposed and absolutely irreconcilable.

I beg to remain, very truly yours,

JAY S. CHAMBERG.

Dr. Hodge's reply to the above:

Niagara Falls, N. Y., Jan. 27, 1908.

Prof. Jay F. Schamberg, M. D.,
Philadelphia, Pa.

Dear Doctor:—

Your letter of the 23rd inst., has been received and its contents noted with some surprise.

I was astonished that a medical man of your pretensions and standing in the profession should have found it necessary to resort to the use of notoriously false statistics in an effort to bolster up a discredited and waning cause. I am amazed that after your attention has been called to the bogus character of the discredited figures and statements, you still hesitate to disown them.

I prefer to look upon those who give currency to spurious statistics as being deluded or mistaken rather than in the uncharitable light of being dishonest. In my letter of January 7th, I cited evidence which should be sufficient to convince any fair minded, intelligent man who is seeking truth, that the number of deaths from small-pox in the French and German armies as given in "Acute Contagious Diseases" is so monstrously false as to appear fabulous on its face. I am aware that the promoters of vaccination have used these statistics to an endless extent in drumming up recruits for the Jenner forces; yet not one of them has taken pains to inquire whether the anonymous statement which first appeared in an Austrian medical journal had any foundation in fact.

From the opening paragraph of your letter, I quote: "I had intended to consult the figures in the Wiener Medical Wochen. of 1872 before answering your note of a recent date." May I inquire what you hoped to prove by an anonymous

paragraph in a German medical journal? The figures you refer to in the Wiener Med. Wochen. were reprinted in the British Medical Journal and afterwards retracted by that journal which apologized handsomely for having given currency to the false statistics.

In the second paragraph of your last letter, you say: "The estimate of 23,400 deaths from small-pox in the French army, as you doubtless know, were given in a report of the Minister of War to the President of the French Republic June 17, 1889." My answer is, I do not know anything of the kind. Then you go on to state: "These figures, it appears, were based upon material presented at the St. Petersburg Statistical Congress of 1872." Here we have more loose statements—"Material presented;" What was the "material" pray, and by *whom* was it "presented?" Where is the argument in such indefinite statements? The (London) Anti-vaccinator of Nov. 1, 1872 took up the Franco-Prussian War tale and proved by the records of the French War Department that the French Army was completely re-vaccinated in 1870-71, and that, if as was argued by the promoters of vaccination, 23,469 French soldiers fell victims to small-pox, no more conclusive proof of the uselessness of re-vaccination could be desired.

In your letter, you next refer to the statement of Colin regarding the alleged small-pox deaths among French soldiers at the hospital Bicetre, etc. The citation of Colin as authority for any statement or figures mentioned in the Franco-Prussian War statistics is unfortunate for your side of the case, for the reason that these statistics are neither in Colin's book, (*La Varicelle*), nor is Colin in any way responsible for them. Colin being an impossible authority, it will be necessary for you to look for another.

Again, you say, "Admitting for the sake of argument, that but 6,000 soldiers died from small-pox in the French Army during the War, there still remains an enormous discrepancy between the Prussian and French losses." A reduction from 23,469 (the figures paraded in your book), to 6,000 is a generous concession even "for the sake of

argument;" still, even the last asserted number (6,000) is probably in excess of the actual figures. I do not now deny, nor have I at any time denied, that the French soldiers suffered more severely from small-pox than did the Germans. So much was to be expected. The influence of the mind on disease ought never be forgotten or overlooked. In Holme's *System of Surgery*, Vol. 1, p. 174, we read: "Extreme mental depression has been thought to predispose to the occurrence of pyaemia. In the Franco-German War, pyaemia was more prevalent in the French than in the German hospitals." Had the French rolled back the German hosts on Berlin, crushed, disheartened and demoralized; with the sick and wounded huddled in barracks and hospitals, the incidence of and mortality from small-pox might have been reversed in the two armies whether the Germans had been vaccinated, re-vaccinated or un-vaccinated; and yet, perhaps, not altogether reversed, for the reason that the Germans had mastered the first principles of military hygiene. Probably in no other great war was any army so free from fatalities from sickness, unless it was the Japanese army in the late struggle with Russia, as was the German army in 1870-71. It was far otherwise with the French soldiers. Those whose lot it was to minister to their sufferings have appalling stories to relate, of ignorance, mismanagement and neglect. The French were put upon the defensive, crowded and huddled together, and besieged; while the Germans were marching in the open, with choice of camps.

Dr. Colin whom you quote as an authority, remarks: "Virulent diseases, especially the eruptive fevers, are more especially developed by troops in garrison; and, on the contrary, they become mild or disappear, by life in the free air and in camps." Hence Colin tells us that when the Gardes Mobiles were suffering from small-pox in 1870, he recommended that they should leave the barracks and go into tents so as to have full benefit of the fresh air. Where, then, is the force of your argument that the discrepancy of the small-pox death-rates between the French and the German armies was due to neglect of vaccination in the French

army? No more pronounced experiment than this on a large scale could have been made in dis-proof of your claim that the French soldiers died of small-pox because of being poorly vaccinated.

The asserted conditions of the experiment as given in "Acute Contagious Diseases" have been proven untrue, whilst the real conditions would fully account for little small-pox on one side and much small-pox on the other, irrespective of vaccination.

The French soldiers, defeated, disheartened, half starved huddled, crowded and cooped in unsanitary barracks, would necessarily fall easy victims to a filth disease like small-pox. The marvelous statements contained in the Franco-Prussian War tale have always made the yarn appear fabulous on its face; but such is the unlimited credulity of the advocates of vaccination, that it seems impossible to over tax it. Alluding to Prof. Ruata's testimony, you say: "I have neither the time nor the inclination to discuss the article of Dr. Charles Ruata." I am surprised at the non-chalance with which you attempt to brush aside the facts and figures which I quote from Dr. Ruata's paper in my last letter. The testimony of a distinguished teacher of sanitary science in an Italian University ought surely be entitled to some consideration as regards conditions existing in his own country, especially when he submits in support of his contentions the official government statistics of that country. In thus summarily evading Dr. Ruata's testimony, you have avowed your belief in the trite saying, "Discretion is the better part of valor."

Not one of the great army of apologists for vaccination has ever had the hardihood or the temerity to tackle Dr. Ruata's article, although it has been staring them out of countenance for more than eight years. Through a conspiracy of sphinx-like silence on the part of the defenders of the Jennerian faith, Dr. Ruata's arguments have been utterly disregarded. In their presence, the intrepid champions of the "Jenneration" of disease have remained as speechless as Egyptian mummies.

In exploiting these ancient, notoriously-false and oft refuted small-pox statistics in "a treatise for the practical guidance of students of medicine," Dr. Welch and yourself have shown yourselves no more critical and circumspect than a couple of grannies. From my writings, you have quoted a part of a sentence as follows; "After several years of reading, observation and experience, I became fully convinced that successful vaccination not only fails to protect its subjects from small pox, but that in reality it renders them more susceptible to this disease." In your comment on the above quotation, you say: "This statement is so far from the truth", etc. I am sorry to note your violent language. How did you ascertain the alleged untruthfulness of my statement? Are you a clairvoyant or a "mind-reader", that you assume the ability to divine my convictions? I will here remind you, sir, that the strength of a man's position depends not upon the violence of language used in its support, but rather upon the strength of the evidence adduced in its favor. To asperse an opponent's motives because his convictions do not happen to tally with your own is atrocious. To impugn a man's veracity when unable to answer his arguments is far from being honorable.

In the closing paragraph of your remarkable letter, you have this to say: "I do not care to continue an epistolary controversy on vaccination, for my experience has proved such a course to be fruitless." Now, doctor, if, after you have "looked further into this subject," as you profess a willingness to do, you should become convinced that the Franco-Prussian war statistics and some others which you have approvingly quoted in your book, are fictitious and unworthy of credence, will you still persist in your opinion that this "controversy" is fruitless? You are probably unaware of the fact that Dr. W. B. Carpenter, away back in 1833, trafficked extensively in these astoundingly false statistics; and according to his habit of being serenely confident that what he *wishes* true *is* true, he indiscreetly pledged himself to his opponent, Mr. Wheeler, to substantiate the figures or withdraw them. It was a rash vow. Earl Gran-

ville was appealed to and the resources of the French war office brought into requisition; but all in vain! The French authorities had to admit that the number of deaths from small-pox in the war of 1870-1871 was unknown. "The confusion was too great for registry." Dr. Carpenter was, therefore driven to retraction, which humiliating and painful ceremony he performed in a letter to the *Daily News* (London) of Aug. 7, 1884, saying: "If I have erred in adopting, without sufficient authority, a statement which had every appearance of being trustworthy, my opponents should remember that they too are fallible." It is sometimes disagreeable to face the truth, but always cowardly to evade it.

In your book on "Acute Contagious Diseases," I find many other gross misstatements—all in favor of vaccination—which should be eliminated from all future editions of a text-book designed for "the practical guidance of students of medicine."

Regretting exceedingly that you "have neither the time nor the inclination" to discuss a practice so gravely affecting the lives and health of the rising generation, I now conclude my letter which has already exceeded the usual limits of an epistolary communication.

Sincerely yours,

J. W. HODGE.

COMMENT: Having refuted the Franco-Prussian war statistics scores of times in newspapers and in medical journals it seems like slaying the slain to repeat the task. It seems almost impossible to kill and bury a statistical falsehood when its testimony favors vaccination. These statistics have been denied, disproved, retracted and disowned by some of the world's ablest advocates of vaccination. Yet in spite of all these exposures, and with drawals, the old lie keeps marching on. It is not at all likely that we have heard the last of it. It is far too impressive and too useful to the vaccinists to be abandoned. It will continue to be resuscitated whenever a promoter of vaccination finds himself bested for argument, when face to face with an audience which has not access to original records.

J. W. HODGE.

SOME ASPECTS OF THE TUBERCULOSIS PROBLEM IN NEW JERSEY.

BY R. F. RABE, M. D.

The wide-spread prevalence of pulmonary tuberculosis particularly throughout the civilized world, is a fact which needs no proof. On every hand are the ravages of this disease so plainly apparent, that the question of its control has ceased to be a professional problem only and has imposed itself upon the minds of public economists, states, men and all who have the civic welfare at heart.

As is common in all diseases which are difficult to cure, the remedies for this one are legion, until at the present time the pendulum has swung from the extreme of drug therapy to that of nature alone, whose crude and rigorous efforts are sometimes copied with a much greater zeal than is consistent with the best wishes of the hapless patient. In spite of the advances made in hygiene, sanitation and other correlated sciences, the increase of tuberculosis goes mockingly on until one is forced to the conclusion that an advancing civilization exacts her penalties with a grasping hand.

In the laudable efforts which are everywhere put forth to stamp out this justly dreaded disease, some appear to approach the ridiculous in their absurdity of reasoning and performance. Others are at once nullified by the very causes which called them forth. These causes themselves are frequently found rooted in the foundations of society where the progress of evolution is slow though inexorable. To eradicate such causes means the reformation of society itself, a task, the supervision of which is given to no man to control.

To the Hahnemannian philosopher much is clearly visible, which to the mind ignorant of homeopathic principles, is densely clouded or entirely lost in mystery. The materialistic mind grasps eagerly at any tangible theory which promises a solution of the problem, hence the ready acceptance of the germ origin of tuberculosis, an assertion by no means proved to the satisfaction of thinking minds. In the study of the symptom phenomena of this disease one

is struck by the important part played by Hahnemann's Miasms in their production. The systemic effects of Psora, Sycosis, Syphilis and their combinations are so intimately interwoven with the disease under consideration that a study of the miasms reveals the key to the solution of the tuberculosis problem. And the key is this, that, were Psora, Sycosis and Syphilis truly cured in the way pointed out by Hahnemann, instead of undergoing constant suppression, as is now the case, future generations would be so free from disease susceptibility that tuberculosis as such would rapidly become extinct.

All other efforts which have for their object the effacement of the disease product, tuberculosis itself, by attacking the pathological end-product or by opposing its accompanying germ-life, are doomed to failure. In so far as the efforts of physicians have been directed at the patient himself, they have been successful, whereas the opposite must be said of all so-called specific treatment. That this truth has at last dawned upon professional minds is evidenced by the tendencies of modern Sanatorium treatment, which aims at the patient rather than at his disease, although even yet a blind dependence is here and there manifested, upon unrelated, misdirected drug therapy. The key-note of Sanatorium treatment is embodied in the phrase "right living" and this consists in the observance of all those hygienic and dietetic measures which are the dictates of sound reason and judgement.

In this consideration climatology is but one element and no longer holds the supreme place which hitherto has been allotted it. One of the greatest features of Sanatorium life lies in its power to inculcate in the minds of the inmates habits of correct living, and this lesson once learned, is of the highest value to the patient and those about him, when he has gone back to his ordinary life and vocation. Such education as is imparted to those within the Sanatorium, should however, be given to the thousands who are without it.

In our own state something of the sort is being done

under the auspices of the the New Jersey Association for the Prevention and Relief of Tuberculosis. This association reports as probable the existence of twelve thousand consumptives in the state to-day. Three thousand five hundred and eighty-seven died of the disease in this state in 1905. The Association is doing excellent work and has already made use of a traveling Tuberculosis exhibit in its campaign against the disease. This exhibit has been shown to ten thousand four hundred people in seven cities and towns of the state, and during the last year thirty-five lectures have been given to a total of twenty-five hundred people.

In 1902 the state legislature passed and the Governor signed "an act to establish a Sanatorium for persons afflicted with tuberculosis diseases, and to provide for the selection of a site and the erection of buildings therefor and the government thereof."

After an inspection of several sites in various parts of the state, Glen Gardner, on the New Jersey Central Railroad, in the county of Hunterdon, was selected as most desirable and five-hundred acres of wood and upland purchased by the Board of Managers, which board had been appointed by the Hon. Franklin Murphy, Governor, and whose officers consisted of Dr. Charles J. Kipp, President; Dr. Austin Scott, Vice-President; Col. E. A. Stevens, Treasurer and Dr. James S. Greene, Secretary.

To quote from the first annual report of the Board: "The land adjoins the Central Railroad and the proposed site of the buildings is located less than three-quarters of a mile from the station. It is easily accessible and at the same time secluded; the air is very pure; the soil is dry and porous and there is plenty of good water on the place. It has a southerly slope, amply protected from north-easterly winds, on which it is proposed to build. From here is obtained an extensive view of attractive landscape. The place is about 950 feet above tide water and includes about two-hundred and seventy-five acres of woodland. We regard it as an ideal place for a Sanatorium."

In 1905 excavation for the Sanatorium buildings was be

gun and the buildings, after much delay, finally completed in the fall of 1907. The Sanatorium consists of a large Administration building containing rooms for the resident physicians and nurses, laboratory, drug room, treatment rooms, offices, board room and so on, and is connected by large covered passageways with the separate ward buildings of two stories each, for male and female patients, and with the large dining room and service house in the rear of the Sanatorium buildings proper.

The upper floor of each ward building consists of one large ward with numerous windows and containing twenty-six beds. The lower floor is divided into smaller ward rooms for three to four patients, and is designed for those who may be afflicted with noisy coughs likely to disturb other patients. On each floor are rooms with baths, wash basins and showers of all descriptions. The medical superintendent of Glen Gardner Sanatorium is Dr. S. B. English, who is ably assisted by Dr. Henry B. Dunham, formerly of the Massachusetts State Sanatorium located at Rutland, Mass.

At the present writing the Board of Managers, all appointed by the Governor, is made up of Dr. W. S. Jones of Camden, president; Dr. Elmer Barwis, of Trenton, vice-president; Dr. John H. Moore, of Bridgeton; Dr. Theodore Senseman, of Atlantic City; Mr. Abram L. Beavers, of Glen Gardner, secretary; Mr. J. Walter Ingham, of Phillipsburg; Mr. Chester N. Jones, of Summit and Dr. Rudolph F. Rabe, of Hoboken. Seventy-one patients to date are under treatment at the Sanatorium, which will very soon be filled to its capacity, one-hundred and four patients.

Glen Gardner Sanatorium is designed for the reception and care of curable cases only, the intent of the law being interpreted to mean incipient pulmonary tuberculosis. Applicants for admission are at present examined by physicians appointed by the board, throughout the state and are admitted after final examination and acceptance by the medical officers of the Sanatorium. Doubtful cases are kept for one month on probation and all those who do not show a reason-

able degree of improvement within this time, are asked to return to their homes.

This provision is in accord with the policy of the greatest good to the greatest number, since it is held to be better to cure four cases in one year than arrest one or two cases in the same time. For these cases which are in the second stage of the disease a separate State Sanatorium should be built or the various counties should take care of such cases in sanatoria of their own, located at convenient points. The need for such retreats is a real and crying one, for it is almost inhuman to turn away such cases, susceptible of improvement if not of cure. At present however, there is nothing else to do and many a case goes to an untimely end for lack of such provision.

Patients at Glen Gardner are of two kinds, indigent and pay; the former are sent after examination by the medical examiners and officers upon recommendation of a judge of a court of common pleas, who has been satisfied of the indigency of the applicant. Pay patients are received at the discretion of the Board of Managers, pay a weekly fee of five dollars and are treated in every respect the same as the indigent patients. They undergo the same preliminary medical examination.

Shacks and out-door camps, for which there is ample room, are in contemplation, a sun parlor and a recreation pavillion for use in inclement weather will also be erected. The farm land will be used and cows purchased to insure an abundant supply of wholesome milk. An iceplant will also be constructed.

And now that the state of New Jersey has made so excellent a beginning in the fight against the great white plague, it behooves all citizens, both lay and professional to aid the work in every possible way. Tuberculosis should be placed in the list of notifiable diseases, for no matter whether we accept the theory of the germ origin or not, we can and do admit the infectious nature of this disease, whose prevention is of so great economic and social interest as to enlist all public spirited men and women.

In this work, efficient but not obnoxiously overzealous local boards of health can be of great service and to them belongs the supervision of factories and tenements, sewage disposal and kindred matters. Personal hygiene and knowledge of sanitation must be taught to some extent at least in the schools and the warfare against patent medicines and other nostrums relentlessly carried on. In this work we can as physicians, and especially as homeopathic physicians, do much, for it is given to us to distinguish clearly between disease suppression and disease cure, if we are but mindful of the teachings of the founder of our school. For after all the law of similars offers the greatest aid in the warfare against tuberculosis in all its forms.

A CLINICAL CASE.

BY DR. P. JOUSSET.

Translated from *Revue Homeopatheque Francaise*, by Horace P. Holmes M. D., Sheridan, Wyoming.

Rheumatic endocarditis. Mitral insufficiency and mitral stricture. Hyposystole; Cactus, Digitaline, Theobromine, Apis, Ledum, Strophantus, Vipera torva, Calomel, Spigelia Colchicum, Aconite, Serum d'anguille (eel's serum.)

Madam X—, aged 28 years, entered the hospital Saint-Jacques October 31st, 1907, and was placed in bed No. 7 of the large ward.

This woman has already had two attacks of acute articular rheumatism. The first dates back ten years, was a long siege and the patient kept her bed for two months; the large articulations were successively attacked, red, swollen and painful. A very slight bruit de souffle should have been noticed at that time.

Two months ago there was a new attack which only lasted three weeks, but was complicated with a grave endocarditis, characterized by a considerable dyspnoea, anxiety and pallor of the face. At the time of her entrance into the hospital, they verified the existence of a grating systolic souffle and a presystolic souffle. The jugulars beat strongly; the pulse was small and irregular. The liver painful and congested.

October 31st. Cactus 1x, 10 drops, was prescribed; but by evening, signs of asystole appearing, the interne on duty prescribed Digitaline 1-1000th, 20 drops. The next day, the patient being better from that dose, 30 drops of the same preparation of Digitaline was prescribed, and the urine, which measured only 300 grams, reached 1500 grams the next day.

The 2nd and 3rd of November, three doses of 50 grams of Theobromine were given. November 4th, rest. The urine reached 2500 grams. On the 5th, Apis 6x and Ledum 6x were given in alternation. From this time the urine diminished greatly and fell from 750 to 300 grams. The trouble of asystole reappeared. Strophantus, in mother tincture, Vipera torva 2x trituration, Calomel, Spigelia, Theobromine, had scarcely any effect. The patient, extremely oppressed, was obliged to remain in a sitting position; the pulse was small and arhythmic.

This was the condition in which I found the patient on the 1st of November. The Digitaline was again indicated by the state of the pulse and urine; but, as this remedy had only brought about a transient amelioration, I prescribed Serum d'anguille 1st, 10 drops, although the urine did not show any albumen; the next day the urine had doubled in volume and the day following had attained 1100 grams; at the same time the functional symptoms were greatly ameliorated.

December 9th, the patient was but very little oppressed and slept well; the urine had increased to 1500 grams; the pulse had become regular but the bruit de souffle persisted with the same intensity. I prescribed Colchicum, mother tincture, 40 drops for four days. This remedy had no effect; then I prescribed Aconite 1x trituration grams 0.20 in 200 grams of water. The patient improved and could walk without notable oppression and the 22nd she asked leave to return to her home affairs.

This case give us an opportunity to bring before you the indications for Digitaline and Serum d'anguille.

Digitaline is a common and classical remedy; we have

nothing to inform you regarding its action in cardiac affections. And yet, I desire to recall to you that three symptoms indicate its employment; weakness of the cardiac muscle, revealed by the smallness and intermittence of the pulse, oliguresis and anasarca. In our patient, two symptoms only existed, weakness and intermittence of the pulse and the oliguresis; nevertheless, the action of the remedy was immediate and from 300 grams the quantity of urine rose to 1500 at the end of forty-eight hours. Crystallized Digitaline in the dose of 30 to 50 drops of the 1 1000th solution given twice a day advantageously replaces the decoction of the leaves we formerly gave. Its action is more certain and rapid, and its administration easier. Habitually, at the end of twenty-four hours, the increase in urine and the amelioration of the general symptoms announce the good effects of the Digitaline. But a fact to which I particularly call your attention, is that the favorable action of Digitaline, when the remedy has been administered in a sufficient dose, 30 to 50 drops during the day, continues during four, six, eight and twelve days; but with the condition that the intercurrent administration of another remedy does not interfere with its action.

Digitaline is the type of the good remedy; first, it is absolutely homeopathic, since it cures the asystole which it produces; next, it constitutes a brilliant demonstration of the Hippocratic adage: *natura medicatrix*. Its action, in effect, is not directly upon the disease, but it modifies the organism which through its own particular forces, combats the morbid process.

Serum d'anguille. The remedy is new, and I believe I am the first and only one who has used it in the treatment of affections of the heart and kidney.

Mosso and Phisalix had experimented with the serum d'anguille on animals before I did. It was because they demonstrated the great analogy of the serum d'anguille and viper venom, that I was led to study this medicament.

The experiments I made in the laboratory of the Hospital Saint-Jacques will be found in the July, 1899, number of 1'Art

Medical; and more completely, regarding the histological lesions, in the *Bulletin de la Societe anatomique* of May 1899.

The serum d'anguille acts very energetically upon the rabbit. Injected, in the dose of 3 drops, mixed with physiological serum, into the marginal vein of the ear, by the following day causes the urine to become albuminous and sanguinolent; the pulse slows down to rise afterwards; from larger doses, 8 to 10 drops, it becomes intermittent. The urine is very abundant from the first and always albuminous. When 8 to 10 drops is attained, the urine diminishes, then anuria develops at the same time with the diarrhoea and the rabbits succumb.

The lesions are especially intense in the liver and kidney; the two principal conditions they may cause are: necrosis from coagulation and vascular degeneration.

The heart also presents a certain number of lesions, though much less advanced these are rare granulations upon some muscular fibers and in the walls of isolated capillaries; a certain degeneration of the muscular fibers, masses of round cells in the fibers with multiplication of the nucleus; upon a longitudinal curve, a quite positive stricture of the fibers, and on transverse section, vacuoles in a certain number of muscular fibers.

TRANSLATORS NOTE: My object in presenting to the readers of the *MEDICAL ADVANCE* this interesting article from the pen of the gifted Dr. Jousset, is three-fold:

First, it is absolutely worthless from a homeopathic point of view.

Second, it shows the tendency towards serum-therapy, in which Dr. Jousset hopes for great results in the future treatment of diseases.

Third, it serves as a splendid text for a discourse upon true homeopathic prescribing.

I concede to no English speaking physician a greater regard for Dr. Pierre Jousset than I myself hold. One of the regrets of my professional life is that I have never met him.

For the last twenty years I have read largely from Dr.

Jousset and have given many translations of his writings to the MEDICAL ADVANCE. He is one of the most voluminous and original writers of the homeopathic school. He is deeply scientific, always abreast of the times in medical research, microbiology and serum therapy, a splendid diagnostician, a lucid teacher, and a devoted partisan of homeopathy. I can thank him for many, many good things I would have found nowhere else and many things I would not have read until months later. His advice against the use of quinine in la grippe in the great epidemic of 1888-1889, before it had fairly gained a foot-hold on the American continent; his explosion of the Bourgeon rectal gas craze long before our American physicians bought their useless apparatus; his killing review of Koch's tuberculin as a cure for consumption; his most thorough and masterly demonstration of the proof that tuberculosis is non-contagious through the most intimate family association, from the use of tuberculous milk or meat, a fact now accepted by the French congress of tuberculosis; and, latterly, his interesting articles upon the various sera-therapy, are a few of the especially good things I read first from his pen. And so, if to Dr. Jousset is due the incentive which led me to wish to read the French medical text, I am certain he will take kindly a criticism from me upon his unhomeopathic prescribing as compared with the teachings of our beloved master, Samuel Hahnemann.

Dr. Jousset does not "take" his cases as Hahnemann recommended. He gives a few diagnostic symptoms, but no modalities nor mental symptoms. To him a case of pneumonia is a case of pneumonia, and so he says in "Lectures on Clinical Medicine," page 98: "Tessier formulated a treatment for this disease which is classical. It consists in the administration of Bryonia during the day, and of Phosphorus during the night." Much of his practice is on this empirical plan as far as one can judge from his writings. Take the case he reports in this translation; there is not one single symptom given on which one could base a homeopathic prescription. Basing his treatment on his diagnosis he flies at once to empirics; Cactus is known to be useful for head

trouble; Digitaline also. And so they are first thought of and given without asking if they are homeopathic to the case. That is eclectic treatment, pure and simple, not homeopathic. *These remedies were not indicated or they would have acted favorably.* The same can be said of the seven other remedies, none indicated and none curing. It was little wonder he resorted to eel's serum! It would be interesting to know what a true homeopathic remedy—the simillimum—would have done for this patient. However, it is fair to say the patient did not have homeopathic treatment and there can be no claim that serum-therapy succeeded after Homeopathy failed.

What should Dr. Jousset have done? Hahnemann taught us to pay attention especially to the *peculiar, prominent and uncommon* symptoms, and it has been successfully followed by the masters of our school; also give especial attention to the mental symptoms and the modalities. In my own practice I aim particularly to draw all these out in the picture of the case, and I consider them of more importance from the standpoint of the cure than I do the diagnostic symptoms. Diagnosis counts for little in choosing the curative remedy, and Hahnemann so taught and practiced. Now please Mr. Hothead, do not fly up and say I ignore diagnosis: But I do mean that diagnosis is practically useless when it comes to selecting the curative remedy—the *remedy that must cure.* If one is not convinced, let me ask him what remedy homeopathic to the case would he give for bronchitis, for pneumonia, a diarrhea or dysentery, a rheumatism or a sick headache, erysipelas, cystitis, etc.? Forget your diagnosis, be a homeopathic prescriber, and give the *indicated* remedy.

On this particular subject read what Dr. Franz Hartman said of Hahnemann's prescribing in Dunham's Lectures on Materia Medica, Vol. II, page 392, where he saw Hahnemann cure a case of figwarts in fifteen days. Not being able to diagnose the remedy, Hartman asked Hahnemann what he had given and was evasively answered by being told to "study Materia Medica." Being unable to contain

his curiosity after the cure was effected, Hartmann stole into Hahnemann's study at an early hour and examined the record book. Much to his surprise he found that Chamomilla 30th, three powders, had cured the condylomata. He confessed his fault to Hahnemann and begged to know why Chamomilla had been selected. Hahnemann replied: "Then take the book and read further, read the Symtomen-Codex and see if it were possible to give any other remedy than Chamomilla when such symptoms were present."

In contrast to this loose method of Dr. Jousset, compare the report of Dr. Chiron in his case of epilepsy in the February ADVANCE, page 117. Every symptom, diagnostic and personal pointed to the single remedy, Cuprum. That is the kind of work we want. That is homeopathic prescribing.

NOTES FROM HAHNEMANN HOSPITAL, Rochester, N. Y.

"Mrs. Lydia Hoag and her daughter, who have been members of our hospital family for nearly four years, we are happy to learn are restored to health, and left the hospital on the 16th inst. for a trip to California. They have the best wishes and love of the entire household."

Dr. H. C. Allen, Chicago, Ill.

Dear Doctor:

I enclose clipping which in a way explains itself so far as a cure under homeopathy is concerned. The above case has been under treatment by some of our best men for a long time without being cured. She had not walked for five and a half years; had been in bed nearly four years. Dr. Biegler turned the case over to me one year ago. At first she continued to decline as she had been doing for more than three years. Finally *the* remedy was found and the case went on to complete recovery. Today she is enjoying perfect health; can walk five miles which she does nearly every day, and is feeling better than she can ever remember of being before. The case was cured from the fact brought forth one day that she had never been well since scarlet fever at age of three years, and that atropine had been used

for ten years to dilate the pupil of one eye. Not only is she well generally but sight in this eye is better than in years. Needless to say that atropine was discontinued.

Am proud of results in this case from homeopathic work. Thought you might be interested to know that Hering's teachings were bringing results for me not alone in this case but many others. Have three allopathic physicians who employ me for themselves and families when medicine is needed.

Best wishes for a prosperous year for Hering. I am
Very truly yours,
GLEN I. BIDWELL, M. D.

USEFUL NOTES.

From J. F. EDGAR, M. D.

TOBACCO.—An elderly man, accustomed to railroad or excavating and grading work, complained of "intense aching in his testicles *after use of tobacco*, either in chewing or smoking form." The only concomitants I could secure from him: he was not very active sexually; had the mental desire but poor physical capacity; irritable bladder when the testicles are aching; desire to urinate but slow, intermitting evacuation. I gave him one dose Conium 1m (B. & T.,) and afterwards studied the condition. The Conium did not relieve. My three repertories gave not much help.

Tabac., Solan. nigr., Lyssin. Lobelia were suggested generally. Using the last symptoms in section 15—Lyssin, and the general ones of sections 21 and 22, I administered Lyssin 30, the only degree of fineness I had in stock.

The relief was prompt and has continued so, now over three months. I have added to the last symptom in section 22, Lyssin in Guiding Symptoms, *or tobacco*, so that it reads "complaints resulting from abnormal sexual desire or tobacco," and I report this to the profession for verification.

YAWNING, GAPPING.—I have three of the largest repertories. When I want to follow up a symptom that may be a leader, and the repertory gives remedies that are not corroborated in Guiding Symptoms, I then take the entire ten

volumes and go over that section in each remedy and *verify my repertories.*

With Hering's Guiding Symptoms we have authority that is nearer to certainty than any I know of. The following remedies are verified *from that authority*, and I offer them to the profession who care to record them in their repertories and save themselves the three or four days of work I have given to it. This does not include the gasping for air in dyspnoea.

Acet. ac.; Actea rac.; Acon.; Agar.; Ammon. br.; Ant. crud.; Apoc.; Arg. m. and n.; Ars.; Atrop.; Aur. mur.; Bor. Bry.; Calc. phos.; Camp.; Carb. ac.; Citrus Lemon; Croc. Dig.; Dros.; Fer. Iod.; Glon.; Hell.; Ign.; Kob.; Kreos.; Lac acid; Lact.; Laur.; Lil. tig.; Lob.; Lyc.; Lycop.; Lyss.; Med. Merc. v. and cor.. Mez.; Mosch.; Mur. acid.; Natr. s.; Nux. mos. and vom.; Olean.; Op.. Paris; Phosp.; Phys.; Pod. Prun.; Puls.; Ther.; Val.; Xan.

CALCAREA SULPH; IN INFANTILE ERUPTIONS.

BY W. H. FREEMAN, M. D.

Baby M., age six months, weight 11 pounds, bottle fed. Sandy hair, blue eyes, delicate, scrawny, abdomen enlarged and bloated.

Perspires all over copiously, on head especially, while eating or when excited. Much vomiting, diarrhea and indigestion, with intolerance for milk especially, since birth (helped greatly by Aethusa 200, frequently repeated as necessary).

Has gained in weight very slowly and only by spells remaining stationary for weeks at a time.

At present being fed on a mixture of milk and a patented proprietary food recommended by some friends which seems to agree better than anything previously tried.

Eruption on trunk and buttocks since birth, worse now than ever before, of many discrete, impetiginous, non-inflammatory, round, superficial blisters filled with yellow pus.

Calcarea sulph. 200, four powders to be given twelve hours apart. No change in the food. Result—relief of

symptoms and gain of two pounds in weight within two weeks.

CAN SURGERY AVAIL IN THE SELECTION OF THE HOMEOPATHIC REMEDY?

BY LAWRENCE M. STANTON, M. D., New York.

(Read before the Bayard Club, of New York, October 16, 1907.)

We who seek to live up to the full stature of Homeopathy take the position that while surgery for removal of a pathological product may be at times a necessity, it is always, short of such necessity, deplorable.

Let us examine into this position and see if it be tenable.

We believe, and rightly, that pathological expression is but the outward disturbance; that it is not itself the disease but merely one manifestation of disease; that if we remove by surgery this expression—this tumor, this appendix—we have cut away part of the picture whereby disease makes itself known to us, have cut the ground from under our feet and are left with no information upon which to base the homeopathic remedy.

But, while the soundness of this position is not to be gain-said, there are many times when we cannot to the patient's advantage make a practical application of our philosophy. A case comes to us first hand, has not been tampered with, yet even here we get no picture, we get no information. We are not going to cure this case, and we turn in some other direction, perhaps to surgery, for help. But if we have recourse to surgery, are we abandoning our case to it; or are we merely asking its aid in order that we may, with a fresh start, continue our work upon homeopathic lines? Are there not cases where the intervention of surgery enables us to discern more clearly the indications for the homeopathic remedy?

The question stated thus baldly is somewhat confusing, and in order to make my meaning clear it is necessary first to make some classification of cases presenting this tangible pathological aspect. We will divide them broadly into those where the indications for the selection of the homeopathic

remedy are sufficient and those where they are not; Class A. and Class B., respectively.

Class A. falls into three sub-divisions. First, there are those cases where all the indications for the remedy are found in the patient, the pathological manifestation giving us no suggestion of the remedy.

The second subdivision is the antithesis of the first. The patient himself, escaping scot-free, presents not a flicker of a symptom which possesses value, and we must turn for information to the pathological explosion. Here there is enough in objective appearance or in local symptoms to enable us to select the homeopathic remedy.

The third subdivision comprises those cases where the indications for the remedy are found partly in the patient, partly in his pathological condition.

We may therefore dismiss Class A., in its three subdivisions, from our discussion, finding there as we do in one way or another sufficient indications for the selection of the remedy. It would not have been considered here at all but to clear the way for a better understanding of Class B., namely those other cases where indications for the remedy are lacking.

Class B. is made up of two subdivisions. In the first are those cases where, after looking far and near, after searching the patient and searching the pathological lesion, we find nothing anywhere suggesting the remedy. The patient seems in perfect general health, and though disease has expressed itself pathologically there is absolutely nothing characteristic in this expression. It is dumb so far as the remedy goes; there is no pain, or none of any character, and as for the objective aspect of the lesion fifty remedies if any, come to mind. We are baffled, or ought to be, and declare the case is not one for Homeopathy.

The second subdivision is equally disconcerting. Here is a tumor which, on account of its size or position, is pressing upon nerves, blood vessels or some neighboring vital organ; or there are adhesions, say, compressing, constricting, distorting—in either case we have an array of symptoms, to

be sure, but they are reflex and in no way indicative of the real disease for which we are endeavoring to find the remedy. Again our search is vain and again we say it is no case for Homeopathy, perhaps it is one for surgery.

But in so saying we are both right and wrong. Right, in that these cases, mentioned under Class B., may be surgical for the moment, but wrong in thinking that they are not in the end cases for Homeopathy. And this brings us to the point, to the question: Can surgery avail in the selection of the homeopathic remedy? When the statement is made concerning a case that the indications for the remedy are insufficient, the fact is asserted only under existing conditions and with the reservation that under other conditions indications for a remedy might very well appear. Now may they not be forced to declare themselves?

If the expression of disease, either general or local, is inadequate for the purposes of a remedy, or if the symptoms presenting themselves are nothing more than reflex symptoms, may we not by the aid of surgery bring about a new situation, a new utterance of disease from which the remedy is now evident? From a patient otherwise so well that he presents no symptoms, we remove, say, a perfectly dead mass, that is, dead to the remedy; or we remove a tumor that is mechanically giving us only reflex symptoms; in doing so we are creating an opportunity for the chronic disease to express itself anew. It may now manifest itself in some other part or organ and with symptoms no longer vague. We study the patient with new eyes, and now the homeopathic remedy covers the case where before there was no hint of its applicability. Our resort to surgery has not been a last resort but an intermediate step in the discovery of the homeopathic remedy.

At times then, it seems to me, there are cases where we must decide to play the waiting game no longer but must endeavor by surgery to reach a vantage ground from which the homeopathic remedy is discernible.

REPLY TO DOCTOR BOFFIN.

Dear Dr. Boffin:

It gives me pleasure to reply to the questions you asked so courteously. The best answer I can give to the first questions; namely: "Hahnemann, defended vaccination; was he not also the promulgator of the minimum dose?" I might reply that Hahnemann did not discover any inconsistency between vaccination and the minimum dose. Is it necessary for me to defend Hahnemann in the *ADVANCE*?

You ask if the Jennerian vaccination is in advance of the internal method of homeopathic prophylaxis with the attenuated virus. Yes! When I vaccinate by scarification I am able to tell by the size, shape, etc., of the vesicle, whether the operation is successful or not. If not I can repeat until I am assured that the patient is protected. Can you? Another advantage is that in the experience of a century we have the power to know when the protection is so far weakened that re-vaccination is necessary to avert the danger of the patients being liable to varioloid. With so-called, internal vaccination [There is no such thing.—ED.] no evidence has, to my knowledge been adduced to show how long the protection lasts.

You ask "if crude vaccination immunizes without jeopardizing the individual's subsequent health." The danger of vaccination with the pure bovine virus is very remote, and to the homeopathic physician is very easily averted. See Kent's repertory, page 1337.

Let me ask a question. What homeopathic remedy will you administer as a prophylactic for small-pox? One says Vaccinum. Others say Variolinum, Thuja and Tartar emetic, Sarracenia, or Malandrinum. Will you choose any one of these indiscriminately? Are all equally efficacious? Is it good homeopathy to have eight or ten remedies any one of which may be administered in a case? Hahnemann did not think so. Do you?

You speak of Hahnemann being imbued with the spirit of progress. I grant it. Your question is a superannuated argument for mongrelism.

I have only given the outlines of my defence of vaccination.

If you want a more extensive one, please turn to the transactions of the I. H. A. for 1893, in which I go into details. This paper although published fourteen years ago, has never been noticed by any anti-vaccinationist.

I thank you for the courtesy you have displayed to me. It is much different in that regard from the usual anti-vaccination articles which are neither courteous nor civil.

A. MCNEIL.

PSEUDO-HOMEOPATHIC JOURNALS.

Editor of THE ADVANCE:

Verily this is an age of unblushing counterfeit presentation. I have before me a journal called "Homeopathic"—there are others—with nothing homeopathic about it except the title page. The self-styled broad-minded editors of such fill their pages with excerpts from the regular antipathic journals, cases treated in violation of all the principles of homeopathy by men posing as "homeopaths" and for revenue, advertisements of nostrums which should be excluded from a homeopathic journal. We get all we require of this sort of medical practice in our allopathic journals. When we subscribe for a homeopathic journal we have a right to expect it to be what it is named. When we go to the grocer for cow-butter we don't tolerate oleomargerine under the name of the former. The editors of such journals are no doubt very honorable gentlemen, but why do they print "Homeopathic" on their journals when they seem not to believe in or practice homeopathy, and certainly don't teach it, and often sneer at those who adhere to the principles of Homeopathy.

It is no wonder that our allopathic brethren say: well, there is little difference in our respective practices now. The influence of such journals upon medical students, young practitioners, and indirectly upon the laity is pernicious. It seems to me that systematic efforts have been made for years by such journals, and by pseudo-homeopathy to de-

grade the practice of homeopathy and to destroy the confidence of the laity in its efficiency, and slowly but surely not only preventing the advance and progress, but crushing the life out of pure Homeopathy as a school and substituting a "bastard."

Personally I care not what a man's practice is if he be honest and consistent. If I found any system of treatment giving better results than Homeopathy I would adopt it. It would be right that I should do so; but then honesty would dictate that I ceased to call myself "homeopath," and end my affiliation with a "homeopathic society. We respect our learned brethren on the opposition benches who differ from us, we can forgive their persecution in the past and present in a modified form. We know that from time to time some one of them will get the light of "truth" and become a pillar of strength in our ranks; but we can have no respect for the "pretender," and we should show no consideration for the vender of spurious homeopathy. Verily we have come to the "parting of the ways." It is better that our ranks should be decimated again and again than that we should tolerate practices and precepts which are removing the ground upon which we have been standing from under our feet.

JOS. FITZ MATTHEW, M. D.,
West Sound, Wash.

LETTER FROM DR. R. E. BELDING.

Troy, N. Y., March 6th, 1908.

H. C. Allen, M. D.

Dear Doctor:

I notice in the January number of the *ADVANCE* a statement that Isaiah Dever was the only physician known to you who had the names of Hering, Lippe, Guernsey, Rau and Frost on his diploma.

These names are all on my diploma. I was graduated from the same college as he, in the same year.

Yours truly,
R. E. BELDING.

CLINICAL CASES.

By J. B. S. KING, M. D.

The following case contains points worthy of notice:

Mrs. C.—Spare, blond, 38 years old.

History—Subject to attacks of neuralgia on left side. Suddenly lost sight of left eye two years ago. Left eye protrudes when excited. Teeth decayed at age of sixteen.

Present State—Feels well during day but has horrible nights. Wakes up usually at or before midnight in a terribly excited, nervous condition.

She fears she is going to die.

She fears she is going to lose her breath. Then comes a sensation as if "roof of mouth was being gripped and pulled up towards her brain." "Something seems to all come together in head and affect the mouth with a drawing sensation." At this climax she loses breath and becomes unconscious for a short time. She feels badly frightened afterward and tosses around restless the remainder of the night, falling into a heavy sleep toward morning.

Dull ache between eyes.

Dull ache in top of head.

Dull ache in occiput all worse on cold windy days. Protects head from cold by high fur collar. Is very prone to chilly sensations up and down back; wears an extra cover over spine on this account.

Appetite good. Bowels regular; menses normal.

Conditions and surroundings were cheerful.

On account of the fear of dying, fright, chills in back, aggravation from cold wind, Aconite was prescribed. There was immediate relief lasting ten days. The peculiar symptom of the brain, occurring most nearly under Glonoin, that remedy was given, although there was no history of sunstroke or any trouble from heat, and the modalities were different. The trouble left the first night and she has remained well, except that some months later she had a few symptoms that called for Sulphur.

After the Glonoin her letters were full of such phrases

as "sleeping perfectly fine," "sleep all right now;" "have no trouble with anything."

I was unable to get word from the oculist who attended her for the loss of sight. There was no pain; she first noticed a mistiness and in a few days sight was entirely gone.

Mrs. A. Complains of bloating of abdomen; great drowsiness and headache. On interrogation I found that the headache and bloating were both worse after eating and at the menstrual period. Menses irregular, sometimes late, sometimes early, sometimes slight in amount, sometimes heavy. She frequently felt like fainting although she had never fainted. *Nux machata* 30 cured.

The following singular incident following this cure shows that domestic medicine sometimes makes a bull's eye hit. Some two years after the above cure this patient was traveling in the South, and during the trip was affected with a return of some of the above symptoms. She wrote to me for medicine, but before it arrived was induced to consult an old negro woman who had some reputation as a doctor.

The old mammy asked her a few questions and said, "honey, I specs you need a little nutmeg."

My patient laughingly told me at a subsequent interview that before my medicine arrived an old darky woman had cured her with a little nutmeg grated into hot water.

Now, how did that venerable colored "pusson" know what medicine to give?

Mr. K. complained by telephone of a severe cold with stuffed nostrils and shooting pain in and around the left eye. I sent him a powder of *Belladonna* 30, with directions to see me if not relieved soon. He came in 24 hours, saying that he thought it had cured him because the pain stopped towards evening but had come back with full force the next morning.

The pains were sharp, stabbing, in the eye-ball, aggravated by moving the eye-balls, by stooping. There was profuse lachrymation but no redness. Looking around for *Spigelia* symptoms, I took a dentist's probe and made a motion as if I was going to touch his eye brow with the point.

"Hold on," he said. "I hate pointed instruments and can't bear to have them around, especially now." That settled it. He received Spigelia 200 and had no more neuralgia, but complained that his nose was just as stopped up as ever or even worse. He said that for at least a year his nose had got stuffed up, whenever it rained or was damp, but since this recent cold there had been no air passing through his nose at all. A slight examination revealed large, gray, gelatinous polypi in both nostrils, and there was total occlusion. Lemna minor 3x, a dose four times a day until distinctly better. In four weeks he reported himself well, and the polypi were no longer visible.

Nose stuffed up at every rain or spell of damp weather with or without polypi is a strong indication for Lemna.

The following case of Dr. Ashton's is an old one and has been published before, but it is well worth studying:

A woman aged 45, mother of six living children, suffered from bronchocele which had been in a progressive state for at least fifteen years. She had excellent health, with exception of this deformity. The enlargement was in the right lobe and was bounded above by the inferior margin of the lower maxilla, extending from the symphysis to the angle and inferiorly by the clavicle, filling completely the intervening space and presenting externally as much convexity as might be equivalent to the concavity naturally existing within the boundaries described. The tumor gave no inconvenience except the mechanical ones of weight and limitation of movements of the head. Bromine 2x every night for three weeks: then every other night for a week; then twice a week for two months. At the end of the third month the tumor was gone.

It is to be regretted that Dr. Ashton did not give the complexion and history of the patient. It was an excellent cure, but there is nothing given which could make it more than a lucky hit, a bull's eye in the dark.

A young man of robust appearance, well muscled and vigorous was afflicted with goiter since early youth, during which time he had been under treatment by a skillful and

experienced homeopathic prescriber. His respiration was much impeded by the growth and operation was decided upon. The isthmus of the gland and a portion of left lobe was removed, the remainder being left for a subsequent operation.

This operation relieved the distressing dyspnoea, but the neck was still so large that he wore a 20-inch collar. With the hope of obviating another operation he applied to another physician who convinced that every remedy indicated by his symptoms had been given in the high and highest potencies, resolved to give the low potencies only. Accordingly small but material doses of Kali iod. were given repeatedly. It had a strong but not curative action. The nose ran and became red; the tumor grew hard without diminishing. All medicine was stopped and in two weeks everything was back to its usual condition.

Lapis albus 3x was now given four times a day. The tumor now began to diminish. It finally got to where he could wear a 17-inch collar and there stopped. This too was merely a lucky hit.

HOW THE DYNAMIC REMEDY WORKS.

BY H. P. HOLMES, Sheridan, Wyo.

I wish to offer a thought on a possible explanation of the action of the homeopathic remedy, one which I have never heard given and which at least is original as far as I am concerned.

The most ultra microbiologists today claim that health is maintained by phagocytic action. In plain words if a microbe, carrying on its back the disease producing toxine, enters the system, the phagocytes hasten to the defense of the organism. If powerful enough they devour the microbe and neutralize the toxine. If not strong enough to put up a suitable resistance, they back up, so to speak, and begin to form barriers at more distant points, call for reinforcements and seek to effect control by a sort of time limit game, holding the fort until the attacking party exhaust their ammunition and become defenceless to the powers of the phagocytes.

The besieged win, the besiegers are defeated and peace follows in the form of health restored.

The indicated remedy excites, multiplies, reinforces the phagocytic action. It hastens the defense at every point by restoring the very soul of the defenders. In our every day work we know it does it so quickly that it proves the phagocytes do not retreat to form barricades in more defensible localities. The indicated remedy, especially in the more acute affections, cures at once and the only microbiological explanation is that it so fortifies the phagocytes that the enemy is overwhelmed at once and the microbe and its load of toxine is whipped at the gates.

I do not know if I am putting this in the best form, but we know that Homeopathy has ever dealt with the microcosmic and I believe we are justified in resorting to micrologic reasons to explain the action of the potency in the cure of disease. This absolutely answers the scientific man and we homeopaths know the action is true. But, to you and me, the old explanation of the "vital force" and the "predisposition" covers the same thing. What think you?

[Wright's opsonic index simply measures the resisting power of the "vital force" of Hahnemann. The homeopaths have been using it 100 years and have verified it on many a battle field. They have been writing prose all these years without knowing it. Homeopathy is certainly scientific. Wright says so. ED.]

SUGGESTIONS IN HOMEOPATHIC PHILOSOPHY.*

BY W. A. YINGLING, M. D., Emporia, Kansas.

Order being the first law of nature, it must be presumed that there is a law governing the law of sickness and suffering. We find law in every other department of nature, law governing every other great interest of humanity, hence we must expect to find a law governing the domain of medicine. The fact that this law remained unknown for millenniums, that it is directly contrary to experience and the expectation of the majority, does not militate against the reasonableness of the expectancy of such a law. The rejection of

the law by the majority does not prove the claim of discovery of such a law unworthy of credence. None are so blind as those who will not see. The greatest cause of opacity of vision is self-interest and ignorance. The assertion, *This is a Law*, does not make it a law; neither does the denial, *There is no law*, destroy the credibility of experience.

As we can reasonably presume the existence of a law of cure, it behooves us to lay aside prejudice, bias, self-interest, blinding ignorance and still more blinding jealousy, and honestly investigate. In such a field of science experience alone can be the arbiter.

The Law of Cure as recognized by the followers of Hahnemann is simple, reliable, invariable and never disappointing; the uniformity of good results is one of the greatest proofs of its genuineness. The law is that a similar symptomatic condition to that induced upon the healthy human organism by a toxical potential substance, will be relieved or removed from the *sick* organism by the dynamic power of the same remedy in ratio to its degree of similarity. It must be born in mind that the law is not that of *identity*, but of *similarity*; it is the law of Similia.

The medicinal substance invariably produces symptoms similar to those of the disease that it cures. It has been noticed that a drug or plant having renown among the laity or profession for its reputed virtues as a sure cure for a given disease invariably develops in its provings marked symptomatic features of that disease, thus showing it to have a reason within itself, according to our Law of Cure, for its healing powers in such diseases. It was from this very inherent power in Peruvian Bark to produce upon the healthy similar symptoms to the disease it was known to cure, that led Hahnemann to the Law of Cure. The recognition of similarity was the first step in the discovery of this invariable law.

This similarity is not necessarily in the pathological state resulting from disease, but in the expression of the diseased condition in sensations and modalities as varied by conditions. The presence of disease is only known by the

ence of symptoms; where there are no symptoms there is no disease. Only the healthy, *diseaseless* man is without symptoms. By the proper recognition of this law of similarity, premonitory symptoms, though very simple in themselves, and even when apparently too trifling to be noteworthy, when properly understood, show the tendency to diseases considered incurable, which, by the remedy having similar symptoms, can be eradicated and the disease prevented. Hence, preventive treatment is only possible under the law of similars, for by this law alone we can find the curative remedy plainly shown in the pathogenesis of the materia medica. The little ailments of life, those which Old Physic says the child will "outgrow," or which must be borne with grace and fortitude, though so annoying and distressing, may point to the future conditions of incurable disease; yet these very things for which our friends of the "regular" system have no possible remedy, are easily cured by the potentized homeopathic remedy, and in a few days or a few weeks the possible sufferings of a lifetime are positively cured.

The writer hereof when an allopathic physician, even with the proffered wisdom and experience of his colleagues, was compelled to grit his teeth and endure a most troublesome swelling of the shinbones for years. When he became a homeopathist and a student of the homeopathic materia medica he was speedily and permanently relieved by potentized *Rumex* (Yellow Dock).

A certain grandfather suffered a lifetime with intense distressing itching of the end of the coccyx under "regular" means; the son and grandson having the identical itching were speedily cured by the dynamized similar, *Bovista*.

The family of an otherwise well man was compelled to live with the penetrating odor of stinking feet for many years, the little children in the evening would run, holding their noses and crying, "Papa is taking off his boots! Papa is taking off his boots!" Potentized *Sanicula* brought joy and comfort to that home by doing what thrice daily washings were unable to do.

A handsome lassie from Missouri was annoyed by the unsightly appearance of hands literally covered on the backs with warts of all sizes, big and little, in a stage of maturation so thickly studded that the end of the finger could not be placed between them. After the administration of dynamized Veruccinum she wrote a letter of blessing and thanks, stating that her hands were as clean and smooth as anybody's.

A doting mother grieved that her boy's tender skin continually blistered in the sun, great vesicles as large as dollars would form in a very short time in spite of cow's cream and sunbonnets. Camphor in potency internally enabled the child to play in the Kansas sun with impunity as well as pleasure.

A buxom country lass was so sensitive to poison ivy that, by simply walking along the highway in the early morning or late in the evening with the wind blowing off the dew-laden vine, she would be seriously affected. As a result of sugar of lead lotions her face, especially under her chin, was bedecked with a crop of whiskers the envy of the neighborhood youth. Berrying and fishing were sport positively denied her, as for her to touch or crush the leaves with her hands was days of torment and suffering. Highly attenuated *Rhus toxicodendron* (mm), removed from her young life the dread of a perpetual menace and danger, enabled her to even handle the poisonous leaves with impunity.

The European scientist, Carl von Nagali, has discovered a "new force," which he has dubbed Oligodynamism. Being a scientist so-called, and of the "regular" persuasion, this "new force" will be accepted by the people of all faiths and in a few years' time the "regulars" will be calling names at the homeopathic dilutionists for their crudity and materiality. This "new force" is no more nor less in effect than the potentiation or dynamization of Hahnemann in Greek costume, though not on the centesimal scale. This "new force" is, in common parlance, the energy or power of the minute or infinitesimal. Nagali's conclusion regard

s experiments with copper one part to as high as million parts of distilled water, is that the concentrated solutions of copper have a chemical poisoning effect, while highly attenuated solutions have a sick-making effect. It would go not only to prove the efficacy of the dynamized remedy, but also show the superiority of the proving agents with the potencies. If the higher attenuations show the "sick-making" properties of substances, they must be discarded in provings, for it is the similitude of the sick condition that we must have in the selection of the one remedy to cover the totality of symptoms in the patient.

This scientist has demonstrated that there is energy or dynamism in one part of the substance to 1000-million parts of water. This carries the potency somewhat higher than the average of the homeopathic physician. The manner of potentiation of Hahnemann would make the same degree of attenuation more dynamic owing to the succession of centesimal dilutions and to succussion. But Nagali has verified even the higher potencies. He says: "Glasses with oligo-dynamic effect lose their power very slowly, after being repeatedly refilled with neutral water, which is allowed to stand for a while." He goes on to show that even boiling in water does not destroy the "after-effect" or persistence of potency to distilled water.

This is startling and strange news to the scientific world, but it is a commonly known fact among homeopathic physicians who read the Organon and other literature of the profession. Homeopathic physicians are leaders, others are followers, and in this instance a hundred years behind the

The writer has had some experience in potentiation and has experimented with all degrees from the mother tincture down to the four-millionth potency. Brilliant cures have resulted from some of the highest potencies. The use of potencies is a mere matter of experience, and is not the gauge of fidelity to the true principles of the Hahnemannian art of medicine. The sole gauge of fidelity to Hahnemann's teaching is the law of cure and the single remedy.

A gentleman of leisure scratched every night for many years from the first cold spell in early fall till the warm weather in late spring. If in New York City scratching like a good fellow he would have immunity after three days residence in New Orleans. If in New Orleans free from the trouble, the intense itching would begin on reaching the cold line on his northern journey. After the exhibition of Sulphur mm. (million), he had no more itching for a year though his residence was in the north. Upon the sudden return of cold in the early fall of '98 his itching returned with some force. After Sulphur 4mm. he has not had any trouble during the past long cold winter. I gave him the high attenuation from the fact that he had taken treatment from some of the best homeopathic prescribers in New York City, Boston, Chicago and other places in past years without the slightest effect, and I knew some of them must have given him Sulphur in varying potencies. He had tried without avail all the nostrums known to the "regular" practice. The oligodynamic power of Sulphur has made him a happy man and a staunch friend of the principles of Hahnemann and has shown the efficacy of the highest potencies.

A CLINICAL CASE.

BY E. A. TAYLOR, M. D., Chicago.

Mr. G. B., age 23. Intermittent fever.

A year ago was living in the South where he had intermittent fever which still continued notwithstanding the liberal use of quinine and its alleged specific action on the intercorpuscular hæmatozoa.

Symptoms:—Chill every other day at 2:30 P. M.; begins in the knees and is accompanied with a desire for cold water. Feels best in a warm room near fire; wants left side to rest; knees get cold and weak, can hardly walk. After the chill has lasted some time gets a severe headache across the eyes and temples, "feels as if struck a stunning blow on the head." The chill is followed by sweat without previous heat except the face which feels hot all the time but is not

He sleeps during the sweat which is profuse and relieves the headache which accompanies the paroxysms. He is given Thuja 1m. The next paroxysm was very light and he had no more.

The chill beginning in the knees, with thirst during the attack, belongs to both Apis and Thuja, but the Apis patient improves in a warm room; cannot bear heat of stove; while during burning heat of the face, the relief of the pains from respiration and the chill more marked on the left side clearly indicate Thuja.

POST TENEBRAS LUX, (After darkness light).

BY ALEXANDER VERTES, M. D., Ph. D.

Late Superintendent, Long Branch Surgical Sanitarium.

As the Hindu in telling the points of the compass faces East, so we are very fond of tracing the development of medicine from the time of Hippocrates, and while it is true that his clear conceptions of the duties of a physician as evidenced by his "oath" and his classical aphorisms have served as a basis for medical ethics, medicine in his time was nothing more than the practice of magic and sorcery. His art was to combine a number of preparations, and to give this a fanciful name. Pliny mentions in his *Historia Naturalis* a preparation called "Theriaca" with 600 ingredients in it.

While the tendency of the dominant school of the day was to force itself from polypharmacy and to write extempore, instead of pharmaceutical, galenic preparations, we still find, especially among the proprietary medicines, that most of them contain from five to ten or more ingredients.

They have no law to guide in selecting a remedy, and the mystic teachers who have no faith in their own method says: "there is no medical treatment of appendicitis."

So impressed am I with the fact that we physicians give up by temporising with certain cases of appendicitis, that I prefer, in hospital work to have the suspected cases referred directly to the surgical side." Do you then wonder when a medical student finds that he is not on *terra*

arma in medicine that "ab asine lanam" (wool from an ass) which he cannot get, becomes either infatuated with surgery or a nihilist in therapeutics.

During my short career in medicine I have seen the trend from antiseptics to asepsis. That clean hands, a clean field of operation and clean instruments give better results than when Carbolic Acid, Lysol, Bichloride of Mercury or other antiseptics are used. That some of the antiseptics cauterize the parts, others suppurate, and in all cases healing by first intention is delayed by their use. That the blood is the most powerful bactericide. That when we raise the vital resistance of our patients we have raised the bacteriolytic power of the blood also. That vaginal antiseptic douches in normal labor are injurious. That Quinine and Aspirin are poor antipyretics; that the coal tar antipyretics are dangerous to use. That the alkaloidal medication is another form of polypharmacy. Take, for instance, the prescription for pharyngitis as an example by an authority upon alkaloidal medication: "Calomel and Podyphyllin half hourly for six doses with Aconitine and Atropine one of each every half to one hour; one granule of Potass bichromate added to the above with advantage. Nuclein one tablet every one or two hours, with Calcidin is very helpful. Mercury biniodide should be added if glands are involved." That for acute cases. For the chronic form the same authority recommends bichromate of potassa two, and Strychnine arsenate one granule, every two hours. Nuclein solution gtts. X—XV every two hours. Calcidin as alterative for some days, Saline laxative, Hydrastine, Macrotin, Hamamelin "Intestinal Antiseptics" to effect. What a chaos! When you are through with the case, can you tell which of the medicines acted curatively? I really think that I would prefer to take the nauseating but simple infusions and decoctions of the ancient Greek physicians and receive in his *tabernae* as good measure his mysterious incantations. They are at least not concentrated poisons. "When we know our enemies, we can fight them intelligently." What a delightful Baconian phrase to a lover of sound reasoning! But it

ading in medicine. It has caused to make diagnosis
ol. Perhaps there is no question which is capable of
ng such diverse opinions and engendering such bitter
ons as that of diagnosis. The difference in politics and
on fade into nothingness by comparison. The larger
iversity the more pompous magisterial the teacher.
times have I been taken in by the impressive manners
ne of the lecturers and thought he has it all. A mis-
n the diagnosis is impossible; when *de facto* at post
m I reached a different absolute diagnosis. Diagnosis
ails to stand the test.

fter Jenner, Lister, Tyndall, Pasteur, Neisser, Koch,
ng, who will light the torch next? Have we not over-
d already an important discovery in medicine? We
that the discovery of vaccination was a curse instead
lessing; that antisepsis when strong enough to act as
ericide destroys the bacteriolytic power of the blood;
Koch's tuberculin failed to cure tuberculosis; that anti-
s are unreliable; that the physiologic action of medi-
is to suppress disease and the patients recover but
ot cured by them. We all have seen that the sequelae
inine is tinnitus aurium; that of Aspirin is heart lesions;
t is criminal for instance to suppress a case of gonor-
py injection, that this produces metastasis. According
eisser only about 15 per cent of gonorrhoea cases are
cured, and Ricord corroborates his statement. They
nly had experience with topical applications, but they
t know that gonorrhoea is not a local disease. That all
of gonorrhoea can be cured without sequelae by consti-
tional dynamic medicines.

n search for new remedies because the old ones have
disappointing, enterprising manufacturing chemists
taken up the serum idea. Almost every six months
ear of the extension of the serum idea into new fields.
e have now Behring's diphtheria antitoxin, streptococ-
antitoxin, syphilis antitoxin, Fraser's antivaccine, ty-
antitoxin, Beitere's vaccinia antitoxin, and so on ad
am. These are all very well-known, as the manufactur-

ing firms are interested; that the medical profession and the lay press are well supplied with literature upon the subject. And now comes the latest from Dr. Renée Quinton, the assistant du Laboratoire de Physiologic-patologique des Hautes-Etudes au College de France. As this is almost unknown in the United States I will give a short resume of the same. Dr. Quinton in his "L'can de mer milien organique" which he has dedicated to the celebrated Professor Marey of the college of France, gives a philosophical reason for his normal serum or Isotonic sea water treatment. In Paris a number of hospitals have adopted this form of treatment and it is claimed by some that it will shortly supercede all other forms of medications. Well, we have seen the claims of the Hydropaths, the Hypnotists, etc. As an exclusive form of therapy let us see what reasons Dr. Quinton gives for his system. Having in mind the thought that in the most elementary form *life* has sprung up from sea water which is the life element of the simplest forms of animal and vegetable beings and the perfect success with normal salt solution in acute anemias or where great loss of blood was sustained; he bled dogs until almost the last drop was gone; measuring the quantity of the lost blood; he then hypodermically injected the same amount of sea salt serum. The result was a perfect success. The dying animal was not only restored to life again, but in a few days entirely recovered from the loss of blood and was even more vigorous than before. He then to distinguish from the normal salt solution, named his normal serum. The method of preparation is as follows:

Take sea water several miles from the coast line, sterilize and reduce with distilled water to the condition of the blood, lymph, etc. It will then keep for three weeks.

Modus operandi: After the parts have been aseptically injected subcutaneously 25-100 grams every other day. For children in proportion.

Dr. Quinton has found that the normal serum will increase in metabolism. In phthisis, malaria, gastritis

ritis, icterus, insomnia, etc., appetite improves and there is a rapid increase in weight.

In skin diseases it has a marked result and the cosmetic effect in all diseases improves. In marasmus and in the treatment of children injections are given daily. Dr. Quinton says that more than one-third of the children perishing in marasmus could be saved. When we compare this aqua maris serum with the antitoxins, their wide applicability, their cheapness, must we not ask the question whether the elixir of Bombastus Paracelsus had been found?

Many other empirical methods have been tried, praised and then dropped into oblivion as soon as the secondary method was discovered.

Have we then no better way to discover the action of remedies than by bleeding dogs? Are we then still groping in the dark? Are we still leaning upon the knowledge of the ancient Egyptians? who learned from dogs the use of leeches and from the hippopotamus the art of bleeding.

The ancient Greeks made Æsculapius the God of medical science and the twentieth century makes diagnosis the God. Both are unreliable. The most painstaking methods are employed to make a careful diagnosis. But as no two cases are alike, so no two cases of diseases will be the same. It is not folly then to label them as being the same and prescribe for diseases instead of individualizing and prescribing for the patient.

Vesalius, the father of Anatomy, and Hahnemann, the father of scientific medicine, are the two great lights, the two great martyrs in medicine. Vesalius laid the foundation of surgery and Hahnemann *regium donum* (royal gift) to medicine, in the *Organon*, points out the way that internal medicine can be made as positive as surgery.

Not Alexander the Great, Cæsar and Napoleon, but Vesalius and Hahnemann are the real heroes of civilization; their work is elevating, developing and advancing humanity while increasing the happiness of the race.

In the dominant school very little thought is given to therapeutics; diagnosis is the main desideratum. On the

other hand all a patient is interested in is to get well; that is why he seeks medical aid. Hahnemann like a prophet that he was saw in which direction medicine was drifting, therefore in the Organon he put as one of the axioms: "The physician's high and only mission is to heal the sick—to cure as it is termed."

The practice of medicine according to old school methods is easy. Make a diagnosis first, find out what a patient wants and please him. If he has a skin trouble, drive it in to his system with ointments. If he has gonorrhoea, suppress it by injections. Make him comfortable. Plaster the signs of the disease from the surface. No worry. He will be back soon with a number of other troubles, then you can give him a tonic. When a patient has fever use "antipyretics." If he has convulsions "Antispasmodics." If he has a cough "Pulmonary sedatives." If his mouth is dry use "Sialagogues." If his mouth is too wet, paralyze it with "antisialics." If his heart beats slowly, give "Cardiac stimulants." If his heart gets excited "Cardiac sedatives." If he feels like vomiting, use "Antiemetics." If his stomach is out of order, "Carminatives," and so on ad libitum. In one word, if your patient is warm, cool him; if he is cool warm him; if he is wet, dry him, and if he is dry, wet him. And there you have your much boasted "Rational Therapeutics."

From the palliative measures used by the dominant school Hahnemann nicknamed them "Allopaths," that practice by *contraria contrariis curantur*.

Because therapeutics have been neglected we have the surgical fad. By cutting away an organ that is diseased we only take the ashes away; the fire is still burning and it will produce ashes again. When we give a dynamic remedy well selected, not only will the ashes be eliminated through the natural excretory organs of the body, but the fire which produced the ashes is put out also, and the patient is cured. By the antipathic treatment patients recover of a disease in spite of the treatment, if they recover.

Mark Twain, speaking of his childhood days, said:

was a sickly and precarious and tiresome and uncertain child, and mainly on allopathic medicines during the first seven years of my life. Only the largest persons could hold a whole dose. Castor oil was the principal beverage. The dose was a tablespoonful with half a dipper of New Orleans' molasses added to help it down, and make it taste agreeable which it never did. The next standby was calomel; the next jalapine and the next rhubarb. Then they bled the patient, and put mustard cups on him. It was a dreadful system. The calomel was nearly always used to salivate the patient, and cost him some of his teeth. There were no dentists. When teeth became touched with decay or otherwise ailing, the doctor knew of but one thing to do; he fetched pliers and dragged them out. If the jaw remained, it wasn't his fault.

How many of us have a similar recollection! Had he had a homoeopath as a family physician there would have been no bleeding, disagreeable and nauseating drugs; but a pleasant remembrance of sicknesses of short duration and the eagerness not to miss a dose of the pleasant medicines.

Hahnemann says: "When we have to do with an art that the nature is the saving of human life, any neglect to become ourselves masters of it becomes a crime."

He tore down the narrow idea, that only massive doses of crude drugs are effective. His reformation compelled the dominant school to abandon venesection and massive doses. He demonstrated the fact and it is daily verified by hundreds of conscientious physicians the world over; that the curative power of medicines is developed by potentization; that the better way to discover the action of medicines is to prove them on healthy persons, and that our guiding star is *similia similibus curantur*.

THE HAHNEMANN ROUND TABLE: PHILADELPHIA.

The regular monthly meeting was held on the evening of March 28th, 1908. A paper on "Dynamics," by Dr. George M. Cooper was read by the secretary. Dr. Frederick E. Gladwin presented a brief review of Conium before producing a patient having cancer of the right breast who had been under treatment for six months.

The history of the case was most interesting. Two months after the sudden death of a dearly beloved sister

she awakened one morning to find her hair scattered about her pillow and on looking in the glass discovered that she was absolutely bald—every vestige of hair all over the body, eye brows, eye lids, axilla, etc., having come out. Massage and electricity being resorted to the hair gradually grew again, but it came in absolutely white which finally turned brown. Under the action of Conium the breast was softening; the nipple which had been retracted was forcing itself outward, and the pains which had been intense had absolutely disappeared. The prognosis was considered grave by those present, but the action of the remedy thus far was an additional illustration confirming the law of similars.

Dr. Margaret E. Burgess reported the two following cases—the first as a demonstration of repertory work.

Mrs. E. T. W. Age 46. After having domestic friction presented the following symptoms, which had been of several weeks' duration:

Awakens gasping, with choking feelings, also gasping on going to sleep and on first lying down.

Breathless on going down stairs.

Weeping and hysterical. Sighing.

Very sensitive to all impressions; frightened easily jumps at sudden noises.

Restless; must move feet all the time.

Sleepless; because as soon as she falls asleep is awakened with gasping for breath.

Blue around mouth during the "heaves" as she calls them. The repertory work was as follows:

Sensitive; over sensitive—Acon., Am., Ars., Asar., Arn., Bell., Bor., Bov., Calc., Canth., Caust., Cham., Chin., Cina., Cocc., Coff., Croc. h., Gels., Hyos., Ign., Iod., Kali c., Lach., Lyc., Merc., Nat. m., Nat. s., Nit. ac., Nux., Phos., Phy., Pib., Puls., Seneg., Sep., Sil., Staph., Sul., Tar., Valer., Zinc.

Starting at noises—Ars., Bor., Calc., Cocc., Kali c., Lach., Lyc., Nat. c., Nat. m., Nit. ac., Sil.

Frightened easily—Acon., Am., Bell., Ars., Bor., Calc.

st., Cham., Ign., Kali c., Lach., Lyc., Nat. m., Nit. ac.
x, Phos., Sep., Sil., Sul.

Sighing—Acon., Bor., Calc., Cham., Ign., Lach., Lyc.,
os., Sil.

During sleep <—Acon., Am., Ars., Bell., Bor., Cham.,
, Kali c., Lach., Lyc., Nat. m., Phos., Sep., Sil., Sul.,
c.

Descending < (as on going down stairs; on lying down)
con., Bell., Bor. Lyc., Sul.

Breathing difficult, waking one from sleep—Arn., Bell.,
c., Kali c., Lach.

Breathing, gasping—Acon., Ars., Lyc., Phos.

Feet restless—Ars., Nat. m., Sul., Zinc.

The result—Acon., Sul., Ars., Nat. m., Kali c., Lach.,
c., Borax.

Because of the absence of digestive symptoms and the
minence of the peculiar symptom or gasping for breath
going down stairs, Borax was given and to use the pa-
t's own words, "acted like magic." One month later for
recurrence Borax was repeated, which cured without a
arn.

Mrs. M. A. D. Age 72. Washington, Author.

April, 1898. By mail. Sensation as of want of action
tomach and an obstinate constipation. Head feels as in
sickness—not exactly dizzy but uncertain; can neither
k nor write straight during spells of indigestion.

Stomach feels shut up. Some eructation. During in-
gestion, palpitation, hard pulsation, not more rapid, with
obbing in head at those times.

Attacks of indigestion every three or four weeks; cake
pastry disagree.

Constipation; will go three or four days without stool;
inclination.

At beginning of attack of indigestion, bowels apt to be
se and urine more profuse.

Chilliness, slight; feet warm; hands cold; rarely per-
res except from excitement.

Some catarrhal symptoms; expectoration and coughing. Hydrastis 200.

May 18. Bowels moved regularly first day after taking medicine. "Never had such free movement." Has been doing a great deal of literary work and has had no head trouble. The complexion was sallow, now much clearer. During last week, however, has been getting a little worse. Hydrastis 1m.

July 31st. Well and strong until last week, then a bad attack of indigestion. Weak and prostrated. Sensation of tightness in stomach which nothing >. Sensation of a big bunch of worms in stomach. Hydrastis 1m.

Later—"I can't tell you how thankful I am that my bad symptoms are disappearing fast. Everybody sees the change in me." Bowels regular.

June, 1902. Has been perfectly well, now a recurrence. Hydrastis cm.

Has been perfectly well; has become an enthusiast in Christian Science that has kept her so well; in fact has written a book which brings the subject in prominently to the delight of the advocates.

Oct. 21, 1907. I received a letter from Mrs. D. asking for assistance for a return of the old trouble with which she had been battling for a number of weeks. Hydrastis 200.

A report indirectly three months later to the effect that she was perfectly well.

Uterine fibroids may be differentiated from disease of the tubes or ovaries by noting whether or not the cervix moves in the opposite direction when the tumor is pushed from side to side.—*American Journal of Surgery*.

THE MEDICAL ADVANCE

A Monthly Journal of Hahnemannian Homeopathy

A Study of Methods and Results.

We have to do with an art whose end is the saving of human life any neglect to make ourselves thorough masters of it becomes a crime.—HAHNEMANN,

Subscription Price - - - - Two Dollars a Year

We believe that Homeopathy, well understood and faithfully practiced, has the power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic practitioner requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and to show practical ways simplify it is our chosen work. In this good work we ask your help.

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APRIL, 1908.

Editorial.

THE OPSONIC INDEX.

There is a tendency in human nature to exaggerate the importance of a new discovery and to attribute an importance to it which in all fairness it does not possess. One of the latest of the new things in which this tendency is visible is the opsonic index. It has been called the most important event in medicine since Koch discovered the tubercle bacillus. It has also been said that it is a discovery that will revolutionize the whole system of medicine. Much is said of its great value in medical journals, and that literary quack and cantankerous, Bernard Shaw, has made it the central feature of one of those poor but strangely popular performances which he is pleased to call his novels.

Now what is the opsonic index? It is simply a method of measuring the resistant power of the blood against mor-

bific invasion. It is nothing new that the power to resist disease is different in different individuals. It is well known that certain individuals are insusceptible to small pox, no matter how great the exposure; that certain other individuals are immune to measles, others to gonorrhoea and so on through the list. In showing this the opsonic index shows nothing new. Moreover it is no new thing that the resistant power of an individual varies at times; is stronger at one time of day than another, at one time of year than another. One's resistant power varies with the state of digestion, with the quality of the blood and the rapidity of the circulation, under the action of a homeopathically indicated remedy, with the intensity and character of the emotions. The opsonic index may show all this and if it does it is interesting, but it is not new and it is not so very important. One does not have to make a tedious blood count to find out whether Ferrum met. or Natrum mur. is benefitting a patient or not. If he has eyes can he not see it in the returning color in the cheek, the brighter eye, the freshened look of the face?

If the doctor has judgment and a trained mind, can he not tell that a patient is getting better or worse by the character and sequence of symptoms, and thereby estimate the resistant power of the blood without resorting to an examination to ascertain the opsonic index. If he cannot, he had better get into some other business than treating sick people.

We have no quarrel with microscopic examinations, opsonic indices, chemical analysis and instruments of precision in medicine, but we desire to maintain that the importance and practical value of these aids should not be exaggerated. Who ever depends upon the diminished quantity or absence of chlorides in the urine to make a diagnosis of pneumonia? Who cannot see in the face and eye and observe by the signs in the chest which way a pneumonia patient is going, and see it so plainly that the quantity of chlorides in the urine could add nothing to it.

The physician above all men should be expert at read

g the human face, and possess full knowledge of the meaning of both objective and subjective symptoms, elicited by interrogations and physical examination, with the unaided or slightly aided senses. Next would come the special training with instruments of more elaborate construction than the stethoscope, and finally the aids derived from chemistry and microscopy.

The so-called advanced medicine or modern medicine has done much towards tracing out the causes of diseases and toward preventing their spread and occurrence, but its curative work has been very small and we should not exalt it out of its proper place or give exaggerated value to its results.

J. B. S. K.

THE DIFFERENCE BETWEEN BELIEF AND PRACTICE

It is a very common thing to hear a homeopathic colleague remark, "I firmly believe in Homeopathy." But, doctor, what do you practice? Of what benefit to your patient is your belief in Homeopathy? Belief will not help select the remedy, and faith in the law of similars, while you practice everything but Homeopathy, will neither cure your patient nor advance your cause.

Because therapeutic nihilism is rampant in other schools of medicine, because they have no law or guide in therapeutics, is no reason why the homeopath should abandon his principles and his school and become a nihilist, while professing to carry the banner of *similia* in his daily work.

The law of similars is just as universal as that of chemical affinity or of gravitation, but it will not work alone. It must be scientifically and accurately applied.

To profess to be a homeopath and then not practice homeopathy according to the law is a fraud on the public and a disgrace on the part of the doctor, as well as a serious injury to the cause he professes to maintain.

The pioneers of Homeopathy established it on a pretty solid foundation and for many, many years the veriest tyro has been able to go out and build up a successful practice

under the name of Homeopathy. But the average homeopathic practitioner has seemed just enough ashamed of his profession to maintain silence about Homeopathy whenever possible. He has advocated everything but pure Homeopathy. He claims to be liberal, until now someone must take up the burden as did the pioneer, and re-establish the school in many places. There is practically so little difference between the practice of some homeopaths and their allopathic colleagues that the public are unable to decide which is the homeopath. Empiricism, the *ipse dixit* of a successful colleague, appears to be the guide instead of *similia similibus curantur*.

The older members of the profession remember the gallant battle fought by many a pioneer and speak of it with pride. Drs. Pulte and Ehrman, in Cincinnati; Dr. O. P. Baer, in Richmond, Ind.; Dr. John Ellis, in Detroit; Dr. John Hall, in Toronto; Drs. Williams, Beckwith and Wheeler, in Cleveland; Dr. D. S. Smith, in Chicago, and so we might fill a page with the gallant work of these able men in their respective fields, the benefit of whose labor many of us are now reaping.

They hired halls and gave public lectures. Used the columns of the local papers, even paid for the same at advertising rates and fought the battle single handed until Homeopathy was thoroughly known in their localities. But they practiced Homeopathy, not empiricism, and that will make a reputation anywhere in the world for the cause.

In Great Britain, and in many places in America, appeals are constantly being made to the other school to investigate Homeopathy. Successful cures are reported. Logic and argument are freely used. Propositions stated that are practically unanswerable, and many, many of our allopathic colleagues believe in Homeopathy as a law of cure, but they never put it to the test at the bedside. It is the rarest occurrence when an allopathic physician is converted to Homeopathy by logic or argument. Like "the fiery Mure" or the indefatigable Skinner, they become converts very often when they themselves have been cured of

the so called incurable disease; some disease in which the
 therapeutics of their own school was impotent.

Thousands of cases have been cured by homeopathic
 physicians after patients have been abandoned as incurable,
 the former attending physician has not been converted
 his attention been called to it, except to say "I must
 have made a mistake in diagnosis."

The field is larger today than it was fifty years ago.
 There are many more people sick and many more to be
 cured, and it is the fault of no one but the homeopath that
 the field is not occupied. The people are anxious and will
 to learn. The seed has been sown, the harvest is ripe,
 the reapers are few. What are you doing, doctor, for
 yourself, your cause or for humanity?

As a school we are not true to the principles of the
 matter. We do not practice what we preach. Like the
 apostle Thomas, so many of us will not believe until we
 put our finger in the wounded side. There must be
 something rotten in Denmark."

Watchman tell us of the night,

What the signs of promise are.

THE REPETITION OF THE DOSE.

Editors MEDICAL ADVANCE:—In the MEDICAL ADVANCE,
 Dec. 1906, is a report of an X Ray case, by the late Dr.
 Bernhard Fincke, and the resulting discussion:

I knew of this case and saw the horny product in the
 hand of the late Dr. Fincke, a man whom I loved and ad-
 mired despite the fact that we never agreed on the repetition
 of the dose. I argued your side, which also was the practice
 of Rippe, Bayard, Wells, James, and many others, of giving
 the dose and waiting; while the doctor believed in frequent
 repetition of even the highest potencies, an illustration of
 which is given in this X Ray case. Now, do you know or
 have you heard the finality of the X Ray patient? Well, on
 Dec. 13, '04, while visiting the doctor at his home, on in-
 quiring, he told me that the X Ray patient had since died of
 cancer of the stomach.

Comments:—More earnest discussion for and against frequent repetition. I contended, then, that ninety X L powders, ranging from 45m to 2cm transferred the skull lesion to the vital organ, the stomach, with fatal result.

Your students, at Hering Medical College, must have the single dose, especially in chronic cases, brought home to them in some striking manner. They should never fail to remember to give one dose of a high potency, in chronic diseases, and wait.

Fraternally,

WM. H. KAERCHER, Philadelphia.

[Nothing more practical has ever been given on the repetition of the dose than the experience of Hahnemann's Organon § 245:

Both in acute and chronic diseases, every perceptible improvement that takes place making continual progress, though of ever so feeble nature, is a state which, as long as it lasts, firmly forbids the repetition of any medicine what ever, because the one already taken by the patient has not yet produced all the good that may result from it. Every fresh dose of remedy even of the one last administered, and which had till now proved curative, would have no effect but of disturbing the operation of the cure.

Those who have not adopted Hahnemann's method have failed to grasp the great practical value of his observations and have failed to cure many cases even when they had neglected the simillimum. This is the essence of practical Hahnemannian eopathy. ED.]

NEWS FROM THE INTERIOR.

A Scientific Bacillus once met a wandering microbe at the splenic flexure of the colon.

"Whither away, my friend," quoth he.

"I am trying to discover a Northwest passage to the stomach," answered the microbe, "where I hear there is a great store of good things."

"You had better avoid that region, my unlearned friend; the organism appertaining to us is undergoing transformation and large doses of pernicious drugs are being poured into the stomach, which it is dangerous for us to come in contact with."

contact with. Here you are comparatively safe, and as you desire, I shall be pleased to conduct you to the flour-colony of Microburg, pleasantly situated in a recess of the descending colon, where you can find comfortable quarters at a hotel." So saying, the courteous old bacillus led his new found friend southward, discoursing on the most charmingly upon the late discoveries of Science and their probable effect upon the microbial world. "The safety depends upon the fact that we are a little smaller than the organism upon which we live. Just notice the helium around us; how livid its color; how dry and brittle its surface; this unnatural condition is owing entirely to the strong doses of those gizzard-fretting, cell-irritating, germicides which the doctors are pouring into this system in the vain hope of destroying us, as the cause of his trouble. His system is being racked, but we are quite comfortable, I believe," said the bacillus smilingly eyeing his friend.

"Quite so, I assure you," acquiesced the microbe. "Let me tell you something; unless you want a severely and possibly fatal jolt to your system, keep away from any further treatment by one of those doctors who carry a pocket case of medicine in the form of minute pills. Beware! Very often one dose of those horribly powerful germicides will destroy a whole vast colony of microbes, without doing the least to injure in the least the organism which is its target. Those fellows who call for two glasses of water, when they dissolve medicines, to be given alternately do great damage, and are much more to be dreaded than those you have heard called allopathic dopers, but they are not so bad as the kind first described. Take my word for it, I have much travelled germ and I know."

"Thank you for the information," replied the Scientific Germ, "it explains some wonderful phenomena that have troubled me of late, where I have noticed a dose of extremely powerful medicine increase the Opsonic Index to such a degree that the whole corps of Scientists were nearly destroyed." "That seems to me," said the wandering microbe, "that

this town of Microburg is too near the rectum for safety. What is to hinder a one in two thousand bi-chloride injection flooding its streets? What's the matter with starting a new colony right here?"

"Nothing at all," assented the bacillus, and immediately he grew constricted at the waist line and finally divided into two. The microbe did the same. This process of constriction and multiplication continued for five minutes, by which time the colony numbered some ten thousand. Thus was formed the thriving city of Bacillopolis, at the junction of the descending colon with the sigmoid flexure.

J. B. S. K.

OUR STATE SOCIETIES.

It is time that the missionary work for our State Societies should become active. Dr. T. M. Stewart, of Cincinnati, makes a vigorous appeal to the homeopaths of Ohio and the members of the Ohio State Society. There are 952 homeopathic physicians in Ohio, but only 218 belong to its State Society; so there is evidently some work to be done in Ohio.

In Illinois there are over 1250 homeopathic physicians, 550 of whom are members of the Homeopathic State Society. At the annual meeting last year there was a larger attendance than at the Allopathic State Society, which has doubtless the membership. We are certainly doing better in our State Societies than our allopathic colleagues, but that does not say very much for the interest that either profess to have in the professional work of their school.

Dr. Stewart's appeal is very striking. He says:

Do not worry about those who are sliding over to the other side. They will all come back and be better homeopaths as soon as they find out through experience that "all is not gold that glitters;" when therapeutic uncertainties confront them and their results are not what they expected they will return to that which led them to expect and get results. The best homeopathic physicians in the old days were recruited from the old school, and history will undoubtedly repeat itself. It takes a wise man to appreciate wisdom.

Every homeopath, to do justice to himself and his clientele, should keep abreast of the times. He should be

osted in all that pertains to the welfare of his patient. Every physician who attends a State or National Society can learn something from every paper that is read. These meetings are practically as good as a post-graduate course, and are money and time well spent. We cannot stand still; we must progress, improve, or fall in the rear of the procession. The man or woman that fails to take advantage of these annual gatherings deserves to be, as very likely he will succeed in becoming, a failure in the profession. Let us double the membership both of our State and National societies this year. If every member will bring one recruit, and we can do it if we try, the so-called impossible feat will be accomplished. If the physicians knew what they lose every year, the new members will thank you for showing them their duty and inducing them to follow a better way.

* * * * *

The International Congress of Tuberculosis, which convenes at Washington, D. C., in September, 1908, will be a noted event. It meets once every three years, and this is the first time it has met in America.

The intention is to make this really a World's Congress. There will be papers and public discussions in full on the tuberculosis problem by many of the most eminent authorities on the subject in this and other countries for three weeks. Official delegates from nearly all civilized countries will be present.

The congress will be divided into seven sections, thus affording ample scope for both scientific and lay discussion. Clinics and demonstrations will be held throughout the entire three weeks, thus giving both the people and the profession object lessons on the cause and prevention of the great White Plague.

The transactions will be a very important item. Those of the last congress were published in three volumes, and it is expected that it will require four volumes for the present one. These of course are free to all members of the congress who have paid their membership fee of \$5. The expenses of the congress will far exceed the revenue derived

from fees, and the excess will be provided by the National Association. There are two classes of membership, active members who pay a fee of \$5, and associate members who pay \$2, and who have all the privileges of membership except the right to vote and receive the printed volumes.

Dr. A. E. Smith, president of the Illinois Homeopathic Medical Association of Freeport, is special agent for the homeopathic profession of Illinois, from whom all information as to membership and program may be obtained.

NOTICE.

A very pleasant, quiet and restful way of going to Kansas City to attend the American Institute meeting, is by boat from Peoria, Ill. The steamers are clean and comfortable, with plenty of deck room, and one experiences the peculiar sensation of gliding over the corn and oat fields of the great state of Illinois.

At St. Louis passengers change to a boat of the Kansas City Packet Line which ascends the Mississippi, turns into the Missouri and glides through the rich Missouri Valley, crowded with culture, to Kansas City. Fare \$11.50, including meals and berths; time of trip four nights and three days. The trip may be taken either way or may be shortened by rail if too time-consuming for the medical vacationists. Dr. J. B. S. King will give particular information to those thinking of making a river trip.

A PERSONAL TRIBUTE.

The following tribute to Dr. C. W. Eaton has been received:

Des Moines Life Insurance Company
Office of the President

Dear Sir:—

It is with a feeling of inexpressible sorrow that I inform you of the death of our Medical Director and beloved friend, Dr. Charles Woodhull Eaton, which occurred at morning's dawn the twenty-seventh inst. For nearly twenty years Dr. Eaton has filled the position of Medical Director of the

...es Life, safeguarding the interests of the Company,
 ...oyal, true and uncompromisingly honest in every-
 ...He has been almost a daily associate of mine for
 ...vo decades and my knowledge of his high character
 ...ty, almost appalls me with the magnitude of our
 ...is like gilding pure gold to praise his character and
 ...essary to those who knew him. His pure and blame-
 ...was a grand example and inspiration to us all.
 ...oves a shining mark" but this untimely call by the
 ...paper is a very great personal loss to me, to the
 ...y, and to the best citizens of our city and state, of
 ...was of the higher type. While humbly bowing to
 ..."doeth all things well" I will ever cherish the
 ...s of this grand man.

Very sincerely,

C. E. RAWSON,
 President.

CHARLES WOODHULL EATON, M. D.

...following resolutions were unanimously adopted at
 ...meeting of the Des Moines Homeopathic Medical
 ...March 28, 1908:

...ort of Committee:—At the noon day of a noble life,
 ...dust of his labor, and at the zenith of his success
 ...fulness, our honored associate and co-worker, Dr.
 ...Woodhull Eaton, has been translated to life eternal.
 ...recognize in his death the loss of one who has been
 ...of strength of the Des Moines Homeopathic Medical
 ...and an influential support to the cause of Homeo-

...ay be said of him, his personality was the charm
 ...eared him, his earnestness the inspiration to others,
 ...or the magnet, and his faithfulness to the end his
 ...parting with him is like bidding good-bye to sun-

...revere and cherish his memory. His invisible
 ...will long continue to be a blessing to us all, and

we pray that the influence of his life may inspire us to higher purposes and larger faithfulness in our work.

Harriette E. Messenger, M. D.

George Royal, M. D.

Erwin Schenk, M. D.

Dr. Chester G. Higbee, St. Paul, Minn., died April 30, aged 73 years. As we are going to press the daily paper will announce the death of this veteran who for thirty-four years has practiced in St. Paul and is well known in all parts of the country.

Dr. Higbee was born Aug. 5, 1835, at Pike, N. Y., received a common school education, taught school for six or seven years and later studied in academies in Wisconsin. He was a graduate of Hahnemann, of Chicago, and the St. Louis Homeopathic College. He took post graduate work in geology at London, Birmingham, Berlin and Paris. Began practice at Fon du Lac, Wis., and in March, 1866, removed to St. Paul.

From 1861 to 1865 he served in the Union army. He began as a private and ended with the rank of captain.

In 1889 he was vice president of the American Institute. In 1871 he organized the first homeopathic medical society in St. Paul. For years he has taken a prominent part in the work of the American Institute, of which he was a secretary, and his death is a sad loss to the profession.

NEW PUBLICATIONS.

TEXT-BOOK OF CLINICAL MEDICINE: TREATMENT.

Clarence Bartlett, M. D., Professor of Medical Diagnosis and Clinical Medicine in the Hahnemann Medical College of Philadelphia. Visiting Physician to the Hahnemann Hospital. Pp. 1223. Cloth, \$8. Boericke & Tafel, Philadelphia, 1908.

This splendid volume of over 1,200 pages, the companion volume of Diagnosis, which appeared in 1903, are monuments of the indefatigable labor and perseverance of a distinguished author. He gives credit to a number of his colleagues in Hahnemann Medical College, Philadelphia, for the assistance rendered him in their specialties, and

ed a chapter on the Opsonic theory which is certainly an
 ovation in a work on treatment. Although he adds, "We
 st all admit that much good work has been done in this
 tment without attention to the Opsonic Index as a guide.
 eed there are many expert clinical laboratory workers
 o deny that the Opsonic Index possesses a practical clin-
 value."

In the Preface the author states his position very fairly
 he following:

The ultimate object of medicine is successful treatment. Let diag-
 and pathology advance to any extent and it avails us nothing aside
 its scientific interest, if it does not aid us in the prophylaxis and
 of disease. Fortunately for humanity, pathology and diagnosis
 done much to rob disease of its terrors; still there remains much
 done before the medical world will reach its highest standard of
 ency. Of late years the advances in surgery have so overshadowed
 e of medical treatment (in other schools) that the latter have ap-
 ntly escaped the attention they deserve. So it is that young men
 many experienced practitioners have aspired to surgery and the va-
 specialties to the neglect of internal medicine. This we hold as a
 us error, for unless general medicine and therapeutics retain their
 inent place at the head of the healing art, the specialties and sur-
 will suffer thereby.

No better explanation perhaps can be made than is here
 n for the production of such a work on treatment. The
 anion volume, Diagnosis, is not excelled by any work
 e history of medicine. It is a volume which every
 eopath all over the world may point to with pride.
 hing better has ever been written.

We wish we could say as much for this volume on treat-
 t. It embraces everything that is known about all
 ods of treatment of every school of practice—regular,
 gular, empirical, eclectic—all modes but that of Hahne-
 n. "You buy the book and take your choice."

Yet chapter XXX, especially on Hydrotherapy, is a val-
 e addition to any work, and every practitioner can not
 learn much from it, but be able to apply its principles
 a success.

But when it comes to the treatment of diseases of the
 , chapter XXVI, many pages of external applicati ons

might be omitted with benefit to the work as well as the homeopathic profession. The topical, medicated applications recommended are abominable, just the opposite of what should be used in the treatment of skin diseases. Here is a sample: "Sulphur is another very valuable remedy, and to my mind it is especially so when applied in combination with Salicylic acid. The formula is the following:

Salicylic acid, Sulphur precipitat, Vaseline."

And yet, the author has undertaken the impossible when he essays a work on the treatment of Disease and overlooks the treatment of the patient on which Hahnemann lays so much stress from the beginning to the end of the Organon. But this is a work on "Treatment," not homeopathic treatment, by the professor of clinical medicine in our oldest homeopathic college.

Boericke & Runyon Announce A MANUAL OF PRACTICAL OBSTETRICS in Press. By Frederick W. Hamlin, M. D. Professor of Obstetrics, New York Homeopathic Medical College and Hospital; Visiting Obstetrician to Hahnemann Hospital and Fowler Hospital.

A practical book for practical men, all theory omitted. The essential facts of obstetrics presented in a clear, concise, readable manner. A book designed for ready reference by the busy practitioner. Homeopathic therapeutics wherever available.

NEWS NOTES.

Small Pox in Japan.—Dr. H. W. Schwartz, Sendai, Japan, writes March 10: Recently quite a small pox epidemic has broken out in some parts of the country, and the newspapers are calling attention to the fact that for at least a generation compulsory vaccination has been rigidly observed—and that means everybody, for they have a most perfect census—every move must be reported to the police so they know always where everybody is. Besides the people are so used to being governed that they never think of evading the law. Probably every one, except infants, has been vaccinated, several times, and this fact the pa-

ers mention and say: "Yet small pox is here. Is it possible that vaccination is not the protection we have been taught to believe?"

For thoroughness in vaccination perhaps Japan is not excelled by any nation and yet small pox is epidemic.

A Foetal Phenomena.—W. H. Stover, M. D., Tiffin, O., writes: Some time ago I had an unusual experience in an obstetrical case. The labor was normal, A plump girl baby was born, but on delivering the placenta I found another child attached to it. The legs were free but inclosed a separate membrane, and about two and a half inches long. while the body of the child from the hips up was imbedded in the placenta and felt like a small string of bones under the hand.

The Seriousness of Gonorrhoea.—The prevalence of true gonorrhoea or syccosis and of so-called "cured" cases is simply alarming when we view the statistics of some of the latest writers on the subject. The old school is realizing more and more the seriousness of this disease, even if they do fail to recognize it as systemic and not a mere local inflammatory process. Fitch states that out of every 1000 men, 800 are affected and 90 per cent of these remain "uncured." In fact he is inclined to believe that it is incurable. So-called "latent" gonorrhoea in the male, he says, is capable of producing in the female metritis, parametritis, salpingitis, ovaritis, ophthalmia neonatorum, sterility, pleuritis and rheumatic affections of the joints. This of course does not include the cases of anemia, general debility, etc., induced by genuinely suppressed cases, and recognized as such only by the homeopath who understands the inner workings of the chronic miasms.

According to Dr. Jos. T. Johnson (*Jour. Am. Med. Assoc.*, March 11), the mortality from gonorrhoea, if it could be accurately ascertained, would probably exceed that of pneumonia, typhoid fever and tuberculosis combined.

Mental Clinics, by William George Gordon.

ORTHODOXY IN EPIGRAM.

Wearing a ready made uniform of belief.

Thinking along the lines of least resistance.

The one word adopted as a trademark by each creed to distinguish from the others.

Keeping in step with the rear guard.

Comfortable conservatism in the world of thought.

Fighting on the side of the biggest battalions of belief.

Living in an atmosphere of thought guaranteed by authority, tradition and respectability.

Sterilized mental food put up in cans.

Arrogant assumption of the sole infallibility of one's faith.

—*Sunday Magazine.*

Compulsory medicine, by Health Board physician might be added to make the list more complete and bring up to date.

“Medical politics are the intimate concern of all citizens of the state. Questions of science must be relegated to experts; practical applications are for men of affairs. Our civic duty is the extension and development of Homeopathy in the national service. Whatever lessens or tends to lessen the duration of disease; whatever preserves lives valuable to the family or to the national interest; whatever lowers the cost of illness, entirely wasteful from an economic standpoint; whatever does these, not only enriches the state, but is insurance for individual safety and well-being. To the extent that it does these, any such power demands the support of every citizen of the commonwealth. And these, we claim, are the daily issues of the practice of Homeopathy.”

For Sale To a recent graduate or any reliable Homeopathic Physician young or middle aged, who has \$15000.00 to invest in the purchase of a physicians home, continuing his excellent practice established over twenty years, in a beautiful, high class, progressive suburb of Philadelphia, located in New Jersey.

A splendid opportunity at very reasonable price, \$10,000.00 cash, \$5,000.00 on mortgage. All other offers rejected.

Particulars given,

Address, Physician, Sub. P. O. Station No. 26
Philadelphia, Pa

THE MEDICAL ADVANCE

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BATAVIA, ILL., MAY, 1908.

No. 5.

TRANSACTIONS OF THE CENTRAL NEW YORK SOCIETY.

Masonic Club, Rochester, N. Y., Dec. 12, 1907.

The quarterly meeting of the society was called to order by the president, Dr. A. C. Hermance, at 1 p. m.

Members present: Drs. Bidwell, Fritz, Graham, Grant, Hermance, Hussey, Johnson, Leggett.

Visitor: Dr. Hagaman.

The minutes of the annual meeting were read and approved.

The following paragraphs of the Organon were read by Dr. W. W. Johnson.

§ 30. Medicines (particularly as it depends on us to vary the doses according to our will), appear to have greater power in affecting the state of health than the natural morbid irritation; for natural diseases are cured and subdued by appropriate medicines.

§ 31. The physical and moral powers, which are called morbid agents, do not possess the faculty of changing the state of health unconditionally;* we do not fall sick beneath their influence before the economy is sufficiently disposed and laid open to the attack of morbid causes, and will allow itself to be placed by them in a state where the sensations which they undergo, and the actions which they perform, are different from those which belong to it in the normal state. These powers, therefore, do not excite disease in all men, nor are they at all times the cause of it in the same individual.

*When I say that disease is an aberration or a discord in the state of health, I do not pretend by that to give a metaphysical

explanation of the immediate essence of diseases generally, or of any morbid case in particular. In making use of this term, I merely intend to point at that which diseases are not, and cannot be; or to express what I have just proved, that they are not mechanical or chemical changes of the material substance of the body, and they do not depend upon a morbid material principle, and that they are solely and spiritual dynamic changes of the animal economy.

§ 32. But it is quite otherwise with the artificial morbid powers which we call medicines. Every real medicine will at *all* times, and under *every* circumstance, work upon *every* living individual, and excite in him the symptoms that are peculiar to it, (so as to be clearly manifest to the senses when the dose is powerful enough), to such a degree, that the whole of the system is always (*unconditionally*) attacked, and in a manner infected by the medicinal disease, which, as I have before said, is not at all the case in natural diseases.

§ 33. It is therefore fully proved by every experiment* and observation, that the state of health is far more susceptible of derangement from the effects of medicinal powers than from the influence of morbid principles and contagious miasms, or what is the same thing, the *ordinary morbid principles have only a conditional and often very subordinate influence, while the medicinal powers exercise one that is absolute, direct and greatly superior to that of the former.*

*The following is a striking observation of the kind directly in point: previously to the year 1801, the genuine smooth scarlet fever of Sydenham prevailed, epidemically among children, and attacked all, without exception, who had not escaped the disease in a former epidemic; whereas every child who was exposed to one of the kind which came under my observation in Konigsutter, remained exempt from this highly infectious disease, if it had timely taken a very small dose of belladonna. When a medicine can thus evince a prophylactic property against the infection of a prevalent disease, it must exercise a predominating influence over the vital power.

§ 34. In artificial diseases produced by medicines, it is not the greater degree of intensity that imparts to them the

wer they possess of curing those which are natural. In order that the cure may be effected, it is indispensable that medicines be able to produce in the human body an artificial disease, similar to that which is to be cured; for it is its resemblance alone, joined to the greater degree of intensity of the artificial disease, that gives to the latter the faculty of substituting itself in the place of the former, and of obliterating it. This is so far a fact that even nature herself cannot cure an existing disease by the excitement of a new one that is dissimilar, be the intensity of the latter ever so great; in the same manner the physician is incapable of effecting a cure when he applies medicines that have not the power of creating in the healthy persons a morbid affection, *resembling the disease* which is before him.

An essay upon the subject was read and commented upon by Dr. E. P. Hussey.

THE ORGANON.

The statements in §§ 30 and 33, ladies and gentlemen, are, without question and to us, very evidently true. Besides what is so very evident in them they open up a large field of thought to the homeopathician. The very foundations of homeopathic practice rests upon them. If they were not true there would be no value to our provings, nor certainty in prescribing. We know that so well that it is necessary to enlarge upon it.

But the next §, 34, contains statements about which I should like to say something. Sentence 2, §34:

In order that they may effect a cure, it is before all things requisite that they (drugs) should be capable of producing in the human body an artificial disease as similar as possible to the disease to be cured, in order, by means of this similarity, conjoined with its somewhat greater strength, to substitute themselves for the natural morbid affection, and thereby deprive the latter of all influence upon the vital force.

We see that it says in order to cure, drugs *must* possess the power of producing in the healthy body an artificial disease most similar to that which is to be cured. That leads to the question, what relation in size or strength must the curative dose bear to the one capable of producing the

artificial analogue in the healthy body. As the prescriber is about to administer the similarly acting remedy, he must remember that the patient's sick nerves, functions, organs have been disturbed and made irritable and sensitive by the disease, or perverted action of vital force, etc., in a certain way. How can he know just what dose of the similarly acting medicine will be the right one to meet the diseased condition and stop it, and at the same time not increase it by too powerful action in the same direction? Frankly, unless experience teaches him, he cannot.

With the endless differences in individualities and degrees of susceptibility in patients, and in the character and intensity of disease action, he can only learn and estimate from the former, and judge from experience of the latter, and form an opinion as to the strength and preparation of the medicine which he should give.

It is because of the sensitiveness of the diseased condition to the similarly acting medicine, that the higher potencies are so uniformly more applicable and safe. How often instead of a cure the patient has been worse, suffering prolonged and premature accessions to cemeteries made, from the effect of too powerful doses of the really homeopathic medicine, will never be revealed. Partly because the prescriber guilty of such blunders does not know himself.

Another reason occurs to me, why the higher potencies should be most uniformly used. Without going into details with which we are all familiar, we recognize the theory that all physical phenomena are recognized by the vibrations of the atoms of which substances are composed, and it seems that the vibratory action in high potencies of drugs must be on the same plane, or more like the vibratory action in the function, controlling nerves which are deranged in disease than is that in the low potencies. This idea arises in my mind from many experiences which I, and I am sure all of us, have had, and which I have long wished to formulate and present to this society for discussion; and which may perhaps be best presented by the question, "what effect does a crude drug taken into the system have upon the

on of the homeopathically prescribed medicine in potency, taken at about the same time?"

My experience leads me to say that the action of a crude drug is *not* homeopathic to the diseased condition present, can have no inhibitive effect upon the curative action of a drug in a high potency which *is* homeopathic to the case, unless probably the drugs were antidotal, or inimical each other.

This seems to open the door to polypharmacy, and the combinations of "combination" and "mixed" prescriptions, which we deprecate so heartily, but, as I will show later, it does not quite do so.

We can surely speak from such abundant experience that there can seem to be no question.

Never can we be sure that our patient is at any time free from the effect of some drug which we did not prescribe. It is hardly necessary for me to enumerate the many sources from which that comes, a little reflection will show it to you well, but I will mention a few which you will readily recognize. The habitual tea, coffee, tobacco, drugged drinks from the soda fountain and bar, drugged and adulterated foods, matches, cosmetics, hair lotions, drug habits; camphor in bulboid utensils, antiseptic tooth-powders, medicated soaps, antiseptics everywhere. It is nearly impossible to find an article that is not preserved by carbolic acid. It is impossible to keep our patients free from the effect of crude drugs, and we may as well use no effort to do so, but simply prescribe the indicated remedy and say nothing. If we have ever been sure that we have cured a case of disease with a homeopathic prescription we may be equally sure that we have done so in spite of the effect in the patient of innumerable drugs in the crude form.

Whether the drugs are taken accidentally, incidentally, or intentionally, cannot make the slightest difference in fact or effect. Another phase of the same principle is shown in the results from homeopathic prescribing for acute ailments, when they arise in a patient during our treatment of a chronic disease. We do not fail to get our response to the reme-

dy temporarily indicated, be the acute trouble ever so narrowly circumscribed, or the chronic disease ever so serious. So it appears that the indicated homeopathic remedy administered in the proper potency will act effectively in spite of the presence of crude drugs, which are not homeopathically indicated, or of deep-seated morbid conditions of the patient, which are not considered in the prescription, and to which the latter has no apparent homeopathic application. Whether the effect of the homeopathic remedy would be the same if it was not potentized, I do not know, but I am strongly of the opinion that it would not. If my opinion is correct, our established objections to polypharmacy are upheld.

Trusting that although this paper is short, it may start a discussion, as does the spark a fire. I ask for your experiences, and the deductions therefrom.

E. P. HUSSEY, M. D., Buffalo, N. Y.

DISCUSSION.—Dr. Grant said it was evident that the properly indicated and potentized remedy would act, as said by the late Julius G. Schmitt, "in spite of the d——l," whether alternated with other medicines, disturbed by cathartics, surrounded by soaps, perfumes, etc., except in cases where it was absolutely, or partially antidoted. He said the man who mixed or alternated was seldom sure he had not antidoted one medicine with another. He believed that the single remedy, the exact similar, or as near to it as he is able to find, gives to the physician the best results though often seeing good results, even by mixers, we also see bad. When there are good results the vibratory action of the mixture did not interfere with the similar; when it does the mixer fails. Ill effects of mixing drugs come through irritation or interruption, causing new direction to the vibrations. He believed with Dr. Hussey that the potentized medicine acted through anything not inimical.

Dr. Johnson thought Hahnemann showed plainly that the crude drug acted more deeply, creating deeper disturbance than natural sickness. The final working out of the idea took many years. At first under old school influence

emann gave the similar crude drug and killed many. Then began to divide doses and seems to have continued and more to divide for many years. But even in the drug the similar gave wonderful results. The great trouble we have in applying the similar is to find the indication, and here is just the objection to polypharmacy, it blinds the indications. He considered the sections most important.

Dr. Hussey inquired if the low potency would act as the high, with these interruptions and interferences. Dr. Graham said his practice was largely hospital practice where hypnotics must be frequently used to prevent patient disturbing another, yet the proper remedy acted in the majority of cases recovered. He said that in these low potencies were used. He could not answer for the

Dr. Hermance said he used the single remedy, and of the high potency. He considered that a physician using combination or alternation of remedies, never advanced in knowledge of the therapeutic powers of medicines, never knew why or what cured his cases, and was never sure of accuracy; cathartics were necessarily obscure, and so interfered with the accuracy of the prescription. He said the question of polypharmacy frequently came up and had not been met; potencies acted better than crude drugs, and had been proved.

Dr. Leggett wished that homeopathic physicians, especially those understanding the deeper principles of the profession, and using the higher potencies, would change the habit of saying the medicines "acted" so and so, when prescribed and taken in proper potency. She believed that when the remedy was introduced homeopathically into the human system in the proper potency, it was placed upon a plane in the vital force made use of it, as it does of other substances from which it selects among its environments from its various ingesta, sufficient for the up-building of the organism; therefore the vital force "acted." He thought that whereas we might say of a crude

drug or a blow, that it "acted" so and so, or mechanical produced such and such conditions, the potentized drug suited to the disturbance, was elevated to such a position made it possible for the life force to "act" in such a manner as to adjust the warring elements even when in crude substance it was inimical to the organism.

What other is the *opsonin* theory or the "arousing the defensive action of the body," than the restoration of the normal action of the life force by the simillimum? Are we to allow that the old school man is in a fair way to become more homeopathic than ourselves?

Dr. Fritz asked what Hahnemann would do in a case of *mania a potu*, who had been insane two or three days.

Dr. Grant could see no reason for polypharmacy even in that case. He had had but few cases, and in those had been able to find the specific remedy which controlled the condition; there were generally indications for prescription in these cases, but if not found, one necessarily resorted to a palliative. He had seen incurable cases of cancer in which the patient suffered great pain, relieved until the end by medicine homeopathic to the case.

Dr. Johnson had had several cases of *mania-a-potu* which yielded to the indicated remedy, some while he was using only the moderately high potencies.

Dr. Fritz was then invited to read the following paper on:

GONORRHEA.

I will not take up your time by giving you a long paper on the symptoms, treatment, etc., of this disease, which might be a copy verbatim from some book on this subject.

I only wish to say a very few words regarding the homeopathic remedies indicated, and the sequelæ.

There are points which I would like to bring out to impress deeply, and on which the laity, and I am afraid even some physicians do not realize, is the *far reaching effect* of this so very common affection.

Keyes has stated that more people die from gonorrhœa

than syphilis, of course not meaning directly from gonorrhœa itself, but its sequelæ.

It is treated too much as a local disease, and the laity is constantly told by newspaper and billboard advertisements, that it can be cured in 48 hours by an injection which will leave no stricture, and which is perfectly harmless. If such advertisements, which daily confront us, are not more than criminal then nothing is criminal.

The first thing the unfortunate patient asks you when he comes to you is, "doctor, how long will it take?" When you tell him it will take at least six weeks or longer, he is horrified, and tells of all these "ads" that he has read, and wants to know why you cannot "cure" him right away, and may be some of us will hurry the treatment and perhaps suppress the disease, opening the way for grave complications, beginning anywhere from a simple phimosis to an ascending pyelitis, fatal general infection, fatal peritonitis from seminal vesicular or periprostatic suppuration, with extensive burrowing abscesses, Add to this the ocular and articular complications, the far-reaching influence of the disease upon the uterus and its adnexa, the sterility to which it gives rise to both sexes, the untold surgery it furnishes the gynecologist, and, quoting from Keyes, "gonorrhœa rises from its putrid source and becomes an object worthy of serious study for every conscientious surgeon and physician."

I do not think I am ever a better homeopath than when treating gonorrhœa, for in this disease it certainly will work marvels, and I can assure you that I have seen all kinds of treatment used and have noted the results.

I seldom resort to injections otherwise than for simple cleansing of the urethra (with sterile clean water).

I will give you a few of the leading remedies: The remedies mostly indicated in the first or acute inflammatory stage are:

Mercurius when there is much strangury, urine passed with feeble stream with cutting pains. Lips of meatus red and inflamed, swelling and burning. Glans penis dark red

and hot, with burning, stinging, itching pains in the urethra. Tenesmus, painful erections.

Argentum nit. Great burning in urethra, frequent desire to urinate, constricted stitching feeling in anterior portion of urethra. Pains shooting from posterior part of urethra to anus and testes. Dragging, burning, stabbing pains along the urethra.

Cantharis: Much strangury and tenesmus. Burning cutting, scalding in the urethra during urination, with discharge of bloody mucus. Spasmodic pain in neck of bladder. Tenesmus is almost unbearable with constant ineffectual desire to urinate, urine passed drop by drop. Discharge yellow and bloody. Priapism.

Other remedies in this stage are Belladonna when there are irritable strictures. Camphor: strangury not relieved by urinating. Gelseminum, Capsicum and Copaiva.

Aconite: When the disease begins to become subacute. Great agony at the thought of urinating. Burning at neck of bladder when not urinating, Fever, urine hot and burning.

Cannabis sativa: Difficult urination with constant burning and sensation as though urine were tearing the tissues of the urethra. Phimosi with dark redness of the glans. Penis feels sore and sensitive. Patient must walk with legs separated. Urine spreads when voided. Swelling of prostate.

Pulsatilla: Discharge of thick, milky mucus.

Other remedies in this stage are: Fluoric acid, Angustura castus, Calcarea, Clematis, Cubeba, Kali bich., Sandalwood, Thuja.

When the disease enters the third or chronic stage called gleet, the following remedies are of great use. First and most important:

Sulphur: The discharge is thin but does not seem to abate, and other remedies well selected seem to do no good. There is slight burning and smarting during urination. The urine is passed in a thin and divided stream, and there

itching in the middle of the urethra. This remedy will often clear up the case.

Sepia: Desire to urinate with painful bearing down in the perineum. Prostatitis and stricture.

Thuja: Burning in urethra. Titillation as though a drop of urine was passing along the urethra. Discharge thin and green.

Other remedies to be thought of in this stage are, Aurum met., Erigeron, Agnus castus and Cannabis sativa.

Given a fresh case with proper instructions to the patient as to diet, hygiene and habits, and a well selected homeopathic remedy, and you can hope for brilliant results, unless you have to deal with a previously badly damaged urethra, when perhaps surgical interference, such as dilation of strictures, etc., may have to be resorted to.

A. A. FRITZ, M. D.

DISCUSSION.—Dr. Bidwell mentions Psorinum as one of the indicated remedies in the tertiary or chronic stage of gonorrhoea.

Dr. Graham mentioned Methylene blue as a remedy much used by his father, and very effective in chronic cases of long standing, with a scant, white, gletty discharge, and no other symptoms.

Dr. Johnson said it would seem that the principles of Hahnemann and pure Homeopathy ought to build up great practices in this direction, but that it did not. He cited a case as excessively virulent, that it > in two weeks; in four months there was a second attack which was more stubborn, and Dr. Brownell, who had seen the case with him, prognosed death for a third attack, or a typhoid, which prognosis came true.

[Medorrhinum, acute or chronic, would probably have eradicated this constitutional diathesis or relieved the virulence of the disease. ED.]

Dr. Fritz thought the first attack was usually the most severely painful.

Dr. Hermance agreed, but resorted to no other treatment, than the strictly homeopathic, and had cured some of

the most chronic conditions with Sulphur and Psorinum when indicated.

Dr. Bidwell quoted Dr. Allen as using Sulphur in acute and Medorrhinum in chronic or sycotic conditions, and said that Dr. Taylor "banked" on Benzoic acid.

Dr. Grant had frequently found gonnorrhœa to be followed by mental depression. One patient of his with rheumatism, accompanied by mental depression, was cured promptly by Medorrhinum 10m.

THUJA OCCIDENTALIS.

Thuja being the medicine for discussion at this date the subject was continued, Dr. Hermance considering Thuja a very valuable remedy in these conditions.

Dr. Fritz mentioned its use in gonorrhœal warts, citing the case of a man having nine warts which had been cauterized and followed by complications, cured in three weeks by Thuja 3x.

Dr. Grant asked if Dr. Fritz had had experience in the cure of gonorrhœal warts about the penis, as he had been much disappointed with Thuja in those conditions.

Dr. Hermance said that Thuja as a remedy had developed several peculiar symptoms. The mental symptom "as if brittle," as if would break in contact with any substance was very marked. He recalled the case of an insane man who moved very carefully "because his legs were made of glass." Thuja removed this mental symptom and cured the patient. He mentioned the sharp indication for its use in the "sweat of uncovered parts," and reminded the society of its frequent usefulness in the "ill effects from vaccination." He thought Bönninghausen had said that Thuja given in the stage of pustulation of small-pox prevented scars.

Dr. Hermance considered it a wonderful remedy in gonorrhœal rheumatism caused by suppression of the primary lesion with irritative injections and said that it often restored the primary discharge.

The committee appointed to select subjects for the March meeting decided on:

Organon, §§ 51-56 inclusive, Dr. Bidwell.

The Early Diagnosis and Hygiene of Tuberculosis, Dr. Dake.

Homeopathic Therapy, of Tuberculosis, Dr. Hussey.

The secretary was requested to invite Dr. W. C. Cooke, of Moravia, N. Y., to attend the March meeting of the society.

S. L. GUILD-LEGGETT, Sec'y.

TRANSACTIONS OF THE REGULAR HOMEOPATHIC MEDICAL SOCIETY.

Chicago, Tuesday, Jan. 7th, 1908.

Dr. H. C. Allen opened the meeting with the following statement:

The general topic of our meeting this evening is vaccination, a problem which is not new. It has been on the docket a great many years, and is still here as unsettled as ever. We do not oppose vaccination; we favor and practice prophylaxis in scarlet fever, small pox and other contagious diseases. But we have an improvement over the old method of vaccination—something infinitely better—offering more protection and entirely harmless. We want the privilege of using it. Why not improve in this as in treating diphtheria by the use of antitoxin? All we ask is the right to use our license as physicians of Illinois; to give our patients and their children a certificate that will enable the children to enter the public schools. Our certificates are sufficiently authoritative in death; why should they not be in all instances? It is merely a question of standing up for our rights.

THE "NEW VACCINATION" IN THE COURTS OF IOWA.

BY DR. CHARLES W. EATON, Des Moines.

You will of course bear in mind that I stand here to-night not as an anti-vaccinationist, but simply as an advocate of homeopathic vaccination. We are advocates of the better way.

Away back in surgery there was a day when all hem-

orrhages from amputation, excision, etc., were controlled by the application of a hot iron and its resulting cautery. To-day we who use the ligature are not opponents of surgery. We are simply the practitioners of improved surgery.

In precisely the same sense I stand before you, well knowing that you and my Iowa colleagues are not opponents of vaccination, but are advocates and users of the proper vaccination.

The legal fight in Iowa for our proper recognition was entirely successful; and it falls to my lot tonight to tell you as accurately and briefly as I may, just what happened. First, was our small-pox epidemic of five years ago. Up to that time, outside of the great centers, I doubt if five per cent. of all physicians had ever seen a case of small pox, but then we all met it.

A goodly number of the homeopathic physicians in Iowa and in Des Moines were using the Variolinum vaccination—the internal method. On Feb. 14, 1902, the City Council of Des Moines (for Des Moines was the first of three counties in Iowa), sitting as a Board of Health at the instance of our allopathic city physician, who was there prompting them, adopted a resolution requiring that vaccination should be by inoculation.

The city physician and the school board were in close accord, and all principals of schools were instructed to admit no child who had not been vaccinated by scarification on the arm in the old way. A certain Doty Evans took her certificate to school and was sent home. On the 17th of February Mr. Evans accompanied his daughter to school and presented her to the teacher and principal of the school and had with him a certificate of vaccination showing that his daughter had been successfully vaccinated within the past two years as required, and this was her certificate: "January 31st, 1902. I hereby certify that I successfully vaccinated Doty Evans, of 1175 11th street, Des Moines, Iowa. C. W. EATON."

The principal of the school and the teacher refused to permit her attendance at school; refused to recognize the

certificate, claiming to do so under the instruction of the school board, which was the fact.

Mr. Evans, being an attorney, at once filed a petition for temporary injunction in our district court, directed to the school board and against its individual members by name, the superintendent, the principal of that particular school and the teacher of that particular room.

Des Moines was on that day a very inspiring battle ground for Homeopathy. All of you who have ever been in the court room of a district court know the forlorn fringe of atoms that usually occupy the benches—poor, broken-down old men who look as if they had been picked up from the most desperately dissipated and poverty stricken regions of the city. On that morning the court room was crowded with the best parents of Des Moines, and gathered within the region of the bar was the city solicitor, of course; but the school board took an active part and had its attorney there; pronounced friends of the allopaths were there as well as those of the homeopaths. One of them who was a professor in the medical department of Drake University, had wired to the surgeon general at Washington to get ammunition to use against us, and had his reply in his pocket. Things were at the highest degree of tension. But now mark. The pivotal point was one entirely unexpected. Our attorneys had based their demand for injunction on the fact that Homeopathy is one of the established and recognized schools in Iowa and therefore its practice could not be prohibited, and no board of health had power to prohibit the practice of any method of the homeopathic school. It was by law an established school of medical practice, and its graduates recognized and licensed by the state.

The resolution passed by the board of health specified that the vaccination must be by inoculation. Of course that inimical city physician should have made it "scarification," but he did not. The moment that we got into court the question came up as to what was "inoculation." The judge said; "If those certificates are by inoculation no power on earth can keep the children out of school." That started an

immediate run for a medical dictionary which said that "oculation was the introduction of a virus into the system" but did not specify the method. Now what happened? The opposition said, "We withdraw our opposition." They said immediately that they were beaten and they wanted as little on the court record as possible. The whole case evaporated right there.

To show how alert they are and how quick they take the alarm, let me say this: When it became apparent that the case was going, one of our attorneys wrote out a certificate that would bring it squarely to the question of scarification. We did not want this decision by default. I handed that certificate to me and said, "Get that rejected right away." I jumped into my buggy, drove to a school which was within a half block of where two children lived who were being kept out of school. I put the certificate into their hands and started them to school, and although I left the court house before the case was concluded, those children could not get to the school quick enough. When I got there the teacher met them with a welcome. "We are glad to see you." "We have just had a telephone." In fact that same day the superintendent of schools of Des Moines telephoned to one of the principals that he was to accept all certificates "by the external, the internal or the infernal method."

Naturally we wanted a case that did not go by default on a mere definition. We wanted a case that would be specifically on scarification.

There was a school board in an independent school district partly within and partly without the city limits, whose president had been instructed by the city physician that oculation meant scarification. So some of the scholars at that school were vaccinated by the "internal" method, and their certificates presented to the president of this outlying board. He gave a written refusal to accept them because it was not specifically scarification, (that may sound obligatory but he was one of my best friends and patients). That enabled us to bring the issue squarely in the court, which

did. The injunction was granted in both cases, and after a considerable time a final decree entered and the costs taxed to our opponents. The process was by injunction and the scarification question fairly raised and the decision made in our favor in both cases.

The next case was at Iowa Falls. For two years after this decision we ran along without molestation and began to take it for granted that the other side knew when they had enough. But they forgot at the end of a couple of years, or else they had not heard the news in Iowa Falls. An allopathic doctor happened to be chairman of the school board there—a bad combination.

On November 7th, 1904, Roy Marks was excluded on the same ground that the child was excluded in Des Moines. The same day the father filed his petition for injunction against the board and against its individual members. The school board and its members individually filed answer, insisting upon scarification.

November 12th the judge entered an order for temporary injunction.

On the 13th of March following the case was called for final hearing to make the temporary injunction permanent. The school board of Iowa Falls did not appear at all and the court entered the permanent injunction and the costs were taxed to the school board.

Case three was at Council Bluffs and this was not originally our scrap; but we were drawn into it. In the spring of 1905 the trouble at Council Bluffs began between the City Board of Health and the School Board. The mayor of Council Bluffs at that time was the most aggressive and the most successful allopathic physician of the city. Now by the Iowa law the mayor is, by virtue of his office, president of the school board. Mayor McCrae and his board issued an order that every teacher, pupil and janitor of the Council Bluffs schools should be vaccinated. The school board did not think that was necessary and did not want it done and so they fought the Board of Health. That was not our fight at all.

After it was determined that under the law the Board of Health had the power to order the vaccination, then it came up that Council Bluffs homeopaths were using the internal method. This the City Board of Health refused to recognize. Popular interest was at a white heat. The last few weeks of that school year the schools were practically disrupted. The pupils were out by hundreds. People would not have them scarified and no other certificates were accepted. With the coming of fall, at the opening of the school year, the conditions which were supposed to have made vaccination necessary disappeared. But both parties concerned were desirous to settle the thing in court so that in the event of any future emergency arising there would be no further question as to the procedure. All parties agreed to make the case on broad issues so that it should not be decided on some narrow technicality as the Des Moines first case, when they threw up their hands on the word "inoculation." It was a distinguished trial. I do not know that I dare say much about it, for your president this evening, was one of the witnesses at the trial.

It so occurred that the Missouri Valley Institute of Homeopathy was in session at Omaha and that gave not only the opportunity to call the physicians of Omaha and Council Bluffs, but also those in attendance at the meeting. Dr. H. C. Allen, Dean of Hering College, Dr. George Royce, Dean of the State University of Iowa, the late Dr. A. I. Bowen, of Sioux City, were all on the witness stand and there was also a deposition read from Dr. W. A. Dewey, of the Michigan State University. The result was an honorable vindication of our rights. I quote verbatim from the decision of the court:

1. That Boards of Health have the power to adopt and promulgate rules requiring those in attendance upon Public Schools, either as teachers, pupils, employes, to be vaccinated, at times when an epidemic small pox is threatened or prevailing, and to enforce such rules accordingly; and reasonable latitude should be given to such Boards in their efforts to prevent the spread of such disease.

2. That Boards of Health do not have the power to specify and e

force any recognized method of vaccination to the exclusion of others recognized and practiced by any standard school of medicine, authorized or established under the laws of this state.

3. That for many years it has been taught by the Homeopathic school of medicine that treatment by the administration of Variolinum, commonly known as the internal method of vaccination, is equally or more effective as a preventitive of smallpox than vaccination by the scarification method and that vaccination by the administration of Variolinum or the internal method, has for many years been practiced by the Homeopathic School of Medicine.

4. That the rules of the State Board of Health, as set forth in the cross-petition of the Board of Health of the City of Council Bluffs and its members, in the case heretofore pending in this Court, entitled "The Independent School District of Council Bluffs, by its Board of Directors, vs. D. MacCrae, Mayor, and Others," No. 14393 of this Court, were and are void, in that said State Board of Health had no authority under the constitution and laws of this State to make said regulations and in that the said State Board of Health had no power or authority to require vaccination at any time by the method prescribed by any school of medicine to the exclusion of the method approved by any reputable, recognized and standard school of medicine.

5. That the rule of the Local Board of Health of Council Bluffs, Iowa, set forth in the cross-petition heretofore referred to was and is against public policy, unreasonable and void in that said Board of Health has no power or authority under the laws of Iowa to adopt the same and in that the same attempted to exclude children from the public school who were unvaccinated by the scarification method, irrespective of whether an epidemic of small pox existed or was threatened in Council Bluffs, or vicinity, and in that it attempted to require vaccination by scarification to the exclusion of vaccination by the administration of Variolinum, or the internal method, as approved, taught and practiced by the Homeopathic School, which is one of the standard schools of medicine of Iowa and the United States.

6. That under the record herein, it appears at this time an epidemic of small pox is neither threatened or prevailing in this community and there is no reasonable apprehension for danger with regard thereto.

7. The Court therefore finds that the equities of this cause are with the plaintiffs, Ed. Canning and others, and that they are entitled the relief prayed.

8. It is therefore considered, adjudged and decreed by the court that the decree heretofore entered in the said cause, 14393, be and the

same is hereby cancelled and set aside and the Mandatory Writ of Injunction issued thereunder is cancelled and annulled.

Let me call your attention to another opinion. It is to be noticed that no appeal was taken in this or any other case. These cases were all in the various district courts and were not in Courts of Appeal—not in the Supreme Court. Therefore no other court was bound to take notice of the decisions; but I am told by council that courts are apt to take account of such decisions and that it is not unusual to do where no appeal has been taken for the reason that an appeal is taken for granted that when defendants take no appeal they regard the decision of the court as being correct, which gives especial weight, because it means acquiescence on both sides; and acquiescence on both sides means a concession that the position of the court is correct.

Now this concludes the record of the new vaccination in Iowa Courts. Just three times the issue has been joined before the judge's bench and just three times Homeopathy has won.

In all three of these decisions, the two Des Moines, Iowa Falls and Council Bluffs, when the cases came to trial, the contest inevitably narrowed down to just this proposition: That Boards of Health have not the power to specify and enforce any method to the exclusion of any other method practiced by a school of medicine which is authorized and established under the laws of the state. It is probable that we will have no more cases, because the allopathic physicians realize that with three existing decisions against them in three widely separated courts, it is scarcely within the range of possibility to secure a reversal of these decisions and secure a decision to themselves.

The immediate result of these decisions was that the patrons of Homeopathy were free to have their children vaccinated by the internal method. But certain collateral results were bound to appear. For instance, the Boards of Health served notice on the large employers, business houses and manufacturers, that they must have all their employes vaccinated on certain dates or else they would be closed up

This was a phase involving large financial interests. In the case of two of these large concerns I vaccinated their employes by the internal method under the agreement that if the cases that were then pending went against us, I would immediately vaccinate their force by scarification without additional charge. No matter how ardent a homeopath an employer may be, he cannot run any risk of the wheels of his factory being stopped or the doors of his stores being closed by the Board of Health. Thus, our legal status protected not only the children in the school, but also the men and women of the business world. Furthermore, it has been able to protect numbers of families who have removed from Iowa to other states, because our certificates have been accepted in many instances by school authorities of other towns of other states in cases of such removal.

Again, our legal status is also adequate for the protection of those who have been exposed to small pox and whose release from the resulting quarantine,—that is, of exposure—is conditioned upon their being vaccinated. None of us would think of these things in advance, but these conditions appeared in Iowa, and you can expect them logically and as a matter of course. This found an amusing illustration in Des Moines.

Small pox having appeared in a family, and the patient having been taken to a hospital, it was required of the remainder of the family that they be vaccinated before quarantine be released. The head of the house presented a certificate by the internal method to the city physician, a rabid allopath, who literally “fired” it. Our attorney then called upon the mayor who sent our attorney to the city physician. The city physician greeted him with scant courtesy, refusing curtly to pay any attention. The mayor consulted the city solicitor who advised him that there was no escape from releasing the family from quarantine. Then the mayor sent word by our attorney to the city physician to release the quarantine, whereupon, when the mayor sent this message, the city physician replied: “Tell the mayor to go to —!” Our attorney delivered the message to the mayor, who fairly

jumped to the telephone, called up the doctor, told him to release that quarantine forthwith and the quarantine was done of the house within an hour.

Now, you see all that would have been impossible but for the decisions behind it.

Another factor in the Iowa contest was the attempt on the part of the allopathic physicians to checkmate us by having the State Board of Health adopt a definition of vaccination, specify the scarification as sure and positive. A resolution including such a definition the allopathic members of the Iowa State Board expected to carry, as they have four members, the homeopaths two and the eclectics one. In pursuance to these tactics, the Secretary of the Board who was thoroughly in opposition to us, went to the National Conference of State and Provisional Boards of Health that was held at Hartford, Connecticut. He was on the floor once during that meeting and that was for the purpose of telling the story of his Iowa tribulations from internal vaccination, he asked the committee to formulate a definition of vaccination, which request was complied with.

He came home and that definition was introduced at a meeting of the board for passage. It was practically defeated in the morning meeting. They adjourned for lunch and those of you who have been practical workers in the things know what terrible things can lie concealed in an adjournment. The Board of Health of Iowa included in its members a veterinarian and a civil engineer—very properly. Evidently during the lunch hour these gentlemen were bored with, so that at the afternoon session that definition was perpetrated upon the Iowa profession by a gain of the votes. So that we have in Iowa a definition of vaccination with all the authority behind it of a "horse doctor" and a civil engineer, but it is official nevertheless.

A bill was then introduced into the legislature effecting a definition of vaccination. The legislature shied so that it did not get outside of the committee. Last year the State Board of Health undertook a revision of its regulations from A. to Z., and among other things they encountered the above

definition. Under the suggestion of our members to the board that some evidence had occurred that there were three decisions in the state which flatly contradicted their definition, and that it could not stand; they passed it over and the Iowa State Board of Health does not promulgate any official definition of vaccination, and in fact has none.

In 1902, or when the board was first considering this matter of definition, Dr. Linn, one of the two homeopathic members of the board, acting independently and not officially, requested the opinion of Mr. W. H. Bailey, a leading lawyer of Des Moines, upon the subject of the power of the board to enforce such a definition. This opinion is very interesting in the careful review that it takes of the situation, and of the principle already spoken of: That homeopathic physicians are licensed; that they are given special questions at State Board examinations in *Materia Medica*, etc., and therefore, being recognized by the law, their practice cannot be prevented or refused by the various or local Boards of Health, as well as by the State Board of Health. That opinion is in the hands of some of our friends here, and in the interest of time I will omit it altogether, although it is cogent and careful and scholarly, and very interesting.

Now a matter closely allied with the legality of the internal method of vaccination is the proper form of the certificate we should use. At all times we should take the advice of our legal counsel as to the best form of certificate which, under the statutes of the state it is wise to employ. The local board of health rule demanded that the certificate should show two things: That the vaccination has been by inoculation and that it has been successful.

Now as to the word "successful." I suppose a vaccination may be "successful" if there is a visible scab. But we have no scab to show for our "successful," therefore what do we mean by it? Simply this: In a majority of the cases under the treatment by *Variolinum*, the patients will show a distinct reaction, such as fever, active, gastric and intestinal disturbances, etc. Now then, if the preparation you use has in any one produced those symptoms it shows that

preparation to be active, and if you give an active preparation there is no doubt that it will impress the organism.

A demonstrated preparation that can produce distinct disturbances is sure to be "successful" to whomsoever administered, because what is administered by way of the stomach always gains contact with the system. We never give a dose of Prussic Acid with the idea that one will not "take." We all "take" in such cases.

One of my colleagues thinks that the certificate should read, "inoculation per ora." He also insists upon himself administering the first dose. I also use a dose night and morning or until reaction occurs or for two weeks, for in the absence of any objectional reaction it is well to make it thorough.

As my colleague said, it is well to administer the first dose yourself, because some people will get the Variolinum from a physician, and also the certificate, and never take the medicine because they are opposed to that sort of thing.

During the height of the small pox epidemic a lady went to a reputable and one of the well known allopathic physicians of our city to be vaccinated. She asked, "How much will it be?" and the physician replied, "One dollar." "But," she said, "I want you to rub water on instead of vaccinating with poison. I don't want it to take." "O well, that will be two dollars and a half," answered the physician. I speak of this to call pointed attention to the fact that any dishonesty such as I have mentioned is equally applicable to vaccination by scarification.

In Iowa doctors have quite generally used the thirtieth potency for vaccination. I say this in anticipation of a question that may be in your minds.

I may have wearied you by being on the floor so long, yet it is hardly possible to give a clear and definite account of just what happened in the courts of Iowa in less time. As has been previously remarked, the unbroken chain of decisions in our favor will probably preclude any further appeal to the courts. Now and then there may be some trouble in some outlying locality among those who are con-

tumacious, but so soon as they are advised of what has transpired, they will accept our vaccination without more ado.

The homeopaths of Iowa are proud of their Iowa courts, who have said to the hosts of Allopathy, "You shall not deny the people everything that has not been approved by your own ignorance and your own prejudice. You shall not filch from little children their priceless heritage and healthy and untainted bodies."

THE SCHOOL VACCINATION LAW A DEAD LETTER AT
NIAGARA FALLS.

The following communication was printed in the *Newburgh Daily News* of March 16, 1908:

"To the Editor of the News:"

"Allow me to congratulate The News on its liberal and broad-minded policy in opening its columns to both sides of the vaccination controversy. It is a deplorable fact that many newspapers habitually reject all communications containing statements of the fact to the discredit of vaccination. If I may be permitted to prophesy, I venture the prediction that so soon as the people of Newburgh shall have learned the truth about vaccination they will drive the filthy fad to the woods.

Through the good offices of The Daily Cataract Journal, the leading newspaper of this city our people have been so enlightened on the subject of vaccination that the degrading and dangerous rite has been driven from our city. We have a resident population of about 30,000 inhabitants. During the summer seasons our city is annually visited by vast numbers of tourists and excursionists who flock here from all quarters of the globe. In consequence of this enormous floating population, small pox infection has been frequently imported into our city. Vaccination has been discredited and almost wholly neglected by our municipal authorities for many years past. So pronounced and determined is the popular resentment against Jenner's filthy nostrum that it is impossible to enforce the State vaccination law in our public schools. The consequence is that the pupils in our schools have not been subjected to vaccination during the past ten years. The process of inoculating the products of undefined disease into the wholesome bodies of school children is repudiated by our people as a criminal and cowardly outrage which they refuse to tolerate. Our people are too intelligent and progressive to pin their faith to an antiquated and barbarous medical practice which violates the fundamental laws of hygiene by implanting the seeds of disease into the healthy bodies of their children. I believe

I am safe in saying that Niagara Falls is the least vaccinated city in the United States. Notwithstanding our people's contempt for and neglect of vaccination we have not had anything like an epidemic of small pox in this city during the last quarter of a century, during all of which time I have been engaged in the practice of medicine here. During the same period we have had but a single death from small pox in this city. In the course of the last eight years small pox-cases have gained admission into our unvaccinated city on twelve or more different occasions, coming each time from the well vaccinated cities around us. Each of these twelve outbreaks of small pox in a non-vaccinated city was readily controlled and its spread, beyond a few mild cases, prevented without any recourse to vaccination. I believe that no other city of its size in the United States can boast of such immunity from small pox as we have enjoyed, notwithstanding that our population is more exposed to infection than that of any other city in America. With a firm conviction in my belief, I have published over my name in many of the medical journals and leading newspapers of this country the following challenge.

I hereby challenge any health officer or commissioner of health in any of the United States to mention the name of any thoroughly vaccinated and re-vaccinated city into which small pox cases have gained entrance for comparison with the unvaccinated city of Niagara Falls. If anyone will do so I will confidently undertake to prove by the official records that the people of Niagara Falls have during the last decade enjoyed a far greater immunity from small pox and have had a far lower death rate from that disease than has the thoroughly vaccinated and re-vaccinated city to be mentioned for comparison. Notwithstanding the fact that this challenge has been given widespread publicity in the medical journals and the lay press, no health board doctor or other partisan of the Jennerian rite has had the temerity to accept it and for obvious reasons never will accept it.

In the presence of the above challenge the intrepid champions of "protective" vaccination have remained as speechless as Egyptian mummies.

J. W. HODGE, M. D.

BLINDNESS FROM DRUGGING.

By DR. G. F. THORNHILL, Paris, Texas,

Three weeks ago a lady came to my office totally blind in her left eye. Eight months ago she was confined and given Ergot to stop hemorrhage. Three months later she noticed her sight was impaired and went to a specialist. He put "something" in her eye. That night she lost the sight

completely. He treated her several months, finally examined her with the X-ray and told her he "could see the optic nerve was dead"—and I suppose could see just as easily what she was thinking about—that there was no hope for her.

I examined her case closely, and I knew from her symptoms Atropine or Belladonna was the "something" put in her eye. Besides this as a key-note she had other strong Belladonna symptoms. Two doses of Belladonna cm. has completely restored her sight in three weeks. She can read the finest print with that eye, but of course is a little weak yet. Improvement began in 24 hours.

I find the most of my chronic work is, undoing allopathic dosing.

A CASE OF REMITTENT FEVER.

BY GANGA D. BANERJEE, Howrah, India.

CASE.—On October 10, 1907, I was called at Sulkea, Howrah, to see Babu Sinha, who had been suffering for 30 days with a low type of remittent fever and acute induration of the liver. He was under the treatment of a regular (?) well-known physician of the locality for many days without any good result. The precious day the doctor, after trying his so-called regular mixtures and plasters, declared it a serious one and wished to consult an old and experienced civil surgeon of the Calcutta Medical College. The uncle of the patient who had very little faith in Homeopathy, thoroughly against his will, at the request of his relatives, came to me to see if any magical work could be done by Homeopathy in a day or two. My taking of the case presented the following symptoms:

Temperature; highest 102 and lowest 100, which begins to rise at 9 a. m. every day.

Violent and continual stitching pain in the liver which is < at 3 a. m.

The liver is so much enlarged and indurated that he can scarcely breathe.

The patient can not lie on right side, i. e., on the pain-

ful side at all, and if he tries to do so the stitching pain is much increased that breathing is difficult.

Swelling of the upper eye-lids like a sac.

Complete aphonia.

Pressure in the chest.

Backache as if bruised.

Tongue coated white; taste foul.

Frequent urination at night with much pressure and scanty emission. Urine pale greenish.

Previous history: The patient was much addicted to wine. Had syphilitic ulcers and gonorrhoea some five years before. Ten years before had eruption of itch suppressed by some native ointment.

I told him to wash off the Belladonna plaster given by the regular (?) doctor.

The stitching pain < when lying on the painful side and also the 3 a. m. aggravation, together with other symptoms lead me to prescribe Kali carb. cm., one dose, on Oct. 10, and three doses of Placebo, one every three hours.

Oct. 11. The patient is breathing easily, the stitching pain is somewhat less. The fever as before. Placebo, eight doses, one every three hours for two days.

Oct. 13. The patient is breathing easily. Color of the urine is changed and he is urinating freely; temperature normal. Previous day it rose to 100 instead of 102. Has had Placebo for two days.

Oct. 15. Patient says everything is all right. There is no backache, no hoarseness. He is passing stools regularly. Temperature normal during the whole day. At night it rose to 99½ with occasional perspiration. The tongue takes imprints of teeth with salivation. He can not lie on the right side yet. No stitching pain. The size of the liver decreased. One dose Merc. sol. 200 given and Placebo for two days.

Oct. 18. It is reported by the uncle of the patient that he is now sleeping well, even lying on a right side; no rise in temperature. I have given eight powders of Placebo to be taken twice daily. The patient is well. The family has since then become staunch supporters of Homeopathy.

“STANDARD HOMEOPATHY,”**A Scorching Reply to an Editor.**

BY JOHN HUTCHINSON, M. D., New York.

To the Editor.

Dr. Egbert Guernsey Rankin chose a very interesting title for his paper in the March *Chironian*. “The Standard of Homeopathic Therapeutics” implies a good deal, and suggests the consideration of an important subject.

It appears according to the paper that our school of homeopathic practice is made up of two factions; a small minority in numbers that still respects the law of similars, a natural law as best stated by Hahnemann, being one faction and a very large majority of physicians that have progressed far beyond and away from Hahnemann and everything so remote and out of date as his views, composing the other faction. Meantime, no specific definition is offered for “twentieth century Homeopathy.” Just what this new thing is must be learned from the paper, which seems to address itself wholly to “a small faction of extremists”—the intolerable minority.

Advances in surgical art are outlined, but those pertaining to homeopathic therapeutics have not been traced. This omission is noteworthy because the two departments of medical science are wholly distinct. Surgical technique is no more Homeopathy than is internal medication surgical technique. Sometimes, however, somebody chooses between the two, for occasionally somebody knows that patients have died after being operated for appendicitis, and that other patients have lived after homeopathic treatment for appendicitis without operation.

Electrology, bacteriology and radiology are extolled, and they are most attractive sciences, to be sure, but their relation to the correction of human ills is a long way yet from being safely understood in any therapeutic sense. It is true, as stated, that as these progress they and “each new discovery requires a re-adaptation,” which in the actual circumstances almost reminds us of “recantation,” as being more accurate.

And here we seem to come to the point of the matter. Homeopathic therapeutics sprang into being as an inevitable and a sound and a scientific protest against the irregular, haphazard, unreasoning drug methods of that day. It is now just as important a protest as ever, just as imperative, just as necessary, and just as effective. So much so that the best minds in other ranks announce their rejection of all drugs as useless. Yet, curiously enough, nothing to replace them has developed. An anomaly confronts us to-day. Crude drugs are of no value, but they are prescribed, and the sick get them just the same. Now, if a man has an ethical right whatever to call himself a homeopathic physician he knows by virtue of that right that such medication is distinctly harmful to human life and health.

The phrase, "As medical science progresses," has a peculiar sound to one who appreciates its significance, and what bearing that progress has on the cure of human illness. Its beneficence is all in the future. Meantime, what about curing the sick? They are everywhere about us clamoring for help. They are told that medical science of to-day is a wonderful thing, and they innocently suppose that it offers some advanced therapy in the cure of tuberculosis, meningitis and rheumatism. They innocently suppose that pneumonia is more successfully treated than heretofore. In fact they find that most of the progress consists of fresh air, sometimes hot and sometimes cold, but always in extra ordinary dosage.

So, after all, the most help has to come from time-worn Homeopathy, which the careful students of its masters would remember has incidentally covered the subject of hygiene very well. And these same patients still clamoring for help present in their illnesses every indication for the precise help they need. It is the help that we by this time should know how to give, for we have been unable all these years to discard one complementary remedy. Nothing has been discovered to supplant it, and what was once good always remains good.

But to quote further: "So is the unmodified Hom

pathy of Hahnemann unsuited to this day." I read this original sentence with amazement. Others will read it with amazement. Where is the modified substitute that we should accept and welcome? How, where, and when shall we "embrace the standards of modern advancement" as opposed to Homeopathy? Is the embrace to vary and fluctuate like the standard?

"He employes homeopathic therapeutics where common sense indicates its use." This is impossible. Common sense may be "common ignorance." The physician must have more than common sense to practice Homeopathy. "A special knowledge of homeopathic therapeutics" is post-graduate learning. He cannot acquire a special knowledge with his common sense, nor until he has duly passed on—"All that pertains to the great field of medical learning [which] is his by tradition, by inheritance, by right."

But since "A homeopathic physician is one who practices according to the law of similars," his must be a definite vocation.

The opinion of the majority have weight with the facts of science, and the facts of science have nothing to do with the opinion of the majority. If a man knows nothing whatever of the law of gravitation, his non-belief is unimportant.

Millions of human beings may deny the law from pure ignorance, but the incident is quite irrelative. So-called "Christian Science" has large majorities, it grows, and for all we know progresses wonderfully; but does that make the organization either Christian or scientific?

"As to our own college, it stands beyond criticism. True to the standards of the school." . . . I do not pretend to understand these statements. They are wholly incomprehensible, since the author has established no definition for "standards." Were I to hazard a guess, I should hope, as an *alumnus*, that it would not be true. Therefore, I cannot discuss these statements.

Instead let me submit the following propositions:

Homeopathy is not a shifting principle, and cannot become obsolete in any sense. Its oldest work is permanent

and valuable like Greek or Roman architecture, painting and sculpture.

A law of nature has no variable standard of stability.

A law of nature bearing upon all phases of a definite range of science requires the best graded and most methodical system and form of elucidation.

Homeopathy is post-graduate medical knowledge. It demands the best developed scientific sense for its grasp.

A college of Homeopathy should live up to its name.

It is also submitted that a "fully equipped" physician is something more than one "imbued with the zeal of healing the sick by any means which science has proved reasonable and experience has proved effective." Even any old common sense might assume that teachers of homeopathic medicine had decided beforehand that such medicine is superior. Unfortunately, however, students are hardly kept over the borders of the subject, to say nothing of not being guided into the very heart of its profound study.

The college can never have again the worthy leaders who are dead. They were none the less able because they believed and taught the older truths of medicine, most of which are to be found, as far as therapeutics go, in Homeopathy alone. They did their work well, and they are even honored for it. Yet away and beyond this supporting perfection, we may assure ourselves that whatever our own shortcomings, scientific truth is dependent in no particular upon our support for life or nourishment. Homeopathy, whatever name known, cannot die. Others may demonstrate it unwittingly, or perhaps unwillingly. We may be unfaithful to our trust and miss completely our great opportunity. It will not greatly matter for truth has its own vitality.

But as to its effect on ourselves, that is another affair. Returning to the previous quotation, it may be remarked that a physician who aspires to the practice of Homeopathy needs a much higher credential than "zeal." Zeal is all very fine, but knowledge is better.—*The Chironian*.

AN ADDRESS ON THE DIATHESIS; THE PERSONAL FACTOR IN DISEASE*.

BY SIR DYCE DUCKWORTH, M. D., Edin., LL. D. Edin.
F. R. C. P. Lond.

Consulting Physician to St. Bartholomew's Hospital, London, and the Italian Hospital, Queen Square, London; Senior Physician to the Seamen's Hospital, Greenwich.

The doctrine of the diathesis as applied to practical medicine is little in vogue in this twentieth century. It is now commonly supposed to be a survival, and a rapidly decaying one, of mediæval modes of thought applied to a humoral pathology, and now rendered effete and useless in the face of the revelations of bacteriology.

I do not stand here today to decry progress in any field of medicine. Our art can but die if it does not advance, and happily there are signs on all hands of progressive researches of which some at least are sure to be fruitful. Let us always remember that research is only properly prosecuted for the sake of enduring truth and not merely to supply material for publication in ephemeral journals or contributions to medical congresses and societies. While therefore I am in full sympathy with all duly prosecuted research, I am not prepared to turn my back on all the solid acquirements of the past, to regard my great predecessors in medicine as unwise and ignorant men, and to believe that the microscope and the X-ray have heralded the dawn of an entirely new era. Truth is eternal and there can be no fashion in it. The tendency is to adopt the new revelation and to ignore or despise the old. I think this is a dangerous error. We physicians take perhaps too many of our novelties from the laboratories of the physiologist, and we repose, it may be, too seriously on the pronouncements of men who, if not void of any clinical experience and instincts, certainly are not practical physicians in daily contact with the maladies of humanity.

*Delivered in French before the Faculty of Medicine of Paris, Feb. 18, 1908.

The teachings of the clinical laboratory are the proper study of the physician. We need far more of these than are provided for us. We have, as I say, to deal with humanity, and the problems presented by man, both in health and disease, can never be solved satisfactorily by experiments on the lower animals. We learn much from the latter and must still pursue them, yet they must ever be inadequate to answer all the inquiries of the clinician. Our great study is man from birth to death and all that relates to his habits and environment.

One result of our modern studies is to lead us to regard men as living units with an exact bodily conformation, a uniform trophic system and tissue metabolism, and to disregard textural peculiarities, definite proclivities, and variations of intimate metabolism. A very little consideration makes it clear that this is not true, and multitudes of instances at once disprove this view which is evolved in the laboratory of the physiologist and contradicted at the bedside. We assuredly recognize that our fellow men are not all of one constitutional type, but we have ceased in late years to speak of the various temperaments such as the sanguine, the bilious and the nervous as described by our predecessors. We would ask if such types have ceased to exist amongst us, or if not, is there no longer any significance in them? Are we prepared to declare that the incidence and processes of disease in any one of these are met in precisely the same way and that the reactions and results are alike and common to them all? The fact is that we no longer think much about these human varieties and these personal qualities, and rather act now as if we were following out experiments in a physiological laboratory. Hence the outcome of errors and strange teaching, as when, for instance, after poisoning small animals with pure alcohol, we are solemnly told that to take a little good wine or beer is a most pernicious habit for civilized men! That nonsense is to-day regarded by some members of our profession as an illustration of the progress of science, and as a contribution to knowledge which is to aid us in our art and to reclaim the victims of alcoholism!

The clinician is always in face of the *personal factor* in each patient. The physiologist has a dog, or a guinea-pig, or some definite organ of an animal, but rarely a man, before him. The problems are not the same, and never can be. The personal factor, then, demands careful study from the physician, for men and women are not so many wooden ninepins turned in a lathe as some would have us believe. This study was carefully prosecuted by the best observing physicians a century ago, and nowhere more profoundly than in this great school. From my early days in medicine this subject has had great interest for me, and I was imbued by my dear master, Professor Laycock, of Edinburgh, with its principles. It is true that early dogmatic teaching sinks deeply, as it should do, and is not easily displaced in favor of other beliefs, but a long clinical experience has only served to deepen my confidence in the certainty of the doctrine of the diathesis or habits of body. The primal significance of this doctrine is that one man is not as another, that there are individual personal peculiarities relating to tendency, to vulnerability, and to immunity. It can be shown that these qualities run in certain families, that they may be accentuated in the offspring of consanguinity, and diminished by alliance with a stock presenting none of these tendencies. We thus meet with many examples of blended constitutions, and witness the outcome in one member of a family of the peculiarity of one parent, and in another the special tendencies of the other parent, or we find the malign proclivity of one parent overcome by the more robust influence of the other.

While we no longer speak of the several temperaments formerly described we may certainly recognize at least four special habits or types of body—the arthritic, the scrofulous or lymphatic, the nervous and the bilious. In varieties of these I think we may find all the conditions which were differentiated by our predecessors. It becomes, therefore, a question relating to the *soil* or tissue-proclivity of the particular individual that we have to consider. The modern investigator is solely occupied with the seed which he be-

leaves to be capable of growing and developing its wide spread powers indiscriminately on any individual. He regards the soil as of no importance. Those who, like myself, would call a halt in this narrow and limited conception while accepting to the full all the teaching of bacteriology with gratitude, insist upon the vast importance of the special or special textures of the individual invaded by special microbes. We have to reckon with seed and soil, not with seed only. Surely we have an exquisite analogy here in the sister vegetable kingdom which cannot be ignored. For example, let us try to grow roses in sand, or conifers on chalk and watch the results. Hence we find no difficulty, but, the contrary, further enlightenment, in applying the new teaching of bacteriology to the several diathetic habits of the body.

This question has recently been the subject of discussion in this city,¹ and in relation particularly to the existence of a arthritic diathesis M. Guyot denied in this discussion the existence of such a diathesis and had regard to no element in the case of rheumatic maladies but the specific infecting microbe. When reminded by M. Weber, of "tarses hereditaires, ou acquises," which created a predisposition, M. Guyot replied that these were "not indispensable." Such a belief is, in my opinion, inconsistent with an accurate clinical instinct and is contrary to common experience, for if it be true, any person may become the subject of rheumatic maladies which we know are not indiscriminately prevalent, even if widely spread. M. Guyot thus defines arthritis: I have no objection to this definition but would add in order to complete the full conception of the pathogeny that, in order to secure the several manifestations of the specific infection, there must be a special favouring proclivity in the tissues of the particular patient, in other words a suitable soil for the development of the infective element. Such patients may be regarded as rheumatical diathetically disposed and it is a matter of common knowledge that such

1. Bulletin Officiel des Societes Medicales, Feb., 1907.

persons exist and are distinctly more liable to rheumatic infection than others. I have no doubt as to the existence of this proclivity, and I have long accepted the doctrine of the basic arthritic diathesis of Bazin. Those who are the subjects of this particular habit of body show plainly their liability to rheumatic infection which I term exogenous and no less to the onset of gout, a malady which I regard, in the absence of exact proof to the contrary, as due to endogenous toxins, derived from perverted metabolism in the individual. M. Guyot has decided for himself that the peccant matter of gout is the same as that which originates rheumatism in all forms—viz, the diplococcus. This is on the ground that many of the articular lesions in the chronic varieties are closely similar in both cases, the uratic deposits being mere epiphenomena and not constant, according to his view. I have elsewhere discussed this matter and shown that there are specific changes in gouty arthritis, apart from uratic deposit, which are not met with in rheumatoid cases.

There are those in England now who are disposed to regard the toxic element of gout as generated from intestinal microbes. When these are plainly demonstrated to us I shall be prepared to reconsider the question of the endogenous or exogenous etiology of this malady. If we advance always, we must advance very sauevly and always be ready to say, again we do not know. As there are people who under provoking conditions cannot become rheumatic so there are those who cannot under predisposing circumstances become obviously gouty. The tissues of these persons and their metabolic processes do not favor the onset of either condition; they are practically immune and are not subjects of the arthritic diathesis. Those who believe that microbic infection entirely explains all the phenomena of rheumatic and gouty diseases, and that these may therefore be produced indiscriminately, have to show cause why these maladies are not universally prevalent and to explain how the majority of persons happily resist this influence and escape these ailments.

If we study carefully the life-histories of arthritic and other diathetically disposed families over long periods we shall not fail to discover good reasons for belief in the special predisposing conditions which prevail and are inherited in their different members. This arthritic diathesis is certainly widely spread but it is not universal. It includes most persons who used to be described as of sanguine temperament.

We have next to note a marked feature of the arthritic diathesis which consists in the peculiar antagonism of the tissues towards invasion by, and development of, the bacillus of tubercle. The more rheumatic or the more gouty the patient the less the proclivity to tuberculosis. I learn that a school of Lyons attempts to make arthritic diseases a symptom of tuberculosis, but this conception is beyond my comprehension. All my experience confirms the distinction between the two conditions; if not absolute, at least very great. Tuberculosis in the rheumatic, and especially in the gouty subject, is extremely rare, and when it occurs is found to make slow progress, with frequent arrests, and to be vigorously resisted. When such a liability exists it will probably be discovered that there is an inherited taint due to blending of a scrofulous or lymphatic diathesis with the arthritic diathesis, for such blendings cannot fail to occur, and this fact of commingling of different habits of constitution may rarely explain many puzzling variations in the course and outcome of maladies such as syphilis, paludism, etc.

In respect of the gouty habit of body we may note some further peculiarities. One is the marked vulnerability to the toxin of the gonococcus. This microbe is a veritable touchstone for gouty proclivity, and is apt to lead to some of the worst and most rebellious conditions due to tubercular infection. Another is the occurrence of the palmar scleritis and contracting contractures of Dupuytren which, in my experience, have no connection whatever with rheumatic infection, but are met with exclusively in persons already gouty or strongly predisposed to gout. Again the prevalence of eczema and glycosuria are marked features in subjects of this constitution.

We find that both arthritic and scrofulous subjects are specially vulnerable in their joints. Injuries to these structures heal slowly and are apt to leave permanent deformities as sequels. The fact of a lingering arthritis may thus, for the first time in a patient's history, disclose a hitherto unsuspected gouty or scrofulous taint, as was first pointed out by Paget. With respect to such cases I would ask, is it not probable that a study of the family and personal life-histories of such patients would have previously declared to the observer the special proclivities of the affected individuals? It is, however, declared by some physicians that it is not possible to pronounce a person to be the subject of any diathesis until he becomes obviously rheumatic, gouty, or tuberculous, just in the same way that no one can be regarded as suffering from syphilis until he is infected with the toxin of lues venerea. To my mind, such a declaration indicates too plainly an absence of clinical acumen and experience.

Once more, we certainly find that the diet which is appropriate for the subject of the lymphatic diathesis extremely bad for persons of the arthritic diathesis, and one which is suitable for the latter is most unfit for the former. I would ask again; What is it then which is transmitted in this or any other diathetic habit of body? Surely it is the quality of the tissues, or the soil, and not the infecting microbe. The proclivity, the vulnerability, the degree of immunity or resisting power is transmitted as a peculiar vital endowment from early embryonic times to full maturity in the intimate cells and tissues of the individual. In this sense each person is a law to himself, and here we have the personal factor before us with which we physicians have always to deal.

We are now told that the older conception of a scrofulous or lymphatic diathesis is no longer tenable. This it appears was also a foolish medieval doctrine now absolutely exploded and rejected since the discovery of Koch's bacillus. Scrofula is now regarded as tuberculosis! To this new doctrine I venture to demur and I regard it as a monstrous absurdity.

To prove it requires us to believe that every person presenting the classical features and type hitherto recognized as scrofulous is, from the earliest age, even as a fetus and throughout life, invaded and influenced by the bacilli and toxins of tubercle, and that this infection is responsible for the bodily conformation, characteristic ailments, vulnerability, and tendencies shown by the subjects of this condition. This is surely bacteriology run mad. Here again, as in the case of the arthritic diathesis, we recognize the soil and the seed and have come to learn that the lymphatic diathesis provides the best medium for the cultivation of the bacilli of tubercle. We have long known that the textures of the scrofulous subject are vulnerable beyond all others and offer little resistance to intruding toxins of all kinds; that their lympharia are unduly sensitive to all forms of irritation, that their mucous surfaces are predisposed to catarrhal conditions. Thus they are bad subjects for all maladies, make slow recovery from them, and often succumb to them. We recognize that they are more liable to become tuberculous than others and are thus often a prey to the omnipresent bacillus of Koch. It is supposed that this bacillus is present in a latent condition in such persons and declared that this microbe may enter the fetal circulation. The evidence for this is indeed slender. I prefer to believe that these subjects are born constitutionally feeble with a delicate lymphatic system and thus provide a bad soil for all varieties of infection. I recognize in the scrofulous subject the essence is there without manifestation; in the tuberculous subject it is actually present. The characteristic features of this diathesis are constantly before us in the two physiognomical and differing types of ugly and pretty struma. It would surely be strange if these well-marked varieties were each the result of the same transmitted microbic intrusion. I do not believe it. But alas, the modern physician has largely ceased to make physiognomical diagnosis of morbid tendencies and states or to teach this part of clinical medicine,

It is not sufficiently realized that these several habits of

body persist through life. Scrofula is commonly supposed to pertain to youth only, but we may meet with its peculiarities in aged persons (senile struma, not tuberculosis). So with the arthritic habit whose indications appear early in life by various symptoms, not necessarily overtly rheumatic in character, for these await the intrusion sooner or later, of the specific infection which develops the angina, the arthritis, the carditis, the erythema, or the chorea, while in later life under special provoking conditions the perverted metabolism gives rise to gouty symptoms and the consecutive changes in the cardio-vascular and renal systems. I therefore entertain the opinion that it is possible to be arthritically predisposed without becoming rheumatic or gouty in any classical form of these maladies. These conditions and developments are accidental and not inevitable, and may conceivably often be avoided by prudent and careful measures. Pace M. Guyot, then, these diatheses or predispositions, whether created by hereditary defects or acquired, have much to do with the individual impressed by them. It is obvious that persons who present the character in well-marked form of the two diatheses to which I have referred are to be considered delicate and void of a normal or robust constitution.

I have referred to the blending of these habits of body as the outcome of heredity and tendencies passed on by each parent. Thus we may meet with strumous arthritic or a blend of arthritic and scrofulous constitutions. Syphilitic taint may modify one or other of these, the result in the scrofulous case being very severe. Such blendings may be in variable degree according to the greater predisposition of either parent, the male characteristics more commonly reappearing in the female progeny and the female ones in the males.

The old physicians described a nervous diathesis. We hear nothing of this term now, but we surely recognize the subjects of an over sensitive and delicate nervous system, with a tendency to instability, to the several neuroses and mental aberration. Such qualities as these may be blended in subjects already arthritically impressed, scrofulous or

bilious by inheritance, producing strange and modifying complications whose source is hard to seek if the ancestral taints are not looked for and duly appreciated. In this fashion, if there be exposure to certain infections, chorea or cerebral rheumatism, we may explain the occurrence of toxic insanity and an impressionable and unstable brain showing little resistance to such influences.

The bilious habit of body is sufficiently well recognized. It is commonly met with in the Celtic race and in Southern Europeans. The term "bilious" is suggestive of hepatic over activity, but the main incapacity of such subjects lies in the digestive system and in many instances is due rather to hepatic inadequacy. We often meet, as may be expected, with blends of this constitution with others, as in the case of neuro-bilious or bilious arthritic subjects. One striking peculiarity of this tendency is the toleration for, and beneficial influence of mercury in many of the ailments suffered by persons of bilious habit. No other drug can replace mercury in such cases. This is in marked contrast to its effects on persons of the scrofulous constitution who bear it badly.

By the light of modern clinical research into the subject of vaccine therapy, so fruitful in the hands of Wright, Douglas, Opie, and others, especially in the Pasteur Institute, we may gain fresh knowledge respecting the respective inherent properties of the tissues in different individuals, and hope in time to learn whether there be varying or definite powers of resistance to intruding infective agents. It would be of profound interest to ascertain whether, as a rule, there be greater or less protective power in the leucocytes with their digestive ferments, or more or less anti-bacterial substance in the blood of the subjects of the different diatheses. We may fairly conceive that variations of this nature exist, and the clinical laboratory can be the only source of such knowledge. Research of this kind, adequately carried out, would hardly fail to throw light on the now discredited doctrine respecting different habits of body. On my part I am bold enough to predict that the results of such an investiga-

tion will tend to support the belief in the specific peculiarities and proclivities of each of them, and I may add that I cannot conceive of any better method of increasing our knowledge of this subject.

I am well aware that I have been venturesome in stating my belief to-day on this doctrine of the diatheses. I feel sure that they will arouse some incredulity and perhaps be re-regarded as a futile effort to fan into flame once more the dying embers of a fire that burnt brightly a century ago; that they are no longer consistent with the enlightened teaching of today which is nothing if not new, and which would at once command the assent of our great predecessors were they to revisit us here and now. That is not my point of view. I think we have to fit the new on to the old in this case and to beware of mere novelties, for we know well that what is new is not always true. I am ready to allow that today we have to discard much of the teaching of the older physicians, but we have to save and cherish the truth which they brought to light and to hand it down to our successors. I am still young enough to learn but not too old to forget. A long clinical experience bids me to tell of the practical value of the doctrines I have just discussed. I think it is necessary and incumbent for the modern physician to revert to the older teaching respecting the particular constitutions and proclivities of his patients. I am aware, for example, that some authorities have been led to discard the doctrine regarding the arthritic diathesis because they could not accept to the full the later teaching implied in the comprehensive terms "arthriticisism" or "herpeticism," which have gone far beyond the original definition; but I maintain that there need be no hesitation in recognizing the type signified, and the various textural and organic defects which are met with in the outcome of this particular constitution.

Lastly I would urge that in all our schools of medicine we should strive to secure more light on the processes and results of disease from labors conducted in clinical laboratories such as are so well supplied and ably utilized in this great school. It is invidious to mention names in this con-

nection, but my memory of past visits here recall to me work done under the direction of Charcot, Lancereaux, Bouchard, Marie, Chauffard, Landouzy, Widal, Babinski, and many others yielding brilliant results.

Again one point more. We are, I much fear, suffering in these days from a widely spread spirit of incredulity, timidity, and hopelessness in the whole realm of therapeutics. We spend much time in cultivating elaborate diagnosis, and this is quite right, but we grievously neglect our main business as healers and mitigators of disease. Our knowledge of the *materia medica* has declined out of all proportion to that gained by the progress of bacteriology which claims to supersede the older therapeutical art. It will never supersede it, for there are, as Sir William Jenner said, but two great questions to be answered at the bedside of a sick man—what is the matter with him? and what will do him good? Are we not too apt today to forget the second question, to experiment with synthetical novelties, and to neglect the old long-approved remedies? In short, are we not, as physicians, slowly drifting into the position of abstract scientists and gradually losing our proper relation to the sick as skilful medical artists? What would that greatest of clinicians, your glorious Trousseau, say to us were he amongst us today? I ask you messieurs mes confrères, in leaving this tribute, to allow me to salute, in the name of my country, the memory of that great man.

HEALTH RESORTS IN WEST INDIES.

Since the pacification of Cuba and its increasing advantages as a winter health resort have become better known, other islands feel the need of letting their climates as winter resorts become known. The following resolutions adopted at a large public meeting at which the governor presided, are self-explanatory. We clip from the *Barbadoes Advocate*, of March 24:

1. *Resolved*, That whereas it is admitted that Barbadoes possesses a very equable and salubrious climate which causes it to be much sought after as a health and winter resort, it is to the best interest of the island

that its natural advantages should be made more widely known and the island made more attractive to visitors.

2. *Resolved*, That the Governor-in-Executive Committee and the legislature of the island be urged to take such steps as will give effect to the following proposals:

(1) To advertise Barbadoes as a health and winter resort in the newspapers and magazines of Europe, U. S. America, Canada and South America.

(2) To establish a local information bureau for the guidance of visitors.

(3) To establish rest-houses at picturesque parts of the island.

(4) To bring the Police Band up to full strength and to render it more available for playing in public.

(5) To guarantee interest at 3 per cent. per annum on the capital to be raised, not exceeding £15,000, and 1 per cent. for a sinking fund; for

(a) Building a theatre on some suitable site to seat 1,000 persons.

(b) Erecting bathing pavilions at favorite watering places.

(c) Providing a club room at the garrison for the use of visitors to the island.

(d) And for such other purpose or purposes as in the opinion of the company to be formed may further advance the interests of the island as a health resort, provided the Governor-in-Executive Committee approves of such purpose or purposes.

3. *Resolved*, That copies of these resolutions be forwarded to His Excellency the Governor-in-Executive Committee, the House of Assembly, and the Honorable the Legislative Council.

THE MIDDLETOWN INSANE HOSPITAL.

We take the following from the 37th annual report of this excellent homeopathic institution, which under Dr. Morris C. Ashley, as superintendent, is ably following in the footsteps of the lamented Talcott. We commend his sterling Homeopathy to others in medical charge of similar hospitals. "Hypnotic and narcotic medicines are never prescribed as such, nor is any remedy used for its physiological effects." See the results, the largest per cent. of recoveries of any insane hospital in America:

"We have continued to follow the laws and principles of Homeopathy in the selection of medicines for our patients. Before a prescription is made, the patient is carefully examined and the remedy selected according to the totality of

the symptoms presented. Hypnotic and narcotic medicines are never prescribed as such, nor is any remedy used for its physiological effect.

"In fact we are governed in the selection and administration of drugs by Hahnemann's law of similars. The hospital was established by law as a homeopathic institution, and no other system or practice of medicine has ever been made use of, officially or otherwise, by the medical staff; nor can we legally do so under existing laws. Nor is there any desire to do so, for surely a comparison of results of the treatment at this hospital with similar institutions, will furnish ample evidence of the success of homeopathic treatment of the insane. I am pleased to acknowledge that the State Commission in Lunacy has been entirely fair and very liberal in granting all our requests for pharmaceutical preparations.

"This general statement is made here to place on record an official denial of statements to the contrary, which have been freely made among the homeopathic physicians of this state."

STOVAIN AS A LOCAL ANESTHETIC.

BY ALEXANDER VERTES, M. D., Ph. D.

Ex-interne Royal University Clinic, Budapest.

In 1904, at a meeting of Academie des Sciences, Paris, Fourreau, a pharmacist from Paris, announced that it had been his good fortune to discover a new synthetic, local anesthetic, the "Stovain," (a. b. Amylenchlorhydrate) which is less poisonous than cocain (3:1) and produces an almost immediate anesthetic effect.

Soon after this meeting French medical journals published a number of cases where Stovain has been used with success.

In October, 1904, Chaput, at the meeting of the Societé de Chirurgie, gave a lecture upon the use of Stovain by lumbar injection into the spinal cord to produce anesthesia. He very enthusiastically spoke of Stovain as a safe anesthetic. That none of the alarming symptoms of cocain,

nausia, vertigo, headache, vomiting and collapse came under his observation.

Reclus at the same meeting stated that he used on one person 40 cm³ of Stovain in a one-half per cent solution without any unpleasant symptoms to occur. Therefore he too finds Stovain as a local anesthesia superior to cocain. After Sauvaz has used it extensively in dentistry, Laperonne in ophthalmic practice, Czerny, Bier, Hildebrand, Silbermark, etc., has voiced its praise.

I have used Stovain since 1905 in from one-half to one per cent. solution, either alone or with adrenalin. In external hemorrhoids after the injection, the tumor becomes white and edematous; for their removal Stovain seems to me an ideal local anesthetic, because you can operate safely three minutes after the injection. In circumcission, in phlegmanous inflammation of the fingers or toes and in a number of minor surgical cases I have used from 5 to 25 centigrams in adults, and from 1 to 3 centigrams in children, without any complication.

WHY I AM A HOMEOPATH.

BY JOHN MERLIN ALFORD, Chicago.

It has not been my purpose to advance any facts which are not well and fully comprehended by all who live up to the high standards of true homeopathic practice; but to discuss those homeopathic principles which we who believe in them must so often defend. Surely we have an array of facts and arguments which would soon drive our assailants from the field did we but use them aright; and it is our own fault if we allow Homeopathy always to be placed on the defensive.

Why should not the homeopath, who belongs to the only scientific system of medicine extant, be proud of his school and strong in his beliefs? His is the only therapeutic method that is based on a Law of Cure, and a law that is as immutable and universal as it is everlasting. This law, composed of only three words, *Similia Similibus Curantur*, involving the first step toward a scientific medicine, is the law

of cure, promulgated to stand the test of time. The law may be explained as follows:

All curable states of disease are cured by medicinal substances which are capable of producing a similar disease picture in a healthy individual.

To this law we must add a corollary, which is similarly compressed into three words, viz.: *Simile Simplex Minimum*, which means simply that the similar remedy is a *single* remedy and must be exhibited in the minimum dose. This law and its corollary constitute the only working principles of Homeopathy. I wish to consider four phases which are the most often involved in discussions with adherents of other schools.

First. The sphere of action of Homeopathy.

Second. The true nature of disease.

Third. The law of similars.

Fourth. The minimum dose.

As to the first topic little need be said; for the sphere of action of Homeopathy is sharply defined and Homeopathy certainly does not claim to do impossible things. It does not encroach upon the legitimate fields of the surgeon or of the osteopath, nor does it fail to recognize that there are incurable diseases. Homeopathy, however, does claim to be supreme and is demonstrably so, in the field of medicine, *per se*, that is, in the treatment of medicinally curable disease, in that preparation of the patient which will farther the success of the surgical operation and in the palliation of those diseases known to be incurable.

Second. In recognizing the true nature of disease, Homeopathy stands aloof from all other systems of medicine. It remained for homeopaths to demonstrate the dynamic origin and nature of disease, to show that disease is not a tangible something that can be seen or felt, even though we have to assist us in our quest all the vast resources of modern science. It seems almost unbelievable that physicians from the time of the Father of Medicine to the present day, should have so confounded cause and effect as to consider the pathological grouping as the disease itself, and to be-

lieve that a removal of the pathology constituted a removal of the disease. This belief has persisted for hundreds of years though all medical experience, if rightly interpreted, indicates the falsity of it. It does not take as long in other fields of endeavor to discover that the cause and effect may be separated by many years' interval and yet the connection can be clearly established, and furthermore the self-evident principle that effect can only be completely and permanently removed through a removal of the operating cause. But, understanding conditions as they exist in modern medicine, it is not to be wondered at that physicians of other schools who have practiced many years according to a theory which holds that disease is a something which can be cut out of a sick patient by the knife or knocked out of him by massive doses of drugs, should finally repudiate all belief in the efficacy of drugs.

It is no cause for wonder that medicine is still in the experimental stage and is still unscientific when we consider that the investigations are all directed toward the discovery of a "Specific" which will "Cure" the eczematous eruption, the phthisical lung or the malarialized blood. All of these are effects following some cause which is far too deep in the constitution to be discovered by the microscope or the test tube.

Disease is just as dynamic in nature as life itself; and the dynamic derangement of the constitution always precedes and is, at least, the predisposing cause of the pathological groupings which we call disease. It is, of course, true that the resulting pathology will vary in accordance with the exciting cause whether this be a pathogenic bacterial invasion or what not; but the *dynamic derangement must precede* in order to give the excitants a foothold. Hence how illogical and unscientific it is to try to cure eczema by removing the eruption by ointments, etc., when the eruption is but one of the manifestations of effects of the disease which continues to operate within; to cure catarrh by astringent sprays and washes, to remove fever by ice-packs and heart depressants. It is bad enough to use such therapeu-

tic measures from a false view of the nature of disease; but how much more are these methods to be condemned when reflection will show that such bodily conditions are the result of nature's protective efforts. In interfering with them the physician is not only doing nothing to remove the disease, but he is meddling with nature, *counteracting her efforts* which are undeniably and always for the best interest of the individual.

Third. The philosophy of the Law of Cure may be briefly expressed as follows: Two similar diseases cannot exist in the same individual at the same time any more than two objects can exist in the same place at the same time. Hence, a single remedy, found by experiment on healthy individuals to have the power of exciting symptoms similar to those in the sick individual, is given in a strength slightly exceeding that of the disease, thus displacing it.

The above law constitutes the only Law of Cure now extant. It follows, therefore, that every other system of medicine is in a state of constant change. The result is that today the best informed physicians of other schools denounce drugs and drug giving, and consider him to be the wisest physician who has least faith in medicine.

A brief resume, however, of some of the methods of treatment now universally in use by the physicians of the other schools will upon analysis show that every one is in direct contradiction to the laws of nature. No intelligent person will knowingly try to obstruct nature's laws, yet how many physicians are there in the world today who do *not* use one or all of the following methods?

(a) The application of astringents, ointment, setc., to stop a discharge or to heal an eruption which is in every case a conservative process on the part of nature to get rid of a toxic material resulting from the operating and internal cause, the disease itself. Such a method does not touch the disease, i. e., the cause; and simply forces thwarted nature to select some other portal for attack in order to conserve the body whole. Is it reasonable to suppose that her second choice is the better?

(b) The use of tonics is an effort on the part of the physician to force the body to assimilate as food a non-biochemic product.

For example: Iron in some one of its many forms has been used as a "tonic" for years; whereas experiments without number demonstrate that iron is not assimilable in any form unless it has been previously metabolized by a plant, and even in this form but a small fraction of what is ordinarily given in one dose can be appropriated by the system.

(c) The use of any substance or mixture of substances empirically as a cure for disease: Physician B. trying the prescription because Physician A. believes it beneficial in a certain disease. In other words, prescribing for the pathology (effect) instead of for the individual disease (dynamic cause). Such prescribing is uncertain in its effects, as the same disease occurring in two individuals cannot possibly have exactly the same pathology or symptom-grouping.

(d) The use of anti-toxins, vaccine, and various antibodies, when the nature of the medicinal substance thus applied is unknown. The results are, at least, somewhat uncertain, though I freely concede that their use has apparently reduced the death rate in those diseases where applicable, and the dangers both from complications liable to follow immediately and from those that develop afterward, considerably.

This does not by any means exhaust the list of therapeutic absurdities, but is a fair sample of the therapeutics that the homeopath must accept in exchange for his Law of Cure if he ever gives it up. It is not a fair exchange.

Fourth. The homeopath believes in the minimum dose for three reasons; and I may well say for four, making experience with its use the fourth, for certainly a fair trial of the minimum homeopathic dose would indicate reason enough for its continued use. The other three are as follows:

(a) It is only through the minimum dose that the dynamic nature of the drug is developed and its greatest activity and power utilized. Recent experiments in the laborato-

ry bear out this statement. It is self-evident that we must use a dynamic drug to correct a dynamic disease.

(b) It adds no drug for the body to expel together with the original disease, if the patient is to be cured, since the force of the drug is expended in its replacement of the dynamic or original disease.

(c) It is not conducive to the formation of a drug habit nor does it produce a pathological condition which is a drug disease pure and simple.

Little need be said further in support of the minimum dose, especially to those who have seen the results of polypharmacy and of crude drugging.

There are other vital topics which might have been discussed in regard to homeopathic practice, but they are points which in the course of time have been accepted by other medical men and appropriated by them as legitimate spoils, incorporated into their own practice. For example: The question of the single remedy has always been an integral part of the homeopathic law, ever since its inception by Hahnemann, previous to which time, almost without exception, polypharmacy had been the rule. Ever since the advocacy of the single remedy by homeopaths, however, it has become more and more prevalent in all schools of practice; though never has the credit for such a progressive step in therapeutics been given, as it rightfully belongs, to the homeopaths. This is not the only instance of quiet appropriation of Hahnemannian methods by our friends, the enemy, nor will it stop here. Unless the homeopaths bestir themselves, they will wake up some day to find Homeopathy in the hands of the enemy, who will make the heavens and the earth to resound with the wondrous merits of their *great discovery*.

A Model Cure:—An infant 9 months old has been affected since birth, at longer or shorter intervals, with a form of laryngitis. The spasms have now become quite frequent, several times in the day or night; it wakes from sleep with suffocation; is able to inspire but not to expire; becomes livid in the face, gasps in great anguish and very slowly recovers its breath. Sambucus 200. Never had a subsequent attack.

CONRAD WESSELHOEFT.

Comment and Criticism.

HAHNEMANN'S DEFENSE OF VACCINATION.

Editor ADVANCE:

In the April ADVANCE Dr. McNeil answered some of my questions; others he overlooked.

Where he says, "Hahnemann defended vaccination," how is the word "defended" to be interpreted? Does he mean to say that he sanctioned its prophylactic use? Is it to be understood that if he defended it he did so in such a way as would necessarily mean his abandoning ground taken if he did not countenance the routine practice of it today?

We know that crude vaccination in a way illustrates the homeopathic law of cure.

In administering the similar remedy, has experience ever proved the efficacy of the minimum dose? It has been shown that vaccination is the similar remedy. Is it the minimum dose? Did Hahnemann use it as exemplifying the minimum dose?

He says, "Hahnemann did not discover any inconsistency between vaccination and the minimum dose." Did he demonstrate its non-existence?

He asks, "Is it necessary for me to defend Hahnemann in the ADVANCE?" Do my questions oblige a defense of him, or do they merely invite answers? Could I justly be taken to task if I considered his question irrelevant?

My next question has been misstated. It was not, "Is the Jennerian form of vaccination in advance of the internal method of homeopathic prophylaxis?" but, "Has it ever been conclusively proven so to be?"

His answer is "Yes."

To which form of the question does this apply? If it is the answer to my original question than an unconditional surrender on my part is called for. On the other hand, if it only answers the question as misstated then it is manifestly out of order.

In speaking of vaccination he says, "When I vaccinate

by scarification I am able to tell by the size, shape, etc., of the vesicle whether the operation is successful or not." Then he asks, "Can you?"

He means I suppose—I appologize if this suggests that his question is ambiguous—can I do similarly when using the internal method of homeopathic prophylaxis?

If I now understand him correctly, his question is well taken. Moreover it is a fair one.

When he vaccinates by scarification, and when the operation has been successful (?) as evidenced by a certain recognized group of symptoms manifesting themselves in the patient, what has he succeeded in creating? Will he take issue with me if I call it a proving, partial or otherwise, of the virus introduced?

Judging from what he says, he seems assured of the patient's protection only when the operation has been successful, and he determines the success of the operation by the symptoms produced.

Will he not allow others to do the same thing with the internal method of homeopathic prophylaxis? Will he not allow them to be assured of the protection of their patients in precisely the same way? Will he not allow them to determine the success of their operation in exactly the same way as he determines the success of his?

What is the difference? Is it any more than one of degree as regards the severity of the symptoms produced? If you grant this, then I shall be able to answer his question in the affirmative. He surely would not make the protection commensurate with the severity of the symptoms? This would be rather dangerous, would it not? Some fanatic might proceed to nearly kill the patient in order, as he might think, to ensure the maximum protection. Should not the ideal prophylactic, as the ideal cure, be the "shortest, most reliable, and the most harmless; and according to easily comprehensible principles?"

In the case of vaccination by scarification, he speaks of being able definitely to determine the length of time the protection lasts. His statement supposes vaccination to

protect. Judging from the controversy forever going on, one would conclude that this question is still *sub judice*. It seems to me therefore that to bring forward the foregoing point in favor of vaccination by scarification is precipitate.

In like manner, to point out as detracting from the value of the internal method of homeopathic prophylaxis that no evidence has been adduced to prove its lasting quality is, to my mind, premature. What he says in answer to my question relative to vaccination jeopardizing the patient's subsequent health admits of the possibility of its so doing. He adds, however, that this danger is easily averted by the homeopathic physician. How many out of the millions vaccinated yearly are ever subsequently treated by a homeopathic physician? It is fortunate indeed that he is, as you say, able to avert these dangers. But why create dangers for him to avert.

In making choice of the homeopathic prophylactic remedy, "pure experience" must direct. If experience has taught some when to re-vaccinate, it surely is not extravagant to suggest that from experience others may find the homeopathic prophylaxis. Uniformity as regards the choice of the remedy may reasonably be looked for. This will result from the findings of careful and painstaking men who have learned from experience. There will be no need to choose indiscriminately. No one, unless he be untutored, will ever look upon a number of remedies as equally efficacious in this case. Remedies are allied however; their source in some cases is almost identical; they belong to the same class or natural order. Hence similarity of action and correspondingly similar spheres of usefulness may be allowed them. This does not subvert the teaching regarding surrogates. When the one remedy is found—if it is not found already—others, which hitherto may have had claims, will be relegated to a subordinate place.

JAMES ARNOLD ROBBIN.

THE SOLE GAUGE OF FIDELITY TO HAHNEMANN'S TEACHING,

BY J. C. HALLOWAY, M. D., Galesburg, Ill.

Editor ADVANCE:—In the MEDICAL ADVANCE of April, under the caption of "Suggestions in Homeopathic Philosophy," by W. A. Yingling, M. D., we have this statement: "The sole gauge of fidelity to Hahnemann's teaching is the law of cure and the single remedy." The body of Dr. Yingling's article is exceptionally good. As a writer in homeopathic literature I have long since learned to love him and appreciate the many good things he has written. I regard him as a friend and homeopath of worth. But respecting his statement quoted I shall have to differ from him. I trust that what I shall say will be received in the same spirit in which it is written.

I am a firm believer in Hahnemann's teaching respecting Homeopathy. I am a firm and practical believer in the law of similars and the single remedy. But I think I can show conclusively that the latter do not constitute the "sole gauge of fidelity" to all Hahnemann has taught respecting Homeopathy. In said article the author admits he has "experimented with all degrees from the mother tincture up to the four-millionth potency." But Dr. Yingling is not alone in suggesting that one can be a true Hahnemannian homeopath though he prescribes the mother tincture, just so he employs the law of similars and uses but one single remedy at one time. Now I ask, is that true? My answer is, No! for the following reasons:

(1) Hahnemann himself said, when speaking of the treatment of patients afflicted with mental and emotional diseases: "In the homeopathic system the small doses of the appropriate medicine *never* offend the taste, and may consequently be given to the patient without his knowledge in his drink, so that all compulsion is unnecessary." Organon § 228. Now, mark you, he does not say that merely as an accommodative measure in treating this class of patients, but "*in the homeopathic system* the small doses of the

appropriate medicine *never* offend the taste." So it follows undeniably that if I prescribe the mother tincture of Nux vomica or Colocynth, though such tincture is without question the "appropriate medicine," I am not practicing the homeopathic system.

(2) If there is any one doctrine which Hahnemann emphasized more than another, it is the *dynamic* remedy. He argued that disease causes are not found in material matter, but in morbid forces which are dynamic in their nature; that the deranged vital force is itself a dynamis, and hence the appropriate medicine, in its inner nature, contains a hidden spirit-like power (dynamis), which, by potentization is unfolded and developed. The mother tincture may be a similar when its pathogenesis is compared with the totality of the patient's symptoms, but not a similar when its *crudity* is compared with the spirit-like vital force which is deranged. The human organism, even when healthy, cannot so completely uncover that hidden power in a drug as to *fully* bring out and display its curative principle. Much less can the sick organism appropriate *all* the curative power hidden in a drug if administered in its crude form. And what is the "sole gauge" in this question? Why, if the *nasty stuff* "offends the taste," it does not belong to the homeopathic system; and secondly, the dynamis of a drug must be unfolded and developed until it corresponds to the dynamis which animates the human organism of the patient to be cured.

(3) If the medicine chosen is appropriate and the dose crude, the homeopathic aggravation is too great. In fact Hahnemann says, "we can understand why a dose of an appropriate homeopathic medicine, not the *very smallest possible*, does always, during the first hour after its ingestion, produce a perceptible homeopathic aggravation of this kind." This, of course, applies to acute diseases. But whether acute or chronic, one purpose he had in making the dose the "smallest possible" was to reduce this aggravation to the minimum. He says: "Had he not given the bark (bark of the elm) in the monstrous doses usual in the allo-

pathic school, but in the quite small doses requisite when the medicine shows similarity of symptoms, that is to say, when it is used homeopathically, he would have effected a cure without, or almost without, seeing this apparent increase of the disease (homeopathic aggravation)." Notice: "The quite small doses *requisite* when the medicine shows similarity of symptoms." Again he says: "In homeopathic cures they show us that from the uncommonly small doses of medicine required in this method of treatment, which are just sufficient by the similarity of their symptoms, to overpower and remove the similar natural disease," etc. Here I call attention to the emphatic statement: "The uncommonly small doses *required* in this method of treatment." So it is not true that the size of the dose is left out of the question when considering fidelity to Hahnemann's teaching. The true gauge is: (1) The law of similars. (2) The single remedy. (3) The minimum dose. And the minimum dose is *never* the mother tincture. It may be in certain cases, a low potency, but never the tincture.

No sir, not for a homeopath. For a so-called "regular" a drop of tincture might be the minimum; but for the follower of Hahnemann that drop must be of a *dilution*, and then only a *fractional part* of that. If only the second dilution and it "offends the taste," it won't pass muster according to Hahnemann's teaching. In chronic diseases the minimum dose is the *dynamic* dose, always; for while Nature may sift out of the material medicine enough of the spirit-like power to cure some acute diseases, she never has done so where there is a chronic miasm at the bottom of the malady. Crude medicines and low potencies can only effect a cure in superficial complaints, while the dynamized drug, if appropriate, will cure both acute and chronic if the dynamization is high enough, or strong enough.

The dynamis of the drug must correspond to the dynamis of the patient. Hahnemann said: "It is only by their dynamic action on the vital force that remedies are able to re-establish and do actually re-establish health and vital harmony." Now the doctor who does not comprehend this,

or who has not learned to appreciate this great fundamental truth in Homeopathy, looks with a materialistic vision on every dose he prescribes. He wants it to show its "color;" to taste *nasty*—or at least to "taste." He has in mind something material which he looks upon as disease, and which he has named; and he wants a material remedy with which to combat it. He believes, we will grant, that the remedy selected should be used alone and that its pathogenesis must correspond to the totality of the patient's symptoms. But so long as he prefers the tincture, thus betraying his materialistic conceptions, he never can be a true Hahnemannian homeopath. He is omitting the *kernal*, the very *gist* of the system, in that he fails to comprehend that disease causes are not material; that the vital force is not material, and that the drug power which cures is not material. Dynamization of the drug is not a mere matter of personal experience, though a great deal of such experience is usually necessary to so broaden one's mind that he will accept and practice the doctrine as evolved from Hahnemann's experience.

The master made all necessary experiments for us, and announced his conclusions *as a part of his system*. With the right kind of a preceptor and the right kind of a college faculty and the right kind of a library, the pupil will accept the doctrine of dynamization as implicitly as he does the provings which Hahnemann made, and find no more necessity for personal experiment in the one than the other. He accepts each as a part of Homeopathy and with them practices successfully. True, Hahnemann recommended that the physician should prove drugs on himself, but this only that he might have a more accurate understanding as to the sensations which they produce and which they are capable of removing.

Dynamization of the appropriate remedy is an integral part of pure Homeopathy as taught by Hahnemann, and without this the system would be left deficient and incomplete. Without it the *tincture*-homeopath could not use some of the greatest medicines known to the profession at

all; for in the crude they are positively inert, such as tin, clay, etc. And the man who cannot use these great extinguishers of disease successfully is not practicing Homeopathy. It has long been the custom for homeopaths ought to know better, and who do know better, to call the "mongrel sect" and make them believe they are poor good homeopaths after all, notwithstanding they have faith whatever in Hahnemann's teaching respecting "spirit-like power," which is hidden in the inner nature of drugs and which is unfolded and developed by dilution and potentization. Such are *not* homeopaths as Hahnemann taught and practiced Homeopathy.

For the sake of humanity and future Homeopathy, in gratitude to the founder of the only true system of medicine in the universe, it is high time the line should be drawn and it is being drawn, and in the near future the general public will clearly understand that no *materialist* is a homeopath, neither indeed can be.

That the dynamization of all drugs renders them much more penetrating in their action, is the teaching of Hahnemann, and this doctrine has been confirmed by all his followers. Dr. Yingling knows this, believes it and practices with some of the highest potencies; but I contend that the doctrine of dynamization is as positively taught by Hahnemann as the law of similars or the single remedy. Hence we should not build up that class of practitioners who use merely tinctures in the belief that they are practicing pure Hahnemannian Homeopathy, for they are not.

Now we reach the climax when we hear the master declare to what extent the dose must be diminished: "diminution of the dose essential for homeopathic use" also be promoted by diminishing its volume, so that instead of a drop of a medicinal dilution, we take but quite a small part of such a drop for a dose, the object of diminishing the effect still further will be very effectually attained." Now observe, he is talking of a drop of a dilution and "quite a small part of such a drop," in order to reach the dose "essential for homeopathic use." If :

dilution of the dose is "essential," that puts an end to all debate so far as crude medicines are concerned. In conclusion let me say that the law, *Similia Similibus Curantur*, which is the very essence of Homeopathy, makes it binding upon the prescriber that the medicine chosen as the appropriate one shall be similar in two particulars:

(1) That its pathogenesis shall be similar to the totality of symptoms present in the patient to be cured; and (2) that the dynamization of said drug shall be similar to the vital force of the patient. The latter has not been well understood by many. Hahnemann himself did not understand it at first, but later reached the conclusion that all medicines should be used in the 30th potency; but finally he learned enough to say, "Scarcely any dose of the homeopathically selected remedy can be so small as not to be stronger than the natural disease and not capable of overcoming it." And still later he fixed the infinitesimal limit at this: "The smallest possible dose of homeopathic medicine, capable of producing only the *very slightest* homeopathic aggravation." And this is the fixed rule which he left us in the last edition of the *Organon*. He also said (and this should be especially noted by all who think pure Homeopathy can be practiced by using tinctures), "The action of a dose moreover does not diminish in the direct ratio of the quantity of material medicine contained in the dilutions used in homeopathic practice." The dynamization theory formed an impassable gulf between Homeopathy and Allopathy as systems of medicine. The dominant school then had the civil right, as they now have, to prescribe drugs in their crude form; and those who have ostensibly embraced Homeopathy also have the civil right to prescribe mother tinctures, thus getting as far away from Hahnemann's "spirit-like power" of a medicine as is possible, but in doing so they should not make a pretense of practicing Hahnemannian Homeopathy, nor have the affrontery to call themselves "Homeopaths."

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MAY, 1908.

Editorial.

COMPULSORY VACCINATION.

Several articles by well known physicians as well as a number of editorials against compulsory vaccination have appeared in the MEDICAL ADVANCE. A society of antivaccinationists was formed a short time ago in Chicago which numbered among its members many who believed in vaccination, but not in compulsory vaccination. In spite of the blustering, self-commending Health Commissioner, the matter was taken up and put through the courts, up to the supreme court, and by the decision of that court, from which there is no appeal, the matter has been settled for all time as we hope, in Illinois. Under that decision no individual, whether child or adult, within the confines of the state of Illinois, can be compelled to be vaccinated. Nor can a

child be kept out of the public schools on account of not being vaccinated. Says the *Record-Herald*:

That pupils in Chicago schools cannot be compelled to submit to vaccination seems settled. The Supreme Court's decision, handed down Thursday, in which it is held that the city ordinance which makes vaccination compulsory is illegal is accepted in Chicago as the last word. The rule passed by the board of education, based upon this ordinance, therefore is not in force and no child can be compelled to undergo vaccination.

The decision was a reversal of that of the lower court in the case of the parents of Louise Jenkins, which was tried before Circuit Judge Mack some months ago. Judge Mack ruled that the pupil might be excluded from the school and the appeal was taken from his decision. The Supreme Court held that any regulation making it obligatory upon all pupils to be vaccinated was illegal and that no city had authority to pass such an ordinance.

President Schneider of the board of education said that, while he was personally favorable to the cause of compulsory vaccination, he was aware that several members of the board were opposed to it. He took the view that the decision meant that no rule could be made to enforce vaccination.

Attorney Hamlin said that it always had been his opinion that a city ordinance, or a school board rule, which provided for compulsory vaccination, except in cases of emergency, was illegal. He cited a decision of the Supreme Court in the case of Potts against Breen, in 1897, in which it was held that children could be debarred from school privileges unless vaccinated, but only in cases where it was shown that there was an epidemic of the disease, or that there was reason to believe that the community was in danger or the pupil had been exposed.

The *Tribune* regrets the disaster that has befallen the vaccinationists, and thinks that the "power of the state legislature to pass a law making vaccination a condition precedent to attendance upon the public schools should be tested as soon as possible."

The *Tribune* is dull. That very thing which it wants, which it proposes, is the thing that has been settled. There is only one thing left under the law for the Health Boards and that is to declare the existence of an epidemic all over the world, and then proceed to vaccinate; under the circumstance of an existing epidemic of smallpox the law allows them the express privilege of vaccinating right and left. Better let it go at that and not risk another defeat.

J. B. S. K.

COW INJECTIONS OF TUBERCULIN.

The sudden activity of the Health Department (started by a city newspaper) in regard to milk has resulted in many desirable improvements in the milk supply of Chicago. Dairies have been renovated, stores cleaned up and the sanitary surroundings of the cows improved. So good, but reformers are apt to go to extremes and sometimes display an unwise activity, that in the end defeats their own purpose.

It is now proposed to test the condition of all cows by injections of tuberculinum. We doubt not that many innocent cows will be condemned by this test. In any case it will work unnecessary hardships for milk dealers and dairymen. Some will be driven out of business, some will suffer loss, and the inevitable result will be a greater evil than the ordinary risks of impure milk. The business will be driven into the hands of the few large concerns who have capital enough to meet the requirements, and the consumer, most of the poor and the very poor, will be compelled to make up temporary losses by paying a fancy price for one of the necessaries of life.

The Health Department, with its uniformed doctors and its appeals to the public, strikes one as somewhat theatrical and fearful lest its officers should not be duly appreciated. Some thought should be devoted to the following query: Which is better, to deprive thousands of people from obtaining good, ordinary milk, by striving after an unattainable ideal, or by moderate and reasonable regulations to improve the quality of milk without working hardships to any class of people. Even after the utmost efforts made babies will continue to be killed every year by the decomposition of this exceptionally fine milk caused by contact with foul rubber nipples, by lack of care in keeping the milk cool, by lack of cleanliness in milk bottles and nursing bottles.

In regard to the cow tuberculosis Koch, the high authority of the subject has said that it is incommunicable to the human species, and yet the Health Departments are going to out-Koch Koch in the matter.

J. B. S. K.

A MISSIONARY CAMPAIGN.

Our enthusiastic standard bearer, Royal S. Copeland, President of the American Institute of Homeopathy, at the last meeting presented the following resolutions, with a view to interest the profession in an active campaign in the propagandism of our principles; in other words, to induce the homeopathic profession, of America to realize its duties and its responsibilities and make an aggressive onslaught on the empiricism so rampant in every department of medicine.

1. Resolved, that a committee of seven members be selected to consider the feasibility of establishing a Board for the Promulgation of the Homeopathic Doctrine and Institutions, and employing a field secretary and such office force as may be necessary to carry out its functions,

2. Resolved, that should this committee consider the matter favorably that at the next meeting of the Institute it report a detailed plan for carrying it into effect.

It seems almost incredible that the homeopath should ever need anyone to do this missionary work for him. The pioneers did the work for themselves and we are reaping the harvest they sowed. We are too busy with our individual daily work apparently to sow the seed for the future or have a care for the cause, hence it seems practical as a business proposition to employ a field Secretary. The Institute can do this and should begin this year. Special arrangements should be made with each State Society for complete and thorough organization and in this way increase the work in every state. Our colleges can accommodate two or three times the number of students they now have and there are 50 good locations waiting for every one they can fill. Verily the harvest is abundant but the reapers are few.

PROPRIETARY MIXTURES.

It is a fact that should have the widest publicity that more than half of the medicines prescribed by allopathic physicians are ready-made proprietary mixtures, the ingredients and quantities of which are unknown to the prescriber. The wholesale drug houses and manufacturing phar

maceutical firms were quick to see a profitable field for operations by exploiting private preparations among those belonging to the profession.

The general public had been thoroughly worked by patent medicines; now it occurred to some commercial men to work the profession in the same way; the doctors would be a better field than the general public, for a medical taker took his medicine and that was all, but if a physician could be enlisted on the side of a patent medicine (under a more polite name) he would prescribe it for many others. He was as good for the business as at least a dozen laymen.

Then came the era of the verbose, interviewing explorer, who visited physicians, left samples and endeavored to entrap the often too easy doctor into prescribing the particular article he represented. Numberless preparations, of no special merit, representing no special skill in preparation, mixtures such as would be compounded by any corner druggist, were prescribed by the allopathic physician to the lazy or too incompetent to think for himself.

The *Ladies' Home Journal* has taken this matter up, and declares as the result of its investigations that of five thousand prescriptions examined 41 per cent. called for *proprietary ready made* mixtures. Of another five thousand of another year 47 per cent. was the proportion.

Homeopaths are not entirely guiltless in this respect, and of all men they have the least excuse for using or in any way countenancing proprietary preparations.

J. B. S. K.

DIAGNOSIS vs. THERAPEUTICS.

BY SIR DYCE DUCKWORTH.

An address, on another page, by this able clinician and careful observer will be read and welcomed by our readers. It is one of the clearest explanations of the problem of diathesis, both in diagnosis and therapeutics, which has appeared in current literature in many a day and will well pay not only a reading but a study by every Hahnemannian.

The question of individuality, of caring for the patient

not his disease, reads like a chapter from the Organon; while the therapeutic nihilism so sincerely deplored and so honestly proclaimed to the world, stamps its author as an earnest thinker and an honest man seeking only the welfare of the profession and humanity. His conclusions thus summed up, are not encouraging, nor inspiring to the therapist of his school, who appears to be a giant in the laboratory, but an infant at the bedside.

Again one point more. We are, I much fear, suffering in these days from a widely spread spirit of incredulity, timidity and hopelessness in the whole realm of therapeutics. We spend much time in cultivating elaborate diagnosis, and this is quite right, but we grievously neglect our main business as healers and mitigators of disease. Our knowledge of the materia medica has declined out of all proportion to that gained by the progress of bacteriology which claims to supercede the older therapeutical art. It will never supercede it, for there are, as Sir William Jenner said, but two great questions to be answered at the bedside of a sick man—what is the matter with him? and what will do him good? Are we not too apt to-day to forget the second question, to experiment with synthetical novelties, and to neglect the old long-approved remedies? In short, are we not, as physicians, slowly drifting into the position of abstract scientists and gradually loosing our proper relation to the sick as skilful medical artists?

“The first and only duty of the physician is to heal the sick,” a truism that will go thundering down the corridors of time inspiring a confidence in the exemplar of law unknown to his colleague of empirical therapeutics.

The New Postal Law.—Under the new law which takes effect June 1, 1908, no monthly publication will be allowed to go through the mails as second-class matter more than four months after the time for which it is paid. On the address label of every wrapper is the date to which the subscription is paid, and every subscriber may know from this why his journal fails to appear, if he does not receive it. The publisher is compelled to cancel all subscriptions four months after the date to which they are paid.

NEW PUBLICATIONS.

PIERSOL'S HUMAN ANATOMY, Including Structure, Development and Practical Considerations, by George A. Piersol, M. D. Assisted by Prof. Thomas Dwight, of Harvard; J. P. McMurrich, Ann Arbor; C. A. Hamann, Cleveland, and J. W. White, Philadelphia; with 1,734 illustrations, of which 1,522 are original, largely from dissections from Dr. John C. Heisler, of Philadelphia.

A new and splendid volume of over 2,000 pages on human anatomy, is an achievement of itself worthy of commendation. Those who obtained their knowledge of anatomy from the text-books of Holdreth, Wilson, Gray, Leidy or Morris may think it almost impossible to surpass some of these valuable works either in text or illustrations, until they examine this last aspirant. The work is written by seven of the ablest and best known anatomists in America, if not in the world.

The descriptive text, while concise and sufficiently comprehensive, includes all that is necessary for a thorough understanding of the various parts of the human body and their relations, structure and development. The relations of anatomical details, which claim the attention both the physician and surgeon, are emphasized and explained in every particular, while the illustrations, beautifully colored, are from actual dissections, drawn and prepared with fidelity.

Dr. Dwight's description of the skeleton and joints also includes that of the gastro-pulmonary system, and the accessory organs of digestion.

Dr. Hamann contributed a description of the cerebro-spinal and sympathetic nervous system.

Dr. McMurrich supplied the systematic description of the muscular, blood and lymph-vascular system.

Dr. White, well known as a professor of surgery, has given the applications of anatomy to the requirements of the practitioner, what is usually known as regional or surgical anatomy. A brief description of operative methods have been given, where, to complete the study of an anatomical region or an important organ, this seems necessary.

The editor, Dr. Piersol, has practically done the rest of the work, contributing many valuable chapters.

A new feature in a work of this kind is the Practical Considerations illustrating the dependence of the diagnostician and practitioner upon anatomical knowledge. This is one of the most valuable portions of the work, and while at first glance it does not seem to belong strictly to a text-book of anatomy, there will be found an intimate relation between the descriptive portion of the work and the practical relation between them. In this way the student is enabled to do more than merely memorize

orize anatomy, which is often forgotten as soon as his degree is received and the actual work of his professional career begins.

The editor says in the preface, with regard to the synonyms recommended by the Basle nomenclature:

"Very earnest consideration of the question of nomenclature led to the conclusion that the retention, for the most part, of the terms in use by English-speaking anatomists and surgeons would best contribute to the usefulness of the book. While these names, therefore, have been retained as the primary terminology, those adopted by the Basle Congress have been included, the BNA synonyms appearing in the special type reserved for that purpose. The constant aim of the editor has been to use the simplest anatomical terminology and preference has always been given to the anglicized names, rather than to the more formal designations. Although in many cases the modifications suggested by the new terminology have been followed with advantage, consistent use of the Basle nomenclature seems less in accord with the conceded directness of English scientific literature than the enthusiastic advocates of such adoption have demonstrated."

We shall be greatly surprised if this work, which embraces embryology, histology, descriptive and surgical anatomy, does not rapidly become the text-book for all medical colleges.

The **Columbus Medical Journal** is the name of a new monthly, by Dr. C. S. Carr. It is the old "Medical Talk" under a new and we think a more attractive name, by the same enterprising editor, who makes one of the brightest semi-medical periodicals that comes to our table. We wish it the success it richly deserves.

On May 19, 20 and 21 Dr. E. H. Pratt will hold, at Hering Medical College, Wood and York Streets, Chicago, a **Free Clinic in Orificial Surgery**, illustrating the great power of the work in the cure of the chronically sick, so-called incurables. Doctors are requested to bring cases. For particulars address, E. H. PRATT, M. D., Suite 1202, 100 State Street, Chicago.

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All Homeopathic Physicians Invited.**

on Monday, Tuesday, Friday and Saturday of the week May 11 to May 16th, 1908, Lectures and Demonstrations will be given at the College from 1 P. M. to 6 P. M., by professors of the faculty. These Lectures will be devoted entirely to Therapeutics in the broadest sense. They will include besides the Homeopathic Therapeutics of some of the more common important diseases their general treatment, management, hygiene, dirt, sanitation, precautions, care of convalescence, hydro therapy and electricity. In other words, **A SYMPOSIUM OF THE TREATMENT OF DISEASES.**

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GEORGE A. TABER M. D.
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THE MEDICAL ADVANCE

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No. 6.

SOME OF THE DANGERS TO WOMEN.*

BY HELEN B. WILCOX, M. D., Chicago.

The fact that the whole duty of the physician is not ended when he has examined his patient and prescribed the indicated remedy, is generally admitted. The people look to us, and rightly for advice beyond this point. We are looked to not only for a cure, but for suggestions which will prevent another attack of the malady. But do we not hesitate to do so in venereal disease, that scourge that is robbing our homes of our fairest daughters, innocent victims? To secure the protection of wives and unborn children from loss of life and health through these diseases, the community needs chiefly education. Public attention is now focusing upon the contamination of wives and children from the "social diseases." This contamination is often the result of ignorance. The responsibility, however, of enlightening the public does not rest with the medical profession alone, but we must do our share.

A great educational work is being done on this line by the Chicago Society of Social Hygiene.

From the authorities quoted I gained the following facts:

I. At least half the adult male population of all social grades in our cities contracts gonorrhoea. Probably ten per cent contract syphilis.

II. Most of these men erroneously suppose themselves cured and free from contagion when the outward signs of the disease have disappeared. The fact is that these con-

*Transactions Regular Homeopathic Society, May 5th, 1908.

tagions often lurk in the deeper structures for months or even years after an apparent cure. Hence these tragedies follow; that thousands and thousands of women and children are maimed or killed by the venereal diseases contracted from the husbands or fathers.

And we have the loss of motherhood, even life itself or the mutilation of the wife by surgery to preserve her life, and the loss of eye-sight in the new-born babe.

It is said 42 per cent. of abortions, 25 to 70 per cent. of infantile blindness, and 50 per cent. of the pelvic disorders of women, as metritis, endometritis, salpingitis, ovaritis and peritonitis are caused from these loathsome diseases.

Some authorities give from 50 to 75 per cent. of all pelvic operations in women as caused by this plague.

Those of you who have not read the article by Stuart Close, M. D., in the MEDICAL ADVANCE on "Inherited Gonorrhoea," will find it worth your while to do so.

The quotations and reports I give in my paper have been gleaned from the MEDICAL ADVANCE, *The Medical World*, and from circulars sent out by the Chicago Society of Social Hygiene.

Dr. Osler, in describing the diseases which are the greatest scourges of the human race, such as cholera, yellow fever, small pox, consumption, pneumonia and leprosy, wrote of the group of venereal diseases: "These are in one respect the worst of all we have to mention, for they are the only ones transmitted in full virulence to innocent children to fill their lives with suffering, and which involve equally innocent wives in the misery and shame."

Some of the suggestions made to help stay this evil:

I. Let there be the same standard of morals for men as for women.

II. Let the child be taught the laws of life.

III. The same care for the daughters as for the sons.

If your son were going to marry a woman from the "Red Light District," you would move heaven and earth to prevent such a union, and yet your daughter is allowed to

marry a man who frequents that district without a question on your part.

IV. That the state require a certificate of freedom from social diseases before granting a marriage license, in the interest of innocent wives and children.

A few years ago mutilation of women by surgeons in every hamlet and country cross-road, as well as in large cities, was of common occurrence. Now is the day of more conservative surgery. They recommend more often the indicated remedy and the results will far surpass the old record. Some ridicule the use of the indicated remedy as we use it even yet, and the unnecessary destruction of tissue and organs by these so-called surgeons is still appalling. Our greatest homeopaths recommend restoring harmony and order in the patient, and then if necessary surgical aid. But if order and harmony have not been first established then surgical interference is dangerous to the patient.

Homeopathy as understood and practiced by Hahnemann in its relation to the diseases of women bears the same relation as it does to all other diseases, that is, it relates solely to the patients, their symptoms, peculiarities and individualities. It opens up possibilities not to be dreamed of by the ordinary mind. Yet we must be sane in the use of our remedy, not expect it to do impossible work, or we endanger the lives of our patients. A few cases will illustrate what I have been trying to say.

Mrs. D., under good homeopathic treatment for years; never well; pain in pelvic region all the time; no strength, no ambition: chills and fever for weeks at a time, life a burden. Called in a surgeon who found a pus tube, operated, removed the diseased tissue. Patient made a good recovery, and has had good health for the last nine years.

Mrs. B., fell on an icy sidewalk. In a short time severe pain developed in the region of the left ovary. Not recovering under the local physician's treatment, he called in a well-known Chicago surgeon who attempted to drain the abscess through the vagina. Still patient did not improve.

She was taken to a hospital, an incision made in the abdomen which did not improve conditions as the abdominal incision would not heal and pus poured from that wound for a year, when the patient died. The doctors who held the autopsy said the patient died of septicemia.

A similar case in my own practice: Mrs. C., fell on a broken sidewalk in July, 1906; developed a severe pain in the left ovarian region, so severe as to be alarming. I consulted Dr. Sayre, who advised me to continue remedies and against an operation only as a last resort. I shall not attempt to give a full description of the case as it would take too long. I gave the remedies as I saw them indicated. In a short time the abscess ruptured and drained through the uterus. In the course of some weeks the patient was up and around and has been in as good health since as before the injury.

Miss B., aged 30 years. A case of leucorrhœa since childhood. Had been advised by different doctors to have the uterus curetted. Came under my care.

I failed in finding the right remedy for a long time; but learning more about the family history, especially that her father was a friend of his satanic majesty, led me to think of Medorrhinum. Wait a minute my friend, I did not have to give it on that fact alone. There could be added: Great mental anxiety, confusion of memory, great difficulty in applying mind to any subject requiring thought, dislike of work, feet lame, pain in head and spine, leucorrhœa offensive and acrid. Gave Medorrhinum dmm, and behold there was no more leucorrhœa for months. Had I remembered the teaching I received from our good Dean of Hering College, namely to take the family history as well as to obtain all the symptoms, especially peculiar and mental symptoms before prescribing, I would have relieved my patient earlier.

There are methods of applying medicine and of choosing the remedy, that it might be in order to criticise as being "Dangers to Women," but I am reminded of the "say ing" which we will apply to treatment

"There is too much bad treatment with the best of us,
And too much good treatment with the worst of us,
That it behooves the most of us,
Not to criticise the rest of us."

THE TREATMENT OF ORAL, NASAL AND GLANDULAR COMPLICATIONS OF SCARLET FEVER.*

BY DR. NETTIE CAMPBELL, Chicago.

As a homeopath must treat the patient and not the organs or disease, therefore I will necessarily have to give symptoms that touch on more than my subject calls for.

The pathological symptoms of course are those of inflammation and infiltration every where and if in the strumous subjects, when a part of the course of scarlet fever, the tendency of otitis media, is for the trouble to become chronic, but in developing, it may come on so insidiously as to be unobserved until pus is discovered in the canal and the presence of pus always indicates perforation of the drum; but under proper internal medication combined with local measures for the purpose of cleanliness to stimulate healing of the drum, the case may be altogether cured.

The treatment of otitis media, to be successful, should combine both constitutional and local treatment.

The use of the syringe has been the cause of the continuance of a great many cases of middle ear disease. It is almost impossible to drain the middle ear of fluids that have been injected, therefore dry treatments have been found to be much superior to medicated injections. Even for purposes of cleanliness it is better, as a rule, to carefully wipe out the ear with absorbant cotton, securely fastened on the end of a delicate probe or tooth pick. If it is not possible to properly cleanse the ear in this manner, a few drops of peroxide of hydrogen, from an eye pipette, can be dropped in the ear, the child lying on its well side. This preparation quickly decomposes pus, epithelial debris and decomposed blood with which it comes in contact, fermenting them out of their recesses in an instant. It is the only moist treatment that I use, and have never had to use it more than once to cleanse the canal of the dry hard pus and this only $\frac{1}{2}$ strength, as it has a tendency to destroy healthy granulations.

Immediately following this application, the ear should

*Regular Homeopathic Medical Society, May, 1908.

be gently wiped with absorbant cotton, then put a piece of dry cotton in for the purpose of thoroughly drying and protecting the ear from cold. The success will depend upon the degree of dryness and cleanliness that can be secured.

The homeopathic treatment is the indicated remedy upon the totality of the symptoms of the patient and no one can tell what that remedy may be until they reach the bedside, because it is the patient that must be prescribed and not the disease.

The following are some of the remedies to be studied when the glandular system and ear are involved: *Apis*, *Am. c.*, *Bar.*, *Carb. ac.*, *Lach.*, *Lyc.*, *Phyt.*, *Sil.* and the Mercuries.

APIS is adapted to the strumous diathesis to be thought of where the rash is imperfectly developed.

Glands enlarged and hard, worse on the right side.

Puffy under the eyes, with rapid and extreme puffing of the throat.

Uvula is edematous, raw, with burning, stinging pain rather than soreness.

The *Apis* child is so sensitive to pain (*Hepar*); they will not allow the throat to be touched or examined. It is glared from the edema.

Nose is painfully sore with excessive thick grayish white secretion in scarlet fever.

Discharge from ear or mouth is very fetid, < by hot or hot water bags; < 3 P. M. or after midnight.

Urine scanty with vesicle tenesmus, or may be suppressed—rapid prostration.

Ammonium carb. is to be thought of when the rash recedes too early and paralysis of the brain threatens.

Malignant cases with putrid sore throat, saliva adheres. Swelling of parotid and cervical glands.

Tonsils swollen and bluish, covered with offensive pus and tendency to gangrenous ulceration.

Stoppage of nose at night; child breathes through mouth is one of the keynotes; or cannot sleep because cannot get its breath.

In malignant cases with deep stertorous breathing; finely developed eruption from defective vitality.

Snuffles and long lasting coryza.

BARYTA CARB., is one of the deep seated anti-psoric remedies and has a special affinity for the nutritive and glandular system. To be thought of in patients who are dwarfish in body and mind, not dwarfish in stature, but of single organs, single organs may stop developing, for instance the mammary glands or sexual organs stop growing.

Mental dwarfishness: it seems to suspend the mental development; act childish beyond their years; cannot learn at school because cannot grasp the thought, cannot form conceptions, cannot memorize; have a well formed head and yet cannot learn because of mental dwarfishness.

Late learning to walk. Calcarea is late walking but it is because of soft bones. from deficiency of lime salts; soft flabby muscles. Then we might say that Calcarea is late walking, while Baryta carb. is late learning how to walk with good strong bones.

These are some of the cases where the symptoms to prescribe on are such as represent the patient, not the glands or diseased tissues.

Children who are sensitive to cold and with every exposure to cold wind or change of weather have an attack of tonsilitis and the result is chronic enlarged tonsils (Sil., Calc. Hep., Sulph., Psor.).

Chronic cough in psoric children < after slightest cold.

Offensive footsweat, toes and soles get sore, or heels sweat.

Inflammation of cellular tissues of fauces and tonsils; throat is pale because of defective nutrition, instead of bright red as in Belladonna.

Ptyalism; putrid breath.

Fluent coryza; nose and upper lip swollen.

Ear troubles and discharges following scarlatina, hardness, enlargement and induration of the parotids, submaxillary and cervical glands which enlarge and become tender, may even suppurate.

CARBOLIC ACID, is to be thought of in profound blo poisoning types, with impending coma, intense fetid breath, diarrhea profuse and offensive.

Urine dark, almost black, exceedingly offensive.

Destructive glandular involvement.

Mouth covered with false membrane; mucous membranes pale, exuding bloody mucus.

HEPAR SULPH acts especially upon the lymphatic glandular system and ears; one of our greatest remedies in chronic enlargement of the tonsils, with hard glandular swelling in the neck; otorrhea is profuse, greenish, bloody and offensive, causing excoriation at external meatus, or little pustules wherever the pus touches. If given in the early stage will often prevent suppuration.

Pain in the throat and ear is of a sticking character when swallowing or sensation of splinter or fishbone in throat (Arg. n. Nit. ac.).

Ear and throat very sensitive to touch, will hardly allow you to point toward the ear for fear of being hurt.

Extremely sensitive to cold air, imagines he can feel the air if door or window is open in next room; > by wrapping up the head. (Psor. Sil.).

Takes cold from the slightest exposure to fresh air (Tub.).

Sweat profuse day and night without >; sour, offensive.

Sweats easily on every mental or physical exertion (Psor. Tub.).

Catarrhal discharge of offensive, yellowish, bloody mucus.

LYCOPodium: complaints begin on right and go to left; < after sleep; < from cold drinks; < from 4 to 8 P.

Scrofulous patients, with chronic enlargement of tonsils, with enlargement of parotid glands; with abdominal troubles; with rumbling of gas in the bowels.

A remedy to be thought of for impairment or loss of hearing, with offensive purulent discharge, which excoriates the external meatus, drum head destroyed.

LACHESIS: in this we have a most profound disorganization of the blood plasma from the scarlatina poison. I

side shows the most severe involvement, or symptoms go from the left to the right, especially in the throat and glandular symptoms.

Tonsils and sub-maxillary glands involved.

Tongue dry, protruded with difficulty, trembles or may catch on the teeth.

Swallowing liquids more painful than solids and saliva still more painful to swallow than liquids.

Very sensitive to touch, can't bear the bed clothes to come near neck.

Parotid glands threatening abscess, with general dropsy in delayed desquamation.

Urine almost black; stools offensive; < after sleep, awakens startled, frightened, confused, afraid of suffocating and strangling; < from hot drinks or heat.

Prostration out of all proportion to the appearance of throat.

PHYTOLACCA is another of our prominent remedies for the glandular throat affections of scarlatina, with tendency to suppuration and ulceration of tonsils.

Uvula and back part of throat swollen and covered with grayish patches (Merc. Nit. ac.).

Pains shoot from throat into ears on trying to swallow.

Great pain at root of tongue on swallowing.

Throat darker red than Belladonna with dry and burning as of coals of fire.

Sub-maxillary and parotid glands indurated.

Acrid discharge from one nostril and the other stopped up, with drawing pain at root of nose.

Great exhaustion and prostration.

MERCURIUS VIVUS: we shall especially think of the Mercuries when we have the glandular system effected, with ulceration of the mucous membrane.

In the nose we have much sneezing and fluent, acrid coryza, or may be acrid, offensive discharge of green mucus.

Catarrhal inflammation of the ear, both internal and external, also of the tympanum, involving the eustachian tube; discharge is offensive, purulent, excoriating. Deafness with roaring, buzzing sounds in the ear.

Throat and fauces a coppery red color; dry, swollen with pain on swallowing, yet constantly obliged to swallow because the mouth is always full of saliva, and with a moist tongue there is intense thirst; glandular swelling without suppuration.

Profuse sweat at night, < from the heat of the bed.

MERCURIUS IODATUS FLAVUS is most useful in diphtheritic sore throat or tonsillitis, usually < on right side of neck or beginning on the right.

Cervical glands very much swollen, useful in malignant forms.

MERCURIUS IODATUS RUBER, the < is on the left or begins there and extends to the right, there is more glandular swelling and more fever and headache.

This remedy is more useful in malignant cases of great swelling of parotid and sub-maxillary glands and tonsils.

The fauces and tonsils are covered with large fungous ulcers.

Great itching in both ears.

In all the Mercuries we have inflammation of the mucous membrane, with an overflow of morbid products, as ptyalism, perspiration, coryza, diarrhea or dysentery, with a "nothing got done" sensation.

SILICEA is especially to be thought of in old chronic cases of otitis media following scarlet fever, the periosteum of bones or both are carious or necrosed.

The discharge in Silicea is not profuse, but persistent.

The child is chilly, tires easily and perspires readily about the head and neck, lower down on the head than the face, not at all robust, has glandular involvement especially glandular induration.

If the scarlet fever or any other fever for that matter is prolonged, or of a low or malignant type we may rest assured we have a psoric or tubercular patient to treat the more deeply psoric the more malignant the attack therefore we must study our psoric and tubercular remedies and among these Psorinum, Tuberculinum and Sulphur must not be forgotten. Also, the entire patient must be included in the anamnesis.

SOME CASES FROM DAILY PRACTICE.

BY RICHARD BLACKMORE, M. D., Bellevue, Pa.

In the mutability of mundane affairs it is satisfying to lay hold of a law which has a firm foundation, to feel in such a struggle as that in which we are engaged as physicians—a struggle in which our opponent is death and whose ultimate success is assured—that there is something fixed, something of the eternal verities remaining upon which a firm stand may be taken. This “something” is our *Materia Medica* and our tried and true therapeutic law.

Discouraged though we may be by stress of circumstances we should not be cast down.

These truths were brought home forcibly to the writer recently. Wearied and sick with the struggle for knowledge, and the isolation accruing to a “stranger in a strange land,” troubled by heresies and schisms in our own ranks, it happened that a patient came into his office with the following symptoms:

Drawing pain in the abdomen around the umbilicus with a sensation of drawing in; coming suddenly and $>$ by stool.

The stool was soft and discharged with much flatus, “stool being largely gas.”

Urging to stool quite peremptory.

The condition had existed for three days, the separate attacks being quite frequent and severe. *Natrum carb.* 200 cured at once, there being no further return.

Again: I was called to see a young lady who had “taken cold while gardening,” and who complained of aphonia, almost complete, with a sense of oppression in the larynx.

Soreness and oppression $<$ by talking or using the larynx.

Voice unsteady; “breaks” easily. *Argentum nitricum* 1m restored the voice in a few hours.

Another example: This case had evidently been mismanaged, and the mother’s story was very misleading and contradictory in spots. The child, six months old, was

troubled with symptoms of the respiratory tract, strongly suggestive of Sambucus, which was given and the child sent to a "home" for observation and continued treatment.

There the following was found:

Hoarse, whoopy cough, < at night and by heat

Cough preceded by crying and restlessness.

Face looks sunken and pale.

Blueness around the mouth with the cough.

Cold sweat on the forehead.

No rise of temperature.

Varatrum album 1m so modified the severity of the condition as to point toward a speedy convalescence.

These are three cases out of a day's work which beautifully illustrate our law, and their effect has been of the greatest psychological benefit to the writer.

A CASE OF SEPTIC FEVER: PYROGEN?

BY JOSEPH LUFF, M. D., Independence, Mo.

Thirteen months ago duties outside of medical line called me to a neighboring state, and the greater part of my time (three weeks) was spent in a small town where one lady physician—a graduate of a homeopathic college—and four "regulars" were practicing.

One day when walking along the street, a call from the opposite side led me to cross over and enter the house of a family whom I had known for years. The head of the household, a large, dark, dirty complexioned man, of about 45 years of age, was sick, and I was requested to take the case. I told them I had no license to practice there, and, moreover, was engaged with other work, but, if the lady physician desired my help, would render it cheerfully. To this they consented, and I left, waiting to be called.

Three days later I met the physician, and she requested an interview at the house referred to as soon as practicable. We met there within two hours. The entire chest was covered with antiphlogistin. He complained of severe pain on the left side just below the nipple. There was great dyspnea

temperature 104; pulse very rapid; bowels severely constipated; breath foul; tongue large, very little coating, quite red; haggard expression; considerable restlessness and anxiety.

He was an intelligent man, and usually under good mental control. Had suffered at intervals, for twenty years, from some heart trouble, which would "floor him" as he said, for half an hour at a time, being utterly unconscious. The physician was somewhat alarmed. She informed me as to treatment, and the medicine on the table corroborated her statement: Aconite 2x and Bryonia 3x in combination in one glass; another glass contained a sleeping potion, and another held something to be given to move the bowels. The first mixture was being given every fifteen minutes, and the others as required.

Upon careful inquiry, I learned that the man had just returned a week before from a neighbors, where for ten days he had waited upon six members of the family who were sick with typhoid fever. The attending doctor had insisted on excluding all air from the sick rooms, and had even hung blankets over the cracks between doors and frames. During ten days this man had been compelled to inhale the polluted atmosphere of the rooms, while attending his sick friends (I should have doubted this latter relation, as to the doctors course, had my patient not been a man of undoubted veracity).

In private consultation with the lady physician, I rehearsed all the features connected with the case, and when I suggested a radical change in the treatment, found myself a useless consultant. The single remedy was not accepted. The antiphlogistic must remain, and the potency of the remedy must necessarily be low and of frequent repetition in such a case. Finding my therapeutics not in demand, I left, expressing regret that I could be of no service, under the circumstances. She obtained from me a promise, however, that upon call I would return.

Two days passed, and about noon I was summoned to meet the lady at once. Upon arrival I found the patient

with temperature half a degree higher; pain more intense; no action of the bowels; dyspnea more pronounced; pulse rather less; a slight but offensive moisture on parts in sight. Patient asked me if the case was being handled according to my idea, and I promptly said, "not entirely." He and the family requested the physician to allow me to conduct the case in my way, and she to follow my directions. Taking me aside, she canvassed the details with me, confessed her extreme alarm, and asked me to advise, and she would execute my will in the matter, as though the case were mine. She had that morning told the family that it would be, at least, fourteen days before the patient could get up, if at all.

I surprised her at the outset, by ordering the antiphlogistic taken off; then the patient was sponged, and thoroughly but gently rubbed all over with pure olive oil, to be repeated twice, or more frequently, each day.

My available medicines were few indeed, and no pharmacy near. The physician's office contained only a few local homeopathic potencies, and a large supply of proprietary remedies—combinations, embracing alkaloidal preparations, etc. I had no repertory, and did not think one absolutely necessary. I gave the patient an anema—castile soap combined with three quarts of warm water—threw out all the remedies on the table, put five or six drops of Pyrogen (the only potency I had) into a half a tumbler of water, two teaspoonfuls to be given every two hours, the patient not to be disturbed if he slept.

Calling at 8 o'clock the next morning I found his temperature 101; pulse 110; breathing better; pain less, and a much better expression on his face.

The lady called at 11 A. M., and found the temperature 100, and expressed astonishment and fear that it was only a temporary subsidence. At night I found the condition about the same as when she was there, and directed that the length of time between the doses should be doubled.

At 5 A. M. the next morning a telephone ring aroused me to receive the information that my patient's temperature and pulse were "away below normal," and requested that

call on him earlier than usual, which I did, though not so early as they desired. I recalled the life history of the man and felt no alarm. 7 A. M. found me at his bedside: pulse, temperature and respiration were normal, and remained so. There was but a faint reminder of the pain on the left side when breathing deeply, and his face was lighted with a smile.

The physician has sent me several chronic cases since, which she has found unmanageable.

A CALCAREA CURE.

BY DR. TRUMBULL, Chicago.

Miss P., age 35. Sanguine lymphatic temperament.

Occupation, seamstress.

Skin of fingers desquamate to first joint.

Dysmenorrhea, flow scant, irregular.

Vertigo < stooping, > lying down.

Ascending stairs <.

Standing <.

Washing <.

Eating fats <.

Averse to cold water, cold bathing.

Sulphur and Pulsatilla were given with no result.

Calcarea 30, in repeated doses, brought an improvement not only in the fingers, which was what the patient looked for as it seriously interfered with her occupation, but also with the menses and constipation; menses more profuse, as is usually found under this remedy, and no more cramps. Later 1m and 52m were given, and case remained cured.

AMENORRHEA.

Miss E., age 18. Tall, dark eyes, and hair thin. First menses at 13, omitted one year, then took up the function regularly. Menses four months late.

Backache.

Aching in limbs every evening.

Very nervous; restless.

Feet never still, always cold, < going up stairs.

Feels hungry, eats but little.

Fat food <; craves ham.

Cries on account of fear.

Constipated; inactive bowels.

Sleep restless. Calcarea phos. 30.

Reported in two weeks; great improvement general but menses still suppressed.

Calcarea carb. 1m.

Five days later menses became established and there has been no recurrence of this trouble in seven years. Not only did the menses become established, but the young girl grew plump and rosy and lost the nervous restlessness.

The mother was confident that the girl ought to be examined before treatment began. I urged her, however, to try the treatment first, and if that failed there would be plenty of time to resort to an examination. How often the feelings of our young girls are outraged unnecessarily by digital examinations is shown in this case.

**EXTRACTS FROM A PLEA FOR A SCIENTIFIC BASIS
PROVING OF OUR REMEDIES PLACING THEM
ON A MORE PRACTICAL WORKING BASIS.***

BY DAVID S. RUNNELS M. D., Merrill, Wis.

The discovery of vaccination for small pox, antitoxin for diphtheria, tuberculin for tuberculosis which is now being worked out on a practical basis, and the recent investigations of the opsonins are all confirming the great fundamental principle Similia, Similibus, Curantur; we are not that all progress tends in that direction. Why are we pioneers in this field, non-progressive?

The other fellows are unconsciously invading our territory and making so-called new discoveries which were practiced by Hahnemann one hundred years ago.

[The discovery of antitoxin for diphtheria, tuberculin for tuberculosis, and the other products of serum therapy,

*Illinois State Society, May, 1908.

be progress, but if so, it is progress in the direction of allopathic empiricism; for all serums, all serum treatment, is for the disease and not the patient, which Hahnemann condemns from the beginning to the end of his writings. All that is curative in them is a crude form of Homeopathy or, more strictly speaking, it is isopathic practise. ED.]

Our Materia Medica, in its present form is the same as it was one hundred years ago, has no reference to pathology, bacteriology nor diagnosis; if it has it is not easily comprehended. Its arrangement is not in such form that we can apply it to pathological states as are discovered by the various methods of diagnosis we have at hand.

[The author complains that our Materia Medica is the same that it was a hundred years ago; has no reference to pathology, bacteriology nor diagnosis, and that in its present form he cannot apply it to pathological states, and that it must be modified in order to conform to the advances that have been and are being made.

If there be one thing more than another for which the homeopath should be grateful it is that the symptomatology of the original provings is recorded in the simple language of the prover, and that it is free from pathological or diagnostic terms. It is not only the same that it was a hundred years ago; but it has been improved many times in every particular by verifications at the bedside, and each subsequent verification in the clinic increases its value many fold. How would it have been, had the pathological terms in use when the original provings were made, been adopted? With the advance in pathology these terms have been changed with every decade in our history since Hahnemann's original provings of Cinchona. and our boasted symptomatology of to-day would be little less than an incomprehensible jargon. No, our Materia Medica is founded upon facts. Remedies that were proved a hundred years ago have increased in value as the years have rolled by, and the symptomatology of our remedies never should contain any reference to pathology, bacteriology or diagnosis. Like Anatomy and physiology they are useful for other purposes, but can never be

utilized in the symptomatology of our remedies. Our *Materia Medica* in its present form has more successfully met diseases, acute or chronic, in every country in the world than any other that was ever made, and it has enabled the homeopath to cure thousands of patients pronounced incurable under other methods. No, Homeopathy is not built that way. It is founded on facts, not theories. It is intended to cure patients, not diseases. Why should the homeopath chase that pathological will-o-the-wisp, that pot of gold at the end of the rainbow? ED.]

The time is now when we must recognize these various methods at our command to enable us to cope successfully with disease. Our *Materia Medica* must be modified in order to conform to the advances that have been made and are being made daily. Our *Materia Medica* to-day, made up of a great volume of symptoms, many superfluous ones, classified as they are, from "Head to Foot" forming an almost incomprehensible conglomeration, must be committed to memory to be applicable.

[The symptomatology of Sulphur, Calcarea, Silica and all other polychrests is for reference, not to be memorized. He would be a venturesome man who thought it necessary to memorize the Century Dictionary. ED.]

We cannot reason why those symptoms are produced. Very few men of our profession are able to commit them to memory. The four thousand or more symptoms recorded under Sulphur and a number of others, according to the symptomatology recorded under each, a person would need but one remedy to cover all the ills of the human body; besides how is any finite mind going to grasp all of them. You may say, individualize your cases and select the drug to conform to them, study and learn your characteristics, modalities, etc., then consult your repertory. That might be good practice and worth while if all these symptoms recorded were reliable.

Can we not devise some means whereby we have few symptoms of a drug and ascertain WHY and WHEN those symptoms are produced? The recent investigations of the

blood gives us a very wide field for study alone. Any drug introduced into the system must modify it to a degree, it may increase its various corpuscles, exciting them to greater activity in ingesting bacteria, may modify its serum, enhancing its agglutinating power, and aid in precipitating the toxins of the bacteria. When a drug is introduced into the blood there may be a decrease or an increase of its protective elements. These changes alone may be the cause for a number of the symptoms produced.

The study of the urine also offers a very wide field for our investigation. We know many symptoms are produced by the various alterations in its quantity, quality, ratio, color and its various constituents, which have recently been discovered, as a guide to diagnosing many conditions heretofore unknown. Also investigations of the functions of the gastro intestinal tract is offering a wide field. Every drug we introduce into the system has some influence on the circulatory fluids, the secretions and excretions. After we have discovered the REASON for these various symptoms produced on a pathological basis we then have a clear picture of our drug and its action and can apply it according to our law of similars in its infinitesimal doses. The higher the potency the better the results we get after we have a clear pathological picture of the case before us to treat.

[Hahnemann's system of medicine is founded on dynamics. He claims that it is a dynamic derangement of a dynamic or spirit-like force which produces disease; hence, we may never know *why* symptoms of any remedy are produced when tested on the healthy. Every drug has its own individual action, just as every individual has his or her own sickness. Why two plants growing on the same soil under identically the same conditions are so different, we are unable to tell. One may be the deadly Belladonna, the other the succulent potato, and no one can tell why Belladonna is a poison and the potato a food. We cannot tell what curative properties a remedy possesses until it is tested on the healthy, and in this test diseases are not produced, simply derangements of life vitality, manifested in symptoms. Ed.]³

There is some reason for so many of our physicians deserting the ranks and affiliating with the other schools, denigrating Homeopathy as a science. Talk with some of them and they will tell you our school is non-progressive because they are not investigators, they are not leaders in the new discoveries that are being made.

Our pharmacies contribute their share towards the destruction by making combination tablets, compressed tablets of the crude drug, elixers, etc., tempting the doctor in such a manner that they are losing interest in the fundamental principle upon which our school was founded and so successfully pushed its way into prominence and recognition.

The physicians themselves are more to blame for the present condition of affairs than our pharmacies. The pharmacist's endeavor to supply what is demanded, it is only a legitimate business procedure. Is it that Homeopathy has served its purpose to mankind and destined to die as all other great reforms? Let us get back to the fundamental principles and bring our policies to the front so forcibly that desertion may cease. In my opinion everything points to the fact that the law *Similia Similibus Curantur*, from which the name of Homeopathy is derived is more prominent than ever in the history of medicine, as is being demonstrated by every new discovery of value as a result of scientific medical search.

We may abandon the name but the principle still lives and always will. It behooves us as adherents to this principle to prove ourselves up and place our *Materia Medica* on a more practical working basis along scientific lines and raise ourselves above ridicule.

There is no question of doubt but what there is efficacy in the two hundred or even 1000th potency, but we must be able to prove why the effect cures. This thing of depending on the old dynamic theory alone is insufficient, they must certainly exert some perceptible change in circulatory, fluoro-excretory, secretory or digestive functions. There is some reason for it and we must be able to prove it on other groups.

than what has heretofore been done and what more, I believe it can be done.

In Organon § 100, in writing of the investigation of epidemic diseases, where each epidemic is to be treated on its individual merits, whether wholly or partially unknown, or where each epidemic may differ vastly from all previous epidemics to which certain names have been arbitrarily applied, Hahnemann uses this significant language: "With the exception of those epidemics resulting from a contagious principle that always remains the same, such as small pox, measles, whooping-cough, etc., in this class of cases this serum isopathic method may prove more successful, yet no two cases of measles, scarlatina, diphtheria, etc., are alike, and the best results in these, as in all other cases of sickness, are to be obtained from careful individualization." The only true progress in therapeutics is based on *similia*, on law, not empiricism. In the other school it is the serum treatment today; five years ago it was something else; five years hence the whole picture may again be changed. Then why should the homeopath long for a symptomatology founded on the ever changing basis of pathology.

Many earnest, honest and enthusiastic homeopaths, before the time of Dr. Runnels, have tried to utilize the splendid achievements of Allopathy in diagnosis and pathology by founding a *Materia Medica* on a so-called physiological basis. Hempel, Arndt, Heinicke and Hughes are a few examples, and their works, no matter how intentioned, have done more to retard the progress of Homeopathy than all other things combined. Practising Homeopathy on the pathological basis is simply practising Allopathy with so-called homeopathic remedies. These splendid works that required so much time and so much money to produce have been relegated to the book-shelves of the junk shops. This is especially true of the *Cyclopedia of Drug Pathogenesis*, for which the American Institute subscribed for 400 volumes. The works are on the shelves of the library, but rarely, if ever, found on the work-table of active practice; no one can use them. No, the *Materia Medica* as founded by Hahne.

mann is more nearly perfect than any that has ever been made, and though not the son of a prophet we may venture the prediction, more perfect than any that ever will be made.

PHILOSOPHY OF THE ERECT POSTURE.

BY E. P. BANNING, M. D., Chicago.

H. C. Allen, M. D.,

Dean of Hering Homeopathic Medical College,
72 Madison St.

My Dear Dr. Allen:

Complying with your request of to-night: For many years it has been apparent to me that the scope of instructions from the Chair of Orthopedic Surgery should be limited only by some such definition as "The Science of Rendering a Mechanically Abnormal Body Mechanically Normal."

Assuredly we are compelled to admit that the human body materially considered is a machine. Primarily of a definite and accurate character, and as a machine is the subject of mechanical law. Therefore when the body is mechanically abnormal it is a body deformed. Then it is not only a proper subject for orthopedic consideration but for correction *by aid of the very law which has produced the deformity.* SIMILIA SIMILIBUS CURANTUR.

The application of the great natural, and consequently immutable, law of similars, as discovered by the inspired Hahnemann, is not so limited as to apply solely to the Materia Medica world. For from the totality of the symptoms we can select the indicated remedy from that much larger world; the world of physics; select it with the same accuracy and confidence as we do the drug remedy.

As to the so-called "Banning Philosophy of the Erect Posture," I cannot do better than to state the same, as nearly as possible, in the language of its discoverer, my dear and revered and distinguished father, who over three-quarters of a century ago entered the unknown and even unthought-of forest of mechanical pathology and there discovered the

beneficent flower of "mechanical therapeutic indications."

I therefore hand you herewith a paper and its illustrative diagrams, on the subject in question, which paper should really, in justice, be ascribed to the pen of E. P. Banning, M. D. (the elder).

Your request was received after 9 o'clock this evening, and as you ask that my reply shall be received by you in time to forward to the publisher of the *ADVANCE* tomorrow forenoon, I have been compelled to write you somewhat hurriedly, but I trust not inaccurately.

Permit me at this time to thank yourself, and the faculty and students at Hering College not only for the uniform courtesy and kindness shown, but for the loyal support given during my occupancy of the Chair of Orthopedic Surgery. Hering is no longer simply "A voice of one crying in the wilderness," but the visible incarnation of a Divine loving truth; standing upon the lofty rock of natural law, so radiantly beautiful, as the bright sunlight of publicity beats upon it; that even the blind and the prodigals in far countries can see and are saying "We will arise and go unto our Father."

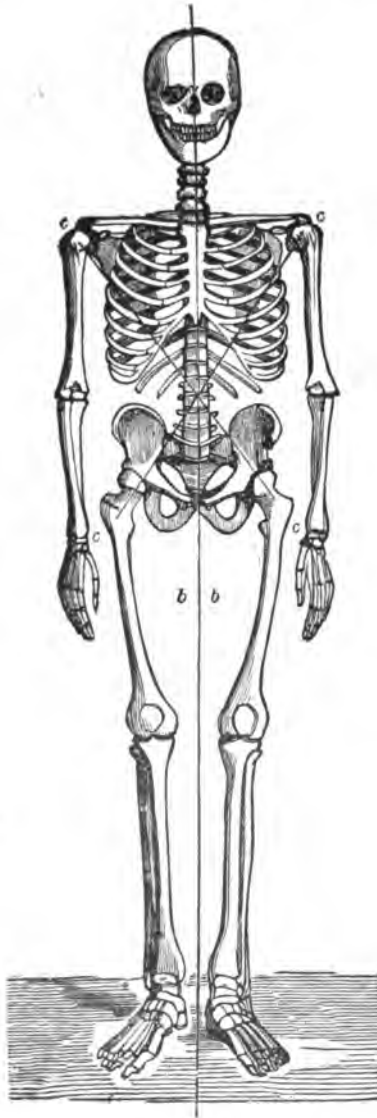
Sincerely yours.

E. P. BANNING.

PHILOSOPHY OF THE ERECT POSTURE.

This we find to consist chiefly in a transverse and antero-posterior equipoising of the superior trunk over and upon the body's center of gravity; and by the aid of mathematical law, this centre is demonstrated to be located in two lumbar vertebræ. This latter is a fundamental and controlling point which is rendered apparent by a glance at figures 1 and 2.

Fig. 1, (front) shows by vertical line *b b*, and oblique lines *c c*, *c c*, that when the equal limbs tread evenly, the upward or resistant force of the earth on the one hand, and the downward force of the superior trunk on the other, must converge in the lumbar vertebræ on perpendicular line *b b*, which is vertical to a point equidistant between the feet, and so balance the body transversely over the point of convergence.



b b vertical line, traversing the entire medial line of the spinal column, and falling equidistant between the feet, c c, c c, line from the basal and upper corners of the trunk and converging in the lumbar spine on b b, illustrating that to be the point where the upward or resistant force of the earth through each leg, and the downward force of the body, converge as upon a transverse center of gravity, and so literally press the body into transverse symmetry upon that point.

Fig. 1

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A A, vertical line, showing tip of nose, pubes and large toe, all to be in line when the body is erect. C C, line showing extreme occiput to be vertical to extreme heel, and that there should be a considerable space between it and the lumbar spine. B B, line passing through the cervical and lumbar medulla spinalis, and also the hip, knee, and ankle-joints, showing all these points also to be in line, and that the lumbar curve is the body's antero-posterior center of gravity. L L, K K, oblique lines transversing the advancing and retreating spinal planes, and intersecting in B B, in lumbar curve, thus giving mathematical proof that the lumbar spine is the body's antero-posterior center of gravity and spinal axis.

Fig. 2

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Fig. 2 (side), shows that when the body is perpendicular to itself, the gravity of the superior trunk balances (antero-posteriorly) over and upon two lumbar vertibræ—the lumbar and dorsal curves acting as neutralizing equivalents reciprocally. If the latter were not so, perpendicular line *b b*, and oblique lines *K K*, *L L*, could not all of them intersect precisely at one and the same point in the lumbar vertibræ, as they are compelled to do by virtue of inexorable law.

Thus, then, it appears clear that when this two-pillared pile is perpendicular, it constitutes a complete microcosmic-centripetal system in itself, with the lumbar spinal curve for its centre, and that from and around the latter, all the antagonistic muscular forces and motions play in activity, and return to it in repose, exemplifying the law that all orderly systems work from centre to circumference, not from circumference to centre; and also that when equipoised upon this centre the body, in both its axes, is literally pressed into symmetry by and in the ratio of its own gravity and must so remain until centripetality is broken by habit or other disturbing force. It further appears that when this lumbar curve is in this mathematical centre of the body it is both the source and the arbiter of all the superior trunkal movements and bearings, and that until it either advances or retreats the superior trunk can make no considerable motion either way without falling. That is, in bowing the lumbar spine must first retreat behind its central bearing, or, in leaning back of that point, the latter must first advance. Hence it is then, that if the thumb is firmly pressed upon the lumbar curve of an upright man (at the true axis), an attempt to bow will bring the whole body's weight to bear against the thumb, so anxious is the centre to retreat to allow the superior trunk to advance, and if the effort to throw the chest forward is great, and the thumb holds firmly, the heels must rise and the body fall (turn up at root). Hence also, why, when the experiment is changed and the thumb is held some two inches from the spinal centre, that centre will retreat and touch the thumb in bowing. The philosophical inference of this is, that all the

graceful motions of the superior trunk are derived from, and dependent upon, preceding opposite movements of the lumbar spine, and never otherwise, and that the unsuspected source of both physical symmetry and deformity lies in this spinal centre, and that this is the point at which to first operate, both for the continuance of symmetry and removal of deformity. This idea also explains the fixed fact, that gross and cumbrous bodies are proverbially more erect and sure-footed than those which are slight and lean. That is, the spinal centre is, in them, so shoved in advance of a line vertical to the ankle, as to compel the superior trunk to be poised sufficiently behind that point to antagonize the force of anterior abdominal weight.

72 Madison St., Chicago, May 25, 1908.

WHAT IS THE MATTER WITH HOMEOPATHY?

By C. E. FISHER, M. D.

Last month while visiting my good friend Dr. Orme, of Atlanta, and while discussing with his wife the times of Holcombe, Bailey and Belden, of Dake, Hardenstein and Murrell, of Schley, Falligant and other notable pioneers of Homeopathy in the South, and the absence of activity and earnestness in its interests and cause today, I was pathetically asked:

"Dr. Fisher, what is the matter with Homeopathy, anyway?"

The next day while visiting a good old lady of eighty-two years, at Athens, whose husband, father and two brothers had been conscientious and successful homeopathic physicians for a combined period of near two hundred years, and who had been born, nurtured and reared in the faith, and who now in the closing years of her eventful life is hardly able to find a homeopathic doctor outside the large cities, and even there but few who practice as did her husband, father and brothers, most appealingly inquired of me:

"What is the matter with Homeopathy, these days, Dr. Fisher?" "It isn't as it used to be," she said. "Then, when a physician called himself a homeopath we knew what to

depend upon, but now it makes little difference what he professes to be—the treatment isn't the same."

A week later I spent the night with a physician friend in New York, and in discussing men and things homeopathic in general, out was blurted the question:

"What is the matter with Homeopathy now-a-days? It isn't as it was in the days of Gram and Gray, nor even in the days of Dowling, Helmuth, Allen, Hallock and the rest."

Two days later I was in Chicago, and in going over the work and personnel of the profession of that great old homeopathic city, my warm friend, Dr. Bailey, for so many years registrar of Hahnemann Medical College, when the classes numbered from two hundred and fifty to three hundred, quietly remarked:

"It isn't as it once was, Fisher, with us. Things have changed. We haven't the old interest, the old enthusiasm, the old loyalty, any more. We haven't the preceptors, with their sons and daughters as students, and with the sons and daughters of their patients as students. Things have changed. Something seems to be the matter. What is it?"

An hour later a specialist in Chicago, in rambling conversation, in asking me how things are in my part of the vineyard, voiced almost exactly the same sentiments in almost exactly the same words.

Two days later I was in Minneapolis—you see I have been "going some" lately—and within ten minutes after having set foot among the doctors in their splendid offices in the magnificent city of the Great Northwest, there came the same inquiry:

"Fisher, you travel about a great deal and see things everywhere. What is the matter with Homeopathy over the country?"

Three days later I was in Washington, and no less a personage than the venerable, versatile, homeopathical, virtuous and vigorous J. B. Gregg Custis, in commenting with me on the fact that last year I was compelled to employ eleven young physicians at \$100.00 per month, board and horsefeed for each, and had not been able to get ev-

one homeopath among the lot; because they were not to be had in Virginia and North Carolina, almost indictintly in quired:

“What’s the matter with Homeopathy down your way?”

And thus it is!

From Georgia to New York, from New York to Chicago, from Chicago to Minneapolis, from Minneapolis to Washington, all over, everywhere, by everybody.

“What’s the matter with Homeopathy?”

What is my answer!

Nothing’s the matter with Homeopathy!

It’s all right. first, last and all the time.

Its law is just as true to-day as in Hahnemann’s day.

Its dosage is just as effective now as it ever was.

Its prescriptions are just as meritorious as ever.

Its results at the bedside are just as satisfactory as in the days of Bönninghausen and Jahr.

Homeopathy as Homeopathy is all right!

But the You, and the We, and the Us of it are at fault.

Just a little comparison, if you will!

Every old school journal we pick up pronounces that the “profession is over-crowded.”

Is it so with Homeopathy?

My friends Drs. Bailey and Aldrich and Custis will probably answer in the affirmative, in so far as our cities are concerned.

Perhaps ’tis so there. But is it true elsewhere than in the large cities of the country? I am painfully able to answer in the negative.

For instance:

In my railroad hospital work in Western Maryland, forty miles east of Cumberland, I was altogether unable to secure the services of a single homeopathic assistant, but for two years was compelled to employ and work with physicians of the old school only.

Next, in my railroad work in Virginia, with a seventy-two bed hospital and eight young physicians “riding the

line" of one hundred and eight miles of Tidewater Railroad our company was building, I was wholly unable to secure the services of a single homeopath; and in my hospital besides the eight physicians employed on my line work, I enjoyed a very profitable and pleasant association with a staff of five old school physicians, all of whom gratefully accepted my appointments as a compliment, and all of whom rendered me most valuable surgical assistance during my two years of hospital residence and work at East Radford. I was even unable to secure the services of a homeopathic surgical interne at this hospital, although I communicated with several hospitals in the North and East upon the subject.

Next, and last, in the hospital service I was called upon to establish in the Blue Ridge Mountains of North Carolina last May, while the hospital in Virginia was still in full operation, I have had to employ at different times seven allopathic physicians and have been able to get but one young homeopath, he from Chicago, from the Chicago Homeopathic and Cook County Hospital, and the crudest prescriber I have had on my lists, though from splendid homeopathic stock.

So something must be the matter, in some way, or these situations would not exist.

Take the South, for example!

It was once a mighty stronghold for Homeopathy—the home and field of a dozen giant defenders and promulgators of the faith, men who literally fought, bled, and at times all but died for the glory of their cause. In the frightful cholera epidemic of 1866, these men did not proclaim their Homeopathy good for all the ailments of mankind and womankind—except cholera, yellow fever, diphtheria, and other severe diseases! They waded right in, conscious of the value and power of their guiding principles, and equally confident of the power and value of their tiny little doses of the little white pills, which were the rule those days, and they placed the banner of a straight Homeopathy high on the ramparts as their frightful epidemics were conquered.

When yellow fever, that most dreaded of all the scourges of those days, laid his foul hand upon the fair women and the gallant men of their land they faltered not, nor submissively crept on their bellies to some laboratory door-step and whiningly begged for succor of toxins and the hypodermic, but courageously went forth, by day and by night, where death lurked in every nook and cranny and crevice, where the deadly stegomyia stung and bit and attacked indiscriminately, and whose relation to the battle was not dreamed of, and with their little white pellets bombarded the citadels of the enemy and came off more than victorious.

With them it was not that "Homeopathy is good enough for women and children but when you come to the epidemics we must have something stronger!"

"Die Milde Macht ist Gross," was their dosage slogan.

"Similia, Similibus Curantur," was their battle cry.

And they won victories the like of which we to-day wot naught of.

The "matter" lies with us; we are of "little faith."

That the old school has made progress within a quarter of a century that is little short of marvelous is not to be gainsaid.

Nevertheless, it is just as true that Homeopathy outwits it at the bedside as it ever was, and he who sticks to his text need have no fear.

I speak this advisedly.

Not before, in my thirty years of previous experience, had I the chance to compare homeopathic treatment with allopathic, by personal contact and immediateness of observation, as since I have been in my present work.

All my associates and employes have been allopaths.

All of them have been bright men.

Never were there congregated better practitioners or sharper fellows for their years than two-thirds of the "boys" I have been employing.

They have been from the Richmond and other Virginia schools, for the most part, and I want to testify to the thoroughness of the teaching they have had in all the ele-

mentary and essential branches, except in therapeutics, and I can even here testify that of their kind that, too, has been excellent.

My hospital staff, also, has been made up of splendid physicians and able surgeons, one with thirty years' experience and two others with five years each, in fields that gave them large and varied opportunity, and in everything surgical I have found them the peers of men of their age and experience in any section of the country.

In the matter of medication we have spent thousands upon thousands of dollars for the drugs they have been taught to use, not denying them in the least; but, as these have been shipped out from the hospital to their headquarters and to the various camps over which they have presided there have been included a few homeopathic polychrests with simple directions in staple conditions, and I am glad to be able to state that in nearly every instance I have found these young men sending in requisitions, more and more, for the homeopathic medicines.

To such an extent is this true that we now carry a far smaller supply of old school drugs than formerly, and a correspondingly larger lot of my own.

I have not attempted proselyting in the least.

My library has been open in the hospital office, and I have interestedly watched and noted the interest they have shown in our work on practice.

This interest was at first that of the antagonist, next of the skeptic, next of the inquirer in some case that was not getting along well, and lastly of the doctor who had found results and wanted to know more about something which in college had always been proclaimed a delusion and a snare.

One of my young men is now "almost persuaded," and speaks of taking a course in a homeopathic college. Another uses more of Homeopathic medicines than of his own, and still a third frankly admits that he gets results from some of the homeopathic remedies than he does from any that he has heretofore employed.

Not alone, however, have I this evidence to offer.

In my own work, among men of all nationalities, of whom we had twenty-one of different nations at one time, I have invariably found the straight homeopathic drug the best of all, always in the one-remedy-at-a-time, and in the medium potencies, in all the severer diseases, as typhoid fever, tunnel pneumonia, acute dysentery, and the sepses that all too often follow infection before my surgical cases can be brought to me.

In more than one exceedingly violent or long drawn case of typhoid or of pneumonia I have yielded to suggestions from my old school colleagues and have interpolated drug stimulants or have used adjuvants, but always to my regret: and as invariably as I have come back to the homeopathic simillimum have I been rewarded with better success.

The rather unusual courtesy which has been shown me by old school physicians in strictly old school territory, with almost everything savoring of prejudice and intolerance, has caused me to try to be equally courteous and tolerant, and I have attempted to avoid forcing Homeopathy upon them. But it is a pleasure and of some value, I hope, to be able to state that their tolerance of a homeopathic physician has led them to be somewhat tolerant of his methods, and more than once have I either prescribed for them or directed them in prescribing for others, the result being that I look upon this mission-field as an exceedingly inviting one for tactful and capable homeopathic physicians.

The bitter prejudices that existed when first I went South, thirty-five years ago, when medical arguments had often to be sustained at the muzzle of a gun, have largely died out. Times and men have changed. Old school medication has changed. No longer can the allopath sneer at or decry infinitesimals. Only "heroic medication," massive dosage, quantities almost elephantine in size, and crude things of exceeding nauseating capabilities were looked upon as of value then. But the gentle influence of Homeopathy were all the time subtly at work, and latterly the laboratory has taught the old school to be tolerant, to see

strength in small things, to recognize that potency doesn't mean sledges, crowbars and mauls.

The time is propitious for Homeopathy.

What are we going to do about it?

We need ten thousand more homeopathic doctors today.

Isn't this an exaggeration? Emphatically, "No!"

Every town, village, hamlet and crossroads needs them.

They are needed everywhere, especially throughout the South.

* * * * *

Homeopathy is just the same.

Homeopathy is "all right."

Homeopathy is just as good today as it ever was, and it is just as much better today than the very best old school treatment that has yet been given us than it was better in those pioneer' years than was the blunderbuss methods of their time.

The fault lies in us.

It is lethargy, indifference to our pathy, preoccupation with the whirling business affairs of the times in which we live, a neglect to take students as formerly and train them for college in the good old homeopathic way, so they will not be contaminated by the allopathic tommyrot of which some of our colleges teach all too much.

If we will but awaken to a sense of the mighty responsibilities that rest upon our careless heads and yielding shoulders;

If we will but take advantage of the splendid opportunities which a crowded old school profession and a homeopathy-needing public now offer;

If we will but vaccinate our systems with the enthusiasm and zeal which characterized our predecessors of pioneer times, the great field of uncultivated territory will yield our profession a splendid harvest of glory and coin, and Homeopathy will prosper as before.

It is not my aim to speak in platitudes;

To deal in hyperbole;

To offer volubility of words with a paucity of ideas;

But to present in a feeble way a plain truth as I am made to see it in getting about over the world, perhaps more than the average physician.

I see the need of thousands more of honestly homeopathic physicians.

I see that the people want and will employ them.

I see that not alone the pioneers who are passing away but the pioneer public, who know what Homeopathy was, and believe they know what it should be today, recognize our decadence in zeal and effort and want an awakening.

Would it not be worth the while for each homeopathic physician to try to send to our colleges, or to those of them that by their curricula show that they are trying honestly to teach Homeopathy as a scientific and creditable method of practice, at least one student each year for the next ten years?

I speak for no college!

I speak for no selfish interest!

I speak for the general public!

I speak for the vacant fields everywhere seen.

I believe I speak the truth!—*Medical Century*.

RADIUM BROMIDE: A PROVING.

BY JOHN H. CLARKE, M. D., London.

SYMBOLS USED.

In the subjoined scheme every symptom is referred to the proving in which it occurred by a number appended to it. The sign (+) means that the observation is from an experiment; (°) means that the symptom is a cured one.

CLINICAL USES OF RADIUM.

Acne, cancer, eczema, constipation, corns, epistaxis, erythema, hemorrhage, hemorrhagic cancer, nevi, neurasthenia; nose, affections of, catarrh of, redness of; prurigo, psoriasis, skin affections generally; trachoma, ulcers.

RELATIONSHIPS OF THE REMEDY.

Radium bromide is controlled by Rhus ven. It is followed well by Rhus ven., Sepia and Calcarea. It compares with Calcarea in < by wetting, and with Carbo an in < by shaving. In pruritts ani with blue light.

Symptoms move from right to left (eyes). Symptoms of ears and chest alternate with symptoms of stomach.

I will now give a proving of another description, and a very remarkable one it is. I take it from an article by Dr. Burleigh Parkhurst, of Los Angeles, Cal., which appeared in the *Pacific Coast Journal of Homeopathy* of June, 1904. Dr. Parkhurst's article I consider one of the most valuable contributions which have hitherto appeared on the action of this remedy. I shall make large quotations from it, and I wish here to record my most cordial thanks to Dr. Parkhurst for publishing his experience. He has used Radium internally as well as externally, and I believe the first internal use recorded is that contained in his article. I quote now from his article what I term

PROVING V.

Dr. Parkhurst says: "The most remarkable experiment that I have ever seen reported was that of Goldberg, of St. Petersburg. He fastened to his arm 75 mg. of Radium in a box, the exposure being made through a mica window. The box was strapped to the arm for three hours. The strength of the Radium is not stated, but probably it was a low grade Radium because of the quantity used, and also because at that time low grade Radium was more commonly used. (Fourth day).—In four days after the exposure a red patch appeared, which became larger and increased until on the fourteenth day there was a necrotic ulcer, which spread in a serpiginous form.

"Later, four other similar ulcers appeared on the chin, on the hand, and one in the groin, affecting the tissue down to and including the corium. These lesions broke down in a superficial sloughing ulcer, which increased for several days and then retrograded and gradually healed, the distant lesions healing first.

(Twenty-first day).—"After three weeks the first lesion on the arm was an atonic ulcer in process of repair. From first to last there was no pain, no swelling or heat locally, and no fever or other constitutional symptom. The ulcer was cold, necrotic and torpid.

"You will notice," continues Dr. Parkhurst, "that this is very different in action from an X-ray dermatitis, and therefore the action of the radium rays is definitely different from the action of the X-ray. I think that the ulcers which appeared at parts distant from the site of exposure are of considerable significance, although I have seen no comment made upon it. To my mind, taken in connection with certain characteristics in a case of my own, which I will call your attention to later, *there is some kind of metastatic action.* It seems to me most probable that *the blood serum is one of those substances which are capable of becoming radio-active, and that in this case the blood became radio-active and had an effect on the tissues distant from the point of exposure wherever from any cause the vitality was weakened.*" (Italics mine, J. H. C.)

Passing from this proving, I will now give a case treated with Radium rays by Dr. Parkhurst, because this case shows so plainly the constitutional action of the rays and confirms certain points in the provings detailed above.

In this connection I may say that, though I had marked Dr. Parkhurst's paper for future reference, I was unaware of its essential importance until I studied it recently. Great was my pleasure to find that many of the symptoms of my provings were confirmed by Dr. Parkhurst's observations.

"The first case," says Dr. Parkhurst, "that I got for experiment with Radium was one of inoperable carcinoma of the cervix. The woman should have been operated upon six or eight months previously. When I was called in, the case was in the last stages. She probably had not more than ten days or three weeks to live. Locally the vagina was entirely filled with a mass which involved apparently the posterior wall of the uterus. The vagina was so completely filled that it was difficult to get the finger within the introitus vulve. The systemic condition was one of apathy and torpor. She was edematous from one end of the body to the other. She was in a jaundiced condition, had not slept without an opiate for a considerable time, could not raise herself from the pillow nor turn herself in bed, pro-

foundly anemic, had no appetite, no action of the bowels to speak of, passing very little water, and was beginning to have, with a weak heart action, a dangerous dyspnea. Mentally she was torpid and apathetic, and it was evidently only a question of days before she would drop away. You can see that this was not a very favourable case for the action of any remedy. Treatment with Radium was only suggested as a last resort, and with the understanding that nothing was expected beyond the mere satisfaction of knowing that everything that could be tried had been tried. But almost from the first the effect was startling. The patient died, it is true, but for some time the favourable results of the change of treatment were most interesting, and, as I say, startling. I should like to give the history of this case somewhat in detail.

We began very carefully, because we did not know how active the Radium might be upon normal tissue. The Radium used was 10 mg. of pure Radium bromide in a glass tube, the same tube that I have shown you already. I believe it to be of a radio activity of over 1,000,000; at any rate, it is the highest grade of Radium that I can get in the market to-day. I wrapped this small tube in cotton and that again in lead foil in such a way as to allow the end of the tube to project from the covering. I inserted this to the bottom in a glass vaginal plug, and inserted this within the vulval opening as far as it would go. For the first few treatments the exposure was five minutes every day. It was then increased to ten minutes for five treatments, when, from the action of these eight treatments the result was so marked that we gave her placebo to watch the case. These marked results were as follows:

(Third day).—"After three days' treatment the discharge from the vagina had become very profuse, and she was very much easier as to general comfort, and began to be interested in what was going on. (Sixth day).—On the sixth day she sat up in bed. She had begun to want something to eat and the dyspnea was getting less. (Eighth day).—On the eighth day discharge was still going on, the dropsy was

improving, the jaundice was disappearing, the tumor was so much less in size that there was quite a space around it in the vagina. She was much more cheerful and in every way was much better. She had been regularly without any opiate whatever, almost from the first, and had had a movement of the bowels quite naturally. For a week she had placebo, during which time the favourable action continued. She was bright and cheerful and there was some slight redness beginning to appear in her cheeks. The tumor was getting less in size, and, as I say, the improvement was general.

About this time we made an examination of the tumor with electric light and found the abnormal tissue covered with a white necrosis, which was continually sloughing off, sometimes in fluid, sometimes in flakes, and even in shreds. From this time on progress was continuous and of the same character, until once she got out of bed by herself, although she had to be helped in again, and the tumor finally became so small that the whole vagina was patulous and we could make out only the hardness in the body of the uterus and some small masses around the external os posteriorly, which were apparently getting less.

On the twenty-first day this improvement began to cease. Her appetite began to get less; the urine, which had been almost normal, increased, and she began to feel weaker again. We began to increase the dosage of the Radium, which we did until we were giving fifteen minutes' exposure every day; but we could not bring back the improvement, as she gradually failed, with return of the old symptoms of dropsy, heart failure, and finally dyspnea, and she died in a few days, dropping off very quietly from exhaustion, with no pain or discomfort, the end coming within four or five days of the cessation of improvement. We had been so surprised by the action of the Radium in this case that we did not know what to expect. We hardly believed that the woman could live, and yet the improvement was so remarkable that we were almost willing to believe anything. As it was, instead of having her drop off in torpor in a few days,

we kept her alive, comfortable, bright and happy for the better part of a month. And I believe that if we had had this case much earlier it would have been a case of carcinoma cure; but it was too far gone, and there was not enough vitality left to carry the thing through. Several things in connection with this case I should like to note. When we began treatment there was a small, nevus-like spot on the end of the nose, which had been increasing for some time. This, under the action of Radium, apparently decreased until it disappeared altogether. It seems to me that this must be due to some action similar to the metastatic spots that I spoke of in Goldberg's case. If this action of Radium was not through the blood, how did it come about? Another characteristic result is one which I have noticed in every case where Radium has been used locally. The bowels began to move normally and continued to act as long as she lived. The action on the dropsy and on the kidneys seemed to be similar".

Thus far Dr. Parkhurst's case strikingly illustrates the constitutional action of Radium when externally applied, and it shows that the action is not merely local as is generally supposed. It fully confirms proving No. 1 in a most important detail—the disappearance of a canceroderm on the face as well as in the relaxing effect on the bowels.

CASES TREATED WITH RADIUM.

Before going on to detail my own cases I will conclude my quotations from Dr. Parkhurst by giving his. He used "radio-active water," and this is the first record I know of in which the remedy was used internally.

RADIO-ACTIVE WATER.

"I have personally used," he says, "radio-active water, or at least water which I supposed to be radio-active, inasmuch as I had exposed it for from twenty-four to forty-eight hours to the action of the Radium. I administered internally in two cases, the patient taking several glasses of the water in twenty-four hours."

CASE 1.—*Neurasthenia, constipation, acne rosacea.*

The first case was one of neurasthenia, with an undiagnosable con

dition in the epigastric region, with a great deal of pain about the pylorus, no tumor or other local lesion discoverable. We tried Radium water in hopes of quieting the pain. She was very constipated, and we noticed that the bowels began immediately to act more regularly. Her appetite increased and the power to taste, which had been absent, gradually returned. She also reported that a catarrhal condition of the larynx improved. The most remarkable result, however, and the one for which I report this case, was the improvement in an old acne rosacea about the nose and cheeks. This condition began to clear up at once, and when we left off treatment was practically well. She took four glasses a day of the water, which was prepared by immersing the glass tube of the Radium in a gallon of water for twenty-four hours. This woman had been addicted to morphine and other drugs to quiet her nerves, and, of course, that complicated the case. She had the radioactive water every day for four weeks, when I stopped treating her, because I could not see that I was doing her enough good to advise her to keep on.

CASE 2.—*Acne rosacea.*

A sister of the last patient, a stout, florid woman, had a similarly unhealthy skin, marked rosacea of the face, wished to take radium water because it helped her sister so much. She took it for two weeks, and the rosacea was very markedly improved, but she stopped treatment before the rosacea was well because she said she did not like to drink so much water. She was taking four glasses a day of water prepared at the same time and in the same way as that I was giving her sister.

I will now record some of my own cases, and I may point out that in nearly all of them a single dose of the remedy was given in exactly the same potency as that used in the proving. This disposes of the somewhat specious "explanation" of homeopathic cures by postulating an "opposite action of large and small doses." The dose which caused was the dose which cured, and the potency was the same in both.

CASE 3.—*Prurigo.*

A colleague consulted me about himself in October, 1906. He was suffering from an itching of the arms chiefly, but extending all over the body. I first suggested *Æthiops antimoniatis*, and here is his report thereafter:—

"November 3, 1906.—I have been on *Æthiops* since I saw you, but with little or no improvement, and this itching hide of mine makes life a burden. No definite symptoms, except aggravation towards evening and night, worse on the arms and neck, but extending more or less all over, not burning itching, but simply irritation with raised surface after

scratching. Have tried everything likely—Urtica, Croton tig., Copaiva, Antipyrin 2x &c., &c., and am really getting desperate.”

This forcibly reminded me of proving No. I., and so I prescribed a single powder containing six globules of Radium 30. In a week he reported himself distinctly better. The improvement steadily went on to complete cure in a few weeks' time, without further repetition of the remedy.

CASE 4.—*Prurigo.*

Mrs. C., aged 84, had a paralytic attack affecting the left side of the body in March, 1906. The disease followed influenza, and was probably occasioned by it. The patient was previously otherwise healthy, except that she was somewhat feeble on her legs.

May 20, 1907.—She wrote from the country to ask if I could do any thing for an intolerable itching seizing her day and night at intervals, affecting the back across the shoulders and down the backs of the arms. A carbolic lotion which had been prescribed by an allopath failed to give any permanent relief, though it eased temporarily. Rad. brom. 30. one dose.

May 24.—Itching not quite so persistent. Begins at 2 a.m. and lasts till the lotion is applied. After a week the lotion was discontinued.

June 6.—Attack now begins 3 a.m. and lasts till 4 a.m. then dies down till breakfast. It is intolerable for the hour.

June 16.—I was in the country and had an opportunity of seeing the patient and her attendants. The latter were very emphatic about the improvement. The patient does not disturb her nurse at all in the night now, and the irritation does not come on till 5 a.m. There is none at all during the day. I was able to satisfy myself that there was no eruption of any kind. The skin was perfectly smooth and natural, except for a very slightly roughened patch over the left scapula. Repeat Rad. brom.

July 4.—Better.

July 21.—Well.

CASE 5.—*Corn of right foot.*

I gave to a gentleman aged 60, who had long had an eruption of psoriasis on the back, a single dose of Radium bromide 30 on July 27, 1906. There was no marked effect on the eruption, but the patient noticed that a corn fell off from the right foot, though a similar corn on the left foot was unaffected.

CASE 6.—*Eczema;*

Mr. A. D., aged 34, tall, fair, reddish hair, subject to hay fever, and one attack had an abscess in the nose, after that he had boils in various parts, and following the boils eczema. He had taken in his time "gallons of tonics," and in spite of that had been losing weight slowly for the last two years. He had been twice vaccinated, the last time two or three years before I saw him. Before the boils came out he used to suffer from headaches. The localities in which the eczema was worse

were the penis, scrotum and groins, which were vividly red and moist. The axille were also affected and there was a good deal about the face. In the groins the irritation was excessive, affected, no doubt, by the patient having hernia and being compelled to wear a truss. Thuja 30, and afterwards Sulphur 30 at bedtime, were given and Nux v. 30 in the morning. On February 3, 1905, the condition was as follows:—Left eye swollen up; light very painful. Eczema on face, axille, groins, penis, scrotum. Itching very great on hairy parts. Without discontinuing the morning dose of Nux which he had been taking some time, I stopped the Sulphur and gave a single dose of Rad. brom. 30.

March 6.—Better. Irritation decidedly better. Axille clear. Scrotum very much better. Slight eczema in moustache. The back has come out in a crop of acne, which is spreading partly over the chest. He feels more fit. Freer from headaches. Not repeated.

April 3.—Eczema got very much better. Then, fourteen days ago, boils came again. Headaches lately troublesome. Bowels act daily. Anus irritable; a little external pile. Eczema rather vivid where truss presses. Scrotum not bad. Chest and back spotty. Repeat Rad. brom. one dose.

May 12, 1905—Eczema decidedly better. Penis and scrotum nearly well. No hay fever. Right eyelid feels heavy and right eye hurts if he reads at night. Repeat.

July 12.—Scrotum all right. Very much better altogether. Very little hay fever.

In this case and the next the skin trouble was most severe about the generative organs. The fact that in prover No 1, the first manifestation appeared in this region gave one point of similarity—locality. And although in the prover there was no irritation in this part, there was very great irritation elsewhere, and this gave a second point of similarity. It is quite practicable to combine the qualities of separate symptoms in searching for a simile.

CASE 7.—*Eczema scroti*.

Mr. M. T., aged 28, had had syphilis seven years before, and had still some faint symptoms of it about him. But he was more psoric than syphilitic, though in general health strong and robust. This patient was also a hay-fever subject. One of his chronic ailments was a serpiginous eczema of the scrotum, which scaled at times, and at times got moist and oozing; it involved the penis to a slight extent, and was attended with a good deal of itching.

May 5, 1904.—Scrotum which has been better under *Primula obconica* for some weeks, is again sore. Rad. brom. 30, 24 numbered powders, numbers 1, 11 and 17, medicated, with 6 globules of the remedy.

May 30.—In a week the scrotum began to improve and got practically well; today it has started again a little.

After this *Primula obconica* was given, then *Psorinum* in view of

hay-fever. During the latter part of the time the scrotum got worse, and on July 25 Rad. brom. was repeated in a single dose, and again on August 26 and September 4. The scrotum kept well till the latter part of the time, and then other remedies were given. On December 1 Rad. brom. was again given, but without good result. On the 1st October following it again did good for a time. In this case the relief was only temporary.

CASE 8.—*Eczema preputialis.*

Mr. J. C., aged 43, had eczema of the inner surface of the prepuce and glans and also about the anus, which gave him a good deal of annoyance. I had given him several remedies with some improvement, but not permanent. On October 28, 1907, the itching was giving a good deal of trouble, and I prescribed Rad. brom., repeating it at intervals of ten days or so.

November 25, 1907.—Much better; penis better; anus nearly normal. A fortnight after receiving Rad. brom. had an irritable patch on the right foot, which disappeared later. Repeat.

CASE 9.—*Eczema perinei.*

On March 6 last Mrs. N., aged 54, consulted me for piles, which she had had about a year, and constipation, which she had had several years. But her biggest trouble was an intolerable irritation about the anus, spreading for a considerable distance round which was an angry area of eczema, which had been present three months. As the patient had been vaccinated four years previously, and as the vaccination "took tremendously," I put her on Thuja 30 to start with. Under this all symptoms became worse, and Graphites 6 given later did not improve matters.

April 4.—Bowels acting better but irritation very bad; skin feels very dry as if baked. Irritation comes suddenly; is just as bad when the attacks are on, but is freer in the intervals. Rad. brom. 30, numbers 1 and 17, in 36 powders, one night and morning as numbered.

April 22.—Repeat; rather better; no more medicine.

May 2.—Anus looks very much better. Patient had been constipated for two or three days, and had to use glycerine suppositories. Irritation better after that. Æscul. hip. 30, gtt. v., in wine glass of water morning on rising. Rad. brom 30, numbers 1 and 11 in 24 powders, one at bed-time as numbered.

May 28.—Anus practically well in appearance, though at times irritable. Stools normal.

The eczema was cured; it was Radium which started the cure and completed it.

CASE 10.—*Erythema of face and nose with nasal catarrh.*

Miss P., aged 20, was brought to me on July 3, 1907, complaining of an eruption which she had had on her nose since she was 15, that is to say, when the periods began. She was tall, well developed, and, but for this disfigurement, a particularly handsome girl. She had had measles

and whooping cough in infancy and chicken-pox after she was 15. She was unvaccinated.

The present trouble was this. She had a red shining nose, the redness invaded the adjacent parts of the face. The nose burned and itched. It was aggravated by any form of exercise, which caused her nose to bleed and made it painful. In addition to this there was catarrh with green discharge, filling five handkerchiefs in a day. The redness was worse after meals.

The patient also suffered from painful menstruation. The periods were regular. The pains were referred to the region of ovaries and the legs. She began to feel pain a week before. She had moist hands and feet. She had had no chilblains for two years and not severely then. She was much worse in cold weather.

I first prescribed Carcinosin 100. This made no marked change, though there was less discharge and less bleeding than formerly at the end of a month.

July 23, 1907.—Rad. brom. 30, single dose.

August 27.—This time she reported a marked change. The nose does not now bleed half as much as it used to do. It bleeds once a week and this occurs on rising in the morning. This improvement has been observed the last fortnight. Formerly any kind of exercise would cause bleeding; this is not so now. The discharge continues, especially after tennis. Walking does not affect it. There is still itching over the face, including the nose. Repeat.

September 26.—Very much better. Bleeding entirely stopped. Appearance better, but gets very blue when the weather is cold. Has had much pain at the period, and the pain is worse then. Repeat; also Caulophyllum 3. every hour at the period when there is pain.

October 24.—Decidedly better. Catarrh entirely ceased. Bleeding only occurs if the weather is intensely cold and she is out in it. The redness of the nose improves as the day advances. Caulophyllum shortened the pain of the period. Repeat.

She was kept on the remedy till December 3, when this note was made: Nose feeling much better. It is much less red and so is the face. There is no burning now; it only itches in the cold.

SCHEMATIC ARRANGEMENT OF SYMPTOMS.

Mind.—From being torpid and apathetic became cheerful (cancer of uterus treated locally with Radium).

Head.—Headache in occiput in morning; a tight feeling, worse on motion; lasted some days (2,—2nd d.).—Much headache (3.—3rd d.).

Eyes.—Eyes smart and look red (noticed by others). Passed off and reappeared with greater intensity later. Dis-

appeared entirely in three weeks (1.—28th d.).—Some secretion on lashes of right eye on waking (4.—3rd d.).—Right eye began to feel sore with occasional sticking pains and increased secretion; symptoms continued through the week, worse on reading, worse with artificial light, better on closing eyes; schlerotic vessels injected, running to cornu from both sides; occasional itching of lids, worse upper (4.—4th d.).—Report by Dr. Macnish: “Blenorrhagia of right eye; injection of schlerotic and slight injection of lower part of cornea; slight infiltration of lower part of cornea, eye looks watery; tension same in right as in left eye; pupil of right dilates less actively than left and contracts more sluggishly.” (4.—5th d.). Woke with right eye very painful with feeling as if foreign body in it, better after going out into the air; rest of day felt it very little (4.—10th d.).—Right eye much better; left eye has had sensation as if a loose eyelash were in it on several occasions, not very painful, slight soreness of ball of left eye; a few congested vessels run over the schlerotic to cornea in left eye (4.—11th d.).—°Trachoma.

Ears.—Earache right ear (2.—34th d.).—Much pain in ear, stitching and throbbing. The ear was syringed and much wax was removed from both; the ears continued to give trouble for some hours after this, and there was deafness off and on (2.—41st d.).—Throat sore, ear aching; feels as if bruised inside (2. 53rd d.).

Nose.—Much mucus in nose without having taken cold (1.—14th d.). Pricking and peppery sensation in left nostril in evening (3.—2nd d.).—°Small nevus-like spot on end of nose which had been increasing some time disappeared (case of uterine cancer treated locally).—°Catarrh with green discharge.—°Epistaxis.—°Burning sensation in nose.

Face.—Skin of face very irritable; this gradually got worse and lasted over two months; the skin became thickened and broke in places when scratched (which gave the patient relief) exuded a clear moisture; aggravated by washing (which caused oozing); aggravated by shaving (only possible on alternate days); better by bathing in very hot.

water; worse at night when warm in bed; it prevented sleep, and a handkerchief had to be kept applied to absorb the exudation; though scratching relieved the intense itching it was followed by burning and stinging, with oozing (*Rhus v.* cured) (1.—45th d.).—Small nevus on chin turns black, scales off and disappears (1.—88th d.).—Skin of face very dry (2.—34th d.).—Slight patchy erythema diffused over forehead (4.—5th d.).—Serpiginous ulcer on chin (5.—18th d.).—°An old acne rosacea about the nose and face (cured in two cases with radium water). °Erythema of nose and face.

Mouth.—Tongue very sore right side, about the middle (1.—16th d.).—Mouth dry in morning (2.—2nd d.).—Tongue white (2.—3rd d.).

Throat.—Throat sore, ear aching (2.—55th d.).

Appetite.—No appetite for lunch (2.—3rd d.).—Aversion to meat; this lasted many months (2.—3rd d.).—Cannot eat bacon for breakfast (2.—4th d.). Unable to smoke (.—22nd d.).—This lasted till 46 day of proving; on 86th day prover received *Rhus ven.* and two days later was able to eat bacon for breakfast. Off appetite, especially for meat (.—8th d.). °Appetite increased and sense of taste returned (Radium water).

Stomach.—Nausea (2.—4th d.).—Indigestion and stuffed-up feeling alternating with headache (2. 41st d.).

Abdomen.—Inflammation of umbilicus (1)—Stuffed out feeling after food (2.—22nd d.).—Indigestion and stuffed feeling, alternating with earache or pain in the chest; (2)—Serpiginous ulcer on groin (5.—18th d.).—°Hemorrhage from bowels in case of sarcoma of intestines.

Stool and Anus.—Stools paler than normal and more frequent (1.—14th d.).—Stools very relaxed, in loose bits, partly almost watery, darker in color; sometimes tags of mucus; did not become normal till ten weeks later (1.—16th d.).—Bowels confined (2.—23rd d.).—Tendency to piles the last three weeks (2.—34th d.).—°Bowels act naturally from the first (cancer case treated locally; previously constipated and under opiates).—°From being constipated bowels became regular (radium water).—°Intense eczema around anus

and extending to vulva, with great irritation (Rad. brom. 30).—°Bloody stools; clots in the motions (in case of cancer of intestines).

Male Generative Organs.—Eruption of psoriasis on penis, with circular or serpiginous edges (1.—4th d.).—°Eczema, moist, of penis, scrotum, groins and anus cured (Rad. brom. 30).—°Serpiginous eczema in syphilitic and psoric subject relieved for a time.—°Eczema of skin and inner surface of prepuce with irritation; eczema about anus.

Female Generative Organs.—Period delayed (2.—34th d.).—Period a week late but not otherwise abnormal (2.—41st d.).—Period rather less painful than usual (2.—88th d.).

Respiration.—Feels as if she could not get air enough (2.—3rd d.).

Larynx and Trachea.—°Catarrhal conditions of the larynx improved. (Radium water).

Chest.—Chest feels tight as if she could not get air enough (2.—3rd d.).—An eruption has disappeared from the chest during the proving (2.—34th d.).—Pain in the chest alternates with indigestion and stuffed-up feeling.

Back.—Pain under left scapula; increased on moving, increased by putting shoulder back, diminished after rising (1.—52nd d.).

Upper Limbs.—Hands cold (2.—3rd d.).—Serpiginous ulcer on hand (5).

Lower Limbs.—A callosity or corn on inner border of right foot, which has been there twenty years, was found to be almost gone; it disappeared completely soon after (1.—16th d.).—°A corn fell off the right foot.

Sleep.—°Sleeps regularly without any opiate (cancer case treated locally).

Fever.—Shivering, bilious feeling, lasting three days (1.—11th d.).

Generalities.—Indigestion and stuffed-up feeling alternate with earache or pain in the chest (2.—41st d.).—Looked ill nearly all the time of the proving; lost 3½ pounds in weight (2).—Feels very seedy as if going to be ill; as if could hardly crawl about (2.—55th d.).—Some general ma-

laise (4.—4th d.).—^oRelieved pains of cancer and enabled to sleep; removed jaundice and dropsy; restored life and cheerfulness from a state of apathy and collapse in same case. (Action of rays).—^oFeels more fit.

Central nervous system (especially in young animals) very sensitive to Radium; animals die of paralysis⁺—Red corpuscles lose their hemoglobin.⁺—Plant growth and development checked.⁺—Protozoa first stimulated, then die.⁺—Regeneration retarded.⁺—Development retarded.⁺—Ferments lose their power.⁺

Skin.—Eruption of psoriasis on penis with circular or serpiginous edges (1.—4th d.).—Skin of face very irritable; this gradually got worse; the skin became thickened and broke in places, and when scratched (which gave great relief) exuded a clear moisture; worse on washing (which caused oozing); worse by shaving (only possible alternate days); relieved by bathing in very hot water; worse at night when warm in bed, preventing sleep; scratching, though it relieved, caused burning and stinging (1.—45th d.).—Small nevus on chin turns black and falls off (1.—88th d.).—Skin of face very dry (2.—34th d.).—An eruption, which she had on the chest before taking Radium, has disappeared (2.—34th d.).—Slight patchy erythema diffused on forehead (4.—5th d.).—Intense erythema which leaves a brownish pigmentation, unless ulceration follows (Roux.)—In four days after exposure a red patch appeared, which became larger and increased until on the 14th day there appeared a necrotic ulcer which spread in a serpiginous form. Later four other smaller ulcers appeared on the chin, on the hand, and one in the groin affecting the tissues down to the corium. These lesions broke down in a superficial sloughing ulcer, which increased for several days, and then retrograded and gradually healed, the distant lesions healing first. After three weeks the first ulcer on the arm was an atonic ulcer in process of repair. From first to last no pain, swelling, heat or fever. The ulcer was cold, necrotic and torpid (5)—^oTwo cases of acne rosacea of face (radium water)).—^oTwo corns dropped off right foot.—^oEczema of scrotum

and penis and axilla cured.—^oPrurigo worse at night (two cases).

Aggravations.—Shaving, washing, warmth of bed (skin). Motion (headache).—Worse by reading, artificial light (eyes).

Time.—Worse at night.

Ameliorations.—Bathing in very hot water.—Scratching.—Closing eyes (eyes).—Open air (eyes).

CLINICAL CASES.

BY J. T. BOLAND, M. D.

CASE I.—May 7th, 1907. A boy of 17 years, red face, gray eyes, dark hair, dark oily-looking skin, height five feet five inches, weight 226 pounds; short labored breathing, worse on walking fast or going up hill; heart action regular, pulse soft and flowing, 100 per minute; respirations 22 per minute and shallow; dry hacking single cough; decided appetite for eggs and sweets; morose, aversion to company and especially to women; had a desire to wash the hands every few minutes.

He worked in his father's store, and often during the day he would leave the store regardless of the customers who were waiting and would go across the garden to the residence to wash his hands. Has frequent nose bleed of bright red blood; awakes from sleep feeling tired and has a peculiar bad feeling as the evening comes on; there is a red eruption of small hard bumps on the face and body; dark colored spots on different parts of the body that are covered with white looking scales; feet are cold and clammy and have a bad smell. Vaccinated when eight years old, the skin eruption appearing soon after; when eleven years old he began to grow fat and has steadily increased in weight since.

I prescribed a regime according to Hahnemann's Chronic Diseases. Gave one dose of *Calcarea carb c. c.*

June 10th, 1907. Much better, heart action easy and regular, 80 per minute, weight 210.

August 15th, 1907. Heart action normal, respiration free and easy, 18 per minute, weight 201; more cheerful, sleep restful; feet warm and dry.

Were the changes the result of *Calcarea carb.*, or the effect of a more correct living?

A CHILIDONIUM CASE.

Nov. 25th, 1907. I was consulted by a woman 49 years old, the mother of five children. During the child-bearing period she had some womb trouble and an anal fistula with bleeding piles, for which there was an operation that was a success (surgically).

For some years there was distress after eating, caused by a formation of gas in the stomach that was relieved by belching. There was a cramping pain with an all-gone weak sensation in the stomach when it was empty that was relieved by eating. She was a tea drinker and described a characteristic effect of tea, "a sensation of the stomach hanging down in the abdomen like an empty bag."

At times there was a pain in the right shoulder under the right shoulder blade that ran around the right side, seemingly to the pit of the stomach and recurred at any time of day or night whether the stomach was full or empty.

By palpation I could make out an induration over the pit of the stomach that seemed about the size of a hen's egg which was painful to pressure, causing a continual feeling of distress.

The day previous to my examination there had been a consultation of eminent surgeons, (learned men) who had assured her that the stomach *was* hanging down in the abdomen, and the only relief obtainable would be through the fixation operation, which was accordingly arranged for, but fortunately for one and unfortunately for the other, I was permitted to anticipate it by twenty-four hours with a dose of Sulphur the 12x, and the diatetic rules according to Hahnemann's chronic diseases, were prescribed, advising a postponement of the operation for thirty days.

Dec. 3rd. Much better in all respects, the empty weak feeling in the stomach being gone.

Dec. 30th. Some pain in the right shoulder and under the right shoulder blade, running around the right side to the stomach.

I gave *Chelidonium maj.* 200. Dunham.

Jan. 15th, 1908. Had a classical attack of grippe that was cut short by *Phytolacca*, and there was no sequella. Then she again received *Chelidonium* for the pain under the right shoulder.

Feb. 22nd. There was pain running from side to side across the hypochondriac region. I gave her *Carduus mar.* 1st, x, five drops night and morning.

May 20th. She wrote from the Pacific Coast that she had felt well and free from pain since last winter, until within the last few days there has been slight pain in the stomach.

Is that an aggravation caused by the beginning of spring, of which condition Hahnemann wrote so definitely?

A PHYTOŁACCA CASE.

The Indians and early settlers of the southwest used the Poke Root for many different conditions of disease. The methods of using it were in the form of a tea or a poultice made from the roasted root.

The Indian woman would give it in a tea until the patient showed a perceptible aggravation and then would discontinue the treatment so long as improvement lasted. It was regarded by them as a specific for rheumatism, swelling of the glands and many forms of skin diseases, and was especially considered infallible in curing the epidemic itch that, as I remember, all seemed to have, white, black and red, old and young.

The mode of applying it for itch was to make a good sized tub of strong poke root tea and have the victims get into it and bathe in the hot tea until the whole surface of the body would be covered with large red welts, looking much like the back of a school boy after the application of a Scotch-Irish schoolmaster's wythe.

The bath would be followed by an hour's rubbing with sulphur and lard, turning the patient like a spit before a hot fire, then washing clean in hot soap suds, and that would be the end of the itching.

The roasted poke root poultice was used to cure ring-worm.

The case of which I write was that of a school boy about ten years old who had had many ringworms and contracted the itch while at school. He received the above described treatment.

Prior to that time he had been in a fair condition of health, but after the treatment, though the skin remained smooth and free from itch or ringworm, there was a variable appetite—frequent loathing of food, a pronounced indigestion, and a great amount of flatulence and belching, bloating and rumbling in the bowels.

What was eaten would pass through the alimentary canal from in one to three hours without showing any signs of digestion, or there would be brown, yellow-like mucus stools or a constipation, the stool in hard balls and stuck together, and often encase in a tough, elastic, grayish-white mucus substance.

The extremes of heat or cold aggravate the bowel conditions and bring on a sickening griping diarrhea, stools frequent and followed by burning tenesmus. The aggravation was usually early in the morning, when there would be several hot, burning, sickening stools followed by complete relief; sometimes for twenty-four hours.

The above conditions continued with varying intensity for a number of years.

After summing up the history of the case I gave *Phytolacca* at irregular intervals and in varying potencies from 1x to 12c for a period of at least one year, with the result that the ringworm was re-established. Large, red, hard, single bumps came out on different places on the skin, more on the body and thighs. The appetite became good, the digestion seemed perfect, the bowels regular and the mucus disappeared entirely from the stool, his weight increasing more than forty pounds.

Query—Was the trouble suppressed psora or too much *Phytolacca*?

MANIA A POTU.

Editors **MEDICAL ADVANCE**:—In the report of the Transactions of the Central N. Y. Society, p. 294, of your May number, Dr. Fritz asked what Hahnemann would do in a case of mania a potu.

Some years ago while traveling in a foreign country I spent some weeks in a town where I became acquainted with the leading allopathic physician. Knowing I practiced medicine he consulted me as to the treatment of several cases. I said nothing to him of Homeopathy until he saw the benefit of the suggestions I offered.

Among the cases he mentioned was one of delirium tremens. The subject was a member of the higher house of the parliament of the kingdom. At intervals he had very severe attacks. The symptoms were very violent delirium, face much flushed and insomnia. These were all I could elicit.

I asked the doctor if he had ever read of the efficacy of small doses of medicine. No. He told me he had given the patient enough morphine to kill a dozen men.

I then suggested that his patient's system was so immersed with alcohol that the action of the absorbents was suspended, and that if the absorbents became active the drug would finish his patient. He had given no thought to this.

I then said: Give him Belladonna. Put two drops of the tincture in a half tumbler of water, stir well, and give him a teaspoonful of the mixture every half hour until he has taken four dozes.

I saw the doctor two days afterward. He came to me gleefully saying: "I never saw a remedy act so magically. After the second dose he was asleep, and is now entirely free from all symptoms."

Yours for Hahnemannian Homeopathy,

GEO. H. CLARK, M. D.

116 West Walnut Lane, Germantown, Philadelphia.

THAT UBIQUITOUS AND IRREPRESSIBLE LIE.**EDITOR ADVANCE:**

Homage to Dr. J. W. Hodge! Success to the cause that has fortunately enlisted his pen!

Jennerian vaccination, whatever may have been said in support of its claim for existence in medical practice in years ago, should, in the light of the safer, better, and now widely proclaimed homeopathic prophylaxis, politely bow itself off the medical platform, instead of waiting to be kicked into disgraceful oblivion by those aroused and enraged by the needless curses it continues to inflict.

Ignorance and the barbarism under its rule are to be pitied and condoned only in regions remote from or inaccessible to light and knowledge. Contempt is their only due where they are the result of having drawn the blinds to exclude proffered light. It is not essential to true nobility that we be absolutely free from error in all regards; but to renounce and retract error when convinced we are in it and have promulgated it, is one of the obligations it imposes. Another is that we submit to honest tests the propositions that promise a demonstration of new even though unpopular truths. In the scriptures it is said that certain Bereans "were more noble than those in Thessalonica, in that they received the word with all readiness of mind, *and searched * * * daily whether those things were so.*" Alas! for the rarity of this virtue. One who deserves the admiration of all nations once said: "This is the condemnation that *light is come into the world, and men loved darkness rather than light.*"

Acute experience outside of medical lines and extending through years has made the writer appreciative of the following words, used by Dr. Hodge in the closing paragraph of his article in your April issue:

"Having refuted the Franco-Prussian war statistics scores of times in newspapers and in medical journals, it seems like slaying the slain to repeat the task. It seems almost impossible to kill and bury a statistical falsehood when its testimony favors vaccination. These statistics

have been denied, disproved, retracted and disowned by some of the world's ablest advocates of vaccination. Yet in spite of all these exposures and withdrawals, the old lie keeps marching on."

When a boy we read on the page of an old almanac the following, and though over forty years ago, Dr. Hodge's words recall it to mind:

An Irishman was vigorously thrashing the ground before him with some kind of a rod. He was sweating profusely and occasionally mopping his face with a bandana. Upon approaching him a clergyman, who had watched the performance for some time, saw a dozen or more pieces of what had been a good-sized snake lying on the ground. Turning to the hibernian he said: "Michael, that snake is dead! Why do you continue to belabor it in this way?" Looking into the enquirer's face and then pointing to some of the still squirming fragments of the reptile at his feet, Mike replied: "Thru it is, your riverence, but don't ye see the craythur isn't sinsible to it, and that's why I'm blazin away at him."

If Dr. Hodge intends no "let up" till that vaccination lie he has nailed is "sinsible" of its deserved immolation, he must take patience, perseverance and perspiration into a life-long contract for his deal, and even though he should succeed, as he hopes, in burying the dead and malodorous thing, there are sufficient "regular" lie-lovers who would continue to erect a monument over its grave, with an inscription to the effect that "this honored and revered defender of the world's greatest discovery, had died a martyr to the cause of scientific medicine, under the dastardly onslaughts of therapeutic nihilists."

JOSEPH LUFF, M. D.

Independence, Mo.

THE MEDICAL ADVANCE

A Monthly Journal of Hahnemannian Homeopathy

A Study of Methods and Results.

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thorough masters of it becomes a crime.—HAHNEMANN.

Subscription Price - - - - Two Dollars a Year

We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

To accommodate both readers and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

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JUNE, 1908.

Editorial.

In the appendix will be found an address delivered by President Copeland at the meeting of the Illinois State Society, to which we call special attention, and which will well repay a careful reading. It is a very able presentation of the so-called scientific end of Homeopathy.

For many years some of our ablest men have been seeking for an acknowledgment by the scientific world of the fact that Homeopathy is based not only upon law but science, and that its practise can be demonstrated in the laboratory as scientific. In this address Dr. Copeland claims that the ablest and foremost laboratory men in the medical world have now demonstrated that the system of therapeutics founded by Hahnemann is scientific. We have long known that every advance in science has verified Hahnemann's

predictions; not a single claim has been disproved. Now, Wright, Von Behring and others, without intending to do so, have demonstrated the scientific basis of Homeopathy.

"There are opsonins for every microbic disease, and only the opsonin for the particular disease responds to the toxin of the infecting microbe." This is the conclusion of Wright. In this he verifies the dynamic single remedy of Hahnemann, and its never failing action in every curable disease; and this in the bacteriological laboratory of one of the foremost and ablest investigators in the scientific world. But this bacteriological discovery of Wright does not render it in any way easier to select the similar remedy: the *modus operandi* of Hahnemann of a hundred years ago is just as effective to-day as then, and, moreover, it is the symptom totality which guides in the selection, in the diagnosis or the pathology. Our best pathological prescribers are just as much at sea now as ever, and the alternating, mixing or combination tablet of the so-called homeopath, is not aided in the least by the opsonic verification of the homeopathic cure. Like his allopathic colleague, his method of finding the similar toxin is crude and uncertain.

Dr. Copeland adds a chemical illustration:

Hahnemann perhaps could not explain why the single remedy was the scientific prescription, but, with the present knowledge, it is explainable. Chemical reactions are definite and positive. An unsatisfied equation cannot be completed by the addition of any wandering chemical which by haphazard chance may come within reach. A remedy prescribed on general principles by random or aimless methods may, by accident, cure, or may possess within itself such a chemical combination as to permit to join in unfortunate combination with the unsatisfied cellular element. This unhappy marriage robs the soul of needed sustenance by forcing upon it a lazy and unproductive spouse. The tissue originally diseased and clamoring for help is left without succor, and other tissues are destroyed or weakened by the untimely action of drugs carelessly prescribed. This is undoubtedly the effect of administering material doses, as has been the practise of the dominant school. It also practically follows the administration of more than the single remedy in so-called homeopathic practise. The saving grace of the infinitesimal has doubtless spared humanity much suffering at the hands of faulty and inaccurate prescribers in our own ranks.

What a blessing for our patients if every homeopathic physician could realize the full significance of the conclusion of Dr. Wright; that "there are opsonins for every microbic disease, and only the opsonin for the particular disease responds to the toxin of the infecting microbe." This simply means in homeopathic parlance, that only the similar, single remedy ever cures. If we could all realize the folly of alternating and mixing medicines, like our allopathic colleagues, how much better it would be for science and our patients. The wrong opsonin does nothing but harm. Nuxvomica can never cure a case, the symptoms of which call for Belladonna; but it may weaken the resisting vitality of the patient. The toxin of diphtheria can only injure a microbic affection of tuberculosis. Similia similibus curantur can only be successfully put in practice by the use of simplex simile minimum.

SOUNDS LIKE AN HONEST MAN.

When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it, becomes a crime.

HAHNEMANN.

If I had set myself the task of rendering an incurable disease curable by artificial means, and should find that only Homeopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road.

VON BEHRING.

BEE STINGS CURE RHEUMATISM.

Another wonderful discovery? as reported by the Associated Press, has been recently made in England. It is passing strange how these discoveries crop out occasionally and then nothing more is thought of it. The following is the heroic report:

London, May, 16—There is a prevalent belief in many countries that the stings of bees act both protectively and as a cure for rheumatism. Dr. Newton Friend, a reputable Suffolk physician, contributes to the current issue of Nature an account of a bee sting cure which came under his personal observation.

Two or three years ago, he says, a school-master who suffered severely from rheumatism in the back deliberately exposed his arms to the stings of bees. By the time his arms were well again his rheumatism had completely disappeared and he has never had another attack.

The gentleman who took this heroic measure is now close to 50 years of age?

In 1835 a similar accidental occurrence called the attention of a homeopath to the fact that the poison of the honey-bee possessed curative properties, and guided by the unfailing law, he proceeded to test it on the healthy. A complete proving of Apis was made, and one of the polychrests in the homeopathic materia medica was the result. The symptoms are just as good to-day as the day they were published, and the value of the remedy has increased year by year as new verifications of its curative properties have been made. This is the difference between scientific and empirical medicine.

A SCIENTIFIC SPECIMEN.

The *American Journal of Surgery*, in its laudable effort to assist its contemporaries, sends out the following, which is supposed to be used as a "filler," giving credit, of course, to the source:

"If a patient persists in running evening temperatures which cannot be accounted for after a thorough physical examination and blood examination, one should place the patient on increasing doses of the iodids, for the fever may be due to an old syphilitic infection."

But why recommend increasing doses of the iodids when unable to ascertain the source of the fever? Why not bromides or arsenic or quinine or "any other old thing," on a guess? Why not take the symptoms of the patient carefully, and select the similar remedy, thus affecting a cure, without any danger of making the patient worse than before the treatment began? There are some cases of fever in which it is absolutely impossible, even by the most advanced methods of diagnosis, to ascertain the cause, and in

these cases the homeopath is just as much at home scientifically and therapeutically as though he fully understood the cause. We do not prescribe for the cause or the diagnosis or the name, but for the conditions presented by the sick patient. Here is the advantage of being guided by a never failing law of cure in therapeutics.

NEW PUBLICATIONS.

A MANUAL OF PRACTICAL OBSTETRICS, by Frederick W. Hamlin, M. D., Professor of Obstetrics, New York Homeopathic Medical College and Hospital; Obstetrician to the Flower Hospital; Obstetrician to the Hahnemann Hospital. 480 pages. New York. Boericke & Runyon. 1908.

This is a *vade mecum* for the student and busy practitioner. While the author claims that it is not designed as a text book, but as a ready reference book for the use of the rank and file of the profession, we think we can see in it a solution of many of the troubles of the student, when in the rush hours of a busy college course he has to refer to the voluminous text-books on this subject. There is no physician in the world so well equipped to successfully manage the various ills of pregnancy and parturition as the homeopathic physician who is thoroughly familiar with his *Materia Medica*, and how to apply it in the emergencies of an obstetrical practice.

But the author will certainly find many physicians who will differ with his system at the present time in emergencies confronting the physician if requiring the use of medicines for their so-called physiological effect; for there is no place in the practice of medicine where strict adherence to pure homeopathic practice in every possible emergency, yields better results than it does in that of obstetrics. We trust that by the time the next edition is issued the author will have had sufficient homeopathic experience to make the work conform to the practice of pure Homeopathy. Guernsey is long since out of print. Why not let this take its place? We congratulate the publishers on the handsome appearance of the volume, and we recommend it to our college faculties as a valuable text-book.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and especially prepared original articles. Volume I. Eighteenth Series. 1908. Philadelphia and London. J. B. Lippincott Co.

This is an excellent number of this practical work, especially in its surgical articles which are profusely and admirably illustrated. The first paper in the book, The Sanatorium, illustrated, is worth the entire cost of the publication to anyone connected with hospital or sanitarium work. The enterprise of the publishers is to be commended.

KNAVES OR FOOLS, by Charles E. Wheeler, M.D., B.S., B.Sc., London, 13 Pater Noster Row. 1908. Cloth, 104 pages. Price 60c.

This brochure is a semi-popular, semi-professional book on Homeopathy, by the Editor of the *Homeopathic World*. It is a well written compilation of some of the scientific facts of Homeopathy, including the Present Situation, Hahnemann and His Times, The Trend of Modern Medicine, Knaves and Fools, The Future and Its Possibilities, as the chapter headings of the work. Among other statements the author says: "Another difficulty in the path of Homeopathy consists in the prejudice that surrounds the name; that investigation of the truth requires not only energy, but courage." There is no doubt of the truth of this statement, for to the average medical mind the simple word Homeopathy is like the proverbial "red rag" before the bull; it repels rather than invites investigation.

In Japan one of our earnest converts is making wonderful progress by saying nothing about Homeopathy, but simply calling it the "new system." And while the "new system" is the application of Similia in the cure of the sick, the "red rag" Homeopathy is not mentioned.

The appendix consists of some suggestions on commencing the study of Homeopathy. Among others is the one, that if the investigator be luke-warm in the matter and wants an easy path, he will practically find Dr. Hughes' work on Pharmacodynamics a good introduction, but, on the other hand, if he attempts to practice Homeopathy after

Hughes' plan he will very soon find himself landed in the quagmire of empiricism, from which he has made a futile effort to free himself. If he be not enthusiastic enough to investigate Homeopathy from the standpoint of Hahnemann, he will practically find it a failure in more senses than one.

A CLINIC REPERTORY, by P. W. Shedd, M. D., New York. Including a Repertory of Time Modalities, by Dr. Ide, of Stettin, Germany. Translated from the Berliner Zeitschrift Homöopathischer Ärzte, Band xxv., Hefte 3 and 4. 240 pages. Cloth \$1.50. Postage 8 cents. Philadelphia and Chicago. Boericke & Tafel. 1908.

This new Repertory, the author tells us, is inscribed to "Old School Men," as giving an insight into the delicate reactions of the human organism; as a means of deliverance from therapeutic nihilism; and as an introduction to a greater science of therapy in conditions amenable to cure by the use of drugs," to all of which every one who uses the work will add a word of commendation. We regret to say the omission of what might have increased its value for the "Old School Men," a chapter on how to take the case, because the "Old School Man" will be looking for the symptoms of a disease, and not finding all that he expected to find, may abandon the work in disgust.

It is a very practical Repertory for office work, giving the leading indications under the various rubrics of the Materia Medica, and the principal symptoms found under many diseases.

It also contains keynotes of fifty polychrests, which are apparently well selected. Then follow common sequences, antidotes, dynamic and chemical, and finally, the appearance and aggravation of complaints according to time, being a translation of Dr. Ide's work from the Zeitschrift des Berliner Vereines homöopathischer Aertze, Band XXV., Hefte 3-4 recently published by the MEDICAL ADVANCE. Take it all in all it is a very valuable contribution to the working library of every Homeopath, and we do not think a single buyer will ever regret the purchase. He certainly will not, if he uses the book.

A NURSERY MANUAL. The Care and Feeding of Children in Health and Disease. By Reuel A. Benson, M. D. Lecturer on Diseases of Children, New York Homeopathic Medical College, etc. 184 pages. Cloth \$1.00. Postage 5c. Philadelphia and Chicago. Boericke & Tafel. 1908.

This work is dedicated to Dr. Thomas M. Dillingham, and is the outgrowth of a course of lectures delivered in the Flower Hospital Training School for Nurses, and originally written for the guidance of his own patients and the nurses. It has been considerably elaborated, so that it now forms a very practical little work for the use of homeopathic physicians and homeopathic families, who believe that the child who has been properly fed and reared under the homeopathic regime, is physically better equipped for life than any other. It takes up the question of Bathing, Clothing and the Care of the Infant in the Nursery. Then, just what a nurse or a young mother would require to know, about the care of a "Crying Child," and the attention that should be given to the symptoms that point to the teething period and the normal development of the babe. It is replete with good advice for the mother and the nurse, and some brief, clear-cut indications for remedies in the diseases of children; just such a book as we have often wished that we had when a young mother has asked for something to study relating to the proper care of her child. We congratulate the author on his success in the first effort of book-making.

Father Muller's Charitable Institution, at Kañkanady, Mangalore, India, deserves more than a passing notice. It was established in 1890. There have been from 30 to 50 patients in the leper hospital, and from 15 to 40 in the plague hospital. In the general hospital opened in 1899 over 6,000 patients have been cared for and over 120,000 out patients visited. Dr. Fernandes and the members of the staff give their services gratuitously and thus enable the hospital to maintain its work. The treatment we understand is purely homeopathic and it would be of interest to the profession to know the success in leprosy and the bubonic plague.

NEWS FROM THE FIELD.

The International Hahnemannian Association meets at Chicago Beach Hotel June 29. Everybody welcome.

Dr. E. A. P.-Hardy, of Toronto, announces a call for a meeting, of the homeopaths of Ontario, to reorganize and rejuvenate the Canadian Institute of Homeopathy, with a view to having an annual session and doing some vigorous work for the cause.

Our Ontario colleagues have been so engrossed, and so over-worked in their individual fields of practice, that the general interests of the profession have been neglected. There now appears to be a determination to infuse new life into the work,

Mr. Geo. H. Hockett, writes from Indianapolis a word of encouragement for his classmates in Hering College:

"The honor roll of the Indiana State Board of Health, for the year 1905, is headed by Dr. Charles A. Peterson, a graduate of Hering College, with an average of 921.5, thus leading all other colleges."

Such encouraging news as this is always welcome by the faculty and students, and encourages them to do better work in the future.

Dr. John F. Edgar, El Paso, Texas, suggests that "Internal Vaccination" is a misnomer; that the proper term to use for our prophylactic practise is "Immunization".

In this the doctor is no doubt correct, for it is not internal vaccination. The special names for prophylaxis of variola will, sooner or later have to be revised, and the terms adapted to the practice. If a man wants to be vaccinated by scarification, he must say so; but if he requires to be immunized by homeopathic methods, that should also be expressed.

Dr. H. A. Atwood, Riverside, Cal., writes:

"We have just had a splendid meeting of our State Society here. California is so long, that it is quite a task to go from one end to the other to attend a meeting, yet we had a large attendance this year. Eighty members sat down

to the banquet, and perhaps a score more, that could not remain, attended the meeting. The visitors were delighted with their automobile excursion to the various sights of the city and neighborhood."

The American Institute, and its Cohorts will soon be on their way to Kansas City, where the homeopathic profession is making elaborate preparations for their entertainment. With its hills and valleys along the river, its magnificent park system and boulevard drives, there is little doubt the members who go for entertainment will be royally entertained. It is doubtful if there is any city in the United States where the hospitality of the homeopathic profession is so well known as in this Metropolis of the West.

The headquarters will be the new Coates House, entirely fire-proof, conducted on both the European and American plan: \$3 per day, and up, for the American; \$1.50 per day, and up, for the European.

The hotel management has secured Casino Hall a few doors south of the hotel, in which the general meetings of the Institute, and some of the sectional meetings will be held.

The opening session will occur Monday afternoon at 4 o'clock in Casino Hall. In the evening a public meeting will be held in the Willis Wood Theatre, where the President's annual address will be delivered, and a reception held by the President and reception committee.

Tuesday evening a reception and ball will be given in Casino Hall.

Tuesday evening the Institute will be entertained at Electric Park, by Sorrentino's famous band of sixty pieces; and with vaudeville, dancing, bathing and other outside amusements to meet the taste of the most fastidious member.

The ladies of the Meissen will have an elaborate program for their entertainment during the entire session. Tea will be served at the Coates House each afternoon at 5 o'clock, to which the gentlemen are invited.

Take it all in all, we do not see where the scientific papers and discussion are to come in.

The proverbial hospitality which always has been furnished the meetings of the Institute (except at Jamestown) will be provided in a manner not to be excelled. Dr. W. J. Gates, chairman of the local committee is responsible.

The Deadly Lachesis, we are pleased to note that Boericke & Runyon, New York, have obtained a little notoriety by good advertising, in the last week or two.

A specimen of the Lachesis Trigonacephalus was imported from Brazil, for the sake of obtaining a new supply of virus for homeopathic purposes. Mr. E. W. Runyon, a member of the firm, allowed the reporters to become acquainted with the fact that they had imported a reptile for scientific purposes, and the Associated Press did the rest. The method of extracting the virus from the mouth of the reptile is minutely given, and it certainly forms an exciting piece of news for the laity. We congratulate the firm on their enterprise.

Rock River Institute of Homeopathy, the Ninety-second Quarterly Session of this virile society was held at Morrison, Ill., April 2nd, 1908. It is one of the oldest homeopathic societies in America, and the enterprise of its members can be measured to a certain extent by the fact that this is the Ninety-second Quarterly Session. There were between thirty and forty members present, and the papers read and the discussions on them were very instructive. It is one of the most active and best conducted societies in Illinois and is doing splendid work.

Dr. F. C. Skinner is president this year, and Dr. A. W. Blunt, of Clinton, Ia., has been the effective secretary for many years.

A Doubtful Case. We are indebted to a correspondent for the following example of professional advertising in "Pigeon English:"

ITALIAN IMPROVING.

Salvatori Biondi, the Italian, who shot and killed himself in the abdomen is getting along nicely and will fully recover. Dr. T. Ben Johnson, the attending physician is somewhat in doubt as to whether the hole

in Salvatori's stomach was made with a bullet or some instrument. He will be arranged for a hearing either to-day or to-morrow.

A FEW SAMPLES OF APPRECIATION.

I inclose draft for six dollars, which will pay my indebtedness to the MEDICAL ADVANCE and also the present year to January 1909. I have 5 complete volumes of the MEDICAL ADVANCE and am going to have them bound. It leads all the Homeopathic Journals as an exponent of true Homeopathy. I am aiming as soon as I can to take a year in Hering College to learn "the way more perfectly." Will you please send me the Hering College catalogue? I hope to attend the meeting at Kansas City in June.

M——.

I am glad to enclose check for subscription to January, 1909, which I am sorry to have overlooked so long. I hope you will receive it with as much satisfaction as I obtain from the Journal.

H——.

Enclosed please find my check for two dollars for one years subscription to the ADVANCE. I always read every article in it and generally on the day I receive it and never fail to receive some instruction or encouragement in it. The strong advocacy of internal vaccination particularly appeals to me and I have practiced no other method for over twenty years. Thus far my certificates have been accepted without trouble and I do not anticipate any, although there is but one other physician in town practicing in the same way.

H——.

I have not received the last number of the MEDICAL ADVANCE; will you please see that it is sent me as I do not like to be without it, and it is several days overdue.

C——.

I again ask you to send the March number. I would not be so persistent in asking for it, was it not the best journal I get, and don't see how I could hardly get along without it.

B——.

APPENDIX.

HOMEOPATHY AND THE "NEW THOUGHT" IN SCIENCE.

BY ROYAL S. COPELAND, A. M., M. D., Ann Arbor, Mich.

No longer do there appear cloven tongues, like as of fire, nor do men so speak as to enable every one to hear in his own language. The prophets of olden days walk the earth no more.

Indeed the higher critic, in the face of our unwilling eyes, drags the mantle of infallibility from the mouldering bones of those whom, from earliest youth, we have believed to be God's anointed. It is hard, therefore, to believe that the prophet and the critic can be of one blood. It seems almost paradoxical to attempt the role of both. We are like the Athenians, however, who were said to spend their time in nothing else, but either to tell or to hear some new thing. So one may be forgiven, perhaps, if for once he pose as critic and prophet. The novelty of it will redeem the situation.

Rarely has a system of medicine, religion or philosophy outlived its founder. But the history of the institution represented here today offers striking testimony to the possible perpetuity of an absurdity, or to the ultimate acceptance of nature's law in therapeutics.

At the time of Hahnemann's death, the theories of the homeopathic doctrine and practice were so at variance with the accepted views of the medical world, that it is small wonder our founder was vilified and rejected. Things have changed since that day. In its essentials Homeopathy has not changed, but the history of the other school during this period is splashed and even bathed in the blood of many revolutions. Not always, it is true, but usually so, however, successful revolutions make for progress. We may be biased observers, but to the homeopathist there is nothing but pleasure in the observance of these upheavals. The sunlight streaming through the vanishing smoke of battle

shows in each succeeding readjustment of medical thought, a closer approximation to homeopathic ideals.

Take, for instance, the fling made in olden days, and made even yet by people ignorant of advanced scientific thought, "The homeopathic physician is a 'little pill' doctor." In 1876, in his presidential address before the American Institute of Homeopathy, the noble Carroll Dunham said, "Ingenious experiment shall lead a Tyndall or a Crookes to a demonstration of the power of potentized medicaments." Prophetic words these! Radio-activity, unknown to Dunham and unheard of for a score of years after his death, is the fulfillment of his vision. The advance in physical chemistry, too, has demonstrated the value of the infinitesimal. The consensus of opinion today and the teaching of every laboratory in the world, is that the finer the division of the chemical substance, the more active it is, and its activities are not fixed qualities except in infinite dilution. Samuel Hahnemann knew this a century ago. Listen to his statement: "The effect of a homeopathic dose is augmented by increasing the quantity of fluid in which the medicine is dissolved preparatory to its administration." Every physician today, versed in scientific knowledge is a "little pill" doctor! The massive doses of former generations have been forever displaced.

In the theory of the dissociation of molecules, the laboratory of physical chemistry has scientifically proven the value of the infinitesimal. While this theory is now well known to every scientist and especially to the reader of the homeopathic publications of the past five years, it may not be out of place to review it briefly,

As interpreted by this theory, a chemical, technically an electrolyte, when dissolved, is dissociated into parts or particles smaller than the atoms and known as ions. The more dilute the solution the greater is the dissociation and consequently the atoms are less in number and the ions increased. In a solution infinitely dilute, the dissociation is absolute and the chemical is present only in a state of ionization.

LORD KELVIN'S ILLUSTRATION.

When this subject was newly presented the first question which occurred to most of us was: *How dilute must the solution be in order to bring about complete dissolution?* If it were a solution of Sodium chloride, for instance, what dilution, according to our nomenclature, would furnish complete ionization? The search for facts on this subject revealed Lord Kelvin's statement as to the size of a molecule. He says: "Imagine a rain drop or a globe of glass as large as a pea, to be magnified up to the size of the earth, each constituent molecule being magnified in the same proportion. The magnified structure would be coarser grained than a heap of small shot, but probably less coarse grained than a heap of cricket balls." This illustration permits us to appreciate, to some extent at least, the enormous number of molecules in a bit of matter the size of a millet seed. In order to reach then a solution sufficient to bring about dissociation of the molecule itself, it is readily seen that the volume of the solvent used must be immense. Having quoted Kelvin, Jones, professor of physical chemistry in Johns Hopkins University, states that "perhaps the best demonstration of the almost unlimited divisibility of matter is furnished by some of the aniline dyes, or by fluorescein, where one part is capable of coloring or rendering fluorescent at least one hundred million parts of water." This solution corresponds to at least the eighth decimal dilution. The authorities agree that the dissociation increases with the dilution, from the most concentrated solutions up to a dilution of about one one-thousandth normal. It is safe to assume that dissociation of the simplest drug is not complete under the sixth decimal dilution.

It is easily seen, then, that complete ionization is possible only in infinitesimal dilution. Not only is this true in theory, but also the research of the chemist seems to prove it. We are prepared, then, to assume that the therapeutic value of the drug is not lost when it is placed in such dilution as to represent an amount, by any present means of determination, less than any assignable or measurable quantity.

That this is true is proven first by clinical experience. This argument needs but the mentioning; every homeopathic physician can testify to cures made with remedies in such dilution as certainly to be far beyond the beginning of dissociation, and probably beyond complete ionization. Then the laboratory has proven that the properties of completely dissociated solutions are the sum of the properties of all the ions present in the solution. In other words, the properties are additive. This holds for such properties as conductivity, lowering of the freezing point, refraction equivalent, heat of neutralization, and undoubtedly for any therapeutic effect possessed by the drug.

THE POWER OF THE INFINITESIMAL.

In the same connection may be mentioned the wonderful properties of radium, which have excited interest not only in the scientific world but in the minds of all intelligent persons. Recently, Strutt, of Trinity College, Cambridge, put forth a book entitled "The Becquerel Rays," in which he undertakes to explain the action of radio active bodies. Some facts gleaned from this volume are pertinent to the present discussion.

For instance, a specimen of radium bromide placed in a glass tube and gently heated, will evolve a small amount of gas. The emanation emitted by any such quantity of radium as is at present procurable, is absolutely infinitesimal. Strutt says the volume of this gas would not exceed a pin's head. If this emanation is now mixed with a million millions times its own volume of air, the mixture is found to have all the properties of the pure radium.

It has been determined that the emanation thus diluted generates a solid deposit, although not enough has yet been accumulated to be visible even under the ultra-microscope. The same scientific world which to this day denies Samuel Hahnemann the reward of his labors, has accepted these demonstrations as conclusive. Speaking then of this invisible deposit, and using the language of Strutt, "there lies latent in every atom of this emanation from radium a quantity of

energy absolutely gigantic." What marvellous powers in the infinitesimal!

An eminent Parisian physician has recently testified to the wonderful results, both physiological and therapeutic, of minute amounts of gold, silver and platinum. This experimenter, Dr. Alfred Robin, has discovered that "almost infinitesimal doses are endowed with very great activity." For instance, solutions of gold, corresponding to about the 5th decimal dilution of our system, produced such positive results as the following:

1. An increase in urea, which may arise as much as 30 per cent.
2. An increase in the coefficient of nitrogenous utilization.
3. An increase in uric acid which may reach high figures, as much as three times the initial quantity.
4. A positive flush of urinary indoxyl.
5. A decrease in the quantity of total oxygen consumed.
6. A temporary raising of arterial tension.
7. A profound modification of the blood-globules, an injection being followed after several hours by manifest leucocytosis, slight in a healthy person, intense in infectious disorders habitually associated with leucocytosis.

According to Robin these results show the possibility of assimilating metals in extremely diluted solutions, their action being considered similar to organic disatases. "In the above-mentioned solutions," he says, "the atoms of the metal separated as widely as possible, are, as it were, liberated, autonomous in their activity, and susceptible in this way of developing greater energy. It is not difficult to conceive that these simple bodies, even in the infinitesimal doses in which they are found, are capable of influencing the chemical reactions of elementary nutrition."

ROBIN'S CONCLUSIONS.

After referring to the results obtained by the use of gold in minute doses in pneumonia, which he claims in six cases out of ten produces a crisis in six days, Robin draws the following conclusions from his experiments:

1. That metals in extreme subdivision are capable of remarkable physiologic action, out of all proportion to the amount of metal used.
2. That such metals, acting in doses which therapeutics considered heretofore as ineffectual and useless, by making a profound impression on some of the chemical processes of life whose deviations are connected with many morbid conditions, are probably destined to take an important place among the remedies of functional therapeutics.

It must be seen, therefore, that regardless of schools, the concensus of opinion today, based on chemical experiment and proven by clinical experience, is that the finer the division of a chemical substance, the more active it is, though unchanged in the quality of its reactions. In its state of complete ionization, its line of direction is not changed, but its activity is multiplied; it is altered not in kind, but in degree merely. Furthermore, the physiological efficiency of any drug is not a fixed quality except in infinite dilution. By means of solution we get the most complete division, and in infinitesimal dilution is found the most powerful chemical action. Thus, in this new century, is scientifically verified a statement made by Samuel Hahnemann, who said: "The effect of a homeopathic dose is augmented by increasing the quantity of fluid in which the medicine is dissolved preparatory to its admnistration."

That the dilution of the remedy increases its power, is not by reason of the Hahnemannian theory of "dynamization," as it is ordinarily understood. Let it be said in passing, however, that Hahnemann, in §288 of the Organon, spoke of this force not as a *spirit force*, but his language was "spirit-like force," quite a different thing. This idea of "force," for generations influenced and permeated all branches of science. The physiologist was the last to break away from the old theory of "vital force" and to explain all the bodily processes in chemical terms. The idea of a mystical force being possessed by drugs was but the outgrowth of the vitalistic theories of life and disease. The brilliant work of Wohler and Liebig, and especially of Berthelot in synthetic chemistry, has cast off this yoke and no longer is it necessary for the homeopathist, or any other scientist, to explain temporarily unknown quantities on the basis of some other, spirit or humor. There is a more rational hypothesis which is acceptable to all the rest of the scientific world. With the present state of our knowledge, it is unnecessary to fall back upon a mysterious "dynamis." Homeopathy, at least the infinitesimal dose, is as reasonable, as explainable, as scientifically sensible, as is any other of the natural sciences.

DISEASE AND THE INFINITESIMAL DOSE.

Health depending upon a condition of chemical equilibrium in the cells of the body, it naturally follows that if through any cause there is a disturbance of equilibrium there is at once a change of constants. The processes of metabolism are interfered with and we have a disturbance of function and even changes in structure. To illustrate: If there be a disturbance of the equilibrium of the parietal cells of the stomach, there is a failure in the production of hydrochloric acid. In malignant growths the chemical processes are so perverted that the cell metabolism is concerned only in reproduction; for instance, in the liver no bile is produced, but reproduction and abnormal growth result. In fatty degeneration there is such a disturbance of metabolism that the cell protoplasm is converted into fat.

If we can restore the equilibrium of the cell, or group of cells, we have remedied the abnormal condition and normal function will be resumed. A remedy is anything which will do this. This remedy may be rest, or stimulation, local application, or something else, but usually it is some drug administered for a specific effect upon the diseased condition. In the light of all present knowledge, we believe the drug acts by virtue of its chemical activities. Our knowledge being so meagre as to the actual reactions in the laboratory of the cell, it is difficult to follow the drug action, but we do know that almost without exception chemical substances introduced into the animal body are acted upon, more or less, and enter into and out of combination with the protoplasm of the cell. Some of the most stable of chemical substances are completely decomposed in the body. Enough has been positively determined in the laboratory to state that the animal body possesses chemical capabilities sufficient to deal with the simplest, or most complex chemical problems, and that everything proceeds along definite and constant lines.

With the system demanding relief and the symptoms calling for a certain drug, Barium chloride, for instance, I have no doubt that that drug given, high or low, in dilution or crude form, will thread its way through the blood stream

and a sufficient quantity be appropriated by the disturbed cell to satisfy and correct its chemical equilibrium. But the experiments of Wenstrand and Hekton have demonstrated that the ions of this particular drug combine with certain elements in the blood serum and if given in amounts sufficient, to a great degree destroy its protective functions.

In their experiments sera showing decrease or absence of hemolytic activity were all taken from patients extremely ill, or within twenty-four or forty-eight hours of death. "It seems, therefore," to use the words of Dr. Wenstrand, "as if the power of blood serum to dissolve foreign cells is lost at the same time as the power of the individual to resist death passes away. Consequently it would seem that the homolytic activity of a serum is, in a certain manner, at least, a criterion of the persistence of an individual. This is borne out also by the finding of an increased hemolytic activity in the serum of such patients whose resistance is high."

Hektoen remarks that substances which suspend, diminish, or modify the bacteriolytic, hemalytic, or other properties of the serum, favor the development of certain general infections, for instance, typhoid fever. It is not unreasonable, then, to presume that in the treatment of conditions where blood toxins are developed, in the administration of material quantities of Barium chloride, for instance, the symptoms calling for it may disappear, only to be replaced by conditions more serious, induced by the lowering of the protective forces of the body fluids. In the terms of Erlich's hypothesis, this untoward effect is due to the action of the Barium ions upon the complementary body of the serum. In the more recent work of Wright it is probably due to the negative phase of the drug, with the consequent lowering of the opsonic index. Anyhow, the immunizing properties of the blood are suspended, or at least greatly reduced. *In the administration of a remedy for the relief of any disease, this fact must not be overlooked.* The ideal prescription in the administration of a drug, is the minutest possible quantity to satisfy the disturbed cell, infinitesimally small,

in such dissociated condition as to make its appropriation the simplest possible chemical reaction, and in such form as not to interfere with the protective forces of the body. This is the ideal prescription, because it exactly supplies the demand of the diseased cells without disturbing other normal cells, or lessening the protective functions of the body fluids. Thus, the efficiency of the small dose and the capability of the human system to appropriate and utilize medicine administered in minute quantities are facts based, not upon a vagary of the imagination, but upon the most modern of accepted truths.

If never before, now certainly the homeopathic physician may hold up his head and proclaim to all therapeutists: "I am king!" The infinitesimal dose, the law of similars and the single drug are the theses of the world's discussion. Of this we desire to say more.

WRIGHT'S OPSONIC INDEX

Other recent happenings in the world of science are not only productive of practical good to the patron of medicine, but also these evidences of progress are worthy of translation into language intelligible to the layman. When so translated they cannot but prove interesting and instructive. Take, for instance, the modern theories of immunity, the ways by which the human system protects itself against the invasion of every vigilant disease. Across this field we discover that science has traveled with huge strides. Ages ago, biologically speaking, it was known that the foe of the disease germs was, or at least had its habitat in, the white blood cell. In the blood stream this warfare is a battle royal. Under the microscope, with the same advantage offered the military strategist by the war balloon, the raging battle may be viewed and studied. The white cells sieze upon and literally swallow multitudes of the enemy. Add to a drop of fluid containing a few white blood cells, a thousand germs, for instance of tuberculosis, and in an instant each white cell is seen to attack and to receive into its own substance scores of the disease bacilli. Here they are rendered harmless. As they die in this pit for spectacular effect, so in the

body itself they are swept out of existence by provident nature's ingenious methods.

The scientist was happy for a time in the thought that the manner of resisting disease had been determined. But somehow, the sea of science, like the ocean itself, is a restless, agitated, rarely quiet body. The inhabitants of this sea are like old neptune, the earth-shaker. He gathers clouds and raises storms. The symbol of his power, the trident, is a symbol of violent agitation, of winds and water-spouts, of broken rocks and shivered timbers. Likewise the Neptune of science is rarely found in repose. Activity is the rule and guide of his life. He is restless and sleepless.

So then, it was early discovered that a given amount of blood, or more specifically, of white blood cells, taken from one person will destroy more disease germs of a given variety, than will the same amount of blood or white cells from another person. Once more the scientific sea was agitated. Why is this so? was the cry. As is well known, it was left to Sir A. E. Wright of London, England, to discover that the white cell is powerless to act upon the disease germ, except in the presence of the blood, of a substance, named *opsonin*, from the Greek, meaning *to devour*. Somebody has likened the opsonins to a sauce, which must be sprinkled upon the germ to render it palatable to this old epicure, the white cell. As investigation proceeded it was learned that there is a separate and distinct opsonin for each and every germ. In the absence of the opsonin the germ is safe from attack, but, in its presence, its fate is sealed.

Having discovered these new biological truths, the medical world set about to make some practical use of the knowledge. Ways have been devised, as is well known, to test the opsonic power of the individual, or, in the language of the laboratory, to take the "opsonic index." When this has been determined, if found to be low, the scientific physician proceeds to elevate it, and thus to increase the power of immunity, or resistance to the disease which may be induced by the germ in question. At this period we meet some most startling experiences.

Even though the white blood cell and the germ, for instance, of tuberculosis, are microscopic objects, yet under the lens they are material enough to be readily studied. It might be supposed, therefore, that the agent employed to make this material entity, the germ, palatable to the grosser white cell, would be in itself a material substance capable of measurement and perhaps of weight.

This is not true, however, and in disease to the powerless white cell, aid comes by the Wright method, not as in the use of antitoxin, a chemical neutralizing agent, but as in long practiced Homeopathy, through the dynamic effect of the curative agent. That is to say, by the administration of a minute quantity of the vaccine, the cells of the body are stimulated to produce and throw into the blood stream the opsonic substance which makes it possible for the white cells to act upon the germ.

The vaccine employed is a diluted toxine of the disease-producing germ. In physiological doses it cannot cause the identical disease, but is capable of inducing symptoms similar thereto. The dose recommended by Wright is 1-10,000 of a milligram, equivalent to the sixth decimal dilution of the homeopathic scale. This practice, certainly is homeopathy in principle and dosage. We so proclaim to all the world. Wright, himself, admits it. Certainly, the theory is a remarkable instance of old school stumbling towards the light,

HOMEOPATHIC VERIFICATIONS.

In the study of the opsonic index and the affect upon it of homeopathic remedies, much work is being done. Wheeler, of the London Homeopathic Hospital, Waters of Boston University School of medicine and Burrett of my own college, have already reported remarkable progress.

Time does not permit extended discussion of the collaterals to this theory, but a single subject may be mentioned.

There are opsonins for every microbic disease, and only the opsonin for the particular disease responds to the toxin of the infecting microbe. Is there not in this beautiful law argument for the single remedy and its accurate scientific

selection? Hahnemann, perhaps, could not explain why the single remedy, for which he contended so vigorously, was the scientific prescription, but with present knowledge it is explainable. Chemical reactions are definite and positive. An unsatisfied equation cannot be completed by the addition of any wandering chemical, which by haphazard chance may come within reach. A remedy prescribed on "general principles," by random and aimless methods, may by accident possess within itself such a chemical component as to permit it to join in unfortunate combination with the unsatisfied cellular element. This unhappy marriage robs the cell of needed sustenance by forcing upon it a lazy and unproductive spouse. It may prove so miserable an alliance as to result in violent domestic infelicity, with breakage of the furniture and even tearing down of the walls of the cell residence itself. More likely, however, such prescribing results in nothing more than damage to remote cells having an affinity for the drug administered. The tissue originally diseased and clamoring for help is left without succor, and other tissues are destroyed or weakened by the untimely action of drugs carelessly prescribed. This is undoubtedly the effect of administering material doses, as has been the practice of the dominant school. It probably follows the administration of more than the single remedy in so-called homeopathic practice. The saving grace of the infinitesimal has doubtless spared humanity much suffering at the hands of faulty and inaccurate prescribers in our own ranks.

VON BEHRING GIVES HAHNEMANN CREDIT.

In the old school the vaccine idea has taken firm hold of all advanced thinkers. Von Behring, the discoverer of antitoxin for diphtheria and the winner of a Nobel prize, is one of the most active.

As is well known Von Behring is now at work upon a new tuberculo-therapeutic substance. In speaking of it lately he used this language: "The scientific principles of this new agent are yet to be established. In spite of all scientific speculations and experiments this therapeutic usefulness must be traced in origin to a principle which cannot be

better characterized than by Hahnemann's word 'homeopathic.' "

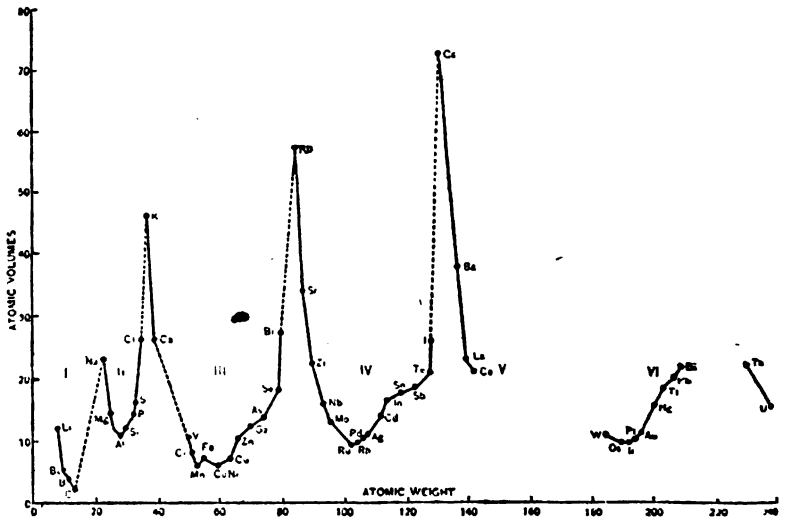
"What else," he says, "causes immunity in sheep, vaccinated against anthrax, than the influence previously exerted by the virus, similar in character to that of the fatal anthrax virus? And by what technical term could we more appropriately speak of this influence, exerted by a similar virus, than by Hahnemann's word, 'Homeopathy?'"

We must honor the man who concludes his statement with these words: "If I had set myself the task of rendering an incurable disease curable by artificial means, and should find that only the road of Homeopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road."

A hundred years ago Hahnemann, an expert chemist himself, called attention to what chemistry had already done and to what it might thereafter effect for therapeutics. Reverting for a time to the relation of Homeopathy to chemistry, it is interesting to observe the remarkable parallelism existing between the therapeutic value of a given drug, one of the elements particularly, and the chemical properties of the same substance. As is well known, the elements calcium, strontium and barium are chemically similar and remarkably so. They look alike, act alike, and are alike in their variations. The same may be said of chlorine, bromine and iodine, or of sulphur, selenium and tellurium.

If the mean of the atomic weights of the first and third elements in either of these groups, or in any other group, be taken, the approximate atomic weight of the middle one is obtained. Sulphur, for instance, has an atomic weight of 32.1, tellurium 127.5. The mean, therefore, is 79.8, corresponding almost exactly to the atomic weight of selenium, 79.2. This discovery led to the formulation of the so-called "periodic law," stumbled upon almost simultaneously by the Russian, Mendeleef, and the German, Meyer. So long ago as 1863, John Newlands pointed out that if the elements he tabulated in the order of their atomic weights, beginning with $H=1$ and ending with uranium = 240, they naturally

fall into such groups that elements similar to one another in chemical behavior occur in the same columns; and that, moreover, the number of elements between any one and the next similar one is *seven*. In other words, to quote Duncan,* "Members of the same group stand to one another in the same relation as the extremities of one or more octaves in music! This leads us to think that not only may there be a relation between these little fundamentals of the universe, but a veritable harmony."



Briefly and technically the law states that "the properties of an element are a periodic function of its atomic weight." This statement formulates an extraordinary fact. To quote Duncan again, it means no more nor less than this: "That if you know the weight of the atom of the element you may know, if you like, its properties, for they are fixed. Just as the pendulum returns again in its swing, just as the moon returns in its orbit, just as the advancing year ever brings the rose of spring, so do the properties of the elements periodically recur as the weights of the atoms rise.

*Duncan, "The New Knowledge."

To demonstrate this fact, take some one specific property, for example the atomic volume, which is the atomic weight divided by the specific gravity of the solid element, and arrange a table on a piece of engineering paper, in which the atomic weights read from left to right (the abscissas), while the atomic volumes read from bottom to top (the ordinates). Now construct a curve by pricking out the position of the different elements in accordance with both their atomic volumes and atomic weights, and you will find yourself in possession of a table such as Fig. 1. We see at once from this curve that the atomic volume is a periodic function of the atomic weight. As the atomic weight increases, the atomic volume alternately increases and decreases. The periodicity proclaims itself in the regularly recurring hills and valleys which constitute the curve. Elements which occupy similar positions on the five hills and valleys have markedly similar properties. Thus, you will notice at the summit of each of the five hills, the symbols of the elements lithium, sodium, potassium, rubidium and caesium, all of these elements possessing amazingly similar properties. Or again, find the little dot marked S (signifying sulphur) on the slope of the third hill, and you will then notice a little dot marked Se (selenium) and another Te (tellurium) in a correspondingly similar position on the other two hills respectively. These elements have strikingly similar properties. Take now another property altogether, let us say the melting-point of the elements, and make a similar diagram. You get a curve remarkably like the first one, with this exception, that the elements which were at the top at the first curve are now at the bottom. The melting-point curve is as strictly periodic as the volume curve and of the same general shape. There is a regular irregularity of the two curves, and there is not only a periodicity but a double periodicity, as shown in the little hump on the slope of each hill of the curve. Similar curves may be constructed for many other properties. Can we imagine then that these atoms, these little invisibilities in which we all live and move and have our being, are separately created, arbitrari-

ly made, unrelated individuals? Hardly so, for they are obviously created in accordance with some scheme. Would that we might understand this scheme all in all! It would be a veritable glimpse behind the veil of existence. But if we cannot read from Alpha to Omega, we may spell out what we can, leaving future letters for future men; perforce content that in this cryptogram of the universe we know indubitably that there is a cryptogram to be read, we have at least come to the beginnings of knowledge."

THE VERITIES OF NATURAL LAW.

Of what interest is all this to Homeopathy? Much, every way. If our remedies, in their provings, coincide with the same periodic law, it shows that therapeutically Homeopathy is in harmony with the ever-acting and universal laws of nature. Let us examine and see. I will not take chlorine, bromine and iodine, the halogen group, because everybody, familiar at all with materia medica, knows the close relationship existing. Let us take sulphur, selenium and tellurium. A casual examination of the provings discovers among other symptoms the following:

SELENIUM.

Skin—Pimples, vesicles, sweating at night.

Sleep—Sleepy early in evening, wakeful on going to bed. Dreams constantly of quarrels and journeys.

Cough—Hoarseness, coughs in morning.

Stool—Constipation, hard stool, but slimy at end.

Appetite—Desire for apples and beer, later desire for both ceased.

Face—Twitching of muscles of the face and a crack in middle of upper lip.

TELLURIUM.

Skin—Pimples, vesicles, herpes, offensive sweat at night.

Sleep—Sleepy in evening, sleeps in chair, restlessness and sleeplessness on going to bed. Dreams of smoking cigars. Nightmare.

Cough—Hoarseness, roughness, tickling and cough.

Stool—Constipation after diarrhea. Stool hard and crumbly, but softer at end.

Appetite—Desire for brandy and salt, then aversion for hem.

Face—Distortion of facial muscles and burning in middle of upper lip.

SULPHUR.

Skin—All kinds of eruptions and sour smelling night-sweat.

Sleep—"Cat-naps," light sleep, difficulty in getting to sleep.

Cough—Hoarseness, soreness in larynx, dry, tiring cough, especially at night.

Stool—Diarrhea in morning, also constipation—hard stool mixed with slime.

Appetite—Ravenous appetite and desire for acids, thirst for beer and later aversion to food.

Face—Twitching of muscles and crack in middle of upper lip.

And so we might compare phosphorus, arsenic and antimony, and formulate other groups of elements, which at first thought seem inappropriate bed-fellows.

What, if anything, is the significance of all this? Isn't it a bit remarkable that Hahnemann a century ago, Metcalf in 1852, and Berridge in 1873, working with sulphur, selenium and tellurium respectively, should discover the therapeutic value of three drugs, record their results and then in the year of our Lord 1908 it should be found that all their provings, forming parts of a cryptogram, are deciphered by means of a chemical formula and found to coincide with a law of nature? That all of these substances were proven by the administration of infinitesimal doses, and therapeutically established by repeated clinical tests, gives further proof that Homeopathy is true, scientifically exact in every part, and in perfect harmony with the music of the spheres!

This is a mere hint at a subject which, in my opinion, is capable of interesting if not convincing development. It certainly is another argument in favor of the scientific basis of our system of therapeutics.

We might go on and on in endless recital of modern

proof to homeopathic vindication. But why multiply words?

The American Institute of Homeopathy has officially decreed that; "A homeopathic physician is one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics. All that pertains to the great field of medicine is his by tradition, by inheritance, by right." The patient, therefore, who employs the homeopathic physician gives himself all that the dominant school offers, and, in addition, the wonderful resources of the homeopathic *Materia Medica*.

He loses nothing except the greater probability of escaping surgical procedure by the saving grace of a more potent medical armament. He reduces his chance of mortality and decreases the duration of his illness. All that pertains to chemical methods, to bacteriological research, to surgical ideas, to the great field of general medicine—all these belong to the homeopathic physician to give to his patient, together with the possibilities of the homeopathic remedy. Truly "They who have not tried Homeopathy have not half tried to get well."

CONCLUSION.

The founder of this system of therapeutics was born a century and a half ago. He lived an epoch of superstition; he practiced during the dark ages of medicine; he knew nothing of the modern laboratory idea. Yet this gigantic intellect was capable of formulating a system of therapeutics so accurate in its essential parts that the rest of the scientific world has adjusted and readjusted itself until now it snugly enfolds and perfectly fits every feature of the homeopathic doctrine. Study the modern ideas of disease and the morbid processes as they are now understood, delve in physical chemistry, as it is taught in every university in the world, listen to the forensic eloquence of the physicist, the chemist, the physiologist, and the pathologist, then take from its shelf the "Organon of the Art of Healing," written a hundred years ago by one Samuel Hahnemann, and it will be found that the notes of all these latter day scientists are so attuned that when that voice of a century ago sings its lay to the modern music there is not a suspicion of discord, but in perfect sweetness the whole temple of science is resonant and reverberant in one symphony of perfect harmony.

Therefore, my friends, we proclaim the scientific reasonableness of Homeopathy.

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A COMMENT ON OUR MATERIA MEDICA.

BY DR. LEWIS E. RAUTERBERG, Washington, D. C.

There is no curable disorder in the human body nor any curable invisible morbid change that does not make itself known as disease by signs and symptoms, and hence by removing the entire complex of perceptible signs and disturbances, the disease itself is canceled. Therefore, to observe the totality of symptoms in each individual case, can be the only guide in the selection of a remedy.

This is the teaching of Hahnemann.

This being the rock bottom of our doctrine, and the very back bone of successful treatment, it does not require very much argument to deduce the immense importance of the books that teach us the symptoms—the deviation from the normal—produced by toxic doses of medicine upon the human economy. To make ourselves familiar with the vast complications of symptoms in materia medica is the most important thing in the life of a homeopathic physician. I used often to hear my revered father say that the whole secret of success in Homeopathy lay in just one word, study. There is no way out of it unless we would be frauds or failures; short cuts and pocket repertories won't do.

There must be toil and sweat and labor and dogged perseverance; we must know it so well that it is instinctive; we must be so soaked with materia medica that we can never think without it. Subconsciously we must always be carrying on a quiz class with ourselves. While talking, walking, while in street cars, in society, in business relations, that subconscious mind must be searching every human face and form for tell tale clues and symptoms, and fastening the

remedy upon them. **STUDY**—that is our watchword. Study, read, no matter how often or how long, you will always find great treasures hidden, that will prove invaluable yet; it will “come in handy” and save life and suffering—sometimes when you least expect it.

I know it has often been the complaint that these books are too voluminous, that they should be simplified and abbreviated. I used myself to assert with an arrogance for which I now blush, that our materia medica was much too large, uselessly voluminous; but with riper years I have reached the conclusion, not that the materia medica is too big, but that our brains are too small, and our duty lies not in shortening the book, but in enlarging the brain. With the conceit of mediocrity I used to fume over the mass of unimportant symptoms (as I called them) and superfluous matter with which our pages are cluttered. I asserted that they should be weeded out, leaving only the vital points. Fool that I was. Which of us with our puny brains can presume to point out the unimportant symptoms!

I was recently shocked to hear a brother physician announce that he stopped studying when he arrived at the age of fifty, and he thought everyone should. Why, I most modestly assert, that I have studied more diligently and learned more to appreciate the truth and depth and infinite value of our materia medica since I passed that age than I had in all my preceeding years. It seems to me that I find new gems every day. Things that I had thought entirely superfluous and trifling suddenly assume a lustre and value never dreamed of, and save life and suffering. It fully repays one. The haze clears away, a grasp upon the individuality of the remedies is obtained, the provings are no longer a disjointed string of independent symptoms, but a logical sequence, with a connecting thread through the whole.

I remember when my sole use for *Antimonium crudum* was for an overloaded stomach with nausea and white tongue. Occasionally I gave it for rheumatism when the symptom seemed to tally, but frequently without success. We all have our pet remedies. *Antimonium crudum* was no pet of mine. I

saw no connection between the symptoms. I did not see why sometimes it cured the rheumatic and sometimes it didn't. My head was gray before I perceived the wonderful thread upon which each of her symptoms is so plainly strung. That thread is intestinal auto-intoxication, and the hemorrhoids and the rheumatism, the gout and the callous skin and the snarling temper are all dependent upon and secondary to a sluggish, overworked intestinal tract, and they can only be cured by working back to this starting point. And the *only* form of gout or rheumatism which it will cure is that which results from this auto-intoxication.

With shame I recall the time when Aurum metallicum was to me a great remedy for melancholia and suicidal mania, useful also in some form of syphilis and mercurialization. "And it was nothing more." But a daily pegging away at the old materia medica taught me what a fool I was, and how stupendous was the brain of Samuel Hahnemann. I gradually began to see *why* he mentions Gold as a remedy for barren women with indurated and prolapsed wombs; why it cures pining, undeveloped boys; why bone exostoses, rheumatic metastasis to the heart, sclerosis and dropsy. It is because Gold sends the blood thundering through the body, forcing it through withered and forgotten capillaries, gathering up waste and distributing life to the dying tissue. It eliminates, it absorbs, and it feeds, that is, it forces the blood to do it. And so on with numerous remedies, I could tell you how they unfolded themselves to me.

While speaking of Aurum, I will relate several cases which will illustrate the value of its so-called unimportant symptoms. A boy of thirteen, becoming overheated while roller skating, sat down on the curbstone to cool off. A severe cold resulted with general aching; next rheumatism of knees and ankles developed, worse on motion. Next day it had left the legs and attached the shoulders and arms. From that point it flew back to the feet, which began to swell. He had received Bryonia, Lachnanthes, Ledum, etc., according to the symptoms, but at this point I was myself confined to my home for some days and had to rely upon the

reports of his parents, which were vague and indefinite. They now reported that while the feet continued to swell, the rheumatism was gone, but that now he had pain in his chest, it hurt him to breathe, it was impossible for him to take a long breath. I gave Bryonia, then Cimicifuga, upon their representation without good results; the boy grew worse. On the sixth day the mother reported that the boy was so weak that he could scarcely speak. I cross-questioned her very closely, among other things asked, "lying upon which side was the pain worse?"

"Oh," exclaimed the poor, stupid woman, "I forgot to tell you, he can't lie down at all, he hasn't lain down for five nights. We have him in a Morris chair, he sits bent forward all night with his head resting in chin strap made of towels." A light broke upon me. Then I knew it was no pleurisy I had to deal with, but rheumatism of the heart. I hastened to his home. As I entered the room I was shocked at the pitiful change in the child since I had seen him six days before. The labored gasps for breath could be heard outside the door, the little figure sat bend forward in the Morris chair, face blue, sunken, cyanotic, feet and ankles swollen as big as watermelons; but the thing that struck me most as I entered was the terrific, visible throbbing of the carotids, which could be seen across the room. It was with great difficulty that I could examine his heart; he could not endure the least touch, and at each attempt gasped, "Oh, doctor, give me time; give me a little more time."

I finally made out a muffled, tumultuous heart sound, as if beating under water. The temperature was 103, yet there was a great deal of perspiration, urine very scant, no thirst, no appetite. He had only slept short naps for many nights. He could scarcely speak audibly. I feared the boy was dying.

There was a time when I would have treated the heart symptoms with Aconite or Kalmia and the dropsy with Apocynum and what not, and so zigzagged a slow cure or a speedy death. But fortunately I knew better now. I knew that every one of these symptoms are summed up under one

remedy, and that is Aurum, and it is the only remedy which covers every point exactly. I gave Aurum 10x. Dose to be given every three hours. I never saw a more brilliant cure. The first dose was at 7 p. m. I requested that they 'phone me at 11 p. m. that night.

At eleven the message came, "Louis is in a drenching perspiration, he has urinated immense quantities, and his breathing is less labored." At eight o'clock next morning they 'phoned that he had slept peacefully most of the night, though still in his upright position with chin straps. That night he could recline in the chair, and the next he could lie down in bed. The urine continued in unbelievable quantities, the perspiration rained from him, and the swelling promptly disappeared. You see what a profound eliminant Gold is when homeopathically indicated. The lad made a rapid and complete recovery with no other medication. He received it first in the 10x, then I rose to the 30th, and then to the 200th, on which I kept him until the poor damaged little heart was quite normal again.

You will recall that every one of the above symptoms are recorded by Hering and Hahnemann in these words:

"Rheumatism which jumps from joint to joint and finally fastens upon the heart.

"Impossible to lie down. Must sit up bent forward.

"Visible throbbing of carotids.

"Face cyanotic. Gasps for breath. Can hardly speak above a whisper.

"Much perspiration, as in auric fever.

"Swelling of feet and limbs."

Does not that picture the little boy I have just described?

Another case yet which proved to me how important are all the unimportant symptoms of this and all remedies. A lady brought her little son aged ten to me. The child was not sick, but something was wrong. He cried if spoken to. He was cross, tired. He didn't care to romp or play or even fight. He could not learn his lessons. He could not remember anything. He was a sulky, listless, bloodness-looking little chap. He had been dosed by other physicians for malaria

and anæmia, At first I suspected some vice, but, upon closer examination, decided that the reason of his lack of manly spirit and energy was because his manly body was not developed properly. One powder of Aurum worked a miracle. It made a new boy of him. That was a year ago, and his mother says he has been a different boy ever since. It humbled me to remember that I used to regard the paragraph on "pining boys" under Aurum as superfluous and and useless, and I would gladly have stricken it from the pages. It took many years for me to grasp the scope of Aurum in not only rejuvenating dead and worn out tissue, but also in building up the starved and undeveloped.

I have heard men assert that they only aspired to master the broad lines of a remedy and let the details go. I earnestly assure you that, important as the broad lines are, this is not enough. We must possess an infinite knowledge of detail and the finest shades of difference between remedies. It is a Herculean labor and a never ending one. Constantine Hering once said to me: "It is impossible for any brain to remember it all, but it is astonishing how elastic our brains can become by persistent effort."

I was not long ago impressed by the value of a knowledge of detail. A certain lawyer of this city was taken ill while at Atlantic City with a violent cold followed by abscesses in both ears. He suffered agonies and slept only under morphia. A violent chill and high fever indicated the formation of pus. As the attending physicians could afford him no relief, he insisted upon returning to Washington. The physicians protested, but being headstrong and impatient he could not be controlled, and with fever of 103° he arrived, and I was sent for. I found him suffering terribly. The drum of one ear had ruptured, and it was discharging freely. The condition of the other ear was grave. Friends were clamoring for mastoid incision, and the patient was besides himself with agony. I recognized that the Eustachian tube was closed, so that it could not discharge through that avenue. According to the allopathic practice, I suppose, I should have punctured the drum and drawn off the pus, lest

it should "back water" into the mastoid process, causing graver complications. But I know old Hahnemann could do better than that. As there was oily perspiration in spite of the fever and worse towards night, it was clearly a Mercury case. I gave Mercurius vivus, confident of success. After ten hours the patient was not one whit better. It was surely a Mercury case I knew. And yet, which preparation or combination of Mercury? Ah, there is the rub! Of our eight preparations of Mercury all so closely related and similar in general outline, which was the key that would fit this lock exactly? Here a knowledge of detail was imperative.

In a flash I remembered that Farrington mentions in an unobtrusive little footnote that where there is closure of the tube, Mercurius dulcis is preferrable. Rejoicing that this detail, this mere crumb of materia medica had been stored up, I gave Mercurius dulcis 3x. Imagine my delight when at nine o'clock next morning, his wife burst into the office exclaiming that the medicine had worked a miracle with the first dose. He had slept all night and no pain. Mercurius dulcis was the key that fitted that lock, you see. It opened the Eustachian tube, the abscess discharged through that avenue and all went well. Mercurius dulcis was continued for two days. After that the hissing in the perforated ear and the continued discharge seemed to call for Silicea, but as Silicea must never follow directly upon Mercury I interposed Belladonna for one day for an erratic neuralgia and then Silicea completed a prompt and perfect cure.

There is yet another phase of study necessary for the homeopath, a study not often found in books. It is not only necessary to have a broad, comprehensive insight into the general nature of a remedy, and a complete mastery of detail, but to be able to recognize the symptoms in the patient. As we are all painfully aware, patients do not always relate their symptoms in the words of the book, and it is surely a study and an art to be able to recognize and translate them into the language of materia medica. Here is a clinical example of this point.

A young man of thirty was brought to me afflicted with epilepsy of eight years' standing. The attacks were frequent and of frightful severity. He looked almost imbecile. He was florid and scrofulous. He knew of nothing that aggravated or ameliorated the attacks. He could name no time or circumstance that influenced the fit. They seized him at random. The only thing that he could tell was that he heard voices calling him, calling, calling. He felt that he must get to them, he must break away, he must struggle to reach those calling voices; and then and there he fell in the fit, screaming, struggling and biting. As you know, the books say that the Stramonium epileptic hears voices calling him. So Stramonium was given. Well, it had no effect whatever.

Then I sat down to think and translate his symptoms. I reasoned thus: The prominent symptom of Belladonna is a desire to escape, to get out or away from where they are, to get from under an oppressing load, to escape from something that holds to something else. Again, under Belladonna we read yet, "illusions of sight and hearing." Might not this epileptic's illusion of hearing and struggle to escape to the voice be translated into Belladonna. Remembering that florid face settled it. I gave him several powders of Belladonna 30, and he has never had another fit since, and that was two years ago.

In conclusion, I want to call attention to the importance of a careful selection of the books we study, remembering that while many lightweights rush into print, it takes an intellectual giant to be a reliable authority upon this immense subject. If we will cling fast to Hahnemann and Hering, Böenninghausen and Jahr, both the Allens, the brilliant Burnett and good old man Nash, we will have selected books worthy of our reliance. If we live with them intimately we cannot help but catch some of their glory. Let us stick to the highest type of old true Homeopathy. Remember that the really great men of Homeopathy have invariably been the strictest Hahnemannian homeopaths.

I would not for a moment have you think, however, that

because I advocate the old Hahnemannian Homeopathy, that I mean nothing modern is worth while. That would be unworthy of any intelligent physician. Do not mistake me, I am warning against discarding old splendors for new trash. While I consider Hahnemann and Hering as the very backbone of our literature, we find in lesser degree modern masters, too. These have perfected a large array of nosodes and added them to our splendid equipment. Bacillinum, Medorrhinum, Syphilinum, Variolinum and all the other inums, with the exception of Psorinum, represent their work. I cannot imagine what I would do without Bacillinum nowadays in tuberculosis, or without Pyrogen in septic fevers. And in passing permit me to remark that of this last I have seen the most brilliant results where physicians and surgeons pronounced cases doomed. I fear this wonderful remedy, introduced by Burnett, has been sadly neglected, judging by the number of septic cases where I have found the patient being dosed to death with Fowler's solution, quinine and the like, where Pyrogen cured. Stop and think what it is. Rotten meat. Could anything be more homeopathic to aseptic or puerperal fever, or any condition where decayed animal matter has been absorbed? We owe debts of gratitude to Burnett for his introduction of it, and to H. C. Allen for his admirable proving.

Thus from time to time there arise such great men who can add another bit to the great work of Hahnemann, but not one who has yet been able to detract from it.

For myself, through a long life, while I have gathered useful hints from many writers, I invariably find I am at my best when I am following most closely in the steps of the master, Hahnemann.

The *Medical Era*, St. Louis, Mo., will issue its annual series of Gastro-intestinal editions during July and August. In these two issues will be published between 40 and 50 original papers of the largest practical worth, covering every phase of disease of the Gastro-intestinal canal. Sample copies will be supplied readers of this journal.

HOMEOPATHY: ITS PRESENT STATUS AND FUTURE PROSPECTS.*

BY JAS. W. OVERPECK, M. D., Hamilton, Ohio.

It is customary for the president of this and other societies to speak of the workings of the society and to suggest the adoption of measures and plans which he believes would be beneficial to the society and its members. This is very proper and as it should be; but if I step out of the beaten path on this occasion I hope I shall have your pardon for doing so.

We are all glad to note the great improvement in the "health" of our society; that the diagnosis by our president of last year was correct, and that the remedies applied have acted as a real simillimum. But our membership committee will report the case in detail so that you may see the results of the treatment.

Because it seems to me of such great importance, I wish to speak rather briefly today of the "whys and wherefores" of the present status of Homeopathy, and to state a few facts which may serve as hints as to what might be done in our meetings and in our individual spheres as well, to promote to some degree a better understanding of, and a wider acceptance of our methods by the people in general. I say "the people in general" advisedly, I think, because it is the masses who lack knowledge of our mode of treatment. The up to date doctor of any school knows there is much of truth and efficiency in this therapeutic law, and is willing in many instances to acknowledge the same.

But let us first take a very brief glance at the history and growth of Homeopathy. Here we have a method of treating and curing disease, discovered and demonstrated more than a century ago by one of the ablest men in the profession at that time; a system which we believe has done more for the improvement and advancement of the art of medicine than any method that has ever been taught or practiced; a system, the basic principles of which shall serve as a guide

*Presidents Address, Homeopathic Medical Society of Ohio, 1908.

in therapeutics, not only through this second century of its life and history, but through centuries to come; a system which braved and defied the prejudices, the ridicule, the persecution of that intolerant first half of the nineteenth century, has stood the test of scientific research of later years and has come out stronger on account of the struggle.

Yet, notwithstanding all this and volumes more than can be said in its favor, we must face the fact that not more than eighteen per cent. of the people in this great and progressive country of ours, are receiving the benefits of homeopathic treatment.

As to *one* of the great hindrances to its growth, I am sure all will agree, and it needs but to be mentioned. I refer to that almost impenetrable wall erected at the very birth of the system by the prejudices, the intolerance of things new, the narrow-mindedness of that age, the same in kind as that which humiliated and persecuted Galileo and many others who were the pioneers of advanced thought in earlier times. Even at this day this wall still stands, although it is crumbling and tottering at many points.

But in my opinion, the apathy, the indifference and the self-contentedness exhibited by the average homeopathist, constitute the greatest stumbling block that lies in the way of the progress of homeopathy. Most of us are making enough to keep us in moderate comfort and are content to jog along and let her work out her own salvation.

What are some of the expedients or measures by which this work can be facilitated and hastened? Most, if not all of you, will say that organization is a most potent factor. And I say organize. Organize from the little country club up to the state and the national association. Make the smaller tributary to the larger, and all into one harmonious whole. And when this is all complete shall we settle down into our little home routine again and allow the societies to do the work? If we do this then our organization will be of no avail.

For several years we have talked propagandism in our state and national societies, but are the results all that could

be desired? I would not in the least decry the usefulness of the medical society, for I believe it to be indispensable to the success of our cause; but after all do you not believe, as I do, that in the work of spreading a knowledge of and the practice of homeopathy, the real obligation lies at the door of the individual doctor?

If questioned as to what the individual doctor can do in this scheme of propagandism, I would say: First practice good straight homeopathy as far as it lies in his power to do so. Let him study his cases carefully and burn some midnight oil over his materia medica occasionally, so that he may cure difficult cases—even cure some cases that are commonly considered incurable. The careful, pains-taking homeopathist does these things, and they are the things that talk. Thorough, honest work speaks eloquently and forcefully for any cause.

Secondly I would say to him: Preach what you practice. Not that he should do this on any and all occasions; but that there are occasions frequently presenting upon which it is perfectly proper, and at the same time, profitable to both patient and doctor to speak of the treatment and the results obtained. Shall he speak of the therapeutic aspect of the subject, the scientific methods of preparation and application of our medicine? I say yes, in some instances. A few will be intensely interested in this, but most people care but little for theories and theorizing.

We sometimes hear it stated that we have arrived at an age in which people think for themselves; that they study problems and reach conclusions more or less independently as regards the opinion of others. Let us question a little as to what extent this is true. How many Methodists, Baptists, Presbyterians, etc., can you point out who have neither been born and bred in their church, nor drifted into it through force of circumstances? What proportion of the republicans or democrats of the present day have "thought" themselves into their political opinions? How many young parents take any pains to investigate and compare the results of the different methods of medical treatment, so that

they may select that which they think best calculated to make strong men and women of their children? I think your answer to these questions would be, *not very many*, And this being true in what way can we reach and interest this great majority of the people?

A popular lecturer of the present time says that the masses of the people think in dollars and cents. Is not this about nine-tenths true? And can we not interest them from a dollars-and-cents standpoint? I ask any one of you who has practiced a sufficient length of time to look over your account books, follow down the accounts of families who formerly were treated with crude medicines but have come under your care within the last six or eight years, and notice that after two, three or four years the amount for your services has diminished to fifty per cent. in many instances, to thirty-five per cent. in most instances, and in some families below twenty-five per cent. of the amount for the first year. In families in which there are a few children, whether they be increasing in number or not, according to my observation, Homeopathy will produce these figures. Suppose on an average it does half so well, have we not enough to interest the people in the way of dollars and cents? Learning so much, they can readily understand that less sickness means better health, and better health means ability to do more business or more labor, and this again means more dollars.

And now, after calling attention to these few facts, I ask if you cannot think of many things which, if properly presented, would be of interest to people of ordinary minds, even so that they might discuss them themselves?

Again I say I have gone out of the ordinary way to bring up this subject because I believe these things should be discussed in our meetings more than they are discussed. We come to the meetings to get new ideas, more knowledge and ought to return better prepared to teach as well as practice our art.

Are we not too modest both in our meetings and out of our meetings, in exploiting our ideas and achievements?

Are we not too slow in the matter of claiming those things which rightfully belongs to us and for which we do not have the credit? The work done by our brethren in Iowa in regard to vaccination and the use of Variolinum will undoubtedly bring good returns in that state. In the vast amount of experimenting and research in chemistry and therapeutics of recent years, many of the most important principles unearthed or demonstrated, serve us well in proving and strengthening our theories. I think we should make the most of these things, and that our journals should say more of a positive and progressive nature concerning them.

Before closing I have one little item to mention which concerns the work of our society; and this is not original with myself, but was suggested by a member from my own city. It is in reference to setting apart in our program of a half hour or more, during which time we may listen to voluntary items, giving not more than three minutes to each person and allowing no discussion. Thus any member would have an opportunity to take part in the exercises and present any item, such as extraordinary effects of certain medicines in certain cases, or unusual cases or instances that would be of interest and profit to the members. I only suggest this and the society may consider it at its pleasure.

I wish to thank the society for the confidence manifested in placing me in this position of trust and honor; and I hope my little effort may not prove to be entirely fruitless. In behalf of the society and for myself, I want to thank every officer, every chairman and every member of the various bureaus and committees for his and her part of the work for this meeting. The secretary, the chairmen of the membership and legislative committees and some others have had much to do, and as to whether it has been well done we shall see, and I am sure we shall not be disappointed.

WHAT IS WORTH WHILE IN MEDICINE.*

BY J. B. CAMPBELL, M. D.

Regarded as a question this rather ambitious title might excite merriment among the very practitioners who would indorse it if presented as a substantiated fact. The much that is worth while can not of course be encompassed in a faintly suggestive article, neither could one hope to elucidate so recondite a subject as follows in a merely cursory paper. But life is fleeting and we cannot possibly appropriate everything in sight; furthermore in the study of the opsonins we seem to be threatened with a re-discovery of Homeopathy, and in order that we may keep abreast of the procession with its alluring glamour it is necessary to emphasize some thoughts, old, and partially overlooked, but of pre-eminant value.

As a Hahnemannian I do not think there is one of our number who would not be profoundly affected by the pathos and the tragedy implied in that misanthropic masterpiece wherewith Prof. H. C. Wood prefaces his "Treatise on Therapeutics" in which he says: "Experience is said to be the mother of wisdom. Verily she has been in medicine rather a blind leader of the blind, and the history of medical progress is the history of a man groping in the darkness finding seeming gems of truth, one after another, only in a few minutes to cast each back into a heap of forgotten baubles that in their day had also been mistaken for verities." * * * * *

Prof. Gregory of Edinburgh Medical College, said to his class not long ago: "Gentlemen, 99 out of every 100 medical facts are medical lies, and medical doctrines are, for the most part, stark, staring nonsense."

Dr. Abercrombie said: "Medicine has been called by philosophers the art of conjecturing; the science of guessing."

Sir John Forbes, fellow of the Royal College of Physicians, London, and a doctor of the royal household says:

Read before the Brooklyn Hahnemannian Union and the Bayard Club.

"No systematic or theoretical classification of healing agents ever yet promulgated is true, or anything like truth, and none can be adopted as a safe guidance in practice." Evidently Homeopathy was unknown to this gentleman.

Sir Astley Cooper said: "The science of medicine is founded upon conjecture and improved by murder."

The great medical authority Dr. James says: "I declare as my conscientious conviction founded on long experience and reflection that if there were not a single physician, surgeon, midwife, chemist, apothecary, druggist nor drug on the face of the earth, there would be less sickness and less mortality than now prevail."

John Mason Goode M. D., F. R. S., says: "The effects of our medicines on the human system are in the highest degree uncertain, except, indeed, that they have destroyed more lives than war, pestilence and famine combined."

Dr. Oliver Wendell Holmes said before his class: "The disgrace of medicine is that colossal system of self-deception in obedience to which mines have been emptied of their cankering minerals, and the vegetable kingdom robbed of all its growth, the entrails of animals taxed for their impurities, the poison bags of reptiles drained of their venom, and all the conceivable abominations thus obtained thrust down the throats of individuals suffering from some fault of organization, nourishment or vital stimulation."

Confessions of this character are a powerful stimulus to homeopathic achievement; but more than that does the admission of Dr. Wood's cry out for a marshalling or assembling of these "forgotten baubles" as he calls them; in other words, for therapeutic organization. How well Homeopathy solves the difficulty is attested by thousands of its practitioners and hundreds of thousands of its participants.

It is true that the cleverly attired fads which come and go, sometimes give the facts a competitive tilt in passing. But tested and proven by the homeopathic standard those same "therapeutic gems" of Dr. Wood's assume intelligent form; and they remain with us as verities out of which and upon which is erected the abiding edifice of truth.

In the craze for novelty and sensation we confront an atavism as ancient as the human race. Like the savage it is forever inclining toward the morrow while overlooking the problems of the present, forgetting that sometimes the truest progress consists in going backward—retracing and re-presenting in the light of to-day the unchangeable axioms formulated by master minds under virgin impulse. In Homeopathy these minds were both actuated and illuminated by the impingement of a thought so mighty as to require much labor and many years for its even partial expression. As "custodians of the sacred fire" we must guard as we can against dissipation of the original Hahnemannian inspiration, as we recede further and further from the initial era of energy.

In the present as in the past the estate of general medicine is more or less problematical, not to say precarious, as the Hahnemannian discovers when in the course of practice he is compelled to refute a professional onus which he did not in the least help to create, and for which he is not even indirectly responsible. By reason of the almost universal impression that it is still an art and not a science, medicine affords a particularly favorable field for the exploitation of "new brooms" which make one clean sweep and are thenceforth relegated to the limbo of the obsolete.

Mere newness demands probation under suspicion, hence the general clamor for stability—for order more nearly approximating certainty in therapeutics; in short, for a science of medicine at all times and under all conditions available. But a method of cure perfected to the point of dependability in all thinkable maladies both classifiable, capable of uprooting active disorders, modifying undesirable temperaments and re-directing perverted lives, would indeed be utopian in conception; for years have shown the advantages of the various healing systems one over the other, to be at times seemingly relative. Yet again, in certain instances the blindest partizan must perceive in which direction lie the absolute law and the positive benefits. In this connection whatever conduces to the patient's ultimate good may be seized upon as worth while. Whatever is not simply

conservative but most nearly creative—that is whatever gives the patient what he has never had, be it a practically new body, a new disposition or a new order of things is certainly in line with this thought. Anything which reorganizes the disorderly economic forces, generating two units of energy where only one was generated before, affords matter for serious contemplation. Whatever may be urged in favor of the effectiveness of other healing measures, the homeopathy of Hahnemann and Bönninghausen is now, and always will be a vitally distinct necessity to mankind.

It has been said that on all planes, from perfection to perdition God helps and heals; from the prayer of faith down to crude, aboriginal "medicine." Homeopathy, which comprehends this entire scope of remedial action is therefore a necessity because it is pre-eminently practical; for not everyone has acquired the ability to cure himself by denying the evidence of the senses, and does not feel qualified to attempt existence in some exalted zone where "all is love" where no one is ever ill nor is dependent upon food or sleep. On the other hand, the majority of people not caring to return to the empiricism of the wild man, feel the need of some rational supplementary measure to maintain the balance of health, when by some extraneous factor perhaps, this balance has been disturbed.

Advanced medical thought is much of the time accompanied by advanced pathological problems. Mankind formerly presented to the physician more of the simple ills than now, and in many particulars so-called medical science appears but to light the way into impenetrable darkness. Under the title "microbe carriers" in the *Literary Digest* of Feb. 8th, 1908, the alternate bolstering and straining of the germ theory would tend toward a state of panic if one had no therapeutic anchorage. From this article we read: "These forces of immunity may be in active operation, so far as tests made outside the body with the blood indicate, at a time that the very bacteria from and against which they have developed may still be surviving in the body.

Typhoid bacilli have been cultivated from the blood long

after the subsidence of symptoms of typhoid fever and at a time when the titre of serum bacteriolysis was of prodigious height; pneumococci have been detected in the circulating blood of animals actively immunized to the pneumococcus; anthrax bacilli have been grown from the blood of immune and healthy sheep protected by anthrax vaccine, and living virulent tubercle of the human type have been obtained from the healthy lymphatic glands of calves inoculated with bovo-vaccine and in consequence already immune to bovine tuberculosis. It is clear, therefore, that the immune state, so far as bacteria are concerned, can be no one-sided phenomenon in which the fact of all importance is the condition of the host, and of small importance the condition of the invading bacterium. The phenomenon is, indeed, a reciprocal one and must take account of a high degree of capacity for adaptive changes on the part of the parasite as well as on the part of the host "

A presumptuous art, born rather of arrogance than altruism, commits daily, in the name of science, assaults on the temple of the Most High, probing into its interior, cunningly contaminating the blood stream, and so drawing upon the vitality that there seems to be but a step between the benefits and the penalties of the intrusion. There descend in consequence to the Hahnemannian, beings in a state of tabid, nerveless invalidism, which he is expected to restore to normal conditions. The Hahnemannian is constantly meeting more of those intricate cases which can not be taken at their face value—which indicate a certain remedy plainly enough, but which are not primarily cured or even relieved by that remedy—cases in which he has to go deeply into the former life and treatment in all its details, back perhaps to some arbitrarily tainted ancestor. We are meeting conditions which apparently defy accredited homeopathy, and in which we have to dig out the "why" behind the intractability. The faculty of sensing this "why" distinguishes the efforts of the homeopathist from those of the superficialist. It is the true physician's most valuable asset.

Disease becomes intractable in just the proportion that

it involves the temperament, for temperament being the sum total of ancestral habits is as deep as life itself, and for aught we know, deeper than the life of the individual. It is here that the surface-play of symptoms becomes misleading, and it is here also that in all probability is to be found the key to the nature of malignancy.

Life is an unceasing battle—a continual overcoming, in whatsoever sphere it may be waged. Whether moral, mental or physical, or all three in inter-dependent relation; and it is only reasonable that during the ebb seasons when vitality, that mysterious attribute of potential being seems in the minority, some kind of re-inforcement is needed to avert catastrophe. In Homeopathy we have this something, and by its early application in distuned states of the organism harmony is restored and pathological ultimates are anticipated while yet in process of precipitation. To thus effectually, although unostentatiously, circumvent disaster is worth while. In this manner repeatedly are the currents of malignancy or other subversive tendency diverted into benign channels, and retrograde metamorphosis intercepted.

It is impossible, certainly, for the feeble mind of man however trained or penetratingly intuitive, to comprehend at every stage, and in all their remote ramifications, the elusive and intangible factors involved in the physio-medical equation. We must be content to apply certain fixed standards to determine what is meritorious in medicine, and therefore to summarize; that medical measure is worth while which conserves the most and destroys the least. In other words, a measure which leaves the patient permanently better than it found him. Which actually cures, and because it cures does not "lay up wrath against the day of wrath" by exacting promissory notes on which the patient's vitality pays the interest. Such means are legitimate; are not a sop to fetichism nor a concession to ignorance. Whatever is free from the charge of faddishness yet is ever abreast of the times, tallies with truth for truth is the same always, and if a therapeutic system of this description could be envolved, we should be possessed of something akin to the genuine.

Fortunately this has indeed been accomplished, and for its realization the world is indebted to the founder and formulator of Homeopathy. But for extending Homeopathy's sphere of usefulness by enhancing its efficiency, we are in the debt of Bönninghausen. By emphasizing the necessity for observing the synergistic and complementary action of medicines he drew attention to a phase of Homeopathy which has since, at least in its more refined aspects and applications fallen into disuse. Homeopathy as taught by Bönninghausen is not only worth while but its study is imperative. Inasmuch as not every case is a single remedy case, nor in the simillimum bee-line class but must be cured by making a detour, it will profit us to work out the best method of pursuing such circuitous course. This course Bönninghausen has indicated, and has supplied the practitioner with material in his "pocketbook" appendix, his work on "one-sided diseases", and his various suggestive treatises concerning drug relationships.

Every Hahnemannian of any experience whatever, knows that there are certain labyrinthian types of disease which must recover by the devious path because they present many degrees of relativity, hence require many remedies. In illustration of this we might cite a Belladonna case that did not respond to Belladonna primarily. The disease was Tic Doloieux, styled by Jacobi the "bete noire" of the profession. To detail the symptoms and remedies given would bore you unnecessarily; therefore we will simply state that the case had Hahnemannian care for three years or thereabout with varying results; that involved in the maze of symptoms was the suppression of an old pharyngitis following the local use of perchloride of iron, and that after the administration of Ferrum Mur. dmm Swan, the case commenced to move forward but finally stood still. It was at this juncture that Belladonna acted, and still further improved the patient's condition; but this favorable action also came to an end and rendered it necessary to return to Ferr. Mur., and the rotation thus inaugurated pulled the patient out of the pit so that there was absolute freedom

from suffering for seven months, the patient meanwhile gaining twenty pounds. There have been accessions of pain since that time, but the character of all is modified and the general tendency is distinctly improved.

At the present date, this case has entered a cycle of rotation between the complementaries *allium cepa* and *phosphorus*. There is no pain to speak of, and there are long periods of freedom from even that slight amount. A further gain of four pounds is reported by the patient.

It is to be borne in mind that this case has failed to improve under the continuance of any single remedy.

Another type of case needs to be immediately transfixed by the *simillimum* or there will be no permanent results. This type illustrates a felicitously opposite relation of remedy and malady. Approximation is complete, and such cases recover by the direct route. Three in point will suffice to demonstrate:

CASE I. Chlorosis with constant headache for six years. Treated by an avowed homeopathist with Carter's Liver Pills. Cured with one dose (the only medicine given) of *Ars. 40 m. F.*

CASE II. Menorrhagia of three years standing, patient flowing copiously every second week and continuing for six or seven days; she really flowed six months of the year. Cured by a single dose of *Sul. c. m. F.* There has been no return of trouble during the three years following the cure.

CASE III. Intestinal paresis in child of 13 months. Had only one stool in six weeks. *Bell. Phos. Apis. and Sil.*, feebly impressed the symptoms. One dose of *Medor. c. m. F.*, cured absolutely. The father had gleet almost up to the time of his marriage.

Without a knowledge of Hahnemannian philosophy the mere *simillimum* seeker may become a veritable hunter of rainbows. The *simillimum* is of course the destination of Hahnemannian purpose, yet in some of the unrelenting enigmas we have encountered it seems to have been the last remedy required. That is to say, it is very often the furthest-most remedy required to propel the patient into clear water

—a fact perfectly well known to all students of homeopathics. This result cannot be accomplished until the knotty complex has been buffeted about according to some such method as Bönninghausen points out and then comes the simillimum—last, not first. In other words: you can't wind your skein until you have disentangled it. Bönninghausen throws a strong side-light on stubborn cases; the kind which jeer at ones brain-badgering efforts. How to open up such a dead-lock and how to follow up the advantage secured by a given remedy seems to have been Bönninghausen's especial and peculiar mission. Hahnemann thought of it, but Bönninghausen dwelt upon it. The idea of relationships, as he presents it is sufficient to inject live interest into the slack-water practitioner who has been eddying about in the doldrums of despair. I have no doubt that the substance of the Bönninghausen thought accounts for the homeopathic tenacity of the old pioneers who, comprehending that theirs was a master-key wherewith to explore the hitherto inaccessible recesses of homeopathic possibility, refused to countenance anything short of a triumph. If one does not know something about drug sequence he is doomed to fail in certain "one-sided" diseases because he has neglected to draw upon the very well-springs of homeopathic resource. Hence if we attempt to grapple with vague pathological perplexities in the absence of an acquaintance with Bönninghausen's significant suggestions, it may be our fate to run inconclusively about the "vicious circle" of symptoms from which, under the cleverest generalization we may not be able to escape, but like the sleepy dog we will turn around and around only to lie down at the starting point; or as the Flying Dutchman, be beaten back from the haven of our desires by the storms of an adverse fate.

It seems difficult to realize that any part of homeopathy is as a lost art. That there were any secrets which nearly perished with their discoverers, or that emphasis has been laid upon only a fragment of homeopathic truth. As you are well aware, homeopathy is not a mere symptom-matching pastime. Once let us realize that the depths of its re-

integrating potentialities are fathomless and that the gamut of its active principle ranges from the crudest of remedial substance to the tenuous extreme of healing thought, and we will have discovered the fountain of perpetual incentive.

In the world of medicine homeopathy at once impersonates a conscience and a paradox. Its fundamentals can never be appreciated by the general run of thinkers, however profound, unless they be put into practice, which accounts for a good deal of the inane babblings pro and con, to which we are obliged to listen.

In past years we have delivered some of our cases half cured, notwithstanding the fact that the means for completing the other half was within view of unheeding eyes. The power of discerning the requirements of a given case, i. e. of detecting the overlappings of its physical and psychical elements usually carries with it a suggestion of the plane and plan of remedial procedure—whether to execute a direct frontal attack or resort to subtler measures. And again, the consciousness of security in Hahnemannian homeopathy may enable us to implant the hope-seed with its wondrous germinating capacity. When properly sown in logically prepared mental soil, and administered in connection with the homeopathic remedy, we have all seen its results astound the multitude.

It is interesting to note that there is a borderland of possible achievement between reason and rashness, accounting for some successes of the merely enthusiastic; for notwithstanding "fools rush in where angels fear to tread," the past could tell of the contagiousness of enthusiasm and of victories gained before experience had supplanted ambition. Through the dynamics of intense desire young physicians have occasionally afforded relief where men of more extended knowledge have created a lethal atmosphere by keeping uppermost the impression of the end as they saw it from the beginning. There are occasions when, although science is nonplussed, one may not say nothing more can be done, for no man dare define the limitations of the remedy be it of a

substantial or imponderable nature, provided it be administered in the light of the law.

Commenting on the title character in that appallingly human product of the limner's art, "The Doctor," by Luke Fildes, a noted English physician is reputed to have said, that as he leans over the sick child, the "doctor" is saying to himself: "Here I am, knowing that I have done no good—hoping that I have done no harm." Under Homeopathy such gruesome ruminations are partially nil. This is worth a good deal, especially in time of sorrow and stress.

According to Osler there are four trustworthy drugs. Oliver Wendell Holmes acknowledged five, while conscientious old school practitioners not uncommonly conclude that the majority are more or less pernicious and of little positive good. Compare with this dull, gray, futureless fog the gorgeous array of the polychrests. Above the mists of suspicion and doubt the sun of Homeopathy continues to shine with undiminished healing power. Consider this pitiful little pile of siftings through the allopathic conscience and then let your gaze sweep the boundless ocean of homeopathic realities, the more remote latitudes of which the physician's eye hath not yet seen.

This paper is not to be construed as a rabid effusion regardlessly extolling Homeopathy. It is presented in support of a principle of which accredited Homeopathy represents but a fractional feature. It means more than just the idea that Homeopathy is the best thing in medicine to-day; and so far from being transcendentalism, these are demonstrable and dependable rock-bottom facts. They are continually being revealed, and are themselves developing new evidence in support of the teachings of the masters and the vast extent of the law; hence the most desirable, because most enduring possession with which we are entrusted, is our share in the compelling truth which at once exemplifies and attracts what is scientifically best and worth while in medicine or in its practice.

LECITHIN: A PROVING.*

BY J. C. FAHNESTOCK, M. D., Piqua, Ohio.

The lecithins are ethereal compounds which result from the union of cholin with glycerin-phosphoric acid, in which the two glycerin hydroxyl groups have been replaced by fatty acid radicles.

On decomposing the lecithins with acids or alkalies we accordingly obtain glycerin-phosphoric acid, fatty alkalies and cholin. At the same time, however, another basic substance, neurin, is usually found, and it is to be noted that, in contradistinction to cholin, neurin possesses extremely toxic properties. It results from cholin through the loss of two atoms of hydrogen and one of oxygen, and is also formed during bacterial decomposition of the lecithins in the presence of much oxygen. The lecithin which is most commonly found in the animal body is the cholin compound of distearyl-glycerin-phosphoric acid.

In its dry state common lecithin occurs as a waxlike, plastic mass, which is soluble in alcohol (at 40 or 50 C.), ether (less readily), chloroform, benzol, carbon disulphide, and in fatty oils, while in water it is insoluble. Placed in water it swells and becomes pasty, and on microscopical examination it will be noted that the substance occurs in the form of peculiar droplets and threads, which are generally termed its myelin forms. From its alcoholic solution it crystallizes in wart-like masses, which consist of small platelets.

Of special interest is the tendency of the lecithins to combine with the albumins to form more or less stable compounds, which have been termed lecithalbumins. Such compounds have been found in the mucosa of the stomach; in the lungs, the liver, and the spleen.

In the yolk of eggs it occurs with vitellin, but is here apparently not closely bound. A certain similarity thus exists between the lecithins and the nucleins; both contain phosphorus in their molecules, and both combine with the

*Lecithins.—A Text-Book of Physical Chemistry, by Charles E. Simon, M. D. Lea Brothers & Co., 1904, pp 78-80.

albumins to form more complex substances. The lecithins occur widely distributed in both the animal and vegetable world. According to Hoppe-Seyler, they are found in all cells and bodily fluids. They are especially abundant in nerve tissue and in the eggs and semen of most animals.

W. Koch has recently pointed out the probable import in the life cell of the lecithins, for which he proposes the collective term lecithans, and summaries his conclusions as follows: 1. In association with albumins, in colloid solutions they furnish the basis for the establishment of the necessary viscosity, by the ease with which they (the lecithans) are influenced by the ions (Na, Ca). 2. They are concerned in the metabolism of the cell, and in consequence of the presence of the unsaturated fatty acids they take part in the oxygen metabolism and by means of their methyl groups united to nitrogen in still other unknown reactions.

PROVINGS OF LECITHIN (OVA).

MIND: Great forgetfulness.

Inability to think or do mental work.

Low spirited and irritable all the time.

Mind wanders; cannot keep mind on work; great forgetfulness.

When he had soreness in lungs, he became very much frightened and thought he would have serious lung trouble.

Very nervous and irritable.

Mind confused and very slow acting.

SENSORIUM: Dull frontal headache.

Mind in state of confusion.

Began to address a friend thinking she was some one else, with a general confused feeling in the head.

A tired feeling in the brain with a general tired exhausted feeling.

Heavy, dull feeling in the head, drowsy and tired.

Dull heavy ache in the occiput, with a general nervousness with quivering over the entire body.

So tired and nervous, cannot do any mental or physical work.

INNER HEAD: Dull pain in occiput.

A general dull feeling in the head.

Dull pain in the occiput extending down the spine.

Dizzy when turning the head.

Dulness in the head with a general tired feeling.

Fulness and ache in head, more severe through temples and occiput, relieved by holding the head back.

OUTER HEAD: Dull pressing pains in temples.

Dull pressing pains in occiput.

Dull pain in forehead just above eyes.

Fine shooting pains in temples extending to eyes.

Pinching pain in left temple.

EYES: Soreness of eye balls.

Sticky sensation in eyes and with it a sensation as if molasses had been poured over the face.

EARS: Could count the pulse by lying on right side, beating loud in right ear.

Ringing in ears. Dulness of hearing.

NOSE: Raw sensation in nose. Much irritation in nose and pharynx.

Soreness in naso-pharynx.

FACE: Pressing pain in both zygoma.

Drawn sensation over cheek bones with sore feeling in eyes.

Face pale. Looks as if had a severe spell of sickness.

Felt as if face were varnished over or smeared with molasses.

TONGUE: Coated white. Tongue has a heavy white coating with loss of appetite.

MOUTH. Dry mouth with thirst.

Mouth dry, tongue coated white, weakness with a desire for wine.

Sour, pasty taste in mouth.

THROAT: Heart beat so rapidly that it caused a shortness of breath and choking sensation in the throat. Fever without thirst.

Sense of lump in stomach which seems to rise to the throat.

DESIRE—AVERSION: Loss of appetite with much belching of tasteless gas. Desire for coffee which relieves tiredness.

Thirsty, but did not care for water; was so tired, wanted wine.

Dislike for milk since the proving, of which have always been fond.

EATING—DRINKING: Belching after eating.

Belching after eating with burning in stomach.

Loss of appetite. Loss of appetite for breakfast, something unusual.

White coating on tongue with loss of appetite.

NAUSEA AND VOMITING: Nausea; much belching of tasteless gas.

Nausea 5:30 p. m.

STOMACH: Bloating with much belching.

Bloated feeling just below stomach and a constant desire to belch.

Burning in stomach, with fulness and much belching of gas.

Sick at stomach, with thirst; mouth dry, wanted water but did not drink fearing it would cause vomiting.

Sensation as if lump in upper part of stomach.

Soreness in stomach relieved by eating.

HYPOCHONDRIA: Dull pain in region of liver; pain in lower right side of abdomen.

Pain in liver worse when walking.

Fulness in region of spleen.

Sticking pains in spleen.

ABDOMEN: Dull pains over lower abdomen.

Shooting pains in right ovarion region.

Bloating of bowels around navel.

Pain in abdomen just above navel; bowels moved freely, but this did not relieve pain which lasted several hours.

Fullness in abdomen with passing of offensive flatus.

Colicky pain around navel, followed by soft, yellow stool.

Cramps in bowels.

Feeling as if lump under sternum, tender to touch.

Sore pain through lower abdomen, worse on right side.

Fulness in abdomen.

Rumbling in bowels with colicky pains.

STOOL: Bowels loose with much flatus.

Bowels moved very copiously, semi-solid, yellow.

Loose yellow stools followed by constipation.

Constipation followed by diarrhea, stools dark and slender.

• Stool thin, yellow water.

Stool thin, hot, watery, yellow in the afternoon.

Bowels did not move for a week, then dark slender stool.

Sharp pain in rectum with desire for stool.

URINE: Urine scanty. Increase of phosphates.

Urine dark and scanty.

Produced sugar in urine in four provers.

Urine increased in quantity in three provers.

Albumen in urine. Urine very dark and scanty, one ounce in twelve hours.

Did not pass urine all day, when did, loaded with albumen, and not enough to take specific gravity. Albumen specific gravity 1030.

MALE SEXUAL ORGANS: Sexual organs relaxed. Scrotum relaxed. Loss of sexual power for three weeks. One prover had complete loss of sexual power, not one erection in three weeks.

FEMALE SEXUAL ORGANS: Menses delayed four days. When it made its appearance there was much pain with profuse flow, and with a general tired feeling and a nervous quivering over the entire body

LARYNX: Rawness in the throat.

BREATHING: Heart beat so hard that it caused shortness of breath, with a choking sensation in the throat.

COUGH: Dry, hacking cough.

Dry cough in latter part of night and mornings.

Dry cough all evening and night with severe headache.

When taking an extra breath it causes cough.

Cough with pulse 100 and temperature 100.

LUNGS: Lungs feel sore, but have not taken cold.

When coughing lungs feel sore.

Dry cough with tight sensation in chest.

Soreness and congestion in right lung with sharp pain worse when coughing and when taking deep breath. Thought was going to have pneumonia.

HEART—PULSE: Pulse accelerated with a general feeling of weakness.

Heart beat rapidly which caused a shortness of breath and choking sensation.

Hard beating of heart in evenings.

NECK—BACK: Dull pain across sacrum.

Dull pain in region of kidneys.

Soreness entire length of spine. Weakness across small of back.

Spine feels sore, worse stooping.

Soreness in muscles of neck.

Constant pain in small of back.

UPPER LIMBS: Tired, fingers felt stiff and swollen.

Pain in shoulder, comes and goes rapidly.

Sharp pains under left scapula.

LOWER LIMBS: Pain shooting down anterior part of thighs, with tiredness of limbs. Weakness in legs, especially from knees down.

Weakness in knees.

Tired feeling in knees in the morning.

Tired in knees and ankles. When walking a block felt as if had walked miles; tired aching in ankles.

Soreness of limbs to touch as if bruised.

Weak in the knees while walking.

LIMBS IN GENERAL: A general weak, tired feeling, especially from the knees down. Soreness and stiffness in the legs as if had walked many miles.

Sorness all over the body. Tired, sleepy, yet unable to sleep.

NERVES: Lack of energy, with sore, tired feeling. General feeling of nervousness and a quivering over the entire body.

Nervous quivering sensation over the entire body.

Nervousness and weakness preventing sleep. Sore, tired, and nervous.

SLEEP: Dreams in sleep, awakened very tired.

Dreams of traveling and was tired; was obliged to take a sleeper in day time.

Dream of pain in kidneys. Found myself waking often with pain in kidneys; change position, go to sleep again and repeat the same dream.

General tired feeling in the morning.

Was aroused from sleep 11 p. m. with colicky pains just below stomach. Restless sleep, awake often during the night.

Awake with pain in occiput and upper spine.

Cannot sleep the latter part of night.

Dreams the same thing over and over again, awakened tired.

After sleep feel dull pain in occiput, pain along entire spine, soreness and stiffness over entire body.

Awakened 1 a. m. and could not go to sleep again.

Awakened 2 a. m. with sore stiffness across sacrum.

For nights in succession, was aroused 2 a. m. and could not sleep; could not lie still for the soreness in spine, legs and hips.

Sore and tired, could not sleep.

Drowsy all afternoon.

CHILL—FEVER: Pulse 104, temperature $100\frac{1}{2}$, 5 p. m.

Chilled while undressing to go to bed.

Chill 11 p. m., had to apply heat and extra covers, could not sleep for two hours.

Fever in evening with headache and a general tired, exhausted feeling. Sweat during the night although the night and room were cool. Wakened tired and exhausted.

Circulation poor, got cold in bed and could not warm.

Chill began at 4 p. m., and lasted until 7 p. m. Chill relieved by heat.

Great thirst during chill with very frequent and profuse urination.

Chill followed by fever and then sweat.

Very hungry during chill.

Sore pain in spleen.

MATERIA MEDICA VERIFICATIONS.

BY RUDOLPH F. RABE, M. D., New York,

NATRUM MURIATICUM.

J. M., age 24, intermittent fever, contracted while camping at the lakes in northern New Jersey, last summer. Under quinine treatment the fever disappeared only to return in March of this year. When first seen he had had two attacks. Gype Tertian.

Chill at 10 a. m., preceded by yawning and stretching, beginning in lumbar region and relieved by covering.

During entire paroxysm much thirst, also nausea and vomiting of bile.

Severe frontal headache, throbbing in character.

Frequent micturition with burning.

During the heat; uncovers.

After heat profuse sweat all over body with gradual amelioration of symptoms.

Bitter taste and offensive breath.

During paroxysm much backache in lumbar region.

March 21. Natrum mur. 200, three doses at intervals of two hours, after a paroxysm.

The next attack on March 23, was very mild, consisting of slight heat and headache, no chill or sweat.

On March 25; nothing but a slight vertigo was felt.

On April 3; a slight chill, followed by a little heat, occurred, no medicine was given.

On April 12; there was a very slight attack. This was the last. But one administration of the Natrum mur. was made, that on March 21.

ALUMEN.

Mr. S., to whom a dose of *Lycopodium* cm. had been given for a mild tonsolitis and who had previously dosed himself with laxative bromo-quinine, a week later complained of the following symptoms:

Dryness of the throat, as though he had gargled with alum.

Tickling at the posterior wall of the pharynx.

Thick, yellow discharge from posterior nares mornings.

Dryness of palate on swallowing.

Chilly sensation on the back as though cold water were running down the spine.

No appetite, no desire to smoke.

A few powders of *Alumen* 60x at intervals of 24 hours, cured promptly.

HAMAMELIS.

Mrs W., in fifth month of first pregnancy complained of pain in both lower limbs. Examination showed marked swelling of the veins, with much soreness and sensitiveness to touch. Pain < by being much on her feet, not quite so bad when walking. *Hamamelis* 1000 (Skinner), four doses a day for two days, brought prompt relief.

One month later a commencing return of the pain was quickly abolished by a repetition of the same remedy in the same potency and dose. There has been no pain since and confinement is expected within three weeks.

KALI SULPHURICUM.

Theo. K., age 2 years, has had a left sided otitis media. *Pulsatilla* has failed to cure the subsequent discharge. This is thick and yellow and at first caused a slight excoriation of the skin. At night during sleep, dry choking cough. Nose obstructed but no discharge; breathing through nose is noisy. *Kali Sulph.* 6x four times a day cured within ten days.

CARBO VEGETABILIS.

F. L., age 5 years, right-sided otorrhoea of five weeks duration, the result of an acute otitis media during an attack of measles. No treatment during this time. Discharge

yellow, no odor, no pain. Carbo. Veg., 500, (B. and T.) one dose, cured within five days.

The power of potentized common salt over intermittent fever, when homeopathically indicated, is positive. The symptoms have been verified by Hahnemannians over and over again. The action of the single dose is no less striking. Of interest is the action of common witch-hazel, Hamamelis, overcoming a condition the cause of which (pregnancy) had not been removed. Bruised soreness is the key-note. The potency alone is all sufficient.

No less marked is the beneficial action of Kali Sulphuricum in the sixth decimal potency. The 200th or higher will do the same work and in a more artistic manner, but one dose being required. This is shown by the rapid action of the Carbo Vegetabilis 500, in the last case. This has been repeatedly verified. In sequela of measles do not forget Carbo Veg. In the Hamamelis case, the frequent repetition of the remedy is open to criticism. One dose will answer just as well, having done the work in other similar cases. We are given to indulging in experiments—at times.

CENTRAL NEW YORK HOMEOPATHIC MEDICAL SOCIETY.

Syracuse, New York, The Vanderbilt, March 13, 1908.

The quarterly meeting was called to order by the Vice-President, Dr. J. M. Keese, at 12:30 p. m.

Members present: Drs. Beck, Bresee, Grant, Hoard, Keese, Follette, Leggett. Visitor: Dr. Fowler.

Minutes of the December meeting read and approved.

The chairman of the Board of Censors presented the name of Dr. W. F. Fowler, Rochester, N. Y., as applicant for membership.

The §§ 51-56 inclusive, of the Organon, were read by Dr. Grant.

The paper on these sections, written by Dr. Glenn I. Bidwell, was read by Dr. Grant.

Organon §§ 51-56.—The sections we have before us to-day for consideration, contain many virile truths, which

offer much food for thought. The best we can hope to do with such a lengthy portion of the *Organon*, in the short time allotted to this part of the program, is to look over some of the many truths expressed therein.

§ 51.—The homeopath has as a weapon with which to combat disease, all things in nature. Even with the countless number of nostrums being foisted upon the profession today by the manufacturing chemist, the allopath has not the one hundredth part the number of drugs which are available to the homeopath, if he will only use the brains nature provided him to delve out the curative element. It is the trouble with the profession today that we are not doing anything to further advance the cause of Homeopathy. What single drug are we proving to place in the hands of those who follow us? Not one! Rather we are raising a great hue and cry about undoing the great and glorious work done by the fathers of Homeopathy. Why are they doing this? Is it because the old provings are false? No! . Because the remedies fail to cure when given on their present symptomatology? Again no! Why, then? Simply because the present work is no place for drones or lazy men; simply because they cannot find sanction in these great works for their slovenly prescriptions and mongrel practice. If they would spend half the time employed in calamity howling and yells for a new *materia medica*, in studying the one we already have, and in using this knowledge homeopathically, the wailings would cease, and the combination tablet houses would go to the wall. Let us take a brace, stop being sponges, and do something for those who are to follow. Let this society do something in its small way. Let us prove one new drug this coming year so we can add another weapon to our armamentarium, and leave something, as a monument, which will live in the minds of our profession long after our faces and peculiarities have been forgotten.

§ 52.—Hahnemann tells us of the fatal results of palliative work and excessive use of allopathic drugs. We know this, and hardly a day passes which does not bring us some victim

of such work. But there is another point to be remembered which is brought home to us more forcibly than it was in Hahnemann's time, and that is: the disease picture can be obscured just as completely, and much more lastingly, by the indifferent and careless use of the potencies, as by old school drugs.

With a good, carefully taken case, a prescriber can dig around and see-saw to a cure by counteracting the effects of old school drugging; but God, the devil, or whoever it may be, cannot dig under a case masked by the indiscriminate use of potencies.

An error to which we all are liable, and I know as far as I am concerned, the one I have to fight the hardest, is that of giving a remedy too quickly; that is, making a too hasty prescription. We must be more careful about this in our chronic cases, for mayhap a wrong remedy, even in the single dose, may hinder our ultimate cure many weeks. If you are not sure of your prescription give the second best remedy, *Sac. lac.*, until you are reasonably sure.

Leaving you with these two thoughts, gleaned from the sections of today's program, I hope to stimulate the members of this society to better and more accurate work along these lines, which in itself will bring its own reward, far greater, perhaps, than we even dare imagine.

That which impressed Dr. Grant the most while reading the sections was "how emphatic Hahnemann was in stating that simillia was *a law*." He said that few realized this fact in Homeopathy. He said that the men who built homeopathy, the men most instrumental in the advance of homeopathy, *never* had the slightest doubt that it was *a law*. He said that today in prominent societies, in the state society, etc., we often heard the doubt; that it was a method, a rule of cure, etc., was admitted, but that it was a law of cure none seemed ready to acknowledge.

To Dr. Grant's mind there was no doubt that it was a law of cure. He said of the many cures made with the crude drug that they were *cures* only because they were homeo-

pathic to the case; moreover he believed that Homeopathy was the *only law* of cure.

Dr. Hoard considered that one great proof of the truth of Homeopathy was the reliability of the *old books*. Having been presented with several volumes of the *old authors*, among them Jahr, he was impressed with the truth of them, and that they were as true to our needs of today as if written for today, and were as true a hundred years ago as they are today.

Dr. Grant had hoped that Dr. Hoard would go a step further and note the value of allopathic works of fifty years ago, aye even ten, as they are certainly not worth shelf room, therapeutically.

Dr. Beck had an allopathic friend with whom he often had discussed the values of provings made by Hahnemann more than a hundred years ago, and who would not admit that there was in therapeutics a *law*; his answer for the therapeutic changes in allopathy was that it was science, which either advanced or retrograded, his argument being, that if a better method was discovered, why not use?

Dr. Beck said to him: "If Homeopathy is false, why not tear it down, and to that you are no nearer than a hundred years ago."

Dr. Fowler suggested that this condition of change, etc., originated in drug houses, new goods were placed on the market, they were tried, and others the same. He thought, also, a reason for using the new was the dissatisfaction with the old, for which there was no guide.

Dr. Hoard moved that the Secretary be appointed a Committee on Resolutions concerning the late Joseph A. Biegler, a member of the Central Society, and report the same at the next meeting. Seconded. Carried. Adjourned for lunch.

Called to order by the Vice-President, Dr. Keese, the meeting proceeded to the subject of the day, Tuberculosis.

Dr. Grant read the paper on:

EARLY DIAGNOSIS OF TUBERCULOSIS BY DR. W. E. DRAKE.

Believing that the subject of hygiene of tuberculosis

requires considerable more time for elaboration, and is essentially important at this time when there are such stringent measures being taken for the control and obliteration of the "White Plague," and in that my time for work, other than professional, has been and is very much limited, I shall write particularly of "Early Diagnosis of Tuberculosis," deferring, if permissible, to your Committee of Arrangement, my paper on the division of "Hygiene of Tuberculosis" to the next meeting.

In order that our treatment, or the treatment of tuberculosis, shall be effective and curative, it must be our chief aim to diagnosis tubercular cases early; not so much to facilitate the prescription of a remedy, but so that we may start our patient out on a new road of living; to change his manner or methods of living, as to diet, fresh air, exercise, etc. If we are able then to understand the tendency of our patient, we are thus able to alleviate and break up, if possible, the inroad of this dreadful malady upon his constitution.

We are handicapped greatly by this disease in that it is very apt to creep on insidiously, until it has become quite deeply seated and rooted before it has manifested itself by sufficient number of symptoms to cause the patient to call upon a physician for relief. Even then the symptoms, to many physicians, are not potent enough to warrant him in making a diagnosis of tuberculosis: I regret to say that many of us are inclined to be a trifle careless with these early cases, and neglect to get down to the bottom of the case; to use at our hand the many devices to aid our methods of diagnosis, and to inquire into the history of the patient. Many persons may not have a history of a tuberculous family or relatives, but they may have the psoric miasm rampant in nearly every member, which is a fine culture medium for the reception and development to its end of the tubercule bacillus.

In order that we may make early diagnosis, and do the most we can for tubercular subjects, we must not neglect to use every means we can to determine the actual condition of the

patient. The moral for us to draw is: "Take the case properly."

Tuberculosis is a general term, and there are many varieties or subdivisions. I shall here give the symptoms and conditions as we find them in an incipient attack of pulmonary phthisis:

First: The patient complains of a sensation of languor or weakness, loss of appetite, loss of weight, shortness of breath, unhealthy color (particularly paleness), indigestion and constipation. He complains also of night sweats, chilliness and fever. Cough and expectoration may even be very slight. An examination of the chest may be negative, or show but indistinct signs for diagnosing phthisis.

An attack of incipient phthisis may be ushered in by an hemoptysis, and if this symptom occurs, we have evidence, unless there are other corroborating symptoms of some other malady, to diagnose, or at least to be suspicious of a tuberculosis. Even though we have the symptom of an attack of hemoptysis, we may not be able to find coexisting lesion in the chest by physical examination.

Many times the stomach and intestines give us symptoms so prominent that we may be misled to diagnosis some stomach disorder when probably these gastro-intestinal symptoms are a part of the attack of phthisis in its early stages.

The pleurisy, of common complaint, may be a symptom of the disorder, and not as many believe, a disease per se. At times these pleural symptoms are followed sooner or later by pulmonary symptoms, and then a subsidence for a varying time, only to be renewed again.

The tuberculous glands may precede for a long time and show a latent tubercular element at work. The fever, chills, and sweats may be intermittent in character, and sometimes lead to a wrong diagnosis of malaria. As I said earlier, the disease often creeps on insidiously, and we have cavity formation when the patient comes for a treatment for bronchitis.

Phthisis sometimes starts as a laryngeal trouble, and the thought of a latent tubercular infection does not enter the physician's mind.

The physical examination of the chest may reveal to us a great deal, or it may be quite negative in these incipient cases. However, by inspecting the chest we find it shallow, and in having the patient take a long inspiration we might notice unequal expansion of the chest walls, either local or general.

Percussion may elicit some dullness in spots, particularly the right apex.

Auscultation shows moist, fine or crackling rales over this so-called spot, or area of consolidation, particularly noticeable at the end of inspiration. The breath sounds of expiration may be long and high pitched, and the respiration somewhat irregular.

Vocal fremitus is increased over the area of dullness.

These symptoms and conditions, if not controlled by methods of treatment, gradually develop into the advanced stages.

DISCUSSION.

Presenting the subject for discussion, Dr. Keese said that the "Early Diagnosis of Tuberculosis" was a subject of both interest and importance.

Dr. Grant was disappointed in that the paper stopped short of a discussion of the two methods of diagnosis at present so popular, i. e., serum injections and the X-Ray. He said that the method of diagnosis by inoculation of the tuberculous product had been widely discussed pro and con, in relation to both the human and animal organism. In his opinion the results were not conclusive. He said it had been shown again and again that the rise of temperature following inoculation in cattle was not always indicative of tuberculosis, as the post-mortem often showed no infection whatever. He believed that such an injection in a patient of tubercular diathesis might fix upon him the disease itself, and so induce a fatal condition. He said that farmers from all over the country had proved that inoculation had ruined the very best of their herds by developing what at most was a latent diathesis.

Of the second means of diagnosis of pulmonary tuber-

culosis, he believed that the X-Ray, when confirmed by other symptoms, gave the most promise. He suggested that Dr. Johnson be asked for his experience in this connection at the next meeting of the society.

Dr. Follette had read an article on the value of Tuberculin (Koch) as a means of diagnosis of tuberculosis. The writer's conclusion was, that as a method of diagnosis results were doubtful, while in a well marked case of tuberculosis it was a *very dangerous* remedy.

Dr. Follette said, that in practice, if diminished resonance, increased resistance to finger and fine rales are found, what more is wanted in early diagnosis of tuberculosis? That these symptoms were discoverable before the bacilli, but that it was not an easy matter for the general practitioner to discover these signs, except he had given special attention to physical diagnosis.

In the case of a young school teacher, several able physicians made diagnosis of tuberculosis, and had the patient ready to go to the woods. The patient had a dry cough, some loss of flesh, and a bad family history. The family history, cough, emaciation, were without doubt, the factors by which those physicians arrived at a diagnosis. Dr. Follette could not detect any change in the lung, except a slight bronchial catarrh. Phosphorus 1m, 2 doses cured the case without giving up her position.

Dr. Follette considered the deposit and bacilli a later development in the progress of tuberculosis, and that, undoubtedly, many cases were cured before that stage was reached. He was skeptical as to bacilli being the cause of the disease, but thought it due to a preceding disturbance of the vital force, which led to a deposit and bacilli.

Dr. Leggett agreed with Dr. Follette, that the deposit and bacilli were late developments in the progress of the disease.

Dr. Beck had used Tuberculinum 1 mm. to 1 cc. of distilled water and infused two or three drops into the eye of a suspected case, and noted the following results:

Case A. A marked reaction (inflammatory), took place

within twenty-four hours, and lasted for three or four days.

This case was not diagnosed in the laboratory until some time later.

Case B. The same patient about four months later, the same experiment was made. The result was negative, although he did have tuberculosis, as the germs were found in the sputum.

Case C. In this case we simply had a number of symptoms that might be indicative of almost any trouble, such as malaise, anorexia, loss of weight, cough. Physical examination was negative; pathological examination was negative. Family history was not good. But the eye gave a positive test. This case a year later died from tuberculosis.

Case D. A young lady who was working in one of the department stores in the city. This case had all the clinical symptoms of tuberculosis. The eye test was positive. The case went south, and four months later the experiment was again performed. The result was negative. The sputum was examined, was positive. Blood count was made, and a marked improvement was found. The case again returned to the south for six months, and is now back in Rochester, and to all appearances is enjoying robust health.

The precautions to be observed in instilling Tuberculin in the eye are as follows: We must have an eye as near perfect as possible. By that I mean, free from any inflammatory conditions and abrasions of the cornea, etc., because, if not, we might set up a condition there that, to say the least would be very aggravating to treat, if not really dangerous. Personally, I do not think that the instillation of the drops in a normal eye of a healthy person can cause any systemic trouble, because the following experiment has more than convinced me. Three drops of Tuberculin were infused in the eye of a perfectly healthy subject, without any bad results, simply a slight irritation was caused to the eye, which was immediately relieved by bathing the eye with a warm solution.

Dr. Grant questioned the evidence of bacilli; he had had a case from which both himself and other capable phys-

icians had repeatedly taken cultures and found no bacilli, although the case was unquestionably one of advanced pulmonary tuberculosis. He said the same was true of both diphtheria and typhoid; cases were often found without the specific bacilli of the disease, who just as certainly died of those diseases.

Dr. Fowler believed that hygienic measures should be instituted in all presumptive or suspicious cases.

Dr. Hoard had lately cured two cases of tabes mesenterica, one a girl of fourteen years, the other a boy of sixteen, that had been diagnosed as "walking" typhoid.

Dr. Beck mentioned the cures sometimes obtained by opening the abdomen in cases of tuberculosis of the peritoneum.

Dr. Fowler confirmed the statement by saying it often relieved the entire condition.

Dr. Keese read the published report of Dr. Darlington, the present New York Health Officer, who was active in the late efforts to prevent the spread of the great white plague.

Dr Keese quoted him as "advocating information of the condition given directly to the patient, also to inform him that his condition was curable, and of the best means to make it so, i. e., plenty of fresh air, sunshine, and good food." Dr. Darlington also recommended careful registration, free examination of sputum, disinfection of living apartments, and renovation after occupation; especially did he insist upon the care and proper disposal of the sputum, the prevention of the foul habit of expectoration by those not known to have tuberculosis, and enforcement of the laws pertaining to the latter habit.

Dr. Hoard reported the finding of the gonococcus in a patient with fibroid tumor, who reported an infection 20 years before.

The committee upon subjects for the next, or June, meeting, reported:

Organon, Section 57, Dr. Bresee.

Hygiene of Tuberculosis, Dr. Dake.

X-Ray as diagnostic of Tuberculosis, Dr. Johnson.

Therapy of Tuberculosis, Dr. Hussey.

Microbe vs. Miasm, Dr. Leggett.

Adjourned.

Dr. S. L. Guild-Leggett, Secy.

COMPLEMENTARY RELATIONSHIPS.

BY W. H. FREEMAN, M. D.

Nux is followed well by many remedies, especially so by Bry., Puls., Phos., Sep. and Sulph., and it is well, therefore, to bear these latter in mind when the case is no longer helped by Nux.

Sulphur is the chronic of Nux, according to the books. The same can be said of Phos. and Sep., which also hold a chronic relationship to Nux.

Phos., Sepia and Sulphur are strikingly similar in many respects and they follow each other well. Frequently all three will be needed in the treatment of a difficult case—*one after the other in single file.*

Nux is frequently the necessary starter for the others, or it may be necessary as a corrective, adjunct, or antidote. Nat. mur cases often need Sep. or Phos., or both, later on—these three follow each other well.

Sulphur acts especially well as an intercurrent in many cases, (when Sulphur symptoms are present), especially so in cases that have been helped but not cured by such remedies as Aconite, Aloe, Nux, Phosphorus, Psorin, Sepia and Silica.

Phus and Sepia are antidotal and therefore complementary—in fact, strange as it may seem, nearly all antidotal remedies are also strongly complimentary and follow each other well and vice versa.

Sepia and Calcareo are similar in most of their symptomatology, though supposed to represent entirely different types of patients. They are frequently complementary and necessary after each other and are mentioned here to correct the baneful and erroneous idea of many that the complexion and type can be relied upon in choosing between remedies. If such were the case it would be possible to change the thin, scrawny, nervo-bilious, irritable brunette into a fat, flabby, flaxen-haired, leucophlegmatic blonde with a few doses of Sepia. Only when the temperamental condition and the peculiar complexion of the patient is the result of disease and a part of the morbid group of symptoms you

are about to treat is it of value or otherwise than a detriment, if considered in making a choice between remedies.

If we are guided by the morbid symptomatology alone we will almost as often find Calcarea indicated in the so-called Nux and Sepia or Phosphorus types of cases as in the fat and flabby blondes.

Though there is undoubtedly something of slight value in this type and temperament idea, the best method in accurate prescribing is to forget it—especially if one is a novice. It is responsible for a great many bad prescriptions and spoiled cases.

Calcarea is frequently indicated after Sulphur and especially so in the *thin, scrawny, irritable brunette with sallow complexion and tubercular tendency*. Emaciation is a good indication for Calcarea, just as much so as fat, contrary opinions notwithstanding.

Lycopodium follows well and is frequently indicated after Calcarea, especially after the case has been helped by Sulphur and Calcarea. Lycopodium and Calcarea follow each other well, either in front or behind, according to the way the symptoms show up at time of prescribing.

When Sulphur is indicated by the symptoms but does not work, Psorinum is usually the remedy needed. One dose of Psorinum is usually also sufficient and repetition is usually unpleasant and harmful for the patient. When after Psorinum the patient ceases to improve, Sulphur will usually be the remedy to now carry on the work, provided, of course, that the symptoms have not changed so as to call for something different. It would be foolish and unpleasant to give Sulphur if the patient came down with a Belladonna or Gelsemium grippe.

Mercury and Causticum are also to be considered when Sulphur will not work under certain circumstances.

Always think of Psorinum when the patient gives a history of scabies, especially if other remedies have failed you. Such a patient will usually need a dose of Psorinum sooner or later, only don't prescribe it empirically or expect it to cure him of anything and everything to the exclusion of other

indicated remedies. Such patients will need an intercurrent for defective reaction some time or other, and when they do, study Psorinum.

Rhus and Calcarea are acute and chronic complementaries and often needed after each other.

Belladonna and Calcarea are like mother and daughter and should seldom be far apart for they often need each other. Tuberculinum is often needed as an intercurrent or to complete the cure in Belladonna and Calcarea cases. The symptomatology of all three is *very similar*, the difference is principally in their planes of action, though of course the symptomatology and field of Tuberculinum is much wider than with the other two.

Tuberculinum has somewhat the same relationship to Pulsatilla, also, and is often necessary when the symptoms seem to call for Natrum mur, Phosphorus, Silica or Sulphur.

Thuja and Tuberculinum are strikingly complementary and frequently each is needed to complete and extend the action of the other, and frequently a case will fail to be helped by one until the other has been given.

Thuja is a drug always to be kept in mind for defective reaction. Much study and clinical experience is necessary to properly understand and appreciate the capabilities and sphere of usefulness of this highly important and frequently indicated remedy. It is frequently indicated when the symptoms seem to call unmistakably for Rhus, especially for lumbago or other rheumatic conditions which are accompanied by great restlessness, relief from motion and from warmth to the painful parts, with aggravation from dampness and in wet weather (sycotic neuralgies and myalgies). Thuja is a sort of a chronic, deep-acting Pulsatilla, also.

Pulsatilla is very similar to Rhus in its muscle and tendon symptoms; both are restless with pains aggravated by rest and both are good for sprains and strains; they differ as regards heat and cold, however.

Rhus and Arsenic are similar in many ways and are often hard to differentiate, especially in the symptoms of the respiratory and digestive tracts. They are complimentary

and often when one seems indicated, but fails, the other will be needed.

Thuja is often the chronic of Arsenic.

Thuja and Sepia are so much alike, in many respects, that they are often mistaken for each other, especially is Thuja mistaken for Sepia. They cannot always be differentiated. When one seems positively indicated and won't work or doesn't hold the case, always think of the other.

Carbo veg. and Lycopodium are complimentary and many a Lycopodium case will not get well without an occasional dose of Carbo veg.

Lachesis and Lycopodium are like brother and sister; one often necessary to complete the work of the other.

Lachesis and Natrum: Lachesis and Carbo veg.: Lachesis and Psorin: Lachesis and Syphilinum are frequently complimentary.

Arsenic, Phos. and Apis are very similar in many respects and should always be thought of conjointly. They follow each other well and are often hard to differentiate. Phosphorus belongs in the middle and is strongly complimentary to the other two, either before or after. All three will often be needed in bad cases and when they will no longer help, especially in terminal stages, of course, heart, lung and kidney diseases, (with dropsy or without), Medorrhinum will either bring about curative reaction or great comfort and an easy death for the patient.

Medorrhinum is frequently the parent of Apis, Arsenic, Chamomilla, Lycopodium, Phosphorus, Pulsatilla, Secale and Thuja cases and will often bring about curative reaction when they have failed. The different planes or depth of action of the remedies just mentioned illustrate in a way the sphere of action of remedies often very similar in certain phases of symptomatology but differing vitally in their depth of action. For instance, Chamomilla and Medorrhinum match accurately in much of their symptomatology, but when it comes to the depth of action they differ absolutely. This plane of action must.

often be considered with the other symptomatology in making a prescription.

Hepar Sulph. is often necessary after Calendula and Sepia after Hepar Sulph.

After Silica are often needed Calc., Calc. sulph., Calc. fluor, Fluoric acid, Phos., Sulphur or Tuberculum.

Hepar and Nitric acid follow each other well and Calcareo is often necessary *after* Nitric acid.

Conium and Lycopodium, Iodine and Lycopodium, and Baryta carb. and Tuberculum are worth while bearing in mind.

Arsenic and Carbolic acid, Arsenic and Secale, Arsenic and Calcareo, Arsenic and Lycopodium, and Arsenic and Tabacum are worth remembering together, owing to their similarity.

These few remarks are merely suggestive. Much more that is very important could be mentioned but is not for want of time and space. A good knowledge of complimentary relationship is a great help; however, in prescribing, and will often make one do brilliant work which would otherwise often be very difficult and sometimes well nigh impossible.

AMENORRHEA FROM DISAPPOINTED LOVE.*

BY DR. FRANCES D. BLOOMINGSTON, Chicago.

Early in September, 1905, a patient of mine came to me and asked my opinion regarding her neice who was troubled with amenorrhea, fearing she would either become mentally unbalanced or go into a decline, as there was a history of tuberculosis in the family.

The young lady belonged to a prominent family in one of our northwestern cities.

She was inclined to intellectual pursuits, was a leader in study classes and gave much time to philanthropic work, besides the social obligations that claimed her attention.

*Read before the Regular Homeopathic Society, of Chicago, May 12th, 1908.

She was engaged to a young man who was highly esteemed in the community, but a few months before the date set for the marriage she became convinced that he was not the man everyone took him to be, and broke the engagement.

He commenced annoying her in various ways, until he was finally obliged to leave the city. She, being of an extremely sensitive nature, felt greatly mortified and withdrew from all society, practically burying herself and brooding over the circumstances of her disappointment.

She grew morbid, moody, irritable, and avoided her friends, and even disliked the presence of the family. When alone she wept, even during wakeful hours at night. She lost flesh and appetite.

Finally her parents became alarmed and the family physician was consulted. Treatment with electricity, beef, iron and wine and similar concoctions proved unavailing.

Her father took her on an extended tour of the Northwest, hoping that a change of scene and climate might benefit her, but he was disappointed. Then her mother brought her to Chicago, thinking that social life among people she had not known before might arouse her. But she grew worse.

The aunt wished to know whether anything could be done aside from local treatment which, the family doctor had said, was the only means for her relief.

My reply was that local treatment is at best a one-sided method, since the local manifestations were only one phase of the disease, and I explained, as I usually do to a new patient, the philosophy of a true homeopathic prescription.

The patient gave the following account of her case:

Miss W., age, 30; medium height; nervous temperament; light brown hair; blue eyes; sallow skin. Of an extremely sensitive nature. Melancholy; irritable; avoids company, especially of intimate friends. Desires to get away from members of the family. When asked why, she replied: "Because they worry me to death with their attentions. If they would only let me alone so that I could have

a little quiet I would feel better. Their sympathy always makes me feel worse in every way. Their constant trotting around to see things tires me. I feel exhausted afterwards and can neither read nor study because I am so exhausted all the time. The least physical or mental exertion exhausts me."

Wakens at night with anxiety and palpitation and it is difficult to go to sleep again.

Sleep restless, wakens in the morning unrefreshed.

Despondent; weeps much of the time when alone.

Heart palpitates while walking.

Menses regular until last Spring, omitting from April to July, and irregular since then.

Thick, white leucorrhœa.

Much headache; on hot days and during hot weather, from using the eyes and from motion.

Craves fresh air but takes cold easily.

Tongue slightly coated and showing the imprint of the teeth along its edges.

Wants her food very salty.

Constipated for two or three months.

A study of the prominent symptoms pointed to *Natrum muriaticum*.

I gave three doses of the 10m on Sept. 20th, 1907, to be taken every 12 hours, followed by placebo.

Sept. 29. The only improvement was that she slept better. Placebo continued.

Oct. 5. Possibly less despondent. Placebo.

Oct. 12. Better in general. Can tolerate the presence of members of the family and is less inclined to weep.

Oct. 15. Has had more palpitation and mental depression the past few days. *Natrum mur.*, 45m, two doses and placebo.

Oct. 27. Feeling tired and languid and feels as if the menses would return. Attended an afternoon social gathering and enjoyed it. Was not nervous or depressed afterward.

Oct. 20. Menstrual period re-established and seemed quite normal—the first time since early in July.

Nov. 29. Menses exactly on time, and feels better than she has in a year. Discharged cured.

A report recently showed that she is enjoying the best of health.

THE TAKING OF A CASE.

BY PHILIP RICE, M. D., Berkeley, California.

“The examination,” says Hahnemann, “of a particular case of disease, with the intent of presenting it in its formal state and individuality, only demands of a physician an *unprejudiced* mind, sound understanding, attention, and fidelity in observing and tracing the disease.”

These demands are few in number, but all-embracing. There is little that a physician should know that they do not cover. Let us consider them separately for a moment.

First “an unprejudiced mind.” I wonder how many of us appreciate the full meaning of the words. Many times we are forced to the conclusion as we observe the manner and methods of some of our colleagues that mighty little thought is ever given to the cultivation of an open and unprejudiced mind. We see one working entirely along one line, dealing with all manner of diseases from one standpoint, and another doing likewise but from a directly opposite one, and each convinced that his method is all-sufficient and entirely right, and the other fellow’s entirely wrong and worse than useless.

We see one locating the cause of all diseases in the rectum, and to cure all it is necessary to cut out pockets, papillae and piles and stretch sphincters. Another finds displaced bones, tendons and other parts of the machinery as the all-cause, and he finds it necessary to adjust these only to cure everything from bubonic plague to bunions. Another finds that there is no disease without its “bug cause,” and therefore to cure it you need only to kill the bug. Another knows only pathology and wants to know nothing else. Another knows only symptomatology and potencies, and is

wholly content with his stock of knowledge. And so I might go on naming other fads, fancies and prejudices. Now are they all wrong? Yes and no. They are all wrong in thinking that their method is the only one, but they are partially right in their methods.

No one can deny that pockets, papillae, piles and irritable sphincters are productive of trouble and that much good is accomplished by their removal, but only a fanatic will lay claim to this as being the all-cause of disease and this as the only necessary therapeutics.

No one can maintain the position that osteopathic manipulation, so-called, is a fallacy. It is true that as some apply it, in many cases, it is rank nonsense, but this is so simply because they know nothing else. As others apply it it is a most desirable adjunct to the healing art.

AN ILLUSTRATION.

And here permit me to cite a case in proof of what I say. A lady of this city, the wife of a well-to-do business man, had suffered long and much with pain in the right side of the abdomen. She consulted one of the leading surgeons here. His diagnosis was chronic appendicitis, and of course recommended an operation. Not being willing to abide by his opinion only she consulted another surgeon. His diagnosis was chronic inflammation and induration of the ovary, and also recommended an operation. Being now more uncertain than before, she consulted a third. He found a floating kidney, and also insisted that only an operation would save her. And now being filled with distrust, and very likely disgust, she consulted an osteopath who found a dislocated rib, which he replaced, and with this simple act removed a diseased appendix, an inflamed and indurated ovary and anchored a floating kidney. She has remained well ever since, now several years.

These men severally made a mistake in the diagnosis to be sure. But don't you think that the mistake was in strict accord with their bias, their prejudice, their hobby? The fact is they found what they looked for.

A lad of 17 years was brought to me a few years ago be-

cause of a difficulty in swallowing. It was due, I found, to a slight paralysis. He had also some paralysis of the right arm. The trouble dated back eight years. At that time he had a fall from a tree on the right side of his head and neck, which resulted in a cervical displacement, pressure upon several spinal nerves and paralysis.

During this period of eight years he had been treated, and mistreated, by a number of the leading physicians and surgeons in San Francisco. I informed the mother that I could do nothing for him, but knew some one who I felt quite certain could, and so recommended her to go to an osteopath.

Six weeks of treatment restored the boy to complete health, and though three years has passed there has been no return of any of the symptoms.

Bacteriology is exceedingly important; so is pathology, and so is symptomatology, but not any one of these alone is "it."

A certain physician in San Francisco a few years ago worked dilligently for six weeks with his remedy in a high potency, selected entirely upon the subjective symptoms, trying to remove a ringing noise in a patient's ear. He failed miserably, for the noise came from inspissated cerumen, which was removed by another physician and the noise cured.

As a materia medica student this man has few if any superiors, but his failure was absolutely inexcusable in this case. Had he been less biased in favor of the purely subjective system method of taking his case, the results would have been very different both for the patient and for his reputation. And let me add, much better for Homeoopathy also, for the patient naturally inferred that his method was the homeopathic method, and being a fizzle in the full sense of the word, went to an allopath who scored both the man and the method unmercifully.

Now this man is no worse than the rest of us, and neither are those who failed so completely in the other two cases mentioned. The fact is we are all victims of bias and prejudice. These men failed because of bias in taking the case and nothing else.

It is unquestionably true that prejudice is the greatest hindrance to our becoming wiser in all things. We fail to get to the bottom of things because of our ignorance, and our ignorance is most often due to our unwillingness to learn what the other fellow knows. We are "wise in our own conceit." We are content to be purely one thing, i. e., an allopath or homeopath, osteopath or some other "path," in its narrowest sense, and so in undertaking the examination of a case we begin with the preconceived notion of how it ought to be treated, or possibly of what is wrong.

The surgeon is prejudiced in favor of the surgical aspect of disease and the surgical method of treatment. The materia medica man examines his case with a view of obtaining all the subjective symptoms in the case, often deliberately ignoring the objective symptoms and pathological phases of the disease. The osteopath examines a case with a firm determination of finding a mechanical lesion, and he always finds one. The oculist invariably finds the trouble in the eyes, and naturally so, for here is where he looks for it. The bacteriologist always uses a microscope when he examines his case, and is it any wonder that he finds what he looks for?

We find what we look for every time, and we can put it down as a positive indication that we are prejudiced when we start out to examine a case in a stereotyped way, and when I say a stereotyped way I mean a routine sort of way which is to result in the thing we want to find.

This is a serious mistake and we all realize it, and we also realize that it is hard to overcome. When one has seen a dozen cases having similar symptoms and requiring the same remedy it is very difficult not to see the same symptoms and the same remedy in the next case if there is the slightest similiarity. If one has cured a dozen successive cases of headache with Belladonna the next patient is very likely to get the same if he has anything like a throbbing pain.

And so in spite of ourselves we become biased, and when we do we invariably meet with failure. I am convinced that seventy-five per cent of my failures to cure are due to this one thing alone.

The second demand upon a physician according to Hahnemann is that he has sound understanding. The meaning of these words probably is not the same to each of us, yet there is, I am certain, no dispute on their meaning a very great deal. They mean that we must know all that we have capacity for knowing. They mean that one has not sound understanding who knows only one or two phases of disease. They mean that one-sided knowledge is only half knowledge.

THE ATL ROUND PHYSICIAN.

To know only *materia medica* is not sufficient, although it may be the most important branch in our work. To know only diagnosis and not *materia medica* is but part knowledge, and mighty little consolation to a patient, for what he wants is a cure and not a diagnosis. And to understand surgery, and surgical diseases alone, is not sound understanding, for all diseases are not surgical diseases. Hence to take a case properly it is necessary to understand the *materia medica* so that one will be able to differentiate between two or more remedies when it becomes necessary to do so. Furthermore, only he who understands the *materia medica* is able to obtain a full import of the symptom, i. e., is able to uncover all that goes with a symptom of pain or whatever else it may be. The word pain indicates little or nothing, but when you add how, when and where to it, i. e., add the modalities, you obtain valuable data. But strange as it may seem, the modalities of a remedy mean little or nothing to a poor *materia medica* student.

To this knowledge must be added the knowledge of physical diagnosis, for without this there can be no clear or intelligent interpretation of the symptoms. There must be added a knowledge of surgical disease. Though one be no surgeon, he should know when a surgeon is or is not needed. In short, many things directly of a medical and surgical character must be more or less thoroughly understood.

But even with all things there must be a broader knowledge before a physician can be said to have "sound understanding." Hahnemann probably stands at the very head of broadly educated physicians. His knowledge of the

many languages alone was little less than phenomenal. Then he had at the same time no peer as a chemist, and as a therapist he was a creator.

Some one may say: "When I can learn all I am capable of learning of medicine I will need nothing else to make cures, I will understand disease and its cure." Possibly so some times, but you will many times fail miserably in understanding your patient.

I recall a patient now who had a very decided mental derangement, the result of having read incessantly for years occult literature. The family physician, a very able man in "medicine," failed utterly to understand his patient's symptoms and made a diagnosis wide of the mark and came within an ace of sending his patient to the asylum. His leaving the city for a time and the calling in of another physician saved her this awful calamity.

She was placed in the hands of a man well versed in many branches, and particularly in the lines of the occult, who quickly saw things from a different view point and worked along different lines and straightened things out. The first man knew nothing of occult literature, and like most of us when we know little or nothing about a thing, talked most dogmatically against it and so antagonized his patient that he lost all control of her. A knowledge of the occult may or may not have a direct bearing upon the subject of medicine, but some knowledge of it helps us wonderfully to understand many peculiar things we see in patients. And so with other subjects. We come closer to our patients when we understand a little of what is all important to them.

Then I think we should realize that all truths in the universe are more or less closely related, and because so related are more or less interdependent. Hence to really understand the scientific truths in medicine, we must understand something of the great scientific truths outside of medicine to which they are allied. One cannot name a single thing in the universe that cannot be connected to every other thing in some manner by a direct chain.

Last but not least, the taking of a case demands "attention and fidelity in observing and tracing the image of the disease." In a word this means conscientiousness and nothing else. For "when we have to do with an art whose end is the saving of human life, any neglect to make ourselves master of it becomes a crime."

THE MEDICAL ADVANCE

A Monthly Journal of Hahnemannian Homeopathy

A Study of Methods and Results.

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thorough masters of it becomes a crime.—HAHNEMANN,

Subscription Price - - - - Two Dollars a Year

We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

To accommodate both readers and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

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AUGUST, 1908.

Editorial.

HOMEOPATHIC PRINCIPLES vs. INSTITUTE PRACTICE

"A chiel's amang ye takin notes and faith he'll print 'em."

The following definition is authorized by vote of the American Institute and published conspicuously in the transactions each year:

A homeopathic physician is one who adds to his knowledge of medicine a special knowledge of Homeopathic Therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right.

Every remedy in the homeopathic materia medica is first tested *singly* on the healthy, and to "observe the law of similia" should be administered *singly* to the sick, irrespective of the corrolaries of the law, the minimum dose or repetition. This is the only practice that is homeopathic,

scientific or conforms to the definition. Do we practice what we profess? In what particular will belief or faith in the law of similia help our patients if we fail in its practical observance at the bedside?

To test this principle, to seek to enforce it in our daily practice, or to make our practice conform to our principles the following resolution was introduced at the recent meeting of the Institute at Kansas City:

WHEREAS, Hahnemann says, Organon §272:

In no case is it requisite to administer more than one single, simple medicinal substance at one time; therefore,

Resolved, that the alternation of remedies or the use of the combination tablet is unhomeopathic, unscientific, empirical and detrimental to the best interests of our school and the direct and fundamental cause of the apathy and decadence of enthusiasm in our ranks.

By a majority vote it was referred to the committee on resolutions, where no doubt, under the plea that there was not time to consider it, it will peacefully slumber until Gabriel's trumpet sounds the morning call of the resurrection.

Hahnemann, single handed, fought the battle for homeopathic principles with the apothecaries of his native land—for the privilege to administer the single, simple medicinal substance—and thus “observe the law of similia.” He was driven from place to place, a compulsory wanderer for years, yet he maintained the principles of similia which are our priceless heritage to-day, [but which many of us apparently fail to prize, to appreciate or put into practice. Is it any wonder there is a lack of the old time enthusiasm of the pioneers? Is it wholly a matter of surprise, that a campaign for the propagandism of Homeopathy is sadly needed and has been undertaken in earnest by the Institute? Will it be a success or a failure? The latter we fear and our fears are based on principle.

We are beginning at the wrong end. Allopathic-like, we are attempting to treat the effect, while the cause is not removed. We propose to treat the disease while we neglect

or overlook the patient. We must remove the cause before the effect can cease. Remove the mote from our own eyes before we appeal to the people.

Organon §4 says:

He is likewise a preserver of health if he knows the things that de-range health and how to remove them.

The \$6,000 so generously donated by the Institute and its enthusiastic members had far better be utilized in converting the members from polypharmacy and the combination tablet to the single remedy and its minimum dose. What use of appealing to the dear people when they are unable to distinguish the homeopath from his colleagues; for lo! does he not use the hypodermic, the alkaloidal pill, the coal tar specifics, quinine, morphine, etc., just the same as his allopathic or eclectic colleague. Let us be sure we are right, then go ahead."

AMALGAMATION OF THE SCHOOLS.

Dr. McCormack, of Kentucky, organizer of the A. M. A., advises, in his various addresses, to "get together." This appeal is made to all medical men irrespective of 'pathy, and is made to professional and laymen alike. But to this some of his colleagues take exception. Dr. Field, of Jeffersonville, Ind., in the *Louisville Journal* replies:

In a lecture delivered in this city before a popular audience, Doctor McCormick made a plea for a union of all medical men into one body; that the regulars, or allopaths, invite the homeopaths, eclectic, osteopaths, and every other "pathy" to come into our society; and that we allopaths consult with them and fraternize with them. He seemed to labor under a delusion that if the other "pathists" would come in with us, it would probably result in the conversion of other systems to our "pathy," or at least that it would modify their systems and practice, as a consequence of affiliation and interchange of views.

There are no "pathists" so bigoted, so conceited, so prejudiced, and so self-satisfied as are the homeopathists! To imagine that they would fraternize with allopaths is an utopian dream! They are utterly antagonistic to every other system. The two systems are no more miscible than oil and water. They think they are the *real* things; the only genuine blue labeled; blown in the bottle; take no substitute; of all the systems.

This expresses the average sentiment in the American profession. The lamb is to be inside when they lie down together. As a rule the homeopaths will look out for themselves. A burned child dreads the fire.

The homeopaths are no doubt self-satisfied, but they have genuine reasons for their self satisfaction, a scientific therapeutics.

Dr. C. W. Becker, of Toronto, has recently returned from Europe and says anent harmony and amalgamation: "Our English friends tell me that the *Lancet* and other medical journals refuse to publish an advertisement which merely stated that 'Three scholarships of £100 each are offered to fully qualified medical men desirous of studying Homeopathy in the schools of America.' We advise our colleagues to appeal, like Dudgeon, to the Thunderer, the last resort when the insulted Englishman wants to make a protest and raise a storm. It would be amusing were it not so ridiculous. Think of educated medical men, supposed students and scientific investigators, and yet they cannot be trusted to even look into Homeopathy. The poor pap-fed youngsters might think for themselves, which spells danger to Allopathy and kindred bolstered-up pseudo science." And this in the 20th century. Looks like amalgamation.

NOTES FROM PRESIDENT COPELAND'S ADDRESS.

The curability of diphtheria by neutralizing the toxins of the casual germ is a second monument to scientific genius. There are those of course, who still object to the use of anti-toxin, and insist that it is harmful rather than beneficial. Personally, your speaker, at the risk of possible criticism from within the sound of his voice, states as his conviction that Von Behring's gift to humanity is of inestimable value. However, he wishes in the same breath, to declare that the effect cannot be explained as dynamic or therapeutic, in the true sense; it is simply a wise use of chemistry almost as elementary as the administration of an alkali to neutralize an acid.

* * *

In sanitation there is a far flung battle line. Sanitation is not now a matter of foul disinfectants. It is a technical, scientific attack upon the essential cause of disease. The inspector visits the capital and the cabin, the palace and the pig-stye, the sky-scraper and the adobe. Nothing escapes his watchful eye. With test tube and microscope, with culture medium and incubator, with guinea pig and rabbit, with all the paraphernalia of modern science he searches the cause of disease and recommends methods to avoid them. The flea, the fly, the tick, the rat, the mosquito and the family cat are in turn the objects of his displeasure. Mankind has benefited materially by these labors. Many regions, heretofore uninhabitable by any except the immune, are now safe dwelling places for all. Mankind is under great debt to the departments of science devoted to sanitation, even though the full measure of the debt may be infinitely less than the enthusiastic claims of the laboratory.

* * *

Typhoid is on the increase, in spite of all that is being done to purify water supply and correct other means of infection. Dr. Flexner of the Rockefeller Institute reports a case where for half a century a patient supposedly was cured of typhoid fever, was nothing more nor less than a culture medium for typhoid bacilli. During all these years he disseminated this disease. Another case in the Lister Institute is reported where the germs were found 29 years after the attack. Talk about exterminating typhoid; one might as well talk about exterminating snow storms.

* * *

For a decade we have bowed down and worshiped the laboratory. The phys't, the path't, the hist't, the embry't, the bact't, the physicist and the chemist have been placed upon a pedestal, demanding the homage of the nations. I take second place to no man in my admiration of and respect for these scientists.

But the conclusion of the experimental laboratory must not blind us to the fact that the human cells may not react in the same manner, and the laboratory life may force a dif-

ferent conclusion. Duckworth says: "The clinician is always in the face of the *personal factor* in each patient. The physiologist has a dog or a guinea-pig, or some organ of an animal, but rarely a man before him. The personal factor, then, demands careful study from the physician.

* * *

STRICTLY GERM PROOF.

The Antiseptic Baby and the Prophylactic Pup,
Were playing in the garden when the Bunny gamboled up;
They looked upon the Creature with a loathing undisguised,
It wasn't disinfected and it wasn't sterilized.

They said it was a Microbe and a Hotbed of Disease,
They steamed it in a vapor of a thousand odd degrees;
They froze it in a freezer that was cold as Banished Hope,
And washed it in permanganate with carbolated soap.

In sulphureted hydrogen they steeped it's wiggly ears,
They trimmed it's frisky whiskers with a pair of hard boiled
shears;

They donned their rubber mittens and they took it by the
hand,

And elected it a member of the Fumigated Band.

There's not a Micrococcus in the garden where they play,
They swim in pure iodoform a dozen times a day;
And each imbibes his rations from a Hygienic Cup,
The Bunny and the Baby and the Prophylactic Pup.

Arthur Guiterman.

* * *

In Homeopathy is healing for the nations. With joint ownership in all the marvels of surgery, in all the products of the laboratory; in all that the sciences collateral to medicine have determined; with joint ownership in all these. Homeopathy has been sole possessor of the knowledge of remedial application. When surgery has been helpless, the laboratory impotent, and general science hopelessly at sea, Homeopathy has gone serene in the conviction of cures impossible by other methods. Practitioners of our faith are everywhere, our hospitals, asylums, homes and dispensaries

are everywhere; the records are open and the results of our practice speak for themselves.

* * *

But the homeopathic profession has no wish to make selfish use of its knowledge. As the momentary ambassador of this great profession and in the name of Samuel Hahnemann I freely confer upon all physicians, of all schools, of all creeds and colors, of all nationalities and languages, a boon greater than scalpel or forcep, greater than anesthetic or anodyne, greater than hypodermic or application, greater than lotion or emollient, the knowledge of the homeopathic materia medica and the right to use it in its original purity. By authority of his living heirs I divide with you our inheritance and receive you as sons and daughters with ourselves of our father in the faith, Samuel Christian Frederick Hahnemann.

NOTES FROM THE FIELD.

Beginning Tuesday, September 21, 1908, Dr. Pratt will hold a three days' free clinic in Orificial and General Surgery and Suggestive Therapeutics, at Herring Medical College, corner Wood and York Sts., Chicago.

For further particulars address Dr. E. H. Pratt, 100 State St., Suite 1202, Chicago, Ill.

Detroit, Mich., was selected as the next place for the meeting of American Institute of Homeopathy, June, 1909.

Kansas City has demonstrated its availability as a convention city. Called upon in an emergency the profession responded in a manner to win the praise its efforts deserved. The meeting was a great success. Good hotel, not a complaint heard, first class meeting and committee rooms, a beautiful city seen in its June splendor and an amount of work accomplished that will long be remembered as a record breaker. Two hundred and twenty new members added. They even furnished ideal June weather.

The local committees, individually and collectively, left nothing undone for the convenience of the institute or enter-

tainment of its members. Drs. Gates and Crutcher were omnipresent, but everybody worked.

The kissing episode was very amasing, perhaps a little *infra dig*, but unlike Hobson the great, Dr. Biggar raised the money.

On account of the flood, it was hinted that the beer was discolored; we did verify the report.

The thirty-second annual meeting of the Missouri Institute of Homeopathy was held at the Coates house June 23rd. Officers elected were: Dr. F. M. Martin, Maryville, Mo., president; Dr. D. M. Gibson, St. Louis, treasurer; Dr. Maclay Lyon, Kansas City, general secretary. The next meeting will be held in St. Louis in April, 1909.

The officers elected were: Honorary president, Dr. H. F. Biggar, Cleveland; president, Dr. W. D. Forster, Kansas City; first vice president, Dr. T. H. Carmichael, Philadelphia; second vice president, Dr. Joseph Hensley, Oklahoma City; treasurer, Dr. T. Franklin Smith, New York; registrar, Dr. J. H. Ball, Mich.; secretary, Dr. Frank Kraft, Cleveland; necrologist, Dr. George T. Shower, Baltimore; censor, Dr. W. E. Reily, Fulton, Mo.

Dr. R. S. Copeland made an address before the Eclectic Association and Tuesday morning the president of the National Eclectic Association which met in Kansas City last week, Dr. L. A. Perce of Los Angeles, stayed over and made an address to the Homeopaths which won applause. He said that the interests of the Eclectics and Homeopaths were identical and that he hoped next summer would see the two meeting in Chicago in one convention.

June 4th was a memorable day for "Hering." The College graduating class, together with those who had taken a post-graduate course received their degrees.

The excercises were held in the Recital Hall of the Auditorium. Much interest and enthusiasm was manifested, and the hall was well filled with appreciative visitors and friends.

Professor J. H. Allen acting on behalf of the faculty

had arranged a most enjoyable and appropriate program, and the afternoon proved a pleasurable one for all.

At about half past two o'clock, the members of the faculty took their places on the rostrum, and the graduating class, duly capped and gowned, filing in, took their seats in the front rows in the body of the hall.

President Boynton opened the ceremonies with prayer, after which the program as arranged followed:

Miss Louise Gozad gave a delightful and finely executed pianoforte solo, recognized as such by the applause given her.

Dean Allen, next upon the program after saying a few words introduced Dr. Gustafson who he said, would speak for him. Enjoyment would have been afforded his audience had he spoken at length, for, no one tires of listening to the honored Dean of Hering College.

Dr. Gustafson, ever willing, versatile, and free, responding to the call spoke interestingly. He said, in part:

HOMEOPATHY AND THE HOMEOPATHIC PHYSICIAN. ADDRESS

BY F. A. GUSTAFSON.

The day of uncertainty in medicine is passed for Homeopathy is an established fact, whenever and wherever its principles have been comprehended and understood, and faithfully and intelligently applied it has demonstrated its superiority over all other systems of cure.

It is supreme because it is an exact science and an intelligent art. It is based upon immutable law and fails only as those who apply it fail in comprehending its nature, its limitations, its purpose or in rising to the opportunities it affords. Failures in homeopathic practice are due most commonly to ignorance and incompetence on the part of those professing it, less commonly to the ignorance on the part of patients and their inability to express in intelligent language the nature of their symptoms, still less commonly to the unreliability of the medicines prescribed, least commonly the incurability of the case. But the important point of points is the remembrance of the past that upon the physician and his competency must rest the greater burden.

He must prove his competency. He must be adequate to the demand made upon him before he is authorized to shift the responsibility to other sources and causes.

You, who are about to go out into the world have learned these things. You know what Homeopathy is. You know what it means. You have seen something of its work. You have done something of it yourselves. Usually at such a time you are told of your ignorance and the need of greater learning; of what you lack and the hard experience before you.

Let me, then, remind you of what you already know and what is the responsibility before you. What you have learned you know and it is adequate for your immediate needs. What you may lack in knowledge you can supply as occasion demands. But what are you going to do with what you have? Will you realize that you are now physicians, and must assume the responsibility of the physician? Then hear your sole duty is to cure as speedily, promptly and gently as possible, and mark, in the full extent of the sickness. Then do not lose sight of your patient and his welfare simply because you see and comprehend the name and nature of his sickness. Cure him, not it. Look beyond it to him for he has it and he, not it, needs your attention. And know what you are about. Don't guess. Leave that to others. Know and eat the fruit of knowledge that ripens experience, and makes it permanent. Bear in mind that only as you work manfully toward a desired end will you succeed; that you are morally responsible to your principles and the school for the results of your work. that the road to success is never the easy one; success is not so much the result of genius as it is the fruit of diligent application. Believe in something and stick to it and you succeed.

The causes of failure in the practice of Homeopathy are easily determined and mark the man.

First: Inadequate comprehension of its principles. This you have overcome in the school. These have been taught you and you know them. You need not fail here.

Second: Confusion due to the separation in mind of the

man and his parts both in sickness and health. You have no occasion to fail here. You have been trained to remember them and their relations.

Third: Unwillingness to continue the diligent study of preparatory days assuming that your education is complete. The danger is subtle. You need to fight it daily.

Fourth: Temptation to mere palliation of prominent symptoms in response to demands of patients and their friends. It will be hard but stand to it; you will win in the end.

Fifth: Slipshod methods overcome them. Never be too tired to do your work well. It pays; and you cannot afford to do otherwise. Know what you are about and do it well.

Think of your opportunity and your advantage. Others go blundering on guessing and experimenting. You need not to guess; you may know. Others gain but little from books and soon lose what little they gain. Yours is the fruit of all time; nothing is lost; books are open to you and out of books, no matter how old and worn, come living facts with power to heal. Others go on from day to day content with mere relief. With you is power to cure with a healing extending to generations. All you need is faithfulness, diligence, loyalty, determination, patience. Success must and will follow. Go do in this spirit and the world is yours.

Dr. Gustafson was listened to attentively, but, it is unnecessary to add this, for it goes without saying.

A soprano solo, by Mrs. M. Beaumont, Miss Hunneman supporting her with the pianoforte accompaniment, was particularly enjoyable. An encore was accorded her, and she graciously returned, rendering for her appreciative audience another exceedingly pretty solo.

Then followed an amusing "reading" entitled "An Incident in a Physician's Experience", recited by Miss Dorathy Gross. This struck home, and caused no little merriment.

Judge Fake, of the Municipal Court, then gave a splendid address to the graduating class. His words rang true, and everything he said was impressive and forceful,—every one was better for having heard him.

The violin solo, Beriot's Ninth Concerto was another rich treat. In his selection Mr. Francis A. Bedlow, ably supported as he was by his accompanist, certainly gave every music lover present a morsel sweet to his taste. Not every day has one the pleasure, or the opportunity of listening to a violin virtuosa.

The conferring of degrees by the president then followed.

Each member of the graduating class being called by name, walked forward to the foot of the rostrum. The president after briefly addressing them,—his remarks being memorably well chosen,—proceeded to hand each one severally his, or her degree.

Those to whom the Degree of Doctor of Medicine was granted were as follows:

Alford, John Merlin	Johannes, Edward W.
Beckwith, Edwin Burt	Kaistha, Daya Shanker
Cogswell, Frank Benjamin	Lampkin, Herbert F.
Foote, Shirley	Olson, O. Alfred
Freeman, Elbert Earl	Richberg, Eloise Olivia
Gupta, Daulatram N.	Schmidt Hilmar C.
Jaffer, Mohamed	Verges, Carl J. H.
Boffih, James Arnold	Yergin, Harriette Avis

H. M. DEGREES.

Baker, M. D., M.D. Emmerson, George Clyde, M.D.
Vertes, Alexander M.D., Ph. D.

The afternoon's program was brought to a close by Miss Louise Gozad again entertaining those present with another enjoyable pianoforte solo.

The representatives from India who took their degrees were: Drs. Daulatram Gupta, Daya Shanker Kaistha and Mohamed Jaffer.

Returning to India, they will add a few more to the continually increasing number of "Hering's" alumni already stationed there. Incidentally, a vast field there is in India, and splendid opportunities for demonstrating the power of the Hahnemannian in those terrible diseases common to Eastern climes. From Dr. Majumdar, of Calcutta, news

trickles through of the excellent work accomplished by the men who have taken back with them the good things they have acquired at "Hering". So, success! and "bon voyage" to the homeward bound.

In the evening at the Great Northern Hotel, a banquet was held in honor of the day. Owing to professor Morris' consummate skill in arranging all the details appertaining thereto, this proved another enjoyable gathering. Between sixty and sixty-five of the faculty, graduating class, and friends were present to regale themselves sumptuously at the well served feast.

After the banquet the customary toasts and speeches were indulged in. President Boynton, Dean Allen, professors Taylor and Gustafson responded liberally, and to the edification, and enjoyment of all. Drs. Alford and Beckwith also responded for the graduating class.

All had the pleasure of again hearing Judge Fake, whose address to the class in the afternoon warmed the heart towards him. Mr. Richberg being called upon also replied with a few very appropriate remarks. Professor Morris acted as toastmaster, and altogether the occasion was most enjoyable. A feeling of good will towards all was clearly manifest, and for the day, as for the future "unanimity of purpose" was unmistakably the watchword. In conclusion it is only just to say that Hering College is proud of her graduated this year. Staunch and true homeopaths every one; each enthusiastic for the great cause bequeathed them by the illustrious Hahnemann, and each fully equipped to go forth to alleviate suffering and to cure disease. That their success is certain is beyond question.

Opportunity is herewith taken to tender a vote of thanks to those members of the faculty who were actively engaged in providing so bountifully, and who, sparing no effort, endured for others the unsullied enjoyment and success of both the afternoon and evening entertainment.

HOMEOPATHIC OSLERISM.

The following item from the Associated Press is on its rounds through the country:

Dr. Osler, who wished to chloroform all men at the age of 60, was recently invited to address 350 prominent homeopaths who had assembled in convention in New York. The doctor did not attend in person, but he sent a letter in which he told them that they were a set of quacks; that the recent investigations had shown that Homeopathy had not a leg to stand on, and that they ought to be ashamed of themselves for hanging to such worn out ideas. The medicos received the rebuke in silence and up to date have made no reply.

Stimulated by the fraternal and manly course of Dr. Cabot, of Harvard, in delivering an address before a homeopathic medical society in Boston, our New York colleagues undertook to carry forward the good work and to "go Boston one better." If they could only induce Dr. Osler to attend their banquet and make a speech on the question of the union of the schools it would be a "ten strike," for very few men could afford or even think of leaving their professional and college work in Oxford, England and come to New York to attend a banquet. The next best thing of course would be a letter that would commend their course to the profession in America, and perhaps induce a few more so-called homeopathic physicians to become members of allopathic societies. But "the best laid schemes of mice and men 'gang aft aglee," so Dr. Osler, instead of writing the character of a letter so much desired, apparently wrote one which has not yet been given to the profession, and we doubt very much if there be any truth in this dispatch of the Associated Press, that it ever will be. The conciliatory remarks in his farewell address to the American profession was not intended for the homeopaths; according to Dr. Osler they do not form a part of the American Medical profession, and it did not require very much of an effort to fall back on the old appropriate term of "quack." No matter how well educated or how successful the physician may be in the allopathic ranks, as soon as he adds to his previous knowledge of disease the knowledge of the law of similars and how to successfully apply it in the cure of the sick, he becomes a "quack." We congratulate our homeopathic colleagues in New York on their success. May the good work continue, for is not this letter a stepping-stone to the union of the schools. The millennium in medicine is rapidly approaching. One of the first mile-stones was planted at the recent banquet in New York. Hail! New York Homeopathy.

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IS THE RULE "SMALLEST, SIMILAR, SINGLE REMEDY" PRACTICAL IN PRACTICE?*

BY A. W. HOLCOMBE, M. D., Kokomo, Ind.

Two answers are implied in the title of this paper, and it is of the utmost importance that they both be answered correctly, and in harmony with the facts in the case.

The first and foremost involves the efficiency of the "smallest single similar" remedy, and likewise involves our integrity as a school of medicine. If answered in the *negative*, as the writer has heard it declared on the floor of this Institute, we stand as self-confessed charlatans and quacks, with absolutely no grounds for our persistent demands for governmental recognition, as a proficient, scientific, school of medicine. What right have we, in honor or consistency, to ask or demand governmental recognition of our system of medicine, when its professed practitioners declare it to be inefficient and impractical? Happily this need not be answered in the negative, and I declare, what all other conscientious homeopathsists will declare, that it IS practical, in fact the *most* practical of any or all medical practices.

Hahnemann's declaration is, that the physician's highest and only calling is to heal the sick, in the speediest and safest manner, according to clearly intelligible reasons. We, as physicians, recognize that there are but two classes of people, healthy people, and sick people; and it is with the latter only that we have professional dealings. Given, a sick man, it is our business to discover in what way, in what particulars he has deviated from his normal healthy

*The Bureau of Homeopathics of Indiana Institute of Homeopathy, May, 1908.

condition. It is our care and duty to discover and remove, if possible, the cause or causes of this deviation, and restore him to health. Will the "smallest, single, similar remedy" do this? In the busy routine of a general practitioner, or of a specialist is the "smallest, single, similar" remedy all that is necessary to cure sick people? We answer, in all the sincerity of conviction, that in all strictly non-surgical cases, it is. Not only so, but I am thoroughly convinced that it will not only cure more curable, non-surgical cases than all other means combined, but that in incurable cases, euthanasia can as effectively be secured, as by any other means.

All physicians worthy the name, have that distinctive desire to not *palliate* present conditions only, but to genuinely *cure* their patients and no true disciple of the healing art can square his conscience with any effort made solely to palliate instead of cure.

Whatever is *possible* in the healing of the sick, is *practical*, since nothing weighs in the balance with human life. The homeopathic art having for its end the saving of human life, thereby becomes eminently practical, and any neglect on our part to make ourselves thorough masters of it becomes a crime, and since this art finds its true expression in "Simplex, Simile, Minimum," it becomes the most practical of all the so-called medical practices.

In the everyday practice of the busy physician, what conditions can he possibly meet wherein the smallest, single similar remedy becomes impractical? It touches and impresses more quickly and profoundly the disturbed, deranged vital forces than anything else.

I submit a few cases taken at random from every day practice, but will not take the time nor space to detail why the particular remedy was selected in each case, as that feature is not under discussion in this paper.

CASE I. O. C. Following an operation for phymosis, hemorrhage began as soon as the ligature was removed, and was very free and persistent. All local measures were resorted to, tortion, both hot and cold water,

astringent applications of all kinds including persulphate of iron, but all efforts were futile, so that at the end of 24 hours the patient was all but moribund. At this stage of the game Phosphorus 1m was given and hemorrhage stopped in an hour. We are impressed the simplex, simile, minimum was quite practical in this case, in fact about the *only* practical thing.

CASE II. Epistaxis, hemorrhage continued uninterruptedly for four days, a constant, persistent flow, as the blood would not coagulate. In spite of everything that could be done in the way of local treatment, including hot and cold applications, plugging, adrenalin, iron, etc., the hemorrhage became alarming. Phosphorus 1m stopped the flow in 2 hours, with no return.

CASE III. Mr. A. F. walked into the office and informed me that he was going to die. Was freezing, bones were being crushed, nose and eyes were running profusely, head was bursting. A powder of Natural Gas 5c was put on his tongue, and I returned to inner office to prepare some Placebo. On my return, he exclaimed, "Doctor, what was that you gave me?" I replied, "Some sugar." "Why," he said, "I felt a gentle tingling go over my body, and now I have not an ache or a pain. It was not morphine, was it?" I assured him that it was not, and that his trouble from that attack was over. It could not have been more than 10 minutes after taking the medicine until he made the remark.

CASE IV. Mrs. H., my wife, wakened one morning with very severe stitching, cutting pains in right hypochondrium, lower chest and top of right shoulder, all lying on painful side, motion, or breathing. I carelessly gave her Bryonia, but by evening the pains were so much worse, that I changed to Kali carb.; but pains gradually grew worse, and by morning were alarming. I then called a brother homeopath from another city. He prescribed Ver. vir. 1x, a dose every half hour. Twelve hours later, pains the same, could scarcely get any breath, slightest motion impossible, something had to be done. Morphine? No!

I did what I should have done in the beginning, went to work on the case and found the symptom 119, of *Ran. bulb.* was exactly as she complained. *Ran. bulb. 1m.* stopped the pain in two hours and no return.

CASE V. Mr. A. J. Tarentula bite. While picking bananas from stalk was bitten on end of middle finger, by a tarentula 2 inches long. Came to my office within half an hour after bite, with finger and arm swollen to double normal size, shooting, burning pains up arm to axilla from finger, showing that the poison had already been absorbed. What was the most practical thing to do in this case? Make a free incision and suck the poison out? Too late. I gave him some *Tarent. Hisp. cm.* Was that practical? I don't know, but the pain and swelling both disappeared, and the third day he went to work as a meat cutter, and said he felt all right.

The other answer implied in the title question; "Is it practical in getting through with a large number of patients?" Some complain that it takes too much time to find the totality of symptoms and find the single, similar remedy. A thorough study of the *Organon* and Hahnemannian methods is necessary in order to take a case for which a homeopathic prescription is to be made. A long array of symptoms does not necessarily mean that the case is well taken, or that it contains the totality of the symptoms even for, unless the prescriber is well grounded in the philosophy of homeopathic prescribing, the multiplicity of symptoms will confuse and disconcert him, and lead to alternation or worse, the combination tablet. If the case is taken in harmony with the directions and spirit of the *Organon*, it takes no longer to find the *one* remedy, than it does to find *two* or *three*. Needless to say, the *Materia Medica* must be constantly studied and restudied, for unless the physician knows the peculiar uses of the various remedies, of course he will fail.

Does the surgeon depend upon guess work and substitution to bring him success in his most serious operations? Does he use catgut and silver wire both to close the perito-

neum, trusting that if one does not hold, the other will? Does he use a trephine or bone forceps to open the abdomen, because he don't want to take the time to find a knife? No, he uses deliberate, studied, intelligent discrimination in the selection of every instrument and every means by which he hopes to successfully and creditably accomplish the desired result. Does the surgeon hurry through an operation, slighting or overlooking any of the details that contribute to the success of his work, because other patients are waiting for consultation? No! his sincerity of purpose, his honor, his reputation as a skilful, safe operator is at stake in every operation and in every *detail* of every operation.

Is surgery practical? Foolish question. If the conscientious, skilled surgeon takes the time to give every detail of his work in each case, his very best effort, and through this attention to detail, make surgery practical, then is not careful, painstaking, discriminating effort on the part of the physician in non-surgical cases just as practical?

THE ANAMNESIS.

BY T. H. HUDSON, M. D., Kansas City, Mo.

In midsummer of this present year the President of this Bureau sent me a topic for discussion upon this occasion. From the voluminousness of the topic one might readily infer that it is the only one to be considered by this Bureau. The stupendousness of the task overwhelmed me, and I have postponed and procrastinated until it is now late! late! I fear too late!

What must the anamnesis of the properly taken case include?

Is diagnosis to be considered, and if so, to what extent? Its subordinate part in the homoeopathic prescription. Taking the case:—The acute case; the chronic case.

Perhaps our best plan will be to take these questions in the order propounded, answer them briefly as possible and get through, so that if there be any time left, it may be in the evening.

First then:—What must the anamnesis of the properly

taken case include? It must include, or should include not only the past history of the patient, but also the history of his progenitors. Many a time and oft we find it essential to know in the case of a little child what kind of ailments troubled the mother during gestation, before conception, before marriage, before puberty, before teething, before weaning, at birth, after birth, all the way until the birth of her own child, and even after that event, for her milk may be deficient in quantity or poor in quality, her food may be either or both, or she may gormandize. Her habits mental, moral, physical, either or all may be vicious. She may be subject to fits of temper or despondency, to a degree sufficient to so poison her baby's pabulum as to cause convulsions and speedy death, or bating that inanition and illness.

I need not say that up to the moment of conception the father's health and habits play as important a part and impress as profoundly the life to be. Nor is he entirely irresponsible afterwards, for the impression he makes on the mother to be; and the environment with which he surrounds her, will be transmitted, for good or ill to her offspring. Nor need I say that the physical as well as other inheritance from parents will attend the child from birth all through life's subsequent journey. This being conceded we will consider the first question answered.

Second:—Is diagnosis to be considered, and if so, to what extent? If we had no other use for diagnosis than the establishment of our school upon an equal footing, in that department, with others, I should say that it is to be considered. That we should be the peers of any and all others, in any and all departments of medical science, I hold to be a laudable ambition. Nor can I conceive of a physician educated in the science of physiology and pathology, health and unhealth, in *Materia Medica* the means, and practice the art of restoring lost health to health; yet ignorant of the art of diagnosis. The question naturally divides itself into two sections. And if we may consider the first section, is diagnosis to be considered? sufficiently answered, to be perhaps more fully answered later, return to the second part of

the question:—to what extent. This I should leave to the individual practitioner. If he requires every diagnostic aid and appliance known to science, before he can rationally answer the question,—what ails the patient? either for the patient's, his friends' or his own satisfaction; so be it. It may happen, however, that while he is consulting the Opsonic Index, a skilful prescriber may cure the case.

What is the subordinate part of diagnosis in the homeopathic prescription?

Firstly, diagnosis simplifies the practitioner's work; his object, aim, purpose, duty, being to "heal the sick." This healing will be accomplished by the selection of the appropriate remedy. This selection will be more readily made, other things being equal, by the careful and accomplished diagnostician. For it is a fact that certain remedies possess affinities for certain organs. This being the case the diagnostician's knowledge saves him time, by circumscribing the field through which he must search for the remedy; and this, notwithstanding the fact that the totality of symptoms must guide in its selection. There are other reasons for diagnosis (as for example, its aid in prognosis), but they are not called for by the question under consideration.

The next proposition is:—Taking the case; or, put in the form of an interrogation, how shall the case be taken? This involves history, current conditions and prophecy. The case must be thoroughly taken. Its past and present must be investigated that a rational prescription may be made, and its future predicted, or at least presumed, for the sake of a prognosis favorable or otherwise.

Taking the case, be it acute or chronic, is the important, the essential, the imperative necessity. Without a most careful record the physician is without chart or guide. It goes without saying that in the taking of a chronic case all that can be discovered of inheritance, dyscrasia, accident or incident, must be made manifest to the physician. And of the acute case the same is true, with perhaps the addition of an emergency clause, for the acute is based upon and takes character, complexion, idiosyncrasy, complexity and characteristics of whatever kind from the chronic.

INFANTILE DIARRHEA: PHYTOLACCA DECANDRA.

By F. H. LUTZE, M. D., Brooklyn, N. Y.

Willie O., age eight months, residing some distance from the city, owing to change of food and dentition, had diarrhea. August 4th, 1906, I received the following symptoms by mail:

Stool light yellow, painless, only during the day, never at night. Petroleum 200.

August 10th.—Stool yellow, thin, squirts out with much flatus; worse in the afternoon, several stools, also one at 1:15 a. m. Placebo.

August 17.—Stools large and watery, five or six daily, also at night; also has sprue, gray scales on the tongue, which bleed on attempting to remove the scales; stools are painful during the day. Borax 200.

August 24th.—Stool green and watery, worse from 1 a. m. until noon. Tongue coated white at its base, child refuses the bottle, frets and worries much, colic and griping relieved by hard pressure. Colocynthis 200.

September 14th. No improvement following, a local allopath was called, who after giving several mixtures and tablets, noticing much gurgling in the abdomen, said there was too much activity in the intestines, which must be stopped and kept the boy for two weeks under the influence of Opium, which caused the child to sleep day and night; but the diarrhea continued, not the slightest improvement.

October 20th.—Was called to see the boy and was about to give him Colocynthis again on the symptoms given me, when I saw him biting constantly and very hard on a rubber ring, which led me to give him Phytolacca, 200, two powders of which restored him to perfect health, after all the drugs had failed to afford even the slightest relief. This remedy not being included in Dr. James B. Bell's classical monograph on Intestinal Discharges and Their Homeopathic Treatment, I will give here the symptoms as found in Dr. T. F. Allen's Encyclopedia of Pure Materia Medica:

PHYTOLLACCA DECANDRA.

Stools.—Light, thin, yellow, dark brown; copious dis-

charges of blood, mucus and what looks like scrapings of the intestines; watery, greenish yellow or dark bloody matter; bile; liquid, dark brown, mushy, loose, light, yellow, very loud; soft, mushy, with undigested food; dark, lumpy hard; watery, involuntary; dysenteric stools.

Aggravations: Mornings; 1 or 2 a. m., till after breakfast; 9:30 a. m.; afternoon 2:30 p. m., 7 p. m., at night till 2 p. m.; during the day, during dentition; from motion (vomiting).

Ameliorations:—Mornings; after 2 p. m.; at night, abdominal pains.

*Before Stool:*Sensation as if diarrhea would occur; sickly feeling in the bowels; griping; ineffectual desire for stool; heat in the rectum; pain in the transverse colon, at 7 a. m. constant dull pain in the umbilical region; violent cramping about the umbilical region; vomiting, worse from motion, the abdominal pains disappear at night.

During Stool:—Straining; griping during the day; painless at night; constant pain, did not cease for a minute; griping pain, moving about in the abdomen; pain in stomach on pressure.

After Stool:—Very severe tenesmus, could not leave the stool for a long time; faint feeling; permanent hemorrhoids; a peculiar sensation of heat in the rectum with a burning sensation in the stomach; at midnight a severe neuralgic pain shooting from the rectum and anus along the perineum to the middle of the penis, followed in a few minutes by a neuralgic pain in the right great toe.

This desire to bite hard on anything within their reach is a keynote for *Phytolacca* in all complaints of children, but especially during dentition.

The light yellow painless stools of *Phytolacca*, at times occurring only during the day, resemble similar stools of *Petroleum* very much, but differ in this: that the stools of *Petroleum* occur only during the day, never at night and are often very offensive; whereas the stools of *Phytolacca* occur also often at night, as well as during the day.

TOOTHACHES.

BY MAURICE WORCESTER TURNER, M. D., Brookline, Mass.

When the Hibernian gentleman said, "Single misfortunes never come alone and the greatest of all possible misfortunes is often followed by a much greater," he stated what appears, paradoxically, to be a truism in medicine, namely, that one is likely to have to treat in quick succession two or more puzzling or severe cases of a disease, or two or more accidents or surgical cases of a similar kind, these often progressively increasing in severity.

This is perhaps fortunate and as it should be, because cases two and three are much easier to handle on account of the study given to case number one. So when the first patient with toothache came last autumn, evidently a difficult case, I knew that the study would help also in number two, which would soon appear.

The patient was a man who recently had trouble with an upper right molar so that the nerve had to be killed and now the next tooth was sensitive. The dentist found a decay under a cement filling running up into the neck of the tooth close to the pulp. After trying various things the dentist decided that nerve must be killed also. At this the patient objected vigorously. "No, there was no help for it." Thereupon the owner of the tooth determined to find help if he could.

Here was a nerve nearly exposed, very sensitive to the least contact of food, to cold water, to touch, lying down, except with head high, to any mental effort, from thinking of it, and not relieved by heat, external or in the mouth. The only relief came from being outdoors and from drawing air into the mouth. The patient was mild, not irritable at all and not tearful.

The deciding symptoms were:

Air cold, amel.: *Clem.*, *Mez.*, *Nat.s.*, *Nux v.*, *PULS.*, *Sars.*, *Selen.*

Air drawn in, amel.: *Clem.*, *Mez.*, *Nat.s.*, *Nux.v.*, *Puls.*, *Sars.*, *Selen.*

Mental exertion, from: Bell., Ign., *Nux.v.*

Thinking about it, agg.: Bar c., *Nux v.*, *Spig.*, Thuj.

Corroborative were touch, while lying, etc., and on consulting the remedy in the *Guiding Symptoms* there was no uncertainty. *Nux 12x* was given in water; in fifteen minutes after the first dose there was decided relief; then infrequent doses till all sensitiveness was gone. Three slight recurrences, since the tooth was filled, have been checked at once by the same remedy, the last time in the 1,000th potency.

Case II. A woman passing through the climacteric, with flushes, infrequent menses, etc. A year or two ago she had her forearms caught and slightly bruised between the doors of an elevator. Her attack of toothache came from a molar in the lower right side which was loose, very sensitive, with no decay to be found when examined by the dentist as carefully as the soreness would permit.

Pain came on suddenly, with great severity, after exposure to dry, cold wind one evening, causing great anguish and restlessness. It quieted after *Acon. 200*, three doses in water, so she slept after midnight. In the morning, comfortable, but return of pain toward night and no relief from *Acon.*, which was repeated. Now she was almost frantic, with weeping, anxiety, very restless, the pain streaking down the arms to finger tips; worse right; anything warm in contact with the tooth aggravated, but holding very cold water in the mouth ameliorated, while it was cold.

The pain extending to fingers is given in repertory only under *Sep.*, but it also occurs under *Coff.*,—*Guiding Symptoms*, *Coffea Cruda*, p. 311,—that and the relief from holding cold water in the mouth, as well as the mental state decided for *Coff.*, which was given in the 200th, repeated doses, and not only relieved then but held for three days, so she was very comfortable, yet not well, and it was evident that an appropriate deeper-acting remedy must be found. At the end of three days the trouble returned, somewhat changed.

There was now aggravation from warm or cold drinks'

from pressure, motion, heat, noise, lying down, stooping, before midnight. Nothing relieved permanently and until the pain gradually wore off about twelve or one o'clock at night there was great restlessness, constant moving from bed to chair and back again. External warmth relieved sometimes. There were now flushes of heat with anxiety, worse in evening. The pain extended to the fingers as before and in the morning they were stiff and sensitive. Mentally despairing, hopeless.

No remedy seemed to cover, not even Sep., which has the pain extending to the fingers, and it was not until the aggravation from noise, a new and peculiar symptom, was studied that any light was obtained,—this proved to be the key to the simillimum.

Two remedies are given under the rubric "Aggravation of toothache by noise" in Knerr, p. 330, Calc. and Ther.; Kent adds Tarent. On looking it up in the *Guiding Symptoms* Calc. was deemed most appropriate and was given in the 200th at about three o'clock in the afternoon. By dinner time she was more comfortable and that night slept better, and with the head lower than any night since pain began. Improvement was continuous. A slight return six weeks later was at once cut short by the same remedy and potency. Since then no trouble.

An interesting thing is the pain extending down the arms to the fingers. These radiating pains, and their directions, are important. Is this particular radiating pain under Calcarea? It certainly cured it. Cocculus has it in prosopalgia. Ought not the rubric to read—Pain extends from face to fingers, Calc., Cocc., Coff., Sep.—Prosopalgia, Toothache? Who can add to the list?

Birthmarks, which are usually indelible, are said by two Paris physicians to yield to the action of radium, either in children or adults. The marks are effaced by the simple application of a plane surface covered with varnish containing radium. The action is regulated by the length and frequency of the applications, which are said to be painless. It may be applied to an infant during sleep. The nevus most easily cured is the dark and most highly colored one.

CEREBRAL HEMORRHAGE: A CLINICAL CASE.

BY DR. FRANCISCO VALIENTE T. BARRANQUILLA.

Founder Fellow Member of the Hahnemanian Society of Colombia.

A respectable lady of Barranquilla, was suffering according to a diagnosis of the old school doctors, who preceded me in her treatment from a cerebral hemorrhage, which was followed by left hemiplegia, naturally due to the interruption of the communicating ways existing between the organs in charge of which the acts of intelligence and will and also the motor nerves and muscles are.

It has always been said, that the source of these hemorrhages is generally found either in the striated body, or in the optic thalamus, although they also may occur at other places in the cerebral hemispheres.

This lady had a prodrome cephalalgia and heaviness or torpor of her head; dizziness. She slept very badly.

She was assisted during the first five days by some allopathic doctors, but without any avail. While expressing ourselves in this way, we only relate the honest truth; we do not disavow the doctor's merit and eminence; they may be very learned in all branches of medical science, but it is also very true that Allopathy is wanting in the elements of *Materia Medica*, which Homeopathy possesses to fight directly all sickness without windings nor hypothesis. This is perfectly clear, and we appeal to the opinion of a celebrated allopathic writer, who referring to this complaint, expressed himself as follows:

“When a cerebral hemorrhage takes place, it should be our duty to have it disappear by favoring the absorption of the discharge and the formation of an apoplectic cicatrix. But we must confess, that we possess no means capable to stop the hemorrhage, nor even any agent facilitating the reabsorption and formation of a cicatrix. In many cases, we do but hasten death by drawing out blood, or by losing it a general collapse follows, and the patient does not recover his senses any more.”—(Nysten *Internal Pathology*, vol. 3, page 193.)

Let us come to our case again. When the lady's family resolved to have her treated homeopathically, we find her in a very dangerous comatose condition.

In a supine decubitus, mouth half open, eyes half closed, inflation of her cheeks while breathing, pale face, thin sharp nose, imperceptible and irregular pulse.

She had been given a couple of calomel purgatives without any avail whatever.

Examining her we remarked the characteristic signs of a syctic condition. Due to the circumstance of calomel having been administered by allopathic doctors, our attention was called to Nitric acid as an antidote of mercury and a proper medicine also for such a diathesis.

We hesitated between the use of Opium and Nitric acid, which also agreed with the condition of the patient.

This last remedy has in its pathogenessey left hemiplegia and though our patient suffered a chronic constipation and Hahnemann used to say that "it was seldom suggested in cases like this," we instantly remember an English gentleman's opinion, Dr. Clarke, who affirms that he had had excellent results, curing some cases and healing the constipation. Furthermore, our patient was greatly accustomed to purgatives and it is well known that this custom is also the cause of constipations.

At last we decided to use Nitric acid, taking into consideration the following reasons:

Having to use an antidote to calomel; our patient being lean, with rigid fibre, dark complexion, black eyes and hair and a nervous temperament; and she worried very much on account of her sufferings.

I also learned from her family the following: Profuse ptyalism while moving her, which was remarkable; foul glossitis; intense headache; inflamed throat; excessive physical irritability; cracking of her maxillary joints while masticating; difficult and painful deglutition; fever with dominating coldness; temperature was $38\frac{1}{2}^{\circ}$.

Twenty-four hours later the patient improved remarkably. Pulse was more perceptible; she copiously evacuated;

fever came down to 38° and she could easierly hear when spoken to.

We continued this medicine. After 48 hours, we find a very remarkable improvement in her general condition; but she complained of invincible heaviness of her eye lids, notwithstanding her efforts to do it, and due to her moral condition and to the relaxation of all her muscular system, and of the debility she felt in her eyelids, we resolved to give Gelsemuim 6a which put an end to the fever and restored a healthful reaction. She opened her eyes easily and spoke to persons round her.

The next day, here eyes were congested. Examining her pupils we find them somewhat expanded and some convulsive and isolated movings, prescribing therefore Belladonna 6a-8 globuls to 7 spoonfuls of water—to take a spoonful every 2 hours. This medicine acted magically as it always does whenever indicated.

Our patient now had a pungent headache on the right parietal region, opposite side to the one attacked by hemiplegia, which, after having greatly yielded to Belladonna, disappeared by the use of Coffea 30. She felt a sensation like that which must be felt by he who has a nail driven into his brain.

Our attention was called after this improvement to the intestinal viertia which after a few hours yielded to opium 30.

She improved in all respects and her condition was then joyful. But her hemiplegia had not changed, and after giving her sulphur 12 to promote reabsorption we began to select a medicine to hasten healing.

It is with great satisfaction that we report the wonderful effect of Haba de Calabar which we use as follows:

Physostigmo ven. 30-8 globuly to 4 ounces of water—to be taken in a dose of 1 spoonful every morning; in the evening placebo.

Communication between the central inciter apparatus and the motor nerves began to be corrected under the influence of this medicine, causing great astonishment as four

days after she began taking this medicine, she could move her left arm to touch a medal hanging from her neck.

The medicines used during this treatment are: Nitri Acidum, Gelsemium, Belladonna, Sulphur, Opium, Kali phosphoricum, Physostigma ven. and Coffea, used according to the similar symptoms.

Intercurrents: Sulphur to promote the reabsorption; Kali phosphor, for nervous and muscular anxiety; Lycopodium 30 for intestinal meteorism; one dose was enough to remove it.

We have found Baryta carb., Gelsemium, Lachesis, Nux Vomica and Phosphorus, as called for, successful in correcting a predisposition to cerebral hemorrhage.

Our patient now walks throughout the house, and uses her arm once paralyzed.

VACCINATION DURING SMALLPOX.

A year or two ago Dr. J. C. Hibbert investigated the question "as to whether a successful vaccination or revaccination of a patient suffering from a suspicious rash, speaks strongly against that rash being one of smallpox. In twenty cases of undoubted smallpox which were vaccinated or revaccinated after the appearance of the eruption, eleven vaccinations or revaccinations were successful. In the greater proportion of the successful cases well marked typical vaccine vesicles appeared at the site of the vaccination. These vesicles became evident from the fourth to the sixth day after the operation and ran the usual course. In some cases, instead of the typical vesicle, there was merely an indurated raised papule. Ten of the eleven successful cases were vaccinated during the first four days of the disease. It could not be detected that vaccination or revaccination when performed after the smallpox eruption had appeared, had definitely any modifying influence on the rash or on the course of the disease."

To anyone but a radical advocate of vaccination, the above is conclusive proof that this method offers not the slightest protection against smallpox. If its action is homeopathic, as many assert, it should at least modify the rash or the course of the disease. The experimenter, an allopath too, states that no such effect could be detected.—Col. Jour.

**REPORT OF THE BUSINESS TRANSACTED AT THE
1908 MEETING OF THE INTERNATIONAL
HAHNEMANNIAN ASSOCIATION.**

The meeting was called to order by the president, Rudolph F. Rabe, at 10 a. m. Moved that the program as printed be the order of business. Carried.

Moved that visiting physicians be accorded the privilege of the floor. Carried.

The president then appointed the following committees:

Committee on Press. Drs. T. G. Roberts and J. B. S. King,

Committee on Attendance: Dr. Harvey Farrington.

REPORT OF THE SECRETARY.

Mr. President and Members of the Association.

The routine work of the Association has been carried out as usual. The proceedings of the last meeting were printed and distributed to the members within the time limit of ninety days as prescribed by the by-laws. They formed a large volume of 340 pages. The proceedings of the preceding year formed a volume of only 280 pages. In accordance with the resolutions passed last year the secretary had made 300 electrotypes of the design of the Association, and sent one to each member in good standing.

On motion passed at the late meeting the secretary was instructed to send certificates of membership to all members in good standing. This could not be carried out to the letter for the reason that the members joined through two centuries and only one stone could be made. The old stone having been lost and the new stone being dated for the present century, certificates could be furnished only to members who had joined since 1900. Certificates were prepared and sent to all such members.

Two active members died since the last meeting as will be learned from the necrologist.

Moved that the secretary's report be accepted and referred to the publication committee.

REPORT OF THE CORRESPONDING COMMITTEE.

The corresponding secretary read as his report a letter

from Dr. Sara de Monco, of Bogota, of the South American Republic of Colombia.

REPORT OF THE TREASURER.

RECEIPTS.

June 22nd, 1907, balance on hand.....	\$480.46	
Received for dues.....	508,00	
Sale of volumes of Transactions.....	11.00	
Sale of Close papers.....	2.00	
Return postage.....	.76	
		\$1002.22

DISBURSEMENTS.

Stenographer (King).....	\$100.00	
Postage.....	37.95	
Storage I. H. A. volumes.....	12.00	
Transactions 1907.....	319.36	
Express and drayage on Transactions.....	14.02	
Engraving trade mark.....	40.00	
Packing I. H. A. volumes.....	.25	
Lettering certificates, making up and distributing same.....	29.95	
Circulars, folders, envelopes, electro, and distributing same.....	33.45	
		\$587.25

Balance on hand..... \$414.97

Report received and referred to an auditing committee.

President appointed Drs. H. H. Baker and C. M. Boger on that committee.

REPORT OF THE NECROLOGIST.

Report received and referred to the publication committee.

UNFINISHED BUSINESS.

Under the head of new business the change in the by-laws of which notice had been given at the last meeting had to be acted upon.

Article VII, Section 2, was changed from "a thesis upon the subject of Homeopathy and a clinical report," to "A thesis upon the subject of Homeopathy, a clinical report or

the proving of a remedy." This was voted upon and carried.

Article VII, Section 6, was proposed to be changed by substituting the words "Medical profession" for the words "This Association." This was voted upon and lost.

NEW BUSINESS.

Moved and unanimously passed by standing vote, that the secretary be instructed to send messages conveying the greeting and sympathy of the Association to Dr. Wm. P. Wesselhoeft, Dr. Alice B. Campbell and Dr. F. H. Lutze.

Moved by Dr. P. E. Krichbaum and seconded that after fifty as complete sets of the proceedings as possible are selected and retained by the treasurer, the remainder be sent to libraries of various medical colleges for the use of students.

President:—Are there any remarks on this motion?

H. C. Allen:—I think that we can make a better use of them. Let us use them for missionary purposes by putting them in the hands of prospective members, or in the hands of individuals where in the judgment of members they will do the most good for Homeopathy. I could get a good many members if I had a copy of the old proceedings to put in the hands of an interested doctor. In all probability they would be lost in the libraries of colleges. I move as a substitute that after fifty sets have been selected and retained by the treasurer that the rest be placed at the disposal of members in good standing for missionary purposes. Seconded.

P. E. Krichbaum:—I withdraw my motion with the consent of my second.

Dr. Allen's motion was then put and carried.

E. A. Taylor:—It would be only a matter of justice to give a copy of the proceedings containing the proving of Piper Nigrum to each one of the provers who took part in it. I would like to have the Association authorize it. I therefore move that a copy of the Transactions that contain the proving of Piper Nigrum be given to each one of the provers. Seconded. Carried.

P. E. Krichbaum:—I move that the president appoint a

committee of from three to five honorable seniors for the purpose of compiling a list of all known Hahnemannian practitioners in the United States and published in our Proceedings for the use of members. Seconded.

G. P. Waring:—I think that is a good idea, but I doubt the wisdom of appointing a committee off hand. I move that Dr. Krichbaum's motion be referred to a committee of three to report at the next session. Seconded. Carried.

President:—I appoint Drs. Krichbaum, Taylor and Waring on that committee.

REPORT OF THE BOARD OF CENSORS.

C. M. Boger, Chairman of the board, read the following list of names as applicants who had fulfilled all the requirements, and were recommended by the board for election as members.

ACTIVE LIST.

Gabriel F. Thornhill, Paris, Texas.

L. E. Rauterberg, "The Farragut" Apartment House, Washington, D. C.

A. W. Holcombe, Kokomo, Indiana.

E. A. P. Hardy, Toronto, Canada.

C. A. Baldwin, Peru, Indiana.

J. E. Frash, Metamora, Ohio.

E. P. Wallace, Pomona, California.

Richard Blackmore, Bellevue, Pennsylvania.

Harvey Farrington, 5223 Washington Ave., Chicago.

On motion duly seconded and carried, these gentlemen were elected members of the Association by the secretary casting one ballot for them.

ASSOCIATE LIST.

Josephine M. Roberts, 239 42nd St., Chicago, Ill.

Jennette D. Peterson, Richmond, Indiana.

Charles A. Peterson, Richmond, Indiana.

Helen B. Wilcox, 484 E. 63rd St., Chicago, Ill.

Evelyn Hoehne, 481 Washington St., Milwaukee, Wis.

William E. Leonard, Minneapolis, Minn.

S. H. Sparhawk, Saint Johnsbury, Vt.

W. B. Hinsdale, Ann Arbor, Mich.

Annie Allen Anderson, 180 Winthrop Ave., Chicago, Ill.

Gustavus A. Almfelt, Somers, Wis.

H. C. Thomas, Kokomo, Indiana.

Wm. C. A. Leipold, Hotel Windermere, Chicago, Ill.

Moved that the secretary cast the ballot of the association electing those named associate members, which was done and they were declared elected.

ADDRESS OF THE PRESIDENT.

**THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION
AS A FACTOR FOR GOOD IN THE HOMEOPATHIC
PROFESSION.**

Fellow members of the International Hahnemannian Association, Ladies and Gentlemen: The object of an association like this, is its reason for existence, and only in so far as it fulfills its object can it be said to be successful. The International Hahnemannian Association was formed in the year 1880 as a protest against the loose unhomeopathic tendencies of the parent body, the American Institute of Homeopathy. It rallied to its protestant forces some of the brightest minds and deepest thinkers of our school. Its meetings became the medium of exchange of thought and wisdom in the philosophy of our art, and served as a post-graduate school of inspiration to many a homeopathic physician in this and other lands.

That which may be said of the past can still be said of the present of this Association and much more. Since the founding in 1880, a new generation of physicians has appeared, one whose training has each year been advanced in the paths of modern scientific investigation. These paths, alluring and never ending in themselves, have led many from the well-beaten track of fundamental truth and principle, until the enticing maze into which they have so eagerly penetrated has swallowed them beyond regurgitation. Of such are the majority in our parent organization, the American Institute of Homeopathy, to whom all that is modern in medical research and discovery constitutes the Alpha and

Omega of their science. With no understanding of its wonderful philosophy, without grasp of the truth of its principles, blatantly displaying their profound contempt for the precepts of Hahnemann himself, these men are dragging in the mire the reputation and fair name of Homeopathy.

Yet this mournful picture has its bright reverse, for although in the minority they may be, it is a minority whose earnest steadfastness has served to win to its support many a faltering mind, in the overthrowing of dangerous and insidious enactments. More than one traitor to our cause has dared to oppose this phalanx of defense, never to show his face again. Standing shoulder to shoulder in the fight, the members of this Association, still loyal to the highest interests of the Institute, have been conspicuous by their united action and activity. So great has been their influence that within the past eighteen months overtures of peace have been made by the parent body.

Today a unique state of affairs is in existence, that of many loyal members of this Association being at the same time enrolled as faithful members of the older body. Here it is that the International Hahnemannian Association is presented with its grandest opportunity for doing good in the homeopathic profession. And therefore, as my first presidential recommendation, I would urge that members of this body can best serve the interests of our common cause by at the same time becoming active as individual members of the parent organization. Our own must remain intact, inviolate, a harbor of instruction and inspiration, from which, like knights of old, to set sail and go forth to battle for the right. Our emissaries must be found wherever Homeopathy exists, in state, county and local societies, and no opportunity must be allowed to slip, whereby our own members can be advanced. Organization must be met by organization, whenever and wherever necessary, and for this purpose support must be forthcoming from this Association.

Scattered throughout the land are numerous small bands of Hahnemannians, whose affiliation with this body was attempted two years ago. Nothing has come of this plan, and

as a second recommendation I would urge the wisdom of a committee to devise ways and means of carrying out the intention of my predecessors.

The subject of drug proving was ably presented last year by President Patch who emphasized its great importance to the scientific world. The committee appointed by this association to consider the president's address urged the desirability of such drug proving, and recommended that it be carried on by this organization. Your president appointed a committee on drug proving and confidently looks to its chairman for a report of its work during the year now brought to a close.

All that was said by the retiring president can be advantageously reiterated now. This work must and can best be done by our Association, and in this work, we as Hahnemannian physicians should lead. Let every instrument of precision, let every chemical or diagnostic aid be brought to bear upon this work, let every fact, pathologic or otherwise be noted, but let all be guided by the sound sense of Hahnemann's directions and philosophy.

Although the diagnosis of disease, in so far as this constitutes the naming of a pathologic condition, is seldom essential to the selection of the simillimum, its importance as an integral part of the armamentarium of the educated physician needs no emphasis. Time was when it made no difference to our prescribers what they were curing. This attitude of indifference can no longer be maintained. An intelligent laity, an alert profession, demands knowledge of what is abnormal in the human body, and where this knowledge can be given it should be made plain to all concerned. Homeopathy can be but strengthened and dignified by such knowledge, and it behooves us as true Hahnemannian physicians to perfect ourselves in diagnostic skill; by so doing we challenge the investigation of those who differ from us in belief, and confound those who, though professing to believe as we do, differ widely from us in their practice. Facts, not mere assertions will aid us in the establishment of our belief.

The medical student, with mind un moulded and faith but insecure, is open to conviction and can by proper training be firmly rooted in the truth of our methods. His college course, followed by his internship in hospital or clinic, can make or unmake the true Hahnemannian physician in him. Indeed, in the college the greatest work can be done by men well qualified to impart the knowledge needful to the truly homeopathic physician. Not only must the chairs of *Materia Medica* be manned by enthusiastic teachers, but the chairs of Practice of Medicine as well, for it is in the latter that the influence for good of the former, is so often completely nullified. Hence, here too lies an opportunity for the members of this Association to associate themselves wherever possible with our colleges and become a power for good. It is idle to stand by and criticise and yet make no effort to correct existing faulty conditions. Then, too, those Hahnemannians who are teachers should not essay to arouse needless antagonism by befogging the main issues with discussions of unsettled or relatively unimportant questions. The potency question for onē should be broached in a frank manner, without bias, and giving that latitude of selection which Hahnemann himself commended. Let every moot point be freely discussed and fully explained, for in this way alone can confidence on the student's part be engendered.

Also must we see to it that the philosophy of Homeopathy is faithfully presented to the student. The *Organon* must to him become as pleasantly familiar as the clinic or the operating room, its great truths fully impressed. For this work the highest ability is required, and who are more ably fitted for the task than many of our older members.

Repertory work is most essential, as every Hahnemannian knows, yet how many students in our colleges are today receiving instruction in this knowledge, and who can impart this knowledge better than he who is well versed by daily practice in it.

Fellow members: It is well for us at times to stop and consider whether we are doing our whole duty by our pro-

fession, by our students, by our cause and by humanity itself. Can we not do more individually and collectively, to aid in the work of bequeathing to those who are to follow us, the previous heritage we ourselves have received. The trend of the times is in the direction of levelling all medical distinctions, a tendency to be welcomed were our cause to receive its just and proper place in medicine; but since, for the present age at least, it is not so to be recognized; we must fight on courageously, manfully, with weapons keen and untarnished by the breath of calumny. Let us then, as representatives of an Association of men and women, whose art and practice are founded on the bedrock of Hahnemannian philosophy, stand side by side in advancing our faith. Such efforts will at best be scant recompense for that which we have so bountifully received. In this spirit, then, are these few suggestions made by one who, always enthusiastic in the cause for which he labors, has himself striven humbly to do his little part, and when the time does come, as it surely will, that Homeopathy comes into its own, let us as its rightful custodians be prepared to guide the hands into which it shall be confided.

RUDOLPH F. RABE.

REPORT OF THE AUDITING COMMITTEE.

C. M. Roger:—As chairman of the committee, I report that your committee has examined the books, accounts and vouchers of the treasurer and found them correct. Motion duly seconded and carried, the report of the auditing committee was accepted and the committee discharged.

REPORT OF THE COMMITTEE ON DR. KRICHBAUM'S MOTION.

Your committee recommends that a list of all physicians who are supposed to conform to the law of similars in their practice, be published in the proceedings of this Association each year:

Your committee recommends that the names be selected by a committee appointed by the president, said committee to use care and circumspection in its choice; it is to be

understood that those in the list have not been investigated by the board of censors hence are not fully vouched for by the Association.

Your committee recommends that this should be considered as a partial list only—a beginning—and that the names of all true homeopathic physicians are desired for publication in this list. Signed:

E. A. TAYLOR,
P. E. KRICHBAUM.
G. P. WARING.

Moved that the report of the committee be received and its recommendations adopted.

President:—I will appoint on this committee Drs. J. B. S. King, H. C. Allen and W. H. Freeman.

H. H. Baker:—It might be well for this association to take up the question of the pharmacopoeia; there are two pharmacopoeias in this country, one gotten up under the supervision of the American Institute and adopted by that society, and one which follows the older way as laid down by Hahnemann and known as the American Homeopathic Pharmacopoeia. I move that the president appoint a committee to-report upon the pharmacopoeia question.

The president appointed the following: Drs. Baker, Taylor and Waring.

REPORT OF THE COMMITTEE ON THE PHARMACOPOEIA.

Whereas, The members of this association believe in the proving of drugs as the only basis of the materia medica, and in the use of drugs which have been prepared exactly as were those from which the original proving was made;

Therefore be it resolved, That the members of this association will continue to adhere to the original methods of drug preparation as carried out in the American Homeopathic Pharmacopoeia, and that we encourage the pharmacies to follow its methods in preparing drugs for homeopathic use. Signed:

H. H. BAKER.
G. P. WARING.
E. A. TAYLOR.

On motion duly seconded and carried, the report of the

committee was accepted and the resolution adopted as the action of the association.

H. C. Allen:—I would like permission of the members to read a portion of a letter received from Dr. Thornhill of Texas, as it is of general interest:

“See that the I. H. A. does as well, if not better, than the A. I. H. did last week in Kansas City for the propagandism of Homeopathy. We need a bureau of education to send out literature; we need lecturers in the field; we need to pull hard and to pull all together for the grandest cause before the world today. You may put me down for one hundred dollars to start the ball rolling.”

Nathan Cash:—I move that a committee of five be appointed to take up the matter of homeopathic propagandism and push the work of advertising therapeutic truth for this Association and report on the work done at the next year's meeting. Seconded. Carried.

President:—I will appoint on that committee the following gentlemen: H. S. Llewellyn, LaGrange, Ill., Chairman; J. B. S. King, Chicago, Ill., R. E. S. Hayes, Farmington, Conn., Maurice W. Turner, Brookline, Mass., Lee Norman, Louisville, Ky.

REPORT OF THE DRUG PROVING COMMITTEE.

Mr. President:—The Committee on Drug Proving reports an almost absolute failure. Ten provers worked on Anti-toxin for many months. The crude nosode was prepared under the supervision of the New York State Board of Health, in its laboratory, and without preservative of any kind, hence it was presumed to be pure. It was potentized by Boericke and Tafel and every precaution taken to have as good a preparation as could be made. Dr. Turner's provers obtained the only symptoms worth recommending, which will be found in their place in the Transactions. The \$100 voted last year thus far remains in the treasury for future use. The work will be continued this year.

Report accepted and referred to the Publication Committee.

NOTICE OF AMENDMENTS TO THE CONSTITUTION AND
BY-LAWS.

G. P. Waring:—I hereby hand to the Secretary a notice in writing of a proposed amendment to the constitution, it is as follows:

Notice is hereby given that at the next annual meeting of this Association amendments will be presented in order to make it constitutional and possible to organize sections of this Association to be known as the Eastern, Central, Western and Southern sections of the International Hahnemannian Association.

After the reading of J. C. Holloway's paper in the Bureau of Homeopathic Philosophy the discussion opened as follows:

C. M. Boger:—I have five dollars in my pocket to pay for reprints of that paper to send around as a missionary document to other doctors.

A. P. Bowie:—I have five dollars in my pocket to pay for reprints to send around to other doctors.

After some further discussion the following motion prevailed:

P. E. Krichbaum:—I move that the whole matter be left to the Committee on publicity.

REPORT OF THE COMMITTEE ON THE PRESIDENT'S ADDRESS.

Your committee on the President's address congratulates the Association on such an official utterance and on the clarion ring of its principles. We heartily commend the recommendation that the propagandism of Hahnemannian Homeopathy be earnestly undertaken in local, city, state and national societies as well as by individual effort. That the enthusiasm of our president may become universally contagious is the hope and belief of your committee.

Signed H. C. ALLEN,
T. G. ROBERTS,
A. P. BOWIE.

ELECTION OF OFFICERS.

The election of officers resulted as follows:

President, P. E. Krichbaum, Montclair, N. J.; Vice-

President, G. P. Waring, Chicago, Ill.; Treasurer, P. E. Krichbaum, Montclair, N. J.; Secretary, J. B. S. King, Chicago, Ill.; Corresponding Secretary, R. F. Rabe, New York City.

BOARD OF CENSORS.

C. M. Boger, Chairman, Parkersburg, W. Va.; Julia C. Loos, Harrisburg, Penn.; E. A. Taylor, Chicago, Ill.; Frederica E. Gladwin, Philadelphia, Pa.; Stuart Close, Brooklyn, N. Y.

PUBLICATION COMMITTEE.

T. G. Roberts, G. P. Waring, E. A. Taylor, J. B. S. King, *ex officio*.

PLACE OF THE NEXT MEETING.

After a discussion of the advantages of various places, Pittsburg, Penn., was finally selected.

P. E. Krichbaum, the president elect, announced the chairmen of bureaus for the next year as follows:

Homeopathic Philosophy, J. C. Holloway, Galesburg, Ill.

Clinical Medicine, C. A. Peterson, Richmond, Ind.

Obstetrics, Caroline E. Putnam, Kansas City, Mo.

Surgery, J. B. Campbell, Brooklyn, N. Y.

Materia Medica, Maurice W. Turner, Brookline, Mass.

E. A. Taylor:—Before adjourning I want to give notice that at the next meeting I will offer an amendment to Article VI of the By-Laws, that all papers must be in the hands of the chairmen of bureaus thirty days before the date of the meeting.

REPORT OF COMMITTEE ON PRESS.

J. B. S. King:—Brief notices of our meeting appeared in two of the Chicago papers.

REPORT OF THE COMMITTEE ON ATTENDANCE.

The report of the committee on attendance is as follows:

Average attendance, 34.

Number of members, 42.

Visitors, from 5 to 12.

Adjourned sine die.

A CHARACTERISTIC AND COMPARATIVE MATERIA MEDICA.

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

The following are specimen pages of a work I am compiling. If I were to give a full descriptive title it would be a complete Characteristic and Comparative Materia Medica. I intend it to contain all the characteristics or keynotes in our books. Each symptom will be followed by the name or initial of its author, which will be a sufficient guarantee of its value. Symptoms by Hahnemann will be followed by Capital "H"; if by Hering, by "Hg"; by Bönninghausen, by Capital "B"; by H. N. Guernsey, by capital "G"; by Carroll Dunham, by capital "D"; by Adolph Lippe by capital "L"; by C. G. Raue by capital "R"; by Samuel Lilienthal by "Lil"; all others by the name in full.

In order to understand this work the following explanations must be remembered: Each symptom, if it be accompanied by a note of exclamation (!) will show that that symptom belongs to no other remedy. If the abbreviation of the names of one, two or three drugs follow, then these medicines have the symptoms as characteristic. If the character "&" is used, then more than three remedies have the symptoms as characteristics.

ASARAM EUROPEUM.

Non Antipsoric.

1. *Mind.* Gradual vanishing of thought as when falling asleep (! R.)

(1) Imagines he is hovering in the air like a spirit when walking in the open air. Hg. (!)

Inability to think. A(&)

Great nervous irritation. G(&)

Dull and stupid. G.(&)

Melancholic irritability. B.(&)

Cold shivers from any emotion. Hg. (!)

II *Sensorium.* During the retchings all the symptoms increase, except the stupid feeling in the head, which decreases. G. (!)

Sensation of lightness in the limbs; when she walks she thinks she is gliding through the air G. (!)

III. *Inner head.* Attacks of one sided pain < in the afternoon (5 P. M.) A. (!)

Pressing dullness in the head. B. (&).

Pressing pain in the forehead with nausea < by every mental effort. B. (!)

Feels the pulsation of the arteries in the occiput. (Phos). B. (x).

IV. *Sight and Eyes.* Obscuration of sight. B. (&).

Cold sensation in the eyes. B. (x).

Eyes < when outdoors, in the heat and sunlight > by bathing them in cold water. B. (Acon, Apis; Arg.n.)

The cold air is pleasant to the eyes (Arg.n); sunshine, light and wind are intolerable. B.

Painful dryness and burning of the inner surface of the lids. G. (!)

Jerking pain in the eyes after an operation on the eye. G. (!).

Cold > all the sufferings. G. (Arg.n.).

Staring eyes., B. (&).

Painful feeling of dryness in the eyes. B.

Injected conjunctiva, with stinging in the canthi. B. (x)

The eyes burn in the room as if whisky was dashed into them. B. (&.)

V. *Hearing and Ears.* Over-sensitiveness of nerves, scratching of linen or silk is insupportable. B. (!)

Diminished hearing of left ear. B. (&).

A sort of tensive pain in the ears continually. G. (&).

Sensation as if the ear was closed or plugged with some foreign substance, with dullness of hearing. Hg. (x).

Deafness in one or both ears. Hg. (&).

Pressure and tension in region of orifice of meatus externus. H. (&).

VI. *Lower Part of Face.* Cramp at articulation of lower jaw. H. (!)

VII. *Taste, Speech, Tongue.* Most disgusting taste in mouth, at first sour, later bitter. Hg. (!)

Bread taste bitter. B. (x).

Tobacco tastes bitter when smoking. B. (China.)

VIII. *Appetite, Thirst, Desires, Aversions.* Want of appetite, even nausea < by food. Hg. (x).

Frequent, empty, eructations. H. (&).

Putrid eructations. B. (Arn.)

Heartburn, with sour belching, setting the teeth on edge. B. (!)

Attacks of nausea; < after eating; tongue clean. Hg. (&).

IX. *Nausea and Vomiting.* Violent, empty retching, which < all the symptoms, except the head. H. (!)

Vomiting with great angulsh, with violent exertion and chilliness. B. (!).

X. *Scrobiculum and Stomach.* Pressing, digging and feeling of discomfort in pit of stomach. Hg. (!).

XI. *Hypochondria.* Sensation in the spleen as if sore and chapped. B. (!).

Cutting bellyache with vomiting. B. (x).

Inguinal hernia. B. (&).

Pinching pain in left side of abdomen extending to back. B. (!).

Violent colic and vomiting. A. (Aeth, Cic, Ver.)

Rumbling and gurgling in the abdomen with nausea. R. (&).

XII. *Rectum and Stool.* A long yellow twisted string of inodorous mucus in three or four stools, with pain in abdomen. Hg. (!).

Diarrhea, passes shaggy masses of mucus, inodorous and full of ascarides. G. (!).

Diarrhea of tenacious mucus mixed with blood. B. (x).

Soft evacuations with ascarides and reddish mucus. G. (!).

Diarrhea with undigested food, especially potatoes. B. (!).

Before stool, cutting in the abdomen. B. (&).

During stool, discharge of thick, black blood. B. (!).

Prolapsus and during stool. B. (&).

After stool pressing and straining, and discharge of white viscid, bloody mucus. B. (!).

XIII. *Male Sexual Organs.* Complaints from suppressed sexual passion. B. (Cam. Con.)

XIV. *Female Sexual Organs.* Catamenia too early and long-lasting; blood black. B. (x).

At the appearance of the menses violent pain in lumbar vertabre, which scarcely permits her to breathe. (!).

XV. *Pregnancy and Parturition.* Nausea and vomiting of the pregnant. Hg. (&).

Threatened abortion from excessive sensibility of the nerves; even imagining something unpleasant causes thrills to pass through her, momentarily arresting thought and sensation.

XVI. *Respiration.* Difficult respiration as if breathing through a sack. B. (!).

XVII. *inner Chest and Lungs.* Stitches in right or both lungs during inhalation. H. (&).

Contractive squeezing in the lungs. B. (&).

XVIII. *Neck and Back.* Cramps in neck and throat. B. (!).

Sensation in the muscles of the neck as from a tight cravat. Hg. (!).

Bruised pain in the back when standing or sitting > by lying. A. (&).

XIX. *Upper Limbs.* Sweat in the Axilla smelling sour. G. (!).

Drawing pain in the joints, wrists, and fingers. B. (&).

XX. *Lower Limbs.* Cramps in the thighs which prevent walking B. (!).

Weariness in the knees. B. (&).

XXI. *Limbs in General.* Lightness of all the limbs, he does not perceive that he has a body, feels as if floating in the air.—B. (&).

Rheumatism < in dry cold weather. Hg. (Caust, Hep. Nux).

Drawing pains in the joints, wrists and fingers. A. (&).

XXII. *Nerves.* Excessive sensibility of all the nerves. Hg. (&).

Great nervous irritation. B. (&).

Excessive sensibility of all the nerves when merely

thinking and this he must do continually; that some one might with the finger tips or nails scratch even lightly on linen or silk material; a disagreeable sensation thrills through him; arresting momentarily all his thoughts and actions G. (!).

Great Lassitude which is insupportable. B (&).

XXIII. *Sleep.* Evening in bed agitation in the blood prevents sleep for two hours. (!).

Condition of mind as if just falling asleep; gradual vanishing of ideas. Hg.

Vexatious dreams. Hg. (&).

XXIV. *Time, Temperature and Weather.* Aggravation in clear, fine weather. G. (Caust, Hep, Nux).

Many symptoms disappear from washing in cold water. B. (Puls.).

In heat sunshine and wind, eyes worse. B. (x).

Cold water, eyes better. B. (Arg.n. Apis).

Cold air; eyes relieved. G. (Arg.n.).

Damp weather, symptoms improved. B. (Caust. Hep. Nux).

XXV. *Chill, Fever and Sweat.* Chills during the day without thirst. A. (&).

Nervous chilliness, single parts get icy cold. R.

Cold hands, feet, knees or abdomen, even the hottest weather does not relieve; timid nervous persons. R. (x.).

Great want of vital heat; feels cold continually. B. (&).

Cold feeling, not > by covering or warmth of room.

R. (Diad. aran.).

Chill and shivering without thirst. B. (&).

Alternate flushes of burning heat and coldness. B. (&).

Sweet or sour smell, most profuse in axillae B. (x).

Shivering and coldness from any emotion. Hg. (!).

XXVI. *Sensations.* Lightness in limbs as if gliding through air. Hg. (&).

Sensation as if from a tight cravat, in muscles of neck. Hg. (!).

Horrible sensation at epigastrium. Hg. (!).

Sensation as though all or part of the body were being pressed together. G. (!).

XXVII. *Tissues*. Irritability of the nerves. H. (x).

XXVIII. *Touch*. After operation on the eyes jerking pain. H. (!).

XXIX. *Stages of Life. Constitution*. For chilly persons who are always shivering from the cold, for example literary men who are addicted to a sedentary life. Noack & Trinks. (!).

Drunkards; popular in Russia. B. (&).

XXX. *Relationship*. Caust. Puls. Sil.

RATIONAL TREATMENT OF ABSCESESSES.

BY R. F. RABE, M. D., New York.

Mr. A., age 18, who had for some time been irritable and depressed, developed a small abscess about two inches from the anus, which discharged and healed without treatment. About this time, by jumping into a buggy he felt a sudden pain in the left groin. This was soon followed by a small swelling, which slowly increased in size, became red and hot as well as exceedingly painful, so that walking became almost impossible. The anamnesis of his case, at this time gave the following:

Left inguinal gland hard, swollen and sensitive, relieved by rest, worse from any motion and from lying on the left side. The analysis, according to Bönninghausen's Therapeutic Pocket-Book shows:

Inguinal glands: Ant. cr., Ars., Asaf., Aur., Bad., Bar. c., Bell, Calc., Cann. s., Cinnab., Clem., Con., Dulc., Graph., Hep., Iod., Lyc., Meny., Merc., Mez., Nat. c., Nit. ac., Nux., Osm., Phos., Phos. ac., Puls., Rheum., Rhus., Sil., Spong., Stan., Staph., Stram., Sulph., Thuja.

This rubric must contain the needful remedy.

Now taking the left side we have: Ant. cr., Asaf., Aur., Bar. c., Calc., Cann. s., Clem., Con., Dulc., Iod., Merc., Mez., Nit. ac., Nux., Osm., Phos., Sil., Stan., Staph., Stram., Sulph., Thuja. Narrowing the choice still further, by re-

ferring to the rubric, "hard swelling of glands," we now have: Asaf., Con., Merc., Phos., Sulph. The extreme "sensitiveness" eliminates all but two remedies and leaves us: Con., and Phos.

Now taking the aggravation when lying on the left side, we find Phosphorus to be easily first. Add to this the facts that the patient is of the Phosphorous type and build, that he had rachitis in infancy and that he has a tubercular family history, we have an unmistakable totality and firm basis for the prescription. Accordingly, three doses of Phosphorus at intervals of three hours and in the 1000th potency, B and T., were given, followed by some general amelioration but more rapid and local development of the abscess.

When fluctuation was marked, four days after the administration of the remedy, the local pain now being intense, under aseptic precautions and Ethyl Chloride local anæsthesia a small incision was made, giving vent to half a teacupful of thick yellow pus. Light packing with sterile gauze was now resorted to, gauze dressing and a spica bandage. The following day a fair amount of pus issued. Irrigation with Dioxogen, followed by a one to fifty strength solution of Calendula sterile water, constituted the local treatment. Internally Calcarea Sulphurica 6x, was given every two hours. In another twenty-four hours there was no more pus, simple Calendula water irrigation only was employed and loose sterile gauze packing inserted. The remedy was continued for twelve hours longer at three hours' intervals and then stopped. Healing progressed rapidly, and within eleven days from the time of making the incision the abscess was fully healed. The patient's health has improved perceptibly since.

This simple case is reported at length as an illustration of rational Hahnemannian practice. There are those extremists who will balk at the use of Dioxogen or even Calendula and raise their voices in protest at any surgical interference whatsoever. To them we recommend one single dose of a long seige in bed, heroically waiting for an abscess

to open spontaneously. One dose will be sufficiently convincing and will overcome the horror experienced at the sight of a keen, bright blade.

On the other hand, to those who are fettered by the conventional text-book methods of iodoform, carbolic acid, bichloride of mercury and the rest, this natural and Hahnemannian way is recommended. The patient always, not his disease, is to be considered.

CHOLESTERINUM.

BY DR. W. A. YINGLING, Emporia, Kan.

Aug. 15, 1904. Mrs. S., age 60. Attacks with gall-stones, involving liver and region of the stomach. Spells come suddenly and stop suddenly. Pain is pushing in region of gall duct. Vomits much hot water, not sour and no odor. Very pale, then turned yellow. Last attacks were on the 5th and 12th. Stomach very sour since.

Rheumatic pains here and there, worse in damp, rainy weather. No appetite, food nauseates. Region of liver very tender and sore, sensitive to jar, < lying on sides.

Before the spells very profuse urine; scant and dark since.

Tongue coated dirty white, yellowish cast.

Heart gets very weak, can hardly feel pulse.

Very weak all the time, can't breathe deeply.

Cholesterine. Dmm (Swan) 6 p, 12 h. Aug. 26. Is "lots better in every way." No rheumatism except in balls of heels and only there when it is raining. Is feeling fine and no complaint.

Following the medicine profuse discharge of red sand in urine, vessel covered with it at bottom.

Sep. 3. Good deal better generally. Rheumatism troubles some since rainy weather, a little lameness in shoulders and under heels.

Urine has less sand. Has more ambition than in a long time.

Feb. 22, 1905. Side has been hurting and feeling full for a week, and had a gall stone colic today lasting about

five minutes, came suddenly. Nausea. Face flushed before attack, yellow afterward. Rheumatism better. Heart better. Headache less. Every few days feels fagged out.

Cholest. Dmm (Swan) 4 p, 12 h. Aug. 31. Not so well. Rheumatism better and worse. Some trouble in right side at times. Legs swell from knees down, worse about ankles. Sick feeling all over. Tired feeling. Very despondent. Pain in top of head. Heart bothers some.

Cholest. 2m (Y.) 4 p, 12 h. Sept. 20. "Improved in every way, much better." Head much better.

By infrequent doses of Cholesterine this lady has gotten along nicely. The liver has given very little trouble, but the rheumatic pains here and there have required attention occasionally, especially in damp, rainy weather.

Mr. B. F., age 64. Dec. 26, 1907. For three years has been passing gall stones. Has one that was passed. Vomits bile and becomes very yellow. Doctors can only use morphine in quantity which sickens and causes very bad after feeling so that he is away from his business for nearly a week. With one attack was in bed several weeks and took a long while after that to get over the bad effects. Now the liver is very tender and sore; pressure in front or behind liver is very painful, especially in the region of the gall duct. Bending forward, any motion that jars side is painful. Is disqualified for his business.

Had ague badly in Wabash bottoms when young. Is a large man, portly.

Cholest. 2m (Y.) 8p, (3 p, 2 h) and 12 h. Same in water if bad attack.

Dec. 30—Was feeling better next morning. Side not so tender. Has had good rest. Very much encouraged.

January 8, 1908.—Invoicing at store and has overdone. Light chill at about 7 p. m., with pain in side. Next day chill at 3 p. m., with pain in side. Dry cough, one or two coughs at a time. On the 7th at 10 p. m. had high fever, but has not felt as he did when having the gall-stone attacks.

Cholest. 2 m (Y.) 6 p. 1 daily.

January 21. Not feeling so well today as usual; can hardly keep around. The powders relieve the pain when bad. Complexion getting yellow, as it does before a bad spell.

Cholest. 4m (y) 12 p, 3 p, 2 h. and 24 h.

February 21. "Is a good deal better." No pain to speak of. "Feeling quite well now."

Cholest. 4m, (y) 1 d and L.

March 2. "Entirely free from pain most of the time," but feels a tendency that way after a hard day's work, and tending the cash carriers, which causes reaching up. Thinks he is doing fine, much better than an operation which the old school doctors said must be done at once as the only hope.

March 27. "Getting along nicely and is feeling like himself again."

April 13. A sudden attack of gall stones at 7 p. m. about two weeks ago. Cholest. 2m, (Y.) in water, a spoonful every 15 minutes controlled the pain and gave relief by the fourth dose, then got much better, rested all night and was able to be at the store the next morning, though somewhat weak and sore. Has been at the store each day since and doing well.

Cholest. 2m (Y.) for bad attacks only, or when worse. While this case is not cured yet everything points that way. In gall stone colic the patient suffers so greatly he cannot give his symptoms. In such a case, when I can't give a well-selected remedy, of late I rely on Cholesterine, and thus far it has never failed. This is one of the Swan remedies, and shows that he was right in his investigations. This remedy should have a proving. Till then it can be used instead of morphine in cases where the symptoms cannot be gotten for a proper selection of a remedy. Where a guess or routine is necessary, as it is sometimes, I believe the homeopathic guess should be given the preference. It is very improbable that a patient suffering from gall stone colic will wait very long for the physician to study the case.

CHRONIC APPENDICITIS.

BY ROSALIE S. DE LA HAUTIERE, M. D., Los Angeles, Cal.

Mr. M., Stock broker.

Complained of repeated attacks of colic in appendicular region for three years. Had about decided to submit to the surgeon's knife for relief. His wife, who was cured of acute appendicitis some five years previous by me, consulted me about her husband's condition.

Visiting the patient in his office—because he was too busy to call on me—as I was stopping in Mill Valley, having left San Francisco after the calamity, to regain health and strength to continue my work. He said, "so long as I remain quiet, avoid deep breathing, I am almost free from pain, but it is < by turning in bed, > at night during rest, and < in day time.

Oct. 12, 1906. Bryonia 20m.

Oct. 18. Improvement; less pain. Patient more hopeful. Continued treatment. Placebo.

Oct. 24. Improved. Placebo.

Nov. 3rd. Improvement. Placebo.

Nov. 6th. Placebo for two weeks.

Dec. 7. Restless, very tired and weary, < when quiet, > night, circumscribed redness of cheeks; teasing cough only at night; anxious about his condition. Rhus did not afford the relief expected, and I gave Tub. erculinum 50m.

Dec. 43. General improvement. Placebo.

Jan. 9th, 1907. Voice lost; busy season, requiring much straining of vocal chords; almost a paralyzed condition of throat. Rhus cm.

Phoned me, "That medicine fixed me, feeling fine."

Jan. 20. Tired, weary, < by motion, > perfect quiet. Bryonia 20 m.

Patient well ever since. Saw him May 5th, 1908, has had no return of pain in appendix. He looks well and is gaining in weight.

THE MEDICAL ADVANCE

A Monthly Journal of Hahnemannian Homeopathy

A Study of Methods and Results.

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We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

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AUGUST, 1908.

Editorial.

BACK TO THE HOMEOPATHY OF HAHNEMANN.

Backward, turn backward, O Time in your flight!

And make me a HOMEOPATH, just for tonight!

This was the under current and upper current of enthusiasm at the Kansas City meeting of the Institute, the chief topic of conversation and discussion and by far the most notable event of this enthusiastic meeting. From the clarion note for Homeopathy sounded by President Copeland, in his annual address, to the close of the session, in nearly every paper on Therapeutics and in every discussion, Back to Homeopathy was the inspiring topic of many of the bureaus. This sentiment was accentuated when over \$5000 was contributed for an active propogandism of Homeopathy in every State in the Union.

Every great reform—medical, moral, political—in the history of the race, has been followed by a period of retrogression, when its active aggressive work ceased. The homeopathic profession for the last two decades has seemed to think the battle won, the victory secure; that there was nothing to do but cease rowing and float with the current of popular praise; to reap the harvest sown in the desperate battle for principle, by the pioneers; to cease study, to lapse into empiricism and become scientific? But when the people see that the results are not what they formerly were; that it is difficult to distinguish the homeopath from any other “path” by his practice; that quinine, morphine, cathartics, tonics, patent medicines and proprietary remedies, with the popular combination iablet are indiscriminately used by the professed homeopath, is it any wonder the “dear people” who pay the bills are unable to distinguish the true from the spurious.

One of the ablest correspondents of this magazine writing of the Kansas City meeting and the attempt made to inspire our school, to renew the enthusiasm of old, says: “I am glad our school is awakening to the fact that we should talk about the good work of Homeopathy “to the fact that the old fellows have quit preaching; too many loose professors in our colleges; too many boy professors; and a general lack of loyalty on the part of most journals. Note an article in the last CENTURY on Glyco Phymoline.”

There is do doubt our colleges and journals are far from being perfect. Their faculties and editors might be greatly improved; but what are the members of the profession doing to help fill our depleting ranks? What are you doing to help fill the college classes? How many students have you sent to a homeopathic college in the last ten years? How many have you sent to an allopathic college because the homeopathic did not come up to your standard. The teaching of our colleges is on the borderladd of allopathy—savors strongly of empiricism—but that does not absolve you of your duty. There are other colleges. If you and your colleagues would contribute 10 stndents from

every state this year, and it can easily be done with one tenth the labor each man who fills a chair in college is compelled to do, what a record it would make for the future.

When the homeopath abandons the tenets of his science in theory or practice, when he treats his diagnosis and overlooks his patient in an effort to become as scientific (?) as his allopathic colleague, for him the death knell of homeopathy has been sounded. All that remains for him to do to become scientific (?) is to become a member of his regular (?) County Medical Society and subscribe for the journal of A. M. A. And for this mess of pottage what does he gain? The late President of the American Medical Association said in his presidential address: "This country is already overcrowded with colleges, and 2000 more students are hurried out every year than can find places in which they can practice medicine with the prospect of gaining even a living." Of course the object then is to discourage the study of medicine by raising the standard of entry requirements, increasing the expense and time of study, and curtail the number of graduates in every way possible.

While this may be true of other schools of practice, the reverse is equally true of the homeopathic. There are more than 2000 good localities every year where a lucrative practice may be had—many of them with a practice made and waiting for the man—more than our colleges can fill. Yet a few homeopathic physicians ever think of calling the attention of well qualified young men and women to this fact. Verily! the harvest is ripe, but the reapers are few. There is no profession today which promises a more remunerative return for their money and labor expended than the homeopathic and no one in which greater good to humanity may be accomplished.

THE STUDY OF INSANITY.

The Sanitary Commission of New York is about to undertake a thorough and systematic study of Mental Affections. It is to be begun by the erection of observation hospitals, as it is now done in Germany, where persons who

are threatened with insanity may have a careful examination by experts, and the necessary preliminary treatment, it being the intention of the commission, if this trial be successful, to inaugurate a general system of laboratories for the cure of the insane throughout the country. The first is to be established at Poughkeepsie. The system has already been tried on a smaller scale at one or two places in this country, but the New York plan is a state affair and therefore assumes a relative importance.

One of the first efforts will be to provide a method of discovering and keeping cranks out of the general hospital, for it is a great temptation, apparently, to some people, to obtain a free boarding house at the expense of the state, even in a hospital for the suspected insane.

One of the marked features of the recent convention of the American Medical Association in Chicago was the great stress made by many writers and speakers upon the prevention, going back to the old adage that prevention is worth more than cure. It is upon this that the new scheme is based, and if the powers will only go to the bottom of the cause, a revolutionary work in the treatment of mental diseases may be the result.

The first subject to investigate should be the prevalent system of drugging which the profession has inaugurated, the deleterious effects of which are almost universal. If quinine, chloral, morphine, opium, hashish, cocaine, narcotic and alcoholic stimulants, the coal tar products, patent medicines and all palliative methods of treating disease could be prohibited, the efforts of the Sanitary commission would be crowned with success.

Some years ago a statement was made in a public address by the superintendent of an insane asylum, that it was his opinion—based upon an extended experience of over thirty years—if the popular use of quinine could be abolished, one third of our present insane asylums could be dispensed with; ailments due to the disastrous effect of the suppression of disease by quinine and other similar drugs; and if this statement is true, here is where to begin the successful

hospital treatment of insanity. If there be a right or a wrong way to treat insanity, or any other disease, by medicinal agents of any kind, our friends of the dominant school are nearly certain to be found on the wrong side, and to drug-suppression of both acute and chronic affections is largely due the majority of cases of mental diseases. Strike at the fountain head and remove the cause first, the effect must necessarily cease.

The gift of Henry Phipps to the Johns Hopkins Hospital of more than half a million dollars for work along these same lines will help greatly to forward the proposed system of hospital treatment. There will be a perfectly equipped building, a medical and nursing staff, where every facility for scientific investigation of mental affections may be made by chemical, pathological and psychological methods. This endowment added to the present splendid equipment of the Baltimore hospital marks another advance in the treatment of the insane; but we venture the opinion, that the scientific investigation made at Baltimore, will largely omit the drug question and other palliative and suppressing effects from the list of causes.

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THE FAMILY CASE.

Domestic prescribing and family medicine cases should not be encouraged, for the reason that frequent resort to Aconite, Belladonna, Nux vomica, Mercurius and other common remedies in potencies, from the 3rd to the 30, render an individual less susceptible to all medicines. Frequent or repeated exposure to any foreign influence renders the system less susceptible to such influences. We once knew a clerk in a homeopathic pharmacy who formed the foolish habit of tasting each medicine that he handled in the course of his daily business. His system was thus exposed to the effect of an indefinite number of drugs in strength ranging from the mother tincture to the millionth for a number of years.

This man, when sick, seemed to be absolutely immune to the effect of needed medicines. We have prescribed Arsenic, Nux vomica, Cactus, Allium cepa, Phosphorous and Glonoin

for him on different occasions, on well marked indications, without any apparent effect. It is our experience that the self-dosers are the hardest people to cure, and when they do come to a physician, they have generally tried from three to eight medicines first, with the result of so tangling up their symptoms that a Philadelphia lawyer, or the devil himself, could not straighten them out.

We have this confirmatory experience to offer. The quickest and most satisfactory cures, in both extremely dangerous and acute cases, and in very chronic ones, have been among the Polish residents of Chicago, people who never heard of Homeopathy or took a homeopathic remedy in their life.

It is among these people, ignorant, without imagination, and without faith, that a few doses of the homeopathic remedy have wrought miracles such as are never seen in families where, at every slight ailment, they fly to Aconite or Belladonna or Mercurius, as the momentary whim may determine.

* * *

ESOTERIC HOMEOPATHY:

There seems to be such a thing as esoteric Homeopathy. If not, why is it that certain students in a class "catch on" quickly to true homeopathic prescribing and never depart from it, while certain others, with equal or better mental faculties in general, cannot learn it, never learn it; you may bray them a mortar, but that art cannot be pounded in, they may be brought up by a homeopathic father, and preceptor of the best quality, but that secret cannot be imparted to them. Such individuals practice medicine for years, under the banner of Homeopathy, and never know they have not got it. There are a very great many instances of this which the Holy Roman Catholic Church would call "Invincible Ignorance."

* * *

OUR HOMEOPATHIC TEACHING.

Our esteemed contemporary the Iowa Journal, calls us to account for publishing the following letter by Dr. Fitz-

Mathew, of West Sound, Washington, as tending to bring the homeopathic school into disrepute:

Personally I care not what a man's practice is if he be honest and consistent. If I found any system of treatment giving better results than homeopathy I would adopt it. It would be right that I should do so; but then honesty would dictate that I cease to call myself a homeopath, and end my affiliation with a homeopathic society. We respect our learned brethern on the opposite benches who differ from us. We can forgive their persecution in the past and present in a modified form. We know that from time to time some of them will get the light of truth and become a pillar of strength in our ranks; but we can have no respect for the pretender, and we should show no consideration for the vendor of spurious Homeopathy.

The editor says, "if medicine were an exact science and Homeopathy the only method of cure, we would have a right to make such statements." He further says, "we hope and trust that in due course of time the correct simillimum will be found for every diseased condition."

There are many methods of cure, but only one law, and that the law of similars, and our contemporary should distinguish between method and law. As soon as there are other laws of cure discovered, like Dr. Fitz Mathew we shall be very glad to investigate, and if they give better results than the law of similars we should adopt them. "A dose of castor oil to free the intestinal canal of indigestible food" is merely a mechanical adjunct like the surgical relief of a pathological effect. It is not a method of cure, it is practical mechanics applied to mechanical conditions, and no true homeopath has ever objected to mechanical means to relieve mechanical conditions. Hahnemann explicitly instructs us in footnote to §7 to remove all maintaining or exciting causes as one of the primary indications—one of the first duties of the physician—in the treatment of the sick.

We suggest, at the risk of being considered "over zealous in the cause of Homeopathy," that our editorial colleague remove the mote from his own eye before he attempts to correct our shortsightedness. For instance, in his August issue, on "The Treatment of Hay Fever," we find the following:

Have a quantity of Dobell's solution made up according to the fol

lowing formula: Soda bicarb. one and one-half ounces; soda borate, one and one-half ounces; carbolic acid, one-half ounce; glycerine, two ounces; rose water, q. s. one pint. For use this solution should be diluted by adding one teaspoonful to the ounce of water.

If any of our allopathic journals have anything more unhomeopathic than this we have failed to find it.

HOME.

BY GRACE G. BOSTWICK.

You may talk about apartments or the finest kind of flat;
 And tell about your grand hotels—the swellest ones at that;
 You may rave about a mansion or a villa in far Rome;
 But I'll go you one still better yet—and that's my home.

The dearest wife that ever lived, and still a bride by jing!
 Her hair is getting gray; but say! you ought to hear her
 sing!

When she puts the kids to bed at night, she murmurs soft
 and low

Those dear old tunes our mother sang years and years ago.

And when the babies, tired out, are off to Bylow land,
 She kisses 'em and tucks 'em in with tender mother hand,
 And then we sit together there and talk awhile and dream,
 A-building castles in the air in the firelight's dancing gleam.

The king may have his palaces—no envy stings my heart;
 Grant him all his soul desires—I have still the better part.
 Ah! give the rich their mansions fine where'er they chance
 to roam,

But for me my little cottage neat—'tis home, sweet home!

COMMENT AND CRITICISM.

EDITOR MEDICAL ADVANCE: In *The Critique*, (August, 1908, p. 277) the editor pretends to defend Dr. James Tyler Kent against a so-called "incivility," in the form of a "criticism of his contributions upon *Materia Medica*," which occurred at the recent meeting of the I. H. A., held in Chicago. A question was asked by a member, after reading of Dr. Holloway's paper, as to the combination remedies now being published in the *Critique*, and we think it legitimate.

Here is the quotation:

The testing of each individual drug on the healthy human subject, precludes the use of more than one medicine at the same time, unless the additional drugs forming a compound were tested on the healthy in the *identical compound form*. The reasons for this is not based on mere arbitrary objections, but a scientific truth, viz.: that no two medicines when tested together, can possibly be equivalent to the sum of their pathogeneses when tested separately. To illustrate: we have tested sulphur and carbonate of lime in combination under the name of *Hepar Sulphuris Calcareum*. The pathogenesis is not identical with that of Sulphur, nor that of *Calcareum*, nor the sum of the two. Nor can we, in case we find an image of sickness similar to the proving of *Hepar Sulphuris*, cure the patient by putting Sulphur and *Calcareum* into one glass, nor by administering them in rapid alternation. Each drug has a distinct individuality; and two or more drugs cannot have *one* individuality and thus become *one medicine* and the *similimum* for a given sickness, *unless potentized together*. No two medicines can become one medicine by any other process known to man.

On careful reading this defense seems more uncivil to Dr. Kent than the original criticism. The editor shows that Dr. Kent has been a careful student of, and a very successful writer and lecturer upon the *materia medica* as presented by Hahnemann, Hering, Lippe and the other great lights. Furthermore, he says "that they [Dr. Kent's letters on *Materia Medica*, published in "The Critique"] are popular and considered reliable needs no greater proof than the very large increase in our subscription list during the past year." Curiously enough, I do "need greater proof." I want to know who the provers are; what potencies were used; how often the doses were taken; and how they were prepared,

for some of these remedies are not mentioned in the latest Pharmacopœa.

If the symptomatology of these remedies, e. g., alumina silicata, kali silicatum, calcarea silicata, etc., etc., is reliable, let the day books of the provers be published and then report cases of clinical verification. Then we may know that in prescribing them we are not working empirically. With these published we should not need to be reminded that "Dr. Kent's reputation is not confined to Chicago and Cook county, Illinois." Dr. Kent has done some splendid work for our school, but he must furnish his day-books and names of provers of these double-headed remedies before they will be accepted as genuine.

These "criticisms" are not at all likely to injure Dr. Kent, "The Critique," or the cause of homeopathic materia medica." That is the one great truth in this able defense! Honest criticism will not only "not injure Dr. Kent, 'The Critique,' or the cause of homeopathic materia medica," but will purify them all, keep them honest, and true to the standards set by Hahnemann. Honest criticism is always helpful, and if it hurts that is a sure sign that it is homeopathic to the case.

If these criticisms are not well founded it will be an easy matter for Dr. Kent to publish the day books of the provers. This will silence all criticism and place his work beyond question. If the criticisms are true, I am reminded of my professor of surgery, who cut his own finger when holding an autopsy, and exclaimed, "Gentlemen, it is surprising how careless a man will become when he gets to be expert at anything." To say: "It is hardly to be supposed that a man of the ability and prominence of Dr. Kent would attach his name to any materia medica topic unless he has first given the remedy a thorough proving," is simply begging the question, Who are the provers?

While I have never had the pleasure of seeing Dr. Kent, nor of knowing his methods, yet to my mind weight is lent to these criticisms by the fact that his writings appear in *The Critique*. This led me to expect close adherence to the

law, *similia similibus curantur*, and to the single remedy. Imagine, then, my astonishment at reading the following among the "Reading Notices of Interest to Everybody":

"NOCTURNAL INCONTINENCE OF URINE IN CHILDREN.—Add eight drops of belladonna and eight drops of tinct. nux vomica to eight ounces of sanmetto. Of this one-half to one teaspoonful is given before each meal and at bedtime."

This prescription is so placed in the magazine as apparently to bear editorial endorsement. Similarly placed in this issue of *The Critique* are four other favorable comments on sanmetto, one on antikamnia, and over a page on peptomangan (Gude). In the advertising pages sametto is shown to be "a scientific blending of true santal and saw palmetto, with soothing demulcents in a pleasant aromatic vehicle." "Scientific homeopathic medicine?"

We are asked to believe that Dr. Kent's writings are based on provings, and yet they are allowed to appear month after month in company with these other dainty bits of "scientific homeopathic medicine." Christian Science is said to be so named because it is neither Christian nor scientific. Verily, in the language of the venerable Smiley, "The highest truth and the profoundest error are often bedfellows."

S. S. C.

OSTEOPATHS ARE PAYSICIANS.

Within the meaning of the law, who is a physician? Recently this question has been answered by Justice Dickey of the Supreme Court: in the case of a well-known Brooklyn osteopath who applied for a peremptory writ of mandamus to compel the Health Department to accept a death certificate issued by him. The department had refused to do this on the ground that the osteopath was not a physician, and therefore not entitled to have the certificate accepted, such acceptance being by law made applicable to physicians only. In his decision the justice quotes as follows from Chapter 344 of the Laws of 1905:

A person practices medicine, within the meaning of this act, except as hereinafter stated, who holds himself out as being able to diagnose

treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, or who shall either offer or undertake by any means or method to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition.

He then gives it as his opinion that "the lawmakers intended to make, and do make, osteopaths practitioners of medicine," immediately adding, "and also make them physicians, because Subdivision 8 of Section 1 of this act says that a physician means a practitioner of medicine," "So it is clear," he says, "to my mind that osteopaths are physicians, . . . and except for restrictions put upon them by Chapter 344 of the Laws of 1905, prohibiting them from administering drugs and performing surgery with the use of instruments, they are entitled to all the rights and subject to all the privileges of other physicians." Can receive money from patients, that is, cure them of their ills where practicable, and in other cases issue them lawful death certificates, receivable by the Board of Health.—*Harpers Weekly*.

CHOLERA INFANTUM.

A clergyman writes to the *Homœopathic Envoy*:

In the July number, on page 35, from *New York Medical Journal*, I read: "Victims of cholera infantum have seemed to take a new lease of life on being allowed to chew bacon."

A member of my church told me when her son was a baby he had cholera infantum and was given up by the "regular" doctors. So she telegraphed her husband and he started home, feeling badly to think he must lose his child. On the train an old friend met him and asked concerning his dejected look, and he explained. His answer was to cheer up, he could tell him something that would cure the child. "Go home," said he, "and tell your wife to boil an ear of sweet corn and scrape out some of the juice and corn and give it that." When the mother heard of the remedy she was horrified, for if anything, she thought, would kill a child with cholera infantum it would be green corn. But as the doctors said he must die, and as his friend had told him he had cured his own child and knew of several others that

had been cured by it, she gave it, and she told me that the child began to improve immediately. On relating this to a lady, she told me she had a friend who always used the juice of a *green cucumber*. Now, if this is not "*similia similibus curantur*," I don't know what is.

COMPULSORY VACCINATION OF INFANTS.

The Commonwealth of Massachusetts. In the year 1908. An act relative to the vaccination of infants.

Be it enacted by the Senate and House of Representatives in general court assembled, and by the authority of the same, as follows:

Section 1. Section one hundred and thirty-six of chapter seventy five of the revised laws, relative to the vaccination of children under two years of age, is hereby repealed.

Section 2. This act shall take effect upon its passage.

Approved by Eben S. Draper, Lieutenant Governor, Acting Governor, April 1, 1908.

Thus compulsory vaccination of children passes away in the State of Massachusetts.—*Medical Talk*.

To the Editor of the *MEDICAL ADVANCE*.

Will you please inform your readers that the omission of the name of the Homeopathic Medical College of the University of Minnesota, at Minneapolis, from the Annual Announcement and Program of the American Institute of Homeopathy was an accident discovered too late for correction. Diligent search thus far has not disclosed how this error of omission occurred. It was an unusually unfortunate mistake and no one regrets it more sincerely than

Yours very truly,

FRANK KRAFT, M. D.,

Cleveland, June 10, 1908.

Secretary A. I. H.

IN MEMORIAM.

FRANK KRAFT, M. D., editor of the *American Physician*, and secretary of the American Institute, died in St. Louis, Mo., July 19th. For the last two sessions of the American Institute, Jamestown and Kansas City, he has appeared in an invalid's chair, accompanied by his wife or daughters, suffering from paraplegia, the result of an unfortunate fall three years ago. yet, notwithstanding his disabilities, as cheerful and witty and as hard a worker as ever, one of the most active and useful members of the Institute.

At Kansas City he appeared as well as usual, although his duties seemed to be more difficult, not so easily managed; but at the close of the meeting, when the members had gone and the work really finished, his daughter observed that he began to be very tired and showed signs of rapidly breaking down. With his oldest daughter he intended to spend a month with his brother in St. Louis. When he reached that city he was quite ill, but it was supposed to be from the excitement and overwork of the session and that a few days rest and quiet would soon restore his wonted vigor. Yet, notwithstanding all the care that could be bestowed on him, his persistent optimism was so pronounced, that no one realized that it was his last sickness; that he was nearing the end of his active professional career.

Dr. Kraft was born in Cincinnati, Ohio, January 8, 1851; obtained his education in the public schools and went into general business. In 1876 he began the study of law, but did not complete his course. In 1886 he graduated from the Homeopathic Medical College of Missouri, practiced a short time in St. Louis, and then removed to Ann Harbor, Michigan, where he was associate editor of the *Medical Advance* for some time. An earnest call for a physician in Sylvania, Ohio, severed his editorial connection, and he removed to that town in 1889, being called to Cleveland soon after to assume the professorship of Materia Medica in the Cleveland Homeopathic College. He held this position

until 1896, in the meantime becoming editor of the *American Physician*.

He was one of the most energetic writers in the homeopathic school; in fact, the *American Physician*, under his editorial management, was more nearly a one man journal than any other homeopathic publication, and that one man one of the most aggressive and persistent defenders of Homeopathy. In his death the American Institute has lost one of its most efficient officers, and the homeopathic profession one of its virile, energetic wideawake and ablest men. Every member of the American Institute or of the homeopathic profession, whoever met him, admired and loved him, for his was a charming personality. Farewell, Kraft, thy labors are ended.

He was buried under Masonic rites, conducted by the Occidental Blue Lodge of St. Louis, escorted by the Ascalon Commandery, K. T. The following tribute was paid him by his life-long friend and teacher, Dr. James A. Campbell, of St. Louis:

Friends, we are assembled here to pay tribute of love and respect to our friend and colleague, Dr. Frank Kraft. To mourn with those who mourn and grieve with those who grieve, over the passing of this lovable and brilliant man, whose whole life was full of work: so full of promise, so full of success in the directions in which he labored so manfully and so strenuously.

We may indeed, with truth, say, that here lies another victim of the insatiable demands made by the world upon those who CAN and WILL. Surely, no better example of ability, ceaseless, unrelenting industry has ever come before us. We who have known him from his boyhood days, can bear testimony to this.

When three years ago, he met with the accident which resulted in paralysis of his lower limbs, it was thought by some, that his days of usefulness were gone. In physical helplessness, in constant pain and in mental anguish, dreading a possible interference with his plans and his work, he fought on, seemingly, with added zeal. And the amount of work he accomplished since then, in spite of this terrible calamity, has been simply phenomenal. For the last two years, he has been secretary of the American Institute of Homeopathy, editing and arranging the annual issue of its proceedings, which last year alone, was a book of 1175 pages. Think of the enormous work, the correspondence and interviews with the many interested in it. There it stands, a splendid monument to his industry and his genius.

But this was not all; at the same time and for many years, he was Editor of the "American Physician," one of our best medical journals; and, Dr. Kraft's editorials were always unique, brilliant, spicy and unequalled in their way. More than this, wonderful to relate, it was only three days ago that I received notice from the publishers, of a new book, on a most interesting topic, by Dr. Kraft. Think of these remarkable evidences of intellect, industry and toil, under the most adverse circumstances.

That he has worn his poor body into dissolution and destruction, who can doubt; but, after all, is it not better to fall on the ramparts, in the fore-front, with flag in hand and with the shout of victory in the air, than to be a forgotten, contempted skulker in the rear; to wear out in good works, than to rust out in oblivion. Oh, my friends, what an example for emulation, for us to do our best while we can; surely,

The lives of all great men remind us
 We can make our lives sublime;
 And, departing, leave behind us,
 Foot prints on the sands of time.

The sadness of such an event lies largely in the sudden breaking of the loving and friendly ties of near association. All of us feel this, feel saddened over the thought that never again shall we take his friendly hand or hear his cheery voice. But it is the snapping of those nearer and dearer ties, that make the saddest and most discordant notes; and, our hearts go out in deep sympathy for the dear ones whom he loved so fondly and for whom he labored so willingly. And yet, friends, when we think of his trials, his pain and anguish, which could not be ended in any other way, can they, or we, not truly, rejoice to know that to him has at last come peace and rest, which was the only relief and solution of the problem for him. A few days after his return from Kansas City I saw him prostrated and helpless, in pain, unable to sleep and exhausted, and yet, not a word of complaint fell from his lips. He was cheery and bright, full of his old time wit. And when I last saw him, only a few hours before his fretted spirit left his tortured frame, he could not speak; but as I took his hand, his lips moved, but without sound; and gasping for a few more breaths of earth's pure air, he looked at me through trembling lids, not with eyes of fear, but with a brave, soft glance of friendship; and, as he pressed my hand, I knew that his battle was nearly over, and that peace and rest would soon be his: Brave to the last.

There is no death; what seems so is transition:
 This life of mortal breath,
 Is but a suburb of the life elysian,
 Whose portal we call death.
 One less at home:

A sense of loss that meets us at the gate,
 Within, a place unfilled and desolate;
 And far away, our coming to await,
 One more in Heaven,
 One more at home,
 That home where separation cannot be,
 That home where none is missed, eternally.

 NEW PUBLICATIONS.

A CLINICAL MATERIA MEDICA. A course of lectures delivered at Hahnemann Medical College, Philadelphia, by the late E. A. Farrington, M. D. Reported phonographically by Clarence Barrett, M. D. With a memorial sketch of the author by Aug. Korndorfer, M. D. Fourth edition, revised and enlarged by Harvey Farrington, M. D. 826 pages. 8 vo. Cloth \$6.90 net. Half morocco, \$7.00 net. Postage, 40 cents. Philadelphia and Chicago. Boericke & Tafel 1908

The popularity of this work is measured by its usefulness, by the aid it has rendered the practitioner, by the good it has done, and all these factors are emphasized in a call for a fourth edition. Wherever Homeopathy is known, Farrington's Clinical Materia Medica has become a handbook. It has been translated into the German and Spanish languages, and probably will be seen soon in native Bengalese, for our India homeopaths are especially fond of it.

It is scarcely possible that the charm in expression of the author could be completely preserved, for this volume is largely the work of a stenographer, yet the essentials, the characteristics of the great teacher, have been preserved. In this revision over forty pages of new matter have been added, including a complete lecture on Natrum Arsenicatum, from the original manuscript, notes and articles from current literature, by the author.

It is a most fortunate occurrence for the profession that this able son of this great teacher has been able to so completely revise the work and append new matter not found in former editions. Dr. Harvey Farrington, himself an able teacher of Materia Medica, assisted by his brother, Dr. Ernest A. Farrington, have seen the work through the press. This

edition contains a memorial sketch by a student and colleague, Dr. Aug. Korndorfer of Philadelphia. Hering himself was very proud of Dr. Farrington's attainments and appreciated his great ability as a teacher and writer, for he frequently said, "When I am gone Farrington must finish my *Materia Medica*." This memorial sketch adds very much to the interest of the work, for it enables the student to become better acquainted with one of the greatest teachers of *Materia Medica* that has ever graced an American rostrum. Next to Dunam's lectures, this is the most helpful and interesting, and contains the best comparisons of any similar work our school has produced. We heartily commend it to the student of the homeopathic *Materia Medica*.

REGIONAL LEADERS. By E. B. Nash, M. D., author of "Leaders in Homeopathic Therapeutics," "Leaders in Typhoid," "Leaders in the Use of Sulphur," and "How to Take the Case." Second edition. Revised and enlarged. 315 pages. Flexible leather, \$1.50 net. Postage, 7 cents. Philadelphia. Boericke & Tafel. 1908.

The call for a second edition of another work on Key-notes, enabling the student by a method of self-quizzing to master the salient features of the *Materia Medica*, is very encouraging. The author informs us that he has added 215 symptoms, thus making a total of 2,000 in the present edition, and all who essay to master the *Materia Medica* will not find them any too many. Of course it means memorizing work; but every student has to memorize Anatomy and Chemistry, then why not *Materia Medica*, the crowning glory of the homeopathic system. The first symptom in the book is: "Ailments after continued mental labor: *Nux Vomica*."

Here is another very similar symptom with which it may be compared: "Ailments or aggravations from any exhausting, long continued mental labor: *Argentum Nitricum*."

And so we keep continually adding to the Keynotes or characteristics first given us by Hahnemann, Hering, Lippe and Guernsey. In this way our *Materia Medica* is made more complete, more helpful and more easily mastered.

WHOOPIING-COUGH CURED WITH COQUELUCHIN. Its Homeopathic Nosode. By John H. Clarke, M. D. 90 pages. Cloth, 2s. net. Postage, extra (America and Canada, 54 cents, post free). The Homeopathic Publishing Co., 12 Warwick Lane, London, E.C.

The first edition of this work appeared about two years ago under the name of Pertussin, when it was summarily suppressed. A firm of German pharmacists had given to a proprietary article of their own the same name, and succeeded in obtaining registration in England through the inexcusable carelessness of official authority. It would have been expensive to test the matter, and the publishers decided to withdraw the unsold copies from circulation. In the selection of this name, the author tells us, he had adopted the suggestion of Dr. Marc Jousset of Paris and named it Coqueluchin, which is the French for whooping-cough.

The author informs us that many additions have been made, the number of clinical cases doubled, and that others besides himself have used the remedy successfully; among them Dr. Anton Nebel of Basle, Switzerland, so that practically this is the second edition of Pertussin.

Like many of our homeopathic remedies, this one has been introduced through its clinical work—a breech presentation—before any proving had been made, hence to a certain extent it is empirical work, and its use of course will remain empirical until we have a thorough test and a reliable pathogenesis. But Apis, Arnica, Bellis, Baptisia, Eupatorium, Secale and others did splendid curative work before a thorough proving was made, and the clinical record here presented by the author will no doubt be the stimulus that will give the profession a thorough proving in the near future. It has cured many cases of whooping-cough, and it has failed to cure many, which must naturally be the case with all remedies tested in the same way.

The following indications have been found valid in prescribing this remedy:

1. Hacking cough.
2. Deep sounding, croupy cough.

3. Cough provoking or followed by intense tickling in throat, fauces or trachea.
4. Hacking cough with coryza.
5. Spasmodic choking cough.
6. Cough with difficulty of getting breath.
7. Cough in frequently repeated paroxysms.
8. Spasmodic cough with intense flushing of the face.

RADIUM AS AN INTERNAL REMEDY. Especially Exemplified in Cases of Skin-disease and Cancer. By John H. Clarke, M. D. 736 pages. Cloth, 2s. 6d. net. Postage, extra (America and Canada, 66 cents, postfree). The Homeopathic Publishing Co., 12 Warwick Lane, London, E. C.

This Brochure of 136 pages, with a good index, is another work from the versatile pen of Dr. Clarke. It contains a history of the Radium Salts, and a proving of Radium Bromatum, much of the symptomatology of which was given in a recent issue of the *MEDICAL ADVANCE*. "The work is dedicated to the memory of Paul Francois Curie, M. D., who conducted the first homeopathic dispensary for the poor in London, and introduced Hahenmann's system to the thinking people of England; and to his illustrious grandson, Pierre Curie, the joint discoverer of Radium."

The X-ray and colored light treatment of cancer and many skin affections were in general use when the discovery of Radium was announced, and immediately a large number of cases were treated by the rays of Radium and many successes, more or less complete, reported, in fact so general became its use that it was almost impossible to supply the demand. Our allopathic friends thought they saw in the external use of Radium rays the cure for malignant disease, but like nearly every other remedy in the *Materia Medica*, when used in this empirical, indiscriminate manner for the name, the diagnosis, some cases were successful, but a large majority were failures and as a natural result the Radium fever soon subsided.

Dr. Clarke now took up the work of testing Radium

Bromatum on the healthy and the result is given in this little work.

Dr. J. C. Molson, of London, gives his experience after taking the remedy himself:

"After taking a dose or two of a rituration not higher than 45x, I got such *sudden* and *violent shocks* of pain in the lower branches of the fifth cranial nerve on the *left side* of my face that I decided to leave this remedy severely alone. The pains were without premonition, abrupt, and of lightning-like suddenness, and so intense as to call forth an interjection."

A number of clinical cases are here recorded, showing the definite action of the remedy when used internally in skin diseases, and in some cases of incipient and pronounced cancer.

One of its aggravations is well worth remembering; like Carbo animalis the symptoms are aggravated by shaving.

POCKET MANUAL OF HOMEOPATHIC MATERIA. By William Boericke, M. D., with Repertory by Oscar Boericke, M. D. Fourth edition, revised and enlarged. 981 pages; price, flexible morocco, \$3.50. Boericke & Runyon, New York.

Boericke's little Manual of Materia Medica is so well known that extended notice of it is scarcely necessary. This, the fourth edition, has been revised and enlarged, making it even more valuable than ever as a reference book for the practitioner and student. There is also an improvement in the size of the volume. In spite of the fact that a valuable clinical index has been added, the book measures scarcely more than an inch in thickness, almost half the thickness of the former edition. This has been due, chiefly, to the use of a much finer quality of paper, so that it can be easily carried about in the pocket. It is, undoubtedly, the best and most comprehensive of the briefer Materia Medicas on the market.

NEWS NOTES.

EDITOR MEDICAL ADVANCE:—I have the honor to advise that I have appointed Dr. Moses T. Runnels, Kansas City, Missouri, secretary of the American Institute of Homeopathy vice Frank Kraft, deceased.

Very truly yours,

WM. DAVIS FOSTER, President.

David Posey Brown, M. D., announces that: "Mc-Kniley hospital, Trenton, N. J., is in need of two internes at the present time and I am writing to see if you will give us a note in your valuable journal to that effect. We have a capacity of one hundred beds and have a good deal of surgical work, and a large dispensary, of which the internes have, practically, complete charge. D. P. BROWN."

International Hahnemannian Association—The next meeting will be held in Pittsburg, perhaps the first week in June, 1909. Do not say you never heard of the time and place of meeting. Begin now on your papers for next year, so as to be ready when the call for duty is sounded.

Dr. W. J. Hawkes, Los Angeles, California, announces the removal of his offices from their former location to the Wright & Callender building, Fourth and Hill streets, rooms 311-12. His office hours will be from 11 to 12:30 and 2 to 4. The doctor will make a specialty of dietetics.

New Jersey State Society sends the announcement for its semi-annual session at Hotel Marlborough, Asbury Park, October 6th and 7th, 1908.

The scientific sessions of the meeting will be especially good. The officers suggest that at least two papers be presented by each bureau, which will afford ample time for a full discussion. We think this very wise, because more good often obtains through full and free interchange of opinion than by too many papers with little or no discussion.

Dr. H. P. Holmes, of Sheridan, Wyoming, was severely injured July 3rd, at old Fort Kearney, by the overturning of an automobile with eleven passengers in it. The doctor fell on a flat stone, injuring his left trochanter so severely that he has been in bed for a month, and is only now beginning to navigate on crutches. He will have the sympathy of the readers of the *ADVANCE* in his affliction.

The Needs of the Homeopathic Materia Medica—This is an address delivered before the Homeopathic Medical Society of the County of New York by Dr. J. B. Gregg-Custis, and is an attempt to present the subject in such a way that our *Materia Medica* may meet the demand of the specialist in therapeutics. This is certainly praiseworthy, but if our specialists would study the *Materia Medica* and apply it as Hahnemann suggested—for the patient, not the diagnosis—they would find it capable of meeting all demands upon it in every curable case. The provings on the healthy do not produce disease, hence cannot cure them.

Dr. R. S. Copeland, Dean of the New York Homeopathic Medical College, has appointed Dr. Rudolph F. Rabe, head of the *Materia Medica* corps of the faculty. Judging from the work which Dr. Rabe has already done in college and from his admirable, clear-cut clinical cases in papers before medical societies, the I. H. A., and in our various journals, no better man in New York could be found to fill this important position. We think this an advance step taken in the principal chair of a homeopathic college, and we trust it will now resume the position it formerly occupied under the leadership of Dunham, Lillienthal and Allen.

The Regular Homeopathic Society of Chicago was organized for the same reason that the Hering Medical College was, to perpetuate and advance the interests of pure Homeopathy. It is not intended to antagonize any homeopathic society now in existence, but it is intended to furnish a place where those who believe in and practice Homeopathy as ad-

vocated and taught in The Organon can have a part. President Copeland recently made the remark that he never enjoyed a homeopathic society more than he did the meeting which he attended in Chicago. Every homeopath is invited to attend and judge for himself the necessity for such a society.

Dr. John F. Edgar, El Paso, Texas, wants to know if any homeopath has ever cured the following symptom:

“Urine having the odor of turpentine.”

It is not to be found in any of the repertories for the simple reason that it has never been developed in the proving of any remedy. The symptoms given of this patient are:

Has unpleasant sensations before an electric storm; but when raining, enjoys the sound and dampness.

Hands and feet generally cold, yet frequently seeks cool places in bed for the hot palms and soles.

If any reader has ever cured a patient having this symptom, kindly report it.

The Opium Curse.—The attempt to suppress the opium evil has assumed national importance. A commission to investigate the various phases of the trade is to meet in Shanghai next January. The excessive use of opium as a narcotic is greater in the East than in America, but its use in the United States is simply astonishing. In the last five years there has been an increase in the amount used of over a million pounds, and notwithstanding the best humanitarian efforts, the future, judging by these figures, is anything but encouraging. It is not the Chinese population alone that are addicted to the opium habit, and we fear the continued use of the drug as a palliative is one of the chief causes for its spread in this country. Why not strike at the root of the matter and induce the medical profession to cease its use as a palliative remedy!

The New Bonninghausen Repertory is completed and will be ready for delivery this month. One of our esteemed

contemporaries said that it was not possible for 75 per cent of the profession to secure a copy of the first edition. This is a mistake. It was extensively advertised to be sold by subscription, but no one subscribed. Over 75 per cent of the homeopathic profession of the United States do not use a repertory, and consequently will have no use for this. But every physician who does use one will find this a great time-saver and very helpful in his work. Those who have never used a repertory in selecting the homeopathic remedy know nothing of its advantages. They are like our friends of the other school who will not try Homeopathy because they do not believe in it, and they do not believe it is because they will not try it. Any homeopathic physician can see a copy of the Repertory at Boericke & Tafel's Pharmacies. No homeopathic publisher would undertake to print it. It is a private enterprise and republished solely as a time-saver to those who use are pertyory.

Paris, April 17, 1908.

EDITOR MEDICAL ADVANCE: At half-past eleven this morning, at the age of 92 there died at his residence, 15 rue Vauquelin, Paris, one of the greatest men of science of the past century—Dr. A. Béchamp.

It was he, and not another, who discovered the cause of fermentation; it was he and none other, who discovered the cause of the disease of the silkworm and that of the vines, and, while those who followed his counsel saved their silkworms and their vines, they who followed other counsel lost theirs. He discovered the functions of the glittering corpuscles, to which he gave the appropriate name of microzymas, which he showed, evolved into bacteria when sick, while by an etymological solecism the name of microbe has been given to them by those who sought to appropriate to themselves the discoveries made by this true master.

He thereby laid on a sure foundation the sciences of physiology, of pathology and of biology and pointed out the need of asepsis in surgery. His last great discovery was that of the cause of the coagulation of the blood.

To the shame of the (so-called) scientific men of France, the great Béchamp died neglected by time servers, but honored and beloved by the few "hommes délités" who make science and truth their object.

That science may return from following the false lights by which its would-be followers have been misled; the work done by Béchamp must be gone over by competent men, when their real value will be recognized and the foolish fads which dishonor medicine today will sink into deserved oblivion,

MONTAGUE R. LEVERSON, M. D., Ph. D. and M. A.

University of Göttenburg.

TWENTY-NINTH ANNUAL MEETING OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The I. H. A. met on June 29, 30 and July 1 of current year at the Chicago Beach Hotel. Although the meetings held in the West are not as well attended by members as those in the East, the members are always increased to a greater extent by visiting physicians. In other words, the Eastern members do not come to a Western meeting, but the Western members do go East. There were three times as many present as there were last year at Jamestown.

Dr. R. F. Rabe made an excellent presiding officer, and Dr. C. M. Boger an active and efficient chairman of the Board of Censors. There were no resignations and a considerable number, about twenty, new members elected.

Among the notable features was the appointment of a committee of publicity for disseminating the truths of Homeopathy among the people, and a contemplated change in the by-laws by which the association work could be prosecuted at separate centers in widely separated parts of the country.

The papers were valuable and of a practical character, even those belonging to the Bureau of Homeopathic Philosophy.

Dr. C. M. Boger added to the interest of the occasion

by giving a practical demonstration of the working out of the remedy by his translation of Bönninghausen's Repertory, the cases being furnished by various members.

Dr. Peterson and his wife, also a physician, traveled to the meeting in their automobile, all the way from Richmond, Indiana. Among the visitors were Dr. Evelyn Hoehne, of Milwaukee, who attended every session, and took part in several discussions.

Dr. P. E. Krichbaum, the new president-treasurer, or treasurer-president, is now pretty near the whole thing, as he holds two offices.

Dr. Nathan Cash, an old member, whom we remember to have seen many years ago at the meeting held at Richfield Springs, N. Y., and recently reinstated, was present with his wife.

Dr. Kent, Gladwin and Austin, whom we were pleased to see at Kansas City, at the meeting of the American Institute, to our grief did not honor the I. H. A. with their presence, although they must have passed by us on their way home.

Dr. Margaret E. Burgess, Philadelphia, won praise by her capable management of the Bureau of Clinical Medicine, although she took hold of the work at the eleventh hour, owing to the disability of the appointed chairman, she had at least as good a Bureau as usual.

Dr. J. C. Holloway read an aggressive—almost pugnacious—paper on Homeopathy. His fine appearance and thunderous voice made a strong impression. The committee on publicity could not do better than to chop up his paper in appropriate sections and use it in their coming campaign.

The Chicago Beach Hotel, with its fine scenic surroundings, commodious rooms and quiet neighborhood, made one of the most agreeable meeting places the society ever had.

BISK.

DR. OSLER vs. OSLERISM.

We beg to felicitate Dr. Osler upon having attained his sixtieth birthday. May nothing vital happen him; but on

the contrary at least two full score years of continued and conspicuous usefulness. He has now joined a most goodly brotherhood which has in the past included such men as Cato, who at eighty studied Greek; Plutarch, Latin, and Socrates, music; the sage Arnauld, who translated "Josephus;" Gladstone, who at four score overthrew the Conservative government; Goethe, who at that age completed "Faust;" Hahnemann, who married and continued his work for a decade; Simonides, who won a national prize in poetry; Ranke then began and completed his "History of the World;" Buffon finished his forty-four volumes of National History; Palmerston was England's Premier; John Quincy Adams still took part in our country's legislative proceedings; Bancroft published his "History;" Voltaire wrote "Irene," and Landor his "Imaginary Conversations;" Newton and Spencer carried on their epochal investigations; Von Moltke generalized the Prussian army; John Wesley continued to preach, and Michael Angelo and Titian to paint; Isaac Walton fished and wrote; Comaro set the example for Horace Fletcher and Chevreul demonstrated his colors—all, recently recorded Dr. Dorland, at the age of eighty.

In case of suspected fracture of the skull, percussion-auscultation will be found a valuable procedure where all other signs and symptoms have been negative. The procedure is the following: The forehead is repeatedly tapped sharply in the median line with the middle finger, the stethoscope being moved from one point to another from before backward. If a fracture be present, a cracked-pot sound is elicited just beyond it. The corresponding part of the head on the other side should be auscultated to eliminate possible error.—*American Journal of Surgery.*

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THE COAGULATION OF THE BLOOD.*

BY M. R. LEVERSON, M. D., M. A., Ph. D.

I may safely assume that every member of this medical society who has given attention to the subject of the coagulation of the blood, is dissatisfied with the descriptions and attempted explanations of that phenomenon as given in the most recent and authoritative works upon Physiology.

It would be a waste of time to criticise any of those attempted explanations. Until the discovery by Béchamp of the microzymas and of their functions there existed no sound basis for the science of physiology, and no attempted explanation of the coagulation of the blood can have any relevancy thereto which does not rest on those discoveries; while the more recent discovery by that wonderful man of the third anatomical element of the blood enabled him to give a clear and perfect exposition of the phenomena of coagulation, which contrast with those previously hazarded as does the Copernican with the Ptolemian Astronomy.

I have already presented to this Society a brief review of Béchamp's discovery of the Microzymas and of their functions and I shall start today with the knowledge thereby gained to try and give you some perception of the subject of the coagulation of the blood as discovered and described by that genius, who died on the 15th of April of this year.

For convenience of present application I will remind you that as demonstrated by Béchamp, functioning as anatomical elements in a living and healthy organism, the microzymas are the physiological and chemical agents of the

*Paper read before the Brooklyn Hahnemannian Union.

transformations which take place in the processes of nutrition, but withdrawn from the living organism, or in the corpse, they are the agents of all the changes which take place either in a suitable medium or in the cadaver, and, whether a vibronian evolution takes place or not, these changes extend to the destruction of the tissues and cells; and when all their work is accomplished nothing living remains except the microzymas. It is the present received opinion by homeopaths that in every living body—in every minute cell, there is a force which animates every vital function of that cell. This theory finds confirmation in the discoveries of Béchamp, whose microzymas supply that appropriate animative force to every cell.

The processes by which Béchamp discovered the *modus agendi* of the coagulation of the blood may be thus summarized:

On shedding blood from its vessels into pure alcohol, diluted with distilled water about 1-3 strength, also on mixing defibrinated blood in the like, a precipitate was obtained in each case, but much more abundant from the entire blood than from the defibrinated.

On washing the precipitates with alcohol until they were perfectly white and examining them under the microscope they were seen to be composed of immense numbers of very delicate molecular granulations, mixed with remains of cells which were more abundant in the deposit obtained from the defibrinated blood. The difference in weight between that of the deposit of molecular granulations furnished by the entire blood and that furnished by the defibrinated blood, nearly represents the molecular granulations which would have been furnished by the blood without its globules.

Both precipitates liquified starch and disengaged oxygen from oxygenated water (but in different quantities) and thus are seen to possess the properties of fibrin as it actually exists in the blood.

It would be too great an imposition upon your patience to detail the experiments by which Béchamp solved this question and discovered the existence of a hitherto unsus-

pected third anatomical element of the blood consisting of a minute globule, the diameter whereof did not exceed $\frac{1}{100}$ of a m m, composed of an albuminoid atmosphere surrounding microzymas as a nucleus (x)

He gave the name of Haematic-microzymian-molecular-granulations to this anatomical element and found that the weight of the microzymian-molecular-granulations obtained from a given volume of blood, less the weight of the molecular granulations obtained from the like volume of defibrinated blood, is almost the same with the weight of the fibrin obtained from the same volume of blood by whipping; thus it is evident that ordinary fibrin is nothing else than a quantity of these microzymian granulations soldered together by means of the albuminoid atmosphere, which as Béchamp demonstrated undergoes an allotropic modification on issuing from the vessels and on being liberated this organization is destroyed and the microzymas become visible.

This anatomical constitution of the haematic microzymian granulations and the properties of their albuminoid envelope explain mechanically the phenomena of spontaneous coagulation and the production of the fibrin by whipping. It also shows that the conception of Henson, Milne Edwards and of J. B. Dumas, was correct who suggested that the fibrin exists in a condition of fine granulations in the blood.

Béchamp demonstrated the real structure of the red globule to consist also of a cell-wall (as container) and of a content, and that it was a cell having microzymas for its anatomical elements. The serum furnishes the conditions of existence of the anatomical elements of the blood, the globules and granulations, enabling them to conserve a constant composition, their physical existence, the homogeneity of their integument and that of their contents.

The microzymas had been seen but not understood before Béchamp's discoveries, they were called vibrating corpuscles and early in his researches he announced that they

(x) An analogous albuminoid atmosphere enveloping the microzymas of the Pancreas had already been demonstrated by Prof. Béchamp and Estor. Trans. of the Acad. of Med. of Paris, Vol. LXIX, p. 713.

were living. Mr. Pasteur denied this and classified them along with granules of starch or organites. (x)

The three anatomical elements of the blood then are; the red globules, the white globules and the microzymian molecular-granulations the existence whereof had not before been suspected but which are the essential life of the blood, that which reproduces the red and white globules by a species of nutrition analogous to that which goes on in every living body by the aid of its microzymas.

It is interesting to remember that Béchamp and Estor demonstrated that in the process of development of the being from the egg, the anatomical elements, the tissue of the vessels and the anatomical elements of the blood contained in them, are born simultaneously of the microzymas of the vitellus operating in the unorganized intermicrozymian medium of the vitellus. Hence the serum of the embryonic blood comes into being at the same time as the globules and the granulations which obtain the necessary nutriment from the unorganized part of the vitellus. In short container and contents are born together, and together become each what it should become, and it is important to note that there is a difference in the blood not only between arterial and venous blood in the gross, but far more intimately, as for instance, while the blood of the portal vein yields fibrin by whipping, that of the subhepatic vein does not do so.

The anatomical elements of the blood, in whatever part (x) The bold untruthfulness of the statements of DeBarry concerning Béchamp and his discoveries, leaves one in doubt whether to regard them as wilful falsehoods or as consequences of an incurable ignorance. Pasteur continued an advocate of the doctrine of spontaneous generation until after the contrary was demonstrated by Béchamp in 1867. He then attempted to plagiarise Béchamp's work. To allege that Béchamp's doctrine of microzymas is a theory "in the direction of" spontaneous generation as is done by De Barry on p. 47 of his work on *Bacteria* is an absolute inversion of the truth.

It is not to be lost sight of that De Barry's professorship and the entire fabric of his reputation rest upon *spurious* (Jenner was fond of that word) knowledge derived from Pasteur's grotesquely distorted plagiarisms of Béchamp's labors. For proof of the latter see "Les grands Problemes Medicaux" Journal de Medecine, Paris, Octobre-Novembre, 1904.

they happen to be, exist there only because the conditions of their existence are realized only while it is flowing in the vessel; the serum acts as an intercellular and intergranular substance preventing the immediate contact of the anatomical elements, analogous to the part performed by the other tissues of the body; and thus the blood is seen to be a flowing tissue the integument whereof, the blood vessels, are constantly lubricated by the intercellular substance, and as well as the blood itself, is continually nourished by the action of the microzymas; the globules and the molecular granulations are absolutely insoluble in the intercellular liquor. This insolubility is assured at every point of the circuit by the origin and composition of the complex intercellular liquor resulting from the nutritive action of the anatomical elements both of container and content.

At the moment of shedding, the blood may be considered as being the flowing tissue such as it is in the vessels, except that it is a mixture of the blood, arterial and venous, of all the regions of the body, thus the anatomical elements are rudely placed in a new condition, very different from their Physiological state. It will be shown that this change in the conditions of existence rapidly determines the manifestation of the phenomena of coagulation and of other changes in the blood. The matters to be explained are:

- (1) The spontaneous coagulation of the blood.
- (2) Defibrinated blood does not coagulate.
- (3) The blood of certain animals received into a glass or metal vessel seems to coagulate uniformly throughout its entire mass, forming a single solid clot of the shape of the vessel it is in. Gradually this clot contracts, expelling a lemon-colored serum, which afterwards becomes more and more red and the clot swims at last in the serum expelled from the primitive mass.
- (4) The clot is formed by a network of fibres imprisoning the globules in its meshes.

The condition absolute (*sine qua non*) for the tissue to continue flowing is that the properties of the anatomical elements and their independence remain unaltered—their rela-

tions with the intercellular liquor must remain unchanged not only in the vessels but after the shedding.

The distribution of the globules and how they pass one by one into the Capillaries are known; the distribution of the microzymian-molecular granulations is such that if the globules disappear the former occupy the entire space they filled, that is to say, they exist in such a manner in the blood that the globules move in it and among them, unceasingly displacing them, but they immediately re-occupy the abandoned space. Or as Dumas said, the fibrin exists in the blood in a flowing state, only this flowing state is molecular, and for each molecular granulation there is a microzyma for nucleus, to which it forms a limited albuminoid atmosphere absolutely insoluble in the blood serum.

These haematic-microzymas (along with the pancreatic microzymas) are the most minute objects known, and Béchamp calculated that in their moist state a cubic millimetre would contain 15,250,000,000 of these microzymas.

He then explained how the albuminoid atmosphere of the third anatomical element becoming swollen by absorbing the intercellular liquor so fluctuates, as each moment to fill up the whole of the blood-space making room for the globules as they flow.

The blood when shed is a mixture no longer in its natural physiological condition and it is necessary to ascertain whether the conditions necessary for it to be regarded as a flowing tissue can still be realized.

In its new condition the intercellular liquor which comprises all the organic and mineral soluble products of the denutrition of the anatomical elements, both of container and of contents, immediately changes its composition, for the Katabolic products being now non-utilizable are no longer eliminated and the utilizable are neither utilized nor removed; further the anatomical elements of the flowing tissue which need oxygen to function properly, are more and more deprived of it after having consumed the reserved oxygen and that which the accumulated non-eliminated products have been able to absorb, as the oxygen

is no longer renewed by respiration. The first change then suffered by the shed-blood is that which the intercellular liquor undergoes in its composition.

The microzymian molecular granulations are immediately affected by this change of medium and of conditions of existence, and, as shown by Béchamp's experiments described by him in "Le Sang et son troisieme element anatomique" p. 132 in a few seconds the albuminoid atmosphere which had been soluble in a very dilute hydrochloric acid becomes insoluble, i. e., a sort of coagulation takes place in it.

The mechanism of the formation of the clot is as follows: The microzymian molecular granulations fill the entire space occupied by the flowing tissue except that filled by the globules and the intercellular and intergranular liquor. Being ever so slightly superior in density to the intergranular liquor they are brought together; their albuminoid atmosphere being soft and mucuous, intermingle, while at the same time their substance undergoes the coagulation above mentioned.

These changes take place so suddenly that the globules though of a greater density have not time to be deposited but are caught in the meshes of the network formed by the sudden soldering of the albuminoid atmospheres which form the fibrin into fibres and membranes.

This explains the fact that after a few minutes the vessel containing the clot can be reversed and not a trace of liquor will escape.

M. Béchamp then shows that the theory which supposes the existence of plasma cannot be true and demonstrates that the facts of the coagulation of the blood of the horse are inconsistent with it while entirely explained by the microzymian theory.

The formation of fibrin by whipping is also explained by it. It is the result of a two-fold action. The one mechanical the other chemical. By the mechanical action the layer of intercellular liquor which separates the molecular granulations is broken and the forcibly separated granulations become agglutinated by reason of their mucuous al-

buminoid atmospheres, at the same time the changes in the conditions of existence cause the allotropic transformation of the albuminoid substance which coagulates as before seen, retracts at the same time, always enveloping the microzymas which before diffused through the entire volume of the blood are now reduced to the relatively small volume occupied by the fibrin produced by whipping. And from the small volume of the latter one can estimate the very great volume of the albuminoid envelopes.

This physiological theory of the spontaneous coagulation of the blood was given by Béchamp to the French Association for the advancement of Science at its meeting at Bordeaux in 1895. New experiments have confirmed it.

Finally in 1899 the MASTER thus sums up the fundamental facts, the discovery whereof have led to that of the real anatomical and chemical constitution of the blood and to the explanation of its spontaneous changes.*

(1) Ordinary air near the earth contains living microscopical objects and these objects are essentially the microzymas.

(2) Proximate principles and any mixture of such principles are unalterable in the presence of water, of a limited volume of air at ordinary temperature, permitting nothing of an organized nature to appear when there has been previously added a little creosote.

(3) Natural organic matters, vegetable or animal, tissues and humors, in like experimental conditions always change of themselves, by a phenomenon of fermentation, and at the same time the microzymas give birth to vibrieniens by evolution.

(4) The fibrin of the blood is not a proximate principle; it is a false membrane containing microzymas whereof the intermicrozymian gangue is a specialized albuminoid substance;

(5) It is owing to its microzymas that fibrin decomposes oxygenated water, that it liquifies starch and that it

*Loc. cit.: pp. 228-232.

can be dissolved, in undergoing chemical change, in very dilute hydrochloric acid;

(6) The microzymas of fibrinin liquified starch undergo vibrionian evolution in spite of creosote;

(7) Fibrin liquifies spontaneously in carbolized water without the microzymas undergoing vibrionian evolution;

(8) The fibrinous mycrozymas are special; they can produce lactic and butyric fermentation in liquified starch;

(9) Natural albuminoid matters are mixtures, reducible by direct analysis into exactly defined proximate principles;

(10) The albuminoid matters reduced to proximate principles are very complex molecules composed of less complex ones; Acids and their derivatives of the fatty and aromatic series; there are several of the less complex molecules constituting an albuminoid molecule quarternary, like urea; quinary like taurine, which is sulphuretted like hematosine, which is ferrous; Caseine besides the sulphuretted molecule contains a phosphoretted one; it thus contains six elements;

(11) There are several fibrins constituted as are those of the blood;

(12) There are a great number of different specific albumens which coagulation does not differentiate;

(13) The zymases are special albuminoid matters equally definable as proximate principles; they are always a functional product of the microzymas;

(14) The citrin of the blood besides its proper albumen contains a haemozymas;

(15) The haemoglobin of the red corpuscle reduced to a definite proximate principle decomposes oxygenated water by its slightly complex ferrous molecule, haematosine, and becomes discolored;

(16) The red corpuscle of the blood is a true cell, having its cell-wall and its proper content. This content is constituted especially by haemaglobin and microzymian-molecular granulations, the microzymas whereof decompose oxygenated water as do those of the fibrin.

(17) The blood contains a third anatomical element,

the haematic-microzymian-molecular-granulations. It is the albuminoid atmosphere of these granulations which form by allotropic transformation the intermicrozymian gangue of the false membrane called fibrin;

(18) The flowing tissue is a content, whereof the vessels, arteries, veins and their appendages form the container;

(19) The three orders of anatomical elements of the flowing tissue have their conditions of existence united only in their container during life;

(20) After issuing from the vessels these conditions of existence being no longer fulfilled degeneration of the flowing tissue commences;

(21) The microzymas of the different parts of the circulatory system possess alike the property of decomposing oxygenated water, as do also the microzymas of almonds and of other parts of vegetables, and beer-yeast. But there are animal tissues whose microzymas do not disengage the oxygen of oxygenated water;

(22) The microzymas, anatomical elements, are LIVING BEINGS of a special order; without analogy;

(23) The spontaneous changes of natural animal matters, whether the microzymas have or have not undergone vibronian evolution, thanks to free access of air, lead always in certain conditions to the complete destruction by oxydation of the products of those changes, that is to say reduces them to the mineral condition; carbonic acid, water, nitrogen. But the microzymas, under whose influence the oxydation is effected, are not attacked; consequently all that which is purely proximate principle in a tissue, in a cell and in the bacterium having undergone total destruction, the microzymas remain, as witnesses of the vanished organization.

(24) The geological microzymas of certain calcareous rocks and of the chalk, those of the dust of the streets and of the air are also witnesses of the microzymas which functioned as anatomical elements in the tissues of organisms of geological epochs as they function in those of the present time;

(25) Those which in the air have been called germs of the air are essentially the microzymas of the total destruction of a living organism;

(26) Normal air contains neither preexisting germs nor the things which have been improperly termed microbes, ascending from age to age to parents resembling them;

(27) The air contains normally no pathogenic microzymas. The *charbon bacteridia* of Devaine is the product of the evolution of diseased microzymas, either of haematic-microzymian-molecular-granulations or those of the blood;

(28) There is no living matter which is not morphologically limited (or defined.) That which has been called *protoplasma* in the cell always contains microzymas as anatomical elements.

HOW DO HOMEOPATHIC REMEDIES ACT TO PRODUCE THEIR EFFECT, A CURE, A THEORY.*

Some years ago I read in a scientific journal an article written by Monsier Marcel Labbe, France, wherein he announces that the white blood corpuscles, the leucocytes, not only absorb foreign bodies, destroy all worn out cells, absorb liquid poisons, and carry food substances to the tissues, but also fulfil the very important function of distributing medicinal drugs to all parts of the body, carrying them in particular to the very spot. where they will do the most good.

A writer, commenting on this in a subsequent number of the same journal, says that: "Various experiments have proved this to be true. A rabbit, under whose skin is injected a little Strychnine or Atropine, has, after a half hour some blood drawn off. This is divided by centrifugal treatment in three component parts: Leucocytes, red corpuscles and plasma; equal quantities of each are injected in three animals, and it is seen that the one receiving the leucocytes is poisoned, while the others are not. The conclusion is, that it is the leucocytes in particular, that absorb the alkaloid, the other blood elements receiving very little of it.

*Read at the meeting of the Brooklyn Hahnemannian Union, March, 1905.

This experiment, we are told, may be repeated at pleasure, with other substances, and the result is ever the same.

But the leucocytes are not content with absorbing, rendering soluble, even assimilating certain medicinal toxic foreign substances, they transfer them from one part of the body to another, and this is their greatest utility, the more so, as the place, where they transport these substances, varies according to circumstances. In normal conditions, that is in health, the leucocytes carry the drug to the liver and marrow; in illness they carry it to the affected parts, the centers of irritation, where the arrival of the leucocytes is most desirable.

Here is a remarkable but very natural and in no way mysterious electricity, by which the organism profits greatly. All we have to do is to discover the element that we should give to the leucocytes, to act most effectively. But can we depend on them to carry iron to the blood-making organs, iodoform to tuberculous lesions, salicylate of soda to the affected joints, etc.?

There is another fact that must be taken into account. The leucocytes, it is true, carry drugs to the affected parts, but they carry them also with special insistence to certain organs. Different organs attract different drugs, the liver Iron, the thyroid gland Arsenic and Iodine, while the skin, the spleen, the lymphatic ganglia and other organs seem to constitute regions of choice for several chemical substances. This specificity of localization is well known in the case of certain drugs, as: Arsenic, Iodine and Iron and we should be able to recognize it in all other medicants. This knowledge would doubtless enable us to control useful action and perhaps also to avoid certain injurious forms of action. In fine, the role of the leucocytes in the transportation of medicine is of high importance, and it is to be hoped that the investigation along this line may be followed out with great care."

Thus ends the abstract of Monsieur Labbé and the comments thereon. It may seem very scientific and con-

clusive to the average reader because a modern instrument of correctness and precision has been employed in attaining the result; too often failing to see the chances of error in the manipulations and deductions. There have been many instances where such errors were discovered long after the fact, that a great scientific discovery had been made, had been heralded over the world by means of scientific periodicals not only, but by the daily press as well.

So it seems to me in this instance chances of error exist. The writer has not proved that the leucocytes did attract the medicinal substance in the living organism, the combination may have taken place just as well in the centrifugal machine.

Again, granted that the leucocytes did attract and carry the drug in the living organism, he does not show, much less prove, how this produces a cure after reaching the disease centre. And furthermore: If certain drugs are found in certain organs of the body, may this not be the case rather, because these organs are the eliminating organs for these drugs, than the drugs to be present there to produce a curative effect?

But the homeopathic remedy, being dynamic in its nature, cannot and does not act in the manner of the crude drug used in the old school practice. How then does this act?

Many years ago this question was asked me by a patient:

How does medicine, taken by the mouth, and into the stomach, affect a cure in case of a disease of the brain, or lungs; how does it reach these disease centers?

In answer I gave him my theory, of the action of the homeopathic remedy, which I had formed years previous when speculating and thinking on this very subject, a theory which I have seen no reason to change since, but which many instances of instantaneous effects of the single homeopathic remedy, given dry on the tongue, have confirmed me in believing correct:

The brain is the center of life, here the life-force:

originates and is constantly developed, similar, perhaps, to give a very crude comparison, as the electric battery constantly develops electricity, until the elements therein are worn out.

The brain elements being constantly renewed by the supply of food, air, light, heat and all the pervading force or electricity of the universe, will naturally endure much longer and remain active, until these also are worn out at the time fixed by the Creator. While it lasts, the life-force is distributed by means of the nerves throughout the body, giving the impulse to move, to act, in fact to live, unto every organ and part of the body by the afferent nerves. Again any disturbance, occurring in any of these organs, or in any part of the body, is conveyed to the brain by the afferent nerves and the brain is affected thereby in either a benign or injurious manner, according to the nature of the impulse.

The homeopathic remedy, administered dry on the tongue or dissolved in water, coming in contact with the numerous afferent nerves of the tongue and mouth, affects these in a dynamic manner, and these convey this dynamic effect to that part of the brain which is disturbed by the disease process,

If the remedy is the similimum, it must affect this in a benign and curative manner, and converting disharmony into harmonious, healthy activity, produces a cure, restores health.

If the foregoing theory is correct, as I believe it is, then we must instruct our patients to allow the homeopathic remedy, in the form of powders or pellets, to dissolve slowly on the tongue and not try to swallow them or drink or eat anything, soon after taking these, in order to have them receive the greatest amount of benefit from the remedy.

[It would be very satisfactory if we knew just how the curative remedy reached the deranged organ and restored its normal functions. But as we may never be able to explain it, for the mysteries of the vital dynamis are beyond explanation; yet if we "stick to our text," adhere to our law we will reach the goal, the cure of the sick.—ED.]

HOMEOPATHY! ITS PRINCIPLES AND PRACTICE!

BY FRANK A. GUSTAFSON, M. D.

Professor Philosophy of Homeopathy and Materia Medica, College of
Physicians and Surgeons, Denver.

The basis of all efficiency in science is fact—experience with known facts and knowledge of sensible phenomena pertaining to their sphere of action. Truth is truth only when experience confirms it to be true. Opinions are of value only as the lead to knowledge and confirmation of true principles.

Medicine is an art and a science. It is the pure science of experience with the facts of disease, its cause and cure, and its relation to remedial agencies. It is the art of applying these things one to the other from positive knowledge and experience with them. To successfully grasp its principles and application the student has need to continually shun indolence, obstinacy and love of ease, and possess freedom from all prejudice, acute observation, good judgment and untiring zeal. For it is as true of medicine as of religion that to "him that hath shall be given," and that "the truth shall make you free."

The essentials of medicine are threefold—knowledge of disease, knowledge of the effects of medicines, knowledge of how medicines are to be employed. It involves knowledge of the human body and its normal structure and function; knowledge of disease causes and their results and effects; ability to recognize what is cause and what is effect, and to separate them; ability to recognize what is curable in disease and what has progressed beyond cure. Further, it involves knowledge of remedial agents; knowledge of how their activity in the human organism is ascertained and recognized, tabulation and comprehension of such facts for use according to positive and well defined principles.

These principles are the results of experience with known facts. In medicine, facts are to be applied and results noted, the outcome is knowledge for application and use. But here note again the need for freedom from prejudice, freedom from obstinacy, acute observation and sound

judgment. All progress in medicine has been due to this observation and confirmation of facts, all retrogression and failure to the substitution to human sophistry and speculation concerning apparent facts for real facts and erroneous conclusions and applications therefrom.

The philosophy of Homeopathic medicine as given by Hahnemann may be summed up in the following eighteen propositions:

1. Man is more than a body with parts and functions. He is a being who lives.

2. Sickness and disease in the body of the man is the result of disorder in the man himself and not in his body alone.

3. Health is restored, when lost, through a restoration of the man himself in his internal physical nature and a resultant restoration of his outward parts and functions to correspond with them.

4. Disorders in the internal vital organism manifest themselves in outward parts as symptoms.

5. Hence, symptoms are to the physician the picture of the disease and of the disease in its full extent.

6. Each individual presents symptoms varying from those of others affected by similar morbid causes according as he himself differs from others, except as to general symptoms that may be common to all.

7. Therefore, each sick man and each individual sickness requires an individualizing of each subject and person in order to determine how and in what degree the economy is being influenced by morbid causes, in order to ascertain and determine what is required to restore order in its fullest extent.

8. That when symptoms disappear as a result of medicinal action from within outward, and from more vital to less vital parts, the cure is being effected.

9. That when it is otherwise it is not cure, but a changing and suppression of the symptoms and a consequent additional disturbance of the vital organism—an aggravation of the malady.

10. That medicines possess power to cure because they have power to alter states of health and produce symptoms peculiar to themselves.. These peculiar symptoms, marking the individual, characteristic sphere of medicinal activity in disease, constitute the only reliable phenomena by means of which medicines are to be employed in the healing of the sick.

11. That disease states in the body are overcome by medicines only as they (medicines) excite artificial morbid states similar to those of the disease, as manifested in the symptoms of the man himself as a whole and in all his parts.

12. No medicine is or can be held curative unless its known symptomatology corresponds, or very nearly so, with the morbid symptomatology as presented in the patient, and when so selected medicines cure without exception those symptoms resembling them and leave none of them uncured.

13. And this for the reason that the weaker dynamic affection is overcome by the stronger dynamic affection and by means of it is extinguished even to its cause.

14. And, again, because the dynamic action of the drug engrafts a stronger similar disorder upon the vital organism causing it to react, arousing it to such an extent that it is successful in throwing off the whole disorder, both original and as the result of the drug.

15. At no time is it consistent or permissible to introduce more than one remedial agent into the economy at any one time.

16. This single singular remedy, selected because of its similarity to morbid symptoms, is not to be introduced save in the minimum dose required to produce its effect—this to be determined by means of experiment and experience.

17. When vital reaction is established thereby, no further remedial agent is to be introduced so long as this reaction continues—this to be established by the character of the symptoms produced or modified by the remedy.

18. That the curative activity of medicines is not made known when medicines are given to those under the in-

fluence of disease, but only when proven upon persons who are in states of health.

The object of your attendance here and the object of these lectures is that you may know these principles and be able to use them wisely and intelligently. For they constitute the only reliable principles of the art and science of the practice you have espoused. These principles have stood the test of time. They have been confirmed in practice. They have and still continue to be capable of demonstration to all observers possessing intelligent observation free from prejudice. They constitute a science of medicine that knows no failure save in the incapacity of him who fails to grasp their import and devotedly apply himself to their application.

Contrast these principles with those of dominant practice and at once it is apparent that Hahnemann's claim for them is justified. In the dominant practice there is no recognition of disease causes other than a confounding and confusion of disease results with disease causes. Attempts to restore order are made by the removal of single symptoms or by suppression of external symptoms or effects of disease. The result is that many acute diseases become chronic through suppression and curable disorders by this means become incurable. No attempt is made at individualization of the case or prescription. Groups of symptoms common to all and given disease names are regarded as the basis for the prescription. Nothing is recognized of medicinal action save what is toxic or pathogenic and remedies are applied from assumed knowledge of effects upon diseased organisms, or from experiment upon lower animals. Indications are therefore confused and the true action of medicines confounded because of the state of ill health, or from the varying action of drugs upon humans and beasts. The effects produced by remedies and called cure is for the most part the overcoming of the vital forces by crude drug action, is mere suppression, and continues only as long as the drug action continues, if it does not engraft itself upon the life of the patient and render him hopelessly invalided. There is

no arousing of vital forces to sustained reaction and consequent permanent health. Many remedial agents are combined in the one prescription and nothing of positive knowledge and value in drug application can be identified and known. Such procedures give rise to new conditions. These are rarely seen as the direct effect of drugs, but are erroneously classed as complications. They are but drug complications, not the ordinary complications of diseases running in usual course. What can result but that frequently patients are far worse off than if the disease had been permitted to run its course uninfluenced by any medication.

Experience clinical, experimental and intellectual confirms Hahnemann's deductions and conclusions. His theory of drug dynamitization has proved itself and confirms itself in practice. His law of similars is sane and demonstrable. His followers do heal the sick and in a speedy, gentle, permanent manner. But those who would aspire to success by means of his methods must be up and doing in the mastery of his theories, in comprehension of his principles, in thorough conversion from popular medical fallacy, in consecration to the cause to such a degree as to favor determinated effort and labor almost endless in acquiring knowledge of disease and its means of cure. They must possess the courage of conviction to administer and in face of public and professional clamor await in confidence the hour of vindication and triumph.

CLINICAL VERIFICATIONS FROM MY NOTE BOOK.

BY W. J. HAWKS, M. D., Los Angeles, Cal.

Case 1. A woman, aged thirty eight. Has had catarrh for two years. The nasal passages were first affected, but at present the chief difficulty is in the larynx, the disease having progressed downward. The patient has had a cough as long as she can remember. There is an evident tendency to pulmonary trouble, she having had "lung fever" several times. She takes cold easily, and during each attack she has a loose cough, with profuse expectoration, streaked with red or brown. She now has nausea after coughing, is very

nervous, very sensitive to cold air touching the back of her neck, which is stiff; she is very nervous, and excitement brings on the cough; cold chills run over her body and leave "goose pimples."

The symptoms which characterize this case and indicate the remedy are, especially, the inducing of the cough by excitement and the chills which leaves "goose pimples." Gelsemium covers all the prominent symptoms. Arsenicum and ipecac are both to be thought of, the former on account of the nervousness and the sensitiveness of the nape of the neck to cool air; and the latter because of the loose cough with nausea. But Gelsemium is the remedy which covers all the symptoms and has its characteristics prominent.

This remedy was given April 22. On the 29th the report was: "Better in every way." Placebo.

May 20. The old symptoms are all better, but the patient complains of being weak and tired. Placebo.

When the patient last reported the only complaint was of the feeling of a lump in the throat, with a tickling sensation; worse in damp weather. All this was relieved by rhus.

This latter condition—or the later symptoms—recall to my mind a very interesting case of "lump in the throat" of a lady vocalist. The lady, according to the best of judges, gives bright promise for the future as a singer, having a voice of most wonderful compass, and is now in Europe, perfecting her musical training.

Case II. Young woman, aged twenty-two. She had been harassed for five years and was discouraged to the point almost of giving up her dearest ambition by the persistent and annoying sensation of a lump in the throat, which seriously interfered with her efforts in vocal practice. I prescribed for her several times without the conviction that I had the right remedy and without effect. I could elicit no other symptoms, as she said she was in perfect health and certainly seemed to be.

I finally drew from her the fact that on observation she found that it was more troublesome in damp weather, and

that in "swallowing the lump down" it often *hurt her between the shoulders.*

Rhus is the only remedy I know of as having this particular symptom with all the others. It relieved her completely, so that she was not troubled for months; and when, after several months, it did return the same remedy promptly relieved. At latest accounts there had been no sign of a return of the trouble.

Case III. A man, aged sixty-five, has had incontinence of urine for thirty years, being unable to retain it either day or night. The affliction has increased gradually during that period from a trifling inconvenience to having become the bane of his life. He complains of considerable pain in the region of the bladder if he "takes cold," or retains his urine long after first feeling the desire to avoid it. His general health is good.

The trouble followed the suppression of the "itch" by "ointment;" his feet are nearly always very cold except at night, when they often burn on the soles so that he puts them out of bed and against the cold wall to cool them; he often has weak, faint spells through the day, especially an hour before the noon meal. Sulphur is the remedy indicated both by the cause and the symptoms.

This case also reminds me of one almost identical with it. The patient is connected, in an official capacity, with one of our largest railroads. He is a large, well-formed, healthy looking man. He has suffered more than five years from a painful inability to retain his urine. An hour was the longest time he could go without urinating, and often not so long without pain. He had never taken homeopathic medicine and was ready to go east for treatment when he consulted me. I found sulphur indicated by a hot vertex headache; cold and hot feet; weak, faint spells during the day; hot flashes; "gone, empty" feeling about 11 a. m., etc.

The relief was almost immediate, and the improvement has been steady for a year or more, with an occasional partial relapse, until, at the present time, he retains his urine

without pain or other discomfort for three hours or more by day and five hours at night.

Case IV. A boy, aged thirteen, with eczema capitis. It appears in little red pimples, which exude a sticky fluid, having the appearance of honey; there is much itching; he has headache if he gets heated or nervous; is dull and "lazy," and takes cold easily. The eruption first appeared behind the ears and is now worse in that locality. Graphites enabled him to report much improvement in one week.

Case V. A man, aged fifty-six, has had "aching in his bones for the past thirteen months," worse in cold and damp weather; worse at night, and water aggravates it; he has a cough, with pain in the chest; and aphthous condition of the mouth, and is restless at night. Mercurius caused a marked improvement in a week.

Case VI. A man, aged fifty. The patient sprained his ankle five weeks ago. He has been dressing it with various liniments since that time, but the joint is still quite stiff and very painful. The pain is less when moving the limb gently, and is worse at night and while at rest; it is stiff and painful when beginning to move, but gradually improves with the motion; the patient cannot sit or lie still long without moving.

The condition here is evidently rheumatism, with the sprain as the exciting cause. A sprain cannot of itself produce rheumatism. An individual in good health, and without predisposition to rheumatism, will recover from such an accident without medicine. But it is when there pre-exists a constitutional taint, hereditary or acquired, that medication is necessary. In such a case the constitutional disorder seems to be attracted to the weakened spot, and curative efforts must there be aimed, not at the sprain, per se, but at the constitutional predisposition, and our best guide is the totality of the symptoms. Rhus was the remedy given, and caused a marked improvement during the first week. The patient did not report afterward.

Case VII. A woman, aged fifty-six, with dyspepsia. She has suffered more or less for years, sometimes better,

at others worse; she complains of much sour belching; appetite is poor; stools are of indigested food; head feels large and heavy and food lies like a stone on the stomach; she is worse after midnight, and cannot sleep after 3 p. m.; there is much throbbing backache; she feels better while walking out of doors, and she is very irritable.

At the end of two weeks the patient reported that she was very much better; and, if the exciting cause can be removed, the remedy will cure the chronic result just as did Rhus in a former case. But medicine cannot take the place of nature, nor can it bolster the animal economy against the continued attacks from unphysiological abuse. In this case as in the majority of cases of this truly American disease the exciting causes are the swallowing of improper food in a hurried manner. Americans live too fast to take time to eat their food. They swallow in ten or fifteen minutes food enough to have kept them eating three quarters of an hour. They neither masticate nor insalivate their food in the mouth where the apparatus and material have been furnished by nature for that purpose. The stomach tries to do both, as well as to supply its own peculiar functions and material, and is consequently overworked. As a result exhaustion follows, and finally inability to do the work at all; and indigestion, with all its hypochondriac horrors, becomes a settled disease.

The exciting cause must be removed in the first place, in this as in all cases. The best way to accomplish this is to prohibit the use of all fluids at meals. Then the patient will be obliged to masticate in order to get lubricating material enough to make deglutition possible.

Case VIII. A boy, aged 8, with catarrh, and occlusion of the lachrymal ducts. In this case the tears overran the cheeks. There is a scrofulous history in the family. As an infant he had a large head and slowly closing fontanelles; was slow in learning to walk; he now has cold, sweaty feet; the stockings are always damp. Calcarea was prescribed, especially on account of the prominent symptoms and the result was most satisfactory.

This catarrhal closure of the lachrymal ducts I regard as one of the surest indications for calcarea. Silicia is nearly as often indicated.

Case IX. A man, aged twenty-one, with bronchitis. He has had a cough for three months, and raises "yellow, thick phlgem," especially when first rising in the morning. He has a bitter, slimy taste in the mouth in the morning; not much appetite; dislikes fat especially, and it disagrees with him if he eats it. He feels better out of doors; coming into a room at all warm or with a "close" atmosphere cause faint, dizzy feelings. He is low spirited; the tongue is coated and the cough loose. Pulsatilla is indicated by all the symptoms.

In a week there was a considerable diminution of the cough; the bad taste had disappeared and the patient was in all respects better.

Wright and Callender Building.

ON THE ACTION OF FICUS RELIGIOSA.

BY AGOSTINO MATTOLI, M. D., Rome, Italy.

In the dictionary of *Materia Medica* of Dr. J. H. Clarke, (Vol. 1, page 779) we read:

"*Ficus Religiosa*; Pakur, (India) N. O. Moraceae. Tincture (juice of fresh leaves mixed with equal parts of alcohol). Clinical, -Hemorrhages-Menorrhagia. Metrorrhagia".

Characteristics:—We owe this remedy to Dr. Sarat Chandra Ghose, of Midnapore, who made the first proving and thereby discovered its power to cause and cure hemorrhages of many kinds. Dr. Ghose kindly sent me a supply of the remedy, and I have had very satisfactory results with the 1x potency in controlling menorrhagia. The provers were Dr. Ghose himself, his wife and a dog. As the experiments are quite remarkable I will give them in detail.

1. The dog, which was perfectly strong and healthy, received 40 drops of the tincture one morning. No result followed that day, and the dose was repeated next morning, and the animal commenced and continued to vomit blood of a bright red color. It kept very quiet and was unwilling to

move. After the doses of five drops of the tincture given in quick succession, the vomiting ceased.

It is remarkable that the same treatment (minute dose of the same remedy) was effectual in arresting the effects of the drug in other two provings.

2. Mrs. G. took the tincture in 20 drop doses repeatedly throughout two days. On the third day dysentery and menorrhagia set in simultaneously. The blood was bright red. Other symptoms were: headache, very weak and restless, sight dim, burning at the top of the head; the face became yellowish; breathing difficult; she became sad and melancholy, with the profuse discharge of bright red blood; there were bearing down pains in lower abdomen.

3. Dr. G. took 40 drops in one dose. The result was frequent desire to pass water, which gradually became bloody and contained much blood. Then inclination to cough, causing him to spit blood. Slight headache, giddiness and nausea. Sight dim, very weak and restless. The tincture was taken, three drops every two hours, and after the third dose the symptoms vanished. Dr. Ghose relates some striking cases cured with the remedy—dysentery—hematemesis—hemorrhage of typhoid—bleeding piles and epistaxis.

COMMENTS AND EXPERIMENTS.

Having had opportunity to treat, in the practice of my profession, cases of hematemesis, epistaxis and menorrhagia, I have never found the *Ficus Religiosa* efficacious in these cases, whether given in the tincture, three drops every dose to be repeated every three hours, or used in the third, sixth dilution. This fact impressed me so much the more because the experiences of Dr. Ghose were so marvelous as to leave no doubt whatever of the efficiency of his remedy. Then I decided to repeat Dr. Ghose's experiments, which, considered attentively according to me, laid themselves open to some criticism. In fact the dog took 40 drops of medicine the first day without exhibiting a single symptom, while Dr. Ghose after only 40 drops had all the many hemorrhages he describes and that the dog had only after

a second dose of 40 drops given the day following the first

And why was it that Mrs. Ghose took the tincture in doses of 20 drops repeatedly for two days and only upon the third day had simultaneously dysentery, menorrhagia, etc.?

How can it be possible that two persons (leaving aside the dog) respond so differently to the same medicine? I do not know what Dr. Ghose means exactly by the word "repeatedly," but thinking that he probably would wish to signify at least four times in every 24 hours, Mrs. G. must have taken 160 drops of tincture before exhibiting the symptoms that Dr. Ghose had after 40 drops taken at one time, and his dog after 80 drops taken in two doses, 24 hours apart. We do not know how much the dog weighed nor in fact the other two subjected to the experiment. We do not know what were the results of physical, chemical or microscopical examinations of their urine. We do not know after how many small doses of the tincture Mrs. G. was cured.

And is this treatment by little doses of tincture of the same medicine, that would have been curative, homeopathic? Our school is founded upon the law of the similar and not the equal or identical. And also using the same medicine in the same strength (in our case tincture) for certain purposes, does not one increase the state of toxicity in which the organism is already found because of the preceding more generous doses of this identical medicine? At least one should use the dilutions of that medicine.

Let us take for example the serum anti-diphtheritic that Dr. Behring admits to have discovered guided by our law, and let us see how it is prepared.

A certain quantity of the diphtheritic toxine is injected in a horse, and after some days the serum of the blood is taken from this animal, and that contains the diphtheritic antitoxine. Now, considering the small quantity of toxine injected, the great volume of the blood of the horse and the fact that he absorbs large quantities of solids and fluids each day, we can understand how high is the dilution of the toxine, become antitoxine, because of the reaction of the organism, and the numerous biochemic changes that take

place in the organism itself. The enormous dilution of the medicine (serum) is proved by the fact that by no examinations, chemical or microscopical, can the antitoxine be demonstrated; that it be similar but not equal or identical (the antitoxine to the toxine) is demonstrated only by experiment upon animals. So we know how many immunizing units a serum possesses in proportion to every gram of weight of the animal.

This is homeopathy.

But if we, instead of using the antitoxine in an individual who had contracted diphtheria, and as a consequence already poisoned with the diphtheritic toxine, as a cure we use the toxine in repeated small doses, we would in this case increase the degree of toxicity of the organism and nothing else.

Therefore, as the properties of the antitoxine are different in everything from the properties of the toxine, so the properties of the other medicines diluted and potentialized, have also an action, a strength different from the crude drug. For example, lycopodium, as a crude drug has no therapeutic property, so much so that it has come to be used in the regular school as an inert powder for covering pills; potentialized it becomes one of the very useful medicines in our materia medica. The same may be said of lead, of silica, of charcoal, etc. Now, take an individual with saturnine colic; we would not give as a cure (when the symptoms correspond to plumb. met.) doses of lead (in the natural state) even in minute and repeated doses, but we give the lead potentialized that has properties different in everything from the drug in nature.

A medicine highly potentialized has no more small particles (molecules, atoms, ions) of the medicine itself, but of the *emanations* from the medicine, in the inert mediums in which it is prepared (sugar of milk or alcohol), which have therapeutic properties and virtues entirely diverse from the body from which they emanate. So, by rubbing rosin with wool, we have electricity.

But these attenuations, these dilutions or potencies,

cannot be demonstrated either by chemistry or the microscope * * * and what of that? Do we for that-reason perhaps refuse to accept the anti-diphtheria serum in our therapia, and is it not used also by the allopaths although it cannot be positively demonstrated? But it is demonstrated specially. And this proves to us that there are in our organism, probably in our nervous system, balances of chemical reagents, infinitely more sensitive than any in our laboratories, that can respond to the infinitely small doses that today we cannot see or weigh. And as the least disturbance of the equilibrium of an apparatus so delicate can have most disastrous effects (for example, pulmonary cavities), therefore when we remedy these balances that regulate the health, we cure the cause of the malady and with this the individual. And as the perturbation that produces the malady is small, the curative dose must be small (to every action a reaction equal and opposite). If the dose is too strong, the medicine produces in its turn a disturbance of those delicate balances or a medicinal disturbance. This is one of the great things of our school, that we never harm our sick. And this is already much if we consider for a moment the number of the sick killed by bleeding in typhoid and pneumonia and by other so-called energetic treatments that pass and then become again the fashion, methods of treatment that Bichat himself characterized with hot words, saying that the practice of medicine was repulsive and under some aspects unworthy of a reasonable man.

To a given dynamic perturbation there corresponds a given drug potentialized and when one has the ability to choose the drug that corresponds to the malady, the cure is certain. If we have not the fortune to choose exactly (corresponding exactly to the symptoms of the malady) we have done nothing, neither to the patient nor to the disease. We have for example a magnet with two poles, one negative and the other positive; if we advance toward the positive pole, a substance positively magnetized, it is repelled, but one negatively magnetized, is attracted.

My illustrious allopathic colleagues will have laughed

when I said above that from very small causes one can have disastrous effects, as pulmonary cavities, but to me it seems that in the assertion made, there is nothing extraordinary. If you say: but tuberculosis and the consequent cavities we know well by what they are caused; they are the effects of the bacillus of tuberculosis, that upon contact with the mucous membrane of the small bronchial tubes and the alveolae, give the forms of twelve specific bronco-alveolitis with all the diverse manifestations of pulmonary tuberculosis. This is true, but if one hundred persons inhale the same bacilli, why do only ten for example develop tuberculosis? Because they have the predisposition to take that malady; in other words, the means of defense of the organism (phagocytosis, etc.) are weakened and, according to our idea, because in such individuals there exists dynamic perturbations such as to render them easy prey to a tubercular infection. As a consequence, when we find ourselves confronting a grave tubercular process, we must not consider only the effect (pulmonary cavities), but correct the dynamic perturbation of the organism that will render it able to throw off such infection. *Tolle causam.*

It is difficult to explain with a material example how so small a perturbation, so small a dynamic disturbance of the equilibrium, easily corrected by a remedy adapted, similar and potentialized, can cause such fearful effects; but let us take for example a machine many millions of times simpler than ours; a perfect chronometer; let us imagine that the smallest grain of dust falls into one of its wheels and the chronometer stops. A very small cause; a great effect; a machine so useful is of no more use. Now if we subject the watch to rough handling, if we operate upon it with means not delicate at all, we may have as a result that this delicate machine is permanently ruined, but if we remove delicately the little grain of sand, the cause of all the perturbation, we will see that upon the instant the chronometer goes again. The grain of sand must be removed not violently but by mild and gentle means; in fact, in a manner similar to that with which it entered.

But I see that I have allowed myself to be carried beyond my argument. I return therefore to describe my experiments upon the action of *Ficus Religiosa*.

I must premise that the experiments were made in the presence of two doctors of the regular school, in a laboratory of medical chemistry that is certainly one of the best in the Capital. The doctors present were Dr. Biasiotti, director of said laboratory and able specialist in medical chemistry, and Dr. Mario Serena, excellent specialist of physical therapeutics.

In the first experiment four rabbits were used, weighing about Kg. 2 each; the tincture *ficus religiosa* was furnished us by the Chemist Fabi, Piazza di Spagna No. 4, of Rome. All the animals used were kept fasting for six hours and the medicine was administered after the fourth hour of fasting. The 30th of May three of the rabbits were given forty drops of tincture by mouth and the fourth one forty drops of tincture by hypodermic. The 31st of May no special symptom exhibited itself in the animal during the 24 hours. Complete examination of the urine and feces, result normal. We gave again forty drops of tincture to the three and forty drops of tincture given hypodermically to the fourth rabbit.

June 1. The animals showed no special symptoms of any sort, and the examination of their urine and feces resulted normally.

At this point, seeing the experiment resulted absolutely negative, I began to suspect the tincture of *ficus religiosa* of the Roman pharmacy might not be fresh enough or well prepared; then I wrote to Dr. Willmar Schwabe, Leipzig, (Homeopatische Central-Apotheke) and had fifty grammes of *ficus religiosa* sent directly to me, and we began again the experiments this time upon a dog in perfectly robust condition, weighing Kg. 4,460 and upon a rabbit weighing Kg. 2,171.

June 10. With the animals fasting as above, we administered forty drops of tincture each.

June 11. No symptoms were manifested during the 24 hours in the two animals and their urine and feces were nor-

mal. We gave the dog another forty drops and the rabbit sixty drops of the same tincture, observing the fast as before.

June 12. No symptoms during 24 hours; feces and urine normal. The dog and rabbit were given 100 drops each of the tincture.

June 13. No symptoms during 24 hours; feces and urine normal. Therefore, the experiments proving absolutely negative, ceased.

I will make no comments. I hope only that the celebrated Dr. Clarke whom I admire so much and who holds so high the name of homeopathy, will give his opinion about this drug. Only one thing I wish before closing, and it is that we homeopaths should work always in a laboratory in conjunction with our practice, because it is by means especially of experimental methods that we can convince our colleagues of the other school and teach them a desire to know and use the true art of healing, and to apply that which Haller said to them, indicating the method of experimentation with the drug upon the well man—*sine peregrina ulla miscela; odoreque et sapore ejus exploratis, exigua illius dosis ingerenda et ad omnes quae inde contingunt affectiones quis pulsus, quis calor, quae respiratio, quaenam excretiones attendendum.*

NOTE—On receipt of the above paper, the undersigned procured from Messrs. Boericke and Tafel a vial of the mother tincture of *figus religiosa*, and took, Aug. 19th 10 a. m., forty drops of it at one dose.

No symptoms nor effect of any kind was noticeable. Aug. 13th Took 80 drops at one dose in one-third glass of water. No symptoms noted.
J. B. S. KING.

FRAGMENTARY PROVINGS BY THE BAYARD CLUB.

Miss A. took *Natrum phos.* 200 on May 16, 1907, every two hours. On May 20 hard, dry cough, with red, hot face during cough, > after meals, < on going to bed. At 11 p. m. Lying down does not < the cough; cough < going out from or coming into the house.

May 22 and 23. Sore throat on right side, felt like swallowing against something hard, (not a lump). Tickling

on right side of throat. Knees feel stiff on rising from sitting during the day. Some aching under right scapula (an old symptom returned).

May 29. Cough >, throat >, knees >. Sharp pain to right of sternum, lower third, through to back. Itching in inner canthus of left eye, as though a crumb or other foreign body were in the eye.

Mrs. F., Oleum Santali 30 every two hours, May 31, 1907. Pain at McBurney's point with every cough, a single sharp pain. Nose stuffed. Cough < in forenoon before rising from bed and with expectoration. No expectoration during day. Expectoration not described. The pain in the abdomen is > by hard pressure. Cough appeared on June 2, third day after beginning the drug.

For comparison. Allen's Encyclopedia gives under Natrum phos. Sensation of lump in throat, right side of throat sore. Sensation of pin pricking right side of throat. Dry tickling cough. Knees felt as if hamstrings were too short. Eyes feel as if sand were in them, mostly left eye. Inner canthus of right eye feel sore, wants to rub it.

AMMONIA GAS. (Ammonium Causticum).

HEAD: Sharp pains through the temples momentarily.

NOSE: Very dry; watery discharge from left nostril when going into the cold air. Coryza from cold air.

EYES: Irritation, with lachrymation in the open air.

THROAT: Raises a lump of white mucus from the pharynx every morning.

STOMACH: Appetite variable; aversion to food; hunger with desire to eat several times a day.

ABDOMEN: Offensive flatus < after eating.

STOOL AND RECTUM: Stool of normal consistency, but no desire to stool for two or three days, then frequent urging to stool for a day, but with passage of small amount. Stool dark in color.

CHEST: Fulness and thumping as though the heart would burst through, together with intensely sharp pains in the temples. Pulse weak.

NERVES: Great languor > in the open air. Irresistible desire to lie down.

Partial collapse, < 4 p. m.

Physical depression.

SLEEP: Wakefulness the first part of the night and until toward morning. Wide awake but not restless.

TEMPERATURE AND WEATHER: Sensitive to cold (coryza), > in cold air (languor).

TIME: Four p. m., (exhaustion and languor).

POSITION, REST, MOTION, ETC.: > in the open air (general state); < in the open air (coryza and lachrymation). Sensitive to cold and change of air; < after eating (flatus).

STAGES OF LIFE, CONSTITUTION, ETC.: Mr. G., 45 years; shipping clerk in drug house; exposed to broken pipes of ammonia process in plant. Tall, spare, medium complexion. Never ill before this proving.

RELATIONSHIP: Antidote to fumes and effects; Nux vomica, partially.

MORPHINUM SULPHURICUM.

MIND: Dejected; anxiety; apprehension of incurability; self-pity; egoism; mind occupied with physical condition.

EYES: Glistening, glassy, staring. Unnatural expression. Pupils contracted, dilated; with sore throat.

NOSE: Sneezing.

FACE: Yellow, cachectic, red; throbs; sallow.

MOUTH: Loss of taste.

THROAT: Swallowing painful, solid food <; > from hot drinks. Dry and burning with fever. Congested, bright in color. Angina; pharyngitis; laryngitis.

NERVES: Hyperaesthesia of all senses. "At high tension;" "on edge."

REST, POSITION, MOTION, ETC.: < from hot drinks; throat symptoms.

CHILL, FEVER AND SWEAT: Fever with throat symptoms.

SIDES: Right; throat symptoms.

STAGES OF LIFE, CONSTITUTION, ETC.: Twelve provings, boy of 16 years, boy of 18 years, man of 23 years; man of 24 years, man of 25 years, man of 28 years, woman of 38

years, man of 48 years, woman of 49 years, single; single woman of 50 years, man of 52 years, man of 79 years.

RELATIONSHIP: Similar, Capsicum, Escululus and Lycopodium in the throat symptoms. Antidote to morphia sulph. Belladonna, especially in the throat symptoms. 30th centesimal potency used.

**MAGNA EST VERITIS ET PREVALEBIT: SIMILIA
SIMILIBUS CURANTUR.**

BY DR. EDWARD MAHONY, Liverpool.

Although the Latins could not have had the light that is now to be had as to the final victory of truth over all untruth, enemies and obstacles, when they gave the above motto as the final victory of truth, they must, however, have had some distinct conviction that somewhere, somehow, by some means, there would be brought about this magnificent triumph. I desire in this paper to bring forward evidence to show that in the therapeutic sphere of knowledge the other motto above mentioned — *Similia similibus curantur*—proves itself equal to a full answer to the above expressed law of healing.

As this paper is to appear in a journal which addresses itself, in the first instance, to members of the medical profession, I shall endeavor to state as briefly as possible, consistently with a clear expression of the point at issue, what Hahnemann taught theoretically and practically of the nature of disease and its treatment; and what, if these instructions were rigidly adhered to and were correct, we might fairly expect to secure in the science and art of healing. To understand Hahnemann and to follow out practically what he taught, three things I believe to be essential. They are:

- (1) The nature of disease.
- (2) The law of potentiation.
- (3) A practical knowledge of the *Materia Medica Pura*.

As to the first, Hahnemann states (*Organon*, Dudgeon's translation, p. 52, § 9, 10, 11): "In the healthy condition of man the spiritual vital force, the dynamis, that animates the

material being, rules with unbounded sway and retains all the parts of the organism in admirable harmonious vital operation; as regards both sensations and functions . . . the material organism . . . performs all the functions of life solely by means of the immaterial being (the vital force) which animates the material organism in health and in disease. When a person falls ill, it is only this spiritual, self-acting (automatic) vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease."

As to the second, the law of potentisation, he states (*Chronic Diseases*, vol. i., 186-7): "The peculiar mode adopted for the preparation of homeopathic remedies enables us to develop the medicinal virtues of a drug into a series of degrees of potency, and by this means to adapt the remedial influence of the drug, with great precision, to the nature of the disease . . . this discovery is due to Homeopathy."

As to the third, in the *Organon* (Dudgeon's translation, p. 113, § 106) he says: "The whole pathogenetic effect of the several medicines must be known, that is to say, all the morbid symptoms and alterations in the health, that each of them is specially capable of developing in the healthy individual must first have been observed as far as possible . . . [p. 122, § 127]. The medicines must be tested on both males and females, in order also to reveal the alterations of the health they produce in the sexual sphere [p. 129, § 144], from such a materia medica everything that is conjectural, all that is mere assertion or imaginary, should be strictly excluded; everything should be the pure language of Nature carefully and honestly interrogated." These three points, then, of (1) the nature of disease, (2) the law of potentisation, and (3) the knowledge of a pure materia medica, are the three pillars on which firmly rests the whole fabric of the science and art of therapeutics, according to Hahnemann. in order to constitute a true physician, accord-

ing to the very first paragraph of the *Organon* (Dudgeon's translation, p. 48): "The physician's high and only mission is to restore the sick to health—to cure, as it is termed."

Now these three pillars, as I shall call them, are firmly, coherently, and immovably welded together by the great law of similarity, and before going further I desire to express, in the most emphatic way possible, that Hahnemann taught, and I believe proved, that both potentiation and similarity were great laws of Nature, not empirical suggestions or hypotheses, but proved facts, and as certain and reliable in their sphere as any other natural law, whether in natural philosophy, mechanics, chemistry, optics or any other science whatever.

Let us then consider his definition of disease—it may be expressed yet more briefly in two words, "perverted dynamis." What is this dynamis, this force, in connection with our subject, the immaterial power or force which animates our bodies, cognisable only by its effects, commonly called life? Now this simple definition puts so-called pathology, which for the sake of distinction I will call material disease, in its right place as secondary to, or a sequela of disease, *i. e.*, perverted vital force. How simple this is, and how differently the mind of the skilful healer, the thoughtful physician, will work according as he regards materiality in disease as the disease itself, its *fons et origo*, or merely as a consequence of perverted vital force.

I will give an illustration from a simple case. Some years ago I was called to an old patient who had an attack of dysenteric diarrhea; there was nothing special in his general symptoms, or the pain; the stools were lumpy but with one peculiarity, namely, entire absence of odor of any kind. I remarked this to his wife, who at once replied that she had noticed it, and thought it peculiar. Now the late P. P. Wells gives in a small repertory of diarrhea and dysentery. under "odorless stools," *athusa*, *asar*, *brom.*, *hyos.*, *paull.*, and *rhus*. If there was one thing more than another which marked the *morale* of my patient it was *restlessness*—of mind and body that is, the one causing the other; therefore *rhus*

was at once decided upon and administered in the 200th potency, with most prompt relief and cure. Another case illustrating the importance of immaterial symptoms in chronic disease is the following:

A woman in the paulo-post period of life, and whose menses had ceased, some months at least—a drinking woman, in poverty, and who had been treated *secundum artem* allopathically, and by what may be called homeo-materiality, that is, Homeopathy applied on the material pathological basis. She had bronchitis, cardiac disease, ascites, and edema of thighs, and I found that since the commencement of menstrual life she had been subject to headaches during the menses, waking with them, accompanied by depression of the spirits and palpitation, and since the cessation of the menses the headaches continued of the same character, and at periods somewhat corresponding to the times when the menses would have occurred. Therefore headaches of a certain character, with certain concomitants, and periodicity—all immaterial symptoms—called for *nat. mur.*, which was given, one dose in the 30th potency, with immediate relief of the material symptoms of ascites, red flushed skin on the abdomen and edema, as well as relief to headaches. In about nine days, as matters seemed stationary, a second dose was given, and not long after *lycopod.* as symptoms indicating it appeared. The result was that this broken-down woman before long was out and about in her usual way, and did well for nearly twelve months. Of course the damaged lungs and damaged heart could not be restored, and when the next bronchitic attack occurred poverty necessitated her removal to the workhouse, and before long she died. The interesting question arises, had the apparently trifling symptoms of menstrual headaches in an adolescent at puberty been treated by the *nat. mur.*, which the functional immaterial symptoms called for, would she not have been saved from a course of suffering, which possibly also tended to develop the drinking paroxysms?

I return to the point, that objective phenomena, such as enlargement or misshape of organs or any tissue, in fact, of

a material kind, that a physician can detect for himself, however valuable for completing diagnosis of the present condition of the patient, and prognosis as to probable results, are not the disease or the object of treatment. On the other hand, the subjective phenomena, of which the patient alone can inform us, constitute the disease so far as the physician is concerned, for in these will be found the individuality of the patient. In the first volume of the *Chronic Diseases*, pp. 21-22, is given a list of diseases, as expressed in ordinary pathological works, all of which, it is stated (with a few exceptions), originate in the widely ramified psora. Two expressions used will sum these up, namely, "almost all adventitious formations," and "the tedious ailments of both the body and the soul." Then (p. 23), "psora, which forms the *basis* of the itch," "this *psora* is the *oldest, most universal and most pernicious* chronic miasmatic disease. . . ." It has become the cause of those thousands of incredibly different acute as well as chronic non-venereal diseases, with which civilized portion of mankind becomes more and more infected upon the whole habitable globe." Then, on pages 33, 34, he gives proofs that allopathic sources of the evil consequences resulting from the suppression of the cutaneous eruption of the itch, including phthisis, carcinoma, swelling of bones, and death. In passing one may ask, could such results be possible, were the so-called "itch" caused by the introduction into the skin of a minute insect, called *acarus scabiei*? In the cases gleaned from a variety of sources in the notes following, thirty or more cases will be found to have ended in death, from a suppression of a so-called eruption of the "itch." This reminds me of a case in my own practice many years ago of a young lady, the victim of advanced phthisis, in whom it came to light, after many interviews and conversations with her mother, that when quite a young child she had had an eruption on one foot, which was called the itch, and of course suppressed. Her father had died of phthisis, yet neither of her two sisters nor her mother had any symptoms of this disease. Hahnemann further gives p. 72, and following a long list of

symptoms which he says are characteristic of the secondary diseases in which the psora generally terminates. These are of both kinds, material and immaterial, but the point is that all the sequelæ of the chronic miasmatic affection.

I come now to the second pillar of the homeopathic edifice: namely, the law of potentisation. As to this the following remarks may be quoted: (*Chronic Diseases*, vol. i., p. 186): "The peculiar mode adopted for the preparation of homeopathic remedies enables us to develop the medicinal virtues of a drug into a series of degrees of potency, and by this means to adapt the remedial influence of the drug with great precision to the nature of the disease." Then (p. 187): "The alteration which is effected in the properties of natural substances, especially medicinal substances, either by triturating or shaking them in conjunction with a non-medicinal powder or liquid is almost marvellous. This discovery is due to Homeopathy. Besides this alteration of their medicinal properties the homeopathic mode of preparing medicines produces an alteration in their chemical properties. Whereas in their crude form they are insoluble either in water or alcohol, they become entirely soluble both in water and alcohol by means of this homeopathic transformation. This discovery is invaluable to the healing art."

This instruction, with confirmation of its truth, is repeated with great frequency both in the *Organon*, the remaining volumes of the *Chronic Diseases* (which deal with the anti-psorics), and the *Materia Medica Pura*, and makes it very evident that dynamic power, latent in all medicinal substances, but made evident by the processes of trituration or succussion, was regarded by Hahnemann as a part, and a most important part, of the art and science of therapeutics. It is a most necessary part to consider and to reckon upon if Homeopathy is to have fair play in action. Correlatively with this, though I only mention it now in passing, will come the question of the repetition of the immaterial dose of the medicament.

I come now to the third pillar, the *Materia Medica*. The definition above mentioned of a true *Materia Medica*, which,

as our author remarks, had never previously existed, evidently follows on the same lines. First, it is to be noted that nothing is to be accepted but facts, and these facts are to be learned from that most sensitive of all barometers or thermometers—the human frame.

It is quite in accord with the above teaching that the moral and mental symptoms should have the first and most prominent place. In the first volume of the *Materia Medica Pura*, the symptoms are given in the following order: vertigo, obnubilation, defects of the mind, defects of the memory, headache, internal, external. Then come the more bodily symptoms connected with the different regions of the body, fifty-seven in number, and in a note he adds: "Those kinds of uneasiness and tremor which are simply bodily, and do not affect the mind, will be generally found recorded among the symptoms of the extremities, and the general affections of the body." The last things mentioned are changes occurring in the feelings, affections of the soul. I infer from these remarks and illustrations that the science of therapeutics deals with and carries off every victory on the ground of immateriality in disease, immateriality in medicinal agents, and that both are proven facts in the *Materia Medica*.

All other modes of treatment, dietetic, mechanical, sanitary regulations, changes of climate, etc., are all *adjuvantia*, but all put together never have and never will cure one single *disease* of mind or body. All *adjuvantia* that do not interfere with the action of the law of similars, and do not *suppress* external manifestations of disease, such as eruptions on the skin and mucous membranes, or discharges of all kinds, are admissible, and, in their place, useful and necessary, but will never cure.

What are the results that should be before the mind, and might fairly be looked for, were all treatment of disease consistently carried out on these lines, and in every case? I submit the following as some of the important results: (1) Annihilation of disease; (2) improved vitality in the entire community; (3) longevity; (4) euthanasia; (5) great

diminution of suicides; (6) removal of sterility in either sex, especially, no doubt, in the female.

As to (1): It is plain that if treatment is always *curative* in action, not merely *palliative*, and *never suppressive*, the most long-standing and inveterate diseases must, though of course gradually, simply disappear. I recall a case of an elderly gentleman, who after thirty years of material-homeopathic or pathological prescribing for gout, coming under treatment, in which the medicines were selected by keeping Hahnemann's teachings in mind. The paroxysms, instead of about every six weeks, were prolonged shortly to three months, and at the end of two years "gout" was no longer in evidence.

Of course, as Hahnemann points out, there are many cases in which, owing to the "image of the disease" having been suppressed and falsified, the right remedy cannot be found, and the vitality besides may have been so injured that there is not sufficient recuperative power. But this does not alter the greatness of truth, and must not be allowed to interfere with the diligence of the search to discover what disease (perverted force) was present before suppression or palliation was resorted to. I would here remark on the importance of our not allowing the fascination of the statements issuing from the chemical, physiological, and pathological laboratories of our day. All such statements must necessarily come short of cure, as none of them take into account the entire being, though they may make the strongest assertions, backed up apparently by unmistakable cures—the fact being that, where such cures are genuine, there was some ingredient in the prescription or the article itself, if administered alone, that was homeopathic to that particular case, as Hahnemann points out in the so-called "sweating sickness" of English history that the one medicine which finally proved successful has given abundant proofs of its homeopathicity to that terrible disease.

As to (2): This goes without saying, as also (3) longevity, (4) euthanasia. This also would be accomplished both in acute and chronic conditions. I recall a case of a woman,

a dispensary patient, with scirrhus, I think, of the left breast, in whom, though not able to do more, I succeeded in removing all pain, administering every medicine on the line of similars, and for the last six weeks of her life there was simply nothing to prescribe for, and she simply sunk at last from weakness—the vitality was gone. I recall another in an old gentleman, aged 70, dying with what might be called bronchitic asthma, and who had been unconscious for many hours. Observing the opium perspiration, snoring respiration and contracted pupils, a dose or two of opium caused a relaxation in one pupil and a modification in the respiration. Other cases might be mentioned. The great point, I believe, to keep before the mind is the difference between vitality and disease. All pains and abnormal sensations arise from disease, and were disease removed, when vitality came to an end, the individual would simply drop—dead.

(5) Great diminution in the number of suicides. How painful is the acknowledged increase of suicides in civilized countries, and how frequent the information that such an one had been suffering from insomnia, or had had the influenza and many drugs!

(6) Sterility. How common in the female sex is it that douches of all kinds are used per vaginam in all varieties of leucorrhœa, and thus sterility is kept up. In the male how horrible are the consequences of suppressed gonorrhœa, causing often life-long suffering, and either sterility or, if potentiality remains, alas for the wife and probably the offspring also!

There remains the other side of the question. If these principles and the practice resulting be true, whatever contradicts them must be not only of no use but of positive harm, proportionately to the force with which such treatment assails the organism. There is no *media via*, and so-called “*eclectic*ism” is probably the most harmful because the most plausible.”

If Homeopathy contains, as it professes to do, according to its originator in the therapeutic sphere, “the truth, the

whole truth and nothing but the truth," all that contradicts it must be false both in theory and practice.

Since writing the above, Jousset's paper "On Diagnosis," translated in the January number of the *British Homeopathic Review*, has come under my eye. The first thing that struck me after glancing through it was—if Jousset be correct, what has Hahnemann given us? However, he admits an experimental materia medica, and that is something, as Jousset himself will admit that experimental is something more than theoretical. To go through the paper in detail would involve a very great deal of time and labor, and it would be, I think, more profitable briefly to refer to Hahnemann's own writings on the different points raised, and then others can judge on which side truth and proved fact lie versus assertion on theory founded on no premiss. As to the origin of the doctrine of psora, Hahnemann says (*Chronic Diseases*, vol i, p. 16): "In case the primitive symptoms, which had been cured once already homeopathically, reappeared in consequence of one of the above-mentioned causes [slight excesses at table, rough weather, etc., previously mentioned], the remedy which has been first employed helped again, though less perfectly, and still less so on being given a third time." Then, p. 17: "What, then, was the reason why the continued homeopathic treatment of the non-venereal chronic diseases should have been so unsuccessful? Why should Homeopathy have failed in thousands of cases to cure such chronic ailments thoroughly and for ever? (p. 18): "In trying to answer this question I was led to the discovery of the nature of chronic diseases. I had been employed day and night to discover the reason why. . . . I tried to obtain a more correct, and, if possible, a completely correct idea of the true nature of those thousands of chronic ailments which remained uncured, in spite of the incontrovertible truth of the homeopathic doctrine, when, behold, the Giver of all good permitted me about that time to solve the sublime problem for the benefit of mankind, after unceasing meditation, indefatigable research, careful observations and the most accurate experiments." Then

follows an account of the results of observed phenomena, summed up in these words (p. 19): "The first condition was to discover all the ailments and symptoms inherent in the unknown primitive malady." Where is theory or mere imagination here?

As to the syphilitic and sycotic: On p. 124, in a note, is mentioned a case of syphilis, complicated with sycosis and psora, where he gave (1) remedies against the psoric miasma, then against the other two, beginning with the one whose symptoms were most prominent at the time. All this is very practical at the bedside or in the consulting room. Hahnemann's teaching gives positive instruction to act upon in treatment as well as diagnosis and prognosis. As to the objection to names, this is merely because one symptom is laid hold of, *e. g.*, dropsy, and thus the mind of the patient and of the physician is warped, and an entirely wrong impression given, both as to disease, prognosis and diagnosis, *e. g.*, whether the dropsy is scarlatinal, cardiac, hepatic, etc. A kind of dropsy—a species of fever—such expressions Hahnemann would have, which leave the door open for thorough individualism. The remarks on Hahnemann's directions for the treatment of cholera I do not understand. That he should have announced four medicines without any intimation of individualization of the patient, and correspondingly the remedy, would entirely contradict, or at least be inconsistent with the whole tenor of his teaching.

(1) *Absence of Clinical Experience.*—Jousset seems to me to fail in his remarks here to grasp the difference between clinical experience and the originality of a great natural law. The latter would enable one to treat a case of disease never seen before, or even which had never existed before, provided one could find symptoms present which were a simillimum to a known drug.

In the case Dr. Jousset mentions, in which he says to treat a choleraic attack by tartar emetic would be "a very grave fault," it would, on the contrary, be the right thing to do, because prominent tartar emetic symptoms were more pronounced than those of veratrum. I know a veteran in

the homeopathic school who says that he was first led to investigate Homeopathy from noticing the valuable results of tartar emetic in a certain variety of cholera cases.

(2) *Absence of Diagnosis necessarily involves the Absence of Prognosis.*—Here, again, Dr. Jousset puts the matter the wrong way about. The physician who diagnoses according to Hahnemann knows that if he can find a simillimum to present condition of patient he can promise a cure of that, and can truthfully say that when that is cured further opinion can be given as to full cure, and so his reputation is guarded and the patient and friends are not unduly alarmed or are fairly warned in time.

(3) *Therapeutic Illusion.*—As to fevers, the indications calling for the different medicines would prove satisfactory whether the kind of fever were typhoid, typhus, or any other, and there would be no need of retrograde movement, following the old school's bad lead of treating one symptom, such as heat, by exhausting cold baths, ice, or similar adjuvantia.

(4) *Incompetent Men (and Women).*—Hahnemann was strongly against this, and even wrote, I believe, against a brochure published by one of his own daughters; but, at any rate, the physician who keeps closest to Hahnemann's teaching will have least annoyance from this source.

In the case mentioned at the end I decline to accept Dr. Jousset's diagnosis of typhoid. At University Hospital, London, in my student days, our clinical instructor, the late Sir William Jenner—a recognized authority on continued fevers, especially typhoid, which he had twice himself and so knew experimentally—always insisted that there must be continued high temperature, and this condition seems the opposite of the little girl Louve, “motionless in bed, face pale, and eyes closed; on the tenth day the pulse was weak and fluttering and the extremities cold.” If I remember rightly, also, the child had been nearly killed by drugging when Hahnemann was called in.

MEDICAL ETHICS.

BY M. O. TERRY, M. D., Mamaroneck, N. Y.

The father of medicine, Hippocrates, gave to the profession a code of morals, which, like the Declaration of Independence, has within it all that seems necessary for the proper conduct of the medical man, as it, the Declaration, inculcates the principles of a republican form of government in its entirety.

The oath states: "I swear by Apollo, the physician, and Aesculapius, and Health, and All-heal, and all the gods and goddesses, that according to my ability and judgment, I will keep this oath and this stipulation—to reckon him who taught me this as equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they should wish to learn it, without fee or stipulation."

* * *

Concluding: "While I continue to keep this oath unviolated; may it be granted to me to enjoy life and the practice of the art, respected by all men, in all time! But should I trespass and violate this oath, may the reverse be my lot!"

In a work on Moral Philosophy of Medicine, there appears the following, as taken from the American Medical Association, which it promulgates as a suggestive and advisory document to follow:

CHAPTER II.**THE DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE.**

Article I.—Duties of the support of professional character.

Section 1. Every one on entering the profession, and thereby becoming entitled to full professional fellowship, incurs an obligation to uphold its dignity and honor, to exalt its standing and to extend the bonds of its usefulness.

Sec. 2. The physician should observe strictly such laws as are instituted for the government of the members of the

profession; should honor the fraternity as a body; should endeavor to promote the science and art of medicine and should entertain a due respect for those seniors who, by their labors, have contributed to its advancement.

Sec. 7. It is incompatible with honorable standing in the profession to resort to public advertisement, to publish cases or operations in the daily papers, or to suffer such publications to be made.

Article II.—Professional services of physicians to each other.

Sec. 1. Physicians should not, as a general rule, undertake treatment of themselves, nor of members of their families. In such cases they are particularly dependent on each other; therefore kind offices and professional aid should always be cheerfully and gratuitously afforded.

Sec. 2. All practicing physicians and their immediate family dependents are entitled to the gratuitous services of any one or more of the physicians residing near them.

Sec. 3. When a physician is summoned from a distance to the bedside of a colleague in easy financial circumstances, a compensation proportionate to traveling expenses and to pecuniary loss entailed by absence from accustomed field of professional labor, should be made by the patient or relatives.

Article VI.—Compensation.

Sec. 1. By the members of no profession are eleemosynary services more liberally dispensed than by the medical, but justice requires that some limits should be placed to their performance. Poverty, mutual professional obligations, and certain of the public duties should always be recognized as presenting valid claims for gratuitous services.

In this connection we note, however, that in Dr. Flint's commentaries he states that: "Medical services rendered to members of the profession should be gratuitous, and that a request to present a bill for services should never be made, as such a request implies an expectation that it will never be complied with. Any pecuniary acknowledgment by a

member of the profession should be made strictly as an honorarium."

Should a physician demand any fee for services to a member of the immediate family of another physician?

Should a physician prescribe for himself or for his immediate family?

These questions are put in the National System of Morals, placed among other good things in the Moral Philosophy of Medicine. The questions are fully answered in the second chapter of the National System through the second article.

"Professional services of physicians to each other," whose provisions are that all practitioners of medicine, their wives and "their children *when under paternal care*, are entitled to the gratuitous services of any one or more of the faculty *residing near them*, whose assistance may be desired."

A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he has at the sickness of his wife, a child, or any one who, by ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment and produce timidity and irresolution in his practice. Under such circumstances medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded.

This article makes it very clear that the physician should not attempt to heal himself despite the ancient proverb. He should have his well selected medical advisor, as the lawyer has his legal advisor, and as the priest has his spiritual advisor.

Thus far it has been my aim to hold myself closely to the highest authority of moral ethics. It can easily be seen as we follow along the exacting nature of this grandest of professions. The surgeon or physician, in spite of his genius for invention, cannot creditably secure a patent for any important device. His calling is based on human sacrifice. If he has been honest to himself, to the profession and to humanity, he made a financial sacrifice, as does the priest in

the interest of humanity when he decided to devote his life to its service.

For the same reason any communication to the public press, directly or indirectly, in the detail of an operation, either to show skill upon a poor patient or to show patronage and surgical service for the wealthy, is considered unwarranted and outside of the moral code upon which eminent surgeons must ever remain.

When we consider the various schools of medicine, one cannot but be deeply impressed with the uniformity with which the moral ethics is observed. During my professional career, which began in 1872, it has not come to me by investigation and ordinary sources that any surgeon has asked or demanded recompense for services to a fellow surgeon or practitioner, excepting in two cases, one of which was Satterlee against the estate of Dr. Guernsey—an outrage which would not have been tolerated had he lived. We are indeed glad Dr. Satterlee was not a member of our school.

What one of us has not performed the most daring of surgical procedures for the purpose of saving a life connected, directly or indirectly in the medical brotherhood? Gifts expressive of appreciation have been offered and taken, but who of the surgeons wanted more than the satisfaction of having done a fellow in his humane calling a good turn?

I wish to say to the surgeons at large, based upon my investigations, that no grander body of professional men exist, and to you who are at the top will say your eminence or distinction is most deserved, and the many humane sacrifices you have made for the poor and in the clinic are only equalled by the brotherly love and the principle and veneration shown the Hippocratic oath you have so well observed in your kindness when the opportunity afforded itself, to the profession and its families.

The Senate of Seniors unanimously passed the following resolution:

Resolved, That it is the consensus of opinion of the members of the Senate of Seniors that any violation of the ethical questions involved in the following article by any member of the American Institute of Homoeopathy would place such a person in a position for action by that body.

CASE STUDY WITH REPERTORY.

BY W. H. FREEMAN, M. D., Brooklyn, N. Y.

A. R., age 19, blonde, blue eyed, bilious; constipated for six weeks; inactivity of rectum and no stools except after a cathartic—chiefly comp licorice powder or fig syrup

Headache, above eyes and in eyes, six weeks.

> by a cathartic (entirely)

< over right eye.

Nausea with.

> cold applications.

> while lying.

< after rising from lying.

Appears on waking mornings.

Preceded by a blurred vision or partial blindness which disappears as the headache comes on.

Sleeps soundly but is weary and unrefreshed on waking.

Has always been a great milk drinker until present illness.

The important things in prescribing accurately are:

First a careful, exact and complete image or picture of the disease in all its phases—pathologic, objective, diagnostic, and subjective.

Second; a careful analysis of the findings—e. g., an accurate interpretation of the meaning of each phase and symptom, in so far as such is within our power; and a computation of the comparative rank or value of each symptom. A military company will have a captain, lieutenants, sergeants, corporals and privates—all two-legged animals but differing markedly in importance. The same holds true in a company of symptoms.

Third; one or more good repertories to consult in order to find all the remedies that show a similiary to the ranking symptoms of the case.

To begin with the analysis, therefore, there can be no question but that the blurred vision preceding headache is, of all the symptoms present, the most uncommon, constant and peculiar; and at the same time it is not so bizarre or

intricate as to be unfindable in the records of provings, or so apparently nonsensical as to cause any doubt of its genuineness, which often occurs in the symptoms of certain types of imaginative patients.

Of my repertories, I find the most complete list of drugs for the symptoms. Pain begins with blurred vision: Gels., Iris., Kali bi., Sepia, to which I have appended Lac def., Psor., Sars. Which goes to show that one needs to keep constantly at work on his repertory to bring it and keep it up-to-date and as complete as possible or he will miss the remedy in a great many cases.

The next symptom to be considered is, for this particular case, the inactivity of the rectum, and we find of the first seven remedies only four under this rubric: Lac def., Psor., Sars., Sepia.

The next symptom of rank for the case is, the "nausea with the headache," and by exclusion we get: Lac def., Sars., Sepia.

As a general rule in the ranking of symptoms in a case where some are of the same apparent age and probably due to the same cause, it is usually best, after selecting the leading characteristic which should preferably be one of few remedies if possible, to then take up the more common general symptoms of differently located parts of the body, because these generals must be covered and when symptoms of differing functions and organs are opposed in the exclusive method the process will usually rapidly eliminate unnecessary drugs, provided too many remedies were not in the caption rubric at the start off. Great care and foresight must be shown, however, to have the initial list of drugs for this first rubric complete.

The next symptom to be considered will be headache >by cold applications, and none of the three remaining remedies are given under this rubric. Since Sarsaparilla and Sepia are two of the oldest and best proved remedies, it is fair to assume that they do not possess this symptom or it would be recorded. With Lac defloratum however, it is different—the latter being a modern addition to the materia

medica, but little used and understood and never as thoroughly proved or tested. We can not legitimately exclude it therefore until after further consideration.

A careful study of *Lac defloratum* in Clark's Dictionary of *Materia Medica* confirmed the opinion that this was the only remedy which corresponded in every respect with the disease manifested in the patient; and also confirmed the opinion that this was probably a case of chronic milk poisoning. Not an impossible condition by any means.

Since none of the other head rubrics showed *Lac. def.*, though it covers same according to Clark, it is easily seen how one may be led astray in the case of some of the newer and imperfectly repertoried drugs. This is one reason why the method just referred to is advantageous in repertory work, as the large general rubrics are most apt to be complete and the special and particular rubrics incomplete.

Lac. def. 200 (B. & T.) three doses, one every twelve hours, was followed by immediate improvement which has continued steadily for the ten days since administration.

A CASE OF POLYPI.

BY ELOISE O. RICHBERG, M. D., Chicago;

Case No. 1905.—Mrs. B. N. W., age 50, had been a prolific grower of nasal polypi for years, and had had them removed surgically once or twice a year. There was great distress before each operation, much suffering and hemorrhage at the time, and days and sometimes weeks of extreme debility and misery afterward.

During the year 1906 she was treated with *Psorinum*, receiving about five doses, but developed no aggravation of the polyp symptoms. The symptoms then changed, and a dose of *Phosphorus* was given. Shortly afterward she discharged, naturally, a polypus about three-fourths of an inch long, and under a continuance of the remedy, later another and smaller polypus was discharged. After this she developed an aggravation of *Phosphorus*,—burning during urination, which was every few minutes; prolapsus uteri, profuse bloody, yellow discharge from left nostril.

Sepia gave relief within half a day, and she prospered on it until she felt no further need of treatment of any kind.

—*Hering College Clinic.*

AN IDIOSYOCRASY IN REGARD TO EGGS.

Doubtless there are persons with whom eggs are difficult of digestion, but possibly M. Linossier indulged in a little exaggeration when, at a recent meeting of the Paris Society of Biology (*Semaine medicale*, December 6th), he declared that there were certain individuals to whom fresh hen's eggs were poisonous. Poisonous is a strong word to apply to articles of food capable of giving rise to digestive derangement, and such disturbance was all that Linossier attributed to the alleged toxic action of eggs, though he did cite Brocq as authority for the statement that white of egg was capable of provoking urticaria. There is hardly any ordinary article of food which, wholesome as it may be for most persons, is not provocative of digestive disturbance with exceptional persons. Were we to class as poisons all articles that have that effect, there would be little left that could be looked upon as invariably nonpoisonous. But it is nothing worse than hyperbole to say that what is one man's meat is another man's poison.

[Had the learned editor of the *Medical Review of Reviews*, from which the above is taken, seen some of the cases cured by Ferrum and Colchicum in the hands of the homeopath, he would be less skeptical regarding Linossier's assertions.]

MY VOW.

I will not be a coward and slink away when people talk of Colleges, because mine is not the largest in the land; on the contrary, I will take and make advantage of every opportunity to sing praises for my college of Homeopathy. I will no longer try to build up by tearing down; I will find no more fault, but will try to support my College by material aid and rational suggestions for its betterment.—*Chironian.*

THE MEDICAL ADVANCE

A Monthly Journal of Hahnemannian Homeopathy

A Study of Methods and Results.

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thorough masters of it becomes a crime,—HAHNEMANN.

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We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

To accommodate both readers and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

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SEPTEMBER, 1908.

Editorial.

Hering Medical College.—The next session will begin September 22nd. Dr. E. H. Prat will hold his Surgical Course in the forenoon of Tuesday, Wednesday and Thursday; the regular classes in the afternoon. This course is free to practitioners of all schools and to the students of the college, and is an extra inducement for every student to be present at the opening day.

* * *

The Southern Homeopathic Medical Association is announced to meet at New Orleans, February, 1909, during Mardi-Gras. This is one of the most important of our interstate societies. It was founded largely through the efforts of Dr. C. E. Fisher, and has done a grand work in popularizing our cause in the South. There is no part of the coun-

try which needs active propagandism for Homeopathy more than the South, and notwithstanding the splendid work being done by the state societies, every homeopath south of the Ohio river should earnestly join in maintaining this society. Now that the time of meeting has been changed to the festival season, in February, a good time for our northern physicians to take a winter vacation of a few days, there is no doubt many will attend the meeting.

Membership is not confined exclusively to the South any more than is that of the American Institute. Every homeopathic physician is cordially welcomed, whether a member or not, and every homeopath is also invited to become a member and lend his active support. There is no initiation fee; the annual dues are \$2. Dr. V. H. Hallman of Hot Springs is president, and Dr. Edward Harper of New Orleans is secretary.

* * *

British Homeopathy.—The question has often been asked, for many years: Why do not our British colleagues establish a homeopathic college in London? They have a large and flourishing hospital, there are many practitioners, and there is an urgent demand all over Great Britain for more homeopathic physicians. One of the best answers to this question that we have seen is to be found on another page under "Comment and Criticism," by Dr. Margaret L. Tyler of London. It is clear-cut and an admirable explanation of the predicament in which the homeopathic profession of Great Britain finds itself. Her proposal also, as given in her letter, is a practical solution of the problem. And this by a woman, again proving the old saying, that brains and mental acumen are not confined to any sex. We bespeak for her two letters a careful perusal.

* * *

The Single Remedy and Single Dose is a problem which Hahnemann solved for himself in laying down the basic principles of the science: "One single, simple medicinal substance at a time."

Every remedy is proven singly on the healthy and to

comply with the requirements of similia must be given singly to the sick to obtain the results expected or demanded by the law.

The single dose is as logical as the single remedy. When Hahnemann undertook to demonstrate that there were many methods but only one law, he appealed directly to the action of disease, acute and chronic, when allowed to run their normal course unaffected by medicinal action.

Can we do better in an attempt to illustrate the single remedy than to study Hahnemann's explanation in the Organon: One dose; one infection, of tetanus, sepsis, tuberculosis, hydrophobia, yellow fever, Asiatic cholera, lubonic plague, scarlatina, measles, whooping cough, small-pox, gonorrhoea, syphilis, rhus poisoning, etc., etc., is sufficient to produce the effect. Perhaps in the entire history of drug-proving no better example can be found than the effects of a single dose of Rhus, and this may occur in susceptible persons who have not been within 100 feet of the plant.

These diseases, or effects of disease action, may be mild or malignant, according to the susceptibility of the persons affected. The single remedy, it is true, may be subject to the same limitations, the dynamic strength of the patient, yet, both in theory and in practice, it is the logical conclusion of scientific prescribing.

* * *

The Facts and Fallacies of medical education become more apparent as time goes by. In the address of the president of the American Medical Association at Portland a startling announcement was made that we have too many colleges and too many students; "that we graduate 2,000 more every year than can find places in which they can make a living." This announcement, apparently, was the keynote for the effort which has been taken to curtail both medical colleges and their graduates.

Now comes an announcement to the daily press, copied from the statistics published by the *Journal of the American Medical Association*, showing a marked decrease in the number of students, as well as in the number of graduates, for the

last three years, on which the following comment is made:

That there will be fewer physicians in the years to come, in spite of a largely increased population is shown by the number of graduates. The total for this year is 4,741, a decrease of 239 in a year and of 623 in two years. There also is a net loss of 9 in the number of medical schools.

The efforts to improve the status of the profession in this country will meet with the hearty approval of every member of every medical faculty in the country. The homeopathic colleges were the first under the action of the intercollegiate committee of the American Institute to raise the standard of medical education and increase the time from three to four years, and the results of the effort are appearing in the qualifications of the graduates. This effort on the part of the homeopathic profession has been seconded by that of other schools until all have come up to the four years' standard.

And now examine the other side of the picture. While the allopathic schools graduate 2,000 students more than they can find places for, the homeopathic schools have 2,000 places more than they can find occupants for. There is a constant and growing demand all over this country for homeopathic physicians, and it is not merely for the empirical homeopath, but it is for the better class, the true homeopathic prescriber. If the effort that is now being made to require the A. B. as a preliminary entrance to medical colleges succeeds, it will not only curtail the students now but seriously cripple the profession in the near future. After a young man has spent his money and his time to obtain an A. B. degree a small city is not large enough to hold him. The graduates of medical colleges will all cluster to cities of 100,000 and over, and the unfortunate people in towns or cities of from 1,000 to 20,000 inhabitants are bound to suffer. The young man is too highly educated to practice in the country, and nothing but the largest city will appreciate his efforts, hence it is possible to so increase the preliminary requirements for entrance to medical colleges as to "kill the bird that laid the golden egg."

* * *

American Patriotism as illustrated in the Fourth of July fatalities, notwithstanding every effort made to secure a "sane Fourth," presents its deadly column as before. *The Journal of the American Medical Association*, which has tabulated the fatalities for the last six years, has again conferred a favor on the medical profession by calling attention in a recent issue to the results of 1908. The tribute which the American people pay to the toy pistol, the cannon fire-cracker and firearms in general is simply appalling, yet in Toledo, where firearms have been prohibited, there was no death, and but eight injuries. There were 6,623 cases reported, with 163 deaths—Chicago, Cleveland and New York heading the list—and it is high time that the profession all over the United States made a united appeal to their patrons to do away with this insane patriotism. Celebrations that are harmless may be had without number, and the sooner other large cities follow the example of Toledo the better it will be for the nation.

The restriction or prohibition of the sale of firearms and explosives and the substitution of sane methods of celebrating the anniversary are recommended in the *Journal of the A. M. A.*, which says editorially:

That the total number of injuries, and also the total number of deaths from causes other than tetanus, were both greater than in any previous year since 1903, in spite of the widespread agitation against dangerous celebration that has been waged by the public press for years, is striking evidence of the callousness and recklessness of the public. Every one of these 5,460 injuries, 163 deaths, 104 blinded or half-blinded unfortunates represents an absolutely unnecessary and wanton sacrifice to a senseless and barbaric notion as to what constitutes a "good time," and is an additional evidence of the cheapness of human life in the United States. Furthermore, the greater part of these casualties represent actual violations of the law, for there are few towns or cities which have not statutes forbidding the use of revolvers and cannon crackers, at least, in Fourth of July celebrations.

But no matter how much agitation there may be, or how much legislation the "city fathers" may provide, the spirit of independence continues to manifest itself by violating every law of public safety or common sense, and patriotism is attested by loss of lives, fingers, eyes and cuticle. All this absurd personal and civic mutilation is, after all, but one of the many manifestations of the disregard for life and property

with which our country continually shocks and amazes the rest of the world.

Baltimore and Toledo are reported as having practically prohibited all fireworks, with a very satisfactory diminution in the accidents of the day. With the example of these cities before them it is to be hoped that other communities will see the practicability of refusing longer to tolerate the useless disorder, slaughter, destruction and waste to which they have submitted every year without making any honest effort to suppress them.

ORTHOPEDECS AT HERING COLLEGE.

In the catalogues of over twenty of the leading medical colleges of the United States, this subject is almost entirely neglected. Where it is taught, the ordinary text-books are used; perhaps it is well for humanity that there is so little teaching of that kind.

In the last 75 years, an entirely new system of orthopedics has been evolved by the Bannings. The father originated, and the son has continued it, until we have actually, a homeopathic system. The procedures are, of course, surgical and mechanical, but they are in strict accord with the law of similars. They will produce, when applied to well formed persons, exactly the conditions which they will correct when applied to deformed persons.

The method is mainly suggestive to the muscles, and only the finer forces are used, in marked contrast to the plaster jacket and other severe contrivances which unsuccessfully endeavor to pull, push or compress a person into symmetry, and hold him there until the parts are so weakened as in most cases to be permanently injured, and in some cases to be beyond all hope of repair.

Hering is the only medical college in the world where this system is taught, and her graduates are the only ones so trained in the art of Orthopedics as to be able to bring deformed bodies into symmetry without pain, operation or confinement to bed. The students are enthusiastic over the clinical demonstrations of this method and the alumni would add greatly to their armamentarium and income by taking a post-graduate course.

The real importance of this branch of medicine is not appreciated until we consider the troubles that originate from a primary curve or rotation at the junction of the dorsal and lumbar vertebrae. These are the principal diseases of the cord and brain; tuberculosis of the bones, lungs and viscera; many of the ailments of the stomach, and liver; pancreatic and intestinal troubles, appendicitis, and all displacements of the viscera, including those of the pelvic cavity. B.

The New York Homeopathic College. Under Dean Copeland the Chair of Materia Medica has been reorganized. Dr. R. F. Rabe is the head, with Dr. Stuart Close to teach the Organon—the Philosophy of Homeopathy. In Materia Medica, Dr. Rabe has the Seniors; Dr. W. H. Freeman, the Juniors; Dr. D. E. S. Coleman, the Sophomores; and Dr. Guy B. Stearns, the Freshmen, with Dr. A. E. Hinsdale on Physiological Materia Medica. This chair, the correct teaching of which is so vital to success, now has four well known Hahnemannians at the head of its staff.

In the College of Physicians and Surgeons, Denver, Dr. F. A. Gustafson, one of the best teachers in our school, has been unanimously elected Professor of Materia Medica and the Philosophy of Homeopathy.

The Louisville College has elected Alexander Vertes, M. D., Ph. D., H. M., Professor of Materia Medica and Philosophy of Homeopathy and Professor of Clinical Medicine.

Don't incise a furuncle of the auditory canal. Tampon the canal with a wick of cotton or gauze saturated with liquor Buronii (acetate of aluminum), resorcin-alcohol, or balsam of Peru, and wait until pain has disappeared. Hot applications may be needed. A furuncle pointing and threatening to burst may be opened with a superficial cut. Avoid wiping the pus along the canal, the result is almost invariably a fresh crop of furuncles.

[A furuncle treated as here recommended, paying no attention whatever to the underlying cause, will almost invariably result in a fresh crop. Furuncles are evidences of sickness and should never be treated locally. ED.]

Comment and Criticism.

THE LONDON HOMEOPATHIC HOSPITAL AND HOMEOPATHY.

DEAR DR. CLARK: You know our difficulties at the hospital—they are the difficulties of Homeopathy in England.

No schools to train men—no men to do the training if we had schools—no men who would consent to be trained by any men we could get together for the purpose; a hospital, insufficiently manned, even now, and soon to be extended; an urgent need for a constant stream of good homeopaths, not only to improve its present methods but to prevent its falling by and by into the hands of surgery and Allopathy.

Residents (internes) come to us with a view to learning Homeopathy. We give them no training, and we disgust them, and cause them to deride by the spectacle of, say, Dr. Dyce Brown solemnly holding forth to an audience composed of the two gynecologists of the hospital on the diagnosis of pregnancy! And this by way of spreading Homeopathy!

Till a couple of years ago, when I appealed to my father, there was not a single book of homeopathic reference that a resident could lay his hand upon. He had never heard of such a thing as a repertory, or been taught to use one, and this is a homeopathic hospital! He came to us with the gibe, "Buy a Clark's Prescriber and carry it in your pocket. That is all you want to be a homeopath!"

After a year of self-training and experiments on the patients, and a little pleasant surgery, we turn these men out as "homeopathic doctors," and some of the lay people who are keen tell me the result in very plain language. Of course a good man will laboriously train himself and work out his own salvation—but he is apt to get looked upon as a dangerous possible rival who had better work—anywhere else and as far away in the country as possible!

Again the patients come to us for homeopathic treatment and we put them into the hands of the resident, raw from an allopathic school, or blundering in his initial ex-

periments for the first critical hours of illness, when the right remedy would abort or modify the trouble in a way that no remedy on earth will do so effectually a few days later when actual time tissue changes have taken place. How much better our results would be and how much more honest would be our attitude if we had men, trained in a homeopathic school, as residents. And we must have results to appeal to when, by and by, our time comes to clamor for a school of medicine of our own. If we had the money, the buildings, the licensing faculty at this moment they would be of no use to us. We have not the men. We have no men, or hardly any, who would appeal to young post graduates fresh in all the modern developments of science.

The whole thing has seemed to me a deadly deadlock—the most vicious of vicious circles—till suddenly I got an inspiration.

You people have sent one or two men to America, but after they had been at the hospital—and their tarday training has been no use to the hospital—useful to nothing but themselves and their private patients.

Now, my idea is to send your young doctors first to study in the homeopathic schools of America, where they can see the best work done and know what to expect of Homeopathy and how to use it; and see what homeopathic schools are like and realize how necessary they are to our very life in this country. Then only take them on at hospital as residents after they have got certificates from such schools.

I am told that £150 each is all that is required and that a six months' course ought to give them some insight into Homeopathy. I propose to send one such scholar myself each year, for the present at all events: and my mother will gladly send two, and I have no doubt that other people, anxious as to the future of Homeopathy, will be glad to send scholars.

In this way we shall be able to get, by degrees, quite a number of qualified men who have seen good Homeopathy under the best teachers in the world, who will be fit to as-

sume the care of our in-patients, who will be only too keen to be appointed to hospitals where they will be able to put in practice what they have learned, and who will tend to make our results, in time, something that we can appeal to. They must also, by weight of numbers and of better knowledge, gradually reform the practice of our hospital by making the lazy and effete impossible, and we shall have a healthier and a militant tone.

Also, in the course of a few years, we ought to get such a number of good homeopaths in this country as to be able to bring pressure to bear on the licensing bodies, with a view to establishing our own homeopathic school of medicine. And with a view to our carrying weight with the public and with the profession I should propose that we select most carefully and only send out as scholars men with good qualifications and abilities. We must try to rob the allopaths yearly of their most brilliant men. The rest are of no use to us.

This is the only way I can see in which we can ever hope to get a school of homeopathy in this country. It is useless to import men from America; they would have no qualifications here, and we should make their lives a burden to them. We have just got to use the tools at our command; to employ the schools of America as a lever, to raise ourselves out of our hopeless and somewhat unsavory rut.

At the hospital the House Committee is, I believe, enthusiastic about this scheme, simple and uncostly. Armbrecht is also enthusiastic; but he says, "Start at once; try to get, not three, but a dozen scholars each year." I am not sure that he will not give one himself.

Details have not yet been worked out.

It will be a condition that the men serve in the hospitals, or if there are many, in one of our homeopathic hospitals for a year. The other hospitals also want men and one does not hear very good accounts of their work.

Now, Dr. Clark; a better scheme. Shall we swear that we will not die till we have a school of Homeopathy in

England? Or shall we at least swear to do our best to that end?

Yours sincerely,

M. L. TYLER.

P. S.—I also propose that the scholars be instructed to report for their benefit and ours cases of good drug action with indications on which prescribed, potency and repetition. These we will publish.

I propose also that we waste no money, no men, in sending scholars to study gynecology, or any other "ology" in Vienna or any other centre. The one thing we have to teach is the scientific prescribing of medicines.

Also that our efforts go toward providing a fund the interest of which will send out scholars till we get the school. Then the fund will belong to the school.

MEDICINE AND HERESY.

EDITOR WESTMINSTER GAZETTE.

SIR: Will you permit me, through the medium of your columns, to draw attention to the latest manifestation of that Odium Medicum that has done so much to hinder the progress of medicine in this country.

My mother, Lady Tyler, and I are offering "three scholarships of £150 each to fully qualified medical men desirous of studying Homeopathy in the schools of America," and an advertisement to that effect was sent to two of the leading medical journals, the *Lancet* and the *Practitioner*, to be inserted in the usual way and paid for. It was promptly refused in the following terms: The *Lancet* "regrets that the advertisement cannot be inserted;" the advertisement manager of the *Practitioner* "much regrets that the Editorial Committee will not allow him to accept the advertisement."

Can anything be more absurd than such a refusal? Are "fully qualified medical men" mere children, to be carefully guarded from the temptation to acquire a little extra knowledge that might prove useful to themselves and to their patients? Surely they are capable of deciding for them-

selves whether or no they desire to study the science of drug prescribing—for that is what Homeopathy really amounts to. What possible harm can it do them to know that they are offered a chance of acquiring fresh insight into the art they profess to practice, and that in no hole-and-corner way, but by means of lectures and clinical teachings in the regular medical schools of a friendly State? Surely it is time that this puerile boycott should cease. Do the exponents of the old school look upon medicine, in this twentieth century, as a mere creed with dogmas—that it should be a question of orthodoxy and heterodoxy? And is medicine here, today, in such a state of scientific perfection that no knowledge outside that taught in our own medical schools can conceivably prove helpful to its practice?

In America, where Homeopathy has its own schools and hospitals in abundance, and turns out a couple of hundred fully qualified medical practitioners every year, the *Odium Medicum* has pretty well died a natural death. For the old school, having once discovered that to write up the word “homeopath” means practically to get all the patients with long purses—since the mass of the educated classes over there will have homeopathy and nothing else—has bent the knee. “Take down that horrible word,” has been the cry, “and we will live together in peace. In our difficulties we will come to you for suggestions, and in yours you shall come to us. We shall cease from war, and from henceforth dwell together as brethren”—which has happened to a great extent; with the result that in America, homeopathic drugs are being more and more adopted by the old school, and thence filtering through into our own pharmacopœia, where they are easily recognized as such, being prescribed, *more homeopathico*, singly and in the form of tinctures.

In this country, where the licensing power is entirely in the hands of the old school, ignorant of and bitterly prejudiced against Homeopathy, the latter has to contend with overwhelming difficulties. Instead of the science of drug prescribing being diligently taught, as it is in the homeopathic schools of America, from the very first mo-

ment to the very last of the curriculum, with examinations every three months in order that the peculiarities of drug action may be thoroughly mastered, in this country it is merely picked up as an extra by a few enthusiasts, who have accidentally seen the Homeopathic miracle work, and wish to perform it, but who have all their experiments to make *de novo*, all their experiences to struggle through with very little help and every discouragement; and who are, therefore, penalized by all sorts of disadvantages and disabilities and have to endure professional boycott for the rest of their lives. But truth is hard to stamp out, and a small spark kindles again and again great fires; and those who have a law of nature at their backs are apt to do such brilliant work as keeps scientific medicine alive, and must mean its final vindication in this country also. During the last few months, for instance, one of our keen younger men tells me that he has treated sixty cases of diphtheria homeopathically, without antitoxin, and that he has only lost one case out of the whole sixty; and his experience is by no means unique in Homeopathy. Can orthodox medicine, with antitoxin, match that? Not in the town where he practices, at any rate! The statistics of the regulars there are shocking.

But Homeopathy, like every other science, will do its best work only in the hands of the best men, systematically trained under the best teachers, and that is why these scholarships are offered. They are merely meant as a beginning. It is hoped that in future, as the importance of the question becomes appreciated, a large number may be forthcoming every year; for it is only through the best men and by the best work that public and medical opinion can be influenced, and the time hastened when Homeopathy shall claim her own schools in this country also, by reason of her wide and beneficent work in the combating of disease and pain.

Your obedient servant,

M. L. TYLER, M. D.

London, Aug. 13, 1908.

NEW PUBLICATIONS.

THE LESSER WRITINGS of C. M. F. von Bönninghausen. Compiled by Thomas Lindsley Bradford, M. D., author of "Life of Hahneman," "Homeopathic Bibliography," "Index of Provings," "Pioneers of Homeopathy," etc., etc. Translated from the original German by Professor L. F. Tafel. 350 pages. 8vo. Cloth, \$1.50. Postage 15 cents. Philadelphia. Boericke & Tafel. 1908.

The homeopathic profession should be profoundly grateful to the compiler, translator and publisher for this work, the lesser writings of the sage of Munster, the Nestor of Homeopathy.

These letters and papers embrace much that every student of our science should read, should be familiar with, in the early history of Homeopathy. Besides his Therapeutic Pocket Book, the best working repertory ever compiled, his Whooping Cough, Sides of the Body, Drug Affinities, Intermittent Fever, Anti-Psoric Remedies and Repertory, and his device for finding the Characteristic Value of Symptoms are now invaluable. His letters to Runmel, Stapf and other colleagues and his intimate and friendly, even fraternal relations with Hahnemann, render many of these papers classic, especially the Three Rules of Hahnemann.

It is often asked: "How high potencies did Hahnemann use in the last years of his practice?" Bönninghausen here gives a number of patients cured with the 200th, 1000th and 1500th in April, 1835, eight years before Hahnemann's death, and we may safely conclude that Hahnemann used these potencies of Jenichen and Korsakoff at this time.

THE CHRONIC MIASMS: SYCOSIS. By J. Henry Allen, M. D., author of "Diseases and Therapeutics of the Skin" and "Psora and Pseudo-Psora." Professor of Dermatology, Hering Medical College. Pages 423. Cloth, \$3.00. Published by the author. Chicago, 1908.

This work is dedicated to "that devoted band of physicians, natives of India and graduates of Hering College" who are doing such a grand work for Homeopathy in their native land.

Of its 423 pages, the first 165 are devoted to an explanation of gonorrhœa, acute and chronic, and a differentiation of sycosis and the sycotic diathesis. It is an attempt to elucidate and clear up the great sycotic problem, constitutional and inherited sycosis, of which Hahnemann, in the *Chronic Diseases*, left us but three pages. Little or nothing is to be found in the text-books on this disease; inherited gonorrhœa being by many specialists considered impossible, or from the viewpoint of modern pathology an almost unknown diathesis. Hahnemann gave it the name by which homeopaths understand inherited, tertiary or latent gonorrhœa, sycosis; but while we have studied and relieved many patients suffering from the ravages of this curse of the human race, we have done it without any clear understanding of its nature or pathology. Inherited syphilis is well understood; but of the constitutional effects of suppressed gonorrhœa—inherited gonorrhœa, sycosis—little is known. It is nearly 30 years since Neisser discovered the gonococcus, and when it is found in pneumonia or other acute diseases, many years after infection, the significance of the diathesis demands attention. It is this knotty problem of which so little is known that this work wrestles.

It is a companion work to *Psora* by the same author. The rest of the book is devoted to the therapeutics of sycosis, acute and chronic gonorrhœa, in both male and female, and is perhaps the best compilation on the therapeutics of the subject to be found in our literature.

Books received too late for review:

HEALTH AND BEAUTY. By John V. Shoemaker. Pp. 476, octavo. F. A. Davis Coy, Publisher.

HEREDITY AND PRENATAL CULTURE considered in the light of the New Psychology. By Newton N. Riddell. Published by the author. Chicago, 6328 Eggleston Ave.

SEX OF OFFSPRING. A Modern Discovery of a Primal Law. By Frank Kraft, M. D.

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PHILOSOPHY ON HOMEOPATHY.

BY DR. J. C. HALLOWAY, M. D., Galesburg, Ill.

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PART 1.

The constitution of medicine as a science demands certain indispensable prerequisites to successful prescribing, all of which are found in Homeopathy and nowhere else. The practitioner must, therefore, adapt himself to these principles or forever isolate himself from the only system of cure known to man.

1. The first problem before the physician is: How to ascertain the nature and properties of each particular substance which is to be employed in the treatment of the sick.

That the curative principle in medicine is not in itself perceptible is undeniable. Neither the color, taste, nor any other sensitive property will, in itself reveal the mystic power which Almighty God has hidden within the inner nature of each individual drug. Whether a drop of tincture or a grain of mineral, all that can be seen, or felt, or tasted, or smelt, corresponds to the hull. But where is the kernel? Where is that which is capable of deranging the vital force of the human organism and of thus altering its functions and sensations? It cannot be perceived by any of the natural senses, not even when assisted by the most powerful aids which the ingenuity and inventive faculty of man can supply. It is even beyond the realm of human reason. It is "spirit like!" But that power in drugs which cures human ills, mysterious as it is, is not more so than that force of the human body which it is to influence simultaneously with the

physician's high and only mission. Scalpel in hand we institute a scientific search for that force. Aided by the most powerful microscope we scan the human structure from its integument to its most internal cell, only to learn that eye hath not seen, nor finger touched, nor reason discovered that mighty energy, that invisible power! It, too, is "spirit like!"

So we decide to join Hahnemann, our medical guide, whose memory is enshrined in the work he accomplished and in the hearts of all who have been able to appreciate him, in his decision that the power hidden in the inner nature of drugs is the curative power, and the animating force hidden in the human organism is the vital force, and that each is spirit like! The same hand that hid the one in the vegetable, animal and mineral kingdoms, secreted the other in the human body. The divine fiat has decreed that the spirit-like vital force which controls the harmonious action of the human organism shall not be deranged except by a spirit-like, dynamic power; that spirit-like must act upon spirit-like; dynamic upon dynamic. This picture in one view; and a fly carrying a germ of typhoid fever in another portray the contrast between truth and error on the medical canvas of the present century. Inasmuch as the vital force is itself a dynamis our master wisely concluded that tinctures should be succussed and minerals triturated, not that their material elements might thus be better adapted to the size of blood corpuscles, as some have erroneously concluded, but that by the process of dilution and potentization the hidden power of drugs, the drug-dynamis, might be unfolded and developed as a spirit-like power, absolutely free from the material substance, and thus be brought into correspondence with the dynamis of the human system. This dynamization of drugs involves the scientific process of the transplantation of the medicinal force from the substance of the drug to the substance of the vehicle used for dilution; and the transplantation again of the drug-spirit from the dilution to the vehicle used for medication when prescribing; and again the transplantation of the drug-spirit

from this vehicle, through the sentient nerves to the vital force of the human body.

Upon this hypothesis rested Homeopathy as Hahnemann left it; upon this it rests today, and upon this it must ever rest so long as there is a vital force to become deranged and a drug force to cure. Hence, if we ever discover the curative principle in a given drug; if that principle is ever fully revealed to mortal man, it must be by the transplantation of that drug-spirit to the spirit-like vital force of the healthy human body. If the latter is deranged by it as evidenced by signs and symptoms, thus revealing its sick-making power, then we can conclude with absolute safety and certainty that by some rule, some law, the once hidden power of that drug possesses a curative principle, and that by this experiment on the healthy subject its curative principle is revealed.

The crude idea of some materialists that the sick-making power of a medicine must be ascertained by the toxicological drug is completely overturned by the fact that some substances in their crude form are absolutely inert, but when dynamized and thus tested, prove to be most powerful; and secondly, their doctrine is set aside by Hahnemann in the following words: "The most recent observations have shown that medicinal substances, when taken in their crude state by the experimenter for the purpose of testing their peculiar effects, do not exhibit nearly the full amount of the powers that lie hidden in them which they do when they are taken for the same object in high dilutions potentized by proper trituration and succussion, by which simple operations the powers which in their crude state lay hidden, and, as it were, dormant, are developed and roused into activity to an incredible extent." Thus it is that the curative principle of any drug is revealed by the impact of the drug spirit upon the spirit-like vital force of the healthy human body. If this lesson were better understood we would have more Hahnemannian physicians, more successful prescribers and more ideal cures, cures which are rapid, gentle and permanent. This lesson understood, high potencies would not be

questioned in the treatment of the sick. It is worthy of remark that one of the very first evidences of materialistic views held by some so-called Homeopaths is, they find fault with Hahnemann's provings, deny the pathogenetic effects attributed to high potencies and suggest the advisability of making new provings of the old remedies by a method which shall modernize them and make them more practical. Behind such a plea lurks the most palpable materialism, ignorance and downright infidelity respecting all Hahnemann has taught as to the curative power of drugs being "spirit-like." Therefore, I emphasize the importance of dynamic provings, provings which develop the finer shades and bring within our reach cures which would otherwise be impossible.

PART 2.

2. The second prerequisite is: The law of selection by which a given medicine may be singled out from all others whose curative principle has been revealed by the same infallible method.

This law is known as the law of similars; and without stopping to explain its details to this representative body which knows them so well, I wish to discuss briefly our right of calling our therapeutic rule a law. Our physiological brethren scoff at a therapeutic law; but the true Homeopath has the satisfaction of knowing that he has a therapeutic law which, in every case, makes a cure possible, and one which explains upon a scientific basis why a medicine is a specific in one case and not in another, though the pathological name is the same; and this must ever remain a mystery to the physician who has not been initiated into Homeopathy as Hahnemann taught it.

The general, comprehensive definition of law, as defined by Blackstone, is: "A rule of action;" and this applies whether pertaining to animate or inanimate objects. In our case the "action" is that of selecting a given medicine as a specific for a given individual sickness. He says: "Law is a 'rule' because it is something permanent, uniform and universal." Here we welcome the definition and analy-

sis of the great commentator, and submit that in Homeopathic prescribing our therapeutic law is 'permanent, uniform and universal.'" In defining these terms we shall quote from Webster: "Permanent, durable; lasting; continuing in the same state, or without any change that destroys the form or nature of the thing." Human laws and institutions may be to a degree permanent, but our therapeutic law, like the character of God, is unalterably permanent. It is based on no theory as to the action of drugs, and it involves no theory whatever. It rests on the fact observed, that a drug will remove a group of symptoms in the sick if it has produced a similar group in the healthy. The law is simple, clean-cut and decisive. It does not rest on speculation, human theories and probabilities, but is definite, invariable and certain. It is not a shifting principle and can never become obsolete. It is as durable as man and as lasting as time. It is, therefore, permanent.

After the lapse of more than a century, the pathogenesis of belladonna as ascertained by the pure experiments and keen perceptive powers of our Hahnemann, is its pathogenesis today, and will continue to be until the trumpet sound! Any medicine will remove in the sick symptoms similar to those which it has produced in the healthy, and do it always, among all nationalities, and in all ages. It will never fail. This law is as permanent and unchanging and unchangeable as the law that causes water to seek its level, or an apple to fall to the ground. It is hence a therapeutic law, permanent, fixed, exact, unchangeable, enduring and always reliable. It does not change with the moon, the seasons, nor the precarious tastes of men. It never has and never can be so unstable as to be voted in one year and voted out the next. Unlike its foes who have rejected it, it changeth not! It is not elastic that it may be stretched, and will not accommodate itself to the most autocratic. It was fixed in its limits and in its operations by Creative power for the scientific amelioration of His creature, man, and like its infinite Author, is the same yesterday, today and forever. The discovery of this therapeutic law, by which the specific

for each individual sickness may be chosen with certainty, and the invention of dynamization, by which drug-spirit is liberated and set free from its material substance and by which its spirit-like power is intensified, made Samuel Hahnemann the peer of all men in the medical annals of the world.

(b) "Uniform—Having always the same form or manner, not variable. Thus we say the dress of the Asiatics is uniform, or has been uniform from early ages." The law of similars is as uniform and invariable as the dress of the Asiatics. It always has this form: The medicine prescribed must have produced in the healthy an image of sickness similar to that in the patient. To the extent that men have attempted to alter this law in practice while professing to follow it in theory, to that extent have they repudiated the only law of cure known to man, and justified the master in his appropriate appellation when he styled them "the new mongrel sect." We submit without fear of successful contradiction, that this therapeutic law is invariably "uniform" in the hands of all who practice homeopathy.

When a so-called Hahnemannian physician tells me that he used to lose all his cases of malignant diphtheria, or about all, especially when the membrane extended to the nose or larynx, or both, when he relied upon his potencies, but that now he knocks the spots right out of all of them with anti-toxin, I conclude at once that there is something radically wrong with his homeopathy. One thing certain: It is not the kind Hahnemann taught and practiced. The idea of a homeopath casting aside his therapeutic law and adopting a fad or fancy without law, whether from the old school or any other source, is most preposterous. The only condition under which I would use anti-toxin, whether for my own or another's child, is to first dynamize the stuff, then test it on the healthy and ascertain, according to law, when to use it. Those who have learned so little or diverged so far as to prescribe a medicinal substance for the iron-bound title of a so-called disease, as for instance, quinine for chills, opium for pain, or anti-toxin for diphtheria; or who under any cir

cumstances prescribe a medicine whose curative principle has never been revealed, but who nevertheless prescribe it in an empirical fashion because some drug house or its representative says it is good for this or good for that, are not practicing according to the law of similars and are not amendable as homeopaths.

The baneful effects of allopathic treatment with homeopathic medicines; of the physiological treatment of a diagnostic name, have poisoned homeopathy to its very fountain. The supporters of this spurious doctrine do not seem to realize that the real progress made by the dominant school has been in the line of diagnosis, surgery and sanitation; and that in therapeutics they possess no surer means of curing a sick man today than they had a thousand years ago; that all their serum treatment is for the disease and not the patient, a theory which always has and always will prove futile, and that the only effective specific which they have ever discovered is the open air! I have never known a man to undertake a criticism of homeopathy as Hahnemann taught it, or of the homeopathic materia medica as he furnished it, who did not make an ass of himself and betray his woeful ignorance of both. Homeopaths of this stamp do not represent homeopathy. On the contrary, they have the right to full membership and to all the immunities and blessings in Hahnemann's "new mongrel sect" which is now old, in which, like the heathen, they have "a law unto themselves." Medical drummers have a fashion of showing their order book to prove how many homeopaths have ordered this preparation for piles, that for bronchitis and the other for eczema; when, in fact, there is not a homeopath on their order list.

True homeopaths, when imposed upon in spite of all protests will cram their literature in the waste basket and order their samples buried where they can not harm children and innocent animals; for they need nothing but their dynamic remedies for hemorrhoids or anything else that is not strictly surgical. Right here I want to put myself on record as affirming unhesitatingly that the immense quantities

of medical trash sent out by so-called homeopathic pharmacists and commercially dealt out to the innocent by so called homeopathic physicians, is a burning disgrace to homeopathy and a detracting, disparaging and libelous slander against its founder! If no physician used more of this medicinal rubbish than the writer, the manufacturers would soon retire from business; for he depends solely and wholly upon his dynamic remedies, except when he is compelled to resort to surgery.

(c) "Universal—All; extending to or comprehending the whole number, quantity or space." Here again, we submit that the law of similars comprehends or extends to the "whole number." There are no exceptions. There are no individual cases of sickness to which the law of similars will not apply, and which may be cured without law. So the law of similars meets the requirement in Blackstone's definition, that it shall be universal. When Hahnemann tested cinchona and to his delight and satisfaction found that it would remove symptoms similar to those which it had produced, he did not know whether this was in keeping with a therapeutic law, or only a coincident; but after testing more than sixty medicines on himself and many more, on others, and applying them in natural sickness day by day according to the same rule, he ascertained beyond a doubt that this God-given rule which was permanent and uniform, was also universal, and constituted a therapeutic law. This law applies to all drugs and to all cases of natural sickness which do not come within the province of manual surgery. It is therefore universal. It has withstood the fiery darts of more than one hundred years, and is able to withstand all the combined opposition of apostate friends and avowed enemies for all time to come. But there is one more requisite, according to Blackstone, by which our therapeutic law must be tested. It is expressed in these words: "It is the very essence of a law that it be made by the supreme power." Here, too, we welcome the challenge. Municipal law must be made by the supreme power in the state; but our therapeutic law was made by the supreme

Sovereign of the universe. Only God himself could so organize the human body, animated by a vital dynamis; having commanded into existence the innumerable medicinal substances, hiding within each a spirit-like power always possessing something peculiar and exclusive; and then so adapt the drug spirit to the vital force that the latter, when deranged, shall be curatively affected—provided the selection is made by the law of similars. And only God himself could make a Hahnemann and implant within his fertile brain that intuitive genius necessary for the discovery and application of this law, for the benefit of the whole human race. When I ascribe to Hahnemann the honor of this discovery I am aware that others had had a glimpse of the idea of curing by similars, but not as a permanent, uniform and universal rule; not as a therapeutic law.

PART 3.

Our third prerequisite to successful prescribing, according to the philosophy of Homeopathy, is the single remedy. The first prerequisite, to which your attention has been invited, that of treating each individual drug on the healthy human subject, precludes the use of more than one medicine at the same time when prescribing for the sick, unless the additional drugs forming a compound were tested on the healthy in the identical compound form in which it is proposed to prescribe them. The reason for this is not based on mere arbitrary objections, but a scientific truth, viz.: that no two medicines when tested together, can possibly be equivalent to the sum of their pathogenesses when tested separately. To illustrate, we have tested the flowers of sulphur and the carbonate of lime together under the name of *Hepar Sulphuris Calcareum*. The pathogenesis of this combination is not identical with that of sulphur, nor that of *calcareum carb.*, nor the sum of the two. Nor can we, in case we find an image of sickness similar to the proving of *hepar sulphur*, cure the patient by putting sulphur and *calcareum carb.* into one glass, nor by administering them in rapid alternation. Each individual patient has a personal individ-

uality. Each individual drug has a distinct individuality; and two or more drugs cannot have one individuality and thus become one medicine and the simillimum for a given sickness, unless potentized together. No two medicines can become one medicine, by any other process known to man. Each possesses a drug spirit peculiar to itself, but by the process of dynamization these become fused and constitute one spirit, as it were, in a new creation with new possibilities, and its curative principle is new and distinct, which is to be revealed, like that of any individual drug, by testing it on healthy human subjects.

The fathers of Homeopathy, such as Hahnemann, Bönninghausen, Hering, Lippe, Wells, Dunham and a host of others, by their fidelity to the science, succeeded in handing to us the blazing torch, which in turn has been taken up by Allen, Kent, Nash and an army of co-workers who are determined, come what will, to perpetuate pure Homeopathy for future generations.

I wish to say a word in this connection concerning "combination tablets." Of all the deceptions practiced in the guise of Homeopathy, this is the worst! The day was when combination doctors would call for from two to six tumblers; but the practice became so obnoxious because of its manifest odious departure from the Hahnemannian standard, that they devised the scheme of putting the two to six different medicines in one tablet. This would deceive the very elect themselves! And the shame of it is that some of these so-called homeopathic pharmacists who manufacture and sell this article, thus making a solemn mockery of all that Hahnemann has written, send out literature in which an effort is made to defend the abomination on homeopathic grounds. In answer to all such twaddle, which never can be elevated to the dignity of argument, I quote the following from Hahnemann: "It is not conceivable how the slightest dubiety could exist as to whether it was more consistent with nature and more rational to prescribe a single, well-known medicine at one time in a disease, or a mixture of several differently acting drugs. As the true physician finds

in simple medicines administered singly and uncombined, all that he can possibly desire (artificial disease forces which are able by homeopathic power completely to overpower, extinguish, and permanently cure natural diseases), he will, mindful of the wise maxim that 'it is wrong to attempt to employ complex means when simple means suffice,' never think of giving as a remedy any but a single, simple medicinal substance." This is why he laid down the following imperative rule for all true homeopaths: "In no case is it requisite to administer more than one single, simple medicinal substance at one time." Let this be a finality then, regarding the single remedy, with all who believe in the homeopathic philosophy. True, few who buy these "green goods" know how to find the simillimum in any given case, but this is no justifying cloak, for they, like others, can learn. No, they prefer to have the "specific," like their traditional brethren whose fellowship they court, made ready to hand, directions and all. This bottle is for "Cough"; this for "Amenorrhoea"; this for "Rheumatism," and that is for "Worms"! And such are the products of "Homeopathic" pharmacies! and the professional dupes who buy and deal them out to their lay dupes are "Homeopathic physicians"! What a travesty on Hahnemannian Homeopathy! Let them charge me with extortion, if they will; let them aver that my medicines are as worthless as they are harmless; let them even call me "doc," but let no man call in question the purity of my practice as measured by the Hahnemannian standard. Perhaps we ought to say in all kindness to those who, because of the peculiar kind of preceptors and college faculties which brought them into professional existence, do not know that the only specific possible is the medicine whose pathogenesis is similar to the image of individual sickness found in the patient to be cured; and the combined wisdom of the universe cannot indicate by the label in what case a medicine is a specific, before the patient is seen, for a medicine must be a specific for the patient and not for the disease. Our most charitable view of the combination doctor would be to suggest that he

has never caught the true spirit of Homeopathy; but when he knows that a combination has never been tested on the healthy as such, and that its pathogenesis is therefor unknown, he is not honest when he palms himself off as a homeopath and thus leads his patients to believe that he prescribes according to the law of similars. Not only does Homeopathy have to stand the odium of his slovenly methods and haphazard results, but he thus becomes a waiter on Providence and tells laymen that Homeopathy has so modified the old-school since Hahnemann's day that really there is not much difference after all! And in borrowed plumes he talks about "quackery," but never seems to surmise or even dream what a decoy-duck the "regulars" are making of him! On the other hand, the men who have earned for themselves distinction as accurate and successful prescribers, and who have contributed their mite toward preserving inviolate the fundamental principles of the Homeopathic philosophy, have universally sanctioned and confirmed the teachings of the master. So the philosophy of Homeopathy demands, in the very nature of things, the single remedy. The rapid alternation of remedies, or the administering of two or more drugs at one time which have never been potentized together and thus tested on the healthy, is incompatible with the theory of a true homeopathic prescription; but when one medicine has been chosen according to the law of similars, and that remedy is allowed to exhaust its action alone, and a collection of the symptoms the patient then presents is recorded, and the case is prescribed for afresh, that is Homeopathy. But the unscientific feature of alternation, as that term is commonly understood, is seen in the fact that the second remedy is ordered now, to be given two hours after the first, thus assuming that one dose of the first remedy will result in such a change of symptoms as to make the image similar to the pathogenesses of the second remedy, and that, too, in precisely two hours! Not only so, but the first remedy is ordered now, to be given again in two hours after the second, thus assuming that the first remedy will have the exact effect assigned to it, viz., that of convert-

ing the image back again to the precise picture of symptoms which first existed. If the hypothesis were true, and if any physicians could be so accurately prophetic, what would be gained by such a procedure? The best that can be claimed for the theory is that at the end of four hours the patient will be just where the doctor found him, and if the alteration is continued, at the end of eight hours, like the hare, he is back again where he started.

The true homeopath studies fidelity to the homeopathic philosophy, and earnestly endeavors to shun all those expedients which, like alternation, adjuvants and combination tablets, are borrowed from the poly pharmacy of the old school, and are opposed to sound doctrine and sound principle in the domain of Homeopathy.

PART 4.

(4). The fourth and last prerequisite which we shall mention is: The minimum dose. That remedies prescribed according to the homeopathic law must be given in very small doses is a truth now well recognized. But some, still adhering to old school traditions, insist upon using those dilutions which still contain some of the material substance, while those who would tread in the foot-steps of Hahnemann want none of the material drug, but the drug-spirit only. After an animated disputation covering a period of more than one hundred years there seems to be as much hostility against the infinitesimal dose as in the beginning. There is still a wonderful tendency, on the part of many, including some doctors, to want nasty medicine. And here I want to register my unalterable protest against crude medicines as the common and prevalent curse of the civilized world. There are more people suffering today from the effects of strong and obnoxious drugs than from natural causes. The vast army of incurable drug fiends in the world today, as the legitimate and necessary product of the old school practice, is a standing monument of shame which betrays their want of science and co-operation with nature. As in the days of Hahnemann so it is now; the vast majority are on the side of crude medicines, or potencies so low that the material ele-

ments can be detected. And so will the status of this question ever continue, so long as men look upon disease, disease causes and the curative power in medicines, as things material. Materialistic conceptions have heaped more infamy on Homeopathy and blighted the otherwise brilliant prospects of more medical students, have changed their course from the goal of pure Homeopathy to that of the flesh-pots of Allopathy, thus making of them mongrels instead of homeopaths, than all other causes combined. They are then in line for public sanction of the microbe theory as disease cause, and ready to send in their application for Allopathic affiliation, blandly agreeing over their own signatures to be known simply as "doctors." Well, be it so. But for one, I would rather be in the minority on the side of truth, with the consciousness that I have the means of curing any patient who is curable, and enjoy the distinction of living and dying a consistent, loyal follower of the greatest physician the world has ever known, than to be identified with those who in their hearts have no confidence in medicine, no accurate conceptions of disease and no law of cure, even if their majority ranked with that which opposed Noah.

No materialist can ever hope to be a successful homeopath until he divests himself wholly and completely of his materialism. The power of drugs to cure does not decrease in the ratio that their material substance is diminished, but rather just the converse. And this our master announced in the most positive terms; and this men must learn before they can expect to practice Homeopathy successfully. No amount of figuring, and no phase of true philosophy can make the material dose the minimum dose. Hahnemann said: "The smallest possible dose," and this he gauged by the following rule: "The doses of all Homeopathic medicines, without exception, are to be reduced to such an extent that, after their ingestion, they shall excite a scarcely observable homeopathic aggravation." This homeopathic aggravation is an evidence that the appropriate medicine has been selected; the fact that it was scarcely observable is proof that the

medicine was not too low; and the fact that it was observable at all is undeniable proof that it was not too high. So this concise and comprehensible rule left us in the last edition of the Organon, draws the line and strikes rock bottom so far as the homeopathic dose is concerned. Why will men not accept it, especially those who pretend to be homeopaths? I answer, because of their materialism. There is one lesson which they should learn well, viz: That no man can give the wrong medicine crude enough, or in doses large enough to cure. The therapeutic law comes first, that the right remedy may be chosen; and then the philosophy of dynamization, that the medicine may be more penetrating and cure with none, or but a slight preponderance of its own symptoms.

There is a sentiment entertained by some otherwise pretty good homeopaths to the effect that one can be loyal to the principles of homeopathy and maintain his true fidelity to the teachings of Hahnemann while prescribing tinctures. This I deny outright and without apology, for four reasons: (1) The crudity of a tincture is not a similar to the spirit-like vital force; (2) the smallest dose of the tincture is not "the smallest possible dose" of that medicine as Hahnemann directed; (3) as a rule tinctures offend the taste, the very thing which Hahnemann says the suitable medicine in the homeopathic system never does; and (4) the great teacher and founder says, when speaking of injuries, the whole living organism always requires "active dynamic aid to put it in a position to accomplish the work of healing," and further says that "when the external pain of scalded or burnt parts needs to be homeopathically subdued, then the services of the dynamic physician and his helpful homeopathy come into requisition." Just imagine Hahnemann calling a prescriber of tinctures a "dynamic physician!" There would be just as much philosophy in calling a so called "regular" a dynamic physician. The term "dynamic" literally signifies power; but as Hahnemann used it it means "spirit-like power," that power of drugs which is hidden in their inner nature, but unfolded and developed by dynamization.

Here I want to express my honest convictions that no man can ever amount to much as a homeopathic prescriber, never reach the eminence in which his work, his marvelous and brilliant cures, will rank him with such men as Bönninghausen, Hering and Dunham, unless he completely rids himself of this materialism, and in its stead imbibes a full, clear, deep appreciation of the "spirit-like" power of drugs. This inevitable bar to success will, ipso facto, shut off the brilliant light which would otherwise illuminate his homeopathic career.

Most anybody can become a materialistic doctor, but it calls for a higher conception of homeopathy, for keener perceptive powers, and a deeper delving into the very gist and essence of that which Hahnemann taught in order to become what he termed a "dynamic physician," and in order that his services may be in deed and in truth "helpful homeopathy." Homeopathy, in order to be really helpful, must be pure. It is based on "easily comprehensible principles," and there is no justifying excuse for rank and bold departures under any circumstances whatsoever. It is the drug-spirit acting on the spirit-like vital force which gives the cure the qualifications of rapid, gentle and permanent. No old-school serum can effect a cure with these qualifications, if at all. No amount of the indicated remedy can kill, if prepared according to Hahnemann's final instructions, viz: capable of producing only the "very slightest homeopathic aggravation." This is not true of any old-school serum, and until they make it true, we need not entertain the least fear that they will lay down the fence and enter the homeopathic field from the rear. The doctrine of dynamization has always been the impassable gulf between the two schools, and those arrayed against this doctrine, whatever their pretensions, should answer to the roll call on the enemies' side. I submit that the doctrine of dynamization which supplies us with the drug-spirit absolutely free [from its material substance, is an indispensable, integral part of the homeopathic system; that Hahnemann announced it as a part of his system, and that no man has fully comprehended Homeopathy or fully

equipped himself for the display of all its possibilities who has failed to grasp this essential feature. Homeopathy will never reach its acme until the philosophy of dynamization is incorporated into the practice of all professed homeopaths and fully explained to the general public; until said practitioners quit imitating the traditional doctor by issuing disks of various colors, or large bottles of colored water, and in every other particular; and until all who would practice homeopathy acquire the knowledge and cultivate the courage necessary to the use of a good repertory in the office and at the bedside. Had these things been attended to from the beginning, homeopathy would be the prevailing system of medicine in this country today. Laymen must not be expected to understand, advocate and defend that which they have had no opportunity to learn. The only rational reason that can be assigned as to why all families of intelligence and culture do not employ homeopathy is the fact that they do not understand its fundamental principles and superior advantages. The claims of homeopathic superiority must be spread before the public at large and elucidated until the people understand and accept them; and until they further understand that Allopathy, as a system of medicine, can not add one star to the glory of Homeopathy. Some practitioners expect patronage because they are physicians; others because of commercial reciprocity; but we must so conduct our campaign that patrons will choose us because we are homeopathic physicians and hence can give them what they can secure nowhere else in all the world. There can be no permanent gain for the homeopathist or his system by a policy of coddling the old school as if Homeopathy were not out of her teens. They have fought us with all the boldness, gallantry and intrepidity which they could command for more than a hundred years, and our armor is still complete and our banner unsullied; let them try another hundred! The law and maxims which have served us so well thus far will prove equally effective for our posterity.

The closer we adhere to the letter of Hahnemann's instructions the more successful we shall be in ameliorating

the suffering, healing the diseases and prolonging the lives of those who confide in us as homeopathic physicians. In their ignorance, indolence or erring judgment men may fall, but the law, never!

SURGICAL CASES.

BY P. E. KRICHBAUM, M. D;

TARSAL TUMORS-TROMBIDIUM.

Mr. P., a middle-aged man, weighing 180 pounds, consulted me February 5, 1905, for a swelling in the upper lid of the right eye. There was no pain, no discharge and no lachrymation, in fact nothing but the lump in evidence, which was bright red and raw looking. I prescribed puls. March 11, 1905, he reported no change. Marth 21st told a similar story, except that he thought the tumor was in creasing in size. A few minutes work with the repertory called my attention to trombidium, and trombidium repeated April 24th cured the case.

DOUBLE FISSURE OF THE ANTRUM.

I asked this patient to give me the early details of his case. The account he supplied is so interesting I will give the story in his own words. I will explain that the discharge he mentions was yellow, of a coagulated consistency, and had some odor. I need hardly add that the man was nervous and exceedingly alarmed over his condition. The drug indicated and employed was calcarea sulphurica:

About the last of June, 1908, I consulted a dentist in the town in which I lived, who had been in practice there for a number of years, regarding the condition of my upper teeth, and under his direction I went to a dental office in New York city and under the influence of gas had fourteen upper teeth extracted. A few weeks afterward I visited the dentist for the purpose of having an impression taken for a set of upper teeth. I would say that my lower teeth are in good condition, having lost but two of them. I reported to the dentist that I thought I could force water through my jaw into my nostrils while rinsing my mouth. He made an examination and stated that he thought I was

mistaken, and proceeded to make a temporary set of teeth. This set of teeth I used until the first week in January, 1907, and then went to him to have the permanent set made. I again told him that I was still of the opinion and indeed quite sure that I could force water through the jaw to the nostril; he then made another examination and found that such was the case, there being a hole in the upper jaw to the right, about where one of my double teeth had been. He could put his instrument through this opening at least two inches and found that there was a discharge of pus coming from it.

He told me that I had caries or necrosis of the bone, and that there was danger of this extending in both directions and perhaps in time destroying my jaw and nasal bone, and that there were two treatments that he would suggest. One, going to hospital and submitting to an operation which he said would take from two to three weeks if not much longer, and be very expensive, and he did not recommend it. The other treatment was by the use of sulphuric acid applied with syringe and this treatment he did recommend and stated that it would probably take two or three months to cure the disease and that the treatment would have to be given almost daily. Acting upon his advice I consented to this treatment, which was continued at least five days a week, sometimes six, until the 1st of April.

The treatment consisted in syringing the antrum through the opening in the jaw, first with some antiseptic, and then with a dilution of sulphuric acid, and plugging the opening with cotton saturated with sulphuric acid, the cotton remaining in the opening until the next treatment. During this treatment my health ran down, appetite was poor, and I was wakeful at nights. Sometime in March the cuticle of all my fingers festered and when the new nail grew out it came out rough and uneven. I consulted my family physician regarding this and was treated for it and found that it grew better soon after taken his remedy.

The dentist during the time of treatment urged me to take a tonic. I found also that during the treatment I was

frequently troubled with a cold. During April, after over three months' treatment I did not see that there was much, if any, improvement, as the pus continued to show itself when the cotton was removed from the opening.

The dentist wished me to continue the treatment, claiming that I was getting better, but would not give any definite idea of date of probable cure. About this time, April, 1907, I decided to consult an eminent New York dentist who, after making an examination, stated that there might be a root of an old tooth there to act as an irritant, as he could feel something hard in the antrum, and upon his advice I consulted the dentist that extracted my teeth. He made an examination and stated that he did not believe that there was any root there. The New York dentist then sent me to have an X-ray picture taken of the inside of my antrum, and I had three such pictures taken and showed them to this New York dentist, but they did not help him to come to a decision as to condition of things in my mouth, and he made an additional examination and called in a specialist in antrum diseases, who also made an examination, and after consultation they both very strongly recommended that I should at once go to the hospital and be operated upon. As I did not go immediately, after a few weeks, the matter had evidently been discussed between the New York specialists at a convention in a neighboring city, for I received a telegram urging me to go at once to the hospital and submit to an operation. This I did not do.

The specialist that was called in consultation by the New York dentist wrote me a letter when he found that I had not gone to the hospital as he suggested, in which he said: "It is most unfortunate that persons affected with disease of the maxillary sinus as he is, seem to have the same difficulty in deciding upon operation, when, as a matter of fact, *nothing but a radical operation can relieve the condition* from which they suffer. In one of four cases that I am treating at the present time the microscope shows that the patient waited just a little too long, for several microscopic slides taken from the tissue that was removed show no

malignancy, but one of them indicates very distinctly the beginning of cancer at one point. Mr —— has no indication of such disease at this time, but he ought to understand that he has no assurance of the permanency of such freedom from more serious trouble, for leaving out the question of the character of the diseased tissue, there being more or less difference of opinion with regard to the result of the degenerate processes, he has always before him the likelihood of extension to some of the accessory sinuses, such as the sphenoidal, or even the frontal and ethmoidal."

The last of May the New York dentist that I consulted received a letter from another New Jersey dentist, calling his attention to a case which this other New Jersey dentist had and asking this New York dentist's advice. The New York dentist replied, referring to my case, and stated that cases of this kind where conditions exist in the antrum which might lead to malignant results, should be referred to surgeons as he referred my case. I mentioned this to show that my case was one which had impressed itself upon the mind of the various dentists.

It was a difficult matter to come to a decision as to the best course to pursue, and I therefore laid the entire case before my family physician, and while he hesitated to advise as to the course to pursue, asking me to decide the question upon my own ideas as to what was best, he did give it as his opinion, after making a careful examination himself, that an operation was not necessary, but that the disease could be cured by homeopathic treatment, and I therefore placed myself in his hands and he gave me medicine to take internally about the beginning of June, 1907. This treatment I continued regularly for several months, consulting from time to time, until the last of 1907, when to all appearances the disease had been arrested. The opening in the jaw having closed and there is now (April, 1908,) no opening and no indication of any disease or trouble whatever in the jaw-bone or antrum, and I suffer no inconvenience and am not conscience of any trouble there, and my general health has been very much better since I have been following my physician's advice.

A GANGRENOUS APPENDIX.

The following operation was performed by Dr. James W. Krichbaum. I will give the details as he wrote them out.

December 26, 1907, I was asked to see Elinor C., aged 11, who had been troubled for about four weeks with a pain in her abdomen. We learned that the child while at school had been struck with a stone near McBurney's point, and though she had not remained at home there had been present more or less abdominal pain and tenderness ever since the injury had been received.

Examination showed a slightly distended abdomen. Rectus muscle tense, board-like, with tenderness over McBurney's point. Temperature 102.2, pulse 120. I advised an operation, but her mother objected, so I put her on pulsatilla c. m.

December 27th I found the patient no better. She was restless and her tongue red-tipped. She received rhus tox. December 28th patient seemed better, temperature 100; December 28th temperature 98.2; December 30th perspiration on the head, pupils dilated; pain present, temperature 100.1; prescribed colchicum. December 31st found the patient somewhat relieved of pain, so the remedy was continued.

January 1st saw a return of pain with restlessness. The temperature was now 103.4. The abdomen distended and tender. I hereupon ordered an immediate operation and arranged to perform it at her home. On opening the abdomen I found a large pus pocket, containing several large pieces of fecal matter and pus in abundance. The appendix and part of the colon were destroyed by gangrene. I first washed out with sterile water, followed by peroxide of hydrogen and saline solution, inserted a drainage tube and closed the abdomen. For three days the temperature stayed below 100, but on the fourth day rose to 100 at noon, 102.2 at night. The fifth day saw it 100.4 in the morning, 101.5 in the evening. The discharge was thin, sanguineous and fetid. Sixth day temperature 102 in the morning, and 103.3

in the evening. Patient quite restless. I now proceeded to reopen the wound by removing part of the stitches. I found the colon closed and in good condition. I broke up all adhesions. The wound and the discharge therefrom had a horrible fetid odor. On the seventh day the temperature in the morning was 102.3, in the evening 103.9; the discharge was now slight in quantity but the odor was beyond description, so foul and fecal, that I could not get rid of it. The patient was extremely restless. I gave a powder of psorinum in water, a teaspoonful every hour for three hours, if the child was awake. She took two doses and then went to sleep and slept all night. In the morning her temperature was 98. The discharge was slight and there was no odor. Her recovery from this on was uneventful. At the present time, to quote her mother, she is in better health than she has ever been.

To my mind this case brings us to the following conclusions: First, a blow may cause primary appendicitis; second, had I administered psorinum earlier in the case I would have escaped quite a bit of worry; third, had the child received psorinum soon after the injury, repair instead of gangrene would have followed; fourth, gangrene was well established and rupture probably had occurred before medical aid was called.

THE SURGICAL ASPECT OF GONORRHEA.

BY GUY B. STEARNS, M. D.

The title of this paper was inspired by a case which has been under the writer's treatment for the past seventeen months.

The patient is a woman 33 years old, brunette, of small frame and nervous temperament. She was a delicate child, although she did not have any serious illness until her seventeenth year, when she was very sick with pneumonia.

She was married at nineteen, but did not begin to menstruate until some months after. She had fairly good health during the next six years, although she had two abortions performed during that time.

Eight years ago she commenced to have hemorrhages from the bowels. These were profuse and occurred from a few days to a few weeks apart and continued for two years.

She then had pneumonia again and the hemorrhages ceased.

Soon after this she became pregnant and had another abortion performed. On the fourth day after the operation she was taken with what was called spinal meningitis, although her description of the symptoms indicate some form of sepsis. She was ill in bed for twenty-three weeks.

After this she did not again become pregnant, even though she desired to do so, and she was in fair health until about sixteen months before the writer first saw her.

She then had hemorrhages from both bowels and the stomach and was confined to her bed for seven months before they finally ceased. After this she did not regain her strength and when I first saw her, presented the following condition:

Emaciated and pale, with dark rings beneath the eyes.

Spine sensitive over its entire length, with a marked dorsal curvature to the left. This had developed only within the previous few months and was apparently due to muscular weakness. Menstruation regular but painful and associated with much backache and headache.

Flow lasted only one hour.

Cheeks flushed in the afternoon, though without rise of temperature.

Urine normal. No vaginal examination was made, but a thorough general examination revealed no organic lesions.

The associated symptoms pointed to phos. and this was given in the 200th dilution at infrequent intervals. Olive oil and cream were added to her diet. She steadily improved until in ten months she had gained twenty-five pounds and the spinal curvature had disappeared.

In January of this year she contracted what appeared to be grip, but did not respond well to remedies, and soon developed pain in the lower right side of the abdomen, with severe bearing down and painful urination.

Examination revealed a sensitive and immovable uterus and the contiguous tissues so inflamed that the adnexa could not be palpated.

Inquiry of the husband developed the fact that he had had gonorrhoea about a year before the last abortion, but he had supposedly been cured at the time and had shown no signs of the disease since.

The case was now clear. A gonorrhoeal infection conveyed by the husband after he had been pronounced cured. This had probably occurred before or at the time of the last conception and had manifested itself at the time of the abortion as the supposed spinal meningitis.

It had then remained dormant until the present attack.

The right tube filled with pus, some of which escaped into the peritoneum, causing a severe peritonitis. Her condition interdicted surgical interference, so she was treated expectantly.

It is of interest to note that at the critical time when from the peritoneal invasion she was apparently dying, the remedy which had originally been selected as her constitutional drug became sharply indicated and brought about a prompt reaction. Her progress was very slow, and treatment was continued along conservative lines in the belief that the removal of the involved tube would be necessary when she was in condition for an operation.

At the present writing she is nearly well; the uterus is movable and the only indications of the inflammatory condition remaining are some slight adhesions to the right of the womb.

Aurum mur. 200th brought about the final disappearance of the pus and induration.

In this citation, symptoms and remedies have been intentionally left out, as the purpose has been to draw attention to the surgical aspect of gonorrhoea and the dangers which lurk in those cases which remain uncured but manifest no symptoms and to promote discussion as to the curability of the disease.

In four cases of tubal disease which have come under

the notice of the writer, where it had been found necessary to remove the diseased structure, the husbands had had gonorrhoea from three to sixteen years previously with no subsequent manifestation of the infection.

In marriages where the husband had previously had gonorrhoea, there are usually no children, or conception takes place followed by an early miscarriage and no subsequent pregnancies, or one child is born and no more. Such women usually suffer from uterine or pelvic diseases.

The writer has lately examined the urine of several men who have had gonorrhoea from two to twenty years ago and has found gonorrhoeal shreds in all of them and the gonococci in those cases submitted to microscopical examination. These were not all cases of suppression by injections, but had been treated in various ways, one of them homeopathically by the author and apparently cured. In one case the discharge had been redeveloped by the homeopathic remedy and then made to disappear.

It is a well established fact that the gonococcus can invade every tissue of the body and that there is no immunity from it. Once it gains a foothold on a mucous membrane it adheres, and as it proliferates, works its way into the deeper epithelia. Its life habits and reactions are such that it does not arouse the resistive forces of the body as do the germs of self limiting diseases, but it gradually becomes acclimated and maintains the position of a permanent guest and in its attenuated form it is so unobtrusive that its presence may not even be suspected.

Many authorities maintain that gonorrhoea is never cured and there is reason for doubt in the minds of the most optimistic.

The writer's earlier sanguine attitude regarding the disease, based on the apparently brilliant results from homeopathic medication, has changed on maturer observations to one of conservative agnosticism.

In all cases the burden of proof lies with the one who claims to make a cure.

CLINICAL CASES.

(ILLUSTRATING BOTH SIDES OF THE QUESTION.)

BY E. A. TAYLOR, M. D.

Case I.—METRORRHAGIA.—Miss W., aged 31, had uterine hemorrhages some years since, for which an operation was performed, consisting of the removal of several uterine polypi. This corrected the trouble for some months; it then returned as bad as before. A second operation was productive of similar results, and the surgeon consoled her with the statement that she might have to have an operation once a year.

The symptoms were as follows: Hemorrhage of bright red blood, comes in gushes, followed by a clot. The hemorrhage would cease for a short time, then start again, sometimes worse than others, but never ceasing entirely for any length of time. As she expressed it, she never knew when her monthly periods came—she was sick all the time. She was exceedingly nervous, there was much twitching and jerking of muscles, and she was troubled with insomnia; some nights would not sleep at all. The flow was worse from motion and very offensive.

She was pale and anemic; any emotion, pain or apprehension would cause her face to assume a death-like pallor. The bowels were regular but the appetite was poor, except for certain things; she craved pickles and stuffed olives, would eat ground coffee by the spoonful and used much salt, even salting her pie. She had a sensation as if the white of egg had dried on her face and the skin would crack if she were to laugh. She drank a great deal of water and was fond of lemonade. Mentally she was greatly depressed; could not tell her symptoms without crying, and when I attempted to console her, assuring her that she could be cured, she put up her hand protestingly, saying, "Don't! Don't! if you talk that way I shall never quit crying."

Her headache was in the temples, worse in hot weather; was of a throbbing character, seldom associated with nausea, but was worse from light and noise and from sleep.

She wanted to do everything in a hurry and would frequently drop things from her hands. She craved the fresh air and felt better out of doors. She frequently puts her tongue out while talking as if to moisten her lips, and says she is always hungry with the headache.

She received nat. mur. 1m, one dose dry on the tongue. In twelve hours the hemorrhage had greatly decreased and in thirty-six hours it had ceased. From that time on she menstruated regularly and normally. The dose of medicine was given five years ago.

Several remedies might be thought of. For the pronounced anemia, with the mental depression, weeping, nervous and hysterical state, intermittent flow, etc., one might think of ferrum, but the ferrum patient's face, while very pale while she is in a tranquil state, becomes fiery red on any disturbance, mental or physical, while this patient would take on a death-like pallor. The craving for sour things would contraindicate ferrum, which loathes sour things. The amelioration in the open air, desire for sour things and tearful disposition might make some think of pulsatilla; but pulsatilla likes consolation—this patient did not; pulsatilla is thirstless—this patient was very thirsty; to the pulsatilla patient everything tastes too salty—this patient covered her food with salt, even her pie. So giving particular attention to the peculiarities of the mental symptoms as Hahnemann directs, the symptom-complex led to natrum mur. and the result was all that could be desired.

Case II.—RECTAL FISTULA.—Mr. J. M., aged 38, came to me for examination and treatment. He said that for two years there had been a "leakage" from the rectum and he had been compelled to wear a pledget of cotton to absorb it. On examination a fistulous opening was found about one inch from the anus through which a probe could be passed into the rectum. He also had hemorrhoids which were more pronounced on the right side.

He had had gonorrhoea years ago, for which he had taken old-school medicine externally, internally and eternally, with the result that the hemorrhoids developed, to

gether with obstinate constipation, bleeding from the anus during stool, long, lasting burning after stool and a sense of awful constriction of the anus, which would last for hours and often kept him awake all night.

His pulse was slow, often 54 when quiet, and his urine had a very strong odor and was highly colored. He received benzoic acid, 30th, and this remedy cured him in less than a year. The fistula healed, the hemorrhoids, rectal pain and distress and the constipation all disappeared and have not returned after ten years. In this case there was little chance for doubt or comparison, for to one who is familiar with the action of benzoic acid, the picture is so striking as to be readily recognized.

CASE 3.—OVARIAN TUMOR.—Mrs. K., age 32, married six years, no children. Husband is healthy and denies any venereal taint. Mrs. K. has been troubled for more than a year with sharp, stinging, shooting pains in the left ovary, which have been growing worse and distress her greatly at times, but she is always relieved during the menses. There is some pain in the right ovary at times, but not nearly so much as in the left. She eats well, sleeps well, looks well and her bowels are regular. I inquired about her desires and aversions but could learn nothing of importance. I asked if she ever drank any beer or wine, when with much animation she told me that she dared not touch wine, that one swallow would cause such a commotion and distress in her ovaries that she could scarcely endure it. She said, "it seems the effect all goes to my ovaries."

She had been examined by three good old school doctors who said she had an ovarian tumor and must go to the hospital at once and have it removed. I examined her and found the left ovary as large as an orange, sensitive and painful to pressure. The right ovary was not enlarged.

She received zincum met. and in less than a year no tumor could be found, she was free from pain and well.

CASE 4.—EMPYEMA.—One evening several years ago a homeopathic physician who is an excellent prescriber, telephoned me asking me to come and see his son eight years

old who was ill. On inquiring what was the trouble he replied "he has pneumonia, this is the nineteenth day, he is getting worse and I fear he is going to die." I hastened to his home, where I found the boy pale, thin, restless, with many symptoms pointing to many remedies. On examination the left side of the chest, was seen to move less with respiration than the right, the intercostal spaces on the left side were obliterated, there was flatness on percussion over the lower two-thirds of the chest on that side, with an absence of vocal resonance and tactile fremitus over the area of flatness. The heart was displaced to the right and he had a temperature of 103 with increased respiration and pulse rate and frequent sweats. I advised the doctor to get a surgeon, which he did; a rib was resected, a great quantity of greenish, offensive pus evacuated and drainage maintained. The temperature fell within a few hours and the boy made an uneventful recovery. What would have been the result without surgery?

CASE 5.—EMPYEMA.—J. S., age 12, had been ill for some weeks, under the care of an excellent prescriber of our school, when I was asked to see him in consultation. The appearance of the patient, the history and the physical signs were much the same as in the last case, only the trouble here was on the right side and in the right mid-axillary line at about the fourth or fifth interspace; there was a pronounced bulging as large as one's fist with fluctuation plainly perceptible. The diagnosis was empyema; the treatment advised, surgical. This was about ten o'clock at night, and about two in the morning the doctor was called to find that the pus had broken into a bronchial tube and the boy was expectorating great mouthfuls of pus. A surgeon was called who made an external opening and drained it, and he seems in a fair way to recover. How much better it would have been had the surgeon been called early.

CASE 6.—OSTEOMYELITIS.—Mr. W. S., age 20, a well developed, well nourished German laborer who could not speak much English, was taken sick with what was thought to be pneumonia. I saw him after he had been ill a few

days and he had, in addition to a temperature of 103 with pulse and respiration somewhat increased, a severe pain in the left arm on the outer part above the elbow. It was red, circumscribed, swollen and wonderfully sensitive to touch; the pain was intense all the time, but very much aggravated by touch or motion. He kept the arm bent at a right angle all the time; the pain was so intense, he would tremble all over at times and could not help crying. The pain and swelling were not in the joint, but a few inches above it.

I advised the doctor, who is a homeopathic physician, to call a surgeon, saying I considered it a case of osteomyelitis, but the doctor thought it was rheumatism, and continued to prescribe what seemed to be the indicated remedy. It was only after some days delay, when secondary infection had manifested itself in the other arm, both legs and elsewhere, that the gravity of the situation was realized and a surgeon called; pus was evacuated from many places, but too late. The patient died. An early operation might have saved this patient's life. Is it not as culpable to neglect surgery when needed as to use it when not necessary? A time for everything and everything at the proper time should be our motto, and we should know not only therapeutics, but diagnosis and surgery also—be doctors in the fullest sense of the term.

EXPERIENCES WITH TUBERCULINUM AVAIRE.

BY R. E. S. HAYES, M. D.

CASE I.—Mrs. E. M., age 40, came from England something less than a year previous to the events related. She had not been as strong in this country. She has had what she calls "grippe" for several weeks and does not improve though she is about the house every day. Present symptoms: Cough, worse at night, from tickling in the chest and throat-pit. Soreness inside the upper part of the chest. Hoarseness, worse in the evening.

In a general way she feels better in the open air and from motion; worse after a nap in the daytime, better after a night's sleep. Although a refined lady and well enough

nourished, physically she appears to be of coarse fibre and to lack general physical tone from poor quality of vegetation, evidenced by the coarse hair, skin, complexion, flat chest, stooping shoulders and angular form. This, with the decided lack of reaction following grippe, relief from motion and open air decided positively in favor of tuberculinum avaire. Tuberculinum avaire 1m, S. P.

This not only cured the present illness but proved to be the general restorative needed. Rhus and lycopodium also came to mind. Rhus was the epidemic remedy for grippe and similar affections that season. All three have marked relief from motion and open air. But rhus could not touch the evident dyscrasia. Lycopodium would be more suitable for a finer grade organization. There was no family history of tuberculosis. No history of previous illness.

CASE II.—Mr. N. S. Age 46, looks 56. Schema:—La grippe, ill in bed. Chilly yesterday. Has been troubled with sleepiness indoors. Has had much sore throat lately. Subnormal temperature.

The gentleman knew more about drugs than I did as evidenced by the few symptoms presented. He had been successful in curing about all symptoms of previous years except the above. In fact he had cured about everything except himself. He seemed to be in poor general condition. Quinine was his favorite standby.

Nux vomica 1m relieved so that there was no report for six weeks. Then: Chilliness, especially out of doors (winter) and on undressing for bed.

Ill in bed again today. Nux vomica 40m, F.

Five days later, no result worth mentioning.

Rheumatic pain in legs when tired.

Has had grippe twice a year for several years.

Tuberculinum avaire cm, S. P. 1.

Good improvement generally ever since. Four months later slight attack of grippe but better health since. One thing I could not cure notwithstanding his promises, the habit of taking tonics, cathartics, quinine, etc.

I believe this man had a narrow escape from organic in-

volvement. The nux was able to palliate some of the drug impression, but the vital force was insufficient to prevent a return of the acute attack nor could it even develop symptoms. This fact, together with evidence of deepseated dyscrasia and the knowledge that the avaire has a relation to such cases, was practically my only excuse for the prescription, and a slender chance it was for his fate to rest upon. Sulphur was indicated and made good a few months afterward. But it developed a racking bronchitis and coryza.

CASE III. Mrs. S. had not been well for one year. She spent much money on physicians, including frequent visits of a specialist (surgeon) from the city.

The present illness, which she called grippe, began with marked hydroa on lips two weeks previous.

Cough in paroxysms night and day.

Soreness in chest and back from coughing.

Constant perspiration while in the house.

Nervousness and anxiety while in the house, relieved by getting out.

Headache in the house, better out doors.

Sleepless after midnight until 5-6 A. M.

Constantly tired and weak, worse from slight exertion.

Generally worse from motion (probably exertion), relief from open air.

History of grippe every winter with frequent relapses from slight exposures.

Has increased in weight during the eleven months' illness "from tonics."

Menses have been absent six months (climacteric age).

Tuberculinum avaire 1m S. P. 1 did splendidly. No more need of the specialist. Calcarea came in well four months later.

CASE IV.—Mr. H., age 68. As the case was twenty miles distant consultations were held by telephone. Grippe was epidemic in that locality and this appeared at first to be a mild attack.

Vertigo on rising from bed.

Aching in bed, relieved by getting up and moving about; worse in the morning, worse in legs and hips.

Rhus tox. 200. 1, (March 11, '08) relieved four days.

March 15. After heavy work and getting wet a relapse
Hips ache, worse at night.

Stitching in the hips when sitting still. Sometimes disappears suddenly.

Respiration short, worse from slight exertion and apparently out of proportion to the acute illness.

Perspiration from slight exertion.

Face flushed; fever.

Rhus tox. 50m, Sk. 1.

March 16th. No better except fever.

Torturing pains in hips, worse at night. Restless, desperate at night, cannot stay in bed nor keep still.

Thinks there is no use in taking medicine and that there is no help for him. Also that the medicine made him worse which was probably correct. Emaciation very marked during the last two days.

Weakness and dyspnoea increasing; pulse slow and weak. Tuberculinum avaire cm. S. P.

As this patient was my own father it may be believed that the prescription was not a hazard but the result of careful study.

March 17th. Slept well all night; very comfortable since. Convalescence satisfactory without further medication.

There is no history of tuberculosis or allied disease in the family.

CASE V.—Deals with Mrs. A. C., a sufferer from spinal irritation for about twenty years. She gave a history of tubercular affection of the chest in young adult life, with spontaneous recovery. A portion of the middle of the right lung, however, remained solidified until an attack of pneumonia a few years ago, when it cleared up (under homeopathic care). After that incident the vegetative system became quite improved. The spinal symptoms became worse, however. When presented to me she had led the

life of an invalid for several years, spending much of her time in bed, with practical disability when out of bed.

She received single doses of rhus tox. in various potencies, arnica, nux vomica and bryonia in the order named at long intervals, according to the totality in the mechanical sphere of the difficulty. The pressure and irritation of the spinal nerves were relieved sufficiently for the spinal bones to limber up to some extent, the ligaments, tendons and cartilages to become more flexible and improved in nutrition. There was much relief from the various pains and disturbances of parts supplied by the affected nerves. But most striking of all, it allowed the vital force freedom to express its resistance to the predisposing cause of all this trouble. Some of the following symptoms had been present before but were never able to be presented in an orderly form:

Fear as if some evil would happen, or, as if something (undefined) was wrong. Mentally restless.

Irritable; destructive feeling (momentary). X.

Weary of life's struggle; positive aversion to living; thoughts of suicide from hopelessness; worse late in the afternoon. X.

Tendency to get buried in thought, but not irritable if disturbed. X.

Desire to curse, at times, without provocation—a woman of finest moral sensibilities. X.

Anxiety in the evening, growing worse through the night if sleepless. X.

Depression at twilight. X.

Aversion to conversation; talking an effort. At times when nervous tension is most marked, she "could talk one's head off." X.

Company aggravates.

Aversion to any mental work; "seems to have no mind to work with"; cannot concentrate thoughts. X.

Sometimes difficult to comprehend even simple things. (Naturally a very intelligent and talented lady.) X.

Memory has failed, especially for what she has read.

Sensitiveness to all surroundings.

Aversion to travel. X.

Nervous tension always present, though outwardly she is always calm and self-contained. X.

Nervous, involuntary gestures. X.

Sleepless from nervousness, from persistent, crowding thoughts; mind clear and active from 12 to 2 a. m., or sleeps until 4 a. m.; no more thereafter; from any trifle. X.

Canine appetite; craves meat and sweets. X.

Cold perspiration from any nervous excitement. X.

Craving for fresh air. X.

Generally worse from cool winds or drafts; takes cold but bears still cold very well.

Weakness worse in the evening. X.

Feels better generally after a night's rest.

Used to have grippe every year for several years. (?)

Timid, from fear of jar, touch or jostling; worse lately. X.

Uncertainty in walking; worse lately. X.

These last two symptoms were decidedly worse, in spite of the fact that there was much benefit from the previous prescriptions and that she was stronger. On observation, I decided that they were largely mental. Tuberculinum avaire 1m S. P. 1. This developed severe and long-lasting coryza and bronchial irritation, with great temptation to prescribe on account of the mechanical conditions involved in sneezing and coughing. But everything was withheld except S. L. Three weeks later: Tuberculinum avaire 30m S. P. 1.

This acted longer and deeper, resulting in great increase of strength and a greatly improved spinal system. Sulphur later became well indicated and is being prescribed at increasingly long intervals. From an almost helpless invalid, the lady has become able to take care of herself and do much for others.

The tuberculinum avaire prescription was the real turning-point in the case. It was only one instructive aspect of this remarkable case, however. I shall, therefore, take the liberty of reporting it in full to the I. H. A. at some future

time. The symptoms cured or markedly relieved by tuberculinum avaire I have marked "X."

CASE VI.—Mr. L., a painter, suffered many years from general nervous weakness. Slender, deficient in muscle, a patient, honest plodder who worked when he was so tired that his knees gave way with every step.

After strict prescribing for two years or more, with response to such antipsorics as lycopodium, calcarea, silicea and psorinum, he seemed to have more vitality, could follow his occupation more steadily, having fewer attacks of exhaustion and of grippe, colds and fevers, to which he was especially subject. He had a craving for liquors, but seldom indulged to excess. Nothing was known of his parentage or family history.

One day he was taken with croupous pneumonia of the right lung. Bryonia relieved the first stage. Phosphorus was later well indicated and seemed to finish the case. On the fifth morning as I was sitting talking with him, telling him that he was practically over the disease, I noticed suddenly that he appeared to be staring at something. All at once he sprang from the bed in wild delirium, evidently uremic, or akin to that. With difficulty the two women and myself forced him into bed, where I administered a dose of hyoscyamus cm F., which relieved him. Albumen and casts were found in the urine, which was dark and scanty. This was the beginning of one of those remarkable delirant phenomena which the physician may see a few times in the course of a lifetime. To describe it would be to relate about every mental and nervous symptom given in the provings of hyoscyamus. The same remedy had to be repeated twice the next day. It effectually relieved the mania, but sopor came on, increasing finally to deep coma. In the meantime I was casting about for the curative remedy, but without success.

On the fourth day of the uremia, convulsions occurred, each one increasing in duration and intensity. In desperation, based solely on the history of many attacks of grippe and the failures of all my remedies to make a man of

him, I gave tuberculinum avaire cm S. P. 1, to be taken every two hours through the night. Later in the evening I was sent for because the delirium had returned and fever rising. I informed the family that it was a good sign, that he was traveling over the same road he came, that he was therefore improving and that there might be a chance for him yet. I left him in charge of two heavy men and it required all their strength and activity to keep him in bed. The next forenoon I found him mentally clear but weak and the temperature 103. He could also swallow and desired nourishment. Spasmodic stricture of the esophagus had been present for several days. The men were rather exhausted, not only from their physical efforts but from night long laughter at his antics, impromptu songs, rhymes, witticisms, etc. During the next few days improvement was steady. But after that strength failed, emaciation being so rapid that it could be almost seen. Tuberculinum avaire was repeated without avail. Camphor caused slight temporary reaction. Restless symptoms demanded arsenicum on the thirteenth day of his illness, which caused euthanasia. Organic functions were normal as far as I could tell from physical signs and tests. But the great strain on the vital forces had been too much, death resulting from nervous exhaustion.

This experience demonstrated, to my mind, the invaluable sphere of tuberculinum avaire. I have had better results from the avaire in that class of cases which assume grippe forms than from the human or bovine preparations, and believe, therefore, that this will be verified through collective experience.

THE STUDY OF MATERIA MEDICA.

BY C. M. BOGER, M. D.

Our pathogeneses, in spite of showing many features due to the provers' idiosyncracies, the translator's command of idioms, clinical experiences and misinterpretations, are nevertheless excellent resumes which place the keynotes in their true light, as points of departure only for their abuse

distorts nature's image and often brings disaster which ends in skepticism or mongrelism. A concise view not only includes the time and order in which symptoms arise, but also the things which modify them—the modalities.

Bönnigshausen saw and corrected the tendency of Homeopathy to pay too much attention to subjective sensations while it lacked the firm support of etiologic factors and the modalities, which afford so many objective and distinctly certain criteria. The triumphs of similia in the diseases of children and insanity certainly show how vastly important they may be, for no judgment can pay it a handsomer compliment than to speak of its especial adaptability to children and old people.

From a very few provings, in which he saw but a small part of the immense circle of similia, Hahnemann predicted its amplitude, and finally gave us the immeasurable power of potentization; a scientific demonstration which rests therapy firmly upon experiment and dispenses with learning our symptomatology by rote.

Study shows every drug to be a living, moving conception with attributes which arise, develop, expand and pass away just as diseases do; each holding its characteristics true through an ever widening scope, to its last expression in the highest potencies. The homeopathist is a true scientist, in that he spares no pains to learn the nature of this individuality; it lifts him above doing piece-meal work and the restraint of nosological ideas. Every day practice, too often, never gets beyond the simple lessons of student life and they remain the doctor's only resource. This is very wrong and acts as a constant handicap. The true physician is the man who knows how to make the best cures and the most expert healer is the man who knows best how to handle his materia medica. The faculty of mastering it is not dependent upon encyclopaedic memory, but rather upon the inquisitor's ability to pick out from among the essential embodiments of each picture the things which show how it exists, moves and has its being, as distinguished from its nearest similar. That a mental variation should be the de-

termining factor is therefore not strange, for are not minute differences the very essence of science?

It is very useful to have an idea of the relative values of related remedies for in essence each portrays a certain type, with variations which relate it to its complementaries, thus dovetailing into each other. The effect of material doses simulates acute diseases while the potencies bring out finer effects, although this is not an invariable rule.

A knowledge of many symptoms is of small value, while on the other hand learning how to examine a patient and then to find the remedy is of the utmost importance. The common way of eliciting well-known key notes and prescribing accordingly is a most pernicious practice, which has earned a deserved odium and is no improvement upon the theoretical methods of the old school.

To be ruled by clinical observations and pathological guesses is a most disastrous error which limits our action and only obscures the wonderful power of which the true simillimum is capable. Such reports mostly lack individuality and at best describe only end products; standing in strong contrast to those expressions which reveal the real mind, whether in actions, words or speech. The recital of cured cases only shows what can be done, but not how to do it.

To do the best work, nothing must prevent a full, free and frank presentation of the symptoms as they are, without bias, and although their comprehension necessarily involves judgment, the more clearly they follow the text the greater is their similitude, hence usefulness. Hahnemann showed rare acumen in setting down each expression in a personal way, thus securing scientific as well as psychical accuracy.

The patient's relative sensitiveness is a very material help in separating remedies. The alertness of drugs like aconite or coffea is just the reverse of the dulness of gelsemium, phosphoric acid and the like, and yet fright may cause the oversensitiveness of the former as well as the depression of opium. If stupidity be due to high temperature or an overwhelming intoxication we don't await the devel-

opment of a sense of duality, which may never come, but think of baptisia, etc., at once. Such an early prescription saves many a life and forestalls pathological changes.

The various cravings and aversions are highly significant, especially when combined with the patient's behavior toward solitude, light, noise, company or any other daily environment. The most expressive *new symptom* is usually the key to the whole case and directly related to all of the others, and is often expressed by a change of temper or other mental condition. Such apparent trifles reveal the inner man to the acute observer and have proven the undoing and insufficiency of liberal homeopathy.

We do not say however that diagnosis is of no value in choosing the remedy, for certain drugs are so often called for in some diseases as to have established a fundamental relation thereto, hence they involuntarily come to mind during treatment and deserve our careful, but never exclusive attention. A baryta carb. patient may have adenoids; black teeth make one suspect that the patient drooled badly during dentition and the survivor of pneumonia may still carry earmarks calling loudly for phosphorus, etc. These and many more should suggest the patient first and the disease afterward.

The past history and the way each sickness leaned is both useful and interesting, for most persons develop symptoms in a distinctive way through the most diverse affections. Such constancies are truly antipsoric and it should be your pleasure to search out the differentiating indications from among them. While their discovery is not always easy, for it involves a recital of every past sickness, the trend of each illness and its peculiarities are a part of the sick man's way of doing things and must be known if you wish to do the best work. They will give you a better idea of present and future prospects as well as lay a solid foundation for the prescription that will do much and reveal many things.

If we say that remedies typify patients and know that constitutions exhibit tendencies, then why are drugs not specifics? Simply because vitality is a varying force whose

mutations are always similar but never the same; it is modified by every influence and keeps itself in relative equilibrium only. The more nearly it holds one phase the more certainly will it, even with varying external manifestations, demand a particular medicine. Under what circumstances and in what way shall we then discover this more or less constant factor? It lies in the peculiar personality of the patient, especially in the deviations of his mind from the normal. Sometimes an active mental state overshadows all else, as under aur., bell., ign., lyc., nat-c., phos., plat., pul. or veratrum, according to circumstances; at others a strange mental placidity during the gravest physical danger, is a most striking guide. The facial expression may be its true index and deserves our most careful scrutiny. No effort should be spared to learn the nature of the mental change which has overtaken the victim for it epitomizes the whole patient.

Ideally no two remedies can be equally indicated although practically we find innumerable variations obscuring the choice. As students it is of the first importance to have a grasp of the type which each represents, leaving experience to master intricacies and detail. We speak of a phosphorus, sulphur, sepia or a pulsatilla type and yet this does not convey a very useful idea to the young man because he lacks the experience which rounds out the image of each drug in his mind's eye and finally enables him to pick it out on sight. How often does the dilated pupil suggest belladonna when accompanied by nervous erethism and dryness, while contrariwise moisture, puffiness and sluggishness make one think of calcarea-carb. Then we have the nervous irritability of a nux vomica patient to contrast with the mildness of pulsatilla, etc.

The treatment of coughs is a severe test for the prescriber, and yet no patient demands a more careful going over than the one who coughs. In addition to the above hints one should first carefully find out where and by what the coughing is excited. Ordinarily it is the result of an irritation starting from the throat, larynx, chest or stomach, but

it is especially necessary to know the exact point of origin. Those beginning in the throat pit generally call for bell., cham., nux-v., rum., sang., sepia or silicea. When the primary seat seems to be on the left side of the throat or larynx bapt., bell., con., hepar., ol-anim. or salicylic-acid stand first, but if it is on the right side we look mostly to dioscorea. iris-foot., phosphorus or stannum. Coughs that come from what seems to be a dry spot generally need nat-mur. or conium. If a sense of a lump in the throat excites it, we have bell., calc-c., cocc-cact. and lachesis. So the matter goes on indefinitely, with the accessories determining the final choice, but it is not difficult to see how greatly our task is lightened by being able to find the location of the exciting cause and then differentiate with the aid of the modalities and the general picture. This is the true homeopathic way and will bring unexpected aid, doing more than any other possible method. The simillimum reestablishes the normal conversion of energy and the patient reacts with a definiteness unknown under other methods. It is the nature of every human being to be extremely sensitive to the constitutional simillimum, and although it may not always be easy to detect the signs which call for it; when once found a single dose of a very high potency will act over long periods of time. Because they do not know how to manage reaction and are not thoroughly conversant with the materia medica, some prescribers avoid such prescriptions. With a little more knowledge of the Organon and care in handling the complementaries, particularly the nosodes, they will be able to accomplish much more than they do now. We should keep in mind the fact that the premature repetition or changing of remedies before reaction is finished does endless harm to the patient and almost hopelessly confuses the prescriber. The prescriber must know when to give the remedy and when to hold his hand while nature expedites the forces to which he has given a new direction. He must know the power of sac lac and remember that an inward movement of the symptoms bodes no good.

It is worth remembering that most prescriptions are

guesswork, a hideous trifling with human life, for every drug is either similar, hence curative, or dissimilar and baneful, therefore it surely behooves every man to do his utmost in diligently and systematically getting every symptom and then searching for the nearest similar. When you have once fully tested this method you will discard empiricism and all that charlatanry which goes under the name of rational medicine while it puts the conscience of the doctor to sleep and, by suppressive measures, steadily pushes the patient toward the grave.

To make good cures it is above all necessary to avoid running to the specialist every time new symptoms arise, for very few men of this class are broad enough to see that the whole man is sick when he shows local symptoms and that the carefully selected remedy would render most of his work superfluous. If the laity ever learn this lesson they will certainly smite the men who call themselves doctors but as surely are not physicians.

Every day we are confronted with conditions which lie on the borderland between surgical interference and the remedial powers of medicine for surgeons, with the aid of the knife, have steadily pushed the use of medicines further and further into the background. This is especially true of allopathic procedures and although most homeopaths have not gone to such extremes, the signs are not wanting that many men who profess the law of similia understand so little of it that they are constantly willing to relegate it to a very subordinate place and go on using the knife to the utmost limit. It is too often not a question of what is good for the patient but of how far he will allow the operator to go. Such is the spirit with which the glamour of the operating room overshadows the more prosaic prescription, which, if left alone is capable of gradually unloading the embarrassed vital force and allowing life to flow on in its usual way; it nips disease in its inception before the microscope can possibly pass a doubtful verdict. No manner of cutting can do as much.

The simillimum often surprises us by its power; what we

have been taught to look upon as incurable or to be removed with the knife only, is cured. In these days the laity look for mechanical removal because homeopaths have not led them to expect anything better than the work of the surgeon. I can fully confirm what Bönninghausen says in his Aphorisms of Hippocrates, Book 6, Aphorism 58, "Homoeopathy cures all kinds of ruptures," a strong statement, but experience bears him out. He further says that it is not a local trouble and at best will not long remain so and that the final cure depends upon the concomitants, all of which is true. He mentions Aco., Alum., Asar., Aur., Bell., Bry., Calc-c., Caps., Cham., Coccl., Coloc., Guai., Lach., Lyc., Mag-c., Nit ac., Nux-v., Op., Phos., Plb., Sil., Staph., Sul., Sul-ac., Thuj., Verat-a. and Zinc. as the foremost remedies, from which we choose Aco., Alum., Aur., Bell., Calc-c., Caps., Cham., Coloc., Lach., Lyc., Nit-ac., Nux-v., Op., Plb., Sil., Sul., Sul-ac. or Verat-a. for incarcerated hernia. The predisposition to this disorder is often hereditary and the surgical closure of one ring is just the prelude to the formation of a rupture at another.

The domain of surgery lies largely within the traumatic sphere and in the palliative, which enables the chronic patient to live, but on a lower plane. The vast majority of early operations for incipient malignant disease not only inflict a severe injury upon the vital force, but at best remove a suspicion only. None but the grossest materialist would do such a thing. We should use the indicated remedy from the very start, well knowing that it saves the strength of the patient and improves his chance immeasurably if an operation is finally necessary.

Why do we operate for adenoids or polypi, for piles and a thousand other things? Simply because of the uncured sin of the parents and ignorance of how to live the present life.

The law leads toward morality and a natural expression of inherent powers; it adds nothing and subtracts nothing, but harmonizes everything. Until the cutters can be brought to see this point and that the most facile method of

cure lies in its correct application, they can know nothing of homoeopathy and very little of nature.

Such things may seem far off, but a clearer view is fast giving a better understanding of life, its ways and ends, and is beginning to see that sickness means ignorance and that a cure means a comfortable return to health instead of the old-fashioned, lame recovery. The former is what is expected of homoeopathy, the latter is essentially the surgical way. To be a good homoeopath and at the same time a good surgeon; there's the rub. The materialism of the one seems incompatible with the dynamism of the other, but no amount of sophistry can rub out the fact that we are dealing with the man whose life and being flows from within and who uses his organs to guide this internal self; therefore an external injury has an internal effect and an internal disturbance shows itself by external signs, be the cause moral or physical.

The psoric theory of Hahnemann has been a great stumbling block, especially to those who have not read the 39th aphorism of the 2nd Book of Bönninghausen's Aphorisms of Hippocrates. Among other things we read there that "The discovery of the itch mite does not belong to modern times, as 650 years ago the Arabian physician Abenzohr not only surmised it but the common people knew it by the name of Syrones. Fabricius, (Entomologist 1745-1806) also, in his "Fauna Greenlandica" praised the dexterity of its inhabitants in detecting and destroying these insects with the point of the needle." He also points out that Hahnemann's critics have uniformly confused the product of psora with its cause. Hahnemann was perhaps unfortunate in calling susceptibility, Psora, especially when applied to the herpetic diathesis; he laid the greatest stress upon the fact that itch aroused or greatly intensified this susceptibility (psora); nothing could be truer.

It is certain that psora shows itself in the form of skin symptoms in some persons and that their suppression often causes metastases. The seriousness of such accidents is perhaps plainest in the case of erysipelas. When this hap-

pens the simillimum generally includes the symptoms of the original disease plus those of later development which thereby become all important. Occasionally no one remedy corresponds to the whole picture; then we must prescribe for the most recent phase first and for the earlier one when it is again uncovered.

A metastasis means that an ingrained affection is expressing itself in another form and is demanding the patient's constitutional remedy, rather than a time serving palliative. In this connection I cannot too strongly insist that the chronic diseases cannot be successfully treated without taking the anamnesis into account. The mistake of omitting it seems to be one of the great causes of failure in our times. It has been artfully claimed that such a proceeding nullifies the whole law of similia, but a more egregious blunder is hard to imagine for it is, on the one hand indeed, unthinkable that the entire list of anamnestic symptoms with their correspondingly numerous drugs could be the result of the experience of any one or two men, or on the other, that they should have been so adroitly conjured up by the human mind. On the contrary they bear much inherent evidence of having been reasoned out from the provings as rectified by innumerable experiences. Unfortunately our modern life becomes less and less suited to such a way of doing things; everybody is in a hurry, some even die in a hurry; everyone wants to be cured quickly without regard to the natural vital processes. This is one of the great and fundamental causes of palliative medication and drug addictions.

In the last analysis it will be found that the mind of material mould grasps the idea of imponderables with difficulty; but recent advances of science are about to force the issue and it will no longer be possible to impugn the qualifications and motives of those who trust and use their powers with unrivalled success. Their advocates must of necessity persistently cultivate the habit of keen observation, correct reasoning, direct inquiry of nature and absolute honesty with themselves, and all will be well.

When we remember these things we should be more charitable toward many who differ from us in therapeutics; they mean well, but some don't know, some don't care and others can't comprehend. After all is said and done it simply resolves itself into a matter of education; you must, first of all, educate away all prejudice and preconceived ideas. No man holding tenaciously to the idols of a cure by force, as generally understood, can be a good scientist or a clean homoeopath; there is no such thing. The power used comes from within and in curing you draw it forth and guide it into the ways of health. This law is spiritual as well as material; it gradually merges from one into the other; if you would be a whole man you must understand it and learn how to apply it, for by similars you are healed both mentally and physically. No man can stand in your place; there is a great image after which your mind copies and a perfect life toward which your body grows; it is a unit striving to bring itself into harmony with the All Father.

They are our best friends who make us think, albeit we may not fully agree with them. Now if I have shown you only one reason why the sick are cured by similars you are thinking, and it is but a step to seeing that the highest potencies act for the same reason that the lower do. By the similarity of their time pace they change the polarity of vital action and a cure follows.

WHAT KIND OF A HOMEOPATH ARE YOU?

J. B. S. KING, M. D.

In that dreary stretch of land that touches Lake Michigan's southernmost border, there once dwelt a man who suffered from intermittent fever, accompanied with persistent vomiting. Large doses of quinine, of Huxham's tincture, of Osgood's Cholagogue and of Warburg's tincture had been taken, by advice of the neighborhood physicians, but in vain. One day while he was shivering and vomiting, at the door of his humble cottage, a neighbor dropped in.

"While I was gathering wood yonder, I heard a noise like bones rattling together, and I allowed it must be your

teeth chattering, so I brought this over to ye; found it in the brush yesterday," so saying he placed a bit of printed paper in his shaking hand.

It was a circular, gotten up by the committee on Homeopathic Propagandism of the American Institute. How this therapeutic waif happened to be arrested by the sparse vegetation on the sand dunes of Indiana might be a subject for speculation, but could not be certainly known. From it the sick man gathered the agreeable information that there was a Law of cure—a natural law—that physicians of the variety called Homeopathic all knew how to pick out one appropriate remedy for each case of sickness and thereby work a cure.

"Sounds good to me," said he. "I'm going to Chicago to hunt one of them doctors up. I'm pretty tired of these country jays."

Accordingly on the morrow he saddled his ass and started out for the great city, shaking violently and vomiting as he went, on the wayside weeds. The first Homeopathic physician that he went to said that he had symptoms calling for Quinine and Arsenic and gave him two bottles of medicine to be taken alternately.

"That circular did not seem to talk that-a-way," quoth the patient; "I guess you ain't the brand I want. How much is it?"

The second Homeopathic physician announced that he was a Homeopathical, Miasmatical, Mystical Expert and that the case was evidently a mixture of two or three miasms that would have to be uncovered successively before a cure could be effected.

"It don't seem to me," said the patient, vomiting with great accuracy into the cuspidor, "that you are the kind I read of in that there circular either. How much do I owe you?"

The third Homeopathic physician whom he consulted announced himself to be a Homeopathic Orificialist. "Your trouble," said he, "undoubtedly arises from your rectum. I

have unfortunately mislaid my glasses and being very myopic can not at this moment make an examination."

Just then a junior Homeopathic Orificialist, with a blood-stained operating robe on, entered with a pair of glasses in his hand.

"Ha!" quoth the senior, smiling, "now I'm all right. Where did you find them?"

"I found them in the rectum of that lady you operated on this morning. They must have dropped in while you were dilating the sphincters."

"Thank you," replied the senior, smelling them cautiously. "Have they been disinfected?" After an affirmative answer, he poised them delicately on his nose and turning to the new patient, said, "All diseases—in fact nearly everything—can be traced to the rectum. It is the only way you can be cured. Mount this table, my man, and allow me to make an examination."

"Well, by Jingo!" exclaimed our hero, shaking violently, "you ain't the kind in that there circular by a long shot. How much do *you* want?"

With a certain trepidation added to the natural shake of the chill, the man applied to the fourth Homeopathic physician, with the not unnatural question, "Say, what kind of a homeopathic doctor are you?"

"Just an humble homeopath without any frills. Are you under the weather?"

"Is this the kind you are?" asked the man, holding out the circular with one hand and rubbing his stomach with the other.

The homeopath read the circular attentively. "That's about right," said he. Many questions followed, a medicine was given which stopped the morbid symptoms very speedily, but as all the man's money had gone to the previous consultants, the humble homeopath had to pawn his watch as usual, when in need of funds.

SURGICAL CASES (SO CALLED) CURED THERAPEUTICALLY.

BY NETTIE CAMPBELL, M. D.

NEURALGIA AND CONSTIPATION.—Mrs. C. R., age 54. A Christian Scientist, no medicine in 10 years.

A most terrific case of left-sided neuralgic headache extending down the neck and shoulder; head constantly wrapped up in a shawl, only the nose peeping out; body bathed in hot, musty perspiration; room eighty degrees and yet patient is worse by the least breath of air if bedding is raised; also worse by light, every blind must be down.

Was called as an osteopath, with instructions by the husband not to mention medicine, as they were from a family of physicians of both schools; brother-in-law at one time professor of materia medica in Hering College and all there was in medicine had been tried on her.

Neuralgic headache since a school girl.

The daughter asked me to give medicine to be put in drinking water. I replied when medicine cures your mother she must know it and give the credit to Homeopathy and not to Christian Science.

I explained to the family that osteopathy could never cure such a deep-seated miasmatic trouble and felt sure a class of remedies called the nosodes would reach her trouble and believed they had never been tried in her case, as even some Hering graduates were too prejudiced to give them a trial. After ten days confinement to the bed, with almost incessant, agonizing pain, during which time I was treating her osteopathically, she consented to try medicine once more.

The osteopathic treatment afforded me a splendid opportunity to study her case and thus make a center-shot prescription for the headaches, where I would have been almost sure to have failed had I prescribed at the first visit.

The following were the symptoms:

1. Left-sided headaches, neuralgic in character, extending down the neck and shoulder.
2. Pain in left shoulder at insertion of deltoid, worse

raising arm laterally, (either shoulder med. syph. rhus), right shoulder, sang.; left, fer. met.

3. Ptosis—sleepy look from drooping lids—gels-caust., graph., syph.

4. Fissures of rectum—syph., tub., thuja., sep., nit. ac., graph., cham. All stand high.

5. Teeth decay at edge of gums—staph., tub., syph.

6. Obstinate constipation for years; only one movement in ten days; stricture in rectum, could hardly introduce the high rectal tube; she said the pain of passage after an enema was as bad as giving birth to a child—lacdef., tub., syph.

7. Inordinate desire for brandy, though strictly temperate; only thing the stomach would tolerate without nausea—this made me think of what our good dean told us when in college, viz: "You will never find a drunkard except in a miasmatic patient."

8. Dread to see night come, not because pains are really so much worse, but lay awake all night, while others are sleeping and about day-break fall asleep.

9. Worse wrapping head up—hepar, sil., psor., syph.

February 15, 1907, three powders syph. an hour apart, followed by S. L.

Relieved of pain before time for the second powder, slept all night and until 9 a. m.; no trouble in sleeping after this.

Appetite returned, craving for stimulants ceased, no complaint when even high rectal tube was used.

In two weeks time bowels moving normally every day; saw her two weeks ago and she told me she had no trouble with constipation or headaches.

In this case I could find no trace of any syphilitic taint whatever.

MEDORRHINUM IN DYSMENORRHEA,—Mrs. M., widow; manager in telephone office. Never had any trouble till since marriage one and a half years ago, and now must give up and go to bed for two days each month. The most distinctive symptoms were these:

1. Chronic ovaritis since marriage.

2. During menstruation intense menstrual colic, want to draw knees up and press abdomen; but the thing that gives the most relief is to grasp something and bear down as in labor.

3. Flow dark, clotted, impossible to wash out. (mag c).

Gave med. c. m. In two hours pain all gone able to go to work, not the least pain. Three months later still well.

ANOTHER CASE.

Miss M., age 24. Menstruation profuse but painless, lasting five days; flow in gushes, on moving or even raising arms; flow is dark, clotted and hard to wash out.

Painful tenesmus of bladder, worse after last drops of urine.

Worse by pressing the vulva with hand.

Thinking of the painful irritation of bladder makes it worse.

Must get up to urinate four or five times at night, beginning after she gets warm in bed.

Med. c. m. complete relief of all the urinary symptoms in twenty-four hours, and next menstrual flow not so profuse or so hard to wash out.

She said, "I have treated for the urinary trouble for months and this was the first relief I obtained."

PSORINUM IN ACUTE CORYZA.—N. G., age 75. My next is a case of severe acute coryza, suggesting by turns ars.; sulph. and allium cepa., with symptoms common to such cases, which I failed to cure until I overlooked the cold and made a careful inquiry into my patient's past life—in other words prescribed for my patient and not the pathological condition. The following are the symptoms which helped to clearly differentiate the case:

1. Typhoid in a malignant form when young, suggesting at once a psoric patient.

2. Must cover the head (especially forehead) winter and summer when sleeping. Relief from wrapping up the head—hep., sil., psor., nat. m., syph.

3. Knows when a thunder storm is coming because of a

nervous, restless feeling in bones for two or three days, causing sleepless nights and better as soon as the storm breaks.

Worse before a thunder-storm—gels., psor., sep., lach.
We have a number worse during a storm.

4. Always have a bad cold like this once a year, ending in a sore throat. Worse once a year—gels., lach., ars., psor.

Psor. m. in water every half hour; decided relief before time for second dose (although saturating four or five handkerchiefs in an hour), and by night all hoarseness and coryza had disappeared and you would hardly suspect that she had had a cold.

The most interesting thing about this case is the remedy so far as proven, has none of the symptoms of the coryza or hoarseness, which she presented.

TUBERCULINUM IN EYE TROUBLE.—Mrs. M., age 40. Temperature 97 in early morning. Brother and sister died of tuberculosis; almost constant dull aching pain in eyes; look tired and weak, lids heavy; want to close them.

Worse reading or using eyes at close work; marked photophobia.

Felt sure it could not be the fault of the glasses, as a good oculist had fitted her glasses about two months before and yet she could not read ten minutes without closing her eyes to relieve the pain and aching.

Cannot go to sleep till midnight; puls., sulph., tub.

Breasts enlarge and become painful for one week before menses; con., lac can., tub.

Craves ice cream before menses, a marked symptom.

Menses regular, almost to a day; tardy in starting, then very profuse and protracted for eight or nine days and weakening; calc. carb., tub.

Flushes of heat from the diaphragm up.

Feet icy cold, but not noticeable to patient till shoes are removed and she touches them.

Tub. c. m. in water for two days, followed by s. l. and tub. as needed.

Third day could read better without glasses than she could with them.

Saw her three months later; temp. normal.

Sleep better; feet not so icy cold; breasts not painful before menses. Menses not so profuse or exhausting.

Eyes still continue better and can read without glasses. This is but one of several cases in which I have found tuberculinum helpful for the eyes.

CONVERGENT STRABISMUS:—R. B., age 65. Trouble came on after an injury to the head, fracturing the bone slightly above and below the eye, causing internal strabismus of the right eye, the iris touching the internal canthus.

Forgetful of names of persons, recognizes them but calls them by another name.

Aggravated by heat of the sun.

Worse in cold weather, always chilly, which excludes sulph.

Can hardly be induced to take a bath.

Good appetite, must have three good meals of strong food a day, can't be put off with lunch.

Breath so extremely offensive can hardly talk to him.

Urine and perspiration almost as markedly offensive.

Psor c. m. once a day for two weeks.

In three weeks time could hardly notice the strabismus.

Breath, urine and perspiration not so offensive.

Not quite so averse to bathing; has more energy.

Memory improved.

In two months time eye almost normal.

MENTAL TROUBLES RELIEVED BY HOMEOPATHIC REMEDIES.

BY LEE NORMAN, M. D.

In presenting this paper on Mental Troubles relieved by Homeopathic remedies, do not understand me to believe that surgical interference is never necessary or justifiable. I believe in surgical measures where a case is incurable with remedies.

Every mental disease is characterized by special symp-

toms by which it may be recognized, as the disease appears in a variety of forms, such as delirium, hallucinations, melancholy and insanity. I will not attempt to go into the pathology, as the pathology in the case would show us a very uncertain light. In order to obtain the best results in the treatment of these cases, it is essential to know everything possible about the case. Take plenty of time in examining the patient. The first important condition after taking the case is to find the simillimum, which in most of these cases is hard to do.

Mrs. V—, age 52, lived in a southern town on the Ohio River, two years ago suffered with malaria, had chills and fever which was treated with heroic doses of quinine and calomel, apparently became well; fairly good health until January 9th, when between 3 and 4 a. m., she awoke with a chill, she felt as if the blood had left her body, sent for a doctor and when he arrived she was delirious, talking about hearing voices calling her ugly names, saying all kinds of threatening things. The doctor gave her a hypodermic injection, when she became quiet he left, returning again that a. m., repeated the injection. He continued this treatment for a week; finally said that her ovaries were affected and she could not get well without an operation. Another physician was then called in, he made an thorough examination and said she was perfectly healthy in that respect and an operation was not necessary. He treated her for hysteria, she appeared to be getting better but continued to hear the voices all the time. The medicine he gave her seemed to give her unnatural strength, which only lasted for a short time. She grew worse, husband took her to Cairo, Ill., from there to St. Louis to different physicians; still showed no improvement. While in St. Louis she would get so frightened at the voices she would sit down on the street. One night she walked forty squares and was not tired, walked until her heels bled. Seeing she was no better, decided to return home and called in another physician who had treated cases of this kind successfully. After treating her two weeks and seeing that she was growing worse, told her she

would have to help him by using her will power. This she could not understand, her mind being in such a state, she continued to hear threatening voices all the time, was afraid to eat, pulled her hair and begged them to give her something to put her out of the way. Changed clean linens for soiled ones, would wake up at night out of a doze, for she never slept sound, and think she was talking to her dead parents, go out on the porch and say her little girl was singing to her from the clouds. Would imagine her brother from New York was coming, would watch the cars make trip after trip to meet him never getting discouraged or disappointed when he failed to come. She would declare the neighbors were trying to set fire to the house and some one was going to kill them, kept them up night after night. She would say the wild man from Borneo was after her and would get so frightened she would faint. It would take from ten to fifteen minutes before she would regain consciousness, then she would be completely exhausted. At times she would preach to the pictures on the wall. Voices would say that her mother and father were in hell, she would go into convulsions over it, cry as if her heart would break. One night she gave a spiritual lecture, said she was controlled by a spirit. The lecture was not a very pleasant one to listen to, she would talk the whole night through unless under the influence of opiates. One bitter cold night she had them prepare her for burial and would not allow any fire in the room. She would take the character of different people, change her voice, would imagine herself strapped to the floor, scream and fight, say she was behind prison bars.

This is only a sketch of what went on for twelve weeks, when her husband was advised to bring her to Louisville and place her in a private sanitorium, which he did. After being in there a week she began to grow weaker and slept a great of the time, he became discouraged and almost desperate; being a stranger here did not know what to do. He sought a brother Odd Fellow who recommend me and offered him his home and assistance.

I was called about 3 p. m., April the 4th; found her very

nervous and excited, her mental state being in such a condition I could not elicit reliable symptoms; had to base my prescription mostly on objective symptoms and what I could obtain from her husband. She was afraid to go to sleep—the voices would threaten to do her harm if she did; would sleep into aggravations; was suspicious of every move made; over-sensitive to touch and noises. I gave lach. 1m. This was about 6 o'clock p. m. Called again at 9 p. m.; she was just about the same. Was called at 2 a. m.; found her violent; by this time she was getting out from under the influence of the opiates given at the sanitarium. It was all one could do to manage her; she screamed, cursed; face flushed; would hold her head with her hands; complained of pain sticking her head; talked incessantly. Gave bell. 10m, dose every hour until three doses had been given. Stayed with her until 7 a. m. I called in consultation Dr. George S. Coon, one of Louisville's most efficient surgeons, whose unerring judgment and marvelously skillful hand places him at the very forefront of operators. He examined the patient and did not think an operation necessary, but advised treating the patient. He suggested to give a few doses of some hypnotic, as it was impossible to quiet her without it.

Gave Wampole's hypnotic, teaspoonful in one-third of a glass of water; dose, teaspoonful every half hour until quiet. She passed a fairly good night. Next morning I took the case as carefully as I possibly could and worked it by repletory; to my surprise it worked out puls.

Gave puls 500 three doses two hours apart, improved from the first dose; sac l. every hour, improvement continued slowly until the 13th. Patient hungry, aversion to food, bitter taste in her mouth, pressure in stomach as from weights an hour or two after eating, constipated, sensitive to cold. Nux. 200 powder night and morning. She continued to improve a little each day. On the 18th she walked to the dining room for her dinner. 20th not so well, would take spells of weeping, complain of being too warm. Nausea, never thirsty, puls. 10m. night and a. m. 21st, better with continued improvement until 25th. The 25th, not so well,

spent very restless night, hysterical, violent, wanted to smash furniture, break windows. Now I became discouraged, gave stram 1. m. one dose.

26th. Next morning found patient quiet.

27th. Old symptoms returned, puls repeated, 10m.

28th. Very much improved, wanted to go home, felt able to make the trip, voices not so frequent and frightened her less.

30th. Left for home.

May 2nd. Stood the trip home as well as could be expected.

May 6th. Sleeping very well, appetite good, voices about the same.

May 10th. Did not sleep well, wanted voices stopped.

May 14th. Patient writes, "I am sleeping better, took short walk, voices not so loud and strong, feel better when I am walking around, but too weak to walk much."

May 17th. Patient did not sleep well, feels weak after exercising, constipated, has the desire but they will not move, itching in anus, sore pain as from hemorrhoids, still hear voices. Nux. 10 m., 2 doses night and morning.

May 20th. Sleeping better.

May 24th. Very much better, received company, says she believes she will get well, voices not so strong.

May 26th. Patient feels much better, walked one square alone. I can now hold my thoughts. Yesterday I did not hear voices for twenty minutes.

May 28th. Had a dream that frightened her, awoke screaming, could not pacify her, would not be satisfied until the house was searched for robbers, very irritable, hammering headache, weak and trembling, voices strong. Nat. mur. 1 m.

May 31st. Patient writes, "I am gaining in strength, appetite good, constipation better, I eat ginger snaps and they keep my bowels regular, voices want me to listen to them like I use to, they say if I would talk to them like I did they would have some fun, I would not do it, I have tried both ways and find my way the best."

June 1st. "Better but weak in my limbs."

June 6th. Patient, "I feel much stronger this a. m., have been sewing some by hand. When I sew or read the voices keep still. Voices say they can't stay much longer, they are getting tired."

June 12th. Patient, "I am getting stronger and cannot understand why the voices do not leave. Voices less frequent and they cannot frighten me. I know it is my own thoughts, and not any one else."

June 17th. "I have just returned from walking six squares and do not feel tired. I have a pain going from left to right side of my head, feels like it struck a bruised place, it is a sharp pain, I feel like there was something in my throat and it keeps me swallowing, disagreeable taste in my mouth of morning, breath offensive. My voice sounds like a child's, once in a while it will be natural; those voices keep telling me I shall never be well."

THE RELATION OF HOMEOPATHY TO PUERPERAL FEVER.

BY JULIA C. LOOS, M. D.

A mother, dwelling in a beautiful country borough home, terminated her pregnancy and so happily and successfully delivered her child to present to her doctor husband that the nurse permitted her to sit up in bed to take breakfast next day. After a few days' siege of puerperal fever death ended the suffering. The new babe was motherless within a week. In a large city a young wife, active throughout her first pregnancy, papered her own bedroom and attended to many other preparations for her own period of confinement and for the expected new guest. Her medical attendant was quoted to the effect that he never saw a woman go to her parturient bed in better physical condition. Within a week fever developed and persisted. Drugs changed almost as frequently as the doctor's visits; morphine injections, ice-cap, oxygen inhalations; all forms of attention that her doctors conceived were employed. As a result at the end of

three weeks the home was robbed of its mainspring and left and held a motherless babe.

These instances are multiplied by the hundreds, where more or less functional disturbance has been noted before parturition. The shadow of possible fever hangs threateningly over the joyous anticipation of new maternity. But it is to be emphasized that healthy women are not so vitally disturbed by slight extra exertion in the course of a normal function. They may not be disabled by illness but to the careful observer there would be previous evidences of abnormality before such an overwhelming storm should break. To the true physician attention to the early hints of disorder gives power to dissolve the clouds of threatening possibility. The prospective mother and her friends should be freed from the indefinite fear, and in realization extend her maternal care over the babe she has born.

Pregnancy and parturition in any woman presents the opportunity for the most active and complete performance of her physical functions. In the creative impulse the subsequent nutrition of the fetus and its final delivery, the entire economy accommodates its many functions to that supreme aim. At no period of life is there larger general demand on the economy than when the vital force is controlling its wonderfully co-ordinated machinery to develop the new image within the uterus, at the same time maintaining repair and activity in the body of which it continues the tenant.

During these periods every organ is required to respond to larger demands. Weakness in any organ is apt to be manifest during the extra strain, presenting symptoms that on other, more ordinary, occasions are not revealed. All activity is increased hence the active evidence of disorder is presented; the index of the quality of vital control.

To the student of disorder and its rational cure, who recognizes all symptoms as outward manifestations of internal disturbance, these periods of more active expressions, afford the opportunity for more positive recognition of the image of disorder traced in the symptoms. Thereby is the

remedy which the organism demands for its restoration to normal order more distinctly perceived, and the patient is benefitted by its administration. Whatever form of disorder arises in the pregnant or parturient woman is indeed an orderly, harmonious expression of the internal disorder (strange as this verbal expression may appear). This knowledge proves the stimulus to close study of each case to interpret its symptoms, with assurance of the result when the remedy image is perceived and the remedy administered. This perception of the remedy image is for the time the prescriber's one aim.

Granting all the varied disturbances of pregnancy and parturition are manifestations of internal disorder, it is evident that the nearer to normal order the patient remains or returns, the less will these manifestations exist; the less will the patient suffer. This is true concerning all forms which have been observed and considered under definite pathologic names as truly as the more vague sensations without recognized pathologic foundation. Whims, cravings and aversions of pregnant women, cardiac and renal disturbances, spasms, manias, placenta retained, hemorrhages, fevers; these all belong to the category of expressions of internal disorder. These fail to occur or cease to continue in proportion as the patient is returned to order internally.

The peculiar province of Homeopathy is to restore order in the patient. Always and ever, whatever the complaint, the good of the patient is the aim of Homeopathy's claims. The condition of the patient, also the endurance and reaction, are judged by the groups of symptoms in their course of development and disappearance. From the foregoing facts the logical conclusion is that in the event of any disturbances developing during pregnancy or puerperium, the application of remedies according to the principles of Homeopathy is the best method of relief. The use of the remedy, homeopathic to each individual case, is followed by dissolution of the ailments which distress the patient or menace her safety.

In reference to puerperal fever our especial subject of

consideration at present, the experience of the disciples of Homeopathy corroborates this philosophy. They report "my patients do not develop puerperal fever when treated during pregnancy. I have been called a few times to see cases when it had developed and then the homeopathic remedy soon cleared it away." In patients who have had the benefits of this form of treatment during pregnancy, such an-orderly condition is established that the uterus is emptied of the products of conception and the waste products incident to uterine involution are expelled, without exciting fever and poisoning.

If the patient has not had the previous benefit of such treatment and the group of symptoms does develop, which so frequently invades what should be the chamber of joy and peace, Homeopathy's disciples need not approach with knees trembling in helpless alarm. Calmed and sustained by the unfaltering trust in the power of remedies, properly selected and administered, with unprejudiced mind and attentive fidelity in noting the symptoms as they arise, the homeopathic prescriber is able to testify to the efficiency of our art in these severe conditions. Under the influence of suitable remedies, the evidences of poisoning disappear while the uterine discharges increase and assume a character approaching normal and the fever subsides. No time is lost in the patient's progress as these remedies at the same time restore her vigor and reaction.

What is the relation of Homeopathy to puerperal fever? If employed before the period of its possible development, it carries a prevention. If called upon in the midst of the siege it can be trusted, without misgivings, to restore order in the patient so that evidences of its existence shall be destroyed within her. So long as the internal reaction is disregarded, no amount of attention to destroying the poisons externally will avail for the cure of the patient. With normal conditions created internally, the poisons will not continue to develop and all evil effects will disappear.

THE MEDICAL ADVANCE

A Monthly Journal of Hahnemannian Homeopathy

A Study of Methods and Results.

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We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

To accommodate both readers and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

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OCTOBER, 1908.

Editorial.

It is one of the wonderful and impressive—almost awe-inspiring—features of man that he can study a thing for many years and yet know nothing of it. How many thousand boys do you suppose have studied Greek without learning it. How many thousands of girls have studied French and yet have never mastered a single, complex French sentence.

It is related of a sweet girl student who had spent a year in studying physiography, that she was much amazed to learn that her mother's back yard was a part of the earth's surface, which she had studied so carefully and so long.

Law students have been known to spend four years in a law college and issue forth therefrom with heads full of con-

fusion and technical expressions, but as to any grasp of the law and its interior essence of right and justice, they had less than a hod-carrier.

It is one thing to memorize a page or two of verbal expressions and quite another thing to really know that thing of which the words are an inadequate expression.

Lectures on painting—an interminable course of lectures—by the best painters, never taught anybody how to paint.

The law of similars can be expressed in a very short sentence. It, with its corollaries—the minimum dose of the single indicated remedy—can be fully explained in an ordinary page of printed matter, and yet there have been men, graduates of homeopathic colleges, calling themselves homeopaths, boasting of its merits as compared with the old school, who have spent their whole lives at it, and then died not knowing Homeopathy in the least, and not knowing that they did not know it.

If there is one thing more than another that prevents a true knowledge of Homeopathy to these almost-homeopaths it is the practice of giving two-hourly or three-hourly doses until the next visit of the doctor. After reflection and observation, we believe this is the crux of the whole matter.

As if to emphasize the above position, we lately received an invitation to attend a meeting of a Homeopathic society to listen to a paper entitled "The Inefficacy of Internal Treatment in Gonorrhoea."

At this meeting the statement was made by a local lightweight that he "had been trying to impress upon the profession for years the uselessness of any but local treatment in gonorrhoea." This statement, so made, is a subject fit for inextinguishable laughter.

Another happening, to bring the matter home, occurred this very week. A man, approaching middle age, came to see us, for the first time in ten years. This man came of good stock, his grandmother still lives at ninety-two; his mother still lives, his father died but recently at seventy-three. He should be healthy and his children should be healthy.

But he had this "strictly local disease" at the age of eighteen, treated by one who believed its internal treatment to be inefficacious and who used "irrigation" methods. He complained to me that of his two children, one had asthma at nine and the other had eczema at six.

There are facts enough in all conscience—facts grim, incontrovertible, multitudinous, denunciatory—to prove that the local treatment of gonorrhœa is inefficacious, and the ignorance that will not see it is invincible, ineradicable, inveterate and inexpugnable.

K.

* * *

The Propagandism of Homeopathy has received its due share of attention for the last three years, not only in the American Institute and International Hahnemannian Association, but in the state, county, city and local societies all over the country. The aim has been to interest the people in the superior efficacy of the homeopathic system of medicine, and in doing this to advance the cause of the profession everywhere.

The editor of the *Medical Century*, in the August issue, reiterates the fact of the apparent apathy of the profession. He says: "In the last 15 years the increase in the total membership in the American Institute has only been 547. Hard work has been done both by circular and letter to induce some of the 10,000 non-institute members to join, yet without result.

"During these 15 years over 5,000 have been graduated from our colleges. Why have so many not become members of the Institute? Is it because 53 per cent of the members of the faculties of the colleges are not members of the Institute?"

The facts above presented by one of the ablest writers of our school demands investigation. The American Institute and the International Hahnemannian Association are experiencing the same trouble that the American Medical Association has for many years, an unaccountable apathy in the profession. Apparently little but personal interest in

their work. The American Medical Association changed its tactics and put a traveling agent in the field to make a personal appeal to the medical profession to do its duty, and this appeal has been successful.

Now that the American Institute has decided to commence the publication of its Transactions in a weekly journal, and has appointed a traveling agent or secretary, we trust to hear of a different result in the near future. A personal appeal evidently is what is needed, and no man in the profession could be selected who can do more effective work than Dr. W. E. Dewey, editor of the *Medical Century*, to whom this duty has been assigned.

While the National Society is making such an active campaign in the propagandism of Homeopathy, may we not suggest to the "powers that be" that an effort be made at propagandism in the profession. Charity begins at home. Why should our propagandic work not begin in the same place? We have asked many professed homeopaths to become members of the American Institute and of the International Association. One objection to the Institute has frequently been raised: What is there to be learned by attending its meetings? There is little Homeopathy in the papers or the discussions. In reply: There is more Homeopathy than many an objector dreams of. Last year, at Kansas City, Dr. Rabe presented the best bureau in Homeopathy that has ever been presented in the Institute, a bureau the papers of which every homeopath may be proud, and still scarcely a baker's dozen remained to hear the papers or the discussion. The subjects contained in them were of vital importance, live questions, many of which struck at the root of the apathy so common in our school. While the combination tablet and the alternation and mixture of remedies are so prevalent, both in the theory and practice in many of our societies, there certainly is some logical objection that there is little to be learned by attending meetings. The earnest propagandism of a purer and better Homeopathy at the meetings of all our societies will soon make them of such interest that they may revolutionize the practice in our school.

IN THE FIELD.

Dr. Charles Adams has been appointed by Gov. Deneen Surgeon General of the Illinois National Guard, to succeed the late Col. Nicholas Senn. For fifteen years he was chief surgeon of the First Infantry, with the rank of Major, and afterward chief surgeon of the First Brigade. During the Spanish-American war he acted as chief surgeon of the brigade to which the First was assigned. He was formerly professor of surgery in the Chicago Homeopathic College, and since 1896 has devoted his entire attention to surgery.

Dr. L. Grace Spring is making an enviable record for herself and her school at Saltillo, Mexico, where she began practice about two years ago. She received her official license to practice Homeopathy in Mexico in August, 1907. The alumni of Hering College will be pleased to hear of her success.

Dr. Gabriel F. Thornhill, Paris, Texas, reports a successful and enthusiastic meeting of the Texas State Society this month at San Antonio. He secured a number of members for the Southern Association, which meets in New Orleans during Mardi Gras season, in February, 1909, and which bids fair to be a successful meeting.

Dr. Margaret E. Burgess has removed her office to the Roger-Williams building, Chestnut street, Philadelphia. The doctor is president this year of the Hahnemann Round Table Club, which will be addressed October 30th by Dr. Stuart Close, of Brooklyn, N. Y. This society is doing good work.

Errata: Through a proof-reading error, which we regret to say is too common in the *ADVANCE*, the name of the remedy, Nux vomica, was omitted from the end of Case VII of Dr. Hawkes' article, page 603, September number. We ask our readers to add the name of the remedy at the end of the first paragraph, so as to make the article complete. Do it now while you think of it.

Dr. Helen B. Wilcox has removed her office and residence to Lexington Ave. and 63rd St. The doctor is devoting special attention to diseases of children.

Dr. W. E. Reilly, Fulton, Mo., has been appointed chairman of the new Bureau of Homeopathy for the meeting of the Southern Association, at New Orleans, in February, 1909. The doctor announces that the text for his bureau address will be the third verse of the 6th chapter of Nehemiah. Those familiar with the chapter and verse will see that there is one lively paper on the program, which probably will receive its due amount of discussion.

The **New Jersey State Society** held its 55th semi-annual session at the Hotel Marlborough, Asbury Park, October 6th and 7th. The meeting was well attended and the papers and discussions of more than usual interest. A full report of the meeting and some of the papers will appear in our November issue.

Dr. Norton Denslow, of New York, recently read a paper before the Academy of Medicine in which he claimed he had found a cure for locomotor ataxia. This was extensively published in the daily press, and set the credulous public asking questions. Of course the true homeopath knew at once the claim was impossible; that the doctor, like many of his colleagues, was chasing a Will-o'-the-wisp.

Now comes the other side of the question, in which several of the most noted New York Neurologists, Drs. Wyeth, Sachs, Collins, Fisher, and others, condemn the paper as ridiculous in the extreme, and condemn the officers of the Academy of Medicine for allowing it to be read, thus receiving a semi-official endorsement.

The claims of Dr. Denslow are so preposterous that they need not be refuted. yet it is only a repetition of the old method of discovery of the cure of a disease by one man which soon falls to the ground and is absolutely denied by another of the same school. *Verbum sat sapienti.*

Doc'tor F. W. Gordon, aged 73, of Sterling, Ill., died Oct. 1st, following an operation for prostatitis. With Dr. O. B. Blackman he was a founder of the Rock River Institute in 1878, and his is the second death. The following resolutions were offered, and a copy forwarded to the bereaved family

Whereas, God, our Heavenly Father, has in His wisdom seen fit to call our brother and co-laborer from his earthly toils; and

Whereas, As the Nestor of the Institute, who, since its inception in 1878, has so faithfully attended its sessions, aided in its maintenance and encouraged and benefited us all by his uniform Christian character and council; and

Whereas, Without exception, during all these years, we have found him ever faithful to duty, consistent and courteous in life's actions, whether upon the floor in debate, or in private or professional life; and

Whereas, We have always found him honest professionally, ethical with his associates, and just in his dealings with all men; with a certain individual reserve, yet ever ready to extend the warm handed, tender hearted welcome to friend or competitor; and

Whereas, Having been brought, for so many years and in so many ways, in such close and intimate relationship with Dr. Gordon, we would, as a society, as well as individually, give expression at this time and place, to those sentiments of our regard and shall always treasure his memory.

Resolved, That we extend to the family in this hour of their irreparable bereavement our tenderest sympathies and heartfelt condolence.

DR. F. C. SKINNER,

DR. A. W. BLUNT,

President.

Secretary.

A REPERTORY INDEX.

Editors Medical Advance:—Shortly after receiving Kent's Repertory and before I had had time to familiarize myself with its arrangement, I had occasion to look up some peculiarity of the pulse. I have forgotten what the symptom was, but I have vivid recollection of a vain search for that section. It was not to be found under Heart or Fever and I finally directed my investigation to another and better-known repertory. I subsequently instituted a still hunt for the missing part in the great work, and, by a process of elimination, succeeded in locating it in Generalities. I have no fault to find with the book on this score, for the classification is correct, but any change in conventionality should be offset by an index to aid one in getting acquainted with the new arrangement.

Dr. Kent has placed Constipation under the rubric of Rectum where it very properly belongs, but as we are accustomed to look for it under the heading of Stool much valuable time is consumed in learning the correction; and the same objection will apply to the placing of Urination under Bladder instead of Urine. In his preface of the book Dr. Kent advises a study of its arrangement, but it is not always possible to recall the various peculiarities when one's mind is full of a brain-racking case. Cross-references will aid somewhat, but are annoying and time-consuming, and the busy practitioner "wants what he wants when he wants it" and the only solution to the difficulty lies in a concise index arranged on

old, familiar lines. I compiled and have had such a one in use for a long time, and even now that I am fairly well acquainted with the book, still make daily use of this little auxiliary.

Feeling sure that others must have met with this difficulty (and perhaps some of the younger ones may have discarded the book on this seeming inaccuracy). I am having several hundred copies of the form printed and will be happy to send one gratuitously to any physician who may apply for it.

It would appear hardly necessary to apologize to Dr. Kent for this unusual procedure as the practical value of his work in undoubtedly enhanced thereby.

Sincerely, WM. JEFFERSON GUERNSEY.

Application should be made to Dr. Guernsey, Frankford, Philadelphia.

The Diagnosis of Appendicitis.—The following from Dr. J. B. Murphy, concerning the diagnosis of appendicitis is too valuable to be allowed to rest where the practicing physician cannot see it:

Following an experience of operating in more than two thousand cases, Dr. Murphy says: "The symptoms of acute appendicitis are, in my experience, in the order of their occurrence:

1. Pain in the abdomen, sudden and severe.
2. Pain followed by nausea or vomiting.
3. General abdominal sensitiveness.
4. Elevation of temperature, beginning from two to twenty-four hours after the onset of pain.

These symptoms occur almost without exception in the above order, and *when that order varies I always question the diagnosis.*"

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THE CENTRAL NEW YORK SOCIETY.

OAK HILL COUNTRY CLUB,
ROCHESTER, N. Y., JUNE 11, 1908.

The quarterly meeting of the Central New York Homeopathic Medical Society was called to order by the president, A. C. Hermance, at 12 m.

Members present: Drs. Beck, Bidwell, Dake, Follette, Fritz, Graham, Grant, Hermance, Hoard, Johnson, Leggett, Tretton.

Visitors: Drs. Fowler, Hagaman.

Minutes of the March meeting were read and approved.

The chairman of the Board of Censors moved that an application of D. J. R. Hagaman, for membership, be considered formal from date. Seconded. Carried.

Dr. Stow desired to say a word upon the old and new methods of diagnosis for tuberculosis. He disliked the idea of the tuberculin test, and referred to Hufeland's suggestion of bleeding until depletion. He considered that the methods mentioned by Dr. Follette at last meeting were as effective as those of modern theorists.

Dr. Bresee being absent, Dr. Bidwell was appointed to read the Organon and Dr. Bresee's paper.

ORGANON OF MEDICINE.

SECTION 57.—In order to carry into practice this antipathic method, the ordinary physician gives, for a single troublesome symptom from among many other symptoms of disease which he passes by unheeded, a medicine concerning which it is known that it produces the exact opposite of the morbid symptom sought to be subdued, from which, agreeable to the fifteen centuries-old traditional rule of antiquated medical school (*contraria contrariis*) he can expect the speediest palliative relief. He gives large doses of opium for pains of all sorts, because this drug soon benumbs the sensibility, and administers the same remedy for diar-

rheas, because it speedily puts a stop to the peristaltic motion of the intestinal canal and makes it insensible; and also for sleeplessness, because opium rapidly produces a stupified, comatose sleep; he gives purgatives when the patient has suffered long from constipation and costiveness; he causes the burnt hand to be plunged into cold water, which from its low degree of temperature, seems instantaneously to remove the burning pain, as if by magic; he puts the patient who complains of chilliness or deficiency of vital heat into warm baths, which warm him immediately; he makes him who is suffering from prolonged debility drink wine, whereby he is instantly enlived and refreshed; and in like manner he employs other opposite antipathic remedial means, but he has very few besides those just mentioned, as it is only of very few substances that some peculiar (primary) action is known to the ordinary medical school. (*Dudgeon's translation.*)

The method of treatment described in this section is the third one named by Hahnemann, in his description of all the different ways by which the ills of the human system could be treated. It is a direct converse of the homeopathic law. As a system of medicine it is not distinct, but as a measure of treatment it is frequently used by all physicians, excepting the strict homeopathic prescribers, and besides is much in vogue in the way of home treatment by the people themselves. The ancient traditions combined with the small amount of knowledge that has seemed to be necessary for its application, has been to a great measure responsible for this unwarranted popularity.

The subject of antipathic or palliative treatment runs through the *Organon* from § 56 to § 60, but this paper is only expected to discuss § 57, although the temptation is great to infringe on the province of the next writer, and describe the effects which are to be expected in the system after this method of treatment has been applied, rather than to be confined to ideas referring to this section alone.

I do not think, however, that it will be out of place to say that this method comprehends an attempt to cure disease by force. The term force, as used here, has the same meaning as it would have in a description of a conflict between two opposing powers, one overcomes the other by main force, or by reason of superior strength.

The following is a good illustration of the difference

between this and the homeopathic system. You can stop a rapidly moving train of cars on a railroad, by placing an obstruction of sufficient size on the track ahead of the train. The result is certain, the train is stopped, but what of its condition? Would not its usefulness be impaired? How much better the other way of stopping the train. The engineer, on his engine, running at almost full speed into a station, easily moves the lever that controls the unseen power, shuts off the air brake, and stops the train in a rapid, gentle and safe manner. The selection of only one symptom as a basis for a prescription is a fault of this method that cannot be overlooked. If we consider for this once that the single symptom may be helped, we still have left the balance of the case which would be in need of relief.

Individualization of the case under this method is entirely out of the question, and, besides, one drug may be as efficient as another of the same class, the result not depending on the rebound of the vital force in response to the influence of a remedy administered according to homeopathic procedure. Those who apply drugs indiscriminately, after this fashion, ignore the fact that the vital force will resent this attack on the system, and because of that reason, the case is left in a worse state than before.

Medicine of the present day has so changed from what it was at the time Hahnemann wrote this section, that it is uncertain just how far this antipathic method may apply; but it is reasonable to suppose, with all the new combinations of drugs in use by physicians generally, and by the public at large, that the number of substances having this peculiar action would be increased rather than diminished.

CHARLES H. BRESEE, M. D.

Auburn, N. Y., June 1908.

DISCUSSION.

Dr. Stow:--Hahnemann has written truth. The old school men do not differ essentially now from those of Hahnemann's time. The difference lies in the ingenuity with which the doctors, druggists and pharmacists foist their products on the people. In my experience among the

doctors, old and young, the first thing thought of when called to a person in pain, is some form of opium. Then comes the diagnosis. There is not a particle of progress in medicine unless it be in methods of diagnosis. They are just as much at loggerheads as to prescriptions as ever. Reference to the notable cases of President Garfield or Roscoe Conkling, is a fair illustration of the ingenuity with which physicians can interfere with the natural laws. When called to a case of diarrhea of late, with cough, found a cough mixture constantly administered to > that part of the sickness, which was a plain case for Podophyllum. The old school should have died out long ago.

Dr. Grant:—If doctors professing Homeopathy had practiced Homeopathy, that system would have died long ago.

Dr. Dake then read a paper upon:

HYGIENE OF TUBERCULOSIS.

Tuberculosis is a preventable disease, and because of this much of the treatment should be, and must be, hygienic in every particular. Now that this disease is receiving so much attention by the medical world, and through them and the many organizations formed for the breaking up of the foothold of the "white plague" upon the people of our communities, the laity are becoming educated and their interest aroused. We take notice that most of the efforts expended in these directions are hygienic in their character. We also notice that as medical knowledge and research progresses throughout the world, sanitation and hygiene play a most important role in the control and subsidence of various maladies, particularly the infectious and contagious diseases.

In tuberculosis the hygienic, dietetic treatment, is very well, and very strongly indicated in the general conditions. But where the lungs are actually ill it necessitates, as we all know, more than this—it requires careful medical supervision to cure.

In treating tuberculosis our success depends mainly on our ability to understand our patient thoroughly, i. e., his nature, mode of living, environment, habits and idiosyn-

crasies. So we see it is utterly useless to place any fixed rule that will apply with equal efficacy to each patient that may come under our care and supervision.

An individual, named Minor, once said, "let it never be forgotten that the patient is to be our partner and co-worker in his own case, and that a partnership in which one member is ignorant of the course of the business is sure to end in failure."

One of the first and important elements as to the hygiene of our patient is the clothing. This must not be too cumbersome or heavy. Chilliness and perspiration are both dangerous. Woolen or linen underwear, according to the nature of the individual. Extra coverings, or clothing should be at hand at all times. The use of chamois next to the chest, as a chamois or wool chest protector, must be done away with. The feet must always be kept dry, or if after exercise, there be perspiration, they must be dried. The head must be kept from the direct rays of the sun. The same article of clothing must not be worn for more than twelve hours without a thorough airing. The resistance to colds is acquired by acclimation, and it is sometimes surprising to see what resistance to colds by atmospheric changes the tuberculous will show under thorough hygienic care and direction.

The scheme or outline of living should be systematically arranged for every patient. This arrangement would, or should, place before the patient something for each hour of the day, and have it specified.

One important element of treatment comes to my mind just now, and that is, that he must not be allowed to dwell in introspection, which is one of the greatest hinderances to both himself and his physician.

The hygienic, dietetic treatment, consists of good, well cooked, nourishing food, in proper amounts, at proper intervals, of fresh air day and night, and of exercise and rest regulated properly for each patient, according to conditions.

The fresh air treatment is now receiving, at the hands of physicians, its proper attention. I must say that it

seems to me that it is somewhat overdone, in some cases, and in others not enough consideration is paid to it.

Here we come up against individual peculiarities, and the physician to be successful must be a student of human nature, to be able to cope with the peculiarities of his patient, as they show themselves. In summer it is rather easy to get your "partner" to coincide with your views, and he may agree to remain out of doors day and night. In winter I am strongly against the 24 hour out of door treatment. Eight hours is sufficient, the other sixteen to be spent in a sanitary, clean, sunny room. How many times we read and learn of faddists in the direction of winters out of doors, 24 hours, with no better results than the man who gives his patient eight hours of open air.

Rest and exercise: The regulation of these aids is very difficult. If we make a mistake here it would better be on the side of rest, for if a patient returns, after an attack, to his usual duties, his muscles will be so soft and weak that he is liable to a relapse. Rest in the acute cases is very essential. Assimilation, auto-intoxication, etc., are produced by over fatigue. As the patient improves from bed treatment, and there is no hemoptysis, heart complications, or intercurrent diseases, he may be given a massage. This treatment to be followed by walking, properly modified and controlled. The rules for exercise should be printed, or typewritten, for each patient. The exercise should be taken out of doors, and between meals, rest being taken before and after meals.

An essential arrangement of the patient's time should be systematically ordered. No patient who is convalescent should be idle. Library, piano, photography, class work, nature study, are some of the many diversions for this class of patients.

W. E. DAKE, Rochester, N. Y.

DISCUSSION.

Dr. Grant:—Dr. Dake has touched the key-note, not only in tuberculosis, but of every other disease of the human organism, *individualization*.

Dr. Bidwell asked Dr. Dake to report a case of tuberculosis, under his care.

Dr. Dake:—The patient was 36 years old, so weak from hemorrhages that he could not leave his bed. The temperature running all the way to 104 degrees. I kept him in bed, in a room open to fresh air, had him waited upon hand and foot until the hemorrhages stopped, then put him under a tent from March to October, giving him the occasionally necessary homeopathic remedies, after which he seemed to have regained his entire strength, and the progression of the disease was stopped.

Dr. Graham had a case in the hospital that had been pronounced incurable by Dr. Ely, when sent to him in the Adirondacks, because of the high temperature, and advanced stage. Dr. Graham had given no medicine, had put the patient out of doors upon a veranda during the day. During the rainy period of April he had given the patient oxygen, ten minutes, twice each day. This patient had abnormal temperature no longer, was strong, and on the way to recovery.

Dr. Johnson mentioned the case of Dr. Hallock, a college chum, who went to the woods and remained. He said that Dr. Hallock was well, received and treated patients sent to him. He quoted Dr. Hallock as saying, that in the woods a patient, tubercular, with temperature, is ordered to bed and to take no exercise. In Trudeau the report is, that there are no bacilli found in at least half the cases treated.

Dr. Grant said that that bore out the experience of physicians in general, and of bacilli in general. That patients died of diphtheria, frequently, in which no diphtheria bacilli had been found, and so with other diseases.

Adjourned for luncheon.

Called to order by the president at 2:20 p. m.

Dr. Johnson said he had not prepared a paper upon the subject of the "X-ray as a Means of Diagnosis of Tuberculosis," but had been greatly interested and had looked into the subject thoroughly. He said that Dr. Williams of Boston was the first man to bring out the possibilities of X-ray

in diagnosis of tuberculosis. He said that Dr. Williams used no plates, but worked with the fluoroscope, guarding himself, with glass plates, and he was in that way able to study closely the various conditions presented. Dr. Johnson said that a photograph of any person's lungs would show spots, and a hasty conclusion had been too readily made that these were tuberculous spots, but that Dr. Williams had been able to show that these spots were only portions of the lung not inflated, or imperfectly filled with air, and would disappear when a deep inspiration filled the lung. Dr. Williams was the first to notice a faint shadow, which he finally determined was uninflated lung tissue. Dr. Williams had finally confined his observations to, and worked upon, the *excursion of the diaphragm*.

If, in suspicious cases, he (Dr. Williams) found the excursion of the diaphragm to be shallow, he considered the symptom more dependable than the shadowy spots, which were probably but non-inflated lung tissue. Dr. Johnson said that this shadow made by the excursion of the diaphragm could be seen above the dome of the liver. He drew attention to the difficulties of observation made by the distance or nearness of a solid body when seen by the X-ray; that it made a great difference as to the clearness of the shadow; if a shadow was deep in the lung, i. e., at a distance from the instrument, it was blurred by the motion of the lung in breathing. He said that cases that showed well were so advanced that it was easy to diagnose by other means. He said that lesions three inches away from the plate were blurred. As to the value of the X-ray in the early diagnosis of tuberculosis, it was a *question*. In cases of tuberculous bone the X-ray is an addition to the physician's means of exact diagnosis. He illustrated the value of X-ray in treatment of tuberculous bone, by a case that had taken four trials with X-ray before a picture was obtained; by the time this was done the conditions had so greatly improved, the physician in charge suggested further treatment, and delayed operation, to the great advantage of the patient, who was cured. Dr. Johnson's own patient, who had had various diagnoses, lungs,

etc., continued in his care and was cured with X-ray.

The next paper upon the "Therapy of Tuberculosis," by Dr. Hussey, was not received.

Dr. Leggett then read a paper upon:

MICROBE VS. MIASM.

Living in a period of violent agitation, mostly in the minds of health officers, who, anxious to be considered the beneficent forces of the communities in which they preside, seek out the infinitesimal microbe of various diseases, that they may sally forth as "warrior knights of the windmill," Quixote fashion, it behooves us to make inquiries as to facts in these matters.

To the student of Hahnemann, who also lived in times of valiant "fighting of the windmill," it would seem, that although precautions hygienic, prophylactic, and preventive are right, and in degree necessary for the welfare of communities, that there are some other causes to be included in the quest of tuberculosis, for instance, than the tubercle bacilli of the sputum. Hahnemann was not only a profound observer, but a profound reasoner, when, after years of study, he was able to point out facts, recorded in the archives of old medicine, such as plainly indicated the results of suppression of the *three great lesions* which produce the three chronic miasms, whose primary *expressions are so various*, and whose ultimates are often *so similar*.

That the diseases, resultant from the chronic miasms, given early recognition, proper personal care, and the indicated remedy, are curable, I think we all believe.

From the fact that all three of the chronic miasms are transmissible, directly or by heritage, and that their terminal activities result in general or local conditions, such as tuberculosis general or localized, would it argue that the tubercular bacilli of the sputum was *all* that was necessary to prevent the spread of the "great white plague?"

It would almost seem that we are in danger of forgetting that there are other tubercular lesions than pulmonary, and that there are other methods of acquiring the disease than by infected dust and accumulations of garbage

Every observant homeopathic physician has proved to himself again and again that each miasmatic disease is not only transmissible to generations following, but is communicable. He has seen this in the close relation of marriage, in wives in whom no trace of dyscrasia had appeared until the closer bond was formed, and has seen the victim change and fade beyond recognition, even unto death; and he has learned that only through the careful prescription of the simillimum, made possible through the God-given insight of Samuel Hahnemann, could he combat the resultant disease. Having made these observations, and realized the fiendish miasm behind the disturbance, is he in danger of forgetting these facts in a mad search for a microbe, which, after having destroyed all visible means of its existence, he is sure to find lurking in some forgotten or hidden corner? Will he forget that even the tubercular bacilli must have a prepared soil, that sunshine and oxygen are still the most perfect of anti-septics, and that the "rousing of the body's defenders, opsonins," is best done by the simillimum? In fact, what else is the object of the homeopathic physician than to rouse the life-force to the resistance of disease? In what way could we know the needs of the organism, except through indications made by the life-force itself, which, after centuries of mistakes, we have learned to interpret?

Right it certainly is to do what we can in preventative medicine, through constant teaching, through health boards, if you will, but most of all let us constantly remind ourselves that not only the psoric, but the syphilitic and sycotic miasms prepare a ready soil for infection, as well as themselves degenerate the organism to a condition productive of the results we are so carefully pursuing. No bactericide in the world can wipe out a miasm once introduced into the organism. Teach men and women that suppression means torture, and frequently a painful death. Teach them that from each miasm they may expect the same ultimates, be they tuberculosis, cancer, or other degenerative process. Teach them that venereal disease suppressed or recessed, is more productive of the death ultimate, whatever its name, than all the microbes in the universe.

S. L. GUILD-LEGGETT, M. D., H. M.

DISCUSSION.

Dr. Bidwell feels that we make a mistake if we fail to recognize the fact that bacteria are an exciting, if not the predisposing cause of the disease. He likened it to seed, a grass seed if sown in proper soil would multiply indefinitely. He said the work in the laboratory was very convincing: the guinea pig, a very susceptible animal, inoculated with the bacteria of tuberculosis, would die of the disease in any time from ten days to six weeks. He described the method of infection, the protection offered to the tissues by the phagocytes, who, like soldiers, hedged about and walled in the bacteria until they were overcome by numbers. He believed that there was no case of tuberculosis in which the bacteria were not present, but that they could not always be found in sputa for the reason that they might be walled off deeply in the alveoli and never reach the bronchi, to be thrown off; that nature tried to relieve the system of the foreign matter through other channels.

He recognized the fact that there must be the right soil for growth as given by the predisposing cause in the lowering of the vital force, but could not ignore the fact that there must be an exciting cause, and such cause had been absolutely proven to be the bacilli of tuberculosis(?).

Dr. Leggett said that it was not the possibility of infection that she doubted when writing the paper, but the danger of forgetting the predisposing conditions, which, homeopathic physicians were especially fitted to control. She also believed that there was that in the human organism, which, given the proper environment, and depressing surroundings, would develop tuberculosis, if the patient was miles from any possible infection.

Dr. Stow mentioned the interest he had taken in a Volume entitled, "Physician vs Bacteriologist."

Dr. Johnson mentioned the experiments made by a French physician with dried sputum.

Dr. Bidwell said that it had been determined that there was no danger of infection from dried sputum.

Dr. Beck thought that scientists should make search for the specific toxine.

(Dry sputum, or moist, the changes made by succession and potentization, does not seem to have injured the power of the bacilli as a medicinal substance. L-)

The Secretary presented the following:

Resolutions concerning the death of the late Dr. Biegler.

WHEREAS, it has pleased the Ruler of all things psychical and physical, to remove from our midst Dr. Joseph A. Biegler of Rochester, N. Y., member of the Central New York Homeopathic Medical Society,

WHEREAS, it was always the aim of Dr. Joseph A. Biegler, to be the highest exponent of the law of Homeopathy, as revealed to Samuel Hahnemann.

Resolved. that we, members of this Society, shall continue this work of developing the usefulness of Homeopathy, in the application of its laws of healing, before the world, and to all mankind,

Resolved, to extend our sympathy to the family and friends of Dr. Biegler;

Resolved, to publish these resolutions with the transactions of this Society.

A. C. HERMANCE,
S. L. GUILD-LEGGETT } Committee.

Motion was made, seconded, and carried that the resolutions be accepted as read, and published with the transactions.

The president called for a report from the provers of Pyrogen.

Dr. William M. Follette was the only prover present. He had been recommended by Dr. Leggett to take but one dose, dry on the tongue, and await developments. He took one dose of Pyrogen cm dry, and waited ten days or two weeks, with *no result*. Reported the same to Dr. Leggett, was advised to take several doses, in solution, during a day, a few hours apart, then wait. He soon developed a short, sharp, catching pain, in the region of heart line of left nipple. Pyrogen was stopped for a few days, then the several

doses repeated, with same results, "pain near the heart." This experiment was tried three times, several days apart, with same result.

A committee was appointed to select the subjects for September. These reported.

Organon: § 58 Dr. Hoard.

Oponins: Therapeutic, Dr. Bidwell .

Berberis. Dr. Tretton.

Berberis: Cases, Dr. Follette.

Berberis: practical application. *All.*

S. E. GUILD-LEGGETT.

Secy.

TRANSACTIONS OF THE NEW JERSEY STATE HOMEOPATHIC MEDICAL SOCIETY.

The New Jersey State Homeopathic Medical Society held its fifty-fifth semi-annual session at the Hotel Marlborough, Asbury Park, on October 6th and 7th. About 60 members and visitors were in attendance. The business session was called to order on Tuesday morning by President Charles F. Adams, of Hackensack, and after the invocation by Rev. C. M. Giffen, of Asbury Park, Mr. Wm. H. Bannard, councilman-at-large, welcomed the society to the city. Dr. A. W. Atkinson, of Trenton, the 3rd vice-president, responded for the society.

The president in a few words told of the effort made to bring more homeopathic physicians into membership. About 70 per cent of the practitioners of the state are members of the State Society. He also recommended that the society have but one meeting a year, and appointed a committee to provide for certain changes in the constitution.

The committee in its report recommended the following changes, and they will be voted upon at the next regular meeting. That the society shall hold an annual meeting only; that the following bureaus shall be appointed by the president: Materia Medica and Therapeutics, Clinical Medicine and Pathology, Surgery and Gynecology, Obstetrics, Physical Therapeutics, Pedology, Sanitary Science and

Public Health, Ophthalmology, Otology and Laryngology, Homeopathy and Drug Proving. That members shall be considered seniors after 25 instead of 30 years of continuous membership.

Upon recommendation of the board of censors the following were elected members: Drs. Henry H. Carr, Mullica Hill; Wm. T. Hilliard, Salem; Allen S. Ironside, Camden; Chester A. Leigh, Trenton; Robert P. Miller, Hopewell; Lester H. Sparks, Lakewood; Howard J. Westney and Maurice D. Youngman, both of Atlantic City. Dr. Royal S. Copeland, of New York, was proposed for Honorary Membership and will be voted upon at the next regular meeting. The only honorary member at present, Dr. H. C. Allen, of Chicago, was present at this session.

Dr. John B. Garrison, of New York, of the committee on Medical Education of the American Institute of Homeopathy was present and told of the work of the committee and urged all members to send their students to homeopathic colleges. Dr. Rabe reported that at the last meeting of the American Institute the representatives of the State Society had pledged \$100 for the fund of homeopathic propaganda. The State Society approved this action and will give the \$100 to the Institute fund.

The necrologist, Dr. H. F. Datesman, reported the death of two members, Dr. E. H. Phillips, of Cape May, a Senior, and Dr. James Hoffman, of Jersey City.

At the scientific session the following papers were read and enthusiastically discussed. Sanguinaria in La Grippe, Neuritis and Diseases of the Chest, by Wallace McGeorge; Sinapis Nigra, by P. E. Krichbaum; The Care of Mental Cases, by David M. Gardner; Conservatism in Surgery, by E. B. Witte; Intestinal Obstruction, by Arthur F. Thompson; Asthma as a Nasal Reflex, by C. C. Straughn; Headaches of Ocular and Nasal Origin, by W. F. Beggs, and Sewers and Sewage Disposal as Applied to Cities of the Sea Shore, by J. T. Beckwith, of Atlantic City.

On Tuesday evening the Monmouth County Homeopathic Medical Society tendered a dinner to the members

and friends of the State Society at the Hotel Marlborough. Nearly sixty sat down to the well-spread board. After the dinner Dr. L. E. Hetrick, the efficient chairman of the local committee, presided as toastmaster and introduced the speakers. Those at the tables heard an unusually fine set of speeches from Drs. J. E. Wilson and Wm. F. Honon, of New York, President Charles F. Adams, of Hackensack and Rev. C. M. Giffen, of Asbury Park. In the afternoon a reception was tendered to the members and guests by Dr. Ella P. Upham, of Asbury Park, who was president of the society last year.

The society adjourned on Wednesday after an unusually good session, to meet at Cape May for the regular annual meeting, on June 3, 4 and 5, 1909.

SANGUINARIA IN LA GRIPPE, DISEASES OF THE CHEST AND NEURITIS.*

BY WALLACE MCGEORGE, M. D., Camden, N. J.

By request of the chairman of the Bureau of Materia Medica, I give you a few suggestions as to the use of Sanguinaria in the class of cases named in the title, and on account of the brief time allotted me I refrain from any reference to its use in other morbid conditions.

I have selected the Blood Root for two reasons, because it is so pretty when the flowers come out in the spring and because it is so reliable in the class of cases in which it is indicated. I was in hopes I could bring you a specimen of the plant in flower, but those beds that I have seen bloom from the middle to the twenty-fifth of April, and the bloom is over for the year. The petals are white, the stamens yellow, the leaves dark green, the stalk white then yellow when it leaves the root; the root is dull or brick red on the outside, blood red on the inside or when it is cut, hence the popular name Blood Root.

Sanguinaria canadensis is essentially an American rem-

*Read before the New Jersey State Homeopathic Medical Society at Asbury Park, October 6, 1908.

edy, and has probably cured more cases of the American sick headache than any other remedy, but it will not cure every headache, and is only indicated when there is prostration or exhaustion. Hering, in his *Guiding Symptoms*, gives all the symptoms calling for its use in our national headache.

In the depressing symptoms of La Grippe, we have a good picture of Sanguinaria. Large doses of the drug reduce the pulse in calibre and frequency, and produce nausea, vomiting, vertigo, faint feelings, irregular heart action with great prostration. "It slows the respiratory movement by prolonging the pause after expiration."

When there is languor, prostration, headache, cough, pain in the chest with great desire for rest, Sanguinaria will relieve in from four to twelve hours, and next day life will be worth living. When the patient don't care whether he lives or dies give Sanguinaria and next day he will listen to what you say, and won't mind looking at the paper to see what is going on around him. I know of no other remedy so reliable in La Grippe as Sanguinaria. Under Bryonia he must rest and keep still. The Sanguinaria patient feels better from resting, wants to be quiet, but will move or change his position without complaint if he can make himself more comfortable by the change.

In diseases of the chest the breath and the sputa smell badly. The smell is so offensive he cannot get rid of it, and it makes him sick. When a patient has a dry cough which awakens him from sleep and does not cease until he sits upright in bed, think of Sanguinaria. If in addition the cough continues until flatus is discharged, upwards and downwards, you need seek no further, for Sanguinaria is the only remedy.

In incipient tuberculosis, or consumption in its early stages, when the expectoration and breath are exceedingly offensive, with hectic flush, or circumscribed redness in one cheek, Sanguinaria will win out many times.

Dr. P. W. Andrews used Sanguinaria in lobar pneumonia when there is great hoarseness, or when the expectoration

is thick, green, glutinous, offensive. Also in hydrothorax when there is sharp pain in the lungs with shortness of breath, also in severe asthmatic conditions.

In pneumonia, with very difficult respiration, when the cheeks and hands are livid or purple, with offensive breath and sputa, with prostration, think of Sanguinaria.

In patients suffering from valvular troubles, where the heart disease is aggravated by a fresh attack of rheumatism and the lungs have also become involved. Sanguinaria will enable us to pull our patient through. In cases where all these symptoms are present, and when the kidneys are throwing off large quantities of earthy phosphates, and the patient is losing flesh rapidly, if the face gets the circumscribed redness of one cheek, Sanguinaria will save your patient and start him well on the road to recovery. In one such case, when the homeopathic physicians who had seen the case with me had given an unfavorable prognosis, Sanguinaria snatched the patient from the jaws of death, and in three months he had gained forty of the sixty-five pounds he had lost during his protracted illness.

In neuritis it is a good friend and helps us out of many a hole. When I was in college a patient came to the college clinic suffering with rheumatism, or pain in the right shoulder joint. This man was a shoemaker and he could not work at his bench on account of the pain in the shoulder when he pulled his waxed thread all the way out. The late Professor Henry N. Guernsey, who was conducting the clinic that day, examined this man, and finally gave him Rhus because he understood the man felt better from moving.

When the professor went home he studied out this case more thoroughly and went to see the patient at his home. He found that the man could not sleep at night on account of the pain, and it was the pain that made him get up and move about, not that he wanted to move. Dr. Guernsey then gave him Sanguinaria 200, and next week when the man came back to the clinic he said that he got some rest the first night after he got the new medicine, and after that he could sleep all night and could work at his bench without

any pain. He was then given seven powders of Placebo and told to return next week if the pain returned. He did not come back, but one of the students who was skeptical of the curative powers of Sac Lac in such severe cases, hunted him up and found him working at his cobbler's bench free from all pain, and then this skeptic admitted there was some power in Dr. Guernsey's high potencies.

We used to call all these pains rheumatism. Now we are more particular in diagnosis, and call these troubles neuritis. Lippe's indications for Sanguinaria in rheumatism or neuritis are as follows: "Rheumatic pain in *right* arm and shoulder, worse at night in bed; cannot raise the arm; motion (turning in bed) makes it much worse. Rheumatic pain in *left* hip; rheumatic pain inside of right thigh; rheumatic pains in limbs, pains in those places where the bones are the least covered with flesh, but not in the joints; on touching the painful part the pain immediately vanished, and appeared in some other part." This symptom is a key-note for this remedy. Hering recommends Sanguinaria in acute inflammatory and arthritic rheumatism.

In conclusion let me say that while I use Sanguinaria in the high potencies exclusively, I have seen in other physician's practice good results follow its use in the third and sixth potencies. It would be better to use the low potencies or even the crude powder of the blood root, when it is the remedy, than not to use it at all.

When Sanguinaria is indicated the low potencies will do some good, but the high potencies will work quicker, the effects of the drug be more lasting, and there will be less aggravation of the symptoms than when the crude preparations are exhibited. When the high potencies do the work quicker, better and more profoundly than the low, he would be a dolt who would not use that potency which would do the most good.

[What is true of the dynamic power, the curative force or "high potency" of Sanguinaria is equally true of every remedy in the Materia Medica. Ed.]

CONSERVATISM IN SURGERY.*

BY E. B. WITTE, M. D., Trenton, N. J.

In selecting a subject to present to you it has seemed best not to recite any special surgical technique or give you in detail any particular operation, with the salient points of which you may be just as familiar as myself. But, after an urgent request from your chairman, I have decided to call your attention to and ask your serious consideration of a subject rarely presented.

There is perhaps no branch of our science—which has for its object the alleviation of suffering, the restoration of health and the preservation of life—which offers more temptations to trespass upon vital and sacred areas, than the field of surgery.

Men engage in the profession of surgery through the same motives and in much the same way, as they do in any other vocation of life. Some are moved in this direction by the opportunities of rendering assistance to their fellow men; some are fascinated by the glamor and halo that brilliant success has placed about the few eminent men who have, by rare ability and learning, achieved renown in the world of science, while some are attracted by the great mirage of glittering dollars that fancy has thrown upon the screen of professional life.

Having a body of men so heterogenous in point of purpose, striving for vastly different objects through the same medium; with aims so widely divergent, a uniform result can hardly be expected; nor under the circumstances will the best interests of the unfortunate sufferer always be conserved.

To obtain the most potent effects in surgery requires, in addition to natural adaptability, a judgment unbiased by any element or consideration other than the welfare of the patient. Commercialism and professional reputation should be relegated into the remote and undefined realms of obscurity. In dealing with such a complex organism as the human body, with an animation so easily checked, a life suspended

*New Jersey State Society, October, 1908.

by such slender threads, we have a most forcible confirmation of the axiom "A little knowledge is a dangerous thing," while the operations of surgery just as forcibly contradict the adage "Where ignorance is bliss 'tis folly to be wise." In the field of surgery then, it is necessary to be fully equipped with a most generous knowledge and a superior wisdom, and these must be well ballasted by unalloyed benevolence.

A man may err in prescribing a medicine—he has his antidotes and restoratives which correct his error, and give him another chance to bring his case to a successful issue. But, if he errs in his surgical prescription or his surgical methods, he has absolutely nothing at his command to restore the normal continuity of the severed parts. It behooves us, therefore, to regard the dissection of the human body with due reverence and more than ordinary care.

There are no operations which make a special plea for care, accuracy and conservatism more than those confined to the cranial and abdominal cavities, none are more attractive to the surgeon, none yield a greater percentage of disappointments and failures, and none show more plainly the wanton disregard, inexcusable ignorance or purely commercial interests of the man who operates.

It is these occult cases which tax the learning and wisdom of older surgeons, that are too lightly considered by younger men, who, flushed by an overwrought zeal to achieve success and acquire rank, or blinded by inflated ignorance or exaggerated egotism, court the most serious operations regardless of the consequences to the patient, and find in some trivial derangement abundant excuse for a surgical procedure. I have known of instances where amenorrhœa has been the sole excuse for an ovariectomy; menstrual colic has been the signal for an appendectomy; while the gaining of experience or the increase of revenue have been the chief factors in many more surgical processes; the sad results of which have been charged upon the pages of life's ledger to the wise and hallowed dispensation of Providence.

You will pardon me I know, if I mention two more oper-

ations which point with singular emphasis to the importance of conservatism in surgery and the necessity of being mentally equipped for the duties and responsibilities of this great science.

The first case was a young lady whom the surgeon took from the midst of a social gathering to the hospital, where she was prepared for an operation for floating kidney. The incision was made in the back and the kidney discovered normal and in its proper place. The wound was closed, an abdominal incision was at once made, the ovaries removed, and the patient died in less than twenty-four hours.

The next case was operated for stricture of the esophagus. An incision was made. The newspapers were full of the highest praise for the skillful and wonderful surgeon who had opened the stomach, and was then feeding the individual through a tube with prospect of curing the unusual case. In due course of time this patient also died, and the autopsy revealed a normal stomach, which had not been touched by the surgeon's scalpel, while an opening was found in the left pleural cavity through which nutriment had been poured for some weeks, to the satisfaction of the surgeon and the delight of his friends.

Many more such instances could be cited but they only add to the humiliation of the whole profession. These are the things that are occurring almost daily in many of our hospitals. These are the things that disturb the confidence of the people, lower the standard and dignity of a noble calling, and weaken the foundations of the Temple of Æsculapius.

There are a number of important factors which enter into the domain of successful surgery, and not the least of these is the quality of feeling possessed by the surgeon towards the subject who seeks his advice. He should be in hearty sympathy with the best interests of the patient, and should have the highest regard for the sacredness of human life. Next, he must have a well-rounded knowledge of the anatomy which he essays to dissect; he must also be familiar with all the pathological conditions, and have intimate ac-

quaintance with the sphere and efficacy of drugs. In addition to the above the surgeon's armamentarium is not complete without having explored the realm of mechano-therapy, electricity and the various other methods of curing disease

It is not enough for the surgeon to know that a kidney can be removed and the patient live; that the cranial vault can be opened and the cerebral hemispheres be explored, without the sacrifice of life; or that the sexual organs can be removed and every cavity of the body laid open for ocular inspection or surgical readjustment. It is not enough for the surgeon to know these feats can be accomplished and the patient survive the ordeal. But what is equally essential to success in surgery is the ability to differentiate the different pathological lesions and arrive at a positive diagnosis before proceeding with an operation. It is said the ignorance of the law excuseth no man. How much less excusable is the man who, through ignorance, subjects a human life to the risks of an unwarranted surgical process. Personal observations in the realm of surgery, both in this country and in Europe, convince me that very many unnecessary operations are performed, and force the conviction that some sentiment should be created against the reckless use of surgical means, and some legislation should be secured to place greater safeguard around the innocent and unsuspecting public.

When would-be surgeons will spend three hours in an unsuccessful attempt to tie the external carotid for malignant, inoperable cancer; when a doctor will open the abdomen for cystic tumor of the ovary and cut into a distended bladder; when appendectomy is performed for menstrual colic and ovariectomy for functional derangement of the catamenia; when men boast of their vandalism in the field of surgery, something should be done to wipe the smirch from the fair escutcheon of the noblest and most sacred of professions.

I cannot leave this subject without entering a gentle protest against the useless and senseless unsexing of women an operation that is growing alarmingly frequent, and in

the present state of modern medicine an operation but rarely needed.

In all the domain of surgery there is not an operation that measures the caliber of the man more accurately than the ruthless, unhesitating destruction of the noblest of God's creation. The man who for any other purpose than the saving of life despoils the sacred, reproductive functions of women is unworthy the high calling of this profession, and deserves the stigma and condemnation of the veriest criminal. Let every honest physician as he reveres the hallowed name of mother, raise his voice in earnest declaration against this most awful crime and make his sternest efforts to subvert a practice that so wantonly enters the consecrated domain of posterity, renders barren the soil planted by an all-wise Creator and quickened by the magic touch of Providence and robs woman of the high and holy office of maternity.

I believe that every honest physician has the welfare not only of the community in which he lives, but the best interests of every individual at heart. I believe just as firmly too, that every honorable man in medicine deprecates with equal intensity any semblance of charlatanism, and would welcome measures to retard or eliminate the crimes perpetrated in the name of science. There should be laws enacted regulating the practice of surgery. No man should be allowed to assume the responsibility of a serious operation until he has practiced medicine five years, been the assistant to a reputable surgeon for at least three years, and passed a special examination before a board of recognized surgeons. The penalty for violation of the law and conviction of malpractice should be the annulment of the doctor's certificate and expulsion from the field of medicine and surgery.

If it is incumbent upon lawyers to have practiced three years and pass a special examination before the supreme court before they may present the petty grievances of men to a higher tribunal, how much more important that the surgeon's qualifications have the stamp of approval before he is allowed to jeopardize life, sacrifice health or unlock with his scalpel the sacred portals of the living soul.

SINAPIS NIGRA.*

BY P. E. KRICHBAUM, M. D., Montclair, N. J.

In selecting *Sinapis Nigra* to present to this body, I fully realize that it is a remedy, in so far as its proving goes, of marked limitations, but its sphere of action is so unique, the results of its administration when indicated, so manifest, that I beg your indulgence for a few moments while I give you only such symptoms as have been fully confirmed.

This remedy acts on the muscles, nerves, and mucous membrane, but more especially on the last named tissue. Mustard seeds contain a great deal of sulphur, indeed the sulphur element may prove to be so strong, that future investigators may have to accord to *Sinapis Nigra* a deeper acting quality than has yet been demonstrated.

It is in hay fever and acute coryza that it has been most used. The special indications are, mucous membrane dry and hot, often no discharge from the nose, worse in the afternoon and evening. Either nostril may be affected alone or they may be affected alternately (Clark). Or there may be acute coryza with lachrymation, sneezing, and a thin watery excoriating discharge, the excoriating character of the discharge, worse at the alac nasi, being the most marked and characteristic feature of this phase of its action.

The sneezing may be caused by itching or a burning sensation in the nares, without cough, or with a hacking and at times a loud barking cough, attended by a desire to clear the throat. This cough is relieved by lying down. In the eyes, there is marked lachrymation; the eyes have a watery appearance; they smart, burn or itch, or all three. The voice is nasal. Right here I may mention a rather striking peculiarity of *Sinapis Nigra*, with these uncomfortable and oppressive symptoms of the head and throat, there is rarely enough headache, or head congestion to interfere with mental application, in fact mental activity relieves the congested feeling in the head.

The headaches of *Sinapis Nigra* are worse when thinking

*New Jersey State Society, October 1908.

of them, worse in a warm room, better in the open air, better from eating and better lying down. The scalp feels hot and itches as if perspiration would break out.

This remedy of course has many sensations, but I will confine myself to the symptoms that have to do with the head and chest. Under Sinapis the thorax feels as though it was compressed from all sides, even to the point of impeded respiration. The tongue feels blistered, and you may be told that the mucus hawked from the posterior nares is *cold*. Another striking and peculiar symptom which may spread sudden illumination in these all too common cases of catarhal difficulties, is that the patient complains of or notes the odd fact that sweat appears on the upper lip and forehead. This symptom appeared in a patient of mine every time he ate mustard pickles, his scalp also became hot and itching violently. These peculiarities plus an excoriating discharge which would blister almost instantly the part coming in contact with it, led me to prescribe this remedy in a case of Lupus Vulgaris, with prompt relief of the then acute activity of the disease.

The tongue may be dry or moist, with cracks and a yellow or brown coating down the middle. The breath smells like onions. There is a burning sensation the whole length of the esophagus, relieved by eating. Sore mouth is often observed accompanied by hot, burning eructations. These ulcers in the mouth are frequently so sensitive and painful, that eating and drinking becomes a most dreaded ordeal.

In view of all these manifestations in the mouth and along the esophagus, one would naturally expect to find under this remedy heartburn, belching, etc. The eructations taste of horse radish or of ingesta.

I will conclude by adding three cases, the first from the pen of the late Dr. C. W. Butler, reported in the proceedings of the International Hahnemannian Association of 1888; the second case by Dr. Harvey Farrington, of Chicago, in the *Hahnemann Advocate* of 1900. The third a case which I treated during the past winter.

CASE I. During the winter of 1876 and '77 (I report

this case from memory), I had under my care Mrs. D., aged 71 years, a small, dried up old woman, who had been my patient for three or four years, during and before which time she had been a periodic sufferer from bronchial asthma. I had never been successful in treating her in her asthmatic attacks, and can only understand why she continued to demand my services on the theory, that the smaller doses aggravated her sufferings less than the allopathic drugging which she had formerly endured.

Her attacks would come on after free intervals of two or three months, usually, perhaps always as the result of "cold" from exposure, and would last in spite of attention and medicines for three or four weeks. During this time she would not be able to spend one night in bed, but was obliged to sit leaning forward, and her only sleep was while resting her head upon a chair in front of her. I had earnestly tried to help her, for the suffering of such an aged person was well calculated to excite the sympathy of an onlooker. After Mrs. D. had been sick about a week, and I had prescribed any drugs, too many in fact, I gave her *Sinapis Nigra* 200 in water, a dose every two hours. At this time (it was 8 o'clock in the evening) she presented the following symptoms. She sat in one chair leaning her head upon the back of another. Her breathing was labored and noisy, the wheezing and rattling of mucus in the chest being plainly audible all over the room. She was anxious for death that she might be relieved of her suffering. Intensely despondent, and sure she would not recover. Indeed she had made her will during the day in view of her probable demise, and (I was present as a witness at her request) in so doing she had shown a mental vigor and clearness of comprehension which surprised both her lawyer and myself. She had now what I had frequently noticed before but did not attach much importance to, an acrid nasal discharge which had reddened the skin about the nose, and slightly on the upper lip. In a moment of "desperation or inspiration" I now gave her the *Sinapis Nigra* 200 every hour a dose in water. The effect was little less than marvelous. I stayed with her

through the night and marked the changes with interest and delight. Before the second dose of the remedy had been administered, she evidently breathed easier. Within two hours she dropped into a sleep and slept for more than an hour, her breathing improving all the time. At four o'clock in the morning she was persuaded, being so much better, to get into bed, where, propped up with pillows, she slept again. Within the next three days the asthma had left her entirely. From this time till 1884, when she died, I was called to see her many times in beginning asthmatic attacks, and Sinapis Nigra never failed to relieve her entirely in from one to three days. She took it in the 200 and cm potencies at various times.

CASE II. One day last September I was called about nine o'clock in the evening to see a gentleman 64 years of age suffering acutely with catarrhal asthma. For several days he had a severe coryza, but the difficulty in breathing had started sometime during the afternoon. He presented the following symptoms:

Dyspnea, puffing like a pair of bellows, face red, eyes bloodshot, unable to lie down.

Acrid watery discharge from the nose.

Left nostril stopped up ever since first catching cold.

Sinapis Nigra cm. one dose and Placebo in water, a tea spoonful every fifteen to thirty minutes.

After taking the first dose the dyspnea began to subside, and in less than an hour the patient fell asleep. Next morning felt almost himself again.

CASE III—Mrs. P., age 86, catarrhal bronchitis. The history of this case was one of a severe barking, yet loose cough, which continued during the whole twenty-four hours but was worse at 1 a. m. The patient was restless, thirsty, weak and much disturbed mentally. She feared death and argued that as she had pneumouia the previous year, her lungs were certainly much too weak to endure the present attack. The sputum was white, frothy and quite profuse. I prescribed Arsenicum. This was at 9 a. m. I was called that night in haste, to find my patient sitting straight up in

a chair. Her breathing was asthmatic, and almost every inspiration was followed by a cough. Her head was aching severely, but she complained most of the difficulty in getting her breath, and of the heaviness in her chest. The all nasi were sore, but at no time was there a discharge from the nose.

Sinapis Nigra relieved her asthmatic breathing within a short time, and cured the attack in a week.

PULMONARY TUBERCULOSIS: A CALCAREA CASE.*

BY JAMES WEST HINGSTON, M. D., Chicago.

[Just to illustrate—the unessential factor of exact diagnosis, the virtues of the higher potencies, the false notion with many of frequent dosage, the error of change too often indulged.]

Miss E. S. S., age 26, weight 96, former weight 123 pounds; height 5 feet 7½ inches. This patient communicated with me from Laramie, Wyo., in the autumn of 1906. She had gone to Wyoming from one of the eastern states in the spring of the same year, having been advised to seek the western mountains on account of pulmonary tuberculosis. She first reported to me that she had had an initial hemorrhage in April 1902, while the last two had occurred close together, October 15th and 22nd, just before she wrote to me. The hemorrhage on October 15th had been induced by walking against a violent wind on the Laramie plains; that of the 22nd had come when pounded on the back by a companion in a frolic.

She reported that the western climate during the summer months had not done as much for her as she had expected and she was induced to write to me by a mutual friend.

The cough at this time was excessive, caused at times by a tickling in the upper bronchi, but more frequently by a "filling of the larynx" with discharge from the lungs.

Coughing was < from talking, laughing, leaning forward, change from warm to cold or cold to warm, lying on

*South Regular Homeopathic Society, Sept. 1908.

the left side or upon the back, any change of position, or by a drink of water.

The expectoration was greatest and excessive from 7 till 11 a. m.; profuse and of a deep yellow color.

Sharp knife-like pains in the chest, coming at various places and times, equally severe on each side; especially worse below the right axilla and shooting across to the region of the heart. These pains were < by coughing, a deep breath, and by cold air.

Some years previous to the on-coming of this illness she had received in an accident a fracture of the inner third of the left clavicle and of the second and third ribs. Apposition had been poor so that the ribs were depressed upon the lung and the clavicle was more than an inch above the opposing one.

Immediately beneath the seat of the fracture of the ribs there was a sense of rattling and wheezing, both audible to herself.

The appetite was extremely poor. No special aversions or desires being given.

As indicated in the first statement she had lost weight from her usual 123 to 96 pounds; her accustomed full and rosy cheeks had become shrunken and bloodless, to express it in her own terms, so that at this writing she was extremely pale and wan; she was so lean that she could span her arm at all points from her wrist to her shoulder with her thumb and forefinger.

Menses were too early, too profuse and too long lasting, coming about every third week and lasting six or seven days with a free flow all the time. A few days before the appearance of the menstrual flow her legs would ache excessively. The first hour of the flow was marked by slight abdominal pains which increased rapidly until the fourth or fifth hour when they became "terrible"—a constant, severe, dull ache all through the lower abdomen and pelvis, with sharp, shooting pains extending through the entire abdomen until they became unbearable. These pains were < by motion, by drinking (she being very thirsty at the time);

> by lying on the back and by heat to the knees and feet, though heat upon the abdomen gave no relief. The pains continued severe during the first three days after which they gradually abated until the end of the fourth day. There was very little leucorrhœa of a mild, whitish character following the menses.

I prescribed for her at this time, November, 1906, Calcareæ 1m.

I will not give the history of this case from that time until the present as her many reports would fill a small volume. Suffice it to say that she steadily improved in every respect except two. In these she improved suddenly—her next menstrual period was practically painless and the expectoration had greatly decreased at the end of a month. The remnant of the cough and expectoration were more slow in disappearing; but gradually these together with the rattling and wheezing in the chest became less and less.

However, since she came under my care she had had one severe cold and several minor attacks, and early this year a very distressing and long continued attack of la grippe. After both of the severe attacks her whole condition was very much aggravated for a time, but promptly responded to the same remedy.

She commenced teaching school the first of September, 1907, and continued during the entire school year, with improvement of the general health and abatement of the chest symptoms.

She was so well during last spring and the earlier part of the past summer that I had no report from her for several months. On July 16 I received a letter from her saying that her last menstrual period had again been very painful, with all the old unbearable symptoms, though the duration was only for a day and a night. She attributed this relapse to some indiscretion at the previous period when she had also suffered somewhat. I again prescribed Calcareæ 1m. Today I received the following letter:

Sept. 4th, 1908.—You certainly hit the nail on the head this time. (I used the same hammer I had used before). I never had such an easy

time in my life. I felt fine the second day and seemed to retain my strength. (She had been very much exhausted after the painful periods). The only time the bronchial trouble seems to bother me is on lying down at night. Then my chest rattles a little and I raise once or twice a slight amount of transparent mucus, when the rattle ceases. You certainly are a wonder. (She meant Homeopathy certainly is a wonder).

She never had received a homeopathic prescription before I gave it to her, and has not received more than ten doses in two years. I now believe two or three of these to have been superfluous. Let the young prescriber—and not a few older ones—learn that too frequent repetition frequently spoils the case.

CAUSTICUM: ITS ACTION ON WARTS PRODUCED BY X-RAY BURNS.

By J. W. KING, M. D. Bradford, Pa.

In April 1901 I received a severe x-ray burn on the left hand and fingers from handling x-ray apparatus.

The static machine was used. It was a Holz, with 10 revolving plates, 30 inches in diameter. Speed about 350. Tube used, medium soft.

With fluoroscope, held in the right hand the bones of the left hand were viewed through it at a distance of ten inches from the target. Length of exposure about five minutes. The tube was a new one and was being "broken in."

On the following morning the hand and fingers tingled and felt "frosty." Warm water and soap irritated considerably. Two days after the exposure the hand was considerably swollen and had the appearance of a boiled lobster. Here and there a mealy-like substance made its appearance.

The sensation imparted to the hand from warm water was as if sand was rubbed over a denuded surface. In a few days the hand began to throb, burn and itch. Exposure to atmospheric air was intensely irritating to the hand, which was relieved by bandaging with dry boric acid gauze. To promote greater relief a solution of bicarbonate of soda was tried with satisfactory results.

The dermatitis reached its height in ten days and now

assumed a purple color, at times a dusky red with islands of yellow patches. The pain at this time—burning, itching, smarting—would be relieved by gentle massage or cold soda solution.

It was < at night; from warm water or by scratching it—reminding one as if the hand was struck with cowhage (*Dolichos P.*). This recalled to my mind the boyhood days at the old swimming pool. The sufferings from “bren-esel” as my “dutch” companions called the stuff, was most intense. The “torturing” inflicted was enjoyed with hellish glee by the larger boys when they applied cowhage to our tender skins, and especially, when one was so unfortunate as to be sun-burned. The only relief offered was to cry all the harder to soothe the “fiery” parts, or to plunge into the inviting cool waters, and remain there, sometimes for hours. So our hand and fingers from x-ray burns were soothed from wet applications weeks at a time.

I was not familiar with Homeopathy at the time or *Dolichos* would have come to mind and a trial, locally, and the internal use of the potencies, would have been tried. The “bren-esel” sensation continued more or less for a year and a half.

The relief from cold ceased in a few months and the opposite modality gave relief: dry or moist warmth >. A kid glove had to be worn most of the time, even in hot weather.

The hand today presents the following appearance: index and middle fingers are spotted a light red (telangiectatic); the nails a light bronze and the hand at times assumes a purple-red color.

Two years after the accident a large seed wart appeared near knuckle of index finger, and several others on the hand. For two years no effort was made to rid myself of these warts. Then they became unsightly and various remedies were tried—selected by guess work, and of course without effect. If the remedy had been looked up in the *Materia Medica*, needless suffering and medication would have rewarded me.

But a wart was too insignificant to demand much at-

attention. The time will come, however, when these insignificant things will "get back at us" for our indifference; then it may be too late.

The fact was that the seed wart on my finger became very important to me one morning upon awakening to find it painful and grown, mushroom-like in size, over night. Now it could no longer be ignored. The suspicion dawned upon my mind that the benign thing of yesterday, had become malignant today. I began the search for a remedy in dead earnest and soon found it in Causticum. I took one dose of the 200th and awaited results. No effects were noticed in ten days; repeated the dose in the same potency. After this second dose the pain ceased in a few days and the wart began to shrivel up. I allowed Causticum to act for a month when the final dose was taken—the cm. In a few days all the warts had disappeared and the blemished hand was restored with fine cosmetic effect.

After the warts had disappeared I recalled Dr. Wesselhoeft's article in the *MEDICAL ADVANCE*, October, 1906 issue, citing a case of a seed wart on index finger which was cured by Dr. Hartmann, as his father supposed, by Causticum. Dr. Wesselhoeft states that his father told him not to forget Causticum in considering a remedy if he came down sick, as that was his constitutional remedy and that it had saved his life on several occasions when he was attacked by croup. A letter from my mother informed me that I suffered from croup a great deal for years and in reply to my letter she informed me that I was a perfect Causticum subject.

The points of interest in this case are:

First. That the X-ray can produce warts—perhaps only in Causticum subjects—and that Causticum, high, cured. I could get no history of warts in the King and Peffer families. They are also free from malignant diseases.

Second. That X-ray warts may become malignant. I noticed no pain from them in the benign state. I do not remember of injuring it previously. I was awakened early one morning to find it gnawing, pulling, drawing or throbbing—as if the wart was taking to roots—evidence of malignancy.

Third. That Dolichos might prove valuable in early X-ray dermatitis. In my case I had many Dolichos symptoms.

Fourth. Since taking Causticum I have enjoyed the best of health. I was more or less "shaky" since the burn.

Fifth. That the X-ray is curative in some warts not produced by the agent, I know. I have no experience if it will cure warts produced by the X-ray.

THE STATUS OF MODERN NODOSIC MEDICATION.*

BY Z. T. MILLER, M. D., Pittsburg, Pa.

The purpose of the Bureaux at this meeting is to demonstrate the status of nodosic medication.

The present efforts on the part of biological investigators tends to increase the importance of and interest in the use of such medicines; so much so, indeed, that it may be claimed that nothing has occurred since medicine men pulled apart that is so likely to pull them together,

That the product of a disease, whether prepared as a serum, vaccine or high homeopathic potency, should have within itself the power to throttle its own parent, is a therapeutic matricide that is little short of astounding. The most recent research seems to prove that it is a fact, and, incidentally to confirm the inductions of Hahnemann. But it is not well to be too enthusiastic. The byways are strewn with the carcasses of scientific medical facts. That this discovery—if discovery it be—should have been made, goes to show that all preceding discoveries have been conceived in more or less error that needed correction, and even this in turn may have to be corrected.

Haeckel says there is no absolute truth. I believe it. There is; however, a bad and worse. It is bad enough that medicine has to be given at all—in this class I place the homeopathic—but it is much worse to give vaccines and drug truck expecting to improve the appetite of a mite that measures $\frac{1}{2400}$ of an inch in the hope that he will eat, what

*Pennsylvania State Society, September, 1906.

the Germans call "gift" with greater relish. That is the proposition; increase the voracity of the leucocyte, stimulate his phagocytic capacity and he gulps the stuff that makes hell on earth. I must confess the more I try to figure out the rationale of the opsonic business the more I get into the muck. The whole proposition is so nihilistically iconoclastic—pardon me—that I feel that my own bugs have taken to the woods and left me a prey to that greatest of all bugs—skepticism. Something more than bugs and bug eating lies behind the proposition of health deviations, a something that no man knows and no man can find out. The grand push that materializes this universe of intricacies lies, and ever will lie, hidden in the recesses of nature's mystic house. When we think we have the key, the door open, the secret still remains unrevealed.

And that inverted bowl they call the sky,

Where under crawling coop'd we live and die.

Lift not your hands to it for help, for it

As impotently moves as you or I.

Man's hope and helplessness are eternal. His alternate arrogance and humiliation are bi-annual, and yet withal some seeming truths crop out. When we read of the searches for the spring of eternal youth, we smile, but there are as many searchers today as there ever were and some more. They all come out the same door wherein they went and man's destiny made and marked by the eternal verities moves 'twixt the beginning and end as surely as the solar cycle, unswerved by his effort. Most of us do not believe this and it is well we do not for it is the confidence that the riddle may yet be solved that produces the energy that has uncovered much that is interesting if entirely foreign to the ends sought. We hug the seeming triumphs as though they were realities, and forget them when their futility becomes apparent, as a child blows new bubbles while he watches those past made explode. The medical and religious mix is so polypharmic that the unbiased inquirer after the best gets so "balled up" that a spirit of complete asceticism results. Christian Science and Medical Science, both misnomers, be-

fuddle while they throw dust to blind their devotees to the truly rational preventive measures of stirpeculture.

So long, however, as man does as he does, so long will the triumver of patchers keep open shop, wherein he gets what he wants. He damns his soul, the preacher prays for him. He mutilates his body, the doctor mends it. He does his neighbor, the lawyer does him. Upon such asinine substructure is the professional superstructure built.

In the enthusiasm of youth, promoted by a necessity for a livelihood, the profession of medicine as a means, suggests itself as congenial to our temperament. A demand on the part of people gives us employment sufficiently remunerative to clothe our backs, feed our stomachs, furnish a place to sleep, a habitation and a home, and for this we build colleges, educate men to a possession of the combined experience of predecessors. This has been going on for centuries, but the undertaker is still with us and Boards of Health are still stamping out disease.

To keep our semblance of erudition and progress, do not forget that I mentioned progress, we hatch a new scheme every moon, or nearly so, by which a percentage of returns on the investment for both is reasonably assured, at least so reasonably that both the served and the servant get their money's worth, or think they do.

The last great find, is the opsonic. To the followers of Hahnemann this is not new, at least the practical application is not. I shall not go into detail regarding the discovery(?) nor will I relate the homeopathic premises but confine the report of this Bureau to the experience, confirmatory and otherwise of such physicians as have made use of nosodes.

As homeopaths the opsonic scheme being correct, we must claim that the potentized drug accomplishes all that the vaccines do in the way of raising the index to the protecting place. Now the class of medicines coming within the scope of opsonic action are of necessity the products of disease itself. Psor. Med. Syph. Schir. Hydroph. and others all come from the ills they are expected to cure, but we hav-

ing proven them, collected vast clinical indications, carry the therapeutic possibilities far beyond the mere patho-histologic manifestations of the parent pus.

The dark brown, watery, offensive stool, and stinking body of Psorinum is a condition that the medicine has cured. Where would that patient be if the opsonic procedure alone were to be relied upon for indications. No matter what the classification is, if the characteristics of Psorinum are present the medicine is effective. Compare the scope of the homeopathic possibilities of Psorinum with the beggarly circumscribed sphere of the opsonic and you have at once a demonstration of the superior status of Similia.

The symptom under Hydrophobinum, "Desires to urinate as soon as he hears water run." This occurs to persons who have never been next a mad dog. Many other of its symptoms brought out in provings, would be absolute rubbish if the opsonic search had to be relied upon to find an inning. The gross manifestations of all the disease producing nosodes are palpably plain, but it requires the homeopathic laboratory to develop the more potent characteristics for therapeutic use. The index, unless amplified in manner not yet apparent is too circumscribed to occupy anything but a very limited sphere of curative activity. The technique attending its use makes it well nigh impracticable. How different with Homeopathy in the same field. We have all that the opsonic offers and infinite resources besides, with method and means incomparably superior to the opsonic.

If it can be established that the internal administration of a nosode is curative of the disease from which it was produced, the whole problem of cure of anything is settled. In the matter of vaccination, variolus virus as a prophylactic and cure of small pox is an example that has been tried out and received the approval of, not only local, county and national homeopathic bodies, but of the law, having been declared valid by the courts of Iowa. Illinois has recently passed an act against compulsory vaccination, Pennsylvania's legislature passed a similar act at the last session, but the governor vetoed the bill.

The American Institute voted by a small majority against internal variolation, giving as a reason that the Institute did not know enough about the method, an acknowledgement that was quite as much to its discredit as a vote in favor could, under any circumstances have been. This, notwithstanding the fact that Dr. Eaton, of Des Moines, Iowa, had presented a scholarly and conclusive paper on the subject at the same meeting. I believe you have all received a copy of that paper. Here we have a confirmation of the efficacy of the internal administration of nosodes. If we accept the theory at all, we are bound to this homeopathic evidence and in addition, to claim that homeopathic technique is by all odds the superior. It is simplicity itself. Whereas the opsonic is so ponderously scientific and at the same time so limited of application that it is well nigh a costly bric a brac instead of a general commodity.

Another advantage. The totality of symptoms so essential in homeopathic procedure, enables it to meet the condition of so-called "mixed infection." Almost, if not every case we meet, is of mixed infection. It is mixed infection that changes the complexion-contour and course of every case of illness. No two people are sick alike. Syphilis and small pox will not, cannot present the same front that gonorrhoea and small pox does, and so down the whole list of rottenness. The kaleidoscopic aspect of ailments is what makes you scratch your heads, and the facts that Homeopathy compasses that very situation is what is bound to cause it to survive every other system of therapeutics of which anything is known.

We are asked to believe that because one or more of the invading bacilli are found inside the leucocyte that the cause of ills are being consumed. I am not inclined to accept that deduction as final. If the "blood fluids modify the bacteria in a manner which renders them a ready prey to the phagocytes," is not the modification produced by the serum, the curative process and not the phagocytosis. If healthy serum is bactericidal all that is necessary is to keep

it healthy—and why did it become unhealthy. We are told that it is because of the great influx of bacteria. Yet on the other hand we are assured that bacteria do not sprout except where the soil is suitable. What makes the suitable soil?

I am got combatting the opsonic theory, because in the main it confirms Homeopathy scientifically, and because it polishes similia so that some will accept it as pure gold who have been lukewarm on account of the absence of the scientific trade mark. Some people will not eat bread that has not got the trades union stamp; it is bread just the same. An opportunity is now offered our school to demonstrate its right to existence by reason of its priority of use and method of application of a correct, or at least the best method of healing known. At best the opsonic can be looked upon as supplemental merely, for in no sense can it be demonstrated as superior to the old practice of covering the totality. This practice is being accepted everywhere as permissible. Even the high priests of the inner temple have so far loosed their strangle as to admit to the sanctuary a practitioner of Homeopathy and no questions asked. What does it mean? We are told that it is owing to the great and growing liberality of the saints. I don't believe it. It is the logical outcome of a tardy conviction that Homeopathy as a theory always has been true, that the opsonic is a scientific demonstration of its truth, which compels acceptance by every reasoning mind.

Some men prate about the "best of all schools," and place upon their smiling brows the wreaths of conquering laurel. I am wrought with envy when I meet such heroes. For thirty or more years I have given reasonable effort to acquisition of the best there is in Hahnemann's Homeopathy and today am compelled to confess that at the present rate I will have to gulp Metchnickoff Clobber for 150, and then some more, before my hide is outside of the best of one school, and when it is, there will be no need for the "best" of any other.

RENAL CALCULI.*

By DR. W. D. GORTON, Austin, Texas.

We are assured by Hahnemann that every case of sickness, if taken at the proper time, may be cured by the administration of a remedy having symptoms similar to those of the patient. Many times we find it difficult to select the simillimum, and after much study and search for a remedy to cover an ill taken case, we find that the most important symptoms have been withheld by the patient, not enough time has been given to recording the case, the desire to be doing something has been uppermost and valuable time lost.

Sept. 22, 1905. G. W. W. 'phoned from an adjoining town that he was having daily fevers, and named a set of symptoms that seemed to call for Natrum muriaticum. The remedy was sent him with the result that all the symptoms complained of were removed, but that a kidney and bladder trouble had developed and was becoming unbearable. Some two weeks before some of the symptoms had occurred on the right side in a modified form, now are on the left. Sharp pains in the left kidney. Sharp pains at the meatus < during and for sometime after urinating, but present all the time; < by standing and sitting, > lying down.

The reports were by mail and not complete.

Berberis and Lycopodium were given, without >.

Patient decided to come to me, and then the following symptom picture from personal examination made the selection of the remedy easy.

Sharp pain beginning in left kidney, going down ureter, left testicle and thigh.

Frequent urging to urinate all day, not so much at night, > lying down.

Dribbling of urine. Ineffectual urging to urinate.

Frequent and ineffectual urging to stool most of the time.

GENERAL. Patient had been using water from a well into which much surface water flowed early in the summer. Has been losing flesh for several months. Irritable, noise

*Texas State Society, October, 1908.

<, easily chilled, desire to be near a fire, face yellow and much drawn from suffering.

Nux vomica 200. Gradual relief of all pain with the first good night's sleep for a long time. Next morning patient passed a quantity of red sand, and there has been no return of the renal colic.

ACONITUM NAPELLUS.*

BY JULIA HELEN BASS, M. D., Austin, Texas.

I have gathered a bouquet of other men's flowers,
And nothing but the thread that binds them is mine.

Aconite is a rank poison.

A violent poison yet producing no appreciable change in organic substance, as has been shown by post mortems on fatal cases of Aconite poisoning.

As to temperament it is classed as bilious—vital; that is to say that its best action may be expected upon brunettes and upon stout people.

The onset of the Aconite sickness comes with cyclonic suddenness; it comes when the signal-service flag shows white with black center, and is to be read "cold, dry winds."

Here in Texas, in fact in the whole region east of the Rockies down to the country drained by the Father of Waters and its tributaries, when a "Norther" is predicted, it is time to fill the Aconite vials in one's pocket case.

If the exact meaning of the word Aconite could be expressed by a synonym, the synonym would be the word *congestion*.

Just as the cyclone wreaks its greatest force on the big things in its path, so the Aconite congestion centers in the big, vital parts of the human system: brain, heart, lungs, kidneys, and in proportion as each are affected do we see disorders most violent in sensorium, circulation, respiration and excretory functions.

Not unfrequently we will have so violent an affection in all four of the vital points, that the patient is convinced he

*Texas State Society, October, 1908.

will die, and consternation will seize the doctor unless he knows well his Aconite symptomatology.

Cyclones are storms of short duration, and like unto them in point of time are the inflammations of Aconitum.

In which of the vital organs is the most mischief done by the sick-making force? I think we shall be usually right if we say the mind. Does not the proving of the remedy confirm this statement? Let us see. The total number of symptoms recorded in Hering's Guiding Symptoms for Aconite is nearly one thousand. The mind has one hundred and eighteen, more than twice as many as any other given rubric.

The most primitive of human emotions, *fear*, overwhelms the usual mental balance, and is pictured on the face as well as voiced in no uncertain tones.

Does the patient lie still and make his frightened little moan? By no means. On the contrary, the eye is wild in expression, angry delirium may be present, weeping perhaps, intense, violent restlessness of body and always the craven fear of death. Any attempt to calm this anxiety by soothing assurances is apt to prove abortive.

Aconitum inflammations are marked by suddenness but are not prolonged attacks and never result in suppuration, though the discharges from inflamed mucous membrane will be hot, watery, perhaps blood-streaked. The skin under your hand is burning hot, dry, pale. The pulse is full and strong, or small and weak. It is not indicated in localized inflammations; the possible exception to this statement is that it may be indicated in the first stage of arterial excitement, before there is change of tissue or of function. Here it is that we note the special and general senses to be unnaturally acute. Noise, light, odors, especially touch are unpleasant; why? Because of the exalted activity of the arterial circulation.

Dunham has stated: "Aconite has no definite action on the sexual organs." This is an undoubted error, for note that the proving shows sixty-nine symptoms of the reproductive system, and its beneficial action in the first stage of

gonorrhœa and upon the suppressed menstruation of plethoric women—suppressed from vexation—is now well known.

Its fevers are seldom synochal; usually without periodicity. To speak of fever at once suggests thirst, and the sick one who needs Aconite will not wait to be asked if he is thirsty; water, water, all you will allow, and you will be told that it is the only thing that does not taste bitter—it is good.

Coryzas, croups, ear-aches, facial neuralgias; these pertain to the complaints of winter that will often call for Aconite. But with summer's continued high temperature the teething, fat babies begin to pass green mucous stools or clear blood. Watch the face during the spasm of cramp and you will see the anxiety spells Aconite.

Retained urine in the newly born is supposed to be the result of shock, and routinists say Aconite is the simillimum. I am of the opinion that it is rather due to the sudden chilling of the body resultant from the pernicious practice of bathing the child as soon as it is born. Twelve hours is not too long a time in which to accustom the infant to the changing temperatures of the new world, and babies so treated rarely have the snuffles.

While we are giving the baby Aconite for the retention of urine, Dr. Kent tells us to give the mother a dose of Cauticum for the same discomfort, and both will be relieved in an hour or so.

The urine of the Aconite patient, even in high fevers, has no sediment.

Dunham taught that: "In the commencement of typhoid fever, if Aconite is given it will unfavorably influence the entire course of the disease." I think this should dispose of the erroneous teaching put forth by some medical men of our school; i. e. that if a remedy is not indicated it does no harm.

To-day we read with surprise that in 1864, the allopaths were using Aconite as a stock remedy in Bellevue Hospital, New York, for typhoid fever.

The custom of alternating Aconite and Belladonna is

pernicious. Need I say why? If one is indicated the other cannot be.

The pains are agonizing, their character so well known I need not empathize them; but with Aconite the distress is prominent in heart and thorax; with Belladonna the trouble centers in the head.

Aconite is one of the leaders in ailments brought on by anger. Then on comes a headache with hot face which will terminate in a profuse flow of urine. Only three other remedies have this condition, so we may easily remember them, viz: Gelsemium, Silicea and Veratrum album.

The hemorrhages are bright red, and with them always the agonizing fear and restlessness that we recognize spells Aconite. Spitting of blood without restlessness, calls for Millefolium.

The veriest tyro in *Materia Medica* is acquainted with the Big Three that stand us in such emergencies as baby's attacks of croup, Aconite, Hepar and Spongia. Perhaps not all of us remember that the Aconite croup comes on in the evening soon after the exposure, and in the *first sleep*. Also, that Bromium is likely to be the remedy for summer croups rather than Aconite.

Here are some of its odd or peculiar symptoms:

Sneezing produces pain in the abdomen, or a stitch in left thorax.

Cracking in the temples, forehead and nose, as from bending tinsel.

Cough > lying on back.

The sensations on incomplete anaesthesia; i. e. tingling, pricking numbness. Only three other remedies have numbness in like degree: Chamomilla, Platinum and Rhus.

Alternating mental states.

The fear: Of crowds; of crossing streets.

On rising: The red face turns deadly pale.

Sunstroke induced by sleeping in the sun. Lippe.

It is complementary to Coffea in sleeplessness and in intolerance of pain.

Is your chronic patient one that is improving on a high

attenuation of Sulphur given at infrequent intervals? Then that patient is liable to want Aconite for intercurrent acute troubles.

We know the action (therapeutic action) of Aconite is suspended by vegetable acids; its common antidotes Acetic acid and Paris.

FINALLY.

Don't think of it for those of feeble constitution and such as are slow to recover from acute attacks.

Don't give Aconite because someone says there is inflammation, the first stages of something or other. Consider how the inflammation was induced, and then see that symptoms agree.

Don't give Aconite because patient is an infant and baby has fever, find out about it.

Don't give Aconite in zymotic fevers, it is not suitable for septic conditions.

Don't forget that its action is short, and frequent repetition may be necessary.

SARSAPARILLA.

BY E. A. TAYLOR, M. D.

It is not the purpose of this paper to enter into any lengthened consideration of the action of this remedy but only to call attention to a few of its salient and distinctive features.

One of the first cases I ever treated with this remedy was a young man of 22 years of age, of tubercular stock, who was troubled with chronic constipation. It was only with great difficulty that he could have a movement of the bowels. He would go to the closet, sit and strain for a long time, and often would break out in profuse perspiration and faint. Finally he would return from his arduous labor feeling weak and exhausted. Sars. cured him. It has fainting during stool, whether the condition be constipation or diarrhea, and is one of only four remedies given by Bell on diarrhea as having that symptom, hence its importance. The other three are aloes, crotales and sulphur. If the

fainting is before the stool, then the same author gives only two remedies—ars. and digitalis—while for the same condition after stool he gives aloë., cocculus, croton tig., phos. and terebinth.

Some years ago I was called to see a tall, angular man who was complaining of backache, which had troubled him for many days in spite of the administration of what seemed to be well indicated remedies. It was mostly in the small of the back and was worse from motion, but bryonia and other remedies had failed to relieve. Now there are some who claim to have some one remedy as a sort of a harbor of refuge into which they glide whenever they fail to find success elsewhere—when the apparently indicated remedy fails. This pernicious practice should never bear the seal of sanction of any true homeopath, for we should remember that our remedies are efficacious only in proportion to their similarity, and if the remedy fails in a curable case it is because it is not indicated. What a mistake it is to suppose that some particular remedy is indicated just because other remedies have failed! When, in a curable case, we fail, the fault is with us and not with the remedy, and it was so in this case. The patient would frequently say that he would not mind the pain so much if it did not depress him so. It was this pronounced depression accompanying the pain that so greatly distressed him. Here then was the characteristic feature of the case. He received sarsaparilla 10m and made a prompt recovery.

I used it successfully in one case of nightly emissions in a young man who was profoundly depressed mentally as a result of this condition.

A peculiar urinary symptom that has been verified is, "can pass urine only while standing; when he sits it dribbles."

Another peculiar urinary symptom is that there is pain just at the close of urination—just as he finishes. Not many remedies have that, hence it is a valuable symptom. There is also pain during urination, but this is much more common, less distinctive, hence less valuable. There is often a

sediment in the urine that looks like gray sand. Child cries before and during micturition and passes much sand.

A married woman, mother of three children, consulted me about a bladder trouble which had bothered her for some years. It consisted in frequent urging and desire to urinate, she having to go often during the day and sometimes at night. She had no other symptoms and seemed to be in good health, except this trouble. Nothing seemed to aggravate or ameliorate this condition, except that she said, "It is a queer thing that while I am flowing the bladder does not bother me, but as soon as the flow ceases the trouble returns and lasts till the next monthly period." This symptom is found under sarsaparilla, which was given and cured the case.

The remedy is rich in urinary symptoms many symptoms show its influence on the kidneys and bladder. In renal colic with severe pain from the right kidney downward it may be the indicated remedy, and for the derangement which precedes and leads up to the formation of stone, whether renal or vesical, it may prove the curative remedy, but after the calculus is formed it is doubtful whether anything in the body can dissolve it. Sir Henry Thompson, the great English specialist, after carefully reviewing this subject, says that there is no evidence that such a thing can be accomplished and no proof that it has ever been done. Hahnemann said that the stone should be crushed. Some have claimed that the indicated remedy will dissolve the stone, but they have failed to produce the evidence. Let us have facts, not theories, and let us remember that it is detrimental to our cause to indulge in extravagant statements and dogmatic assertions. The truth is what we want.

THE QUALIFICATIONS OF THE PHYSICIAN.

BY FRANK A. GUSTAFSON.

A lecture delivered at the Denver College of Physicians and Surgeons.

The physician's sole duty is to restore health in the most gentle, prompt and permanent manner. In order to do this he must bear in mind that in both health and sick-

ness the man is a unit; that he is to remove the disorder in the whole extent; that each man and each sickness is to be considered as an individual and an individual sickness; that the treatment is to be directed to him and to his state, rather than to his pathological condition.

The first problem then is: What is to be cured in the case? The physician knows the man is sick, for he presents symptoms. These are the picture of the disease. Symptoms are any consciousness of alteration or deviation from normal conditions in organs, or functions, or emotions. They are deviations from normal states such as can be perceived by the examiner, or felt by the patient. For the most part they are couched in crude language and express feelings. To estimate the true value of these symptoms the physician must elicit the whole story, making careful record of each symptom, grouping them in their relations one to another and to the state of the patient, and thus acquiring the picture of the whole. This will include the statement of the patient as to how he feels, when he feels it, what makes it better or worse, where it is. Also, the results of the examination in the clearing of misleading statements, ascertaining the truth of the statements, determining the nature of the conditions, diagnosing the case, recognizing the pathological changes, etc. All these must enter into the case that the whole may be known.

This done, the physician is to determine what is curative in the case. He must now perceive the relative values of the symptoms and their bearing upon the case as a whole, both with reference to treatment and to prognosis. He must now separate the symptoms belonging to the man from those belonging to his parts. He must recollect that all normal functional activity is from centers to periphery and that manifestations of disease must pursue the same course, hence that disturbances in outward parts are but the manifestation of disturbance of these normal life currents, and that the whole man is to be set right. He determines what is curative by a study of the symptoms, both general and particular. General, such as may influence a people as a whole

and so be common to all in the same sickness. Particular, as they relate to him as an individual, and the manner in which he as an individual is affected by the sickness invading his life forces. And it is through the comparison of these latter with the known peculiarities of drug action that his best information is obtained.

Having the picture of the totality of the case, having recognized the individuality of the case, having selected the most peculiar and strikingly characteristic features as the picture of the condition he is to meet, he must now determine what is curative for that condition in the medicines at hand. This can only be accomplished through the study of drug actions upon healthy persons. Upon human beings, because to be used upon them; upon healthy persons, because in no other way can the true unmodified action of the drug be ascertained; and in single quantities, to determine the curative action in its whole extent and in its own peculiar manner and sphere. The symptoms thus elicited are to be compared with the symptoms presented in the case and as their relations are determined the indications for administration become apparent.

The remedy found, what shall be the dose and when shall it be repeated? The proper dose is such quantity as shall bring about the desired effect with as little disturbance of the man as possible. This can only be determined by experiment and observation. We may know the case, that comes from the history. We may know the relations between remedy and symptoms, that comes from experiment with drugs and their comparison with symptoms. Knowledge of dose comes as the result of observation of the relation existing between them. Experiment has enabled us to determine as safe axioms the following: The single collective effect is to be considered as the dose; single doses are effective at times, at others it appears necessary to frequently repeat medicines until this single collective effect is apparent; any degree of potency may be called for; doses are to be repeated when improvement ceases, provided the symptoms do not call for a change of remedy; they may be

frequently repeated in quick succession in acute disorders, rarely so in chronic disorders; curative power seems to increase when given at intervals, but judgment must be exercised in continuance and discontinuance; the best time for administration is at the time of aggravation, or as paroxysms are passing; that the danger is of too frequent repetition rather than too infrequent; that when improvement manifests itself all medicines are to be withdrawn so long as it continues.

The physician's duty is not completed as he diagnoses the case and remedy as herein detailed, and administers the remedy according to these specifications. He must recognize obstacles to cure and remove them wherever possible. These may be:

1. Hygienic, as place of residence, occupation, clothing, personal habits.
2. Dietetic, as stimulants, excess of meats, deficiency in solid matters as residue in intestines for peristaltic action, improperly prepared foods, excess of fluids with the meals, diet incompatible with the action of the remedy inhibiting its action, as wines, oysters, sugars, veal, salads, etc., known with certain remedies to so inhibit.
3. Drugs taken, as hypnotics, cathartics, stimulants, suppressive measures, etc.
4. Errors of habit, as late hours, insufficient exercise, over exercise, sexual relations, etc.
5. Mental states, as worry, anger, sorrow, surroundings prejudicial to proper states of mind.
6. Mechanical disturbances, as pressure upon nerves, fractures, pus-cavities, eye strains, any of which may require correction.
7. Occupational aggravations, strong lights and heat as of gas upon the head, occupations requiring labor in wet damp places, etc. All such things will require consideration in given cases that the greatest opportunity for action and reaction may be secured.

Proficiency and competence and success will result only as these things are given proper consideration. The physi-

cian is qualified by his knowledge and adaptability, his alertness to discover the truth about his patient and his condition, his wisdom in recognizing his patient's needs and eliminating those things which tend untowardly. The cause of failure is nonadaptability to the practice of medicine, slothfulness and indifference in taking the case, inadequate knowledge of the means of cure, incompetency in the management of the case and the elimination of disturbing elements.

SURGICAL TECHNIQUE.

BY J. B. S. KING.

"It was a beautiful operation," said the Enthusiastic Surgeon.

"Exquisite," murmured the Courteous Interne.

"Tell me of it," said the Eager Student.

"It was an operation for tuberculosis of the knee-joint," explained the Enthusiastic Surgeon. "The patient complained of some ill-defined pains in the knee and finding an uncle by marriage had died of consumption. I simply put the two together and arrived at a diagnosis. I believe I am known to be pretty good at diagnosis."

"Who better," interjected the Courteous Interne softly.

"I resolved to open the joint; it is well to adopt active measures when we have the dread scourge tuberculosis to deal with."

The Courteous Interne rapturously pressed his hands together as if dissolved in admiration.

"The cutaneous flap was detached and turned down, the patella divided with a saw and the synovial sac freely opened. The fluid passed out."

"Gushed," murmured the Interne unctuously.

"Was the condition as you expected?" asked the Eager Student. The Surgeon flushed slightly and the Interne gazed at the ceiling as if it was eighty feet off instead of fourteen.

"Well er—we found it er—as I may say congested."

"What! no tuberculosis at all?" asked the Student.

The Courteous Interne frowned at the Student as who should say, "Do you expect the earth?" and the Surgeon continued: "The articular surface was then irrigated with a hot solution of corrosive sublimate and freely sprinkled with impalpable iodoform."

The Courteous Interne sniffed delightedly as if he liked the odor.

"Owing to a nick in the popliteal artery, the hemorrhage was tremendous; my robe was soaked."

"Even got some on his trousers," murmured the Interne sympathetically.

"The parts came into the most perfect apposition, and——"

"In short," burst in the Interne, "for neatness, celerity, perfect technique and——"

"And how did the patient get on?" asked the Eager Student.

"Patient," said the Surgeon blankly. "O yes, of course, the patient. What did happen to that patient, Bill?"

The Interne consulted a memorandum book, the covers of which were filled with display advertisements of undertakers.

"Ah! here it is. Why—er—he seemed to fade away as you took the last stitch; I suppose he must have had heart failure."

THE PROPAGANDISM OF HOMEOPATHY.*

By GABRIEL F. THORNHILL, M. D., Paris, Texas.

Any sane person who has not been perverted by the prince of the power of the air is ready and eager to hear one accept the truth when it is an agreeable truth, when it accords and harmonizes with his own opinions, convictions, preferences, prejudices or interest. But it is vastly otherwise when the truth upsets ones confidence and affection and encounters suddenly and sharply the deeply rooted passions of the human heart, not to speak of a hopelessly chronic

*Read before the Texas State Homeopathic Association, Oct. 9, 1908.

indifference and ignorance. It does not matter how well versed on all other subjects, prejudice will show ignorance on the subject in question. A physician may be up-to-date on histology, biology, bacteriology, sanitary science and allied branches; he may be able to carve with the precision of a butler; he may be a good diagnostician, able to tell you at a glance what this group and that group of symptoms mean and why they are thus and so; but if he is not in possession of the one single truth, the keystone that caps the arch, *the how to cure*, wherein is the good of all these grand truths? Yet if we tell him the one thing lacking, the law of cure, his ignorance is aroused and his prejudice is ruffled, and he is ready for a good stiff jab at our solar plexus.

They would rather die in ignorance of the keynote to a successful practice than to receive one ray of light from a homeopath. This is the deplorable state of affairs with our friends of the other school, with both the profession and layman. Any intimation that Homeopathy is the only scientific medicine, they are up in arms in defense of the old regime. We all understand the great question confronting every homeopath, the duty we owe the people; in fact, the work God has planned for us to do. But the burning question is how; how are we to present this grand truth in a manner acceptable to them? This is a problem no one man can solve, and it is the duty of this, and every other homeopathic society to discuss, and devise ways and means of the how.

The pioneers of Homeopathy were up and doing. They did not hesitate to present the truth to the people. Hahnemann must have set things on fire, or he would never have been driven from his native land. It has been my method to use tracts and the press freely. Of course the allopaths fight me bitterly, but while they fight I practice, and today I enjoy the second best practice in the city.

CLINICAL CASES.

BY DR. ANDERSON, Austin, Texas.

Mrs. C. R. K. 52 years of age; tall, dark, very slender. Comes to me for awful throbbing in the pit of the stomach—with sensation of a lump in the stomach; < morning, mental excitement, anger, summer. Cannot bear anything tight about the waist. Feels badly all the forenoon; generally > in the evening. Extremely irritable; cannot bear contradiction; easily excited.

Burning of the back of the hands and wrists, always < in the summer, entirely relieved in the winter or by bathing them in cold water.

Very little perspiration; urine scanty.

Bowels regular.

Wakens often about 2 a. m., and lies awake; awakens easily from slight noise. Drowsy during the day.

Sensitive to cold and easily chilled, but always feels < in the summer time.

July 3. Nux vom. cm., 3 powders and Sac. lac.

July 10. Reports improvement; Sac lac.

July 17-24. Improvement continues; appetite improved; burning hands >; no throbbing in abdomen; sleeps better.

Aug. 1. Last night became angry and indignant over some social matters; couldn't sleep; this morning stomach pains and throbs; hands burn and feel terrible. Nux vom. cm., ten powders to be taken one hour apart until relieved, then Sac lac.

Aug. 7. Reports entire relief after six powders. "The powders helped her very much."

Aug. 21. Improvement continues.

Sept. 7. Is feeling very well and says she needs no more medicine.

Mr. L. C. Age 55.

Aug. 24. Was called to see Mr. C. at 2 p. m. Says he returned last night from a trip down the coast and was feeling badly. This morning at about 10 o'clock he was suddenly taken with a severe chill. Began in hands and feet which

felt like ice; extended all over the body with shaking; no thirst and no headache. Lasted until 12:30, followed by high fever with slight thirst and desire to be uncovered; yawning and stretching; no headache or pain.

Gave Sac lac. and three powders Nat mur. 20m to be taken one hour apart, beginning at six o'clock.

Aug. 25, 3 p. m. Called at the office and reported a profuse sweat during the night. Feels better today; no chill. Sac lac.

Aug. 30. Reports that he has had no more chills and is feeling fine.

Mr. F. G. H.—Was called to see him at 6 a. m. Found him suffering from severe pain in the region of the right kidney extending around and down toward the bladder, slightly > after passing urine—pain severe, sharp, cutting. Abdomen bloated, sour eructations. Has had three attacks before, but never so severe. Had earlier in the morning taken a hot bath for half an hour without relief.

Disolved a powder of Lyc. 30 in 1-3 glass of hot water. Left directions to take a teaspoonful every 10 minutes until better, then at longer intervals.

Next day he reported that the pain was entirely relieved after the third dose. Gave one powder Lyc. m and now after five months he reports that he has had no attacks since.

Johnnie C., 7 years old. Is brought by his mother. I smell him as soon as he comes in the room. The mother reports that for nearly a year he has been unable to retain his urine. No kind of treatment has done any good. On examination I find the parts red and inflamed and his legs look as though they had been scalded as far down as the knees.

Gave Sulph 30 one powder and Sar. lac. ad. lib.

A week later he came to the office with glowing face and said: "I'm all right now. I don't leak at all any more." Six of Sulph. 30 did it. What could the old school do with such a case?

THE MEDICAL ADVANCE

A Monthly Journal of Hahnemannian Homeopathy

A Study of Methods and Results.

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thorough masters of it becomes a crime,—HAHNEMANN,

Subscription Price - - - Two Dollars a Year

We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

To accommodate both readers and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

Communications regarding Subscriptions and Advertisements may be sent to the publisher, The Forrest Press, Batavia, Illinois.

Contributions, Exchanges, Books for Review, and all other communications should be addressed to the Editor, 5142 Washington Avenue, Chicago.

NOVEMBER, 1908.

Editorial.

Vivisection and Vaccination.—“For ways that are dark, and tricks that are vain,” the Heathen Chinee is not the only one that is peculiar. The tricks to which some professional men will descend in order to bolster up a weak and dying cause seem incredible. Dr. Wm. Jefferson Guernsey relates the following incident, which recently occurred in Philadelphia:

Mrs. White, president of the Women's S. P. C. A. (of which my wife is a manager) was here to lunch today and told me of a letter that appeared in one of the papers telling of the writer's intention to contribute to the anti-vivisection cause; of his son's illness; that the doctor refused to use anti-toxin; the child died. A neighbor had a similar case; anti-toxin was used; the child recovered. Comment:—no contribution to the anti-vivs. A friend of Mrs. White's wrote to the man whose name was signed to the letter and told him that their society did not object to serum, but ——— etc. In six weeks the letter was returned

to her marked "Not claimed." She wrote to the postmaster to inquire if he knew anything of the man; and he said that he had been postmaster in that town for blankety blank years and that there had *never been such a man in the place.*

Today there was a long half-page article in the *Philadelphia Public Ledger* in favor of vaccination. It appeared in the ADVERTISING column.

* * *

The Southern Medical Association announces the following bureau chairmen for the meeting in New Orleans, February, 1909, during Mardi-Gras season:

Homeopathy and Propagandism, W. R. Reily, Fulton, Mo.

Materia Medica and general Therapeutics, Gabriel F. Thornhill, Paris, Tex.

Clinical Medicine and Pathology, H. R. Stout, Jacksonville, Fla.

Surgery and Gynecology, Willis Young, St. Louis, Mo.

Obstetrics and Paedology, W. A. Boies, Knoxville, Tenn.

Sanitary Science and Public Health, M. F. Mount, Hot Springs, Ark.

Ophthalmology, Otology and Laryngology, J. T. Crebin, New Orleans, La.

Neurology and Psychiatrics, Minnie C. Dunlap, Lexington, Ky.

Both the president, Dr. Hallman, and secretary, Dr. Harper, as well as the chairmen of various bureaus are doing a large amount of energetic work, and propose to make the coming meeting a grand success. They certainly have made a good beginning, and if the physicians south of the Ohio river will only do their part, as they can do it, this should mark a new era for Homeopathy in their section of the country. A number of good men from various parts of the country have promised to attend, and these men usually bring with them papers worthy of discussion and of preservation, and we hope for the credit of the cause, especially in the Southern States, that the Association will turn over a new leaf in its work, and a new bond of professional enterprise for the future by publishing its transactions, and then

by holding an annual meeting during Mardi-Gras season every year. The annual meeting of the Southern Association in February should be as well attended as the meeting of the A. I. H. or the I. H. A. in June. In this way by some enthusiasm and earnest work on the part of those most deeply interested, a new propagandism for the cause may be carried to a successful issue. Loud calls for workers, for physicians, come from many cities in the South, and if those who practice there, and see the necessity for supplying the demand, will only put their shoulders to the wheel and do a little genuine missionary work, by sending students to our colleges, it will not be many years before there will be few openings in the South that are not well filled. What man has done man can do. Where there is a will, there will be a way. Hahnemann and Hering did it in their day; why cannot we do it in the 20th Century?

* * *

The Journal of the American Institute of Homeopathy is an accomplished fact. The first number will appear January 1, 1909. Several years ago Dr. B. F. Bailey, in his presidential address, recommended an Institute Journal. This was followed by Dr. Royal, and these two progressive homeopaths, with some of their colleagues, have been working for the establishment of an Institute journal ever since, and finally, at the meeting in Kansas City, their efforts were practically crowned with success.

Dr. W. A. Dewey is to be editor. The *Medical Century* is to be discontinued and merged into the Institute Journal. The cost to every member of the Institute will be the same as the present subscription to the *Century*, \$2 per year, instead of \$2.50, as authorized at Kansas City. At the meeting this month in Cleveland of the members of the executive committee, the members of the journal committee and the members of the council on medical education, final arrangements were completed, and Dr. Dewey is to be the editor as well as field organizer of the Institute, a fortunate and happy selection and one that augurs well for the advancement of our cause. These two steps, the appointment of a

field organizer for the propagandism of Homeopathy and the support given his work by the editor of the Institute Journal, certainly places our school in a position which it has never had before in this country, and while Dr. Dewey and the Journal and the committees of the Institute cannot do all the work, backed by the loyal efforts of the entire homeopathic profession they will be able to revolutionize our cause and double the membership in every national, state, county and city society in the Union. Their work will be hailed by every lover of Homeopathy, not only in the United States, but throughout the world.

* * *

The natural result of failure in one line or branch or department of a science, is greater activity in some other department, where success is more probable. It is the failure in therapeutics that makes the allopaths so active in diagnosis, in sanitation, in the study of bacteriology, of pathology, etc., and also so eager to consider every new fad that is started, in the hope that it may open up some way to the sole function of the physician—the cure of the sick. Thus the energy of the mind is more or less squandered in alien fields.

Homeopathy, on the contrary, offers a field full of hard work, enough if not too much for the most powerful mind, and from the very start it moves in the right direction—towards curing disease.

* * *

The Committee on Homeopathic Propagandism of the American Institute did good work last year, and now with more money at command, will probably do better work than ever. The result of such work will inevitably have a two-fold beneficial effect. Like Shakespeare's mercy, it will be "twice blessed." First it will advertise Homeopathy *per se*, second it will improve and purify the practice of Homeopathy among the profession.

Every unblushing alternater and heedless repeater, every routine prescriber, every proprietary medicine dispen-

ser with a diploma from a homeopathic college will pause in his shamfully unscientific treatment and approach somewhat nearer the homeopathic ideal in the face of the good work done by this committee before the public.

It is an excellent thing to have our stock ideals dusted and brushed up and ventilated and elevated before the public eye once in a while. It helps us to live up to them.

COMMENT AND CRITICISM.

EDITOR MEDICAL ADVANCE:—As the course of instruction that I gave last year on Orthopedic Surgery was merely the ground work, I did not have a chance to more than mention the fact that the etiology of tuberculosis of the lungs is often orthopedic. I wish this year to hold a tuberculosis clinic of reliable patients, that is to say, those who, by education and circumstances, will report regularly for treatment and have sufficient means and intelligence to eat and be clothed and housed in the manner I may prescribe.

The patients composing this clinic to be examined at the time of their entrance by several physicians of standing who are willing to serve as clinical experts, to be examined also from time to time during the course of treatment and the examination recorded. These tubercular clinical cases to be divided into separate groups, each group representing a different stage of the disease; and these separate groups to be again divided as follows:

First: Those who have purely orthopedic treatment and nothing else.

Second: Those who have the orthopedic treatment plus the indicated remedy.

For many years I have demonstrated this in my private practice, but have said very little about it as the work left me by my father was to "carry out logically and clinically demonstrate each of the many branches of the orthopedic thought to their end, and then present it to the world, invincible, symmetrical, complete."

All that my father desired in this matter I have accomplished except the full presentation of the subject. But I am

now at work collating notes and records kept by him and myself, and hope to present them in my work on Orthopedic Surgery if my life is spared until 1910.

Some of my propositions in the matter of pulmonary tuberculosis are as follows:

First: It is not so much more and better air outside of the body that the patient needs, but more and better air inside the body.

Second: That more air may be received inside the body in a natural way necessitates a full, complete and normal respiration; and to be a normal respiration, it must be an automatic one.

Third: That as no machine can work long and well only in proportion as each and every part of such machine retains its perfect relation not only to every other part but to the entire machine itself, it follows that a normal respiration can only exist in a mechanically normal body.

The true orthopedic thought has suffered by commercial doctors and other mountebanks stealing only parts of its philosophy, and through these *only partial* thefts the world has been afflicted with the plaster jacket, mechanical barbarities, absurd physical culture methods, osteo and other paths, and ridiculous treatment of effects by surgical procedure. Therefore, I do not feel that there should be any one except the physicians that may be selected and myself connected with the matter, that there may be no interference with the treatment and no chance for medical politics to prevent a fair and square report on the results, results that I know from repeated clinical demonstrations in my own practice are most wonderful, and that will give great glory to my father, to Homeopathy, and to Hering College, and will, above all, be a great boon to humanity.

E. P. BANNING, M. D.

THE COMPOUND REMEDIES.

EDITOR MEDICAL ADVANCE: In the history of Homeopathy faked provings have been known; but the fakers were soon exposed and always came to grief. This I recall after

reading S. S. C.'s criticism of the proving of compound remedies, in September ADVANCE.

He quotes: "that no two medicines when tested together can possibly be equivalent to the sum of their pathogeneses when tested separately."

In order to assure him he is wrong it is only necessary to place before him the provings offered by Dr. Kent and compare the symptoms of the compound with the symptoms of the medicines which go to the making of the compound.

Quoting from Dr. Kent's proving of Sulphur iodatum, in the *Critique* for August, we find under Vertigo: "Vertigo in the morning on rising, while lying, during menses, rising from bed, rising from a seat, stooping, walking." Those symptoms are all found under Sulphur, and all but one under Iodum.

Under head, Dr. K.'s proving shows: The scalp feels cold to the patient, eruptions on the scalp, crusts, eczema and a number of other symptoms, all of which may be found under either Sulphur or Iodum. The same with the eye symptoms, as well as symptoms of other parts. So far as Dr. K.'s proving goes, all go to show marked similarity to the symptoms of sulph. and Iodum.

If C. C. S. will take the time to go over the proving of Sul. iodatum he will find precisely what I have recorded above. The study will repay him and impress upon him the power for good of the two remedies. And if he will then take the September number of the *Critique* he will see a proving of Zinc. phos. by Dr. Kent, and learn much of Zinc and Phosphorus alone, as well as in combination. If he looks for unique symptoms he will find at least one worth adding to his materia medica: "unconsciousness from fainting."

Hence in all the provings of the compounds by Dr. Kent we readily see that the symptoms of the compounds equal the symptoms of the two remedies when taken separately, and thus it is superfluous to make a proving of the compounds.

It is unfortunate that Dr. Kent did not follow the ex-

ample of Hering and Hahnemann and give the authority for each proving. If he will now do so there can be no unfavorable comment.

I am glad to be able to be at one with S. S. C. in part of his comment. I am astonished that any homeopathician should send papers to a journal that prints such "ads" as found in the *Critique*. The most appropriate parallel I can think of is that of a religious journal advertising and recommending resort to the Lupanaria.

Yours for the cause,

GEO. H. CLARK.

116 W. Walnut Lane, Germantown, Philadelphia.

THE RELATIONSHIP OF HOMEOPATHY TO PUERPUAL FEVER.

EDITOR MEDICAL ADVANCE: In the October issue appears an article by Dr. Loos with the above title, in which the reader might surmise that the doctor considered this disease to be the result of some constitutional taint or chronic miasm existent prior to delivery, which, if so, is contrary to the known facts.

In a somewhat extensive obstetrical experience the only cases of the disease ever seen by the writer have appeared following delivery by physicians who ought to have been sent to jail.

The disease is NOT due to any inherent dyscrasia, but on the contrary is always due to direct inoculation of the parturient canal by the attendant and the good or bad condition of the patient previously has very little to do with the case.

Rigid aseptic technique will invariably obviate the necessity of hunting for any relationship between this disease and Homeopathy. Such is the experience of thousands of conscientious and reputable obstetricians of all schools. The promulgation of false doctrines on the subject in a homeopathic journal is detrimental to our school and is of doubtful benefit as a shield for those criminally careless physicians, who continue to have cases of this disease in spite of modern aseptic teaching.

Any physician so crazy as to pin his faith to medical treatment to the exclusion of rigid asepsis, should either be compelled to abandon obstetrics or be sent to an asylum for the dangerously insane.

W. H. FREEMAN, M. D.

263 Arlington Ave., Brooklyn, N. Y.

IN THE FIELD.

Dr. Adaline Keeney removes from Albert Lea, Minn., to Oregon, and wants a successor at Albert Lea.

Drs. M. C. and Bessie A. Van de Venter (Hering 1907) have located in Ligonier, Indiana. They are enthusiastic homeopaths and will practice Homeopathy.

Dr. H. C. Schmidt (Hering 1908) has located at 310 East 17th St., Tucson, Arizona. The doctor passed the Arizona examining board very creditably, standing at the head of the class.

Dr. Thomas Franklin Smith, treasurer of the American Institute of Homeopathy, and one of its most respected seniors, gives us an encouraging note and verification of the teaching of Hahnemann:

There is nothing like Homeopathy, and I am happy to be able to state that in nearly forty-nine years of practice I have never yet, except when I was in the army, given a dose of quinine, and I have had splendid success in my fever cases, of which I have had a very large number. All that is necessary, and this I have proven by a varied and extended experience, is to do the *studying* and the medicine will do the rest.

Dr. Alexander Vertes, of the South-Western Homeopathic Medical College, says: "I believe if everyone of us would consider himself or herself a missionary, and would distribute among our patients homeopathic literature, as did the pioneers of Homeopathy in its early days in this country, many converts would be the result, and an increased practice would necessarily follow. Not only would our patients become instructed, but their friends would also read the literature. They would begin to investigate the merits of our system of practice, give it a trial, and generally that is

all that is needed. They would soon select their physician among the Hahnemannian homeopaths."

The Oklahoma Institute of Homeopathy held its third annual meeting at Oklahoma City, October 8th and 9th, at the office of Drs. Hensley & Lott. Ten new members were admitted, and the following officers elected:

President, Dr. D. W. Miller, Blackwell; Vice-President, Dr. F. W. Hammond, Lawton; Sec'y. and Treas., Dr. Mary E. Ray, Tecumseh.

Dr. Hensley, who has been president since the organization of the society, was unanimously elected honorary president, and he and Dr. Mary E. Ray were appointed delegates to the American Institute at Detroit, June 1909. A number of interesting papers were read by members of the Institute, and a successful meeting was the opinion of all present.

Texas Homeopathic Medical Association.—The twenty-fourth annual session of the Texas Homeopathic Medical Association was held Oct. 8th and 9th at San Antonio, Dr. H. B. Stiles, president, in the chair.

Acting upon the suggestions of the president's address, the Association formulated a bureau for the systematic study of the science of Homeopathy, a three-year post graduate course, certificates to be given those who complete it.

To Dr. G. F. Thornhill was assigned the subject of Homeopathic Philosophy; Dr. W. D. Gorton, The Repertory; Dr. C. E. Johnson, Materia Medica; Dr. Wm. L. Smith, Homeopathic Propaganda.

The Association voted \$100 to A. I. H., to be paid in two instalments, for the use of its committee on propaganda, and doubled the dues for 1909.

Dr. Gorton of Austin was given sole charge of legislative work. Dr. Stiles read a paper on Education; Dr. Gorton on Radium and Renal Calculi; Dr. Thornhill on Homeopathic Propaganda; Dr. Bass on Aconite.

The Association passed a vote of confidence in the late Homeopathic Medical Examining Board and its secretary, Dr. H. B. Stiles of Waco, and emphasized it by re-electing Dr.

Stiles to the presidency, no other nominations being offered. The other officers are: 1st V. P., Dr. W. L. Smith, Denison; 2nd V. P., Dr. O. Hartman, San Antonio; Secy., Dr. Julia H. Bass, Austin; Treas., Dr. F. L. Griffith, Austin.

THE ANTI-VACCINATION CONVENTION.

The anti-vaccination convention was held in Philadelphia, October 19th and 20th, for the organization of a National Anti-Vaccination Society to be composed of all the anti-vaccinationists in the United States and Canada, in order to concentrate the movement against compulsory vaccination. The other purposes set forth in the call for the meeting are:

To promote the universal acceptance of the principle that health is nature's greatest safeguard against disease, and that, therefore, the state has no right to demand the impairment of the health of any persons, whether by vaccination or by any other means.

To advance the campaign of education among the people respecting the effects of vaccination, including its influence in causing degeneration, deteriorating the public health, and spreading small-pox, cancer, tuberculosis and other diseases.

To discuss the best methods to be pursued in the effort to eliminate all laws supporting or enforcing vaccination, and to take such political or other action as may be deemed the most effective to maintain the natural rights and civil liberties of the people against the encroachments of the vaccine power.

To take steps to abolish all oppressive and unconstitutional medical laws, and to resist the proposed enlargement of the scope of State medicine.

Mr. C. O. Beasley, an attorney of Philadelphia, in behalf of the Anti-Vaccination League of Philadelphia, of which he is president, welcomed the delegates with the following address:

We are assembled in obedience to the call of humanity itself. The devastating evils of vaccination have become so intense and so widespread that local protests must now assume national scope. We demand an accounting from the medical upholders of the vaccine cult.

The prevailing opinion at the recent National Veterinary Convention held in Philadelphia was that the cow is responsible for sixty-five per cent of all human tuberculosis, and the announcement of this fact has produced a profound popular impression. There are but three ways however, for the products of the cow to obtain admission to the human system—by its meat, by its milk or by vaccine virus. As meat and milk have the protection of human digestive apparatus, and as vaccine virus

is injected directly into the blood, it is certain that tuberculosis is more frequently transmitted by vaccine virus than by meat or milk.

Vaccine virus is a product of running sores on diseased beasts. Vaccination is the inoculation of blood poison into the human system, which blood poison is the result of the inoculation of human small-pox into the calf. Today and for six months a fearful epidemic of small-pox has been raging among the vaccinated in Japan. In the United States during the last six months there has existed 35,000 cases of small-pox, mostly in vaccinated communities. We are confronted, therefore, with a huge campaign of truth suppression by the medical profession. This truth suppression by those who ought to lead us to the right must stop. We are confronted by an organized band of official medical mercenaries who can only be satiated by the life blood of every child in the land.

In Pennsylvania at the last session of the legislature we succeeded after an arduous struggle in passing the Watson anti-vaccination bill by a vote of 133 to 9 in the house of representatives and 27 to 11 in the senate. But Governor Stuart, under the pressure of organized medical influence, saw fit to veto this.

Thus we are summoned again in the line of battle. This fight will go on until it will be considered a disgrace for a physician to vaccinate any one, and until good health and pure blood shall be safe from invasion by either ignorance, superstition or greed.

DR. STRAUBE'S CHALLENGE.

Challenge to Dr. Dickson, State Health Commissioner, and if Dr. Dickson decline to accept he would challenge Director Neff of the Philadelphia Board of Health:

You claim that vaccination will prevent small-pox. I know that it will not, but that it only helps to spread tuberculosis, cancer and other diseases. I know that pure blood and a good constitution always grant immunity. You and I, however, agree on this, that in all known epidemics of all times not all the people of a community were attacked, many escaping contagion—being naturally immune as you would put it; or healthy, as I would say. This being the case, then why should all the people be blood-poisoned in order to save the "non-immunes" from contagion? Why should rotten pus, technically called vaccine virus, be introduced into the systems of presumably healthy beings, under the supposition that it will render them immune, that is, healthy? Echo answers—why? The true character of this pus is not divulged to the people for the reason that if it were known to them they would resist vaccination with shotguns. The aversion which human beings have to being vaccinated can be traced to their instinct of self-preservation, which causes them to shrink from the touch of the vaccine lancet even as animals recoil from the fang of the rattlesnake in the grass; the vac-

cine lancet and the snake's fang alike bringing blood-poisoning, each of its kind, with all its dire consequences.

In order to settle this question of immunity from small-pox between you and me, by means of this open letter, I challenge you to a test. You have undoubtedly been vaccinated time and again; hence in your estimation you are immune. I have never been vaccinated, but claim immunity from small-pox by reason of pure blood and a good constitution. I will stake my normal health against your vaccine scars in defying small-pox, and challenge you to occupy the same bed with me, at the same time, with a small-pox patient lying between us. Thus we shall prove the honesty of our convictions, and, perhaps, something more.

If your belief is from your heart, and not from your mouth alone, you will accept this challenge.

Dr. Straube aroused great enthusiasm by declaring that as Dr. Dixon had not accepted his challenge, he now extended it to Dr. Joseph S. Neff, Director of Public Health and Charities, of Philadelphia.

If he does not accept, shouted the scientist, the gauntlet is thrown down to any one in the medical profession who believes in vaccination.

According to the terms of the challenge, the physician who accepts it will occupy the same bed with Dr. Straube, who is not vaccinated. Between them will lie a small-pox patient.

Good blood and a healthy constitution, declared Dr. Straube, will grant immunity from the dreaded small-pox. Experience has shown this.

A letter was read from James R. Brewer, of Baltimore, former chairman of the Maryland State Board of Charities.

Forty years ago, he wrote, people were inoculated with scabs taken from the arms of healthy children. This was found to produce scrofula. The method was changed. Bovine inoculation was adopted. Now tuberculosis, a bovine disease has become epidemic. Mr. Brewer predicted that the advocates of compulsory vaccination would be swept with ridicule and disgust from the face of the earth.

This challenge of Dr. Straube to "sleep with a variola patient" appears to us to be the childish work of an innocent crank and will do much more harm than good to the cause. The majority of people will look upon it as a "bluff game" played to the galleries, and entirely beneath the dignity of an honest opponent.

The committee on publicity of the Philadelphia County Medical Society, in answer to the challenge, quoted the incident of Dr. Immanuel Pfeiffer, an opponent of vaccination in Boston, who boasted his immunity to small-pox, visited

Gallup's Island Small-pox Hospital; in about ten days he was seriously ill with small-pox, yet lived to reiterate his disbelief in the efficacy of vaccination. They also refer to two other cases, those of Drs. McIntosh and Houghton, who both contracted small-pox from attending patients.

A spirited refutation of assertions made by the Publicity Committee of the Philadelphia Medical Association concerning the anti-vaccinationists, was made at today's session of the conference.

The speaker was John Bonner, of England. He characterized the utterances of the committee as "idiotic piffle." As the result of the challenge to Dr. Dixon, State Health Commissioner, to a life and death test of the value of vaccination, the medical society brought up instances of three anti-vaccinationists who fell victims of small-pox.

These alleged assertions of the Publicity Committee of the society are neither more or less than idiotic piffle, exclaimed Mr. Bonner.

The committee brings up the case of Dr. Immanuel Pfeiffer, a foe of vaccination, who contracted something that was diagnosed as small-pox. To show that he was immune the doctor mingled with the patients in the Gallup's Island Hospital. That much is true, and I must confess that Pfeiffer was a first class idiot in doing what he did. The anti-vaccinationists do not claim that they are immune from small-pox.

The committee says that Pfeiffer suffered a virulent attack, becoming seriously ill. He did not. During the entire time that he was ill he was out in his garden enjoying life. So much for that.

Mention is made of two other physicians who contracted small-pox. Dr. Houghton of Boston, while in a greatly run down condition, was called to attend a small-pox case. He went. He called in for consultation a brother physician, Dr. F. L. McIntosh, who also was in poor health.

Eleven days later, these two men became ill. They had small-pox in the mildest form. While they were confined to the home of Dr. McIntosh they had what they termed a real good time. The disease affected them no more than a bilious attack or a headache. They were attended by two nurses who had never been vaccinated and were in splendid condition. These women did not suffer the slightest from the possible contagion.

Living next door to Dr. Houghton was a medical student who had been vaccinated seven times. He took the small-pox and nearly died. This last instance the medical society conveniently ignores, as it does many others. I recall the cases of eight physicians, exponents of vaccination, who contracted small-pox. Three of them died.

In their statement, the members of the publicity committee declare that the civilized armies and navies are vaccinated. That may be so, but the men who ordered them vaccinated are not civilized.

This sally elicited liberal applause. Mrs. Henderson, delegate from Massachusetts, told of a medical student at Harvard who had been vaccinated seven times, and died of small-pox.

Every time we say anything against vaccination, declared Oscar Beasley, chairman of the meeting, the Philadelphia County Medical Society gets scared and adopts a set of resolutions.

Editor MEDICAL ADVANCE:

Dear Sir:—Will you kindly correct the mistakes made in the October number, in the cases reported by me. First the title should have been "Clinical Cases Cured by the Nosodes," and you have it "Surgical Cases (so-called) Cured Therapeutically," this puts my paper in a rather ridiculous light.

Again, page 700, "Worse wrapping head up—Hepar, Sil. Psor. Sulph." should read, relief wrapping head up.

Again, page 701, "wore by pressure of valva with hand," should read, relief by pressure of the valva with hand.

I can overlook the mistakes, knowing how easy the printer might make the mistakes, but it is misleading to others.

The first mistake was made by putting the wrong title on the wrong set of papers when you gave them to the editor.

Yours truly,

Nettie Campbell, M. D.

Onosmodium Virginianum.—The valuable proving of this remedy by Dr. W. E. Green furnishes one of the best pictures to be found in the materia medica of the general outlines of depraved or lost sexual life in women; and the consequent nervous wrecks, mentally, morally and physically of this age of a one child or childless families. The supposed imperious demands of society and the Malthusian determination on the part of the modern woman to comply with the requirements of wife-hood without assuming the joys and responsibilities of motherhood, has led to all kinds

of preventive measures. The practice of the genesaic fraud and kindred devices soon destroys all sexual desire and enjoyment on the part of the woman, breaks the silken bond of wedded life, ruins the nervous system and ends in the divorce court or suicide.

After a careful study of the case compare these guiding symptoms:

Loss of memory; she cannot remember what is said.

Mentally dull, drowsy, confused; cannot concentrate her thoughts; complete apathy and listlessness.

Dull heavy pain in occiput and cervical spine.

Eyes dull, heavy, sore; lids are heavy as from loss of sleep.

Bearing down pains in the uterine region.

Soreness in region of uterus worse by pressure.

Sexual desire completely destroyed.

Leucorrhœa, yellow, offensive, acrid, profuse, running down the legs. (Alum., Lys.)

NEW PUBLICATIONS

THE PROCEEDINGS OF THE TWENTY-NINTH ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION. Forrest Press, Batavia, Ill. 300 pages.

As usual with the published volumes of the I. H. A., this account of its twenty-ninth annual meeting is a rich treasury of homeopathic philosophy and a plethoric record of cured cases.

The use of reported cases is to form a permanent record of what Homeopathy can do, to recall remedies to the mind, to refresh the memory as to prominent symptoms and thus to establish and extend the truth. There are few books that better fulfil these functions than the twenty-nine annual reports of the Transactions of this society, and this newest addition to the list is fully equal to the others.

Excellent cures and instructive cases are reported by Drs. E. A. Taylor, H. H. Baker, C. M. Boger, R. E. S. Hayes, Amelia L. Hess, Julia M. Green and others. In the Bureau of Philosophy there is a loud-resounding paper by

Dr. Holloway, also a much copied and praised paper by Dr. Rauterberg, a new member. Here also Dr. Hayes gives a very practical discussion of the effects of repetition of potencies.

The Bureau of Materia Medica has a study of Sarsaparilla, by Dr. Taylor, some interesting studies and experiences with Tuberculinum aviare, and a deep and thoughtful paper by C. M. Boger, on the study of Materia Medica. From this paper we quote the following:

A knowledge of many symptoms is of small value, while on the other hand learning how to examine the patient and then to find the remedy is of the utmost importance. The common way of eliciting well-known key-notes and prescribing accordingly is a most pernicious practice.

Phytolacca decandra receives consideration by Dr. Grace Stevens, and there is a good paper by Dr. Julia C. Loos in the Bureau of Obstetrics.

We cannot mention all the papers—there are three hundred pages of them—all good and some excellent.

The volume is well bound, cleanly printed and free from essential errors. The secretary upon whom falls the thankless task of preparing all manuscripts for the printer, arranging papers and reading proof is to be commended for his successful work.

J. B. S. K.

WALKING TYPHOID.

An investigation of the source of a case of typhoid fever brought to the attention of the department led to the suspicion that some member of the household was a typhoid bacillus carrier. The patient, who was 4 years old, had consumed nothing but boiled milk and distilled water, had not eaten raw vegetables or other food that would likely be contaminated with typhoid bacilli. An analysis of the discharges of one of the inmates of the household showed that person to be voiding typhoid bacilli in enormous numbers in the urine and feces. The blood of this person also gave a slight Widal reaction. This individual has not had typhoid for several years, although continuing to spread living virulent bacilli during the entire time. This is the first bacillus carrier discovered by the Chicago Department of Health.—*Chicago Weekly Bulletin*.

This verifies Hahnemann's statement made in the Chronic Diseases 80 years ago, that psoric diseases may be communicated by contact, by hand shaking, by sleeping with the infected person.

THE MEDICAL ADVANCE

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INTRODUCTORY ADDRESS.

BY T. H. HUDSON, M. D., Class of 1907-08.

It is my duty, and if you are interested, it will be my pleasure, to teach you what I can, of medicine and of the law for its administration. I hold that it is the teachers' duty to make his subject interesting. I hope that you believe it your duty to find interest in the subject. I hope that both you and I will find a higher or at least a happier motive for the work we have set ourselves to do than even duty. Duty is an uncompromising kind of word—hard, stern, straight, stiff and unyielding. I doubt if any sinner ever kept out of Hell, or any saint ever reached Heaven, who had no higher motive than the discharge of duty.

I should rather rise to a question of privilege. At best we are liable to fall below our ideals. Duty is a mediocre, common place kind of righteousness. The priest and Levite, by avoiding contamination fulfilled the letter of the law—discharged their duty when they passed the wounded traveler by on the other side; but the Master called the Good Samaritan—neighbor.

If we attempt to discharge our duty, simply that and nothing more, we shall hear the raven tapping, tapping at our chamber door.

There is a motive power compared with which duty is almost impotent, a power which keeps this old earth spinning in space and holds each star and sun steadfast in its course. It is a force that will never weaken, never tire, never end. It is as gentle as it is strong, and as kind as it is gentle. It bears, believes, hopes and endures, endures when prophecies have failed, tongues have ceased, and

knowledge has vanished. In an ancient book, and one which I can commend to you, it is called charity. In modern times we translate the meaning by a more comprehensive, a stronger, yet a sweeter and a better word.

Duty conveys the idea of eye service, perfunctoriousness, so much and no more, and unless you students of medicine can mount upon the wings of Love and leave duty leagues behind, better attempt no flight, better stop now, better turn aside and find that calling into which you can put heart and soul.

Unless you love your work it will be dragging. Unless you can divest yourselves of any sordid purpose and get heart and soul, mind and body in love with your chosen profession your choice is unwise, and will lead you along a dusty road where no flowers bloom, no fountains sparkle, no shade trees grow and no aspirations lead from the valley dust to the mountain top.

Irkomeness of a task depends upon the attitude of him who undertakes it. Failures in life are due to wrong choice of vocation. Interview the hoboes, the ne'er-do-wells, the failures higher up, read between the lines of their stories, and you will find they were pitchforked into vocations, businesses, professions for which they had no fondness, no fancy, no love. What but failure can you expect of one who toils without ambition, labors without hope, strives without interest, sees no reward along the stony way, and no bow of promise in the stormy sky. There is work, delightful work, exhilarating work, grand, glorious work for every man on this good old earth.

Read the conversation of two young attorneys, Lightwood and Wrayburn of Mutual Friend fame and see the mistake that parents make in selecting for their boys, willy nilly, a profession. Get your lessons you young men before you assume the responsibility of boys of your own, and see if it be well to shove them into positions for which they have no ability or aptitude. The best food for your patient will be that which he can take with relish. Cram something distasteful down his unwilling throat, it goes down dry and

stays dry. It was easily enough digested in a retort, but you are dealing with something more than a retort and artificial digestants, when you deal with a live stomach. It has a will of its own, and a way of its own. So too, you deal with more than a machine when you deal with a live boy. The best profession or business will be that for which he discovers some fondness, some fancy, His inclination will indicate the direction in which genius lies, if haply it exist, if not, inclination will yet point toward the path wherein lies success.

Of the two, a boy is a better investment than an automobile. They are about equally expensive, equally uncertain, equally dangerous. The auto may break your neck, the boy may break your heart, the auto may go to smash, the boy to the devil, but sooner or later the auto is bound for the junk heap, while the boy *may* take the upper road, and do credit to his bringing up. Of the two I'll take chances on the boy. Gentlemen, in choosing medicine as a profession, you have chosen well, if you have chosen wisely, and you have chosen wisely, if your heart is in your choice. If you pursue it for the sake of knowledge, if you enjoy it for the sake of science, if forgetful and unconcerned about fame or fortune, you are willing, glad to dig and delve after knowledge just to know, ready and happy to seek, just to find, satisfied to investigate, just to discover, every morning will be a song of praise, every evening a hymn of thanksgiving and every day of all your life a poem sweet as a dream of love.

Whether you have or have not chosen wisely and well is for you to decide. If you have, fortune and fame may tarry or hasten, come or come not, they will not be missed. Your work will absorb you, content you, and contentment is the secret of happiness. Your joy as Kipling says will be found in the working.

“When earth's last picture is painted,
And the tubes are all twisted and dried,
When the oldest colors have faded,
And the youngest critic has died,

We shall rest—and faith, we shall need it,
Lie down for an hour or two
Till the Master of all good workmen
Shall set us to work anew,

Then those who were good shall be happy,
They shall sit in a golden chair
And splash at a ten league canvas
With brushes of comet's hair
They shall find real saints to draw from
The Magdalen, Peter and Paul,
They shall work for an age at a sitting
And never get tired at all.

And only the master shall praise us
And only the master shall blame,
And no one shall work for money,
And no one shall work for fame,
But each for the joy of the working
And each in his separate star
Shall draw the thing as he sees it
For the God of things as they are.

His idea seems to be works for work's sake, which is but another way of saying: Right for Right's sake. Not in the hope of reward, not through fear of punishment, not for applause, not simply in the way of, or in the discharge of duty, but for the joy of the working, the satisfaction of accomplishing, the love of service. When I say, that in choosing medicine, you have choosen well if you have choosen wisely, I mean to commend not only the wisdom of your choice, but the choice itself. In all the world there is but one better calling than yours, and yours is a close second to the best. To relieve human suffering is the next thing to abolishing human sin.

Healing physical maladies is close kin to straightening moral obliquities, and if you be so minded opportunities for the latter service will often fall in your way. But I find myself talking more as if you had reached the end of one stage, the shorter one, I hope, of your journey, while the fact is

that some of you are, perhaps, just beginning your career as students.

The way ahead looks long, some of you may be fresh from the village where each dweller was friend or acquaintance. Some of you may be just from the farm with memory of meadow bloom, and rustling corn still lingering, and mother's goodbye! and good boy! still sounding in your ears, and the city is so noisy compared with the quiet of the country, the city smoke so foul, the country air so pure, and boarding house hash—I shall not insult your father's board and your mother's viands by mentioning and mixing them with scents of garlic and odors of onion, but according to the Persian proverb "This too will pass."

Other disagreeables will also pass, or better still will be as though they were not, if only you are interested; absorbed in your work. The work is worthy of your best—of any man's best endeavor: full of interest and of inspiration if from any standpoint we consider only its purpose, its mission; but doubly interesting and inspiring it is, or should be to you as homeopaths by reason of the assurance and certainty that may be yours with unerring law to guide you. Gentleman you cannot overestimate and in the callowness and inexperience of youth are apt to underestimate this advantage. It can only be measured by comparison. Fancy yourself in mid-ocean, no matter how worthy your ship, sun, moon and stars hid and no compass, no needle, pointing ever and ever in one direction. Fancy a country without a government. A universe with no God, earth, stars, suns, rolling, revolving with no guide, no let, no bounds, no regularity, no appointed time or place.

Fancy a world of chance when a man may have two eyes to be sure, but one in the palm of his hand, the other in the sole of his foot. If he wore gloves he would have to go barefoot or go blind. Or perchance nature would grant but one eye and place that in the crown of his head. He would have to go bareheaded all kinds of whether. He would have to carry an umbrella rain or shine, to look a friend in the face he must make profound obeisance, and if out in the open at noon-

time on a clear day he chanced to take his hat off he would be liable to sunstroke of the eye, conjunctivitis, ophthalmia, what not.

However the sun might not be in the Zenith at noon time, it might happen then at mid-night. It might rise when it should set, or set at breakfast, or rise and set any old time.

The seasons too would be very unreliable: the middle of May might suddenly slip into the Christmas holidays, and June roses be iced candied and preserved in a January sleet. Gentlemen, chance and accident won't do. If God Almighty can't run this universe nor even this little planet built for man's habitation without law and order, surely we should not attempt to play our puny parts without a governing principle. Now dear boys get in love with your work, you have something here to love, honor and obey. No other so-called system of medicine rests upon any foundation. They are all Babel towers of confusion. No order, no law, no science has directed, no plummet, no level, no square been used in their construction: They are patch work and piece work from sandy bed to toppling tower. They are composed of the opinion, the beliefs, the guess work, the experiments and experience of men. Of what value are these? They are as ephemeral as a flower, as inconstant as the wind, they come and go and change and fade away; an enactment of yesterday is repealed today, the verdict of today will be set aside tomorrow.

False prophets arise and cry lo here! lo there! Yesterday it was coal tar products, to day it is serum therapy, tomorrow God knows! Dead and don't know it. Nothing stable, nothing settled, nothing sure, nothing endures, nothing lasts longer than its propagandist and he is often smothered by the smoking torch of a later aspirant.

What are opinions, fancies, inventions, compared with facts, figures, discoveries, an invention lasts until supplanted by another. A discovery is good for all time.

Our law of cure is not an invention, but a discovery. Not man made, but God provided, not a chimera, but a fact,

not a product of fertile imagination, but a careful research. It was and is and is to be. It existed and Hahnemann discovered it.

It was covered by traditional dust and rubbish, he uncovered it. It was hid, he found it. Others have come near it, he came to it. Newton saw the apple fall and discovered the law of gravitation. Hahnemann saw cinchoa induce intermittents, and discovered the law of similars.

The apple will not fall upward; the earth's attraction shall not cease, the law of similars the attraction of likes shall endure forever. It is a law of nature running through nature kingdom. Animals, birds and insects of like species find their affinities in each other and gather together, bees in swarms, quails in coveys, cattle in herds, sheep in flocks, horses in droves. Men of similar political opinions form into parties, people of like religious faith unite in denominations, and so always and everywhere like attracts like.

As medical students it is essential at the very outset that you should be rooted and grounded in the faith that law must govern, and that the law of similars is a law of cure. For as according to your faith so will it be unto you. Faith is the substance of things hoped for. The evidence of things unseen. And things unseen are greater than those which do appear. Faith the *substance*. Sub means under, and stance to stand, and faith must stand under, support all endeavor. It is evidence. The proof, the testimony of things unseen, which though unseen are yet believed. Things which appear are but shadows, manifestations, results of realities, of causes, unseen and unseeable, invisible to mortal vision, incomprehensible, it may be, to human understanding, for how can the eye, a material organ, see beyond the material object, or the finite mind comprehend the infinite? Whenever things can be seen they are results. Germs therefore are not causes but results. Some one will ask you as a student, and later as a practitioner, how you know that the law of similars is a law of cure? You may answer that you have seen it tried. You have put it to the proof. But some one of a philosophical turn of mind will want the phil-

osophy of it, your theory of the "modus operandi." You may answer that theories are insignificant compared with facts. Still it is worth while to be able to give a reason for the faith that is in you, and a reasonable answer to one who inquires. There is a reasonable answer, and if it has never been found failure in the search should stimulate investigation. Therefore investigate. Who knows but that one of you may prove a discoverer who shall add something to the world's sum of knowledge. At all events the exercise will be beneficial both to yourselves and others, for no man ever yet went upon a tour of investigation who did not discover something, and benefit some one. He may not have reached the north pole, but as far as he has gone he has blazed a way for his successor.

If the law promulgated by the "Porcelain Painter's Son" be true it is not only practicably, but also theoretically demonstrable. That no one has yet demonstrated it theoretically need be no bar to your effort. If you desire to theorize and speculate I could suggest no more fruitful theme. You have truth supported by facts and figures as a basis, and so long as discovered truth serves as a solid foundation upon which to stand, there can be neither danger nor harm in reaching here and there in an effort to apprehend the undiscovered reason for its existence. For my own part I have not refrained from speculation regarding the modus operandi of our law.

Many a time, while still practicing Allopathy, after some faint glimmering of Homeopathy began to dawn upon me, I have asked myself how can similars cure similars? If like for like be true how is it true? If there is reason in it there is reason for it. What is the reason? At first my answers were—there is neither reason, logic nor truth in it.

But when the morning really broke
And I awoke;
When the sun shone upon a new day
And drove the clouds away,

I began to speculate and theorize until at last I find what seems to me a philosophical answer to my questions.

As however our first interview has perhaps lasted long enough (according to Mr. Weller's reason for short love letters), we will resume the subject at another time . . .

SYMPOSIUM ON BOENNINGHAUSEN'S POCKET REPERTORY.*

BY W. H. FREEMAN, Secretary.

Dr. Stuart Close said that Bönninghausen instead of considering the symptoms as brought out originally in the provings, resolved same by analysis into three different elements, namely: Character of sensation, location and modality, and upon such analysis of all the symptoms erected his repertory. In the practical use of the repertory everything depends upon how the case has been taken and upon the selection of the right symptoms and rubrics for repertory comparison. He said we should always search for the locality affected; the predominating sensations; and the different aggravations and ameliorations. Also that the modality of the original prover's symptoms was not limited in its practical application to this one symptom alone, but applied more or less in a general way to all other symptoms of the drug as well.

Dr. John B. Campbell said he had used Bönninghausen and nothing else for years. He is quite convinced that the drug valuation as indicated by the different type used is not always reliable, and said we must not be governed by same too rigidly.

Dr. B. L'B. Bayliss said that the generalization of Bönninghausen rendered same capable of the widest application in practice. He thought the concordances in the back of the volume and the modalities were the most important of all. In use he usually selects that rubrical modality which is carried by the smallest number of drugs, and next considers the symptoms of sensation, and then considers the remaining modalities, but is guided by intuition greatly. He cited

several cases of which he had made a note to illustrate the method.

Patient with wandering pains—knee, shoulder, above the eyes—stitching—begin below and ascending. Acute stitching ball of eye.

Frontal headache < morning on waking; < heat of the sun; < hard stepping; < when fatigued; < sun light; < after sleep; < beginning to move; < touch; > bathing eyes in cold water. Worked out according to Bönninghausen as follows:

Page 302 < sun; AGAR, ANT. CR.; BAR C., *Bell.*, BRY., *Calc.*, CAMPH., *Clem.*, EUPHR., *Glon.*, *Graph.*, *Ign.*, *Iod.*, *Ip.*, LACH., *Mag. m.*, NAT, C., *Nux*, PULS., SELEN., *Stan.*, *Sul.*, VALER., Zn.

Page 300 < after sleep; *Bell.*, *Bry.*, *Calc.*, CAMPH., *Euphr.*, *Graph.*, *Ign.*, LACH., *Nux*, PULS., *Selen.*, *Stan.*, SUL.

Page 301 < hard stepping: BELL., BRY CALC., *Camph.* *Euphr.*, *GRAPH.*, *Lach.*, *NUX*, *Puls.*, *Stan.*, SUL.

Page 292 < beginning to move: *Bry.*, *Calc.*, *Graph.*, *Iod.*, PULS.

Page 311 > bathing: *Bry.*, PULS.

Page 304 < touch: BRY., PULS.

Page 170, wandering pains: *Bry.*, PULS,

Summary—type valuation, *Bry.* 18; *Puls.* 24.

Dr. R. F. Rabe said he used Bönninghausen often, it being one of his most important tools. He uses different repertories, however, according to the character of the case. The uncommon and peculiar symptoms are always of highest value in the analysis of the case, and one must start from correct premises in order to come out right, and he cited an instance to illustrate—another physician came to him to find out why the repertory failed to work out the correct remedy for a certain case. He had been guided by certain conditions which induced him to prescribe a certain remedy which cured, but in his hands Bönninghausen had worked the remedy out differently and he was all at sea. Dr. Rabe without knowing which the curative remedy had

been went over the case with him and pointed out the symptoms which should be considered in using the repertory and told the doctor how to work it out. After having done so the doctor returned to say that Valerian was the remedy that worked out on the method recommended by Dr. Rabe and also that Valerian was the remedy which had cured the case.

Dr. Rabe called attention to the fact that many valuable remedies were either not in the pocket-book at all or were repertoried very incompletely and that if we depended upon any repertory exclusively and invariably we would frequently fail.

Dr. Rabe also called attention to the concordances and especially to the fact that in the concordance for Aconite that Belladonna was given highest rank whereas in the concordance for Belladonna the opposite was true which is contrary to what we would at first thought expect to find and asked for the opinion of those present regarding same. In answer to which someone suggested that this was due to the fact that Belladonna was highly complementary after Aconite but that the reverse was not true—Aconite being but seldom if ever indicated after Belladonna, one of the important things Bönninghausen intended to point out undoubtedly in the arrangement of his concordances of drug relationship.

THE OWL, THE MONKEY AND THE GOAT.

BY J. B. S. KING. M. D.

A constipated goat and a dissipated monkey were once condoling each other upon their respective troubles, "My digestion," said the goat, "is simply terrible. I tried a relaxing diet of scrap iron, garnished with stramonium weed, but although very dainty, it didn't agree with me."

"Your digestion," said the monkey, "is nothing to the state of my eyes. I just now saw a green camel and a striped rhinoceros trying to bite my tail, Had I not known intellectually that animals of that color are not possible, I should have been tempted to run. I fear I have been overworking at the office."

"Say rather," replied the goat with a sapient wink, "at the saloon. Now my bowels——"

"Pardon me, my dear friend," interrupted the monkey in a low earnest voice, "but will you first oblige me by telling me whether you see a green snake with four rows of teeth smiling at me in a significant manner?"

"Not at all," answered the goat staring.

The monkey drew a long breath of relief. "Then go on with your bowels," said he.

"They won't move—they never will move," said the goat desperately,

"Did you ever think of trying Christian Science?"

The goat gave a thoughtful twiggle with his tail, "Yes, but it never seemed strong enough for my bowels."

"Look here," said the monkey abruptly, "Don't move your tail that way, it makes me nervous. How about Homeopathy?"

"Too mild," groaned the goat, "I am now on my way to consult an allopathic medical owl, who claims to have lately discovered a very powerful drug for moving the bowels."

The medical owl promised immediate relief and produced some dynamite pellets such as are used for blowing up tree stumps. "Take two of these," said he to the goat after collecting his fee, "and then jump around a bit."

The goat did so; there was a detonating roar and immediately the air was darkened with flying intestines and other hircine viscera, moving in parabolic curves from the point of projection.

"The goat's bowels are now moving," said the owl, solemnly, "allopathic medicine is always effective,"

Said the monkey, "I believe I'll try Homeopathy,"

**THREE SIMILAR CASES: THREE DIFFERENT
REMEDIES.***

BY DR. H. FARRINGTON, Chicago.

CASE I. Mr. F. M. B., aged 50, has had tic douloureux for nearly 30 years. His mother and a brother also suffered from the same affliction. The pain starts near the root of the canine tooth, upper left side, extending to the wing of the nose, upwards into the left eye and at times to the vertex. It comes like a flash, lasts a varying period of time and goes as quickly as it came. It is worse from the slightest motion of the adjacent parts, talking, eating, light touch—even touching the mustache. It is worse in the wind, whether cold or warm, probably because it causes the mustache to vibrate. Sometimes it comes on the first moving in the morning. It seldom occurs at night while lying down. It is relieved very slightly from hard pressure, and occasionally, though not often, by heat. During the pain tears roll down the cheek from the eye of the affected side, and after the paroxysm the eyeball itches. From January 24, 1906, to June of the same year he received Magnesia phos., Sepia, Magnesia carb., and Spigelia with very slight, if any, benefit, and finally becoming discouraged he returned to his old school physician.

Indirectly I heard that he still had spells of excruciating pain and that his nervous system was gradually giving way under the strain.

However, early last June I received word that Mr. B. wanted to see me at his residence in Evanston. On arriving there I found the poor man in the midst of a severe spell of his old neuralgia, thoroughly disheartened and almost on the verge of nervous prostration. Through the persuasion of some of his friends he had determined to try Homeopathy once more, as he had obtained no relief from any other form of treatment.

The symptoms were practically the same as those given

*Read before the S. S. Regular Homeopathic Medical Society, Nov. 10.

above, excepting that there was no relief from heat or pressure. The effect of slight motion of lip or tongue was increased so that sucking or even swallowing almost invariably renewed the attack. But two new symptoms were added: itching of the affected parts before the pain and tingling and itching afterwards. He always knew when the pain was about to start because the side of the face or the upper lip began to itch. This placed the case in a new light. A brief review of the repertory showed Mezereum to be the only remedy which covered the symptom group, then he was given the 30th potency to be taken every three hours until the pain was relieved, then at longer intervals. The effect was almost immediate, and he continued to improve until he was able to start for Santa Catalina, off the coast of California, for a much needed rest.

CASE II. By Dr. Edward R. Miller, quoted from the *New England Medical Gazette* for November.

"November 2, 1899. Mr. A. H. N., aged 72, consulted me, relating something like the following story:

"About eighteen months ago had the first upper left molar tooth extracted, since which time he has had pain in that part of his face, extending at times into ear or eye. The pain is of sharp, jumping, piercing character as if a knife were thrust into the parts. He is perfectly well except for the pain. He never had rheumatism. Has had pneumonia twice. Has not been sick for ten years. His appearance is that of a healthy man, having a clear skin, good color, clear bright eyes, an alert manner, appetite and digestion good and bowels regular. The pain, however, gives him great trouble and is getting worse. His family physician has treated him for a long time, and at last said he could do nothing more and advised him to go to the Massachusetts General Hospital, where he was advised to have the Casserian ganglion removed. As they did not assure him that the operation would result in a permanent cure he decided that he would not have it done. I found upon questioning him that the pain was worse from eating; worse generally from drinking cold water; worse mornings and fore-

noons (after he moved around awhile). Worse from exertion generally; worse from taking spiced or sour things; better from taking hot drinks (and sometimes from cold drinks, but generally worse from the latter). Better at night (no trouble at all at night). Better after dinner (by two or three o'clock). Generally very easy evenings. If he exerts pressure upon the tooth cavity in the morning or forenoon it is extremely sensitive, but it is not so at all in the afternoon. Magnesii phos. 3x. One powder every three hours.

"November 10th. On the 3rd, 4th and 5th inst. the pain was easier, but on the 7th it was as bad as he had ever had it. On the last three days it has been rather better except that at night it seems to be coming on harder again. Aconite 3x dil. Two drops in water every two hours.

"November 16th. No appreciable improvement. Arsenici albi 6x trit. (pulv. gr. iv.) One powder dry on tongue every three hours.

"December 7th. He is no better. Merc. Sol. 3x pulv. gr. iii. Powder every three hours.

December 16th. Patient much the same. Further questioning brings out prominently these facts: The pain is not made worse so much by cold air as by "suction" or from the act of swallowing. Very much worse in morning after rising and moving about. Swallowing brings it on, but if he swallows before rising it does not bring on the pain. One day he was having the pain very severely. But on lying down it soon ceased. Whenever the pain is present in the evening it ceases entirely soon after retiring. Eating aggravates the pain most of all. He eats soft foods as much as possible so as not to aggravate the pain. The act of swallowing liquids aggravates about as much as chewing and swallowing food. The pain is made worse by talking or laughing. The parts are extremely sensitive while the pain is present, but as soon as the pain leaves the soreness ceases. Lachesis 6x pulv. gr. iii, Powder every three hours.

"After a week the patient reported much better. Lach. 12x, pulv. gr. iii. One powder before each meal.

"After another week he reported himself practically free from pain. Lach. 30 x, pulv. gr. iii. Powder every second night at bedtime for a week, then stop all medicine and report in a month.

"By the end of the month the patient reported entirely cured.

"After this whenever the pain recurred, which it did very slightly two or three times, it was quickly and entirely removed by a few powders of Lach. 30x

"The gentleman died the next winter from an attack of pneumonia, his family physician attending him."

CASE III. By Dr. EDWIN A. TAYLOR, Chicago.

Mrs. G. aged 57, had suffered from attacks of neuralgia affecting chiefly the right side of the face.

The pain was very severe, coming suddenly, sharp, shooting, lightning like in character worse from eating, the slightest touch, from pressure, talking, motion, jar, noise, and cold. The slightest motion of the affected parts, a slight jar or at least draft of cold air would precipitate a paroxysm terrible suffering.

Thinking it was due to defective teeth she had them all extracted but without any relief. She had suffered for many weeks, could take only liquid food and was a nervous wreck. Every day she suffered this torture but was *free from pain when lying down at night*,—in fact the only relief she got was *while lying down*. She would not go out for the air would aggravate the pain. Magnesia phos. cured her promptly and permanently.

These three cases illustrate the importance of careful observation and painstaking care in "taking the case." Each patient manifested symptoms that were identical, yet in each there were a few *peculiar* things which were not found in the others and which indicated an entirely different remedy as the simillimum.

THE AMERICAN INSTITUTE OF HOMEOPATHY.

It will be of interest to the members of the Institute to know that October 30th, there was held at Cleveland, Ohio, a meeting of a number of its Committees. The entire Executive Committee was present, consisting of President Foster, Vice-Presidents Carmichael and Hensly, Treasurer Smith, Registrar Ball, and Secretary Horner. The Journal Committee was represented by Drs. Bailey, Roya, Copeland, and Sawyer; the Incorporators by Drs. Custis, McClelland and Smith; the Council of Medical Education by Drs. Royal, Dewey, Sutherland and Gates; the Institute of Drug Provings by Drs. Custis, Wolcott, Bailey, McClelland, Dewey, Royal, and Sutherland; the Pharmacopoeia Committee by Drs. Carmichael and Sutherland, while the Monument Committee had present a majority of its members in Drs. McClelland, Custis and Smith. The two latter Committees did not convene for the transaction of business, their members being present in connection with work on other committees.

The Executive Committee held a meeting in the morning at which were transacted a number of items of business. Secretary Horner and Registrar Ball were appointed a special committee to cooperate with the Local Committee of Arrangements at Detroit in the preparations for the Institute meeting in June.

The Journal Committee also was in session all morning, the other committees being called for the afternoon.

At two o'clock the Executive Committee held an open meeting to which were invited by the President all those who were in attendance at the meetings. The principle business presented was the report of the Journal committee. Preceding this, Dr. Custis, for the Incorporators, reported that incorporation had been accomplished by Drs. W. R. King, J. H. McClelland, Swormstedt, Smith and himself. Dr. B. F. Bailey, chairman of the Journal Committee reported their recommendations. The first was that the Journal be made a monthly instead of a weekly. The second was that a proposition made by the Medical Century Publishing Com-

pany be adopted. This provided that the Medical Century should be made the Journal of the American Institute of Homeopathy, the Medical Century Company being the publishers and Dr. W. A. Dewey the editor with Dr. J. Richey Horner as Associate.

The committee also recommended that a small volume conforming in shape and appearance with the former volumes of Institute Transactions be issued, this volume to contain the minutes of the business sessions, the report of the Committee of Organization, registration and statistics, the memorial report, the constitution and by-laws, the lists of officers, members and committees and such other matters as are of importance from the standpoint of permanency and reference.

A very free discussion then took place, the President inviting expressions of opinion from each one present. There was united opinion that it was for the best interest of the Institute that the report of the Journal committee should be adopted by the Executive committee.

This latter committee then went into executive session and on motion of Dr. Hensly, seconded by Dr. Ball, adopted the following resolution: "That the Executive Committee adopts the report of the Journal committee and empowers that committee to make immediate arrangements with a reliable publishing company to issue an official journal, monthly instead of weekly."

The President reported the resignation of Dr. R. F. Rabe, of New York City, as chairman of the Bureau of Homeopathy and the appointment of Dr. J. B. Kinley, of Denver, to fill the vacancy. He reported also the resignation of Dr. Annie W. Spencer, of Batavia, Ill., as Chairman of the Bureau of Pedology and the appointment of Dr. Sarah M. Hobson, of Chicago, to fill the vacancy.

There being no further business, the committee adjourned to meet at the call of the President.

J. RICHEY HORNER,
Secretary. A. I. H.

The institute of Drug proving met under the chairmanship of Dr. J. B. Gregg Custis. Dr. W. A. Dewey was elected secretary pro-tem. Dr. J. H. McClelland was announced as the member of the Board of Trustees succeeding Dr. Charles Mehr, deceased.

Dr. E. H. Wolcott was elected Secretary and Treasurer of the Board.

On motion of Dr. Royal it was recorded as the sense of the Board that the sympathy and cooperation of all colleges and other institutions in affiliation with the Institute assist in proving the drug or drugs selected by this board.

On motion of Dr. Bailey, Dr. Royal was constituted the director in charge of provings with the understanding that he is to cooperate with college faculties in securing competent directors for the work.

In addition to the general business, Dr. Custis announced that the active cooperation on the part of the Bureau of Plant Industry of the Government Agricultural Department had been secured and that all remedies hereafter proven under the auspices of the Institute would be of preparations standardized by the government. He announced also that a drug had been selected to be proven this year and it is now under course of preparation. Many of the colleges had agreed to take up the work.

All those present attending the meetings of the various committees were entertained at luncheon by Dr. J. C. Wood and at dinner in the evening by the Honorary President of the Institute, Dr. H. F. Biggar.

CASES FROM MY NOTE BOOK.

BY J. C. ROBERTS, Barbados, W. I.

CASE I. Cina. A girl, four years of age, had large abdomen and very thin legs. Spent most of the day in lying across a chair as if she experienced relief having the abdomen in contact with the chair. Temperature above normal. Complained during the day from the heat of the sun, although the weather might be of the most agreeable charac-

ter. The little thing when aroused would rise up from the chair and say "sun too hot." There was more or less cutting and pain in the abdomen, with slipping down of the anus when at stool. Cina 3x, continued for some time, produced a perfect cure, and the child is now a jolly-looking creature with well developed limbs, enjoying perfect health, and dreads nothing in the shape of weather.

CASE II. Alumina. A boy about 16 years old was brought to me four years ago by a friend of his mother's, and I was told that his mother had been watching his case for some time and trying all kinds of domestic remedies, but to no purpose. His trouble was severe pain in the lower abdominal region every month, which seemed to be governed by the phases of the moon. His case resembled that of a girl with menstrual trouble, and was of a few years' standing. So said the individual who accompanied him. I was also told that his mother had grown anxious about his condition because he had reached an age when he should be apprenticed to some tradesman, and she did not care to send him to work as long as he suffered from these peculiar pains. I prescribed Alumina 6x. He has never since suffered another attack.

CASE III. Aconite. A man about 46 years of age complained of pain in left chest extending down left arm. Could hardly contain himself out of bed. Lying on back afforded relief. Aconite 3x removed the pain, and it has not since returned, now about two years. Patient some years before had a severe attack of angina pectoris and nearly lost his life.

CASE IV. Secale. A female appeared at my dispensary with a note she had received from a friend asking her to get a homeopathic remedy that would arrest a uterine hemorrhage. I was requested to suggest the remedy. The hemorrhage, I was told, had kept up in spite of the use of several remedies. The applicant could assign no reason for the persistence of the hemorrhage, and knew nothing about other symptoms, but merely stated that the patient was weak and debilitated. The first remedy I supplied failed as

CASES FROM MY NOTE BOOK.

well as the second. By this time I was supplied with one or two symptoms which, however, did not help me very much in making a prescription, but they led me into the track. I asked and was told that the patient had been keeping company with a young man whom she seemed to love, and that he had been in attendance giving her remedies without effect. It struck me that there had been some foul play on his part; that he had secured an abortion, but that his skill ended there. I knew the patient and could well recall her picture. I prescribed Secale 1x which had a magical effect; the hemorrhage began to diminish immediately after the first dose. Information subsequently obtained through an old nurse who attended the patient during her sickness satisfied me beyond a shade of doubt that the case was one of willful abortion.

CASE V. Drosera. A young man about 30 returned to Barbados last winter after a residence of three or four years in New York. He was ordered home by the physicians of one of the New York hospitals, where he was laid up with what was diagnosed as bronchial catarrh. This was the second severe attack of the disease. His first attack was either near the end of 1906 or the beginning of 1907, and he had given up hope of recovery, but he recovered sufficiently to return to work. The second attack in the latter part of 1907 proved even more severe than the first, and he was advised to get home in order that he might die with his family. He arrived at Barbados either late in December, 1907, or early in January, 1908. He saw one or two allopaths who prescribed for him, but he got no relief from their treatment, and a friend of his advised him to consult me.

My first note of the case was made on the 10th of February last. The symptoms he gave me were:

Spells of barking cough.

Cough makes such a disagreeable noise that I am ashamed to cough in the presence of strangers. I therefore keep indoors.

Severe coughing paroxysms on going to bed at night, ending in emptying the stomach of its contents.

I lose my milk every night by vomiting before I can get to sleep.

Cough worse at night and early hours of the morning.

Cough excited by much talking.

The case seemed to me to be one *Drosera*, for which remedy I prescribed low. He never vomited again. His recovery set in with the very first dose of the medicine, which I repeated three or four times, varying the potency on each occasion. The drug was, however, never given in a high potency. Seeing the good result obtained from the low, the time of the repetition of the dose was gradually lengthened.

The patient succeeded in getting a situation some months ago, and had to return to work before he had entirely recovered, but that did not seem to interrupt his recovery. He is now rather jubilant over his condition, as he came home prepared to have his remains in the family burial place before he was many months older.

This case proves the soundness of the advice of the old teachers of Homeopathy, that a remedy should not be changed so long as it seems to be doing good.

CASE VI. *Bacilinum*. A young woman of 19 summers developed ringworm, which made its first appearance on one of the arms. All domestic treatments recommended by friends failed. The victim did not believe in Homeopathy. She consulted the most popular allopath in Bridgetown, who prescribed a parasiticide and an ointment. After a time the ringworm disappeared from the arm but reappeared on the back with greater vigor and then under the arm pit.

After chasing it from place to place with the lotion and ointment, it started to duplicate itself. Eventually a large ring appeared between the thighs and extended to the pudenda. The parts involved were so tender that she got about the house with great difficulty. Having reached such a bad stage under the treatment of a supposed skilled physician, she decided to try another allopath. At this stage I tried to persuade her against allopathic treatment which I described as wrong and dangerous, but she had seen my globules and small vials of tinctures and they were too in-

significant to impress her that they were capable of curing a disease that had resisted such powerful remedies as the allopath had prescribed. However, to prove it to me she consented to try one of my remedies. I prescribed Tellurium, but it was not the magician's wand, and in a couple of days she was ready to break away.

I willingly consented to a return to allopathic treatment, and another allopath was called in—one of the oldest practitioners of the city. This physician has a splendid reputation as an allopath, and is recognized by the whole profession as a skilled surgeon. He thought no more seriously of the disease than his younger confrère. He sat on the bedside and delivered a short lecture on the disease and its cause. The laundress was blamed for it; she, he said, had brought in the parasite on the clothes. He gave his word that he would destroy the fungi in a very short time, as he had often done before, and that the patient would soon be restored to perfect health. All this was said within my hearing. His treatment was of a rather elaborate character, and consisted not only of the use of a parasiticide and an ointment, but of the regular boiling of the clothing in a vessel secured for that purpose. "Unless you boil the garments," he said, "you will never get rid of the fungi." Internal treatment he declared to be absolutely useless, and was absurd besides. His instructions were carried out in every detail, but, like the previous treatment, it drove the ringworm off, only to take up its position in another part of the body, and although the treatment was kept up for a considerable time the ringworm could not be prevented from reappearing. At last she gave up all hope of ever curing the disease which had now become the terror of her life, and consented to give Homeopathy a fair trial.

Now, thought I, my chance has come. I decided to give her the indicated remedy or rather the constitutional treatment in the form of "spider eggs" as one of the leading allopathic practitioners of my city once disparagingly described our globules to a patient who ventured to make reference to homeopathic treatment in his presence. I placed

on her tongue a half dozen globules (No. 85 B. & T.) from a vial saturated some days before with *Bacilinum* 30. I repeated the dose three three or four times at intervals of several days, and then I gave a couple of doses at intervals of several weeks. The ringworm gradually faded and finally disappeared sometime after the last dose of *Bacilinum* had been taken. It is now nearly two years, and there is no sign of the return of the trouble.

No one who has studied Homeopathy can possibly believe that the external treatment of ringworm is right. Such treatment can only deal with external manifestations of the internal organismic ailment. "Ringworm," as Dr. Burnett says, "is an internal disease of the organism having for its outward sign the ringworm consisting of fungi thriving in a certain order; the fungi are the guests of the diseased host; cure the host's diseased state, and the fungus—the ringworm dies off from lack of a proper medium."

A SIMPLE CASE.

BY JOHN ARMOUR KIRKPATRICK, M. D.

In reporting this case it is my desire to illustrate an essential point or two in prescribing.

It sometimes takes many reverses to bring a wanderer back after years of unsettled mind and misguided conceptions of truth.

I believe in the old gospel admonition "confess your faults one to another."

If we could only estimate the harm done, the misery caused by commercializers and time serving teachers who teach for doctrines the materialized conceptions of men.

If it had not been for the clinical demonstrations by Drs. Hawkes and Hoyne in old Hahnemann I am sure I would have gone farther from the safe path of true Homeopathy.

It is a fearful thing to have ones faith shaken by doubtful insinuations by scoffers who smile at the claims the teachers of truth make for the single remedy or higher potency.

Even while instruction is being given the smile goes

round. How often you will hear the student say: "That is a nice theory but it wont work in practice."

Why should instruction be given in such a way and in the name of science which takes the doctor from fifteen to twenty-five years to find what is false and what is true?

Mrs. M. L., age 43, blue eyes; blond and slightly anemic, married, mother of four children, complains of a soreness in the right maxillary joint, temperature normal, pulse 75, appetite good, digestion good, bowels regular, menstruation normal, movement of the jaw caused pain. I could not elicit any other characteristic symptoms except she had a slight soreness in the left wrist which passed away in a few days.

She suffered no inconvenience when the jaw was at rest.

I gave her Bryonia 6x three doses; improvement began immediately; recovery was rapid and seemingly complete. About a year afterward she had a similar attack which occurred last Christmas. Domestic remedies were tried and local applications were made without relief. In January this year she was exposed to wet and became thoroughly chilled which aggravated the trouble. As she got no relief so far, she applied to me for professional advice.

On going over her case I found the symptoms very similar to those of the first attack and gave Bryonia 6x.

There was a slight improvement for a few days; then it became so much worse she almost cried from pain when she attempted to chew or talk. I went over the case again and could find no new indications. After a week, there being no change I gave Magnesia Phos. 6x, no results; gave Ferum Phos., no improvement. The patient became impatient for relief; I gave several vibratory treatments with only partial relief. I now saw something must be done, so I went over the case again and could find indications for Bryonia only. I gave it c. m. one dose on the tongue followed by placebo and told her that if that remedy did not relieve her to come back in one week.

She called up in two days and reported that she was much better, continued to improve until perfectly free from all symptoms.

She is grateful for the relief and thankful that she had the faith to continue.

This may seem like a very insignificant ailment but to her it was serious.

The folly of changing remedies is shown when once you have found the indicated remedy; what would have been the result if the higher potency had been given at first, I will not say, but of this I am certain that the higher potency should have been given when the lower failed.

Another point which ought to be emphasized is the time factor; cellular changes are slow, they follow physiological laws, both in repair and formation. The more I study into the metabolic processes, the more I am led to rely upon the life force to effect its changes.

Who can estimate the duration of an impulse when once started in vital processes. Only molecule, of highly organized matter oxidized in the human system may thrill the sentient nerves which preside over metabolism and be all that is required to completely transform a morbid into a normal process. It is enough to know that favorable changes are effected even if we yet must confess our lack of comprehension of how it is done.

THE ANTITOXIN FAD.

Dr. A. C. Madden, Ingersoll, Oklahoma, writes: I am the only Homeo. in our county. I should like to be where I could affiliate with an M. D. of our own school who prescribes the single homeopathic remedy. The doctors here are like all allopaths, "long on diagnosis and short on cure." I was in a near-by town a short time since, and met a regular (?) with whom I was acquainted, and he informed that he had a very interesting case on hand and invited me to go with him and see it. He said it was a case of paralysis. The vocal cords and muscles of deglutition were first affected and later the limbs. Said he did not know the condition. I found a child about nine years of age, a boy, well developed in body, black hair, firm muscles with a history of good health until the present sickness. I asked if he had had diphtheria. his par-

ents said he had not, but stated, after a moments reflection, that he had mumps two weeks before he had began to show symptoms of paralysis. The feces, though formed, passed involuntarily.

The doctor stated that the case had received antitoxin at 1 p. m. and 5 p. m. he was going to administrate about 5000 more units. The hearts action seemed to be good when I saw him at 4 p. m. The doctor asked me what I would do for the case, and I replied, "I would give Causticum 1m." "I have never heard of that medicine" he replied, and he administered the antitoxin and the little boy died at 2 a. m. the following day.

When I saw him a few days later he admitted that the case was not an antitoxin case. It was rather unfortunate for the child that the doctor had not found that out sooner.

SOME EXPERIENCES WITH THE NOSODES.

BY ANNA D. VARNER, Wilkinsburg, Pa.

In a little discussion on the use of the nosodes a few days ago, a physician whose reasons seem well-founded, declared that if the nosodes were used at all, they should be administered hypodermically, because the gastric juices so changed drugs of that class, that the results could not be depended upon.

Injecting a remedy directly into the blood does not necessarily alter its homeopathic action, but it is objectionable to use the same syringe for potentized remedies, no difference how thoroughly it has been cleansed, and it would be both expensive and inconvenient to carry a syringe for each remedy used. On the other hand when one used a single dose of the thirtieth and higher potencies enough is absorbed in the mouth and oesophagus to do the work. At any rate I have had good results from the nosodes administered per orum, and this short paper will treat only of carefully selected conditions where these remedies have been successfully used.

Psorinum is the nosode most frequently prescribed, be-

cause it has a symptomatology very similar to that polycryst Sulphur. The discharges of Psorinum are even more offensive than those of Sulphur, its eruptions more repulsive, its sweats, filthy habits and emaciation more pronounced. It is a slum-child remedy, one that I used much more in my dispensary than in private practice. The majority of the children of the poor who live in the crowded tenement districts are dirty, but it is the scaly, scabby, filthy children, offensive both in habit and appearance who need Psorinum. In the upper walks of life the Psorinum and Sulphur patients are less filthy—not that they love to bath the more, but because of their training and environment they are obliged to keep clean. When you find children of this class, thin, nervous, listless, cranky, whining all the time, think of Psorinum.

It is an excellent remedy for cross babies, when there seems to be very little the matter, and other remedies fail. The most pronounced action of Psorinum that ever came under my observation was in a case of typhoid fever, where the temperature bid fair like "Tennyson's Brook" to go on and on forever. The child who was about eleven years old was emaciated to a shadow. All through her illness, she was sleepless, restless and delirious. In the seventh week she was still tossing from side to side on the bed, whining continually, and picking at her fever-burnt lips. One dose of Psorinum soothed her like an opiate and in a few days her temperature dropped to normal. This occurred in my dispensary practice years ago in Philadelphia. My assistant had the case, and the Psorinum was given at the suggestion of Dr. Strube. Diphtherinum is worth considering as a preventative of diphtheria. I use it in the thirtieth potency, one dose a day for a week or ten days, and it has yet to fail me. Due allowance must be made for a limited number of such cases in my practice; the early isolation of the patient which reduces the danger of contagion to the other members of the family, and that children exposed to the disease frequently escape, even when no preventative measures have been taken. In three large families where

there was no opportunity to isolate the patient, hence continued exposure—diphtherinum was used, and no other case developed.

Tuberculinum is indicated in phthisis, when the cough is hard, sounds dry, but a profuse yellow sputum is raised with difficulty. It gives great relief from night-sweats when the other symptoms agree.

My only experience with Medorrhinum has been in chronic pelvic disorders of women, and there it seems indicated when there is an offensive yellow, watery, leucorrhœa, offensive menses and chronic pains in tubes and ovaries. I began using it for such patients in sheer desperation because everything else had failed.

We find the nosodes often indicated in chronic skin diseases. And why not? Are not the large majority of diseases of the skin almost an infallible indication that the victim was born with a heritage the Lord never intended him to have. Syphilis, gonorrhœa and tuberculosis are the most universal diseases known, and they have so weakened the human race that there is scarcely a family without some mark of struma upon it.

We do not agree with the prevailing idea that "a nosode should be prescribed for the result of a disease, just because it is a product of a disease." It should be prescribed when indicated. But we do believe that we will find them indicated even to their peculiar symptoms and aggravations, in patients, tainted in some remote manner with the disease of which they are a product. Tuberculosis is not an inherited disease, but the children of such parents are born tired, with lax fibre, low recuperative powers and susceptibility to changes in weather and diseases in general. Young girls of such type are frequently afflicted with acne, and notwithstanding claims made in this body on former occasions by some of our most learned men, their complexions clear up under Tuberculinum or Bacilinum better than with the use of the flesh brush. I have known girls, most particular in their habits to scrub, scour and steam their faces most persistently with no results until they received the indicated constitutional remedy.

Syphilinum you will find of use in old chronic cases where the skin is rough, indurated, scaly, with large reddish brown itching patches something like psoriasis. In eruptions on very young babies when the stools are bright yellow Syphilinum is better than Sulphur, because more systematic. Psorinum of course has a very decided action upon the skin, and cures boiles, urticaria, scaly or pustular eruptions in dirty, greasy looking individuals when the itching is aggravated by the warmth of the bed. Remember also its use in suppressed eruptions in nervous, debilitated subjects, easily startled and with great depression of mind.

The nosodes have indeed been a valuable addition to my list of remedies and though my use of them has been confined to a limited number of select cases, doubtless more thorough provings would add materially to their range of action.

Pennsylvania State Society, Sept. 1908.

THE ETIOLOGY OF APPENDICITIS.

BY E. B. BECKWITH, M. D., Chicago.

No disease in recent years has been more generally discussed by the public, nor perhaps more carefully studied by the medical profession than appendicitis. Nearly every article of diet has been accused of causing it, and some articles like grape and other seeds below the size of the peach pit, have been found in the appendix, post-operatively or at the post mortem. More recent studies, however, tend to show that the cause was not necessarily some such foreign body, as only one case in about three hundred could be traced to that cause.

The "fecal concretion" next became popular, and has been very frequently found in the appendix. How and why did it get there? Theories varied, but the "concretion" got there just the same. Some writers said that the "concretion" occurred at the mouth of the appendix, and forced an entrance. Others, that as the tissues of the organ were relaxed, the fecal matter entered, and was then concreted by the peristaltic action of the appendix itself. But, as many

cases of appendicitis occurred, and some of them even showing perforation of the appendix when no concretion was present, that theory had to be abandoned.

Another theory was that after some slight inflammation of the appendix, either acute or chronic, bacteria gained entrance. This resulted in the finding of streptococci and pus bacteria, or else the coli communis and others which are quite at home in the colon. But why should they make so much trouble in one appendix and quite overlook many others?

Another theory that seemed well founded was that a stenosis was occasioned by inflammation, and the retained secretions of the appendix generated a new kind of concretion. But this did not explain "those cases, occurring especially in children, in which the most severe inflammations develop in anatomically perfect organs."

Most able investigators have advanced the theory that appendicitis is an infectious disease, and may become epidemic. Of course the infection was not directly into the appendix, but the infection might be general, and then localize in the appendix.

The very latest theory of our old school brethren is found in the latest issue, (volumn III) of "The International Clinics" for 1898. In a very scholarly article Dr. Kretz, of Prague, says:

Appendicitis begins as a metastatic disease of the adenoid tissue; and the lymphatic tissue of the throat and nose is to be regarded as the most frequent primary localization and portal of entry of the infection. An infectious tendency may exist for years in the adenoid tissue of the pharynx.

The enunciation of this theory follows eight years of investigation by Dr. Kretz with the microscope and otherwise, in connection with a hospital where "material" is abundant. Dr. Kretz has made many demonstrations of the Bacillus of Influenza that does the damage. Any good healthy bacillus will do, and more frequently others are found, such as the streptococcus. The respiratory tract is not the only portal of entry, either, as any bacteraemia consequent upon any other infection, phlegmonous or puerperal, will do as well.

All this sounds well, and is undoubtedly true; but is it the ultimate cause of appendicitis? Whence arose the infection, and the lowered resistance of the cytoplasm, so that the virulent bacilli could multiply? Diphtheritic antitoxin and vaccine virus are often injected directly into the human system; but rarely do other bacteria or their products gain entrance directly to the blood stream. Appendicitis seldom has a chance to follow the antitoxin, but often some serious infection does follow vaccination.

One cause which is very much more common than is generally recognized is enteroptosis. A small degree of enteroptosis materially increases the weight to be supported by the organs situated in the lower abdomen, and produces trauma.

The smaller and more delicate the organ, the more readily is it injured, the weight of the superimposed viscera upon it prevents the possibility of healing. Activity on the part of the patient would increase the degree of the injury to the organ. Boys and young men are most active, and most cases of appendicitis occurs in males under thirty years of age.

Back of the enteroptosis is a condition perfectly recognized, but not sufficiently considered. Spinal curvature or rotation. Government statistics show that one child in every four in the public schools has a lateral curvature of the spine, and nothing is said of the number (probably greater) who have antero-posterior curvature. Every case of stoop-shoulders either is or soon will be an antero-posterior curvature. All curvatures are due directly or indirectly to trauma from without, or from attrition and consequently trauma within the body.

Either lateral or antero-posterior curvature at once cause a change in the length of the ligaments by which the viscera are suspended from the spinal column, with consequent displacement of the viscera. The force of gravity prevents that displacement from being upward, and relieving pressure on the viscera underneath. Hence, the displaced organs are jarring and crushing each other, and by

pressure interfering with each others circulation at every step or motion of the patient.

The appendix is one of the smallest organs of the abdominal cavity, and by nature very delicate, and so, more readily injured than the others, and following the trauma, however slight, is readily attacked by bacilli.

The precipitating cause of appendicitis is undoubtedly bacteria, but the ultimate cause is the trauma which produced spinal curvature. Correct the spine, and it will not be necessary to extirpate the appendix. [Here is a practical suggestion for our diagnosticians and surgeons. Let us have future discussions on this question. Ed.]

MATERIA MEDICA NOTES.

BY J. F. EDGAR, El Paso, Texas.

Morphia Sulph has the symptom: "Ill effects of lightning; cannot suffer much heat afterwards."

Why not use this remedy in potency? if called to attend a person who has been injured by electricity in some way—some life yet there—the body not fully disorganized.

A suggeston, desiring verification: Asafœtida and Verat. alb (Allen's repertory) have ill effects of electricity.

At meeting of I. H. A. an abnormality was reported as relieved and maybe cured, by Conium, the remedy being selected by comparative deduction.

Amelioration after coition, and for a short time afterwards.

Conium has aggravation from enforced continence and, reading between the lines, from that symptom Conium was selected rendering relief; whether it will be complete or not is to be demonstrated.

Camphora has relief of toothache, from coition, and might be considered if needed in that patient, or by Hahnemannians, for similar conditions with their patients; verifications are always useful.

THE MEDICAL ADVANCE

A Monthly Journal of Hahnemannian Homeopathy

A Study of Methods and Results.

When we have to do with an art whose end is the saving of human life any neglect to make ourselves thorough masters of it becomes a crime.—HAHNEMANN.

Subscription Price - - - - Two Dollars a Year

We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

To accommodate both readers and publisher this journal will (not until arrears are paid and it is ordered discontinued.

Communications regarding Subscriptions and Advertisements may be sent to the publisher, The Forrest Press, Batavia, Illinois.

Contributions, Exchanges, Books for Review, and all other communications should be addressed to the Editor, 5142 Washington Avenue, Chicago.

DECEMBER, 1908.

Editorial:

ALUMNI OF HOMEOPATHIC COLLEGES.

In the response of Dr. R. S. Copeland, Dean of the New York Homeopathic College to the congratulatory addresses, the following significant and somewhat startling announcement was made in regard to the obligations, moral, financial and ethical, which the alumni of all our colleges owe their Alma Mater:

You have been the recipients of a broad and liberal education. Taking the average of a number of years past, in addition to the fees you paid, the graduation of each one of you cost the trustees of our college \$1,266. You still owe the institution that amount. It is not expected, of course, that this obligation rests upon you in so direct and personal a way as to demand a return of that sum of money. But you neglect your duty, I am sure, unless you make some effort, moral or material, to repay your Alma Mater for what it cheerfully did for you. For every dollar

you left with the Registrar you received in return \$3.43. On this account, with 1100 living graduates, the amount due to the institution from the alumni is \$1,400,000. I believe the trustees will approve my proposition to take \$1,000,000 and cancel the debt.

This means that our duty to our mother college does not cease when we receive the well-earned and coveted parchment on commencement day. There are obligations, moral and professional, due and to be paid from each of us, but very few appear to recognize them. Each alumnus can do much to cancel this indebtedness if he or she will.

In the plain matter of fact, dollar and cent way, in which Dr. Copeland puts it, every one can see his duty, for what applies to one college applies to all; and the renaissance of homeopathic enthusiasm which began at Kansas City and was duplicated at Chicago Beach Hotel in June 1908, ought not to be soon forgotten by the homeopaths of America. Our ranks need recruiting to supply the call for homeopathic physicians from every state in the Union. If our alumni will fill the class rooms, the colleges will do the rest. Send us the students and cancel the debt you owe Alma Mater.

COMPULSORY MEDICINE.

The Health Commissioner of Chicago proposes to take drastic measures in the prevention and cure of diphtheria. With the use of Antitoxin he believes diphtheritic cases in large numbers are unnecessary.

In the *Health Bulletin*, issued November 30th, he says: "Physicians will be instructed to administer Antitoxin to all 'contacts' as well as to all patients suffering from diphtheria. If the physicians will not do it, we will do it for them. We can stamp out diphtheria just as we did small-pox."

We recently published a fatal case, taken from the *Journal of the A. M. A.* in which Antitoxin was administered as a prophylactic to a healthy man and the dose was fatal in a few minutes. The *Journal* recently requested information from practitioners as to their experience in regard to this use of Antitoxin. Dr. Herbert F. Gilmore, of Cuba, N. Y., reports, in the October 3rd issue, twenty-three cases where

more or less serious results followed the prophylactic use of diphtheria Antitoxin. Of these twenty-three, ten died, others were seriously affected, but ultimately recovered more or less completely.

The conclusion arrived at by the editor is, that: "There is a certain element of danger in any form of horse serum in subjects who suffer from any form of respiratory embarrassment," and in the fatal cases "the heart continues to act long after respiration has ceased." Yet in the face of this fatality from one practitioner, the Health Commissioner proposes to make the prophylactic use of Antitoxin compulsory in all cases that have come in contact with a diphtheritic patient.

In the same issue the leading editorial is devoted to "Prevention of the Fatal Intoxication that Sometimes Follows Sero-Therapy," and claims that the manufacturer of the serum is not at fault. Of course not! He did not administer the Antitoxin, he only made it. The same may be said of Morphine, Cocaine, Arsenic and every other poison. It is the use, not the manufacture.

It is not many years since Koch discovered his tuberculin serum and proclaimed it not only as a cure but as a prophylactic. A few months use of the serum demonstrated the fact that it frequently produced fatal intoxication. In the case of Koch's Tuberculin, further fatal cases were prevented by not using it, for its general use was promptly abandoned. Why not do the same thing with diphtheria Antitoxin? Instead of that the Health Commissioner proposes to make its use compulsory and "if the physicians do not do it, we will do it for them"

We very much doubt if the law gives him this authority. He may quarantine, but he cannot dictate treatment. The Illinois Supreme court has decided that compulsory vaccination is unconstitutional, under the laws of the State, and the same may be found true with the compulsory use of diphtheria Antitoxin.

Our contemporary, *The Homeopathic Recorder*, asks a leading question in this connection. "These deaths were no doubt lawful, but would they be lawful under any other

system of medicine?" Suppose the homeopathic physician had a remedy that was being used in the treatment of any disease with such fatal results, what would the Health Commissioner do? It is probable the physician employing such treatment would be promptly arrested and tried, if not for his life, at least for malpractice. As we look at it, this "slaughter of the innocents" is entirely unnecessary and uncalled for. It may be scientific, and in that sense it may be legal; but it is an unjustifiable experiment, and if compulsory prophylaxis is necessary let it be safe. Homeopathic prophylaxis is always safe and much more efficient, yet, what would be thought of the official, state or city, who would order the general use of homeopathic prophylactic measures in diphtheria, scarlatina or variola?

THE PHARMACOPEIA OF THE A. I. H.

In the November *Recorder* Dr. C. M. Boger replies to the Pharmacopeia committee as follows:

The logical deduction is, that because no matter can be demonstrated beyond the 12th potency, therefore all such preparations are officially tabood, and if your bill passes congress, will belong to the class of outlawed nostrums. You surely don't expect any sane homeopath to put such a gag in his own throat. to say nothing of the pseudo-scientific attitude which it assumes. It is the old warfare over again when logicians finally doubt everything but their own existence.

This kind of clap-trap may appeal to a certain class of minds, but it is indeed deplorable that it should be found among men who call themselves homeopaths.

In *L'Art Medicale*, Dr. Jousset, in writing of "Hahnemann's troublesome hypothesis" upon drug dynamization, claims there is demonstrable drug action in the 30th Hahnemannian potency. Here is a resume of his experiments for the benefit of the committee:

I have taken the trouble to demonstrate by means of experiments performed during the last twelve months in the laboratory of the St. Jacques' Hospital, that the thirtieth dilution of salts of silver and mercury, made according to Hahnemann's method (i. e., with thirty separate bottles), has still an incontestible action upon the development of *Aspergillus niger*. I can therefore affirm that the thirtieth Hahnemannian dilution has an action upon the living cell, but I am still waiting to hear that similar experiments have demonstrated the action of the 20,000 dilution

This action was demonstrated by W. P. Wesselhoeft years ago in an absolutely unanswerable paper in the *MEDICAL ADVANCE* and transactions of the I. H. A.

And he might go even further and say, that hundreds of homeopathic physicians have clinically demonstrated that not only the thirtieth but the 200th, 1,000th and even the millionth, did curative work every time and everywhere, when the remedy is carefully selected. Notwithstanding the opinion of the scientists who are members of the Pharmacopeia committee we maintain that they must offer better reasons than they have already done before this work should become the legal Pharmacopeia of the homeopathic profession.

THE OFFICIOUS HEALTH BOARD.

Under the influence of blind zeal, the offspring of ignorance, the Chicago Commissioner of Health is offending the medical profession, exercising tyranny over certain businesses, interfering with the rights of individuals to choose their own doctors and treatment, and drilling the police and the school nurses to interfere with the private practice of physicians.

The methods of the Health Board favor the abuse of medical charity and tend to array the medical profession as a whole against it instead of for it. The following clipping from the *Chicago Examiner* indicates that the Chicago Medical Society is going to resist the impertinances and officiousness of the commissioner.

A spirited war of words is on between City Health Commissioner Evans and critics of his administration among the medical profession, who charge he has "fostered the abuse of medical charities" and exercised "unnecessary interference in the treatment of contagious diseases." Allegations that free medical care and nursing have been given to patients able to pay for the services are at the bottom of the hostilities.

The attacks on the commissioner's work first appeared in the form of a resolution drafted by President C. W. Leigh of the North Shore branch of the Chicago Medical Society, published in the current bulletin of the society, issued last Saturday.

The first step in the campaign to have the society go on record as

condemning the methods of the Health Department as "unlawful and unethical" will be taken this evening at a meeting of the Douglas Park branch. At this gathering, which will be held at Gad's Hill Settlement, South Robey and Twenty-second streets, the resolution will be presented. On Tuesday it will be offered at a meeting of the North Shore branch. The Council of the Chicago Medical Society will be asked to adopt it at its January session,

"This fight is not only against indiscriminate medical charity by the Health Department, but the abuse of the free dispensary and free clinic all along the line," said Dr. Leigh, author of the resolution, yesterday. "Not only have the poor received medical attention, but it has not been denied to people amply able to pay."

The resolution demands: "Measures to eradicate the abuse of medical charities; that school nurses be kept from practicing medicine; that the Health Department cease unnecessary interference with the private practitioner in the treatment of infectious and contagious diseases; that the department cease to vaccinate children whose parents are able to pay for such a service."

THE INAUGURATION OF DEAN COPELAND.

The reception and banquet of the Alumni Association of the New York Homeopathic Medical College and Flower Hospital and the inauguration ceremonies of the new dean, Royal S. Copeland, A. M., M. D., were held at the Hotel Astor, Friday evening, December 4th.

In the receiving line were:

Hon. M. B. Cary, President of the College Corporation.

Royal S. Copeland, Dean, New York Medical College.

Clarenee Bartlett, representing Hahnemann Medical College, Philadelphia.

Howard R. Chislett, Dean, Hahnemann Medical College, Chicago.

Helen C. Palmer, Dean, New York Medical College for Women.

John P. Sutherland, Dean, Boston University School of Medicine.

George Royal, Dean, College Homeopathic Medicine, University of Iowa.

Wilbert B. Hinsdale, Dean, Homeopathic College, University of Michigan.

Charles E. Walton, Dean, Pulte Medical College, Cincinnati.

Henry C. Allen, Dean, Hering Medical College, Chicago.

Hamilton F. Biggar, Honorary President, American Institute of Homeopathy.

John Prentice Rand, President of the Alumni Association.

The reception took place promptly at 6:30 in the beautifully decorated parlor adjoining the banquet hall. About three hundred guests accepted the invitation and nearly all appeared to be present.

The doors were opened to the banquet hall at 7:30 and the banquet and decorations were fully up to the high standard set by the former entertainments of the kind.

The Alumni Association and the officers having the celebration in charge may certainly be proud of this inauguration banquet. Nothing but praise was expressed on every hand for the complete arrangements and the promptness with which everything on the program passed off.

The president of the Association, Dr. Rand, made an admirable toast-master. He evidently had occupied the position before. The various brief speeches of the deans of the several colleges were witty, interesting, and some of them eloquent, and all speakers were enthusiastically received.

New York has received one of the ablest and most popular men in the school for its new Dean, and notwithstanding all the compliments which were showered on him and at him by every speaker, we know he is not vain enough to think this was alone a personal demonstration; it was not Copeland, but the cause; it was not the Dean, but Homeopathy; it was not the Alumni Association, but the College, for which this magnificent demonstration was given, and it will long be remembered by everyone fortunate enough to have been present. The cause, not the man, was the keynote of every speaker.

The enthusiasm for Homeopathy which was voiced by every College Representative will be re-echoed in every

part of the country. The New York Homeopathic College has taken an advance step in the teaching of the principles of our school. The faculty, one and all, is harmonious and is doing good work in therapeutics, work that has not been done since the time of Dunham, Allen, Deschere and Lillenthal.

Saturday, December 5th, a medical clinic was held in the college, at 10 o'clock, by Dr. Rabe, who illustrated the taking of the case and the selection of the remedy from Bönninghausen's Repertory, and one old practitioner who was present remarked: "What would I not have given if I could have received such instruction during my college days."

At 11 o'clock there was a surgical clinic in the Helmuth amphitheatre, conducted by William Todd Helmuth.

At noon the Alumni Committee was addressed by H. D. Schenk, Chairman of the Alumni Committee.

A lunch was served at the College at 12:30, and after lunch the guests boarded a steamer at the foot of 63rd Street for the Metropolitan Hospital, where the members of the hospital board explained the various features of interest connected with the hospital. This is the largest general hospital in the United States, and clinics were held by Drs. Harrington, Howard and Laidlaw. And thus ended the first popular inauguration of the Dean of a Homeopathic College ever held in the United States.

Oklahoma State Board of Medical Examiners. The next State Medical Examination occurs at Chickasha, Oklahoma January 12, 13 and 14. There are many fine locations for homeopaths in this new state; many towns from 2,000 to 15,000 have no homeopath.

There are two homeopaths on the new State Medical Examining Board, Dr. Hensley, Oklahoma City, and Dr. D. W. Miller of Blackwell, Okla. Four homeopaths took the examination at Muskogee, Nov. 10, 11 and 12, the first session of the new Board. The Oklahoma Institute of Homeopathy pledged \$25.00 to the national fund to promote Homeopathy.

D. W. MILLER.

NEW PUBLICATIONS.

THE PHYSICIAN'S VISITING LIST, for 1909.—P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, Pa. Price \$1.00.

This is the 58th annual appearance of this popular work. It has been recognized all these years as a standard visiting list, by American physicians, or it would not have continued its annual visits, hence the only conclusion is, that it is worth all the merit it has received.

During the life of this little book, medical science has made rapid progress in every direction, and the publishers have evidently endeavored to "keep up with the procession," by improving the book from year to year. The publishers say:

"It has been seen and used by the most of the famous American medical men and investigators, as well as by thousands of others whose names, perhaps, were never known beyond their own local scenes, but who, nevertheless, have done a large share toward the total sum of human happiness. It has made many long journeys in saddle-bags and buggies; to-day it is traveling in automobiles. It has been at the death-beds of rich and poor, famous and infamous alike, and its volumes hold the life records of numberless physicians."

HEALTH AND BEAUTY. By John V. Shoemaker, M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College, Philadelphia; Physician to the Medico-Chirurgical Hospital; President of the American Therapeutic Society; Member of the American Medical Association, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc. Royal Octavo, pp. 476 Bound in Extra Cloth, Beveled Edges. Price, \$3.00, net. F. A. Davis Company, Publishers, 1914 Cherry St., Philadelphia, Pa.

This work, of nearly 500 pages, is the culmination of years of thought and labor by its distinguished author. It is intended not only for the professional, but for the layman; it is a subject which is of interest to every woman especially; and in this department a chapter will be found devoted to the "influence of beauty in human society," illustrated by quotations drawn from works of poets and fiction, recognized by the world as standard authorities.

Chapter XI, on the "Education of the Body," giving a history of the results of physical exercises, in the gymnasium, the army and elsewhere, from the palmy days of the Greeks and their Olympic games, to the present rage for roller skating, is alone worth the entire cost of the book and will many times repay its study.

Health and beauty are closely allied, the latter depending upon the former, and this is nowhere better or more clearly expressed than in the condition of the skin. Herbert Spencer has said, it is "that surface by which we come in contact with the universe;" hence it is so essential that it present a good appearance, and it is well-known that a beautiful skin can only be found where there is perfect health.

The author points out, in consecutive chapters, the various methods by which health may be influenced by climate, diet, clothing, ventilation, bathing and exercise. He also discusses, briefly, some of the diseases to which the hair and nails—a part of the skin—are subject, and finally the legitimate employment of cosmetics.

To this part of the work a most serious objection is to be offered, for a perfectly healthy skin can never be obtained by the external use of cosmetics or medicated applications; in fact, the treatment of skin diseases by local medicated applications, tends to make diseases of the body as well as of the skin, and this treatment mars an otherwise excellent work on health and beauty.

SEX IN OFFSPRING, by Frank Kraft, M. D., late editor of the American Physician; late Secretary of the American Institute of Homeopathy; a modern discovery of a primeval law. 12 Mo. Pp. 115. B. Borshuette, Cleveland, Ohio. Price, \$2.00, prepaid.

The author claims that he has discovered a law determining the sex of offspring. From time to time fragmentary articles have been published, and a number of writers have proclaimed the same thing. These Dr. Kraft describes as an addition to the other observations. His claim is that he has found a natural law, so simple and obvious, the wonder is no one has thought of it before. Perhaps this

is all true, for Newton discovered the law of gravitation by seeing an apple fall, and was the first one, apparently, who thought to ask the question, why it did not fall up instead of down. Hahnemann was the first to observe the natural law in therapeutics, by testing Cinchona bark on the healthy. The author's investigations have convinced him not only of the importance, but the truth of this discovery, and claims that any person who has a farm and farm animals can convince himself likewise, by applying the law to the breeding of his live stock. In this discovery a new field of practice both interesting and profitable is open to the physician.

The law, in brief, is based upon the fact, that lunar influence controls the processes of the reproductive system in the female; that such processes all move in lunar period cycles; that the lunar monthly cycles, and its product operate in rise and fall under the lunar influences, that the ovum, while it lasts, is double sexed, constantly alternating from one sex condition to the other, in periods of about six hours each. The ovum, if fertilized during one period develops into a male, if during the next succeeding period a female, and this again in rotation. The law, he claims, accounts for many things hitherto inexplicable, including the balance of the sexes at birth.

On account of the sudden illness and death of the author, a large number of illustrative cases of sex determination, intended for the work, was never completed.

HEREDITY AND PRENATAL CULTURE, Considered in the Light of the New Psychology, by Newton M. Riddle; a lecture on Heredity, Child Culture, Psychology, Psychic Phenomena, Brain Building, etc. Chicago. 1908. Pp. 350.

This volume is intended to meet the increasing popular demand for a practical treatise on heredity and prenatal culture. The author has endeavored to reduce the facts and laws of reproduction to definite science, and to present them in a concise non-technical form, in order that thinking parents can practically apply them. Biological problems and

theoretical speculations on the physical basis of heredity have evidently been avoided, and the subject presented in the light of the new psychology. The new psychology, the efficacy of suggestion in life building, is a demonstrable fact, and has no doubt come to stay.

This is the result of fifteen years spent in gathering the subject matter and preparing a work that would be helpful in solving the problem of life and human progress. Over a hundred authors, on similar and kindred subjects, from Darwin, Heckel, Spencer, Drummond, Huxley and Galton, down to the present days of Dewey, Schuyler, Anderson, etc., have been consulted, but, in the long list of authorities, we fail to recognize one of the greatest of them all, Swedenborg.

This is a valuable contribution to the subject, and every physician should have a copy and should be familiar with its contents, for there are many subjects here discussed, and many cases illustrated, that will be of great help to every homeopathic physician. The homeopath, however, will be able to add the missing link in the problem, viz., the prenatal treatment of the child. Here is where our law of similars, practically applied, is capable of revolutionizing the race, and of its beneficent, all powerful work the author has apparently never had even a hint.

The work is well printed, with side heads in heavy type, on good paper, and will be a valuable addition to any library, for the physician or the family.

The chapter on hereditary criminality reveals some startling statistics, well worth the study of every physician.

PUTNAM'S NEW MONTHLY MAGAZINE, or as it is now known, PUTNAM'S MONTHLY AND THE READER, has rapidly come to the front as one of the best of our illustrated monthlies.

The December number contains many valuable articles: The one on Bulgaria, The Passion Play by American Indians, As Europe Sees Us, are among many of the able articles.

We congratulate both editor and publisher on giving us one of the most readable and interesting of American monthlies.

DISEASES OF THE NERVOUS SYSTEM. By John Eastman Wilson, A. B., M. D. Professor of the Diseases of the Nervous system, New York Homeopathic Medical College and Flower Hospital, and in the New York Medical College and Hospital for Women; Neurologist to the Flower Hospital, Women's Hospital, Hahnemann Hospital, Laura Franklin Free Hospital for Children, St. Mary's Hospital, Passaic, N. J., and Consulting Neurologist to the State Hospital, Middletown, N. Y. Pp. 500. Cloth \$3.50. Half Morocco \$4.50. Boericke & Runyon, New York and Philadelphia, 1908.

This work is the sequence evidently of the writer's lectures upon Nervous Diseases, rounded out and completed so as to furnish students and general practitioners a concise description of the etiology, pathology and differential diagnosis or as the author puts it, "a simple dogmatic statement of neurological facts." The majority of books of this class are too bulky, too elaborate, too technical, for the student or busy practitioner. A few, on the other hand, are too brief, too much condensed to be practical. The author evidently has aimed to strike the happy medium, to give the anatomical facts in such a form that they can be readily referred to, and under these limitations many statements are necessarily dogmatic.

In the preface the author says:

The medicinal treatment of many nervous diseases is at present considered to be futile, so far as cures are concerned, and the physicians of all schools are driven to symptomatological prescriptions and to palliatives. Under such conditions we have a right to feel that we are the best symptom hunters yet evolved, and that by faithful work we may occasionally change the classical prognosis; for this reason the literature of our school has been diligently searched for remedies that are indicated, and also for those giving some clinical basis for their employment.

In everything that goes to make up a practical work on the Diseases of the Nervous System this work appears to be almost ideal for the general practitioner, and where an attempt is made to treat these diseases the compilations and therapeutic suggestions are as complete as can be found anywhere. We doubt if the author or anyone else could

have done any better in the building of a book on these lines.

But for the Hahnemannian the treatment of a nervous or any other disease in the way laid down here must necessarily be empirical. No two persons can have any nervous disease in the same way or can present the same symptoms; e. g., on page 163: "If, therefore, the case is rheumatic, we should at once think of Bryonia, Rhus, Actea or Apis." No, that is not homeopathic; any one of fifty other remedies might be equally well indicated as those above mentioned. Or again: "In alcoholic cases the usual prescription will be either Nux vom. or Actea;" as if Nux vom. or Actea were the only remedies for alcoholics! Asarum, Opium, Rhus, Sulphur or a hundred others may fit certain cases for which the symptoms of the patient (not alcoholism) call.

Again, on page 274, the author says:

Physiological medicine mainly relies upon Strychnia in some dosage, in the atrophies, Gowers says that by the mouth it is of no value, but the nitrate, hypodermatically, is valuable. He begins with a dose of 1-100th of a grain daily, cautiously increased to 15th. It has arrested very bad cases. Starr does not believe in it, but would rather give it by the mouth, 1-50th of a grain daily for four days, and then Arsenic 1-50th the other three days of the week.

Here the opinions of Gowers and Starr differ materially, and this is necessarily true of all other writers on the same subject. It is the *ipse dixit* of their experience and is not based upon natural law in the medical world. This same difference of opinion will be found in the writings of every nerve specialist in the homeopathic ranks when they attempt to treat nervous diseases and overlook the patient. The work is well illustrated chiefly with original drawings.

AN ENGLISH-CHINESE LEXICON OF MEDICAL TERMS, prepared by Dr. Philip B. Cousland, has just been published in Shanghai. Though the author is an Englishman by birth, he has based his book largely upon the Medical Dictionary of Dr. George M. Gould, of Philadelphia, a high compliment to American scholarship. Dr. Cousland also has recently published a translation of Prof. Halliburton's edition of Kirkes' Physiology.

FROM THE FIELD.

Dr. George M. Cooper announces the removal of his office to 1809 Chestnut street, Philadelphia. Residence Bryn Athyn, Pa.

The death is announced of Elnora L. Wheeler, wife of Dr. J. D. Graybill, of New Orleans, on Nov. 5, 1908. He will have the sympathy of his colleagues in his sorrow.

DR. P. N. GROULEFF, Goteborg, Sweden, was recently fined for practicing Homeopathy in his private sanitarium. On appeal to the highest court the decision was reversed, and the doctor was declared free from all responsibility, because the homeopathic remedies were not drugs under the medical practice act. Thus Drs. Axel and Grouleff are now practicing Homeopathy in their native land, but under many difficulties.

Dr. Clara Sterling, demonstrator of Anatomy in Hering Medical College has accepted a position as resident physician in the new institute for the treatment of tuberculosis at Hartland, Wis., a suburb of Milwaukee. The institute has recently been opened under the management of Dr. Milcon Rice as president and medical director, with a corps of ten surgeons and physicians on the staff. The best means known to science will be used and the medical treatment will be strictly Hahnemannian.

Hotel Citronelle, Alabama, on the Mobile & Ohio R. R., about 30 miles north of Mobile, is located on a high, rolling plateau of pine forests, the highest point on the coast survey between the Rio Grande River and the coast of Maine. The hotel is furnished with electric lights, thoroughly heated, sanitary in all its arrangements, and announces that it is open for the reception of winter tourists. Sorry we cannot go South.

For the benefit of homeopathic families, Dr. A. M. Duffield, one of the best homeopaths in the South, is available.

The Metropolitan Hospital, New York, is in search of nurses:

The School is registered and offers a three years' course of training.

An allowance for current expenses is made as follows: \$10.00 a month for the first; \$12.00 the second, and \$15.00 the third year.

Applicants must be over 21 and under 35 years of age, and have one year in High School, or its equivalent. Classes formed every two months.

Dr. Dewitt G. Wilcox, after a sojourn in Buffalo of 22 years, during eighteen of which he was Chief Surgeon in the Lexington Heights Hospital, announces his removal to Boston, where he will be associated with Dr. M. W. Emerson, Prof. of Surgery in the Boston University Medical College, and proprietor of the Emerson Hospital. This move will be a great surprise to the profession, as Dr. Wilcox was looked upon as one of the fixtures in Buffalo. His association with Dr. Emerson will form a strong surgical partnership, and as they propose to enlarge the present hospital of 40 to 60 beds or more, it will make one of the most complete private hospitals in the city.

The reputation which Dr. Emerson has throughout New England, where he stands in the front rank of Boston surgeons, and the reputation which Dr. Wilcox carries with him from the West, equally good and equally extensive, will give Boston a private surgical institution of which every member of the profession may be justly proud.

The Mayo Brothers in Rochester, Minn. have been a great object lesson to the profession, demonstrating what two men can do by working together harmoniously, unitedly; and we trust that this surgical partnership may be as successful in Boston as it has in Minnesota. If so, it will enable one of the members of the firm to have the freedom of a long vacation and the advantage of travel and study to increase the technique and skill of the operator. Success.

Boericke & Runyon, the Homeopathic Pharmacists 11 West 42nd Street, New York, are apparently doing an active business in snakes. The firm has secured another live snake, a *Lachesis Mutus*, in fine condition, from which a

quantity of virus has been extracted. The genuineness of the reptile is attested by Prof. R. L. Ditmars, Curator of the Zoological Gardens in New York.

The firm now have secured fresh preparations, triturations and various potencies of the *Lachesis Mutus* (Bush-master), and the *Lachesis Trigocephalus* (Lance-headed viper), and are prepared to furnish either or both as may be desired.

The enterprize of this pharmacy certainly deserves recognition. At great expense they secured a true *Lachesis Trigocephalus*, and after doing so the question arose as to whether it was the one from which Dr. Hering obtained the original virus with which the provings of *Lachesis* were made. It was finally decided that it was the *Lachesis Mutus* which Hering employed, and after considerable trouble and further expense the firm has now secured a living specimen of the *Lachesis Mutus*.

This work has not been done apparently for financial gain, as the entire amount of *Lachesis* sold by all the pharmacies in the country in the course of a year amounts to very little, a mere fraction of the expense attending the securing of a single reptile.

When Hering first announced a proving of *Lachesis*, many homeopathic physicians declined to use it, because they could not secure it in the tincture, and now for the same reason apparently many members of the homeopathic profession have lost confidence in the efficacy of *Lachesis*, because it was not a fresh preparation, hence the desire of Boericke & Runyon to do away with this senseless objection.

Our experience is that *Lachesis*, if properly selected and administered, works every time and everywhere notwithstanding its age. The remedy in the dynamic form, well protected is good for a life time. But a great many, apparently, expect *Lachesis* to cure a Sulphur case, irrespective of the symptomatology, and these prescribers frequently say, "*Lachesis* is the remedy, but I am afraid to trust it. Would that somebody might give us a fresh supply!" And now that this firm has given us a fresh supply of both varieties, the profession can obtain any potency, low and weak or high and strong, and that too a fresh one, when required. I sincerely hope that the enterprize of the pharmacists will be followed by a little more enterprize on the part of the profession in selecting the remedy, and hence better success and less fault finding with *Lachesis*.



APPENDIX.

WHAT IS HOMEOPATHY?*

By ROYAL S. COPELAND, A. M. M. D., Ann Arbor, Michigan.

"When years after his death the world agrees to call a man great, the verdict must be accepted. The historian may whiten or blacken, the critic may weigh and dissect, the form of the judgement may be altered, but the central fact remains, and with the man, whom the world in its vague way has pronounced great, history must reckon one way or the other, whether for good or ill." But to properly measure a man, long since dead, we must know something of the time in which he lived; something of his environment, something of his contemporaries. If, as was Hahnemann's case, the subject of our study belonged to one of the learned professions, we must know, not only his own personal attainments, but also how these compare with the most advanced thought of the medical leaders of his time.

Samuel Hahnemann, born in Saxony, a century and a half ago, was the founder of the Homeopathic School. Medicine, in his day was a mass of chaotic and unscientific pretence. Disease was looked upon as due to the presence in the blood of certain so-called humors or morbid products. The removal of these by means of large doses of powerful drugs, the nature of whose action upon the organism was not understood, was considered necessary to the restoration of health. It was thought that drawing large quantities of blood from the body accomplished this; therefore, without regard to the nature of the disease which affected them, all patients were bled. Disease was considered to be a material entity, which had to be destroyed, without regard to the effect on the body of the measures and drugs employed. Besides many drugs yet familiar to the profession, it was common practice in that time to prescribe such things as

*By invitation of the Regular Homeopathic Society, this address was delivered in the Chicago Public Library, Dec. 3rd, 1907. The audience was made up of laymen, as well as physicians, and for that reason the thesis was couched in popular language.

hearts of vipers, earth worms, green lizards, live frogs, river crabs, and, to quote from a famous old prescription, "shavings of a man's skull that dy'd a violent death."

In opposition to the prevailing crude, and disgusting ways of treating disease, Hahnemann proposed the simple and scientific method which has become the rule and guide of a great and growing profession. Hahnemann and Homeopathy are so intimately related that to think of one must be to consider the other. The Hahnemann of history lives in the Homeopathy of reality. To properly estimate Hahnemann, the physician, we must take the record of the multitude of his cures. To appreciate Hahnemann, the scientist, we must consider the man who promulgated, for the first time in history, a law of practice universal in its application. It was not alone for the eighteenth century and for Germany: it was for the twentieth century and for us.

The ordinary man is satisfied with his surrounding and contented if he possess the talents common to most of his professional brethren. The legal standard is high enough for him and as we all know, that requires of every physician simply an average degree of intelligence and average professional skill. The men in medicine who have taken positions far in the lead of their colleagues are conspicuously few in number. By the very nature of his calling, his vital relation to human life, the physician is conservative, ultra conservative in fact. He knows enough of the human organism to realize it is not a machine to be dealt with as the mechanical engineer deals with the problem presented him. Furthermore, the human organism differs from the machine, too,—the doctor's problem has a throat and it is capable of vocal protest against would-be experimenters.

This prejudice against innovations in medical practice has prevailed for all time; indeed it is so pronounced that in some countries it has been customary to mete out punishment to the practitioner departing from the recognized and standard methods of treatment. In old times, burning at the stake and burying alive have been favorite rewards for the genius who thought to attach his name to an advanced idea

in medicine. The modern way is not so trying physically, but Samuel Hahnemann in his life-time could testify to persecutions most vexatious.

But in spite of opposition from a profession naturally unprogressive and unnaturally jealous, Hahnemann, the physician and scientist, promulgated a theory of cure and a method of drug administration which for a hundred years have proven to be an unconquered fortress against the assaults of every foe. To-day, this theory of cure, while unaccepted by the dominant school, as a law of nature, is verified in every procedure of its practitioners, at least, in every procedure regarded by those therapeutic agnostics as being among the certainties, the verities of practice.

With the consideration of Hahnemann's method of drug administration, our cup of joy o'erfloweth. Ridiculed and laughed at for a century, the scientific world has come to admit that Hahnemann was the chief scientist of his time. Not only so, but his doctrine of the efficiency and increased efficacy of drugs in infinite dilution is accepted to-day in every laboratory of the world.

LIFE AND HEALTH.

To the lay mind, health and disease are terms which define conditions, one desirable and the other to be avoided. Beyond this vague mental description no further thought is given the problems which vex and perplex the scientists and divide the medical profession into great factions or "schools." With the conflicting and vacillating opinions of the past, it was necessary to be something of a mental gymnast to keep abreast of the rapidly changing ideas of scientific thinkers. Fortunately, however, this chaotic condition is giving way to an orderly arrangement of established facts and, to-day, we know for a certainty many very interesting things about health and disease.

It is now believed that life depends upon the activity of the bodily cells. Going from the gross mass of the body to the separate and distinct tissues and from these to their minuest portions, it has been determined that the smallest possible division of living matter, capable of form and function, is

the cell. The infinitesimal size of the cell is something amazing; in the liver, for instance, it has been found, by careful measurements and estimates, that a single cubic inch of that organ consists of 156,000 million separate and distinct cells!

Health depends upon the well-being of every cell of the body. The cells must be nourished and refreshed, waste products must be carried away, and new material supplied as required. In the light of present knowledge, disease consists of some disturbance in the metabolism of the cell. By this term, metabolism, we mean the balance or equilibrium which exists between food supply and waste; normally, this condition is reached when the active cell constantly receives and assimilates precisely the right amount of exactly the proper food. In disease this balance is disturbed; insufficient or improper food interferes with the cell, causing it to be over-active or under-active, or to die. Then the individual becomes conscious of certain symptoms which are indicative of disease, and the physician's duty begins.

THE SMALL DOSE.

With this much scientific knowledge, briefly stated though it is, the lay mind will at once appreciate that medicine, to be of use to one of these bodily cells, must be administered in such form and quantity as such an infinitesimal thing is capable of receiving. One might as well attempt to patch a pin prick with one of the pyramids as to expect a tea spoonful of medicine to be appropriated by a cell. Only a very, very minute portion of such a dose, relatively so enormous, can be appropriated by the diseased cell; the untouched portions of the dose are in the system as a menace to myriads of other cells, which may and probably will be poisoned by the unwelcome drug. Perchance the cell or cells originally diseased may be restored to health, but the patient has gone from Scylla to Charybdis by having thrust upon him an illness quite as bad or worse, the direct result of drug action.

The quantity of medicine to be given in each dose bears no essential relation to Homeopathy; it is the privilege of

the prescriber to administer a grain, an ounce, or any amount which appeals to him as required by the patient. The homeopathic physician believes, however, that the "minimum dose" should be administered, that is, that the smallest possible quantity, capable of relieving the need of the patient, should be given. This is the ideal prescription, because it exactly supplies the demand of the diseased cells, without disturbing other normal cells. In practice, therefore, the homeopathist usually dispenses small doses.

The popular notion that the strength or power of a chemical is in direct proportion to its mass, is no longer the view of scientific men. It is now held that a very small amount of a drug or chemical, when perfectly dissolved in water or some other liquid, is much more potent than a thousand times as much of the same chemical in the dry state or imperfectly dissolved. This is the teaching in every laboratory of the world. Practical application of this fact is found in the modern use of blue vitriol in purifying water. A quantity so small as to have no effect upon the cells of the human body is yet capable of causing the death of certain algae which possess a selective affinity for this particular chemical.

In the human body the cells of particular parts possess this same selective affinity for certain drugs or chemicals. When an infinitesimal amount of silver, for instance, is taken into the system, it may be found in certain tissues of the brain and always there, when it cannot be discovered elsewhere. Thus it is apparent that when any cell of the body lacks a given element necessary to its well being, its power of selection of the missing element, or "tissue proclivity", as it is termed, enables it to appropriate the same from the blood stream if it be there in ever so minute quantities.

It will be seen, therefore, that the efficiency of the small dose and the capability of the human system to appropriate and utilize medicine administered in minute quantities are facts based, not upon a vagary of the imagination, but upon the most modern of accepted truths.

THE LAW OF CURE.

Not only does the homeopathic physician prescribe the "minimum dose," but also, in selecting the remedy for given symptoms of disease, he employs a fixed formula, expressed by the Latin phrase, *Similia similibus curantur*, translated "Similar are cured by similars," i. e., like ailments are cured by like remedies. The possible existence of a law of cure is denied by the dominant school. The latter scoffs at the "theory of Similars," and, in prescribing, depends largely upon experimental and empirical methods. That is, the physician of the dominant school in treating scarlet fever, for instance, tries this, that, and the other remedy, which he thinks might possibly be of some use, until he hits upon one which seems to control the issue of the disease. Or he prescribes in the condition, this, that, or the other remedy, which has obtained a reputation for usefulness in this disease. The first of these methods is, of course, experimental, and the second empirical in the extreme. Besides these, excluding the use of remedies which act simply in a clinical sense as neutralizing agents, a physician of the dominant school has but one other method of therapeutic procedure. This is to prescribe "allopathically," that is, to give a remedy which, by reason of its drug action, produces symptoms the opposite to those induced by the disease. To illustrate; If the patient have fever, some drug is given to forcibly hold the heart, thus preventing its rapid action with the resulting increase of temperature; or, in flagging heart, the organ is whipped on and forced into more rapid action by the administration of a stimulant, like whiskey or strychnine. Such practice is too often fatal in its results and, in any case, the reaction from or secondary effect of such treatment is bound to be pernicious.

With no fixed formula and no unity of thought regarding the use of medicine, every physician of the dominant school is authority unto himself in the selection of his remedies. The result is, that for any given disease, or set of symptoms, there may be as many different prescriptions as there are doctors of the dominant school.

SECTARIANISM.

The homeopathist is frequently called by the dominant school a sectarian and in terms of opprobrium accused of sectarianism. Homeopathy, then, is a sect. Does it therefore differ in this respect from the other school? The word sect is defined as "a body of persons distinguished by peculiarities of faith and practice from other bodies adhering to the same general system." It is a party or faction.

In the light of this definition, the accepted one, is the dominant school free to cast stones? Let us pause a moment to inquire into their practice.

Hare of Philadelphia declares his faith in the usefulness and efficacy of drugs as a means of restoring health.

Osler absolutely abandons drugs and looks upon them as useless and many times harmful.

Abbott advocates the alkaloids as universally applicable and beneficial.

Trudeau disregards internal medication and considers the out-of-door life and forced feeding as the essentials in practice.

Kellogg considers disease only in its relation to metabolism, and, standing in the high place of liberal medicine, broad and unsectarian, proclaims to all the world that the vegetable diet is the one and only means of cure for suffering humanity!

General Terry wrote me recently, saying that every patient admitted to the Battle Creek Sanitarium has a most careful examination, blood count, chemical analyses of the excretions and secretions, but, strange to say, all paths lead to the one goal—the "shadow" diet.

Studying the announcements of the specialists, the wondering sufferer discovers that Dr. A. uses electricity exclusively. The "life currents" are disturbed, and, to follow nature's way of cure, electricity is the proper treatment for all diseases. Dr. B. depends upon photo-therapy. The X-ray, the Finsen light, the Leucodescent light—in one of these is healing for the nations. But along comes Major Woodruff who says nay to all this. Sunlight he declares,

is fatal to the nervous system, and to live long and be happy one must keep in the valley of shadows; the mortality rate is highest where the light is brightest, and longevity is promoted by dwelling in the rainy and gloomy regions of the earth.

The next specialist consulted is a rythmo-specialist, who has a jiggling machine for every vital part. In common with the hydro-therapeutist he seeks to increase phagocytosis and, by active or passive hyperemia, to accomplish the healing. Then there are the serum-therapy and the organo-therapy specialists. Neither must we overlook the prophylactic doctors who discover the germ and dispatch it ere it begins its deadly work.

We have now reached the last letter of the alphabet and find here the zymo-therapy specialist who, to the horror of that other non-sectarian, Dr. Kellogg, feeds his patients upon meat, thereby, he says, increasing the antitoxins in the blood and neutralizing the products of germ life.

In all candor, is it fair of a profession so broken into parties and factions, each party and each faction so exclusive in its ideas of therapeutics—is it fair, for the adherents of that school to accuse the homeopathist of sectarianism? Like Saul of Tarsus, they breath out threatenings and slaughter against the disciples of a mistaken idea, yet they are as narrow, as sectarian indeed, as they believe the homeopathist to be.

Your speaker has no desire to be bitter or unkind. He numbers in his friendships and remembers in his prayers many followers of the other practice. But we do not believe the diverse practices of the dominant shool show a remarkable degree of scientific exactness.

THE CERTAINTY OF THE LAW.

-All this is different in Homeopathy. For a given set of symptoms, no matter where the homeopathic physician was educated, or where he may practice, be it in Maine or California, the Dominion of Canada or the British Isles, "from Greenland's icy mountains, from India's Coral strand" the remedy selected will be the same. As in the selection of

glasses for a definite error of refraction, scientific oculists from one end of the world to the other will reach the same conclusion as to the need of the patient; so, in homeopathic practice, definite and positive symptoms of disease will call for the same remedy with every prescriber.

The reason for this marked difference between the schools, as has been said, is because the homeopathic physician believes that in disease and health there are certain laws, as there are in every other department of the physical world, while the physician of the dominant school denies this, or at least denies the value of the so-called law of Similars. It is not possible, perhaps, to explain the rationale of this law of cure, but the homeopathist is not the only scientist forced to acknowledge ignorance of the underlying laws of his specialty. Where is the physicist who can explain the law of accelerated motion or the law of magneto-electric induction, or the law of gravitation? He can demonstrate the law by showing experiments to verify it, but to sensibly or convincingly explain why or how, he cannot.

The theologian has the same difficulty with the doctrine of the immaculate conception and the chemist can hardly account for some of the chemical affinities familiar as working truths. Thus it may be excused the homeopathist, perhaps, if he fail to scientifically account for the theory of similars. It is the conclusion of the homeopathic profession that this theory affords a working hypothesis satisfactorily accounting for certain medical phenomena, and the terms of which, outside of purely chemical processes already referred to, *every certain procedure known to the medical profession can be explained*. Further, in order that the lay mind may not misunderstand its position, it is claimed by the homeopathic school that every single remedy, known to have curative properties in the relief of disease, acts in harmony with and is prescribed, even if unknowingly so, in accordance with the theory expressed in the phrase, *Similia similibus curantur*.

The dominant school today, therapeutic skeptics* as they

*The skepticism, almost nihilism, as regards the value of remedies, of the dominant school; is shown by this quotation from one of its eminent

admit themselves to be, certify to four sure remedies—mercury in syphilis, quinine in malaria, salicylate of soda in rheumatism, and iron in anemia. The most radical of the dominant school, denying the homeopathicity of these remedies, would admit that the poisonous action of each is remarkably similar to the disease it has power to cure. If time and space permitted, in addition, your speaker would attempt at least some citations of remarkable scientific facts which exist and which apparently vindicate the claims of Similia, but enough has been shown to prove that the entire homeopathic practice and such of the practice of the dominant school as is conceded by that school to be of positive therapeutic value, are in harmony with and are explained by the theory of Similars. It is not begging the question, therefore, to leave the matter here and claim that until future generations find a better hypothesis we have the right to accept the theory of Similars as the law of cure.

THE VALUE OF THE LAW.

One who has observed the great variety of symptoms met in different types of typhoid fever, or any other disease, will at once appreciate the value of a system which seeks to select a remedy suited to the particular case in hand, and to differentiate it from all other remedies useful in other types of the same disease. It is not enough to treat a disease by name, as is the practice of the dominant school, or to pre-

exponents, Prof. H. C. Wood, in the preface of his "Treatise on Therapeutics:" "Experience is said to be the mother of wisdom. Verily she has been in medicine rather a blind leader of the blind, and the history of medical progress is the history of a man groping in the darkness finding seeming gems of truth, one after another, only in a few minutes to cast each back into a heap of forgotten baubles that in their day had also been mistaken for verities. Narrowing our gaze to the regular profession to a few decades, what do we see? Experience teaching not to bleed a man for pneumonia is to consign him to an unopened grave, and experience teaching that to bleed a man suffering with pneumonia is to consign him to a grave never opened by nature. Looking at the revolutions of the past, listening to the therapeutic babel of the present, is it a wonder that men should take refuge in nihilism, and like lotus eaters dream that all alike is folly, that rest and quiet and calm are the only human fruitions?"

scribe for a disease because of the peculiar manifestations which are common to all cases of the same disease. The remedy must be selected to fit the special symptoms presented by the individual patient. When so selected, the remedy fits the disease as the wing of the bird fits the air. Any other method of prescribing is as likely to result in misfits as would happen in a ready made shoe store if the ridiculous rule prevailed that to every soldier customer a No. 8 shoe should be sold, to every blacksmith, a No. 9 and to every farmer a No. 10. Homeopathy is exact in its methods and employs no ready made garments to fit its patrons, regardless of form, height and station. Every garment is made to order and is fitted only after careful consideration of many patterns.

DISEASE INCREASING.

In the language of Dean Hinsdale of my own college, I do not wish to consume my entire time in an arraignment of the profession of which I am, at least legally, a qualified member. The conclusion drawn is, in part, that the physicians have been human, and in spite of whatever liberal training they are supposed to have had, their horizon has been neither regular nor broad. Of course, old school magnanimity has often shown itself, Dr. Hinsdale continues. A few years ago the American Medical Association held its meeting in the city of St. Paul. At that meeting its learned president, Doctor Charles A. L. Reed, proclaimed a new school medicine. One without dogma, gross medication, absurd attenuations, ridiculous anti-mineralism, with refined pharmacy and a more rational therapy. A science in which all may delve, a school of human tolerance and honesty, without premium upon personal prerogative, no proclamation of completeness, that recognized the progressive revelation of truth and that "greeted him who thinks, though he think error." The doctor wishes to live in a democracy of medicine. Others of his class have given expression to similar views, but, perhaps, with less liberality. Their drift is entirely away from medicine as a system of therapeutics, in favor of the abandonment of drugs altogether preventive and toward preventive medicine.

“No one restrains the ardent desire for the full development of the new science, Preventive Medicine, or the hope that the time may come when the causes of diseases are stamped out. When tuberculosis, malaria, yellow fever, cholera, plague, typhus and typhoid, small-pox, diphtheria and all the other infections and contagions, together with drug poisonings, like slavery and feudalism are only known historically to have prevailed among men, the medical millennium will have arrived and the doctor, as he has been known or as we know him will be extinct. Until that takes place, the functions of the ordinary practitioner of medicine will be with the concrete, actual presence of the results of infection and other morbid changes.

“A pitiable tale is told by Manager of United Hebrew Charities, Frankel, of New York. From the census reports he demonstrates that the death rate per 100,000 for the most common diseases increased during the decade between 1890 and 1900. In only three diseases out of a list of fourteen was there a decrease, viz., cholera infarctum, diphtheria and consumption. The decrease in diphtheria the doctor will certainly attribute to the use of antitoxin, which is not particularly a sanitary method of treatment. Had he consulted the rate for the British Islands for the same time, he would have found an increase in diphtheria rather than a decrease. The decrease for consumption is probably due to sanitary precaution, but tuberculosis is not the only pulmonary plague. The death rate for pneumonia is about the same as that for consumption. In some localities, pneumonia, as a cause of death, leads consumption. The percentage of decrease in consumption for the period referred to was about twelve; the percentage of increase for pneumonia, for the same period, was eleven. The decrease of the one pulmonary disease is offset by the increase of the other.

Sanitary science has kept back many pestilential diseases from our shores, and seemed to bring under pretty complete control some others that were one time formidable; but it cannot be successfully maintained that all the changes in the character of diseases, the ebbs and flows of disease tides

are due to, or are controllable by, human efforts. Long periods of time have elapsed when certain diseases have seemed almost suppressed, as we would say, naturally, owing to conditions that we do not understand. These same diseases break forth again with violence and sweep over large portions of the world.

"In spite of all that is being done to purify water supplies, in 1900 there were 3,405 deaths from typhoid fever per 100,000, against 3,210 for 1890; an increase of 189 per 1,000,000. It is probable that typhoid fever has been more prevalent for the past two years than it was when the statistics embodied in the last census report were gathered.

"During the statistical period referred to there was an increase in diseases of the stomach of 338 per 100,000. The increase in cancer is alarming, having arisen from 2,203 per 100,000 to 2,837, an increase of 636. Diseases of the circulatory system, by which is meant organic defects in heart, arteries and veins, are becoming more deadly both in this country and in England. During 1900 1,347 more deaths from heart disease occurred than in 1890. There were as many again cases of angina pectoris in 1900 as there were ten years before. The number of deaths from diabetes also doubled. Bright's disease and other diseases of the excretory organs increase annually by a large percentage. Accidents and suicides, which, of course, are not diseases in the ordinary sense, are increasing out of proportion to the population. Convulsions, which is largely a condition occurring in childhood, seem to decrease, but other disorders of the nervous system, as causes of death, increased by ten per cent. These statistics may be taken by the young physician as encouragement, for they seem to promise him lucrative business for quite a time yet."

When hygienic improvements, serum-therapy, electricity, tubbing, dietetics and other experiments have failed to accomplish all their several promulgators have promised for them, taking advantage of all there is good in them, Dean Hinsdale asks, is it not worth while to turn again to internal medication as a means of curing a part of what cannot be

prevented? Of all branches of medicine, therapeutics has been the most neglected. As has been said it has been abandoned by a great many, if credence is to be placed upon their utterances.

In the nature of things, then, the public must turn to Homeopathy because it embodies and represents faith in therapeutics. It is, indeed, the therapeutic specialty. But the layman investigating Homeopathy for the first time has a right to ask whether or not it is a success in practice. Homeopathy must prove beyond cavil that its system is at least the equal of any other in percentage of cures, short duration of disease and low death rate. It is not incumbent upon it to show more, but it is greatly to its advantage to prove, not alone its equality to other systems, but also, if possible, its superiority. If its results are equal to those shown by another system it may be accused of adopting the methods of that school; if they are superior, however, either the practice is actually different or else the homeopathist has a way of more successfully employing the methods of the other school. In either event the public will be satisfied to give preference to the homeopathic physician.

SUPERIORITY OF HOMEOPATHY.

Statistics are not always reliable, but for the purpose of the present discussion there seems no other way of presenting the truthfulness of this claim. The cities of Baltimore, Cincinnati, Brooklyn, Detroit, St. Paul, Providence, Denver, Indianapolis, Syracuse, Rochester, Nashville and Seattle, are selected as fairly representing every variety of climate and every phase of therapeutic practice. Because the figures are at hand, the year 1894 is chosen and it is no more favorable to the argument than any other year would prove to be.

During that year the practitioners of the dominant school in these cities had a death rate in measles of 3 per cent.; the homeopathic profession lost 0.8 per cent. The mortality rate in scarlet fever was 9.24 per cent. for the dominant school; 5.66 per cent. for the homeopathic. The typhoid fever mortality was high for both schools, for the

dominant school 22.56 per cent., for the homeopathic 15.15 per cent. These figures are duplicated wherever the two schools are brought in competition, as for instance in Cook County Hospital, Chicago, at the University of Michigan, the University of Iowa and the University of Minnesota.

Dr. Edwards, of this city, professor in North Western Medical College, in his 1907 book on practice, gives the allopathic mortality in pneumonia in private practice as 10 to 38 per cent., in hospitals 33 to 50 per cent., in asylums as from 50 to 100 per cent. Dr. Dewey, of Michigan University, is authority for the statement that the homeopathic mortality, taking all these classes together is less than 6 per cent.

Not only is the death rate very much reduced by homeopathic prescribing, but also the average duration of the disease is shortened. This fact was shown by some figures prepared by the British government, whereby it was demonstrated that a homeopathic hospital at Melbourne, Australia, treated as many cases of typhoid fever as a hospital of the dominant school having twice as many beds.

It is useless to multiply figures: they all lead to the same conclusion. The eminent Dr. Osler, recently called to Oxford College from Johns Hopkins University, admitted that the homeopathic school is at least the equal of his own when he said: "Nobody has ever claimed that the mortality among homeopathic practitioners was greater than those of the regular school." But the homeopathic profession claims, and without fear of successful contradiction, that the mortality rate among its practitioners is far less than the mortality in the dominant school, and the duration of the disease much shorter.

SUBSTITUTION.

It is customary for the homeopathic physician to dispense his own medicines. This fact is sometimes put forward as an argument in the line of economy, for the employment of this school. There is an advantage in the practice greater than the saving in drug bills; the physician himself becomes responsible for the purity and the accurate preparation of the remedy. Undoubtedly many a practi-

tioner of the dominet school, depending upon the pharmacist for the proper filling of the prescription and trusting that it will fall into competent hands, suffers defeat in the struggle with disease because of "substitution," careless or incompetent preparation, or delay in filling his prescription.

The *Medical Record* stated that a great number of Chicago apothecaries are liable to prosecution for selling adulterated drugs. This prominent journal of the dominant school, in the issue of Dec. 17, 1904, says: "Chemical tests have been made and evidence produced which proves the presence of alien matter in many prescriptions calling for pure drugs. In nearly 20 per cent. of the samples obtained there was not even a trace of the drug called for by the prescription. The tests, conducted by Dr. John A. Wesener, showed the following: 23 prescriptions, no trace of the drug called for; 66 prescriptions, 80 per cent. impurities; 10 prescriptions, 20 per cent. impurities; 9 prescriptions, 10 per cent. impurities; 31 prescriptions, pure." A similar scandal, involving New York City druggists, recently stirred the medical profession and the laity of that metropolis.

Besides avoiding the possibility of substitution there certainly is an advantage to the patient in having the remedy prepared on the spot and the directions regarding its use made clear by explanations of the physician himself. Many mistakes and many failures in medical practice have resulted from the indirect methods of the pharmacist and the brief, unsatisfactory directions written on the label of the medicine.

OPIATES.

While the homeopathic physician may admit the occasional necessity for prescribing medicines liable to induce drug habits, if continuously used, yet, as a matter of fact, this procedure is rare in his practice. On the other hand, there is no denying that the more careless of the practitioners of the dominant school have been responsible for the development of such habits and have made inebriates of all too many patients.* While this criticism may perhaps apply to

It is well known that chronic constipation results from the abuse of laxatives and cathartics, too commonly prescribed by physicians of the dominant school.

some individual members of the homeopathic profession, it cannot be passed upon the system itself, as, it is sad to say, may be done with the dominant school. This writer has no desire to say harsh, unkind, and above all else, untrue things of the other school, but it must be apparent that; with the greater wealth of remedies and the greater confidence in therapeutic effects, the homeopathic prescriber has far less temptation to resort to purely palliative methods of treatment. For these reasons he rarely employes the hypodermic syringe and as rarely administers anodynes of any sort. Of necessity, therefore, the victims of induced habits are seldom found in homeopathic families.

DOGMATISM IN MEDICINE.

The Journal of the American Medical Association is published in this city. In issue of Nov. 30th, 1907, in an editorial on "Dogmatism in Medicine," is found this language:

The recent action of the Philadelphia County Medical Society, in opening its ranks to all legally qualified reputable physicians who repudiate exclusive dogmas has not been received in the best temper by some officers of the local homeopathic organization, which has taken occasion to reiterate specifically by resolutions its faith in the exclusive laws of cure. It makes very little difference, however, whether the resolutions were passed or not. Only the progressive men in all schools are wanted for recognition, and such are coming over to rational medicine all the time, and the worthiest element in the membership of the homeopathic medical profession will find its way, sooner or later, into less narrow and more scientific associations. The element in the laity to whom homeopathy is a sort of religion, is decreasing and will ultimately disappear, and with it the reason for the existence of the special homeopathic school.

It is, perhaps, bad taste for a guest of the evening to find fault with one of the brilliant men of an entertaining profession. But this failure to appreciate the true mission of the homeopathic profession is due, in all probability, to mental confusion regarding all the features of the homeopathic doctrine. Admitting then, that the writer quoted is honest, though ignorant of our profession, you will excuse your speaker, he is sure, if he criticises this editorial and attempts briefly to state the facts involved.

The perpetuity and promulgation of Homeopathy are related to a greater question than the possible affiliation of our practitioners with "less narrow and more scientific associations," to quote the Chicago editor. Underlying the whole problem is a great sociological, humanitarian, yes, even a moral question. The homeopathic physician believes the application of *similia similibus curantur* offers suffering humanity a means of escape from pain, shortens the duration

of human ailments, and promotes the longevity of the race. Believing this, would we be honest men, could we face humanity, could we stifle the accusations of conscience itself, if we failed in season and out of season, to impress upon the public the superiority of the homeopathic practice? It is not because we fear the perpetuity of a natural law. We know a natural law will persist and continue to operate even though we neglect to talk about it, or seek to promulgate it. It is not because we fear our position as prophets of the cause may be assailed. It is on higher grounds than this that we take our stand. Love of humanity is more important to us than "less narrow and more scientific associations." The amenities of life, of course, are more attractive than the sacrifices. It is comfortable and delightful to be in the swim. But greater than these is the satisfaction of doing what we feel to be our duty to God's children.

It is conscientiously believed that the superiority of the homeopathic practice has been proven in every disease, in every climate and in every season. Yet it must not be imagined that the homeopathic physician looks askance upon the advances of general medicine. The sputum examination, for instance, in the diagnosis of throat and lung diseases, is given the same importance in the homeopathic world that it receives elsewhere. The most radical opponent of Homeopathy would not say that in the choice of a drug the presence or absence of the germ would influence his selection of a curative remedy. It would simply decide the question of climate or the general disposition of the patient. It means at least that much to the homeopathic prescriber. The laboratory methods of science receive the same patronage and the same encouragement in the homeopathic school as elsewhere. In surgery, in gynecology, in ophthalmology, the same careful technique, the same skill, the same methods are everywhere employed. No one dare claim that the results of surgery in other schools are superior to those gained by the homeopathic operator.

The American Institute of Homeopathy has officially decreed that "A homeopathic physician is one who adds to his knowledge of medicine a special knowledge of therapeutics. All that pertains to the great field of medicine is his by tradition, by inheritance, by right." The patient, therefore, who employs the homeopathic physician gives himself all that the dominant school offers and in addition, the wonderful resources of the homeopathic *Materia Medica*. He loses nothing except the greater probability of escaping surgical procedure by the saving grace of a more potent medical

armament. He reduces his chance of mortality and decreases the duration of his illness. All that pertains to chemical methods, to bacteriological research, to surgical ideas, to the great field of general medicine—all these belong to the homeopathic physician to give to his patient, together with the possibilities of the homeopathic remedy. In the language of the Chicago Inter-Ocean editorial, truly "They who have not tried Homeopathy have not half tried to get well."

CONCLUSION.

I have the feeling that a physician to truly succeed must be conscious of his high calling. To enter into the sacred precincts of the home, to come into intimate contact with the growth and development of the family, to deal with human life; indeed, all the relations of the physician to his profession, make it necessary that he should be a man of the greatest good sense, of the highest character, of the widest culture, and of the tenderest heart. We read in holy writ that on one occasion, Moses, observing the burning bush, which burned and yet was not consumed, turned aside out of mere curiosity to inspect the great sight. He found himself in a sacred place. The voice of God calling to him from the midst of the bush, said: "Draw not nigh hither; put off thy shoes from off thy feet, for the place whereon thou standest is holy ground." So, it seems to me that when a man enters the medical profession, he should take up his life's work in the manner demanded of Moses on this occasion, and in the same devout spirit that the priest of old entered the Holy of Holies.

This picture perhaps represents the ideal, but I believe Samuel Hahnemann in every sense possessed the qualities which I have mentioned. The earnestness of his writings and many expressions from his pen indicate this. I am the fortunate possessor of a letter which Hahnemann wrote to one of his patients; in this he mentions his dependance upon the God of Hosts and his reliance upon divine guidance in the practice of his profession. His description in the Organon of the ideal physician is undoubtedly an unconscious autobiography. The splendid dignity of the man, the self poise, the patience in tribulation, the modesty in success, the cool headed judgment in the emergencies of practice, and, above all else, his abiding faith in the efficiency of medicine, all indicate that Hahnemann was indeed a physician whom every practitioner may well select as his ideal and his example.

In common with others here tonight, it has been my pleasure to journey to Switzerland and to pass a night on the Rigi. Next morning to the music of chattering teeth

we climb to the observation tower and await the arrival of Old Sol. It requires a vivid imagination to make one's self believe he is on a mountain top and that far below him stretches out a wonderful landscape. In the fog and clouds, objects fifty feet away are indistinct. Directly, however, a rosy hue appears in the east. The clouds, rolling away form indistinct and grotesque images to startle our anxious eyes. The red light in the eastern sky stretches more and more widely across the horizon. An exclamation causes us to turn our backs on the expected sun and there! Away off to the west, higher than the rest and first to catch the outriding rays of the approaching orb of day, is the Jungfrau! She stands in appearance like molten gold, solitary in her grandeur, yet still the young bride adorned for her husband. As we gaze in breathless amazement at the supernal grandeur of the view, suddenly, away to the north, another mountain peak comes out of the clouds to give company to the first. One by one, like points of golden nails driven by the unseen hand of some mighty giant, come the mountain tops from the unrolling mists which hide the earth. Then as we turn to face the east, suddenly, with one mighty effort the sun forces its way above the horizon and sends its golden beams in a flood of glorious light across the expectant world. Miles upon miles of the grandest scenery upon the globe are revealed to us. Green valleys, shimmering lakes, sparkling water falls, rugged mountains, verdure covered hills, dazzling snow peaks—a moment ago like gold from the fire—all these things in nature are now seen as God made them in the beauty of his handiwork!

In the world of knowledge, the traveler, prepared by proper study to appreciate and properly correlate the achievements of history, has before him a prospect more inspiring than any Alpine view. The sun of Medical Science for untold centuries was far below the horizon of human vision, and for many centuries more was obscured by the clouds of imperfect knowledge. Even when the rosy hue in the east indicated the near approach of the day of knowledge, the mists of materialism distorted verities into grotesque and misshapen shadows. But when the orb of truth shall have swept aside the last cloud of prejudice and revealed the scientific world as it truly is, among the mountain tops of greatness, like unto the glorious Jungfrau, dazzling in her beauty, there, the most attractive feature of the whole medical landscape, the first to intercept the rays of scientific therapeutics and the last to loose the eye of the honest critic, will stand forth Samuel Hahnemann, physician and scientist. University of Michigan, Dec. 1907.







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